



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

NOTICE

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

From: Joseph Wickens
Executive Director

Subject: Program Planning and Evaluation Meeting
October 10, 2023, 10:30 AM
600 Jackson Street, Board Room 208, Fredericksburg, VA

Date: October 4, 2023

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

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

RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD

Program Planning and Evaluation Committee Meeting

October 10, 2023 – **10:30 AM**

600 Jackson Street, Room 208 Fredericksburg, VA 22401

AGENDA

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II. Independent Assessment Certification and Coordination Team Update, <i>Kobuchi</i>	4
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V. Emergency Custody Order/Temporary Detention Order, <i>Kobuchi</i>	11
VI. Healthy Families Rappahannock Area Home Visiting and TANF Funding, <i>Wagaman</i>	15
VII. Waitlist, <i>Terrell</i>	21
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IX. Data Highlights Report, <i>Williams</i>	31
X. Other Business, <i>Parcell</i>	

MEMORANDUM

TO: Joe Wickens, Executive Director

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

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

SUBJECT: Extraordinary Barriers List (EBL)

DATE: October 10, 2023

RACSB currently has no individuals on the Extraordinary Barriers List (EBL). Individuals ready for discharge from state psychiatric hospitals are placed on the EBL when placement in the community is not possible within 7 days of readiness, due to barriers caused by waiting lists, resource deficits, or pending court dates.

MEMORANDUM

To: Joe Wickens, Executive Director
From: Donna Andrus, Child and Adolescent Support Services Supervisor
Date: October 3, 2023
Re: Independent Assessment Certification and Coordination Team (IACCT) Update

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

RACSB received twenty-one IACCT referrals in the month of September and completed nineteen assessments. Two reauthorizations have not been completed yet. Ten referrals were initial IACCT assessments and eleven were re-authorizations in September. Eight were from Spotsylvania, three from Stafford, two from Caroline, three from King George and five from the City of Fredericksburg. Of the nineteen completed assessments seven recommended Level C Residential, ten recommended Level B Group Home and two recommended community based services No reauthorizations recommended discharge at this time.

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

Attached is the monthly IACCT tracking data for August 2023.

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

To: Joe Wickens, Executive Director

From: Nathan Reese, IT Coordinator

Re: Information Technology and Electronic Health Record Update

Date: October 3, 2023

This report provides an update on projects related to Information Technology and the Electronic Health Record. Information is provided on state reporting initiatives, facility technology needs, and on-going projects.

Information Technology and Electronic Health Record Update

IT Systems Engineering Projects

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

Community Consumer Submission 3

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

Waiver Management System (WaMS)

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

Trac-IT Early Intervention Data System

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

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

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

Thank you to Board Members for their advocacy with the letter to the Commissioner regarding concerns with TRAC-IT. As of this report, we have received no response from DBHDS.

Zoom

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

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

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

Avatar

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

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

MEMORANDUM

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

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

Please see attached CIT data sheet

September 2023 RACSB CIT Assessment Center Data

Date	Number of ECOs Eligible To Utilize CAC Site	Number of Individuals Assessed at CAC Site	Locality who brought Individual	Locality working at the Assessment Site
9/1/2023	2	2	n.a	Stafford/Spotsylvania
9/2/2023	1	1	Stafford	Spotsylvania
9/3/2023	1	1	Spotsylvania	Spotsylvania
9/4/2023	1	1	Stafford	Spotsylvania
9/5/2023	1	1	Fredericksburg	Spotsylvania
9/6/2023	3	1	Stafford(2); Caroline(1); Spotsylvania	Stafford/Spotsylvania
9/7/2023	1	1	Fredericksburg	Stafford
9/8/2023	1	1	Stafford	Spotsylvania
9/9/2023	1	1	Stafford	Spotsylvania
9/10/2023	1	1	Stafford	Spotsylvania
9/11/2023	0	0	n/a	Stafford
9/12/2023	1	1	King George	Spotsylvania/Stafford
9/13/2023	1	0	Caroline	n/a
9/14/2023	2	1	Spotsylvania(1); Fredericksburg(1)	Stafford/Spotsylvania
9/15/2023	0	0	n/a	n/a
9/16/2023	1	0	Caroline	Spotsylvania
9/17/2023	0	0	n/s	King George
9/18/2023	1	0	Spotsylvania	n/a
9/19/2023	2	2	Spotsylvania(1); Fredericksburg(1)	Stafford
9/20/2023	1	1	Spotsylvania	Fredericksburg/Spotsylvania
9/21/2023	0	0	Spotsylvania	Spotsylvania
9/22/2023	1	1	Spotsylvania	Spotsylvania/Stafford
9/23/2023	1	1	Stafford	Spotsylvania
9/24/2023	1	1	Stafford	Spotsylvania
9/25/2023	1	1	Stafford	Spotsylvania/Stafford
9/26/2023	3	0	Spotsylvania(1); Fredericksburg(1); Stafford(1)	Spotsylvania/Stafford
9/27/2023	1	1	Fredericksburg	Spotsylvania
9/28/2023	3	0	Fredericksburg(2); King George(1)	Spotsylvania
9/29/2023	1	0	Spotsylvania	Fredericksburg
9/30/2023	3	0	Stafford(2); Spotsylvania (1)	Spotsylvania
Total	37	21		

Total Assessmen at Center in September: 21

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

MEMORANDUM

To: Joe Wickens, Executive Director

From: Natasha Randall, Acting Emergency Services Coordinator

Date: 10/1/2023

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

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

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

Please see attached data reports.

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

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

Healthy Families Rappahannock Area Home Visiting and TANF Funding

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

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

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

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

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

Virginia’s Home Visiting Programs and TANF

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

Our Ask:

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

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

About Home Visiting:

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

Home visiting benefits families, children, and the community.

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

TANF Spending Summary:

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

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

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

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

Sample letter from home visiting programs to their local elected officials

Dear [insert elected officials name here],

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

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

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

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

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

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

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

Sincerely,

[insert name]

[insert title, and agency name]

Our Home Visiting Advocacy Update for Mid-September

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

Update:

Home Visiting Advocacy Plan:

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

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

Requested Actions:

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

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

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

New Tools and Resources:

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

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

A Lot of Hurry Up and Wait:

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

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



Virginia's Home Visiting Programs and TANF

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- CHIP of Virginia \$2,400,000
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- Early Impact Virginia \$600,000

Our Ask:

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

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

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



hv tanf local advocacy letter REVISED.docx

Download DOCX • 22KB



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



external hv tanf issue brief.docx

Download DOCX • 26KB



Brief History:

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

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

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

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

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

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

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

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

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

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

MEMORANDUM

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

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

OUTPATIENT SERVICES

- Clinical services: As of September 30, 2023, there are 142 individuals on the wait list for outpatient therapy services.
 - Individuals are placed on the wait list if they cannot be seen at a regularly scheduled appointment within 30 days of request. Individuals who fall in a priority category are seen during open access.
 - Due to an increase in request for outpatient services, the Fredericksburg Clinic implemented a waitlist for new clients seeking outpatient services beginning October 5, 2021, the Spotsylvania Clinic implemented a waitlist beginning May 2022, and the Caroline Clinic implemented a waitlist beginning November 2022.
 - The waitlist in Fredericksburg is currently at 0 clients.
 - The waitlist in Spotsylvania is currently at 59 clients.
 - The waitlist in Caroline is currently at 83 clients.
 - This is a decrease of 16 from the August 2023 waitlist.
 - If an individual is not in a priority category the following may occur: 1) he or she may be placed on a waiting list and called weekly by a therapist to review presenting situation, individuals are then offered an appointment as one becomes available; 2) if an individual has private insurance staff will assist in locating a private provider if the individual does not wish to wait for an appointment. Staff are working to avoid scheduling an individual too far into the future as this increases the likelihood of no-shows.
 - Clinical services are initiated through Same Day Access. Due to COVID-19 concerns, Same Day Access appointments are scheduled versus having multiple individuals come to the clinic and having to wait for their appointment time. Same Day Access schedules are as follows:
 - Fredericksburg Clinic: Monday, Wednesday, and Thursday 8:30a.m. to 2:30 pm
Tuesday 9:30am – 2:30PM
 - King George Clinic: Tuesday-1:00 pm-5:00 pm and Wednesday- 8:00 am- 12:00 pm
 - Stafford Clinic: Tuesday and Thursday 9:00 am – 12:00 pm
 - Spotsylvania Clinic: Tuesday, Wednesday, and Thursday 9:00 am – 2:00 pm
 - Caroline Clinic: Tuesday and Thursday 8:30am – 11:30 am
 - Psychiatry intake: As of October 3, 2023, there is seven older adolescent and adult waiting longer than 30 days for their intake appointment. This is a decrease of one from the August 2023 waitlist. The furthest out appointment is 11/17/2023. There is no children age 13 and below waiting longer than 30 days for their intake appointment.

PSYCHIATRY INTAKE – As of September 5, 2023 the number of individuals waiting longer than 30 days for a regularly scheduled psychiatric intake appointment include:

Adults	Children: Age 13 and below
○ Fredericksburg – 1 (2)	0 (0)
○ Caroline – 1 (2)	0 (0)
○ King George – 2 (2)	0 (0)
○ Spotsylvania – 2 (1)	0 (0)
○ Stafford – 0 (0)	0 (0)
Total	0 (0)

Appointment
Dates

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

Community Support services:

Waitlist Definitions

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

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

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

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

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

MH RESIDENTIAL SERVICES - 6

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

Count by County:

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

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

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

Intellectual Disability Residential Services – 70

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

Count by County:

Caroline	7
King George	4
Fredericksburg	7
Spotsylvania	22
Stafford	30

Assertive Community Treatment (ACT)– 17

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

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

Total program enrollments = 51

Admissions: 0

Discharges: 0

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

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

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

ID/DD Support Coordination

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

P 1 – 347

P2 – 194

P3 – 283

RAAI – 37

Caroline: 4

Fredericksburg: 1

King George: 3

Spotsylvania: 9

Stafford: 15

Other: 5

Total Referrals: 25

Total Assessing: 7

Total Acceptances (waiting to add more days): 5

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

MEMORANDUM

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

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

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

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

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

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

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

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

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

**DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
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License #: 101-01-001

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Organization Name: Rappahannock Area Community Services Board

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

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

General Comments / Recommendations:

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

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

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

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

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

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

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

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

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

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

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

General Comments / Recommendations:

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

Lakesha Steele, Incident Management Unit

(Signature of Organization Representative)

Date

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

To: Joe Wickens, Executive Director

From: Brandie Williams, Deputy Executive Director

Re: Data Highlights Report for Program Planning and Evaluation

Date: October 2, 2023

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

Department of Behavioral Health and Developmental Services Performance Dashboard

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

Behavioral Health Measures

Same Day Access

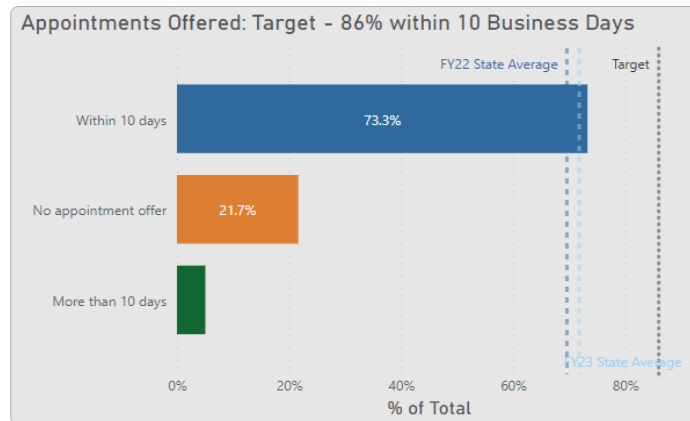
Measure #1: SDA Appointment Offered: Percentage of individuals who receive a Same Day Access assessment and were recommended for services through the CSB who were offered a follow-up appointment within 10 business days. The benchmark is set at 86%.

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

State Average

61.2%!

Goal: 86 %
Within 10 days



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

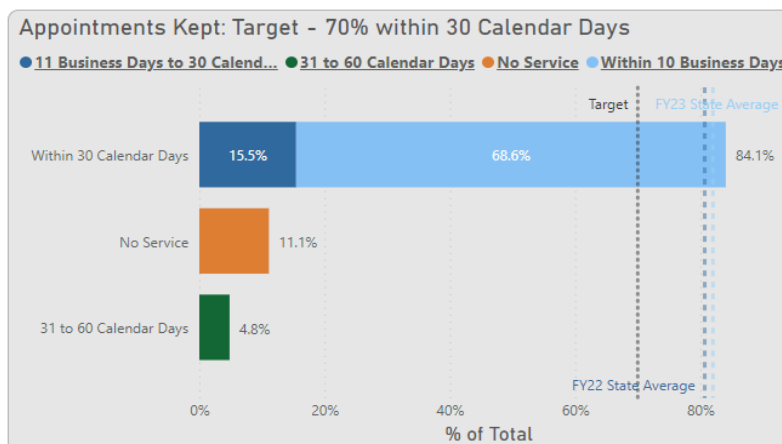
Measure #2: SDA Appointment Kept: Percentage of individuals who receive a Same Day Access assessment and were recommended for services through the CSB who attended that follow-up appointment within 30 calendar days. The benchmark is set at 70%.

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

State Average

78.8%✓

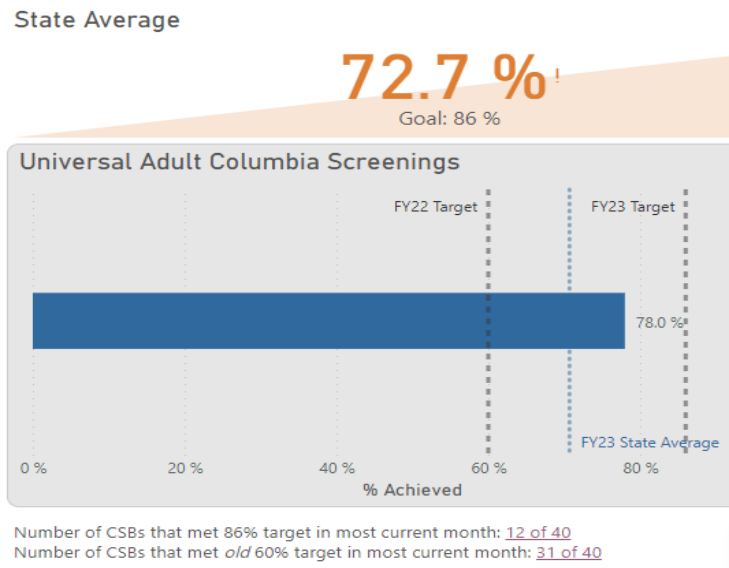
Goal: 70 %
Within 30 Days



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

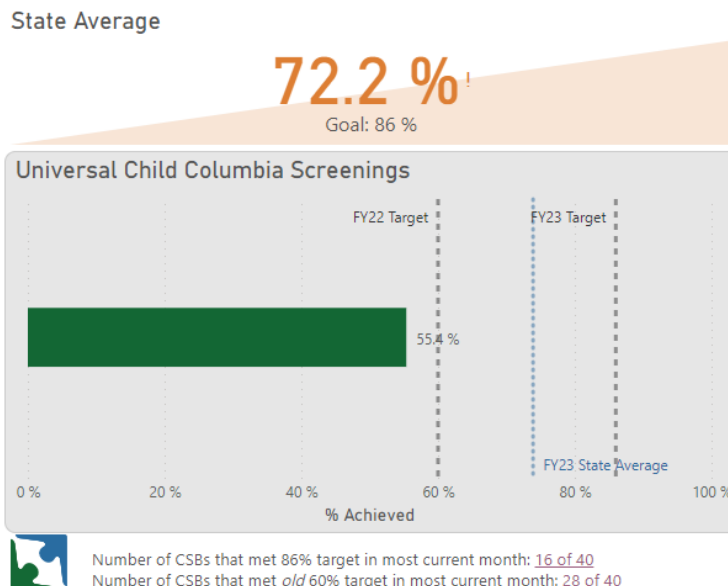
Measure #1: Universal Adult Columbia Screenings: Percentage of adults who are 18 years old or older and have a new MH or SUD program opening (denominator) who received a suicide risk assessment completed within 30 days before or 5 days after case opening(enumerator). The benchmark is set at 60 % for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

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



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

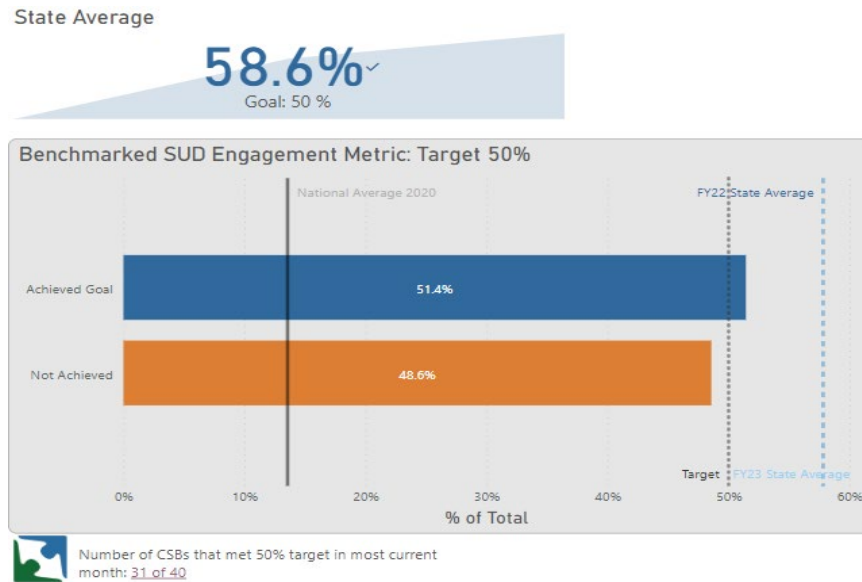
Current Month's Performance-May 2023 (55.4%)



Substance Use Disorder Engagement Measures

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

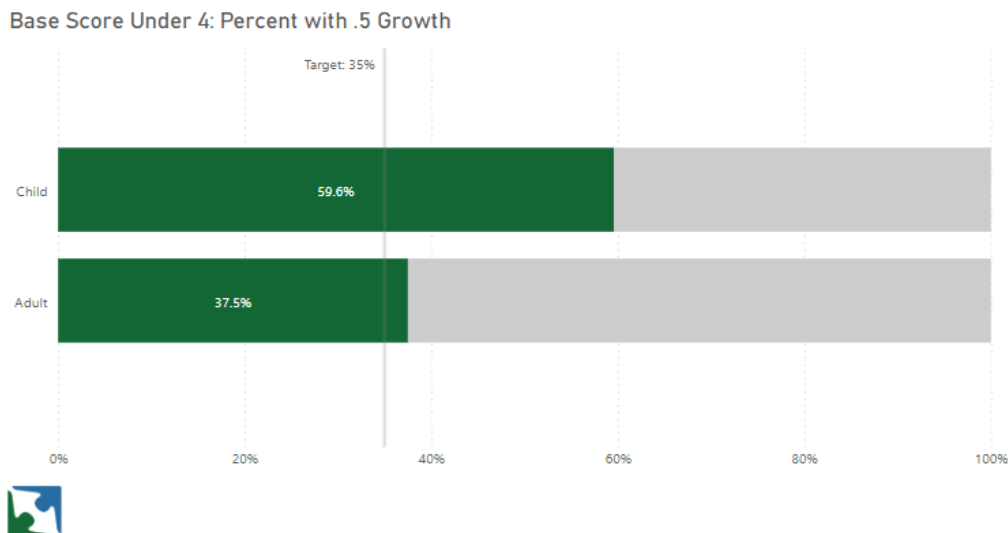
Current Month's Performance- May 2023 (51.4%)



Daily Living Activity (DLA-20) Assessment Measures

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

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



Developmental Disability Measures

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

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

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

ECM Face to Face: July 2023- 80.71%

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

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

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

ECM In-Home: July 2023- 78.46%

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