



VOICE/TDD (540) 373-3223

FAX (540) 371-3753

meeting notice

TO: Board of Directors

FROM: Matt Zurasky, Secretary
Joe Wickens Executive Director

SUBJECT: Board of Directors Meeting Tuesday,
January 23, 2024 5:00pm
Rappahannock Area CSB – Board Room 208
600 Jackson Street, Fredericksburg, VA 22401

DATE: January 18, 2024

A Board of Directors Meeting has been scheduled for Tuesday, January 23, 2024 at 5:00 PM, at Rappahannock Area CSB – Board Room 208, 600 Jackson Street, Fredericksburg, VA 22401.

We are looking forward to seeing everyone on January 23, 2024 at 5:00PM.

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

Best,

MZ/JW

Enclosure (Agenda Packet)

**RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD
BOARD OF DIRECTORS MEETING**

January 23, 2024

600 Jackson Street, Board Room 208
Fredericksburg, VA 22401

a g e n d a

- I. MINUTES, BOARD OF DIRECTORS, December 19, 2023 **Beebe**
- II. PUBLIC COMMENT- Public Comment **Beebe**
- III. EMPLOYEE SERVICE AWARDS **Wickens**

5 years

Carol Embry, Accountant

Amelia Gilmer, Office Associate II

Katelynn Witt, Day Support Counselor, ICF

Beena Jennifer Premkumar, Psychiatrist

15 years

Melissa Roth, ID Residential Specialist

Cecelia Sawyer, Direct Support Professional, Residential

Employee of the Quarter

Carrie Beard, Home Road Group Home Manager

- IV. *LEGISLATIVE UPDATE PRESENTATION, Ms. Williams*

- V. CONSENT AGENDA

Beebe

RECOMMENDED: PROGRAM PLANNING AND EVALUATION COMMITTEE
January 9, 2024

Parcell

A.1 Information Only – Extraordinary Barriers List

A.2 Information Only – Independent Assessment Certification and Coordination Team Update (IACCT)

A.3 Information Only – Crisis Intervention Team Report

A.4 Information Only – Emergency Custody Order/Temporary Detention Order

A.5 Information Only – December Waitlist

- A.6 Approved – Licensing Reports
- A.7 Information Only – Information Technology/Electronic Health Record Update
- A.8 Information Only – Data Highlights Report
- A.9 Information Only – Legislative Update

RECOMMENDED: FINANCE COMMITTEE January 9, 2024

Zurasky

- B.1 Information Only –Summary of Cash Investments
- B.2 Information Only –Summary of Investment Portfolio
- B.3 Information Only – Fee Revenue Reimbursement
- B.4 Information Only – Fee Revenue Reimbursement-without credits
- B.5 Information Only – Fee Collection YTD and Quarterly
- B.6 Information Only – Write-Off Report
- B.7 Information Only – Health Insurance Account
- B.8 Information Only – OPEB
- B.9 Information Only – Payroll Statistics
- B.10 Follow Up Board – Financial Summary (**no quorum**)

RECOMMENDED: PERSONNEL COMMITTEE January 9, 2024

**Boerner
for Gayle**

- C.1 Information Only –Summary – Retention Report – December 2023
- C.2 Information Only –Summary – December 2023 EEO Report and Recruitment Update
- C.3 Information Only – Open Positions Report

VI. REPORT FROM THE EXECUTIVE DIRECTOR

Wickens

VII. REPORT OF DIRECTORS and COORDINATORS

- A. Clinical Services
- B. Human Resources (handout)
- C. Compliance (handout)
- D. Public Information (handout)
- E. Prevention
- F. Community Support Services
- G. Deputy Executive Director

**Kobuchi
McDonnell
Terrell
Umble
Wagaman
Jindra
Williams**

VIII. BOARD TIME

Beebe

IX. ADJOURNMENT

Beebe

December 2023 Board of Directors Meeting Minutes

CALL TO ORDER

A meeting of the Board of Directors of Rappahannock Area Community Services Board was held on December 19, 2023 at 600 Jackson Street and called to order by Chair, Ms. Nance Beebe. *Attendees included:* Jacob Parcell, Shawn Kiger, Claire Curcio, Glenna Boerner, Matt Zurasky, Nancy Beebe, Melissa White, Susan Gayle, Carol Walker, Bridgette Williams, Gregory Sokolowski, and Kenneth Lapin. *Not present:* Sarah Ritchie

MINUTES, BOARD OF DIRECTORS, **October 17, 2023**

The Board of Directors approved the minutes from the October 17, 2023 meeting.

ACTION TAKEN: The Board approved the minutes.

Moved by: Ms. Curcio

Seconded by: Ms. Walker

MINUTES, BOARD OF DIRECTORS, **November 21, 2023**

The Board of Directors approved the minutes from the November 21, 2023 meeting.

ACTION TAKEN: The Board approved the minutes.

Moved by: Ms. Curcio

Seconded by: Ms. Walker

I. PUBLIC COMMENT

No Action Taken

II. SERVICE AWARDS

Joe Wickens recognized the following individuals for employee service awards:

5 years

Chanda Bernal, Adult MH Case Manager

Tammy Grymes, Lead Nurse, LPN, Crisis

Tiffanie Ackley, MH Residential Counselor I – Lafayette Bldg.

10 years

Jessica Jones, Assistant Site Lead, RAAI Kings Hwy.

15 years

Jennifer Easton, MH Specialist, ACT North

III. CONSENT AGENDA

RECOMMENDED: PROGRAM PLANNING AND EVALUATION COMMITTEE

November 14, 2023

Parcell

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

RECOMMENDED: FINANCE COMMITTEE November 14, 2023

Zurasky

- B.1 Information Only – Summary of Cash Investments
- B.2 Information Only – Summary of Investment Portfolio
- B.3 Information Only – Fee Revenue Reimbursement
- B.4 Information Only – Fee Revenue Reimbursement-without credits
- B.5 Information Only – Fee Collection YTD and Quarterly
- B.6 Information Only – Write-Off Report
- B.7 Information Only – Health Insurance Account
- B.8 Information Only – OPEB
- B.9 Information Only – Payroll Statistics
- B.10 Follow Up Board – 2023 Financial Summary (no quorum)
- B.11 Follow Up Board – DRPT Grant Intent to Apply (no quorum)

RECOMMENDED: PERSONNEL COMMITTEE November 14, 2023

**Beebe for
Gayle**

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

RECOMMENDED: PROGRAM PLANNING AND EVALUATION COMMITTEE

December 12, 2023

Parcell

- A.1 Information Only – Extraordinary Barriers List
- A.2 Information Only – Independent Assessment Certification and Coordination Team Update (IACCT)
- A.3 Information Only – Crisis Intervention Team Report
- A.4 Information Only – Emergency Custody Order/Temporary Detention Order
- A.5 Information Only – Leeland Reopening Proposal
- A.6 Information Only – Permanent Supportive Housing Expansion
- A.7 Information Only – December Waitlist
- A.8 Information Only – Licensing Reports
- A.9 Information Only – Information Technology/Electronic Health Record Update
- A.10 Information Only – Trac-IT Advocacy Update
- A.11 Information Only – Legislative Priorities
- A.12 Information Only – Stafford County Licensing Application Letter (handout)

RECOMMENDED: FINANCE COMMITTEE December 12, 2023

Zurasky

- B.1 Information Only – Summary of Cash Investments
- B.2 Information Only – Summary of Investment Portfolio
- B.3 Information Only – Fee Revenue Reimbursement
- B.4 Information Only – Fee Revenue Reimbursement-without credits
- B.5 Information Only – Fee Collection YTD and Quarterly
- B.6 Information Only – Write-Off Report
- B.7 Information Only – Health Insurance Account
- B.8 Information Only – OPEB
- B.9 Information Only – Payroll Statistics
- B.10 Approved – 2023 Financial Summary
- B.11 Approved – Christmas Holiday Differential
- B.12 Approved – Classification and Compensation Recommendations (handout)

RECOMMENDED: PUBLIC INFORMATION/PREVENTION COMMITTEE

December 12, 2023

**Walker
for White**

- C.1 Information Only – December Website Report
- C.2 Information Only – Social Media Report
- C.3 Information Only – Prevention Trainings Mid-Year Update
- C.4 Information Only – Substance Use Prevention Block Grant Annual Report
- C.5 Information Only – 2024 Virginia Young Adult Survey
- C.6 Information Only – Prevention of Problem Gambling
- C.7 Information Only – Healthy Families Home Visiting Brief
- C.8 Information Only – Healthy Families FXBG Advance Article

C.9 Information Only – Healthy Families 25th Anniversary Gala

RECOMMENDED: PERSONNEL COMMITTEE, December 12, 2023

D1. Information Only – November 2023 Retention and Turnover Report

D2. Information Only – November 2023 EEO Report and Recruitment Update

D3. Information Only – Open Positions Report

D4. Follow Up Board – Drug-Free Workplace Policy (no quorum) (handout)

D5. Follow Up Board – Performance Evaluation Policy (no quorum) (handout)

ACTION TAKEN: The Board approved the **Consent Agenda from November 14, 2023.**

Moved by: Mr. Zurasky

Seconded by: Ms. Curcio

ACTION TAKEN: The Board approved the Consent Agenda from December 12, 2023 with the exception of Items B.11 Approved-Christmas Holiday Differential, B.12 Approved-Classification and Compensation Recommendations, D.4 Follow Up Board- Drug-Free Workplace Policy, and D.5 Follow Up Board- Performance Evaluation Policy, which were removed from the agenda.

Moved by: Mr. Zurasky

Seconded by: Ms. Curcio

VI. Items for Full Board Discussion/Vote (no quorum)

A. Finance Committee, November 14, 2023: Financial Summary & DRPT Grant Intent to Apply

ACTION TAKEN: Mr. Zurasky provided a review of the Financial Summary from the November Finance Committee as there was no quorum. The Board approved **the Financial Summary from November 14, 2023.**

Moved by: Ms. White

Seconded by: Ms. Gayle

ACTION TAKEN: Mr. Zurasky provided a review of the DRPT Grant Intent to Apply from the November Finance Committee as there was no quorum. The Board approved **the DRPT Grant Intent to Apply** from November 14, 2023.

Moved by: Ms. White

Seconded by: Ms. Gayle

B. Board Presentation, November 21, 2023: Local Funding Application

ACTION TAKEN: Mr. Zurasky provided a review of the Local Funding Application from the November Board Meeting as there was no quorum. The Board approved **the Local Funding Application** from November 21, 2023.

Moved by: Mr. Zurasky

Seconded by: Mr. Sokolowski

C. Personnel Committee, December 12, 2023: Drug-Free Workplace Policy & Performance Evaluation Policy

ACTION TAKEN: Mr. Zurasky provided a review of the Drug-Free Workplace Policy from the December Personnel Committee as there was no quorum. The Board approved the **Drug-Free Workplace Policy** from December 12, 2023.

Moved by: Mr. Lapin
Seconded by: Ms. White

ACTION TAKEN: Mr. Zurasky provided a review of the Performance Evaluation Policy from the December Personnel Committee as there was no quorum. The Board approved the **Performance Evaluation Policy** from December 12, 2023.

Moved by: Mr. Zurasky
Seconded by: Ms. Curcio

D. Finance Committee, December 12, 2023: Christmas Holiday Differential and Classification and Compensation Recommendations

ACTION TAKEN: Mr. Zurasky provided a review of the Christmas Holiday Differential memo which was approved by the Finance Committee. He wanted to ensure this action had the full visibility and approval of the entire board. The Board approved **the Christmas Holiday Differential** from December 12, 2023.

Moved by: Mr. Zurasky
Seconded by: Ms. White

ACTION TAKEN: Mr. Zurasky provided a review of the Classification and Compensation Recommendations which were approved by the Finance Committee. He wanted to ensure this action had the full visibility and approval of the entire board. He reviewed these actions would make starting salaries more attractive, correct vertical compression between grades to make the distance between each step equitable, and address horizontal compression. These changes are needed to recruit to fill significant levels of vacancies across the agency as well as retain current employees. The Board approved **the Classification and Compensation Recommendations** from December 12, 2023

Moved by: Mr. Zurasky
Seconded by: Ms. White

IV. REPORT FROM THE EXECUTIVE DIRECTOR

- a. Mr. Wickens announced that Cyndy Lamb would be attending our January Board Meeting. She serves on the State Board of Behavioral Health and Developmental Services and was appointed to be our liaison. Her role is to promote collaboration and communication. This includes at least four contacts with CSBs which includes attending Board meetings.
- b. Mr. Wickens gave a brief update on TRAC-IT. DBHDS provided a memo to outline the data requirement flexibilities agreed upon in the meeting with the DBHDS Commissioner. The Board reviewed a draft letter of gratitude and agreed that it be sent on behalf of the Board.

V. REPORT OF THE DIRECTORS AND COORDINATORS

- a. **Clinical Services** – Thank you to the Board for the compensation adjustments.
- b. **Human Resources**- Nothing further to add.
- c. **Compliance**- Nothing further to add
- c. **Prevention** – Nothing further to add.
- f. **Community Support Services** – Thank you to the Board for the compensation adjustments.
- g. **Deputy Executive Director** – Thank you to the Board for support and for the compensation adjustments.

VI. BOARD TIME

- a) Mr. Zurasky thanked staff for ending the year in a positive position and for the work. He wished all happy holidays.
- b) Mr. Lapin wished the group Merry Christmas and thank you for all you do.
- c) Dr. Williams said thank you to all.
- d) Mr. Sokolowski thanked staff for incredible work.
- e) Ms. Beebe thanked everyone.
- f) Ms. Walker thanked staff for work on compensation strategy and recommendations.
- g) Ms. Curcio thanked the Board for working together to support the agency.
- h) Ms. Boerner thanked everyone.
- i) Mr. Parcell expressed his thanks.
- j) Ms. White thanked staff for what they do, especially for the staff providing trainings to Caroline County Public Schools
- k) Ms. Gayle thanked everyone.
- l) Mr. Kiger thanked everyone and is impressed by all he is learning.

VII. Closed Meeting – VA CODE § 2.2 – 3711 A (4), A (7), and A (15)

Joseph Wickens requested a motion for a closed meeting.

It was moved by Ms. Gayle and seconded by Mr. Zurasky that the Board of Directors of the Rappahannock Area Community Services Board convene in a closed meeting pursuant to Virginia Code § 2.2 – 3711 A (4) for the protection and privacy of individuals in personal matters not related to public business; and Virginia Code § 2.2 –3711 A (15) to discuss medical records excluded from 2.2 – 3711 pursuant to subdivision 1 of 2.2 – 3705.5.

The motion was unanimously approved.

Upon reconvening, Ms. Beebe called for a certification from all members that, to the best of their knowledge, the Board discussed only matter lawfully exempted from statutory open meeting requirements of the Freedom of Information Act; and only public business matters identified in the motion to convene the closed meeting.

A roll call vote was conducted:

Ken Lapin – Voted Aye	Jacob Parcell – Voted Aye	Claire Curcio- Voted Aye
Nancy Beebe – Voted Aye	Glenna Boerner – Voted Aye	Shawn Kiger- Voted Aye
Greg Sokolowski – Voted Aye	Matt Zurasky – Voted Aye	Susan Gayle- Voted Aye
Carol Walker – Voted Aye	Bridgette Williams-Voted Aye	Melissa White- Voted Aye

The motion was unanimously approved.

ADJOURNMENT

The meeting adjourned at 5:45 PM.

Board of Directors Chair

Executive Director

January 11, 2024

Dear Carrie,

Congratulations on your selection as Employee of the Quarter for the Second Quarter 2024 (covering the months Oct - December 2023). The following nomination was submitted on your behalf:

I would like to nominate Carrie Beard, manager of Home Road group home for MH residential. Carrie has gone above and beyond these past couple of months in her job and gave 110% more. When the Board tour was scheduled and the team who was supposed to come and power wash the apartment units couldn't come, she went outside and hand washed the siding of all 8 units herself. They looked amazing actually. She also had a death in her family around that same time and she continued to show up, and give 110%. She also has been slammed with Western state referrals recently and passes and she did not ever once say she would have to push any back, she made time for all of them and completed each one. Her notes, assessments and charts are always thorough and detailed. She continues to work beyond her shift times and on weekends when needed to get the job done. She is amazing and should be recognized for all her hard work 😊

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

The Rappahannock Area Community Services Board thanks you for your outstanding level of service to the agency. Please join us to be recognized at 600 Jackson Street in Board Room 208 for the Board of Directors Meeting on 1/23/24 at 5:00 PM. The recognition will come at the beginning of the meeting, and then you will be photographed.

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

Sincerely,



Joseph Wickens, Executive Director
Rappahannock Area Community Services Board

Cc: Teresa McDonnel, Human Resources Director

Rappahannock Area Community Services Board
Program Planning & Evaluation Meeting Tuesday,
January 9, 2024 at 10:30 a.m.
600 Jackson Street, Board Room 208
Fredericksburg, VA

PRESENT

Carol Walker
Glenna Boerner
Matt Zurasky
Nancy Beebe
Ken Lapin
Jacob Parcell
Greg Sokolowski

ABSENT

Susan Gayle
Melissa White
Shawn Kiger
Sarah Ritchie
Bridgette Williams
Claire Curcio

OTHERS PRESENT

Joe Wickens, Executive Director
Brandie Williams, Deputy Executive Director
Tina Cleveland, Finance and Administration Director
Stephanie Terrell, Comp & Human Rights Director
Teresa McDonnel, Acting Human Resources Director
Jacque Kobuchi, Clinical Services Director
Amy Jindra, Community Support Services Director
Amy Umble, Public Information Officer
Patricia Newman, Supervisor, Adult Case Management

Call to Order – Jacob Parcell/ Chair

A meeting of the Program Planning and Evaluation Committee of Rappahannock Area Community Services Board was held at 600 Jackson Street on January 9, 2024.

ISSUE: Extraordinary Barriers List

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

Ms. Newman shared about the new Discharge Assistance Program (DAP) rate process that rolled out at the beginning of the year. The DAP is supported with a pool of state mental health funds allocated to each planning partnership region (PPR) to implement individualized services and supports that enable adults receiving services in state hospitals to live in the community. Two key components in determining the new rates will be the Uniform Assessment Instrument (UAI) and the DAP Rate Calculation Form. The new DAP rate process was needed because there was no uniformity or consistency across

facilities when it came to rates. There is a fear that now these rates, due to their significantly lower amounts, will encourage more facilities to turn away individuals and be harder for placement of individuals.

Mr. Zurasky asked if the DAP rates are statewide. Ms. Newman said that they are but they are a bit higher for Northern Virginia.

ISSUE: Independent Assessment Certification and Coordination Team Update – December

DISCUSSION: Ms. Kobuchi told the committee that the RACSB received fourteen IACCT referrals in the month of December and completed twelve assessments. One individual discharged to a foster home prior to the IACCT reauthorizations due date. One IACCT reauthorizations has not been completed yet. Three referrals were initial IACCT assessments and eleven were re-authorizations in December. Seven were from Spotsylvania, two from Stafford, none from Caroline, one from King George and four from the City of Fredericksburg. Of the twelve completed assessments, six recommended Level C Residential, five recommended Level B Group Home, and one recommended community-based services. No reauthorizations recommended discharge at this time. Ms. Kobuchi said they have seen a little bit of improvement since the IACCT administrator change back in November, so they hope this continues.

ISSUE: Crisis Assessment Center and CIT Report December 2023

DISCUSSION: Ms. Kobuchi told the Committee that the CIT Assessment Center assessed 31 individuals in the month of December 2023. The number of persons served by locality were the following: Fredericksburg 5; Caroline 2; King George 2; Spotsylvania 8; Stafford 12; Other 2. CIT data sheet provided.

ISSUE: Emergency Custody Order and Temporary Detention Order Report – December 2023

DISCUSSION: Ms. Kobuchi told the Committee that emergency services staff completed 318 emergency evaluations in December. Seventy-one individuals were assessed under emergency custody orders and sixty-three total temporary detention orders were issued and served. Staff facilitated one admission to a state hospital which was an admission to Commonwealth Center for Children and Adolescents. A total of six individuals were involuntarily hospitalized outside of our catchment area in December. This month we had no individuals eligible to utilize alternative transportation. Data reports provided.

ISSUE: Waitlist

DISCUSSION: Ms. Terrell took the group through the December waitlist. There are 324 individuals on the wait list for outpatient therapy services: Stafford 131; Spotsylvania 115; and Caroline 78, this is an increase of 44 from November 2023. In regards to Psychiatric Intakes, there are four older adolescents and adults waiting longer than 30 days for their intake appointments. The furthest out

appointment is 2/14/2024. There are no children age 13 and below waiting longer than 30 days for their intake appointment. In regards to programs for MH Residential Services, there are four individuals and all four of those individuals are on the referral list. Intellectual Disability Residential Services List 71 individuals, 68 on the Needs and 3 on the Referral. Assertive Community Treatment 19 individuals on 19 on the Needs List. Total Program Enrollments is 50 and 2 discharges for the month of December.

ID/DD Support Coordination, there are currently 836 individuals on the DD Waiver Waiting List. This is an increase of 2 from last month. Priority 1 = 350, Priority 2 = 211 and Priority 3 = 275. RAAI has 36 individuals, 25 on the referral, and 11 on the assessing list. Current total program enrollment is 112.

Ms. Boerner asked what makes someone a priority category on the waitlist. Ms. Kobuchi said prioritization is based on anyone coming out of a psychiatric hospital, individuals using opiates, pregnant women using substances, and veterans. The waitlist is not first come first serve. Acuity also is a key factor when determining prioritization on the waitlist.

ISSUE:

Licensing Reports

DISCUSSION:

Ms. Terrell went over the licensing reports and corrective actions. The Department of Behavioral Health and Developmental Services' (DBDHS), 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.

RACSB received seven licensing reports related to the annual review of seven licensed services. Sunshine Lady House, Mental Health Outpatient, Mental Health Support Services, Kenmore Club, Child and Adolescent Mental Health Case Management, Adult Mental Health Case Management, and Emergency Services submitted and received approval for corrective action plans based on the licensing annual review. Ruffins Pond Group Home received a licensing report due to late entrance of an incident report and Merchant Square Supervised Apartment Program received a licensing report due to a substantiated allegation of neglect. Ms. Terrell provided CAPS with additional details regarding the citation and RACSB's response.

ACTION TAKEN:

It was moved by Mr. Lapin and seconded by Ms. Walker to accept the Corrective Action Plans. The motion was unanimously approved.

ISSUE:

Information Technology/Electronic Health Record Update/Trac-It Update

DISCUSSION:

Ms. Williams went over the following in detail:

IT Systems Engineering Projects – During December, 846 tickets were closed by IT staff compared to November – 809, October 970, September – 910, August – 883, July – 965, June – 1028, May – 1006, April – 910, March - 1098, February, - 1050 and January – 983. In 2022, the IT department averaged closure of 1, 023 tickets per month.

Community Consumer Submssion 3

CCS for November was submitted on December 21, 2023

Waiver Management System (WaMS)

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

Mr. Parcell asked if there is value in the tool- has the data been used somewhere before. Ms. Williams said that it is already being used and required since December 2020 was launched. It's attached to the Department of Justice Settlement Agreement. It will ultimately be a positive change by incorporating and streamlining processes, however, it will be a large change for support coordinators in the short term.

Trac-IT Early Intervention Data System

We are still awaiting the contract addendum from DBHDS related to TRAC-IT. We have partnered with DBHDS in the development of specifications, procedures, and testing of the submission of CCS data to meet the service-level reporting requirements of TRAC-IT.

We continue to work on our extract as well. Testing is high on the priority list for the Information Technology Department. Testing is being delayed as TRAC-IT is not providing any response files as initially indicated and requires a help desk ticket to SSG to identify transmission errors. PEID has hired another administrative position to help with Trac-It expectations.

Zoom

We have hit a nice average of 1,500 Zoom meetings a month. The agency holds 90 Zoom licenses. We are looking at how to appropriately redeploy those now that our usage has changed, and some programs no longer use Zoom.

Avatar

Bells- ID residential and IT are regularly meeting to discuss and set up 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. Will go live February 1, 2024.

Mr. Parcell asked that once they get in a more comfortable place with the portal could she provide a rate overview. Ms. Williams agreed to provide.

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

DISCUSSION: RACSB is committed to using data-driven decision-making to improve performance, quality, and demonstrate the value of services. Ms. Williams went over in detail the report of the new and on-going Behavioral Health and Developmental Disability performance measures.

ISSUE: **Legislative Updates and Priorities**

DISCUSSION: Ms. Williams went over the Legislative Updates and Priorities.

Overview of VACSB Advocacy

VACSB Legislative Initiatives

- Public Policy Actions
- Annual Conferences
- VACSB Public Policy Committee
- Overview and Sample of VACSB Legislative Update (weekly)

Budget Priorities

- CSB Workforce Development Package
- Step-VA Inflation Pressures
- Substance Use Disorder Services
- Early Intervention Services
- Developmental Disability (DD) Waiver Services
- Underage Cannabis Use Prevention Programs

Closed Meeting – VA CODE § 2.2 – 3711 A (4), A (7), and A (15)

Joseph Wickens requested a motion for a closed meeting.

It was moved by Mr. Parcell and seconded by Mr. Lapin that the Board of Directors of the Rappahannock Area Community Services Board convene in a closed meeting pursuant to Virginia Code § 2.2 – 3711 A (4) for the protection and privacy of individuals in personal matters not related to public business; and Virginia Code § 2.2 – 3711 A (15) to discuss medical records excluded from 2.2 – 3711 pursuant to subdivision 1 of 2.2 – 3705.5.

The motion was unanimously approved.

Upon reconvening, Mr. Parcell called for a certification from all members that, to the best of their knowledge, the Board discussed only matter lawfully exempted from statutory open meeting requirements of the Freedom of Information Act; and only public business matters identified in the motion to convene the closed meeting.

A roll call vote was conducted:

Ken Lapin – Voted Aye
Jacob Parcell – Voted Aye
Nancy Beebe – Voted Aye
Glenna Boerner – Voted Aye
Greg Sokolowski – Voted Aye
Matt Zurasky – Voted Aye
Carol Walker – Voted Aye

The motion was unanimously approved.

Adjournment

The meeting adjourned at 11:45AM

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
January 9, 2024, **10:30 AM**
600 Jackson Street, Board Room 208, Fredericksburg, VA

Date: January 5, 2024

A Program Planning and Evaluation Committee Meeting has been scheduled for Tuesday, January 9, 2024 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

January 9, 2024 – **10:30 AM**

600 Jackson Street, Room 208 Fredericksburg, VA 22401

AGENDA

I. Extraordinary Barriers List, <i>Newman</i>	3
II. Independent Assessment Certification and Coordination Team Update, <i>Kobuchi</i>	5
III. Crisis Intervention Team Report, <i>Kobuchi</i>	7
IV. Emergency Custody Order/Temporary Detention Order, <i>Kobuchi</i>	9
V. December Waitlist, <i>Terrell</i>	12
VI. Licensing Reports, <i>Terrell</i>	16
VII. Information Technology/Electronic Health Record Update, <i>Williams</i>	84
VIII. Data Highlights Report, <i>Williams</i>	87
IX. Legislative Update, <i>Williams</i>	92
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: January 9, 2024

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

Western State Hospital

Individual #1: Was placed on the EBL 10/3/2023. Barriers to discharge include working through the Not Guilty by Reason of Insanity (NGRI) process. This individual has a primary diagnosis of Schizophrenia. It has been identified that his individual would benefit from a transitional residential program that can provide them with the education and support necessary to develop independent living skills, best manage their mental health concerns as well as maintain compliance with their Conditional Release Plan (CRP). They continue to make excellent progress in their treatment and gradual release process and have continued regular 48 hour passes to Home Road. Their CRP was reviewed by the Forensic Review Panel (FRP), however additional information was requested. Once the CRP is approved by the FRP a court date will be requested. They will discharge from the hospital once their CRP is approved by the Forensic Review Panel and the Court.

Individual #2: Was placed on the EBL 12/18/2023. Barriers to discharge include identifying and being accepted to a supervised residential setting. This individual has a primary diagnosis of Schizophrenia and experiences some fixed delusions even at baseline and exhibits some behaviors that can be challenging to support. This individual had been accepted to Town Creek Assisted Living Facility and had discharged to this program on a pass to discharge in December. Unfortunately, despite extending the pass, Town Creek determined that they felt as though they were not able to support this individual at this time due to the presence of persistent symptoms

and behaviors and they have returned to the hospital. Other placement options will be considered and if their symptoms show improvement, Town Creek may reconsider placement as well. This individual will discharge once a supervised residential setting is identified and they are accepted.

Piedmont Geriatric Hospital

Individual #3: Was placed on the EBL 12/12/2023. Barriers to discharge include identifying and being accepted to an assisted living facility. This individual has a primary diagnosis of schizophrenia, paranoid type and is currently prescribed a monthly injection for treatment of their symptoms. They previously resided in the community in an assisted living facility. This facility is not able to accept them back due to the decrease in the rate allowable through Discharge Assistance Program (DAP) funding as they do not feel as though the approved rate is enough to adequately support this individual as they exhibit behaviors that are challenging to support and have a history of medication non-compliance. Other facilities are being explored at this time as this individual will require a facility that is also able to administer the injection onsite as they are often not willing to leave the facility to have the medication administered at a local office or CSB. This individual will discharge once an assisted living facility is identified and DAP is approved.

MEMORANDUM

To: Joe Wickens, Executive Director
From: Donna Andrus, Child and Adolescent Support Services Supervisor
Date: January 3, 2024
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. Kepro/Acentra took over the process November 1, 2023. The Rappahannock Area Community Services Board is the IACCT provider for Planning District 16.

RACSB received fourteen IACCT referrals in the month of December and completed twelve assessments. One individual discharged to a foster home prior to the IACCT reauth due date. One IACCT reauth has not been completed yet. Three referrals were initial IACCT assessments and eleven were re-authorizations in December. Seven were from Spotsylvania, two from Stafford, none from Caroline, one from King George and four from the City of Fredericksburg. Of the twelve completed assessments six recommended Level C Residential, five recommended Level B Group Home, and one recommended community-based services. No reauthorizations recommended discharge at this time.

Attached is the monthly IACCT tracking data for December 2023.

Report Month/Year	Dec-23
1. Total number of Referrals from Kepro/Acentra for IACCT:	14
1.a. total number of auth referrals:	3
1.b. total num. of re-auth referrals:	11
2. Total number of Referrals per county:	
Fredericksburg:	4
Spotsylvania:	7
Stafford:	2
Caroline:	0
King George:	1
Other:	0
3. Total number of extensions granted:	1
4. Total number of appointments that could not be offered within the prescribed time frames:	1
5. Total number of "no-shows":	0
6. Total number of cancellations:	0
7. Total number of assessments completed:	12
8a. Total number of ICA's recommending: residential:	6
8b. Total number of ICA's recommending: therapeutic group home:	5
8c. Total number of ICA's recommending: community based services:	1
8g. Total number of ICA's recommending: Other:	0
8h. Total number of ICA's recommending: no MH Service:	0
9. Total number of reauthorization ICA's recommending: requested service not continue:	0
10. Total number of notifications that a family had difficulty accessing any IACCT-recommended service/s:	0

MEMORANDUM

To: Joe Wickens, Executive Director
From: Natasha Randall, Acting Emergency Services Coordinator
Date: January 1, 2024
Re: Crisis Assessment Center and CIT report December 2023

The CIT Assessment Center assessed 31 individuals in the month of December 2023. The number of persons served by locality were the following: Fredericksburg 5; Caroline 2; King George 2; Spotsylvania 8; Stafford 12; other 2.

Please see attached CIT data sheet

December 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
12/1/2023	1	1	Stafford	Stafford
12/2/2023	1	1	Stafford	Spotsylvania
12/3/2023	1	1	Spotsylvania	Spotsylvania
12/4/2023	1	1	Stafford	Stafford
12/5/2023	1	1	King George	Stafford
12/6/2023	1	1	Spotsylvania	Spotsylvania
12/7/2023	1	1	Stafford	Spotsylvania
12/8/2023	1	1	Stafford	Stafford
12/9/2023	1	1	Caroline	Stafford/Spotsylvania
12/10/2023	4	0	n/a	Stafford/Spotsylvania
12/11/2023	0	0	n/a	Spotsylvania
12/12/2023	4	0	n/a	Spotsylvania
12/13/2023	3	2	Stafford, Caroline	Spotsylvania
12/14/2023	4	2	Fredericksburg/Stafford	n/a
12/15/2023	4	2	Fredericksburg/Spotsylvania	Spotsylvania
12/16/2023	0	0	n/a	Spotsylvania
12/17/2023	0	0	n/a	Spotsylvania/Stafford
12/18/2023	2	2	Stafford	Spotsylvania/Stafford
12/19/2023	1	1	Spotsylvania	Stafford
12/20/2023	0	0	n/a	Spotsylvania
12/21/2023	1	1	Caroline	Spotsylvania
12/22/2023	2	2	Fredericksburg/Spotsylvania	Stafford/Spotsylvania
12/23/2023	2	2	Spotsylvania/Stafford	Spotsylvania
12/24/2023	0	0	n/a	Stafford
12/25/2023	1	1	Stafford	Spotsylvania
12/26/2023	1	1	Fredericksburg	Spotsylvania
12/27/2023	2	2	Stafford/Spotsylvania	Spotsylvania/Stafford
12/28/2023	1	1	Spotsylvania	Spotsylvania
12/29/2023	4	1	King George	Spotsylvania
12/30/2023	2	2	Stafford/Fredericksburg	Spotsylvania
12/31/2023	0	0	n/a	Spotsylvania
Total	47	31		

Total Assessmen at Center in December: 31

Brought by:		Cumulative Total:	Cumulative number of Assessment since December 2023:	
Caroline	2	158		
Fred City	5	1054		
Spotsylvania	8	1022		3445
Stafford	12	1071		
King George	2	132		
Other	2	8		

MEMORANDUM

To: Joe Wickens, Executive Director

From: Natasha Randall, Acting Emergency Services Coordinator

Date: 01/01/2024

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

In November, Emergency Services staff completed 318 emergency evaluations. Seventy-one individuals were assessed under emergency custody orders and sixty-three total temporary detention orders were issued and served. Staff facilitated one admission to a state hospital, which was an admission to Commonwealth Center for Children and Adolescents.

A total of six individuals were involuntarily hospitalized outside of our catchment area in December. This month we had no individuals utilize alternative transportation.

Please see attached data reports.

Month	Evaluations	ECOs	TDOs Issued	TDOs Executed
Oct-21	422	60	72	72
Nov-21	425	59	60	60
Dec-21	401	67	66	66
Jan-22	355	74	63	63
Feb-22	442	87	64	64
Mar-22	375	74	81	81
Apr-22	390	85	87	87
May-22	417	92	73	73
Jun-22	342	75	66	66
Jul-22	343	77	83	83
Aug-22	367	79	76	76
Sep-22	341	66	76	76
Oct-22	351	70	75	75
Nov-22	359	69	73	73
Dec-22	296	55	51	51
Jan-23	389	81	86	86
Feb-23	340	65	67	67
Mar-23	406	83	93	93
Apr-23	325	65	78	78
Jun-23	275	57	65	65
Jul-23	296	69	66	66
23-Aug	329	78	66	66
23 Sept	344	80	72	72
Oct 23	290	77	71	71
Nov 23	310	75	60	60
Dec 23	318	71	63	63

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

CSB/BHA	Rappahannock Area Community Services Board	Month	December 2023
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1) Number of Emergency Evaluations	2) Number of ECOs			3) Number of Civil TDOs Issued	4) Number of Civil TDOs Executed				5) Number of Criminal TDOs Executed
	Magistrate Issued	Law Enforcement Initiated	Total		Minor	Older Adult	Adult	Total	
318	28	43	71	63	3		60	63	4
			0					0	
			0					0	

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

CSB/BHA	Rappahannock Area Community Services	Reporting month	December 2023	No Exceptions this month →		
Date	Consumer Identifier	1) Special Population Designation <small>(see definition)</small>	1a) Describe "other" in your own words <small>(see definition)</small>	2) "Last Resort" admission <small>(see definition)</small>	3) No ECO, but "last resort" TDO to state hospital <small>(see definition)</small>	4) Additional Relevant Information or Discussion <small>(see definition)</small>
12/12/23	112591	Child		Yes	No	CCCA

Out of Area Placement for December											
Date	ID	LE	Location	Receiving	Travel Time	ECO	Age	TDO Criteria	Presented to AT	Reason for Decline	
12/3/2023	112432	Spotsylvania	MWH ED	Poplar	170	Yes	21	Capacity;danger to others	N	aggressive	
12/13/2023	110780	King George	MWH ED	Poplar	170	Yes	12	danger to others	N	aggressive	
12/20/2023	54852	Stafford	MWH ED	Poplar	170	Yes	29	danger others, psychosis	no	aggressive	
12/27/2023	66496	Spotsylvania	MWH ED	Pavillion	200	Yes	29	danger to others	no	aggressive towards others	
12/30/2023	23782	Fredericksbu	MWH ED	Pavillion	200	Yes	55	danger to others	no	psychosis	
12/30/2023	112755	Stafford	MWH ED	Poplar	170	No	54	danger to self	no	impulsive trying to hurtself	

MEMORANDUM

To: Joe Wickens, Executive Director
From: Stephanie Terrell, Director of Compliance
Date: January 3, 2024
Re: December 2023 Waiting Lists

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

OUTPATIENT SERVICES

- Clinical services: As of December 31, 2023, there are 324 individuals on the wait list for outpatient therapy services.
 - Individuals are placed on the wait list if they cannot be seen at a regularly scheduled appointment within 30 days of request. Individuals who fall in a priority category are seen during open access.
 - Due to an increase in request for outpatient services, the Fredericksburg, Stafford, and Caroline Clinic implemented a waitlist for new clients seeking outpatient services.
 - The waitlist in Stafford is currently at 131 clients.
 - The waitlist in Spotsylvania is currently at 115 clients.
 - The waitlist in Caroline is currently at 78 clients.
 - This is an increase of 44 from the November 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 January 3, 2024, there are four older adolescents and adults waiting longer than 30 days for their intake appointment. The furthest out appointment is 2/14/2024. There are no children age 13 and below waiting longer than 30 days for their intake appointment.

PSYCHIATRY INTAKE – As of January 3, 2024, the number of individuals waiting longer than 30 days for a regularly scheduled psychiatric intake appointment include:

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

Appointment Dates	
<i>Fredericksburg Clinic</i>	
	2/7/2024
<i>Caroline Clinic</i>	
	2/14/2024
<i>King George</i>	
	N/A
<i>Spotsylvania Clinic</i>	
	2/8/2024
<i>Stafford Clinic</i>	
	2/13/2024

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 - 4

Needs List: 0
Referral List: 4
Acceptance List: 0

Count by County:

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

Intellectual Disability Residential Services – 71

Needs List: 68
Referral List: 3
Acceptance List: 0

Count by County:

Caroline 7
King George 3
Fredericksburg 7
Spotsylvania 24
Stafford 30

Assertive Community Treatment (ACT)– 19

Caroline: 0
Fredericksburg: 10
King George: 1
Spotsylvania: 5
Stafford: 3

Total Needs: 19
Total Referrals: 0
Total Acceptances: 0

Total program enrollments = 50

Admissions: 0
Discharges: 2

ID/DD Support Coordination

There are currently 836 individuals on the DD Waiver Waiting List. This is an increase of 2 from last month.

P 1 – 350
P2 – 211
P3 – 275

RAAI – 36

Caroline: 2
Fredericksburg: 0
King George: 4
Spotsylvania: 11
Stafford: 15
Other: 4

Total Referrals: 25
Total Assessing: 11

Total Acceptances on 90-day assess (waiting to add more days): 5
Total program enrollments = 112 (1 discharge in December)

MEMORANDUM

To: Joe Wickens, Executive Director
From: Stephanie Terrell, Director of Compliance and Human Rights
Date: January 3, 2024
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) received seven licensing reports related to the annual review of seven licensed services. Sunshine Lady House, Mental Health Outpatient, Mental Health Support Services, Kenmore Club, Child and Adolescent Mental Health Case Management, Adult Mental Health Case Management, and Emergency Services submitted and received approval for a corrective action plan based on the licensing annual review. Ruffins Pond Group Home received a licensing report due to late entrance of an incident report and Merchant Square Supervised Apartment Program received a licensing report due to a substantiated allegation of neglect.

The attached CAP provides additional 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: 11-17-2023
Program Type/Facility Name: 01-001 Ruffin's Pond 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>
12VAC35-105-160. D. (2) - The provider shall collect, maintain, and report or make available to the department the following information: 2. Level II and Level III serious incidents shall be reported using the department's web-based reporting application and by telephone or email to anyone designated by the individual to receive such notice and to the individual's authorized representative within 24 hours of discovery. Reported information shall include the information specified by the department as required in its web-based reporting application, but at least the following: the date, place, and circumstances of the serious incident. For serious injuries and deaths, the reported information shall also include the nature of the individual's injuries or	N	Ruffin's Pond Group Home This regulation was NOT MET as evidenced by: CHRIS Number: 20230266 Date/Time of Discover: 10/27/2023 9:20AM Enter Date/Time: 10/30/2023 4:35PM Reporting Delay: 55:15:00 Location Name: Ruffin's Pond Group Home	PR) 11/28/2023 PR. Incident was entered late due to late submission of incident report. After spending multiple hours at the ER and hospital providing support to an individual that was medially admitted, staff failed follow agency policy regarding entering an incident report. Staff received remedial training/reminder of the importance of submitting incident reports timely and was advised that if similar situations present in the future the staff should seek assistance from other staff regarding submission of incident reports. Progressive personnel action will be utilized if future incidents are reported late. The Compliance Team will monitor incident reporting on a daily basis and report any concerns program supervisors when incidents are not reported timely. OLR) Accepted 12/12/2023	11/10/2023

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

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

Date of Inspection: 11-17-2023
Program Type/Facility Name: 01-001 Ruffin's Pond 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>
circumstances of the death and any treatment received. For all other Level II and Level III serious incidents, the reported information shall also include the consequences that resulted from the serious incident. Deaths that occur in a hospital as a result of illness or injury occurring when the individual was in a licensed service shall be reported.				

General Comments / Recommendations:

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

Lakesha Steele, Incident Management Unit

(Signature of Organization Representative)

Date

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

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

License #: 101-07-006

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 11-02-2023

Program Type/Facility Name: 07-006 Jackson Street

<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. (5) - The provider including its employees, contractors, students, and volunteers shall comply with: 5. The provider's own policies. All required policies shall be in writing.	N	<p>Jackson Street</p> <p>This regulation was NOT MET as evidenced by:</p> <p>The provider's Communicable Diseases policy states the following: "Tuberculosis testing: All new staff members are required to be tested for tuberculosis within 30 days of employment and annually thereafter."</p> <p>Employee #2 had a PPD screening form in the personnel record dated 2/12/21. There was no documentation that the employee had been tested as the form was not signed by a qualified licensed practitioner within 30 days of employment. Per Employee #2's personnel record, Employee #2 was hired 10/19/20. There was no documentation indicating that Employee #2 was tested annually thereafter.</p> <p>The provider failed to follow their own policy.</p>	<p>PR) 12/29/2023</p> <p>Per policy Tuberculosis testing is required by all staff upon hire and annually thereafter. Prior to 2020 the agency established specific days at the Fredericksburg Clinic for staff to come and obtain their Tuberculosis. Since the agency did not provide schedule specific days and time for screening there were several staff that did not individually schedule their screening. Staff received notice to obtain Tuberculosis testing in December 2023. All forms are due to Human Resources by January 31, 2024. Human Resources will verify that forms are received and provide the leadership team with notification of staff that have not turned in their form. Staff may receive disciplinary action if forms are not received timely.</p> <p>Systematically, Human Resources will continue to conduct mandated Tuberculosis testing for all staff and ensure all staff have been tested within 30 days of employment and annually going forward. Human Resources will also ensure all testing records are stored in personnel files going forward.</p> <p>OLR) Accepted 01/02/2024</p>	2/16/2024

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

License #: **101-07-006**
Organization Name: **Rappahannock Area Community Services Board**

Date of Inspection: **11-02-2023**
Program Type/Facility Name: **07-006 Jackson Street**

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-105-400. B. - The provider shall develop a written policy for criminal history background checks and registry searches. The policy shall require at a minimum a disclosure statement stating whether the person has ever been convicted of or is the subject of pending charges for any offense and shall address what actions the provider will take should it be discovered that a person has a founded case of abuse or neglect or both, or a conviction or pending criminal charge.	N	<p>Jackson Street</p> <p>This regulation was NOT MET as evidenced by:</p> <p>The provider's Recruitment and Selection policy does not include that the policy shall require at a minimum a disclosure statement stating whether the person has ever been convicted of or is the subject of pending charges for any offense and shall address what actions the provider will take should it be discovered that a person has a founded case of abuse or neglect or both, or a conviction or pending criminal charge.</p> <p>The provider failed to develop a written policy for criminal history background checks and registry searches that meets the requirements of this regulation.</p>	<p>PR) 12/29/2023</p> <p>PR: RACSB is in the process of updating the employee handbook. The Recruitment and Selection policy will be updated to include requirement related to criminal background and registry searches that meet the requirement of licensing regulations.</p> <p>Human Resources will continue to conduct record checks on all new hires. All new hires will complete a Disclosure Statement for Licensed Private Provider Employees, Sponsored Residential Applicants, and/or CRF Volunteers Form. Each new hire will undergo a criminal fingerprint check via Federal Bureau of Investigations, Virginia State Police and a background check via Virginia Department of Social Services/Child Protective Services. Once the backgrounds results have been received, Human Resources will review the results. If the results show no criminal history, the new hire will be cleared for employment. If the results show criminal history relative to barrier crimes, abuse/neglect, or both, the facility will make the final hiring decision to not proceed with employment of the individual.</p> <p>Human Resources will maintain and store all background checks.</p> <p>OLR) Accepted 01/02/2024</p>	3/1/2024

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

License #: 101-07-006

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 11-02-2023

Program Type/Facility Name: 07-006 Jackson Street

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-105-430. A. (4) - Employee or contractor personnel records, whether hard-copy or electronic, shall include: 4. Results of any provider credentialing process including methods of verification of applicable professional licenses or certificates;	N	<p>Jackson Street</p> <p>This regulation was NOT MET as evidenced by:</p> <p>Documentation from DHP of Employee #2's credentials expired on 6/30/23.</p> <p>The provider failed to maintain current verification of professional licenses or certificates.</p>	<p>PR) 12/29/2023</p> <p>PR: Human Resources Department utilized a contract staff to file personnel documents which created several filling errors. The Human Recourses staff will review files of all staff that maintain a certification or licenses through the Department of Health Professions to ensure current verification of license and/or certificated is include in the personnel file.</p> <p>Human Resources will continue to verify each employee's professional licenses or certifications. These licenses or certifications will be maintained and stored in the personnel file by Human Resources.</p> <p>OLR) Accepted 01/02/2024</p>	3/1/2024

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

License #: 101-07-006
Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 11-02-2023
Program Type/Facility Name: 07-006 Jackson Street

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-105-430. A. (7) - Employee or contractor personnel records, whether hard-copy or electronic, shall include: 7. Results of performance evaluations;	N	<p>Jackson Street</p> <p>This regulation was NOT MET as evidenced by:</p> <p>Review of Employee #1's personnel record revealed there were no performance evaluations in the record. Per the record, Employee #1 was hired on 12/27/21.</p> <p>The provider failed to maintain the results of performance evaluations in the personnel record.</p>	<p>PR) 12/29/2023</p> <p>There was a lack of tracking completed performance evaluations prior to August 2023.</p> <p>The performance evaluation process was revised in November 2023. Staff received training on the revised form and policy in November 2023.</p> <p>RACSB requires annual Performance Evaluations for all staff, interns, and contractors. Annual reviews are due June of each year. Once Human Resources receives the performance evaluation, the evaluation will be maintained in the relative personnel file. Human Resources will track and provide the appropriate Division Director notification if performance evaluations are not received by the due date.</p> <p>OLR) Accepted 01/02/2024</p>	12/29/2023

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

License #: 101-07-006

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 11-02-2023

Program Type/Facility Name: 07-006 Jackson Street

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-105-480. C. - The provider shall evaluate employee and contractor performance at least annually.	N	<p>Jackson Street</p> <p>This regulation was NOT MET as evidenced by:</p> <p>Review of Employee #1's personnel record revealed there were no performance evaluations in the record. Per the record, Employee #1 was hired on 12/27/21.</p> <p>Review of Employee #2's personnel record revealed there were no performance evaluations for 2021 or 2022.</p> <p>The provider failed to evaluate the employee annually.</p>	<p>PR) 12/29/2023</p> <p>There was a lack of tracking completed performance evaluations prior to August 2023.</p> <p>The performance evaluation process was revised in November 2023. Staff received training on the revised form and policy in November 2023.</p> <p>RACSB requires annual Performance Evaluations for all staff, interns, and contractors. Annual reviews are due June of each year. Once Human Resources receives the performance evaluation, the evaluation will be maintained in the relative personnel file. Human Resources will track and provide the appropriate Division Director notification if performance evaluations are not received by the due date.</p> <p>OLR) Accepted 01/02/2024</p>	12/29/2023

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

License #: 101-07-006
Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 11-02-2023
Program Type/Facility Name: 07-006 Jackson Street

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-105-510. A. - Each new employee, contractor, student, or volunteer who will have direct contact with individuals receiving services shall obtain a statement of certification by a qualified licensed practitioner indicating the absence of tuberculosis in a communicable form within 30 days of employment or initial contact with individuals receiving services. The employee shall submit a copy of the original screening to the provider. A statement of certification shall not be required for a new employee who has separated from service with another licensed provider with a break in service of six months or less or who is currently working for another licensed provider.	N	<p>Jackson Street</p> <p>This regulation was NOT MET as evidenced by:</p> <p>Employee #2 had a PPD screening form in the personnel record but it did not obtain a statement of certification by a qualified licensed practitioner indicating the absence of tuberculosis in a communicable form within 30 days of employment. The screening form was dated 2/12/21. Per Employee #2's personnel record, Employee #2 was hired 10/19/20.</p> <p>The provider failed to obtain a statement of certification by a qualified licensed practitioner indicating the absence of tuberculosis in a communicable form within 30 days of employment.</p>	<p>PR) 12/29/2023</p> <p>Per policy Tuberculosis testing is required by all staff upon hire and annually thereafter. Prior to 2020 the agency established specific days at the Fredericksburg Clinic for staff to come and obtain their Tuberculosis. Since the agency did not provide schedule specific days and time for screening there were several staff that did not individually schedule their screening. Staff received notice to obtain Tuberculosis testing in December 2023. All forms are due to Human Resources by January 31, 2024. Human Resources will verify that forms are received and provide the leadership team with notification of staff that have not turned in their form. Staff may receive disciplinary action if forms are not received timely.</p> <p>Systematically, Human Resources will continue to conduct mandated Tuberculosis testing for all staff and ensure all staff have been tested within 30 days of employment and annually going forward. Human Resources will also ensure all testing records are stored in personnel files going forward.</p> <p>OLR) Accepted 01/02/2024</p>	2/16/2024

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

License #: **101-07-006**

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

Date of Inspection: **11-02-2023**

Program Type/Facility Name: **07-006 Jackson Street**

<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.		
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Rebekah Greenfield, Regional Manager	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> (Signature of Organization Representative)	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> 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 #: 101-16-003

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 11-02-2023

Program Type/Facility Name: 16-003 Fredericksburg SA Casemanagement

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-105-400. B. - The provider shall develop a written policy for criminal history background checks and registry searches. The policy shall require at a minimum a disclosure statement stating whether the person has ever been convicted of or is the subject of pending charges for any offense and shall address what actions the provider will take should it be discovered that a person has a founded case of abuse or neglect or both, or a conviction or pending criminal charge.	N	Fredericksburg SA Casemanagement This regulation was NOT MET as evidenced by: The provider's Recruitment and Selection policy does not include that the policy shall require at a minimum a disclosure statement stating whether the person has ever been convicted of or is the subject of pending charges for any offense and shall address what actions the provider will take should it be discovered that a person has a founded case of abuse or neglect or both, or a conviction or pending criminal charge. The provider failed to develop a written policy for criminal history background checks and registry searches that meets the requirements of this regulation.	PR) 12/29/2023 PR: RACSB is in the process of updating the employee handbook. The Recruitment and Selection policy will be updated to include requirement related to criminal background and registry searches that meet the requirement of licensing regulations. Human Resources will continue to conduct record checks on all new hires. All new hires will complete a Disclosure Statement for Licensed Private Provider Employees, Sponsored Residential Applicants, and/or CRF Volunteers Form. Each new hire will undergo a criminal fingerprint check via Federal Bureau of Investigations, Virginia State Police and a background check via Virginia Department of Social Services/Child Protective Services. Once the backgrounds results have been received, Human Resources will review the results. If the results show no criminal history, the new hire will be cleared for employment. If the results show criminal history relative to barrier crimes, abuse/neglect, or both, the program supervisor and program Director will assist in making the final hiring decision to not proceed with employment of the individual. Human Resources will maintain and store all background checks. OLR) Accepted 01/02/2024	3/1/2024

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

License #: 101-16-003

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 11-02-2023

Program Type/Facility Name: 16-003 Fredericksburg SA Casemanagement

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-105-420. A. - Any person who assumes the responsibilities of any position as an employee or a contractor shall meet the minimum qualifications of that position as determined by job descriptions.	N	<p>Fredericksburg SA Casemanagement</p> <p>This regulation was NOT MET as evidenced by:</p> <p>Under minimum qualifications of the position, Employee #1's job description states, "must possess all qualifications and skills required by federal and state regulations to bill Medicaid for the services provided."</p> <p>Per the DMAS ARTS Provider Manual Chapter II, "SUD case management services shall be provided by a professional or professionals who meet at least one of the following criteria: At least a bachelor's degree in one of the following fields (social work, psychology, psychiatric rehabilitation, sociology, counseling, vocational rehabilitation, human services counseling) and has at least either 1) one year of substance use related direct experience providing services to individuals with a diagnosis of SUD or 2) a minimum of one year of clinical experience working with individuals with cooccurring diagnoses of SUD and mental illness;"</p> <p>Review of Employee #1's personnel record including documentation of previous employment revealed that Employee #1 did not have at least one year of substance use related direct experience providing services to individuals with a diagnosis of SUD or a minimum of one year of clinical experience working with individuals with cooccurring diagnoses of SUD and mental illness.</p> <p>The provider failed to ensure that any person who assumes the responsibilities of any position as an employee shall meet the minimum qualifications of the position as determined by the job description.</p>	<p>PR) 12/29/2023</p> <p>During 2023 review of job descriptions include review of the essential functions/principal duties and responsibilities of the position. Review of the formal training and work experience was not reviewed or updated to ensure appropriate education and skill requirements. Human Recourses will work with Program Directors to implement a review of job descriptions in their entirety.</p> <p>Human Resources will ensure that each individual hired for a position meets the standards and educational requirements for the position prior to employment. If an employee transitions to position, Human Resources will review formal training and work experience to ensure employee meets qualifications of the position.</p> <p>OLR) Accepted 01/02/2024</p>	3/15/2024

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

License #: 101-16-003

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 11-02-2023

Program Type/Facility Name: 16-003 Fredericksburg SA Casemanagement

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-105-450. - The provider shall provide training and development opportunities for employees to enable them to support the individuals receiving services and to carry out their job responsibilities. The provider shall develop a training policy that addresses the frequency of retraining on serious incident reporting, medication administration, behavior intervention, emergency preparedness, and infection control, to include flu epidemics. Employee participation in training and development opportunities shall be documented and accessible to the department.	N	<p>Fredericksburg SA Casemanagement</p> <p>This regulation was NOT MET as evidenced by:</p> <p>The provider's training policy does not include the frequency of retraining for medication administration.</p> <p>The provider's training policy indicates that OSHA Blood Borne Pathogens retraining shall occur annually. Employee #1 did not complete OSHA Blood Borne Pathogens retraining in 2022. Employee #2 did not complete OSHA Blood Borne Pathogens retraining in 2022.</p> <p>The provider failed to develop a training policy that meets the requirements of this regulation. The provider failed to ensure training and development opportunities are completed as dictated by the training policy to support the employee to carry out their job responsibilities.</p>	<p>PR) 12/29/2023</p> <p>RACSB is in the process of updating the employee handbook. The agency's training policy has been updated to reflect requirements related to medication management.</p> <p>OSHA Blood Borne Pathogens is assigned to employees annually via the learning management system (LMS). As of August 2023, Employee 1 and Employee 2 were not included on the outstanding training roster. Management staff will continue to monitor the roster to ensure staff are completing trainings as required. Verification of training completion will be stored in the personnel file by Human Resources or maintained in the LMS.</p> <p>RACSB has established a repository for agency policies, which will be maintained by executive leadership. The training committee will review training policies and make recommendations for revisions. The Director of Compliance or their designee will revise the policy based on regulatory requirements and recommendations by the training committee</p> <p>OLR) Accepted 01/02/2024</p>	12/29/2023

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

License #: 101-16-003

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 11-02-2023

Program Type/Facility Name: 16-003 Fredericksburg SA Casemanagemt

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-105-480. C. - The provider shall evaluate employee and contractor performance at least annually.	N	Fredericksburg SA Casemanagemt This regulation was NOT MET as evidenced by: Employee #2 did not have evaluations in their personnel record for 2019, 2020, or 2021. The provider failed to evaluate the employee performance at least annually.	PR) 12/29/2023 There was a lack of tracking completed performance evaluations prior to August 2023. The performance evaluation process was revised in November 2023. Staff received training on the revised form and policy in November 2023. RACSB requires annual Performance Evaluations for all staff, interns, and contractors. Annual reviews are due June of each year. Once Human Resources receives the performance evaluation, the evaluation will be maintained in the relative personnel file. Human Resources will track and provide the appropriate Division Director notification if performance evaluations are not received by the due date. OLR) Accepted 01/02/2024	12/29/2023

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

License #: 101-16-003
Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 11-02-2023
Program Type/Facility Name: 16-003 Fredericksburg SA Casemanagement

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-105-660. B. - The provider shall develop and implement an initial person-centered ISP for the first 60 days for developmental services or for the first 30 days for mental health and substance abuse services. This ISP shall be developed and implemented within 24 hours of admission to address immediate service, health, and safety needs and shall continue in effect until the ISP is developed or the individual is discharged, whichever comes first.	N	Fredericksburg SA Casemanagement This regulation was NOT MET as evidenced by: Individual #1 was admitted to services on 8/7/23. An ISP was not developed until 8/14/23. A "Preliminary Services Plan" was found in Individual #1's record; however, the plan did not contain specific strategies for addressing immediate service, health, and safety needs. The provider failed to develop and implement an initial person-centered ISP with 24 hours of admission to address immediate service, health, and safety needs.	PR) 12/29/2023 The provider created and reviewed the ISP with the individual via Zoom but failed to document in the note the verbal consent was obtained due to individual attending virtually. Supervisor will review documentation requirements in scheduled 12/20/2023 supervision, including the need to obtain written signatures on ISP's, the need to document in the session note that ISP was reviewed during the session, and document reasoning to demonstrate need if verbal consent was obtained instead of written signature. The supervisor will instruct provider to send ISP's and session notes to supervisor for review for at least the next 3 months to ensure accurate documentation OLR) Accepted 01/02/2024	12/29/2023

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

License #: 101-16-003

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 11-02-2023

Program Type/Facility Name: 16-003 Fredericksburg SA Casemanagement

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-105-660. D. (1c) - The initial ISP and the comprehensive ISP shall be developed based on the respective assessment with the participation and informed choice of the individual receiving services. 1. To ensure the individual's participation and informed choice, the following shall be explained to the individual or the individual's authorized representative, as applicable, in a reasonable and comprehensible manner: 1c. Any accompanying risks or benefits of the proposed and alternative services.	N	<p>Fredericksburg SA Casemanagement</p> <p>This regulation was NOT MET as evidenced by:</p> <p>There was no documentation in Individual #1 and Individual #2's ISP that the individuals received an explanation regarding any accompanying risks or benefits of the proposed and alternative services.</p> <p>The provider failed to include in the ISP any accompanying risks or benefits of the proposed and alternative services.</p>	<p>PR) 12/29/2023</p> <ol style="list-style-type: none"> 1. The ISP document in our electronic health record does not include a section on accompanying risks or benefits of the proposed and alternative services. To address this deficient practice, we will work with QA and IT on adding a section to the ISP in our electronic health record to document any accompanying risks or benefits of the proposed and alternative services and have this be a required section to be completed before ISP can be finalized. 2. Plan of action is substance use case management coordinator will request assistance from QA and IT in adding a section to the current ISP document in our electronic health record that states to include any accompanying risks or benefits of the proposed and alternative services and is a required field for ISP to be finalized. 3. The substance use case management coordinator will work with QA and IT staff to include this documentation category on the IFSP and will monitor compliance with random monthly chart audits <p>OLR) Accepted 01/02/2024</p>	3/1/2024

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

License #: 101-16-003

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 11-02-2023

Program Type/Facility Name: 16-003 Fredericksburg SA Casemanagement

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-105-665. B. - The ISP shall be signed and dated at a minimum by the person responsible for implementing the plan and the individual receiving services or the authorized representative in order to document agreement. If the signature of the individual receiving services or the authorized representative cannot be obtained, the provider shall document attempts to obtain the necessary signature and the reason why he was unable to obtain it. The ISP shall be distributed to the individual and others authorized to receive it.	N	Fredericksburg SA Casemanagement This regulation was NOT MET as evidenced by: Individual #1's ISP (8/14/23-11/14/23) noted that Individual #1 signed the ISP through verbal consent. There was no documentation of the provider's attempts to obtain the necessary signature and the reason why the provider was unable to obtain it. The provider failed to ensure the ISP was signed and dated by the individual receiving services.	PR) 12/29/2023 The provider created and reviewed the ISP with the individual via Zoom but failed to document in the note the verbal consent was obtained due to individual attending virtually. Supervisor will review documentation requirements in scheduled 12/20/2023 supervision, including the need to obtain written signatures on ISP's, the need to document in the session note that ISP was reviewed during the session, and document reasoning to demonstrate need if verbal consent was obtained instead of written signature. The supervisor will instruct provider to send ISP's and session notes to supervisor for review for at least the next 3 months to ensure accurate documentation OLR) Accepted 01/02/2024	12/29/2023

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

License #: 101-16-003

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 11-02-2023

Program Type/Facility Name: 16-003 Fredericksburg SA Casemanagement

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-105-675. B. - Providers shall complete changes to the ISP as a result of the assessments.	N	Fredericksburg SA Casemanagement This regulation was NOT MET as evidenced by: Review of Individual #1's ISP revealed that the Plan End Date was 11/14/23. A new/updated ISP with a start date of 11/15/23 is not found in the record. The individual continued to receive services past 11/14/23. The provider failed to complete changes to the ISP as a result of the assessment (ISP).	PR) 12/29/2023 The provider created an ISP that was valid for 3 months from the start date and failed to update it on or by the plan end date. Immediate supervisor will provide training to staff on documentation due dates and quarterly review dates in administrative supervision. Will remind staff that if the ISP has expired, services may not continue until ISP is renewed. Will conduct chart audits on assigned caseloads at least twice per year. OLR) Accepted 01/02/2024	12/29/2023

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.

Rebekah Greenfield, Regional Manager	(Signature of Organization Representative)	Date
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C = Substantial Compliance, N = Non Compliance, NS = Non Compliance Systemic, ND = Non Determined

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

License #: 101-01-011
Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 12-18-2023
Program Type/Facility Name: 01-011 7610 Heths Salient Apt 307

<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	7610 Heths Salient Apt 307 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	7610 Heths Salient Apt 201 This regulation was NOT MET as evidenced by: CHRIS #20230075/Incident date: December 1, 2023 "Neglect" means failure by a person, program, or facility operated, licensed, or funded by the department, excluding those operated by the Department of Corrections, responsible for providing services to do so, including nourishment, treatment, care, goods, or services necessary to the health, safety, or welfare of an individual receiving care or treatment for mental illness, intellectual disability, or substance abuse. "Neglect" means failure by a person, program, or facility operated, licensed, or funded by the department, excluding those operated by the Department of Corrections, responsible for providing services to do so, including nourishment, treatment, care, goods, or services necessary to the health, safety, or welfare of an individual receiving care or treatment for mental illness, intellectual disability, or substance abuse. <ul style="list-style-type: none"> • Provider substantiated neglect due to the following: <ul style="list-style-type: none"> ◦ When administrating night medications to 	PR) 01/03/2024 Employee #1 was issued corrective disciplinary action for the medication error and is being directed through a series of correction steps to ensure future safety in supporting individuals with their medications. Corrective measures have included and will include: <ul style="list-style-type: none"> • Employee #1 repeated and passed the full four-day, 32-hour Medication Management course on 12/5/23, 12/6/23, 12/12/23, and 12/13/23. • Employee #1 will review all steps in the Medication Administration Policy with the program supervisor and sign a training log attesting to the training and understanding of its content by 12/29/23. • Employee #1 will be observed 	12/29/2023

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

License #: 101-01-011

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 12-18-2023

Program Type/Facility Name: 01-011 7610 Heths Salient Apt 307

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
		<p>Individual #1, the wrong medication was given.</p> <ul style="list-style-type: none"> ◦ Individual #1 should have been given 36 units of Medication #1; instead, she was given 36 units of Medication #2. ◦ Employee #1 admits to not double checking to ensure the medication that was retrieved from Individual #1's medication bin was the correct medication, resulting in Individual #1 receiving the wrong medication. ◦ <p>Failure to administer medication as prescribed by a physician's order is a violation of 12VAC35-115-50(B)(2).</p>	<p>performing 3 medication passes by the program supervisor before being allowed to administer medications independently.</p> <p>Systematically, all DD Residential staff will attend a medication management refresher course at a minimum of annually to help ensure their continued understanding and commitment to medication management safety.</p> <p>All RACSB staff, volunteers, and contractors assigned to support individuals will undergo 32 hours of the Medication Management class prior to being assigned medication administration duties. As a part of that curriculum and in being oriented to their assigned roles in the residences, the administration policies will be discussed and taught. Any staff deemed in need of further support with learning established protocols will be delayed from administration duties until trained to competence.</p> <p>Residential Program Managers and Assistant Managers will monitor staff and continue to ensure all established medication protocols are adhered to. Residential Program Managers and Assistant Managers will also supervise staff and provide ongoing feedback to ensure established protocols continue to be</p>	

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

License #: 101-01-011

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 12-18-2023

Program Type/Facility Name: 01-011 7610 Heths Salient Apt 307

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
			<p>followed through a combination of direct and indirect supervision (viewing cameras, conducting random direct supervision of staff working with individuals, correcting discrepant practices immediately).</p> <p>The Quality Assurance team will monitor incident reports on a daily basis to help ensure systematically that incidents of this nature are identified and mitigated quickly.</p> <p>All items and corrective measures included herein will be completed no later than 12/29/2023, and on an ongoing basis for those otherwise described.</p> <p>OHR/OLR) Accepted 01/03/2024</p>	

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

License #: 101-01-011

Date of Inspection: 12-18-2023

Organization Name: Rappahannock Area Community Services Board

Program Type/Facility Name: 01-011 7610 Heths Salient Apt 307

<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

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

License #: 101-02-011
Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 11-02-2023
Program Type/Facility Name: 02-011 Kenmore Club

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-105-400. B. - The provider shall develop a written policy for criminal history background checks and registry searches. The policy shall require at a minimum a disclosure statement stating whether the person has ever been convicted of or is the subject of pending charges for any offense and shall address what actions the provider will take should it be discovered that a person has a founded case of abuse or neglect or both, or a conviction or pending criminal charge.	N	Kenmore Club This regulation was NOT MET as evidenced by: The provider's Recruitment and Selection policy does not include that the policy shall require at a minimum a disclosure statement stating whether the person has ever been convicted of or is the subject of pending charges for any offense and shall address what actions the provider will take should it be discovered that a person has a founded case of abuse or neglect or both, or a conviction or pending criminal charge. The provider failed to develop a written policy for criminal history background checks and registry searches that meets the requirements of this regulation.	PR) 12/29/2023 PR: RACSB is in the process of updating the employee handbook. The Recruitment and Selection policy will be updated to include requirement related to criminal background and registry searches that meet the requirement of licensing regulations. Human Resources will continue to conduct record checks on all new hires. All new hires will complete a Disclosure Statement for Licensed Private Provider Employees, Sponsored Residential Applicants, and/or CRF Volunteers Form. Each new hire will undergo a criminal fingerprint check via Federal Bureau of Investigations, Virginia State Police and a background check via Virginia Department of Social Services/Child Protective Services. Once the backgrounds results have been received, Human Resources will review the results. If the results show no criminal history, the new hire will be cleared for employment. If the results show criminal history relative to barrier crimes, abuse/neglect, or both, the program supervisor and program Director will assist in making the final hiring decision to not proceed with employment of the individual. Human Resources will maintain and store all background checks. OLR) Accepted 01/02/2024	3/1/2024

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

License #: 101-02-011
Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 11-02-2023
Program Type/Facility Name: 02-011 Kenmore Club

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-105-420. A. - Any person who assumes the responsibilities of any position as an employee or a contractor shall meet the minimum qualifications of that position as determined by job descriptions.	N	Kenmore Club This regulation was NOT MET as evidenced by: The job description for Employee #1 and Employee #2 indicates that the employee will be a certified rehab counselor. There is no documentation in the personnel records of Employee #1 or Employee #2 being a certified rehab counselor. The provider failed to maintain documentation showing that the employee meets the minimum qualifications of the position as determined by the job description.	PR) 12/29/2023 During 2023 review of job descriptions include review of the essential functions/principal duties and responsibilities of the position. Review of the formal training and work experience was not reviewed or updated to ensure appropriate education and skill requirements. Human Recourses will work with Program Directors to implement a review of job descriptions in their entirety. Human Resources will ensure that each individual hired for a position meets the standards and educational requirements for the position prior to employment. If an employee transitions to position, Human Resources will review formal training and work experience to ensure employee meets qualifications of the position. OLR) Accepted 01/02/2024	3/1/2024

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

License #: 101-02-011
Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 11-02-2023
Program Type/Facility Name: 02-011 Kenmore Club

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-105-430. A. (4) - Employee or contractor personnel records, whether hard-copy or electronic, shall include: 4. Results of any provider credentialing process including methods of verification of applicable professional licenses or certificates;	N	Kenmore Club This regulation was NOT MET as evidenced by: Documentation from DHP of Employee #2's credentials expired on 6/30/23. The provider failed to maintain current verification of professional licenses or certificates.	PR) 12/29/2023 PR: Human Resources Department utilized a contract staff to file personnel documents which created several filling errors. The Human Recourses staff will review files of all staff that maintain a certification or licenses through the Department of Health Professions to ensure current verification of license and/or certificated is include in the personnel file. Human Resources will continue to verify each employee's professional licenses or certifications. These licenses or certifications will be maintained and stored in the personnel file by Human Resources. OLR) Accepted 01/02/2024	3/1/2024

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

License #: 101-02-011
Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 11-02-2023
Program Type/Facility Name: 02-011 Kenmore Club

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-105-450. - The provider shall provide training and development opportunities for employees to enable them to support the individuals receiving services and to carry out their job responsibilities. The provider shall develop a training policy that addresses the frequency of retraining on serious incident reporting, medication administration, behavior intervention, emergency preparedness, and infection control, to include flu epidemics. Employee participation in training and development opportunities shall be documented and accessible to the department.	N	Kenmore Club This regulation was NOT MET as evidenced by: The provider's training policy does not include the frequency of retraining for medication administration. The provider's training policy indicates that serious incident reporting retraining shall occur annually. Employee #1 did not complete serious incident reporting retraining in 2022. The provider failed to develop a training policy that meets the requirements of this regulation. The provider failed to ensure training and development opportunities are completed as dictated by the training policy to support the employee to carry out their job responsibilities.	PR) 12/29/2023 RACSB is in the process of updating the employee handbook. The agency's training policy has been updated to reflect requirements related to medication management. RACSB has established a repository for agency policies, which will be maintained by executive leadership. The training committee will review training policies and make recommendations for revisions. The Director of Compliance or their designee will revise the policy based on regulatory reequipments and recommendations by the training committee. Incident report training is assigned to employees annually via the learning management system (LMS). As of August 2023, Employee 1 was not included on the outstanding training roster. Management staff will continue to monitor the roster to ensure staff are completing trainings as required. Verification of training completion will be stored in the personnel file by Human Resources or maintained in the LMS. OLR) Accepted 01/02/2024	12/29/2023

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

License #: 101-02-011

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 11-02-2023

Program Type/Facility Name: 02-011 Kenmore Club

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-105-480. C. - The provider shall evaluate employee and contractor performance at least annually.	N	Kenmore Club This regulation was NOT MET as evidenced by: Employee #1 did not have a performance evaluation in their record for 2022. The provider failed to evaluate employees annually.	PR) 12/29/2023 There was a lack of tracking completed performance evaluations prior to August 2023. The performance evaluation process was revised in November 2023. Staff received training on the revised form and policy in November 2023. RACSB requires annual Performance Evaluations for all staff, interns, and contractors. Annual reviews are due June of each year. Once Human Resources receives the performance evaluation, the evaluation will be maintained in the relative personnel file. Human Resources will track and provide the appropriate Division Director notification if performance evaluations are not received by the due date. OLR) Accepted 01/02/2024	12/29/2023

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

License #: 101-02-011
Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 11-02-2023
Program Type/Facility Name: 02-011 Kenmore Club

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-105-660. B. - The provider shall develop and implement an initial person-centered ISP for the first 60 days for developmental services or for the first 30 days for mental health and substance abuse services. This ISP shall be developed and implemented within 24 hours of admission to address immediate service, health, and safety needs and shall continue in effect until the ISP is developed or the individual is discharged, whichever comes first.	N	Kenmore Club This regulation was NOT MET as evidenced by: Review of a comprehensive assessment dated 8/24/23 revealed that Individual #1 "presented to Kenmore Club shortly after discharge from a psychiatric facility on July 2023." Individual #1's record reveals that an initial ISP was not created until 8/23/23. The provider failed to develop and implement an ISP within 24 hours of admission.	PR) 12/29/2023 1. Individual #1 was enrolled in the program on 08/23/23. The program completes a 30 day ISP upon enrollment which was completed on 8/23/23. It can be found in the scanned documents section of the EHR under the "service plans" tab. The individual's annual ISP was completed on 8/25/23, replacing the initial ISP. 2. Psychosocial Advocates will complete 30 day, preliminary ISPs upon enrollment. Staff have 30 days to complete the annual ISP after the completion of the initial ISP. 3. All Psychosocial Advocates are responsible for creation of ISPs. Program Coordinator will provide approval of all ISPs and ensure that they are completed in the appropriate time frame every year from enrollment date. OLR) Accepted 01/02/2024	12/29/2023

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

License #: 101-02-011
Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 11-02-2023
Program Type/Facility Name: 02-011 Kenmore Club

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-105-660. D. (1b) - The initial ISP and the comprehensive ISP shall be developed based on the respective assessment with the participation and informed choice of the individual receiving services. 1. To ensure the individual's participation and informed choice, the following shall be explained to the individual or the individual's authorized representative, as applicable, in a reasonable and comprehensible manner: 2b. Any alternative services that might be advantageous for the individual;	N	Kenmore Club This regulation was NOT MET as evidenced by: There was no documentation in Individual #1 and Individual #2's ISP that the individuals were explained any alternative services that might be advantageous for the individual. The provider failed to include in the ISP any alternative services that might be advantageous for the individual.	PR) 12/29/2023 1. During the orientation process individuals are provided information regarding the functions of the clubhouse and what the clubhouse model offers. There is no comparable psychosocial rehabilitation model in the area that could provide a similar type of service. The individuals are informed of the voluntary nature of the program and go through an orientation process to determine if they are interested in participating in the program. The 30 day ISP reflects the orientation process. Rules and membership agreements are also provided upon the start of orientation for individuals signatures, and are scanned into the EHR upon enrollment. 2. Psychosocial Advocate in charge of the membership unit is responsible for providing paperwork and facilitating the referral, and orientation process, in collaboration with other Advocates in their absence. Referrals are reached out to within 7 days after reception and orientation is scheduled based on individual's availability. 3. All Psychosocial Advocates are informed and trained on the orientation process. The Program Coordinator oversees the referral process and checks in monthly with the Advocate in charge of the membership unit to review the referral checklist. All program rules and membership agreements are reviewed and re-signed with all individuals yearly. OLR) Accepted 01/02/2024	1/2/2024

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

License #: 101-02-011
Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 11-02-2023
Program Type/Facility Name: 02-011 Kenmore Club

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-105-660. D. (1c) - The initial ISP and the comprehensive ISP shall be developed based on the respective assessment with the participation and informed choice of the individual receiving services. 1. To ensure the individual's participation and informed choice, the following shall be explained to the individual or the individual's authorized representative, as applicable, in a reasonable and comprehensible manner: 1c. Any accompanying risks or benefits of the proposed and alternative services.	N	<p>Kenmore Club</p> <p>This regulation was NOT MET as evidenced by:</p> <p>There was no documentation in Individual #1 and Individual #2's ISP that the individuals received an explanation regarding any accompanying risks or benefits of the proposed and alternative services.</p> <p>The provider failed to include in the ISP any accompanying risks or benefits of the proposed and alternative services.</p>	<p>PR) 12/29/2023</p> <ol style="list-style-type: none"> During the orientation process individuals are provided information regarding the functions of the clubhouse and what the clubhouse model offers. There is no comparable psychosocial rehabilitation model in the area that could provide a similar type of service. The individuals are informed of the voluntary nature of the program and go through an orientation process to determine if they are interested in participating in the program. The 30 day ISP reflects the orientation process. Rules and membership agreements are also provided upon the start of orientation for individuals signatures, and are scanned into the EHR upon enrollment. Psychosocial Advocate in charge of the membership unit is responsible for providing paperwork and facilitating the referral, and orientation process, in collaboration with other Advocates in their absence. Referrals are reached out to within 7 days after reception and orientation is scheduled based on individual's availability. All Psychosocial Advocates are informed and trained on the orientation process. The Program Coordinator oversees the referral process and checks in monthly with the Advocate in charge of the membership unit to review the referral checklist. All program rules and membership agreements are reviewed and re-signed with all individuals yearly. <p>OLR) Accepted 01/02/2024</p>	12/29/2023

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

License #: 101-02-011
Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 11-02-2023
Program Type/Facility Name: 02-011 Kenmore Club

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-105-660. D. (3c) - The initial ISP and the comprehensive ISP shall be developed based on the respective assessment with the participation and informed choice of the individual receiving services. 3. Whenever there is a change to an individual's ISP, it shall be clearly documented within the ISP, or within documentation attached to the ISP that: 3c. The reasons the individual or the individual's authorized representative chose the option included in the ISP.	N	Kenmore Club This regulation was NOT MET as evidenced by: There was no documentation in Individual #1 and Individual #2's ISP the reason the individuals chose the option(s) included in the ISP. The provider failed to include in the ISP the reasons the individual or the individual's authorized representative chose the option(s) included in the ISP.	PR) 12/29/2023 1. ISP Goals are written in "I" statements and based on information provided by the individuals when completing the assessments and when creating the ISPs. 2. Moving forward, beginning in January 2024, all ISPs will include a statement that says clients chose the goals based on their personal needs, desires, and wishes. The individual's ISP will be appended to note their choice of goals. 3. All Psychosocial Advocates are responsible for creation of ISPs. Program Coordinator will provide approval of all ISPs and ensure that they are completed in the appropriate time frame every year from enrollment date. OLR) Accepted 01/02/2024	1/2/2024

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

License #: 101-02-011
Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 11-02-2023
Program Type/Facility Name: 02-011 Kenmore Club

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-105-665. A. (6) - The comprehensive ISP shall be based on the individual's needs, strengths, abilities, personal preferences, goals, and natural supports identified in the assessment. The ISP shall include: 6. A safety plan that addresses identified risks to the individual or to others, including a fall risk plan;	N	<p>Kenmore Club</p> <p>This regulation was NOT MET as evidenced by:</p> <p>Individual #2 has a history of Diagnosis #2 and Diagnosis #3. On 10/9/23 Individual #2 was admitted to Entity #1 for Diagnosis #1. The record revealed a safety plan from June 2022 with no updates completed following incidents of Diagnosis #2.</p> <p>The provider failed to include a safety plan as part of the ISP that addresses identified risks to the individual.</p>	<p>PR) 12/29/2023</p> <ol style="list-style-type: none"> 1. A Safety plan was not completed based on assessed/identified symptoms and diagnoses. 2. Columbia Suicide Assessments are completed annually. Based on assessed risk, a safety plan shall be completed and annually reviewed. 3. Individual #2 has been discharged from Kenmore Club services, but moving forward, beginning January 2024, Psychosocial Advocates will be retrained/trained on completing the Columbia Suicide Risk Assessment tool and how to complete safety plans. If the client has a history of suicide attempts within the calendar year or indicated risk factors based on the Columbia, PHQ-9, or other assessment, a safety plan will be completed and updated. The form will be updated annually, or if the individual develops new suicide risk. 4. All Psychosocial Advocates will be responsible for creation of Safety Plans. Program Coordinator will provide training on the completion of the Safety Plan form and assessment tools by the end of January 2024. Program Coordinator will ensure that they are completed in the appropriate time frame every year or as new safety concerns arise. <p>OLR) Accepted 01/02/2024</p>	1/2/2024

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

License #: 101-02-011
Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 11-02-2023
Program Type/Facility Name: 02-011 Kenmore Club

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-105-675. C. - The provider shall update the ISP at least annually and any time assessments identify risks, injuries, needs, or a change in status of the individual.	N	Kenmore Club This regulation was NOT MET as evidenced by: On 6/23/23 Individual #2 received Assessment #1 with a risk level of high. On 10/9/23 Individual #2 was admitted to Entity #1 due to Diagnosis #1. Review of the ISP revealed the ISP was not updated to address Diagnosis #2 or Diagnosis #3. It was also observed that the safety plan developed in June 2022 was not updated. The provider failed to update the ISP following a change in status.	PR) 12/29/2023 1. A Safety plan was not completed based on assessed/identified symptoms and diagnoses. 2. Columbia Suicide Assessments are completed annually. Based on assessed risk, a safety plan shall be completed and annually reviewed. 3. Individual #2 has been discharged from Kenmore Club services, but moving forward, beginning January 2024, Psychosocial Advocates will be retrained/trained on completing the Columbia Suicide Risk Assessment tool and how to complete safety plans. If the client has a history of suicide attempts within the calendar year or indicated risk factors based on the Columbia, PHQ-9, or other assessment, a safety plan will be completed and updated. The form will be updated annually, or if the individual develops new suicide risk. 4. All Psychosocial Advocates will be responsible for creation of Safety Plans. Program Coordinator will provide training on the completion of the Safety Plan form and assessment tools by the end of January 2024. Program Coordinator will ensure that they are completed in the appropriate time frame every year or as new safety concerns arise. OLR) Accepted 01/02/2024	1/2/2024

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

License #: **101-02-011**

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

Date of Inspection: **11-02-2023**

Program Type/Facility Name: **02-011 Kenmore Club**

<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.

Rebekah Greenfield, Regional Manager	(Signature of Organization Representative)	Date
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C = Substantial Compliance, N = Non Compliance, NS = Non Compliance Systemic, ND = Non Determined

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

License #: 101-01-019
Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 11-02-2023
Program Type/Facility Name: 01-019 CrisisStab/Sunshine Lady House

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-105-400. B. - The provider shall develop a written policy for criminal history background checks and registry searches. The policy shall require at a minimum a disclosure statement stating whether the person has ever been convicted of or is the subject of pending charges for any offense and shall address what actions the provider will take should it be discovered that a person has a founded case of abuse or neglect or both, or a conviction or pending criminal charge.	N	<p>CrisisStab/Sunshine Lady House</p> <p>This regulation was NOT MET as evidenced by:</p> <p>The provider's Recruitment and Selection policy does not include that the policy shall require at a minimum a disclosure statement stating whether the person has ever been convicted of or is the subject of pending charges for any offense and shall address what actions the provider will take should it be discovered that a person has a founded case of abuse or neglect or both, or a conviction or pending criminal charge.</p> <p>The provider failed to develop a written policy for criminal history background checks and registry searches that meets the requirements of this regulation.</p>	<p>PR) 12/29/2023</p> <p>PR: RACSB is in the process of updating the employee handbook. The Recruitment and Selection policy will be updated to include requirement related to criminal background and registry searches that meet the requirement of licensing regulations.</p> <p>Human Resources will continue to conduct record checks on all new hires. All new hires will complete a Disclosure Statement for Licensed Private Provider Employees, Sponsored Residential Applicants, and/or CRF Volunteers Form. Each new hire will undergo a criminal fingerprint check via Federal Bureau of Investigations, Virginia State Police and a background check via Virginia Department of Social Services/Child Protective Services. Once the backgrounds results have been received, Human Resources will review the results. If the results show no criminal history, the new hire will be cleared for employment. If the results show criminal history relative to barrier crimes, abuse/neglect, or both, the facility will make the final hiring decision to not proceed with employment of the individual.</p> <p>Human Resources will maintain and store all background checks</p> <p>OLR) Accepted 01/02/2024</p>	3/1/2024

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

License #: 101-01-019
Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 11-02-2023
Program Type/Facility Name: 01-019 CrisisStab/Sunshine Lady House

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-105-430. A. (4) - Employee or contractor personnel records, whether hard-copy or electronic, shall include: 4. Results of any provider credentialing process including methods of verification of applicable professional licenses or certificates;	N	<p>CrisisStab/Sunshine Lady House</p> <p>This regulation was NOT MET as evidenced by:</p> <p>Documentation from DHP of Employee #1's nursing credentials expired on 5/31/2019.</p> <p>The provider failed to maintain current verification of professional licenses or certificates.</p>	<p>PR) 12/29/2023</p> <p>PR: Human Resources Department utilized a contract staff to file personnel documents which created several filling errors. The Human Recourses staff will review files of all staff that maintain a certification or licenses through the Department of Health Professions to ensure current verification of license and/or certificated is include in the personnel file.</p> <p>Human Resources will continue to verify each employee's professional licenses or certifications. These licenses or certifications will be maintained and stored in the personnel file by Human Resources.</p> <p>OLR) Accepted 01/02/2024</p>	3/1/2024

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

License #: 101-01-019
Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 11-02-2023
Program Type/Facility Name: 01-019 CrisisStab/Sunshine Lady House

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-105-450. - The provider shall provide training and development opportunities for employees to enable them to support the individuals receiving services and to carry out their job responsibilities. The provider shall develop a training policy that addresses the frequency of retraining on serious incident reporting, medication administration, behavior intervention, emergency preparedness, and infection control, to include flu epidemics. Employee participation in training and development opportunities shall be documented and accessible to the department.	N	CrisisStab/Sunshine Lady House This regulation was NOT MET as evidenced by: The provider's training policy does not include the frequency of retraining for medication administration. The provider failed to develop a training policy that meets the requirements of this regulation.	PR) 12/29/2023 RACSB is in the process of updating the employee handbook. The agency's training policy has been updated to reflect requirements related to medication management. RACSB has established a repository for agency policies, which will be maintained by executive leadership. The training committee will review training policies and make recommendations for revisions. The Director of Compliance or their designee will revise the policy based on regulatory reequipments and recommendations by the training committee. OLR) Accepted 01/02/2024	12/29/2023

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

License #: 101-01-019

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 11-02-2023

Program Type/Facility Name: 01-019 CrisisStab/Sunshine Lady House

<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.

Rebekah Greenfield, Regional Manager

(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 #: 101-03-001
Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 11-02-2023
Program Type/Facility Name: 03-001 MH Support Services

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-105-400. B. - The provider shall develop a written policy for criminal history background checks and registry searches. The policy shall require at a minimum a disclosure statement stating whether the person has ever been convicted of or is the subject of pending charges for any offense and shall address what actions the provider will take should it be discovered that a person has a founded case of abuse or neglect or both, or a conviction or pending criminal charge.	N	MH Support Services This regulation was NOT MET as evidenced by: The provider's Recruitment and Selection policy does not include that the policy shall require at a minimum a disclosure statement stating whether the person has ever been convicted of or is the subject of pending charges for any offense and shall address what actions the provider will take should it be discovered that a person has a founded case of abuse or neglect or both, or a conviction or pending criminal charge. The provider failed to develop a written policy for criminal history background checks and registry searches that meets the requirements of this regulation.	PR) 12/29/2023 PR: RACSB is in the process of updating the employee handbook. The Recruitment and Selection policy will be updated to include requirement related to criminal background and registry searches that meet the requirement of licensing regulations. Human Resources will continue to conduct record checks on all new hires. All new hires will complete a Disclosure Statement for Licensed Private Provider Employees, Sponsored Residential Applicants, and/or CRF Volunteers Form. Each new hire will undergo a criminal fingerprint check via Federal Bureau of Investigations, Virginia State Police and a background check via Virginia Department of Social Services/Child Protective Services. Once the backgrounds results have been received, Human Resources will review the results. If the results show no criminal history, the new hire will be cleared for employment. If the results show criminal history relative to barrier crimes, abuse/neglect, or both, the facility will make the final hiring decision to not proceed with employment of the individual. Human Resources will maintain and store all background checks. OLR) Accepted 01/02/2024	3/1/2024

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

License #: 101-03-001

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 11-02-2023

Program Type/Facility Name: 03-001 MH Support Services

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-105-420. A. - Any person who assumes the responsibilities of any position as an employee or a contractor shall meet the minimum qualifications of that position as determined by job descriptions.	N	MH Support Services This regulation was NOT MET as evidenced by: Employee #1's personnel record did not contain a job description for Employee #1's current position. Compliance with this regulation cannot be determined without a job description. The provider failed to have a job description in the record to confirm that the person who assumes the responsibilities of any position meets the minimum qualifications of the position as determined by the job description.	PR) 12/29/2023 Human Resources Department utilized a contract staff to file personnel documents which created several filling errors. Employees review and sign job descriptions upon new employment, when transitioning to a new role, or when job descriptions are revised. Once signed the description is stored in the employee's personnel file. Human Resources will continue to ensure each employee has a signed job description upon new employment and when transitioning to a new role. Human Resources will also ensure any individual hired for a position has met the qualifications and requirements prior to employment or transition to the position. Human Resources will ensure the job description is stored in the personnel file. OLR) Accepted 01/02/2024	12/29/2023

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

License #: 101-03-001

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 11-02-2023

Program Type/Facility Name: 03-001 MH Support Services

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-105-420. D. - Job descriptions shall include minimum knowledge, skills and abilities, professional qualifications and experience appropriate to the duties and responsibilities required of the position.	N	MH Support Services This regulation was NOT MET as evidenced by: Employee #1's personnel record did not contain a job description for Employee #1's current position. The provider failed to have a job description available including the minimum knowledge, skills and abilities, professional qualifications and experience appropriate to the duties and responsibilities required of the position.	PR) 12/29/2023 Human Resources Department utilized a contract staff to file personnel documents which created several filling errors. Employees review and sign job descriptions upon new employment, when transitioning to a new role, or when job descriptions are revised. Once signed the description is stored in the employee's personnel file. Human Resources will continue to ensure each employee has a signed job description upon new employment and when transitioning to a new role. Human Resources will also ensure any individual hired for a position has met the qualifications and requirements prior to employment or transition to the position. Human Resources will ensure the job description is stored in the personnel file. OLR) Accepted 01/02/2024	12/29/2023

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

License #: 101-03-001
Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 11-02-2023
Program Type/Facility Name: 03-001 MH Support Services

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-105-450. - The provider shall provide training and development opportunities for employees to enable them to support the individuals receiving services and to carry out their job responsibilities. The provider shall develop a training policy that addresses the frequency of retraining on serious incident reporting, medication administration, behavior intervention, emergency preparedness, and infection control, to include flu epidemics. Employee participation in training and development opportunities shall be documented and accessible to the department.	N	MH Support Services This regulation was NOT MET as evidenced by: The provider's training policy does not include the frequency of retraining for medication administration. The provider failed to develop a training policy that meets the requirements of this regulation.	PR) 12/29/2023 RACSB is in the process of updating the employee handbook. The agency's training policy has been updated to reflect requirements related to medication management. RACSB has established a repository for agency policies, which will be maintained by executive leadership. The training committee will review training policies and make recommendations for revisions. The Director of Compliance or their designee will revise the policy based on regulatory reequipments and recommendations by the training committee. OLR) Accepted 01/02/2024	12/29/2023

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

License #: 101-03-001
Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 11-02-2023
Program Type/Facility Name: 03-001 MH Support Services

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-105-660. D. (1c) - The initial ISP and the comprehensive ISP shall be developed based on the respective assessment with the participation and informed choice of the individual receiving services. 1. To ensure the individual's participation and informed choice, the following shall be explained to the individual or the individual's authorized representative, as applicable, in a reasonable and comprehensible manner: 1c. Any accompanying risks or benefits of the proposed and alternative services.	N	<p>MH Support Services</p> <p>This regulation was NOT MET as evidenced by:</p> <p>There was no documentation in Individual #1 or Individual #2's ISP that the individuals received an explanation regarding any accompanying risks or benefits of the proposed and alternative services.</p> <p>The provider failed to include in the ISP any accompanying risks or benefits of the proposed and alternative services.</p>	<p>PR) 12/29/2023</p> <ol style="list-style-type: none"> ISP's did not include informed choice of service to include risks and benefits as well as alternatives. The individuals completed assessment and overnight passes prior to intake into services. They were given at the time of enrollment information regarding alternative supports as well as services limitations. However, both individual 1 and 2 service plans will be updated to include discussion regarding risks, benefits, limitations of services as well as alternatives. Staff will receive training on providing informed choice regarding service plans to include risks/benefits/alternatives by February 16, 2024. All future services plans will also document individual choice. Mental Health Supervised Apartment Managers will assure compliance to standard. Assistant Managers and Counselor II staff will complete services plans according to regulation. Assistant Coordinator will provide internal chart monitoring on a monthly basis. New Service plans will be digitally routed to the Assistant Coordinator for review. Documentation training manual will be completed by March 15, 2024. Training for service plan specific documentation will be completed by February 16, 2024. <p>OLR) Accepted 01/02/2024</p>	3/15/2024

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

License #: 101-03-001
Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 11-02-2023
Program Type/Facility Name: 03-001 MH Support Services

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-105-660. D. (3c) - The initial ISP and the comprehensive ISP shall be developed based on the respective assessment with the participation and informed choice of the individual receiving services. 3. Whenever there is a change to an individual's ISP, it shall be clearly documented within the ISP, or within documentation attached to the ISP that: 3c. The reasons the individual or the individual's authorized representative chose the option included in the ISP.	N	<p>MH Support Services</p> <p>This regulation was NOT MET as evidenced by:</p> <p>There was no documentation in Individual #1 and Individual #2's ISP the reason the individuals chose the option(s) included in the ISP.</p> <p>The provider failed to include in the ISP the reasons the individual or the individual's authorized representative chose the option(s) included in the ISP.</p>	<p>PR) 12/29/2023</p> <ol style="list-style-type: none"> ISP's did not include informed choice of service to include risks and benefits as well as alternatives. The individuals completed assessment and overnight passes prior to intake into services. They were given at the time of enrollment information regarding alternative supports as well as services limitations. However, both individual 1 and 2 service plans will be updated to include discussion regarding risks, benefits, limitations of services as well as alternatives. Staff will receive training on provide informed choice regarding service plans to include risks/benefits/alternatives by February 16, 2024. All future services plans will also document individual choice. Mental Health Supervised Apartment Managers will assure compliance to standard. Assistant Managers and Counselor II staff will complete services plans according to regulation. Assistant Coordinator will provide internal chart monitoring on a monthly basis. New Service plans will be digitally routed to the Assistant Coordinator for review. Documentation training manual will be completed by March 15, 2024. Training for service plan specific documentation will be completed by February 16, 2024. <p>OLR) Accepted 01/02/2024</p>	3/15/2024

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

License #: 101-03-001
Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 11-02-2023
Program Type/Facility Name: 03-001 MH Support Services

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-105-675. D. (1) - The provider shall review the ISP at least every three months from the date of the implementation of the ISP or whenever there is a revised assessment based upon the individual's changing needs or goals. 1. These reviews shall evaluate the individual's progress toward meeting the ISP's goals and objectives and the continued relevance of the ISP's objectives and strategies. The provider shall update the goals, objectives, and strategies contained in the ISP, if indicated, and implement any updates made.	N	MH Support Services This regulation was NOT MET as evidenced by: Individual #1's ISP start date was 4/27/23. There are no quarterly reports in the record for the 2023-2024 plan year. The provider failed to evaluate the individual's progress toward meeting the ISP's goals and objectives and the continued relevance of the ISP's objectives and strategies.	PR) 12/29/2023 . Quarterly reviews were absent for 2023 plan year for individual 1. 2. Program supervisors conducted internal audit of all charts and addressed any other discrepancies in charting concerns as well as patterns. Supervisor and Assistant Coordinator review charts monthly. A Documentation Tracking spreadsheet to include quarterly reviews was created on December 12, 2023. The spreadsheet is updated monthly and shared with all staff responsible staff. The spreadsheet is also reviewed monthly in staff meetings. 3. Corrective action for personnel not following documentation requirements was taken. The counseling memo was completed on December 12, 2023 and reviewed with responsible staff on December 13, 2023. The corrective steps included training on quarterly reports and requirements. Supervisor met with him also on December 13,2023 to assist with planning for documentation requirements for the next 12 months. 4. Supervisor will meet with responsible staff weekly beginning in January 2024 to provide weekly support and review of documentation needs. Assistant Coordinator will continue to update the tracking spreadsheet monthly. OLR) Accepted 01/02/2024	2/1/2024

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

License #: 101-03-001
Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 11-02-2023
Program Type/Facility Name: 03-001 MH Support Services

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-105-675. D. (2) - The provider shall review the ISP at least every three months from the date of the implementation of the ISP or whenever there is a revised assessment based upon the individual's changing needs or goals. 2. These reviews shall document evidence of progression toward or achievement of a specific targeted outcome for each goal and objective.	N	<p>MH Support Services</p> <p>This regulation was NOT MET as evidenced by:</p> <p>Individual #1's ISP start date was 4/27/23. There are no quarterly reports in the record for the 2023-2024 plan year.</p> <p>The provider failed to evaluate the individual's progress toward meeting the ISP's goals and objectives and the continued relevance of the ISP's objectives and strategies</p>	<p>PR) 12/29/2023</p> <p>Quarterly reviews were absent for 2023 plan year for individual 1 resulting in no documentation regarding an individual's progress towards goals and objectives.</p> <p>2. Program supervisors conducted internal audit of all charts and addressed any other discrepancies in charting concerns as well as patterns. Supervisor and Assistant Coordinator review charts monthly. A Documentation Tracking spreadsheet to include quarterly reviews was created on December 12, 2023. The spreadsheet is updated monthly and shared with all Aresponsible staff. The spreadsheet is also reviewed monthly in staff meetings.</p> <p>3. Corrective action for personnel not following documentation requirements was taken. The counseling memo was completed on December 12, 2023 and reviewed with responsible staff on December 13, 2023. The corrective steps included training on quarterly reports and requirements. Supervisor met with him also on December 13,2023 to assist with planning for documentation requirements for the next 12 months.</p> <p>4. Supervisor will meet with responsible staff weekly beginning in January 2024 to provide weekly support and review of documentation needs. Assistant Coordinator will continue to update the tracking spreadsheet monthly.</p> <p>OLR) Accepted 01/02/2024</p>	2/1/2024

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

License #: 101-03-001
Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 11-02-2023
Program Type/Facility Name: 03-001 MH Support Services

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-105-675. D. (3) - The provider shall review the ISP at least every three months from the date of the implementation of the ISP or whenever there is a revised assessment based upon the individual's changing needs or goals. 3. For goals and objectives that were not accomplished by the identified target date, the provider and any appropriate treatment team members shall meet to review the reasons for lack of progress and provide the individual an opportunity to make an informed choice of how to proceed.	N	<p>MH Support Services</p> <p>This regulation was NOT MET as evidenced by:</p> <p>Individual #1's ISP start date was 4/27/23. There are no quarterly reports in the record for the 2023-2024 plan year.</p> <p>The provider failed to ensure documentation of the quarterly review was added to the individual's record no later than 15 calendar days from the date the review was due to be completed.</p>	<p>PR) 12/29/2023</p> <p>. Quarterly reviews were absent for 2023 plan year for individual 1 resulting in failure to meet required deadlines for submission.</p> <p>2. Program supervisors conducted internal audit of all charts and addressed any other discrepancies in charting concerns as well as patterns. Supervisor and Assistant Coordinator review charts monthly. A Documentation Tracking spreadsheet to include quarterly reviews was created on December 12, 2023. The spreadsheet is updated monthly and shared with all staff responsible staff. The spreadsheet is also reviewed monthly in staff meetings.</p> <p>3. Corrective action for personnel not following documentation requirements was taken. The counseling memo was completed on December 12, 2023 and reviewed with responsible staff on December 13, 2023. The corrective steps included training on quarterly reports and requirements. Supervisor met with him also on December 13,2023 to assist with planning for documentation requirements for the next 12 months.</p> <p>4. Supervisor will meet with responsible staff weekly beginning in January 2024 to provide weekly support and review of documentation needs. Assistant Coordinator will continue to update the tracking spreadsheet monthly.</p> <p>OLR) Accepted 01/02/2024</p>	2/1/2024

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

License #: 101-03-001

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 11-02-2023

Program Type/Facility Name: 03-001 MH Support Services

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-105-680. - The provider use signed and dated progress notes or other documentation to document the services provided and the implementation of the goals and objectives contained in the ISP.	N	<p>MH Support Services</p> <p>This regulation was NOT MET as evidenced by:</p> <p>Progress notes for Individual #1 were reviewed from 10/1/23-11/20/23. Review of progress notes revealed that documentation of supports provided were identical for eighteen days in October 2023. Review of November 2023 progress notes revealed that there were five days where the notes were identical.</p> <p>Review of Individual #1's ISP (4/27/23-4/26/24) revealed that Individual #1 had a goal for preparing their own meal with staff intervention to include encouraging Individual #1 to try new recipes and assist with following them; a goal for creating a shopping list with staff intervention to include prompting Individual #1 to take inventory of groceries and assist with following the shopping list; a goal of keeping the apartment clean with staff intervention including assisting with cleaning tasks; and a goal of budgeting with staff intervention of assisting Individual #1 to create a plan for their budget. Review of the progress notes from 10/1/23-11/20/23 for Individual #1 revealed that there is no documentation that these services were provided nor was there documentation of the implementation of these goals and objectives contained in the ISP.</p> <p>The provider failed to use signed and dated progress notes or other documentation to document the services provided and the implementation of all of the goals and objectives contained in the ISP.</p>	<p>PR) 12/29/2023</p> <ol style="list-style-type: none"> Progress notes were identical on multiple occasions, did not reference for goals and objectives, and did not include signatures/dates. Mental Health Residential Services is developing a training manual that includes a section on progress notes. The training on progress notes includes the importance of referencing service plan goals and documented efforts towards objections. Assistant Coordinator and Coordinator will complete documentation manual to distribute to program staff. Supervisors will conduct monthly chart audits and provide feedback to staff regarding improving documentation. Discussions and training with staff will be recorded in supervision notes. <p>OLR) Accepted 01/02/2024</p>	3/15/2024

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

License #: **101-03-001**

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

Date of Inspection: **11-02-2023**

Program Type/Facility Name: **03-001 MH Support Services**

<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.		
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Rebekah Greenfield, Regional Manager	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> (Signature of Organization Representative)	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> 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 #: 101-16-004
Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 11-02-2023
Program Type/Facility Name: 16-004 Stafford MH

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-105-400. B. - The provider shall develop a written policy for criminal history background checks and registry searches. The policy shall require at a minimum a disclosure statement stating whether the person has ever been convicted of or is the subject of pending charges for any offense and shall address what actions the provider will take should it be discovered that a person has a founded case of abuse or neglect or both, or a conviction or pending criminal charge.	N	Stafford MH This regulation was NOT MET as evidenced by: The provider's Recruitment and Selection policy does not include that the policy shall require at a minimum a disclosure statement stating whether the person has ever been convicted of or is the subject of pending charges for any offense and shall address what actions the provider will take should it be discovered that a person has a founded case of abuse or neglect or both, or a conviction or pending criminal charge. The provider failed to develop a written policy for criminal history background checks and registry searches that meets the requirements of this regulation.	PR) 12/29/2023 PR: RACSB is in the process of updating the employee handbook. The Recruitment and Selection policy will be updated to include requirement related to criminal background and registry searches that meet the requirement of licensing regulations. Human Resources will continue to conduct record checks on all new hires. All new hires will complete a Disclosure Statement for Licensed Private Provider Employees, Sponsored Residential Applicants, and/or CRF Volunteers Form. Each new hire will undergo a criminal fingerprint check via Federal Bureau of Investigations, Virginia State Police and a background check via Virginia Department of Social Services/Child Protective Services. Once the backgrounds results have been received, Human Resources will review the results. If the results show no criminal history, the new hire will be cleared for employment. If the results show criminal history relative to barrier crimes, abuse/neglect, or both, the program supervisor and program Director will assist in making the final hiring decision to not proceed with employment of the individual. Human Resources will maintain and store all background checks. OLR) Accepted 01/02/2024	3/1/2024

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

License #: 101-16-004

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 11-02-2023

Program Type/Facility Name: 16-004 Stafford MH

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-105-450. - The provider shall provide training and development opportunities for employees to enable them to support the individuals receiving services and to carry out their job responsibilities. The provider shall develop a training policy that addresses the frequency of retraining on serious incident reporting, medication administration, behavior intervention, emergency preparedness, and infection control, to include flu epidemics. Employee participation in training and development opportunities shall be documented and accessible to the department.	N	Stafford MH This regulation was NOT MET as evidenced by: The provider's training policy does not include the frequency of retraining for medication administration. The provider failed to develop a training policy that meets the requirements of this regulation.	PR) 12/29/2023 RACSB is in the process of updating the employee handbook. The agency's training policy has been updated to reflect requirements related to medication management. RACSB has established a repository for agency policies, which will be maintained by executive leadership. The training committee will review training policies and make recommendations for revisions. The Director of Compliance or their designee will revise the policy based on regulatory reequipments and recommendations by the training committee. OLR) Accepted 01/02/2024	12/29/2023

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

License #: 101-16-004

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 11-02-2023

Program Type/Facility Name: 16-004 Stafford MH

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-105-660. D. (1c) - The initial ISP and the comprehensive ISP shall be developed based on the respective assessment with the participation and informed choice of the individual receiving services. 1. To ensure the individual's participation and informed choice, the following shall be explained to the individual or the individual's authorized representative, as applicable, in a reasonable and comprehensible manner: 1c. Any accompanying risks or benefits of the proposed and alternative services.	N	Stafford MH This regulation was NOT MET as evidenced by: There was no documentation in Individual #1 and Individual #2's ISP that the individuals received an explanation regarding any accompanying risks or benefits of the proposed and alternative services. The provider failed to include in the ISP any accompanying risks or benefits of the proposed and alternative services.	PR) 12/29/2023 1. The ISP document in our electronic health record does not include a section on accompanying risks or benefits of the proposed and alternative services. To address this deficient practice, we will work with QA and IT on adding a section to the ISP in our electronic health record to document any accompanying risks or benefits of the proposed and alternative services and have this be a required section to be completed before ISP can be finalized. 2. Plan of action is supervisor for mental health case management will request assistance from QA and IT in adding a section to the current ISP document in our electronic health record that states to include any accompanying risks or benefits of the proposed and alternative services and is a required field for ISP to be finalized. 3. The Case Management Support Services Supervisor will work with QA and IT staff to include this documentation category on the IFSP and will monitor compliance with random monthly chart audits OLR) Accepted 01/02/2024	1/31/2024

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

License #: 101-16-004
Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 11-02-2023
Program Type/Facility Name: 16-004 Stafford MH

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-105-660. D. (3c) - The initial ISP and the comprehensive ISP shall be developed based on the respective assessment with the participation and informed choice of the individual receiving services. 3. Whenever there is a change to an individual's ISP, it shall be clearly documented within the ISP, or within documentation attached to the ISP that: 3c. The reasons the individual or the individual's authorized representative chose the option included in the ISP.	N	Stafford MH This regulation was NOT MET as evidenced by: There was no documentation in Individual #1 and Individual #2's ISP the reason the individuals chose the option(s) included in the ISP. The provider failed to include in the ISP the reasons the individual or the individual's authorized representative chose the option(s) included in the ISP.	PR) 12/29/2023 1. Although the individuals participate in developing the ISP by identifying the problems and goals and sign the ISP, the ISP does not specify the reasons they chose the options included in the ISP. To address this deficient practice, will work with QA and IT on adding a section to the ISP in our electronic health record to document why they chose each option in the ISP and this will be a required field before the ISP can be finalized. 2. Plan of action is supervisor for case management will request assistance from QA and IT in adding a section to the current ISP document in our electronic health record that asks for the reason the individual chose each option in the ISP. 3. The Case Management Support Services Supervisor will work with QA and IT staff to include this documentation category on the IFSP and will monitor compliance with random monthly chart audits. OLR) Accepted 01/02/2024	1/31/2024

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

License #: 101-16-004

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 11-02-2023

Program Type/Facility Name: 16-004 Stafford MH

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-105-675. B. - Providers shall complete changes to the ISP as a result of the assessments.	N	Stafford MH This regulation was NOT MET as evidenced by: On 6/23/23 Individual #2 received Assessment #1 with a risk level of high. On 10/9/23 Individual #2 was admitted to Entity #1 due to Diagnosis #1. Review of the ISP revealed the ISP was not updated to address Diagnosis #2 or Diagnosis #3. It was also observed that the safety plan developed in June 2022 was not updated. The provider failed to complete changes to the ISP following a change in status.	PR) 12/29/2023 CM Supervisor will provide training to the entire Adult MHCM Team on the importance and requirement of updating an individual's ISP and maintaining an active safety plan when the individual is identified to have a "risk level of high" on the Columbia Suicide Severity Rating Scale. OLR) Accepted 01/02/2024	2/16/2024
12VAC35-105-675. C. - The provider shall update the ISP at least annually and any time assessments identify risks, injuries, needs, or a change in status of the individual.	N	Stafford MH This regulation was NOT MET as evidenced by: Individual #2's ISP planning year is from 3/14/23-3/2/24. Individual #2's ISP was not completed by Employee #1 until 4/12/23. The provider failed to update the ISP annually.	PR) 12/29/2023 CM Supervisor will meet individually with Employee #1 to review with them the requirement of completing/finalizing documents, to include the treatment plan, on the date that the document is developed as well as the importance of updating an individual's ISP annually, prior to the date of expiration. CM Supervisor will also provide this education to the entire Adult MHCM Team during a staff meeting. OLR) Accepted 01/02/2024	2/16/2024

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

License #: 101-16-004
Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 11-02-2023
Program Type/Facility Name: 16-004 Stafford MH

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-105-675. D. (3) - The provider shall review the ISP at least every three months from the date of the implementation of the ISP or whenever there is a revised assessment based upon the individual's changing needs or goals. 3. For goals and objectives that were not accomplished by the identified target date, the provider and any appropriate treatment team members shall meet to review the reasons for lack of progress and provide the individual an opportunity to make an informed choice of how to proceed.	N	Stafford MH This regulation was NOT MET as evidenced by: Individual #2's 1st quarter review ended 6/21/23. The quarterly was not completed until 8/24/23. The provider failed to have the case management quarterly reviews added to the individual's record no later than 30 calendar days from the date the review was due. Employee #1 did not complete a 2nd quarter report for Individual #2. The provider failed to ensure case management quarterly reviews were added to the individual's record no later than 30 calendar days from the date the review was due.	PR) 12/29/2023 CM Supervisor will meet individually with Employee #1 to discuss the completion of the late quarterly and missed quarterly. CM Supervisor will provide education on the requirement of completing quarterly reports no later than 30 calendar days from the date the review was due. CM will also provide this education to the entire Adult MHCM Team as a reminder of the requirements. OLR) Accepted 01/02/2024	2/16/2024

**DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
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License #: 101-16-004
Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 11-02-2023
Program Type/Facility Name: 16-004 Stafford MH

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-105-680. - The provider use signed and dated progress notes or other documentation to document the services provided and the implementation of the goals and objectives contained in the ISP.	N	Stafford MH This regulation was NOT MET as evidenced by: There is not documentation of the services provided and the implementation of the goals and objectives contained in the ISP in August 2023 in Individual #1's record. The provider failed to use signed and dated progress notes or other documentation to document the services provided and the implementation of the goals and objectives contained in the ISP.	PR) 12/29/2023 CM Supervisor will meet individually with Employee #2 to discuss the requirement to provide a service to each individual on a monthly basis, implementing the goals outlined in the ISP. CM Supervisor will also provide this education to the entire Adult MHCM Team during a staff meeting. OLR) Accepted 01/02/2024	2/16/2024
12VAC35-105-1240. (7) - Providers of case management services shall document that the services below are performed consistent with the individual's assessment and ISP. 7. Monitoring service delivery through contacts with individuals receiving services and service providers and periodic site and home visits to assess the quality of care and satisfaction of the individual;	N	Stafford MH This regulation was NOT MET as evidenced by: There are no documented contacts with Individual #1 or on behalf of Individual #1 completed in August 2023 by Employee #2. The provider failed monitor service delivery through monthly contacts.	PR) 12/29/2023 CM Supervisor will meet individually with Employee #2 to discuss the requirement to provide a service to each individual on a monthly basis, implementing the goals outlined in the ISP. CM Supervisor will also provide this education to the entire Adult MHCM Team during a staff meeting. OLR) Accepted 01/02/2024	2/16/2024

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

License #: 101-16-004

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 11-02-2023

Program Type/Facility Name: 16-004 Stafford MH

<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.

Rebekah Greenfield, Regional Manager

(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 #: 101-16-005

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 11-02-2023

Program Type/Facility Name: 16-005 Stafford Child/Adoles CM

<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. (5) - The provider including its employees, contractors, students, and volunteers shall comply with: 5. The provider's own policies. All required policies shall be in writing.	N	<p>Stafford Child/Adoles CM</p> <p>This regulation was NOT MET as evidenced by:</p> <p>The provider's Communicable Diseases policy states the following: "Tuberculosis testing: All new staff members are required to be tested for tuberculosis within 30 days of employment and annually thereafter."</p> <p>Employee #1's PPD screening form was dated 12/1/21. Per Employee #1's personnel record, Employee #1 was hired on 8/9/21. There was no documentation that Employee #1 was tested for tuberculosis annually thereafter.</p> <p>The provider's Agency Training policy indicates that employees will be retrained annually on Human Rights, Rules and Regulations to Assure Individual Rights and OSHA Blood Borne Pathogens. Review of Employee #1 and Employee #2's training record revealed that Employee #1 and Employee #2 last completed Human Rights training on 11/8/22. Neither Employee #1 or Employee #2 have received the 2023 training and per the training record neither is scheduled to complete this training.</p> <p>Review of Employee #1 and Employee #2's training record revealed that neither Employee #1 or Employee #2 completed the OSHA Blood Borne Pathogens training in 2022.</p> <p>The provider failed to follow their own policy.</p>	<p>PR) 12/28/2023</p> <p>Per policy Tuberculosis testing is required by all staff upon hire and annually thereafter. Prior to 2020 the agency established specific days at the Fredericksburg Clinic for staff to come and obtain their Tuberculosis. Since the agency did not provide schedule specific days and time for screening there were several staff that did not individually schedule their screening. Staff received notice to obtain Tuberculosis testing in December 2023. All forms are due to Human Resources by January 31, 2024. Human Resources will verify that forms are received and provide the leadership team with notification of staff that have not turned in their form. Staff may receive disciplinary action if forms are not received timely.</p> <p>Systematically, Human Resources will continue to conduct mandated Tuberculosis testing for all staff and ensure all staff have been tested within 30 days of employment and annually going forward. Human Resources will also ensure all testing records are stored in personnel files going forward.</p> <p>OSHA Blood Borne Pathogens and Human Rights training are assigned to employees annually via the learning management system (LMS). As of August 2023, Employee 1 and Employee 2 were not included on the outstanding training roster. Management staff will continue to monitor the roster to ensure staff</p>	2/16/2024

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

License #: 101-16-005

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 11-02-2023

Program Type/Facility Name: 16-005 Stafford Child/Adoles CM

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
			are completing trainings as required. Verification of training completion will be stored in the personnel file by Human Resources or maintained in the LMS. OLR) Accepted 01/02/2024	

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

License #: 101-16-005
Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 11-02-2023
Program Type/Facility Name: 16-005 Stafford Child/Adoles CM

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-105-400. B. - The provider shall develop a written policy for criminal history background checks and registry searches. The policy shall require at a minimum a disclosure statement stating whether the person has ever been convicted of or is the subject of pending charges for any offense and shall address what actions the provider will take should it be discovered that a person has a founded case of abuse or neglect or both, or a conviction or pending criminal charge.	N	Stafford Child/Adoles CM This regulation was NOT MET as evidenced by: The provider's Recruitment and Selection policy does not include that the policy shall require at a minimum a disclosure statement stating whether the person has ever been convicted of or is the subject of pending charges for any offense and shall address what actions the provider will take should it be discovered that a person has a founded case of abuse or neglect or both, or a conviction or pending criminal charge. The provider failed to develop a written policy for criminal history background checks and registry searches that meets the requirements of this regulation.	PR) 12/28/2023 PR: RACSB is in the process of updating the employee handbook. The Recruitment and Selection policy will be updated to include requirement related to criminal background and registry searches that meet the requirement of licensing regulations. Human Resources will continue to conduct record checks on all new hires. All new hires will complete a Disclosure Statement for Licensed Private Provider Employees, Sponsored Residential Applicants, and/or CRF Volunteers Form. Each new hire will undergo a criminal fingerprint check via Federal Bureau of Investigations, Virginia State Police and a background check via Virginia Department of Social Services/Child Protective Services. Once the backgrounds results have been received, Human Resources will review the results. If the results show no criminal history, the new hire will be cleared for employment. If the results show criminal history relative to barrier crimes, abuse/neglect, or both, the facility will make the final hiring decision to not proceed with employment of the individual. Human Resources will maintain and store all background checks. OLR) Accepted 01/02/2024	3/1/2024

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

License #: 101-16-005

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 11-02-2023

Program Type/Facility Name: 16-005 Stafford Child/Adoles CM

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-105-450. - The provider shall provide training and development opportunities for employees to enable them to support the individuals receiving services and to carry out their job responsibilities. The provider shall develop a training policy that addresses the frequency of retraining on serious incident reporting, medication administration, behavior intervention, emergency preparedness, and infection control, to include flu epidemics. Employee participation in training and development opportunities shall be documented and accessible to the department.	N	Stafford Child/Adoles CM This regulation was NOT MET as evidenced by: The provider's training policy does not include the frequency of retraining for medication administration and infection control. The provider failed to develop a training policy that meets the requirements of this regulation.	PR) 12/28/2023 RACSB is in the process of updating the employee handbook. The agency's training policy has been updated to reflect requirements related to medication management. RACSB has established a repository for agency policies, which will be maintained by executive leadership. The training committee will review training policies and make recommendations for revisions. The Director of Compliance or their designee will revise the policy based on regulatory reequipments and recommendations by the training committee. OLR) Accepted 01/02/2024	12/29/2023

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

License #: 101-16-005
Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 11-02-2023
Program Type/Facility Name: 16-005 Stafford Child/Adoles CM

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-105-510. A. - Each new employee, contractor, student, or volunteer who will have direct contact with individuals receiving services shall obtain a statement of certification by a qualified licensed practitioner indicating the absence of tuberculosis in a communicable form within 30 days of employment or initial contact with individuals receiving services. The employee shall submit a copy of the original screening to the provider. A statement of certification shall not be required for a new employee who has separated from service with another licensed provider with a break in service of six months or less or who is currently working for another licensed provider.	N	Stafford Child/Adoles CM This regulation was NOT MET as evidenced by: Employee #1's PPD screening form was dated 12/1/21. Per Employee #1's personnel record, Employee #1 was hired on 8/9/21. The provider failed to obtain a statement of certification by a qualified licensed practitioner indicating the absence of tuberculosis in a communicable form within 30 days of employment.	PR) 12/28/2023 Per policy Tuberculosis testing is required by all staff upon hire and annually thereafter. Prior to 2020 the agency established specific days at the Fredericksburg Clinic for staff to come and obtain their Tuberculosis. Since the agency did not provide schedule specific days and time for screening there were several staff that did not individually schedule their screening. Staff received notice to obtain Tuberculosis testing in December 2023. All forms are due to Human Resources by January 31, 2024. Human Resources will verify that forms are received and provide the leadership team with notification of staff that have not turned in their form. Staff may receive disciplinary action if forms are not received timely. OLR) Accepted 01/02/2024	1/31/2024

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

License #: 101-16-005
Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 11-02-2023
Program Type/Facility Name: 16-005 Stafford Child/Adoles CM

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-105-660. B. - The provider shall develop and implement an initial person-centered ISP for the first 60 days for developmental services or for the first 30 days for mental health and substance abuse services. This ISP shall be developed and implemented within 24 hours of admission to address immediate service, health, and safety needs and shall continue in effect until the ISP is developed or the individual is discharged, whichever comes first.	N	Stafford Child/Adoles CM This regulation was NOT MET as evidenced by: Individual #1 was admitted to services on 7/20/22. An ISP was not developed until 8/16/22. A "Preliminary Services Plan" was found in Individual #1's record; however, the plan did not contain specific strategies for addressing immediate service, health, and safety needs. The provider failed to develop and implement an initial person-centered ISP with 24 hours of admission to address immediate service, health, and safety needs.	PR) 12/28/2023 1. The Preliminary ISP document in our electronic health record does not prompt staff to ensure that immediate service, health and safety needs are included in the plan. To address this deficient practice, programs will work with QA and IT on revising the form. 2. Plan of action is supervisor for child and adolescent mental health case management will request assistance from QA and IT in adding a section to the current ISP document in our electronic health record prompts staff to address concerns and make this a required field for ISP to be finalized. 3. The Child and Adolescent Support Services Supervisor will work with QA and IT staff to include this documentation category on the IFSP and will monitor compliance with random monthly chart audits. OLR) Accepted 01/02/2024	3/1/2024

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

License #: 101-16-005

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 11-02-2023

Program Type/Facility Name: 16-005 Stafford Child/Adoles CM

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-105-660. D. (1c) - The initial ISP and the comprehensive ISP shall be developed based on the respective assessment with the participation and informed choice of the individual receiving services. 1. To ensure the individual's participation and informed choice, the following shall be explained to the individual or the individual's authorized representative, as applicable, in a reasonable and comprehensible manner: 1c. Any accompanying risks or benefits of the proposed and alternative services.	N	Stafford Child/Adoles CM This regulation was NOT MET as evidenced by: There was no documentation in Individual #1 and Individual #2's ISP that the individuals received an explanation regarding any accompanying risks or benefits of the proposed and alternative services. The provider failed to include in the ISP any accompanying risks or benefits of the proposed and alternative services.	PR) 12/28/2023 1. The ISP document in our electronic health record does not include a section on accompanying risks or benefits of the proposed and alternative services. To address this deficient practice, we will work with QA and IT on adding a section to the ISP in our electronic health record to document any accompanying risks or benefits of the proposed and alternative services and have this be a required section to be completed before ISP can be finalized. 2. Plan of action is supervisor for child and adolescent mental health case management will request assistance from QA and IT in adding a section to the current ISP document in our electronic health record that states to include any accompanying risks or benefits of the proposed and alternative services and is a required field for ISP to be finalized. 3. The Child and Adolescent Support Services Supervisor will work with QA and IT staff to include this documentation category on the IFSP and will monitor compliance with random monthly chart audits. OLR) Accepted 01/02/2024	1/31/2024

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

License #: 101-16-005

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 11-02-2023

Program Type/Facility Name: 16-005 Stafford Child/Adoles CM

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-105-660. D. (3c) - The initial ISP and the comprehensive ISP shall be developed based on the respective assessment with the participation and informed choice of the individual receiving services. 3. Whenever there is a change to an individual's ISP, it shall be clearly documented within the ISP, or within documentation attached to the ISP that: 3c. The reasons the individual or the individual's authorized representative chose the option included in the ISP.	N	Stafford Child/Adoles CM This regulation was NOT MET as evidenced by: There was no documentation in Individual #1 and Individual #2's ISP the reason the individuals chose the option(s) included in the ISP. The provider failed to include in the ISP the reasons the individual or the individual's authorized representative chose the option(s) included in the ISP.	PR) 12/28/2023 1. Although the individuals and legal guardians participate in developing the ISP by identifying the problems and goals and sign the ISP, the ISP does not specify the reasons they chose the options included in the ISP. To address this deficient practice, will work with QA and IT on adding a section to the ISP in our electronic health record to document why they chose each option in the ISP and this will be a required field before the ISP can be finalized. 2. Plan of action is supervisor for child and adolescent mental health case management will request assistance from QA and IT in adding a section to the current ISP document in our electronic health record that asks for the reason the individual chose each option in the ISP. 3. The Child And Adolescent Support Services Supervisor will work with QA and IT staff to include this documentation category on the IFSP and will monitor compliance with random monthly chart audits. OLR) Accepted 01/02/2024	1/31/2024

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

License #: 101-16-005

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 11-02-2023

Program Type/Facility Name: 16-005 Stafford Child/Adoles CM

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-105-665. A. (7) - The comprehensive ISP shall be based on the individual's needs, strengths, abilities, personal preferences, goals, and natural supports identified in the assessment. The ISP shall include: 7. A crisis or relapse plan, if applicable;	N	<p>Stafford Child/Adoles CM</p> <p>This regulation was NOT MET as evidenced by:</p> <p>Per Individual #1's record, Individual #1 presents with several behaviors that jeopardize the safety of themselves and others. There was no documentation of a crisis plan in Individual #1's record identifying how those supporting Individual #1 should respond in the event of a crisis including the need to request assistance of outside resources.</p> <p>The provider failed to include a crisis plan as part of Individual #1's ISP.</p>	<p>PR) 12/28/2023</p> <ol style="list-style-type: none"> The ISP for Individual #1 does not include a crisis plan . To correct this deficient practice, child and adolescent mental health case management will include a child specific crisis objective on each ISP to document that emergency services number was provided to the individual and family and a child specific plan to address crisis to include the need to request assistance of outside resources if needed. Child and adolescent case management will include a child specific crisis objective on each ISP to ensure we are addressing a crisis plan and to remain in compliance of this regulation. The Child and Adolescent Support Services Supervisor and Senior Case Management staff will train staff on this new child specific crisis plan objective to be included on each ISP and will monitor compliance. This will be reviewed at monthly staff meetings and will be monitored by random monthly chart audits by the Child and Adolescent Support Services Supervisor and/or Senior Case Management staff. This corrective action will be presented at the next child and adolescent mental health case management staff meeting 1/5/2024 and will be implemented for all new and updated ISP's in the next 30 days. <p>OLR) Accepted 01/02/2024</p>	1/31/2024

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

License #: 101-16-005

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 11-02-2023

Program Type/Facility Name: 16-005 Stafford Child/Adoles CM

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-105-675. C. - The provider shall update the ISP at least annually and any time assessments identify risks, injuries, needs, or a change in status of the individual.	N	Stafford Child/Adoles CM This regulation was NOT MET as evidenced by: Individual #1's record revealed that an ISP was developed in August 2022 for the 2022-2023 annual planning year. There is no ISP in the record for the 2023-2024 annual planning year. The provider failed to update the ISP at least annually.	PR) 12/28/2023 1. The 2023-2024 annual ISP for Individual #1 was completed and signed however was left inadvertently left in draft format and not finalized. The case manager was notified that the ISP was in draft format. The case manager was unable to finalize the ISP and reached out to IT for assistance. Due to Netsmart deploying a patch since the creation of this ISP, the document could not be finalized but had to be deleted and recreated with the most up to date version. The case manager copied the information from the original 2023-2024 ISP and recreated a new ISP documenting that the original ISP was completed however could not be finalized due to the need to use the more up to date version. 2. The Child and Adolescent Support Services Supervisor will seek guidance from IT to see if there is a report that can be ran to indicate documents left in draft format. Currently there is a report provided for notes left in draft but not additional documents. This will ensure that staff are notified of documents in draft format. 3. The Child and Adolescent Support Services Supervisor will monitor compliance and will run a draft report monthly to ensure compliance of this regulation. OLR) Accepted 01/02/2024	1/31/2024

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.

Rebekah Greenfield, Regional Manager

(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: January 3, 2024

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 December 846 tickets were closed by IT Staff compared to November -809, October-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.

Community Consumer Submission 3

CCS for November was submitted on December 21, 2023

Waiver Management System (WaMS)

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

Trac-IT Early Intervention Data System

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

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.

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.

- December 2023 – 1,553 video meetings with a total of 4,134 participants
- November 2023 – 1,722 video meetings with a total of 4,566 participants
- October 2023 – 1,947 video meetings with a total of 5,079 participants
- 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 – 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. Netsmart informed RACSB they are sunsetting the Old Patient Portal, at the end of January. We will be able to go live with the Patient Portal by February 1st.

To: Joe Wickens, Executive Director

From: Brandie Williams, Deputy Executive Director

Re: Data Highlights Report for Program Planning and Evaluation

Date: January 2, 2024

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

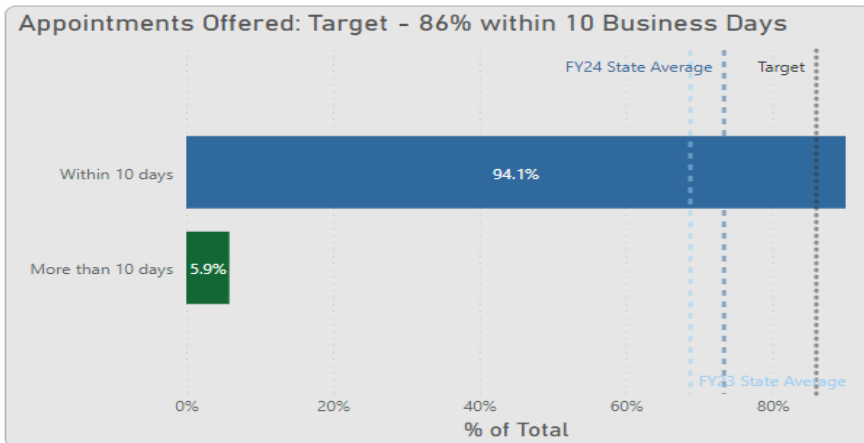
Measure #1: SDA Appointment Offered: Percentage of individuals who receive a Same Day Access assessment and were recommended for services through the CSB who were offered a follow-up appointment within 10 business days. The benchmark is set at 86%.

Current Month's Performance- Sept 2023 (94.1%)

State Average

72.0%

Goal: 86%
Within 10 days



Number of CSBs that met 86% target in most current month: **14 of 40**

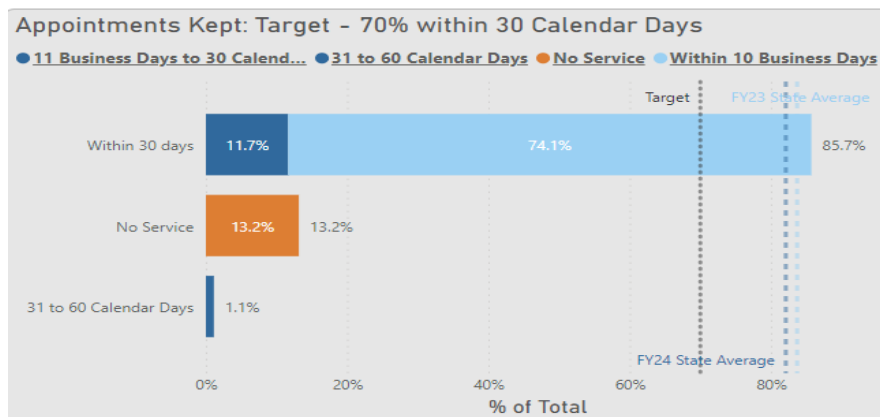
Measure #2: SDA Appointment Kept: Percentage of individuals who receive a Same Day Access assessment and were recommended for services through the CSB who attended that follow-up appointment within 30 calendar days. The benchmark is set at 70%.

Current Month's Performance- August 2023 (85.7%)

State Average

82.6%

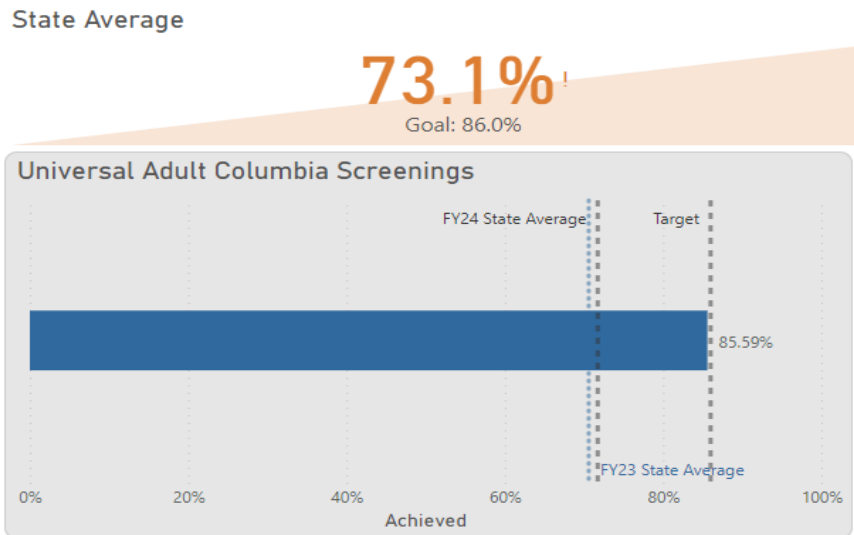
Goal: 70%
Within 30 days



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.

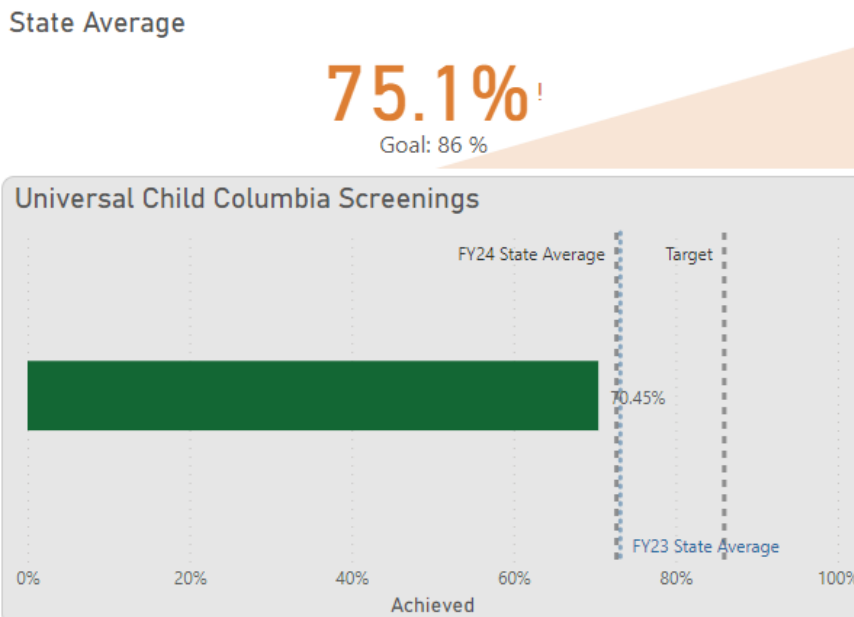
Measure #1: Universal Adult Columbia Screenings: Percentage of adults who are 18 years old or older and have a new MH or SUD program opening (denominator) who received a suicide risk assessment completed within 30 days before or 5 days after case opening(numerator). The benchmark is set at 60 % for FY22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

Current Month's Performance-Sept 2023 (85.59%)



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

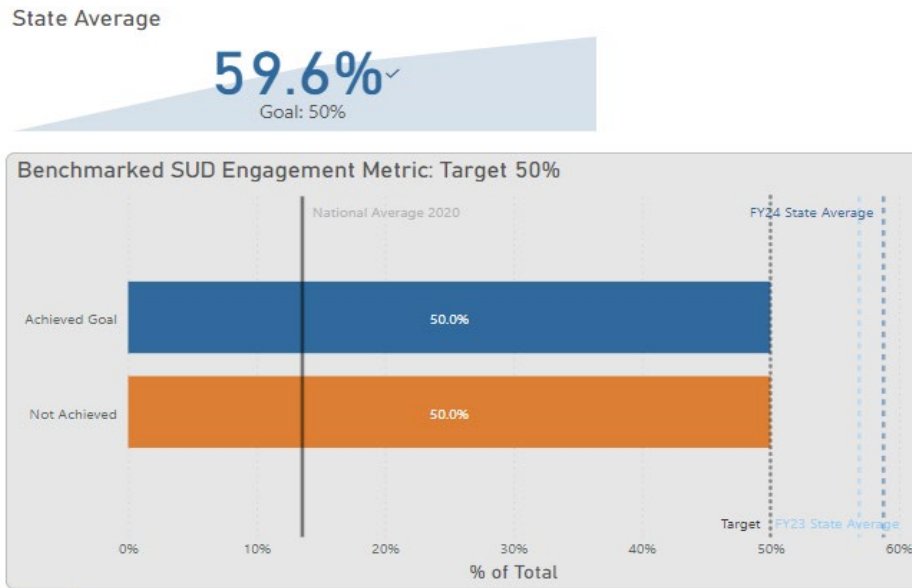
Current Month's Performance-Sept 2023 (70.45%)



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- October 2023 (50.0%)



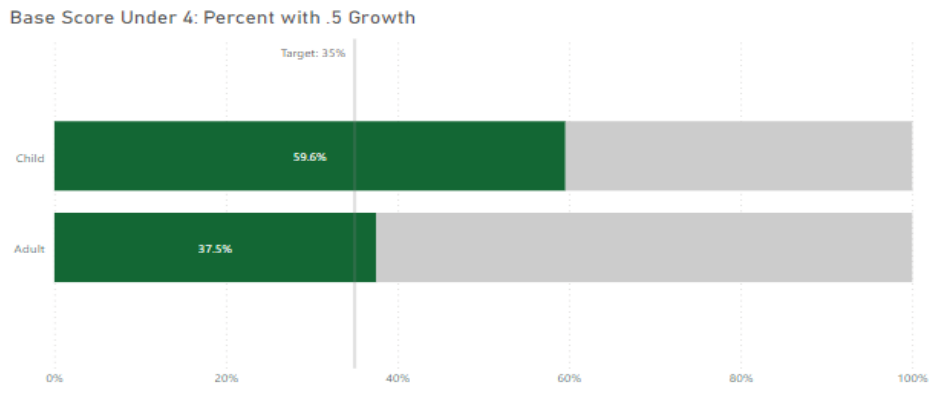
Daily Living Activity (DLA-20) Assessment Measures

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

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

Daily Living Activity (DLA) - 20 Assessment

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



Developmental Disability Measures

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

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

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

ECM Face to Face: October 2023- 86.10%

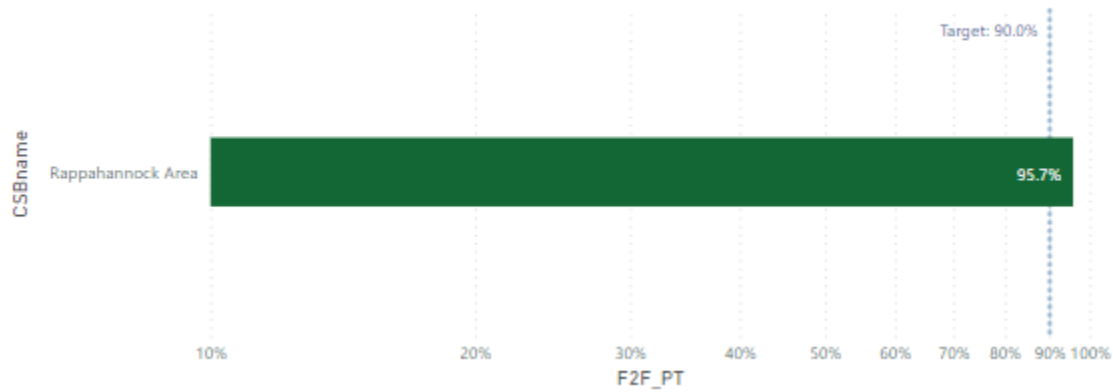
ECM Face to Face with Telehealth included: October 2023- 90.85%

ECM In-Home: October 2023- 85.08%

Overview of all Targeted Case Management Quarterly Report

F2F_PT by CSBname and FiscalQtr

FiscalQtr ● FY2024Q1



To: Joe Wickens, Executive Director

From: Brandie Williams, Deputy Executive Director

Re: Legislative Updates and Priorities

Date: January 2, 2024

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:

- Overview of VACSB Advocacy
- List of VACSB Budget Priorities for 2024

Overview of VACSB Advocacy:

- The VACSB represents the CSB/BHAs in state and federal public policy matters, including state and federal funding, legislation and regulation.
- In Virginia, the VACSB works to build consensus on policy, administrative, and operational issues of CSB/BHAs and to represent those issues and solutions to the state decision makers.
- VACSB advocacy efforts are undertaken with partnership family and consumer advocacy organizations.

Virginia Association of Community Services Board's Legislative Initiatives

Public Policy Actions:

- VACSB provides a unified public policy voice of CSB/BHAs and advocacy partners to the Governor, the General Assembly, DBHDS, DMAS, and other state agencies and local government organizations.
- VACSB builds relationships with legislators and advocates for positive legislation and resources for services.
- VACSB impacts state and federal policy and legislation through grass roots efforts and active participation with national associations, such as NACBHDD

Annual Conferences

Public Policy Conference:

Held each October, this conference features Virginia and National public policy issues through panels and presentations.

Legislative Conference:

Held each January in Richmond, this conference provides knowledge and perspective for all members on current budget and legislative information and advocacy opportunities during the legislative session.

VACSB Public Policy Committee

- This committee is comprised of varied CSB leadership and meets each Wednesday during Virginia’s General Assembly Session to review each bill which impacts public behavioral health and developmental disabilities services.
- Produces an advocacy document each week during session which outlines these bills, the status, and VACSB position.
- Alison Standing, RACSB Part C System Manager and Brandie Williams, Deputy Executive Director have represented the agency on this committee ensuring a strong voice for our individuals and programs

<https://vacsb.org/advocacy-public-policy/>

Overview and Sample of VACSB Legislative Update

Starting in January 2024, the VACSB sends out a legislative update each week. We will forward to board members as they are received and plan to review each month during session as part of this report. This update includes all bills related to public behavioral health and developmental services. Please find designation definitions below and sample layout of the report.

VACSB CLEARINGHOUSE BILL DESIGNATION

DESIGNATION

Actively Support

Support

Monitor

Oppose

Actively Oppose

ACTION

Advocacy by VACSB Reps

Published Statement

Online Tracking

Published Statement

Advocacy by VACSB Reps

Bills	Committee	Last Action	Date
HB 1366 - Head - Executive branch agencies; posting of regulations.	(H) Committee on General Laws (S) Committee on General Laws and Technology	(S) Referred to Committee on General Laws and Technology	01/31/23
VACSB Position: Support			
HB 1389 - Anderson - Mental illness or emotional disturbance; administration of any medication for treatment, etc.	(H) Committee on Health, Welfare and Institutions	(H) VOTE: Passage (52-Y 47-N)	02/07/23
VACSB Position: Monitor			

Ask the General Assembly to Support VACSB's Budget Priorities Listed

Below: (VACSB is seeking patrons to submit budget amendments for its budget priorities listed below)

1. CSB Workforce Development Package: \$21M

The VACSB requests **\$21M in ongoing funds** for the following areas to act as a mechanism for recruitment and retention in the short term as well as to develop a pipeline for staff at all levels which will result in a robust and stable workforce in the public safety net system.

- **Funding to pay for Clinical Supervision Hours**
- **Funding for Student Loan Repayment**
- **Funding for Scholarship Programs**
- **Funding for Paid Internships**

This workforce development package is a comprehensive approach where all four of these strategies work together to address recruitment and retention. In order for the CSBs to achieve the full benefit of this workforce package, funding would need to be flexible so the CSBs can use the funds across these four areas according to each CSB's local needs.

2. STEP-VA Inflation Pressures: \$3.3M

The VACSB requests **\$3.3M in ongoing funds** to account for inflation in the cost to implement and deliver services associated with the six steps of STEP-VA, which did not receive funding adjustments through previous budget actions. This \$3.3M request is in addition to the \$8.7 included in the Governor's budget to address inflation in the first three steps of STEP-VA.

A quality build-out of these community-based services is critical to reducing utilization of more costly and intensive levels of care, such as state hospital beds. **Also, flexibility in the funding is important to address the interwoven nature of STEP-VA and achieve cross-step outcomes.**

3. SUBSTANCE USE DISORDER (SUD) SERVICES: \$17.2M

The VACSB requests **\$17.2M in ongoing funds** for a 12.5% Medicaid reimbursement rate increase for the Substance Use Disorder (SUD) services that did not receive the permanent 12.5% rate increase that other behavioral health services received. Those services are:

- 1. Office Based Addiction Treatment (OBAT)**
- 2. Opioid Treatment Program (OTP)**
- 3. Partial Hospitalization Program (PHP)**
- 4. Intensive Outpatient Program (IOP)**

The CSBs are experiencing a workforce crisis in all areas of services. Increasing the reimbursement rate can allow a CSB to increase compensation for its workforce, therefore helping the CSBs to recruit and retain workforce for SUD treatment services. It is critical that the rate for these services is increased to better assure there are providers available to carry out these essential services when Virginians with SUD are in need and seeking help.

4. EARLY INTERVENTION SERVICES: \$4.7M in FY25 and \$6M in FY26

The VACSB requests an increase of **\$4.7M in FY25 and \$6M in FY26** for Early Intervention Services for the following reasons: local systems experienced a funding shortfall totaling **\$1.2M** in FY23 due to increased service costs; the **\$2.2M** in emergency ARPA funds for Early Intervention services ended in FY23, and the number of infants and toddlers referred for early intervention services increases each

year. In addition, the increase in the number of infants and toddlers needing services is expected to be larger than it has been in the past because of the rise in autism spectrum disorder diagnoses and substance-exposed infants.

Local systems can expect to see at least a 5% increase in infants and toddlers being referred to Early Intervention services each year in this biennium. This means with a 5% estimated increase each year, an additional **\$1.3M is needed for FY25 and \$2.6M for FY26.**

Services provided during the first three years of a child's life have the greatest impact on that child's health and developmental trajectory and are critical in eliminating or reducing later disabling conditions and service costs. This results in a decreased need for special education services in the later school years. As well, Early Intervention is part of a continuum of early childhood intervention programs that provide significant return on investment. Every \$1 invested in these programs mean an average of \$9 saved later through:

- Reduced criminal justice involvement
- Reduced need for public assistance programs later in life
- Fewer children repeating a school year

5. DEVELOPMENTAL DISABILITY (DD) WAIVER SERVICES: **Budget Language for DD Rate Rebase**

The VACSB requests budget language directing DMAS to conduct a **rebase of the DD Waiver services reimbursement rates prior to each biennial budget.** Rates that are regularly reviewed to ensure adequacy are key to maintaining and developing a strong provider community.

VACSB also supports a provider development package developed by community stakeholders that focuses on a rate increase for Waiver services in this biennium and funds for a series of initiatives to the build capacity of providers to serve existing and newly funded DD Waiver slots with supports provided in the community.

6. UNDERAGE CANNABIS USE PREVENTION PROGRAMS: **\$2.5M**

Legislation legalizing simple possession of cannabis passed in 2021 with language directing a portion of the revenue from retail sales to cannabis prevention and treatment programs. With retail sales on hold, CSBs do not have appropriate funding to effectively develop and engage in cannabis youth prevention programs. Therefore, the VACSB requests **\$2.5M in ongoing funds** until such time as revenues from retail cannabis sales are made available. The key to successful prevention campaigns is ensuring that they are deployed well ahead of policy changes such as cannabis legalization. These funds will position CSBs to fully engage in this critical prevention effort.

Items From the Governor's Introduced Budget:

Share appreciation for some of the funding areas listed below that are a part of the governor's biennial budget, but please emphasize that without funding to stabilize the CSB workforce, the CSBs won't be able to increase their capacity to help individuals remain in the community and out of state psychiatric hospitals.

- 1. Redesign Multiple Behavioral Health Services - [DMAS - Item 288 - XX.1](#)** – Budget language that gives DMAS the authority to modify and develop new rates for multiple behavioral health services (what would have been Phase 2 of BRAVO), which includes **School Based Services.**
- 2. Additional Waiver Slots - [DMAS - Item 228 - 4.a.b.c.](#)** Approximately \$102M in FY25 & \$204M in FY26 to provide 1,720 additional slots in FY25 and 1,720 additional slots in FY26.

- Please request that the General Assembly also support VACSB’s budget request for budget language that directs a rebase of the DD Waiver services reimbursement rates prior to each biennial budget. As well, ask the General Assembly to support the provider development package developed by community stakeholders that will request a rate increase for Waiver services in this biennium and funds for a series of initiatives to build capacity of providers to serve existing and newly funded DD Waiver slots with supports provided in the community.
3. **Continue the Expansion and Modernization of the Statewide Behavioral Health Crisis Services System** – Preserve the various investments in crisis receiving centers, crisis stabilization units, pharmacy improvements, co-responder models, and mobile crisis teams.
 4. **Early Intervention Services** - [DBHDS - Item 297 - H.1.](#) - **\$2.5M in FY25 & \$2.5M in FY26** for Part C Early Intervention System for infants and toddlers with disabilities.
 - Please note that VACSB’s budget priority is requesting a larger amount than this amount that is in the governor’s budget.
 5. **Youth Vaping Prevention Campaign** [Office of Attorney General - Item - 49 H.](#) **\$1M in FY25 & \$1M in FY26** from the JUUL Settlement Fund to support a youth vaping prevention campaign.
 6. **Increased Funds for Behavioral Health Student Loan Repayment Program** - [VDH - Item - 271 C.1.](#) **\$5M in FY25 & \$5M in FY26** to support the expansion of the behavioral health student loan repayment program.
 7. **VACSB is pleased to see the continuation of the increased funding from the FY24 budget for the following areas:**
 - \$8M in FY25 & \$8M in FY26 - housing for individuals with serious mental illness
 - \$40M in FY25 & \$40M in FY26 - behavioral health crisis continuum
 - \$8.5M in FY25 & \$8.5M in FY26 - inflation increases for the first three steps of STEP-VA
 - \$36M in FY25 & \$36M in FY26 for CSB staff compensation (this is a continuation of the funding CSBs received in FY24)
 - \$30M in FY25 & \$30M in FY26 for permanent supportive housing

Please note: Hilary Piland will be available to discuss strategies, should you wish. Email Hilary at hpiland@vacsb.org or call (804) 330-3141 for support. For more information and additional statewide data, see the most recent annual report from VACSB [here](#).

Rappahannock Area Community Services Board
Finance Committee Meeting

Tuesday, January 9, 2024 at 12:00 p.m.
600 Jackson Street, Board Room 208 Fredericksburg, VA

PRESENT

Matt Zurasky
Jacob Parcell
Nancy Beebe
Carol Walker
Glenna Boerner
Greg Sokolowski
Ken Lapin

ABSENT

Bridgette Williams
Shawn Kiger
Melissa White
Claire Curcio
Susan Gayle
Sarah Ritchie

OTHERS PRESENT

Brandie Williams, Deputy Executive Director
Tina Cleveland, Finance and Administration Director
Megan Toler, Reimbursement Coordinator
Michelle Wagaman, Prevention Director
Jacque Kobuchi, Clinical 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 January 9, 2024.

ISSUE: January 2024 Board Deck

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

- Cash Investments, which totaled \$26,665,856 in November 2023.
- Fee Revenue Reimbursement, with current year-to-date collections of \$12,801,362 which was a - 7% decrease from the previous year.
- Write-off Report, which totaled \$173,419 for November 2023.
- Health Insurance Account, with year-to-date monthly premiums totaling \$1,987,529 and claims and fees totaling \$1,406,046.
- Other Post-Employment Benefits, which had a balance of \$2,869,000 as of November 2023.

Mr. Lapin asked how much goes out of this account monthly. Ms. Cleveland said we reimburse only twice a year (Dec and June). Approximately \$14,000 a year is paid out. The employees have to provide documentation in order to get reimbursed.

- Payroll statistics which showed that employees were paid an average of 486 overtime hours per pay period and in FY23 an average of 3,231 leave hours per pay period.

ISSUE: **Financial Summary Report**

DISCUSSION: Ms. Cleveland took the group through the financial summary by program. Overall, FY23 balances currently show a net gain of \$4.1 million with \$2 million of that being in restricted funds.

FOLLOW UP: Due to no quorum, motion to accept the Financial Summary will be taken at January 23, 2024, Board meeting.

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
January 9, 2024 12:00 PM
600 Jackson Street, Board Room 208, Fredericksburg, VA

Date: January 5, 2024

A Finance Committee meeting has been scheduled for Tuesday, January 9, 2024 at 12:00PM. The meeting will be held at 600 Jackson Street, Board Room 208, Fredericksburg VA 22401.

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

Finance Committee Meeting

January 9, 2024 – 12:00 PM

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

Agenda

- I. Finance Committee Board Deck, *Cleveland*.....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, *Cleveland*.....13
- III. Other Business, *Zurasky*

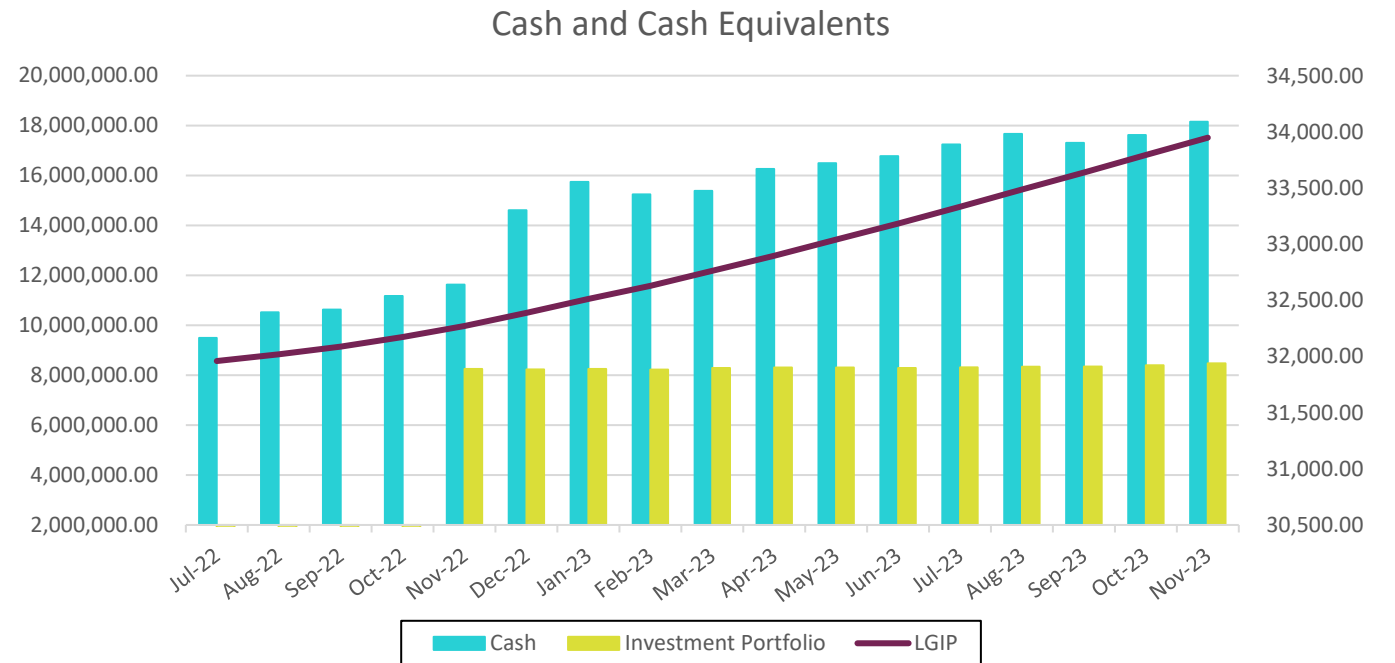
Finance Committee

JANUARY 9, 2024

Summary of Cash Investments

Depository		Rate
Atlantic Union Bank		
Checking	\$ 18,154,075	3.75%
Investment Portfolio		
Cash Equivalents	4,518,712	2.46%
Fixed Income	3,959,120	3.53%
Total Investment	8,477,832	
Total Atlantic Union Bank		
	\$ 26,631,907	
Other		
Local Gov. Investment Pool	\$ 33,949	5.54%
Total Investments	\$ 26,665,856	

	\$ Change	% Change
Change from Prior Month	\$ 615,855	2%
Change from Prior Year	\$ 6,755,849	34%
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%
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%
Fidelity IMM Gov Class I Fund #57	\$ 2,118,388.86	2,118,388.86	\$ 2,118,388.86	\$ -	\$ 111,162.00	5.25%
US Treasury Bill (1/23/2024)	\$ 500,000.00	491,316.63	\$ 491,270.95	\$ 45.68		
US Treasury Bill (1/25/2024)	\$ 1,000,000.00	954,264.20	\$ 955,129.17	\$ (864.97)		
US Treasury Bill (12/28/2023)	\$ 1,000,000.00	\$ 954,742.76	\$ 955,364.35	\$ (621.59)		
Total Cash Equivalents	\$ 4,618,388.86	\$ 4,518,712.45	\$ 4,520,153.33	\$ (1,440.88)	\$ 111,162.00	2.46%
US Treasury Note (3/31/2024)	\$ 1,000,000.00	\$ 989,830.00	\$ 973,575.00	\$ 16,255.00	\$ 22,500.00	2.31%
US Treasury Note (7/31/2024)	\$ 1,000,000.00	\$ 985,110.00	\$ 978,733.75	\$ 6,376.25	\$ 30,000.00	3.07%
US Treasury Note (10/15/2025)	\$ 1,000,000.00	\$ 991,040.00	\$ 1,005,781.25	\$ (14,741.25)	\$ 42,500.00	4.23%
US Treasury Note (11/30/2024)	\$ 1,000,000.00	\$ 993,140.00	\$ 1,004,914.69	\$ (11,774.69)	\$ 45,000.00	4.48%
Total Fixed income	\$ 4,000,000.00	\$ 3,959,120.00	\$ 3,963,004.69	\$ (3,884.69)	\$ 140,000.00	3.53%
Balance at 11/30/2023	\$ 8,618,388.86	\$ 8,477,832.45	\$ 8,483,158.02	\$ (5,325.57)	\$ 251,162.00	2.96%

Fee Revenue Reimbursement

AGED CLAIMS		Current Month		Prior Month		Prior Year	
		%	\$	%	\$	%	\$
Total Claims Outstanding	Total	100%	\$6,709,005	100%	\$6,609,145	100%	\$6,051,491
	Consumers	54%	\$3,605,852	54%	\$3,571,878	33%	\$2,010,176
	3rd Party	46%	\$3,103,153	46%	\$3,037,268	67%	\$4,041,315
Claims Aged 0-29 Days	Consumers	1%	\$92,049	1%	\$88,608	6%	\$390,765
	3rd Party	43%	\$2,906,958	43%	\$2,909,794	53%	\$3,181,189
Claims Aged 30-59 Days	Consumers	1%	\$39,867	0%	\$24,998	1%	\$59,463
	3rd Party	2%	\$117,318	2%	\$119,263	2%	\$91,724
Claims Aged 60-89 Days	Consumers	0%	\$23,110	1%	\$56,331	1%	\$41,335
	3rd Party	1%	\$90,976	1%	\$45,295	2%	\$118,680
Claims Aged 90-119 Days	Consumers	1%	\$55,064	0%	\$33,208	1%	\$60,849
	3rd Party	0%	\$24,761	0%	\$4,820	1%	\$48,292
Claims Aged 120+ Days	Consumers	51%	\$3,395,762	50%	\$3,368,732	24%	\$1,457,764
	3rd Party	-1%	-\$36,860	-1%	-\$41,904	10%	\$601,431

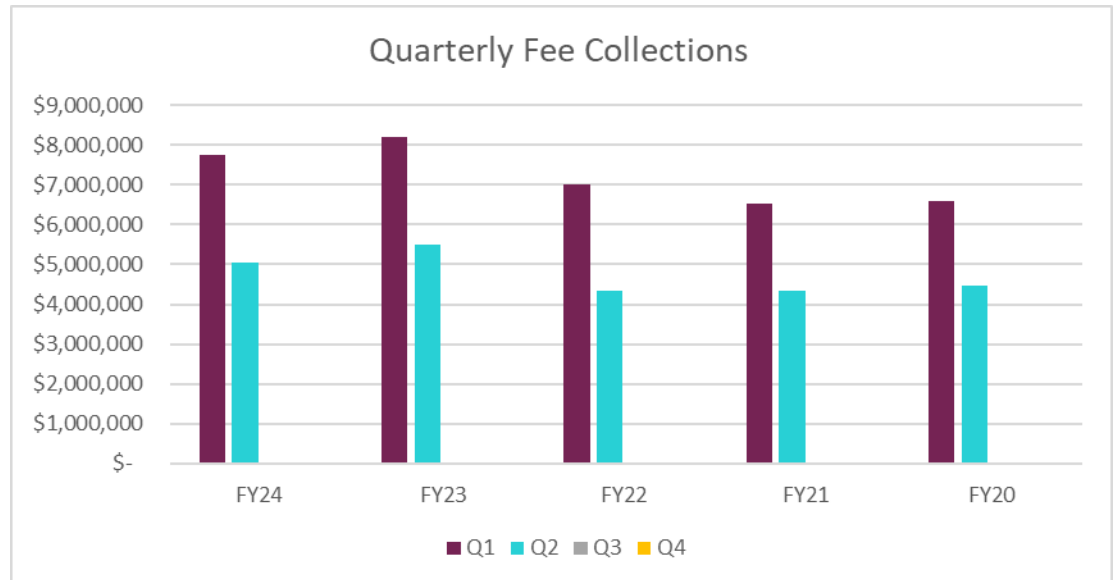
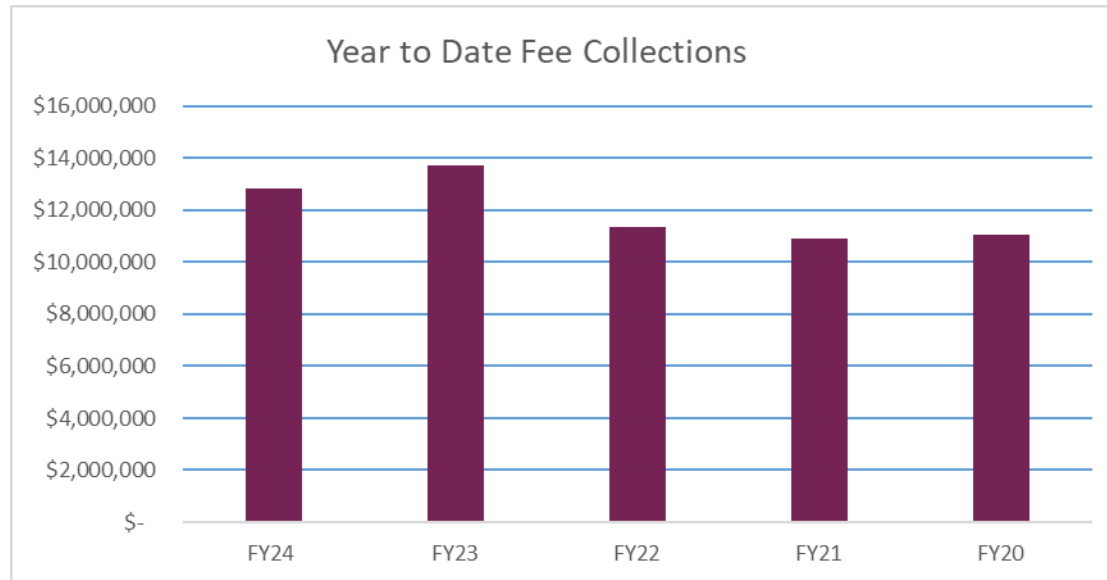
CLAIM COLLECTIONS

Current Year To Date Collections	\$12,801,362
Prior Year To Date Collections	\$13,705,665
\$ Change from Prior Year	-\$904,303
% Change from Prior Year	-7%
<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%	\$6,709,005	100%	\$6,609,145	100%	\$6,051,491
	Consumers	54%	\$3,605,852	54%	\$3,571,878	33%	\$2,010,176
	3rd Party	46%	\$3,103,153	46%	\$3,037,268	67%	\$4,041,315
Claims Aged 0-29 Days	Consumers	1%	\$92,049	1%	\$88,608	6%	\$390,765
	3rd Party	43%	\$2,906,958	44%	\$2,909,794	53%	\$3,181,189
Claims Aged 30-59 Days	Consumers	1%	\$39,867	0%	\$24,998	1%	\$59,463
	3rd Party	2%	\$117,318	2%	\$119,263	2%	\$91,724
Claims Aged 60-89 Days	Consumers	0%	\$23,110	1%	\$56,331	1%	\$41,335
	3rd Party	1%	\$90,976	1%	\$45,295	2%	\$118,680
Claims Aged 90-119 Days	Consumers	1%	\$55,064	1%	\$33,208	1%	\$60,849
	3rd Party	0%	\$24,761	0%	\$4,820	1%	\$48,292
Claims Aged 120+ Days	Consumers	51%	\$3,395,762	51%	\$3,368,732	24%	\$1,457,764
	3rd Party	1%	\$43,073	1%	\$45,228	10%	\$601,431

Fee Collection YTD & QTD



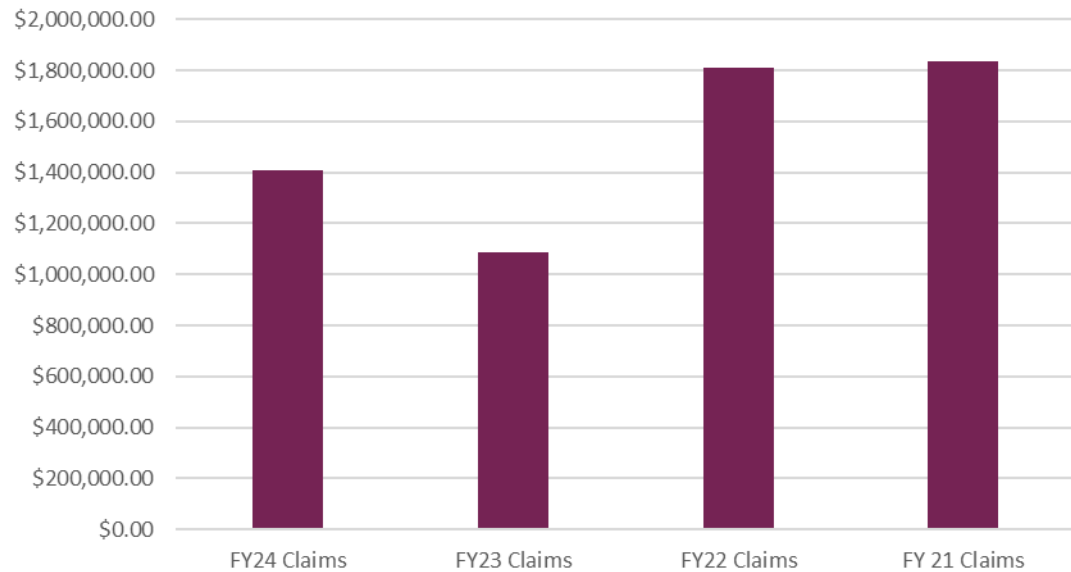
Write Off's – Current Month & YTD

Month: Nov 2023		
Write Off Code	Current YTD	Prior YTD
BAD ADDRESS	\$ 40	\$ -
BANKRUPTCY	\$ 20	\$ 688
DECEASED	\$ 20	\$ 321
NO FINANCIAL AGREEMENT	\$ 213	\$ 1,212
SMALL BALANCE	\$ 132	\$ 274
UNCOLLECTABLE	\$ -	\$ 137
FINANCIAL ASSISTANCE	\$ 132,418	\$ 214,313
NO SHOW	\$ 60	\$ 330
MAX UNITS/BENEFITS	\$ 21,825	\$ 15,922
PROVIDER NOT CREDENTIALLED	\$ 2,571	\$ 10,045
ROLL UP BILLING	\$ 205	\$ -
DIAGNOSIS NOT COVERED	\$ 320	\$ 165
NON-COVERED SERVICE	\$ 1,493	\$ 4,152
SERVICES NOT AUTHORIZED	\$ 11,144	\$ 9,178
PAST BILLING DEADLINE	\$ 65	\$ 10,382
INCORRECT PAYER	\$ 689	\$ 16,909
NO PRIMARY EOB	\$ 2,204	\$ -
TOTAL	\$ 173,419	\$ 284,028

Year to Date: July - Nov 2023		
Write Off Code	Current YTD	Prior YTD
BAD ADDRESS	\$ 70	\$ -
BANKRUPTCY	\$ 386	\$ 3,696
DECEASED	\$ 120	\$ 3,907
NO FINANCIAL AGREEMENT	\$ 17,314	\$ 42,009
SMALL BALANCE	\$ 651	\$ 670
UNCOLLECTABLE	\$ 1,975	\$ 4,192
FINANCIAL ASSISTANCE	\$ 714,136	\$ 1,157,607
NO SHOW	\$ 4,178	\$ 2,000
MAX UNITS/BENEFITS	\$ 76,495	\$ 45,015
PROVIDER NOT CREDENTIALLED	\$ 51,275	\$ 27,948
ROLL UP BILLING	\$ 56,821	\$ -
DIAGNOSIS NOT COVERED	\$ 640	\$ 1,985
NON-COVERED SERVICE	\$ 17,182	\$ 22,936
SERVICES NOT AUTHORIZED	\$ 67,492	\$ 115,539
PAST BILLING DEADLINE	\$ 16,529	\$ 39,345
INCORRECT PAYER	\$ 9,224	\$ 44,437
INVALID MEMBER ID	\$ -	\$ 810
NO PRIMARY EOB	\$ 2,204	\$ -
SPENDDOWN NOT MET	\$ 12,321	\$ -
TOTAL	\$ 1,049,012	\$ 1,512,095

Health Insurance

Year-to-Date Health Insurance Claims

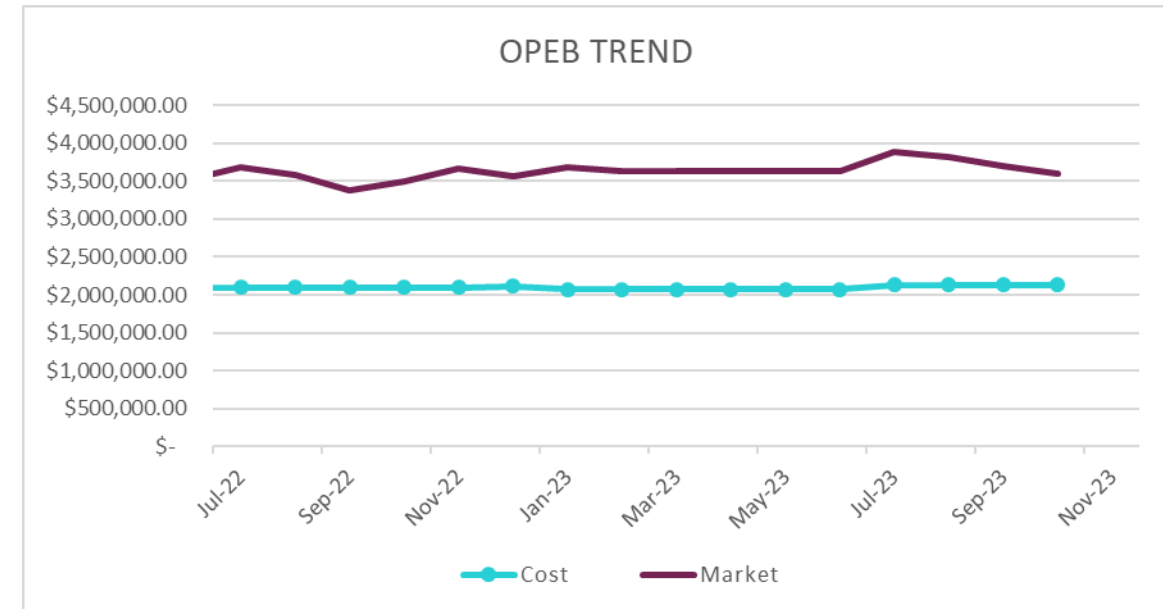


FY 2024	Monthly Premiums	Additional Premium Contributions	Monthly Claims & Fees	Interest	Balance
Beginning Balance					\$1,745,071
July	\$355,798		\$211,426	\$743	\$1,890,186
August	\$348,151		\$272,609	\$758	\$1,966,486
September	\$522,419		\$593,001	\$706	\$1,896,610
October	\$407,029		\$161,087	\$862	\$2,143,414
November	\$354,131		\$167,922	\$928	\$2,330,550
YTD Total	\$1,987,529	\$0	\$1,406,046	\$3,997	\$2,330,550

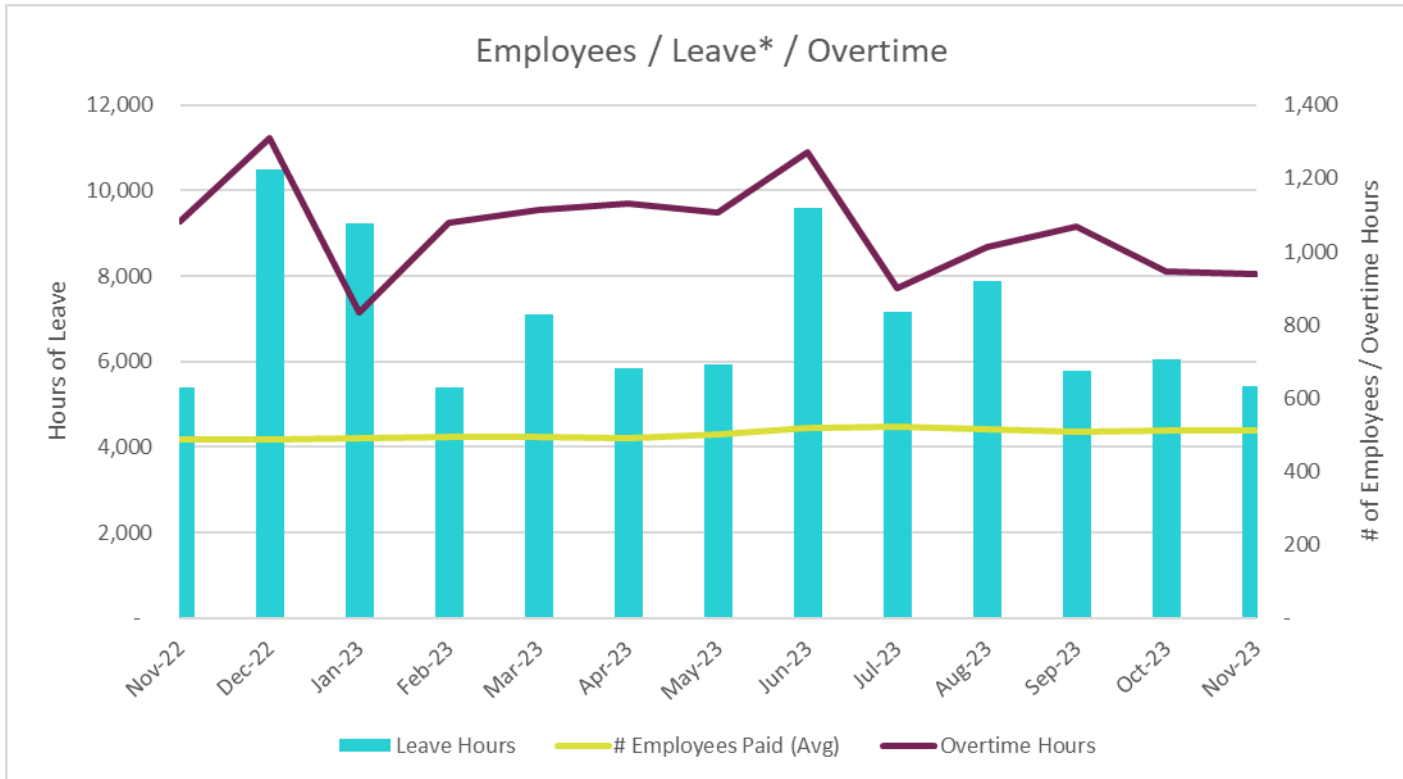
Historical Data	Average Monthly Claims	Monthly Average Difference from PY	Highest Month
FY 2024	\$281,209	\$66,833	\$593,001
FY 2023	\$214,376	(\$97,137)	\$284,428
FY 2022	\$311,513	(\$24,129)	\$431,613
FY 2021	\$335,642	\$14,641	\$588,906

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
Balance at 10/31/2023	\$ 2,134,811	\$ 1,180,191	\$ 3,605,233	\$ 2,650,613
Realized Gain/(Loss)			\$ 388	
Unrealized Gain/(Loss)			\$ 218,951	
Purchases/Sales	\$ (563)			
Fees & Expenses			\$ (0)	
Transfers/Contributions			\$ (951)	
Balance at 11/30/2023	\$ 2,134,247	\$ 1,179,627	\$ 3,823,620	\$ 2,869,000



Payroll Statistics



Indicators	FY 2022 Average Per Pay Period	FY 2023 Average Per Pay Period	FY 2024 Average Per Pay Period
# Employees Paid	506	499	514
Leave Hours	4,196	3,473	3,231
Overtime Hours	279	473	486

November 2023 - Employee Categories	
Full Time	444
Part Time	50
PRN	28

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

MENTAL HEALTH

PROGRAM	REVENUE			EXPENDITURES			ACTUAL VARIANCE	VARIANCE / REVENUE
	BUDGET * FY 2024	ACTUAL YTD	%	BUDGET FY 2024	ACTUAL YTD	%		
INPATIENT	0	73,150	0.00%	0	53,150	0.00%	20,000	27%
OUTPATIENT (FED)	2,442,643	1,292,791	52.93%	2,442,643	1,155,469	47.30%	137,323	11%
MEDICAL OUTPATIENT (R) (FED)	4,420,904	1,756,150	39.72%	4,420,904	1,666,797	37.70%	89,354	5%
ACT NORTH (R)	875,000	390,737	44.66%	875,000	339,859	38.84%	50,878	13%
ACT SOUTH (R)	875,000	359,366	41.07%	875,000	315,861	36.10%	43,504	12%
CASE MANAGEMENT ADULT (FED)	1,043,065	369,761	35.45%	1,043,065	426,936	40.93%	(57,175)	-15%
CASE MANAGEMENT CHILD & ADOLESCENT (FED)	1,031,998	335,655	32.52%	1,031,998	302,344	29.30%	33,311	10%
PSY REHAB & KENMORE EMP SER (R) (FED)	703,184	270,182	38.42%	703,184	281,953	40.10%	(11,771)	-4%
PERMANENT SUPPORTIVE HOUSING (R)	2,295,862	2,203,359	95.97%	2,295,862	685,014	29.84%	1,518,345	69%
CRISIS STABILIZATION (R)	2,149,875	508,213	23.64%	2,149,875	502,534	23.38%	5,679	1%
SUPERVISED RESIDENTIAL	360,841	341,107	94.53%	360,841	193,985	53.76%	147,122	43%
SUPPORTED RESIDENTIAL	781,947	319,936	40.92%	781,947	346,540	44.32%	(26,604)	-8%
JAIL DIVERSION GRANT (R)	94,043	53,111	56.47%	94,043	36,376	38.68%	16,735	32%
JAIL & DETENTION SERVICES	523,537	237,384	45.34%	523,537	120,660	23.05%	116,724	49%
SUB-TOTAL	17,597,900	8,510,903	48%	17,597,900	6,427,477	37%	2,083,426	24%
* 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	1,452,536	40.34%	3,600,846	1,295,008	35.96%	157,528	11%
DAY HEALTH & REHAB *	4,969,885	1,832,994	36.88%	4,969,885	1,814,246	36.50%	18,748	1%
GROUP HOMES	6,280,744	2,956,978	47.08%	6,280,744	2,012,651	32.04%	944,327	32%
RESPIRE GROUP HOME	749,912	94,560	12.61%	749,912	226,364	30.19%	(131,804)	-139%
INTERMEDIATE CARE FACILITIES	4,295,140	1,392,524	32.42%	4,295,140	1,639,337	38.17%	(246,813)	-18%
SUPERVISED APARTMENTS	1,682,792	1,189,749	70.70%	1,682,792	608,403	36.15%	581,346	49%
SPONSORED PLACEMENTS	2,116,891	1,065,885	50.35%	2,116,891	887,661	41.93%	178,224	17%
SUB-TOTAL	23,696,210	9,985,227	42.14%	23,696,210	8,483,670	35.80%	1,501,556	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 November 30, 2023
SUBSTANCE ABUSE

PROGRAM	REVENUE			EXPENDITURES			ACTUAL VARIANCE	VARIANCE / REVENUE
	BUDGET * FY 2024	ACTUAL YTD	%	BUDGET FY 2024	ACTUAL YTD	%		
SA OUTPATIENT (R) (FED)	1,616,928	474,188	29.33%	1,616,928	563,605	34.86%	(89,417)	-19%
MAT PROGRAM (R) (FED)	774,936	169,533	21.88%	774,936	392,788	50.69%	(223,255)	-132%
CASE MANAGEMENT (R) (FED)	232,071	71,276	30.71%	232,071	41,891	18.05%	29,386	41%
RESIDENTIAL (R)	69,049	97,819	141.67%	69,049	37,637	54.51%	60,183	62%
PREVENTION (R) (FED)	867,515	56,770	6.54%	867,515	228,978	26.39%	(172,208)	-303%
LINK (R) (FED)	290,801	65,000	22.35%	290,801	95,858	32.96%	(30,857)	-47%
SUB-TOTAL	3,851,301	934,588	24%	2,234,372	1,360,756	61%	(336,752)	-36%

* 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	1,037,178	60.55%	1,327,096	410,324	30.92%	626,854	60%
CHILD MOBILE CRISIS (R)	371,304	1,394	0.38%	320,728	18,685	5.83%	(17,291)	-1240%
CIT ASSESSMENT SITE (R)	290,495	136,336	46.93%	289,481	164,224	56.73%	(27,889)	-20%
CONSUMER MONITORING (R) (FED)	133,656	3,713	2.78%	139,646	130,758	93.64%	(127,045)	-3422%
ASSESSMENT AND EVALUATION (R)	390,825	169,838	43.46%	739,048	157,776	21.35%	12,062	7%
SUB-TOTAL	2,899,269	1,348,459	46.51%	2,815,999	881,768	31.31%	466,691	35%

* Budget excludes program subsidies

ADMINISTRATION

PROGRAM	REVENUE			EXPENDITURES			ACTUAL VARIANCE
	BUDGET * FY 2024	ACTUAL YTD	%	BUDGET FY 2024	ACTUAL YTD	%	
ADMINISTRATION (FED)	130,080	341,059	262.19%	130,080	341,059	262.19%	0
PROGRAM SUPPORT	4,354	11,500	264.11%	4,354	11,500	264.11%	0
SUB-TOTAL	134,434	352,559	262.25%	134,434	352,559	262.25%	0
ALLOCATED TO PROGRAMS				4,268,473	1,892,185	44.33%	

* 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 November 30, 2023
FISCAL AGENT PROGRAMS
PART C AND HEALTHY FAMILY PROGRAMS

PROGRAM	REVENUE			EXPENDITURES			ACTUAL VARIANCE	VARIANCE / REVENUE
	BUDGET * FY 2024	ACTUAL YTD	%	BUDGET FY 2024	ACTUAL YTD	%		
INTERAGENCY COORDINATING COUNCIL (R)	1,721,538	1,136,738	66.03%	1,721,538	442,765	25.72%	693,973	61%
INFANT CASE MANAGEMENT (R)	808,195	440,520	54.51%	808,195	343,739	42.53%	96,781	22%
EARLY INTERVENTION (R)	2,178,718	617,572	28.35%	2,178,718	812,635	37.30%	(195,063)	-32%
TOTAL PART C	4,708,452	2,194,831	46.61%	4,708,452	1,599,140	33.96%	595,691	27%
HEALTHY FAMILIES (R)	280,006	113,298	40.46%	280,006	91,330	32.62%	21,969	19%
HEALTHY FAMILIES - MIECHV Grant (R) (REIM)	315,601	125,486	39.76%	315,601	127,036	40.25%	(1,550)	-1%
HEALTHY FAMILIES-TANF & CBCAP GRANT (R) (REIM)	459,084	93,114	20.28%	459,084	202,245	44.05%	(109,130)	-117%
TOTAL HEALTHY FAMILY	1,054,691	331,899	31.47%	1,054,691	420,610	39.88%	(88,711)	-27%

(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 November 30, 2023

RECAP FY 2024 BALANCES

	REVENUE	EXPENDITURES	NET	NET / REVENUE
MENTAL HEALTH	8,514,903	6,460,936	2,053,967	24%
DEVELOPMENTAL SERVICES	9,995,726	8,483,916	1,511,810	15%
SUBSTANCE ABUSE	934,588	1,360,756	(426,168)	-46%
SERVICES OUTSIDE PROGRAM AREA	1,348,459	881,768	466,691	35%
ADMINISTRATION	352,559	352,559	0	0%
FISCAL AGENT PROGRAMS	2,526,729	2,019,750	506,980	20%
TOTAL	23,672,963	19,559,684	4,113,279	17%

Restricted Funds	\$ 2,324,860
Unrestricted Funds	1,788,419
Total	\$ 4,113,279

RECAP FY 2023 BALANCES

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

	\$ Change	% Change
Change in Revenue from Prior Year	\$ 8,817,521	59.36%
Change in Expense from Prior Year	\$ 7,967,534	68.73%
Change in Net Income from Prior Year	\$ 849,987	26.05%

*Unaudited Report

Rappahannock Area Community Services
Board Personnel Committee Meeting
Tuesday January 9, 2024 at 1:00 p.m.
600 Jackson Street, Board Room 208
Fredericksburg, VA

PRESENT

Matt Zurasky
Ken Lapin
Glenna Boerner
Greg Sokolowski
Nancy Beebe
Carol Walker

ABSENT

Melissa White
Susan Gayle
Shawn Kiger
Sarah Ritchie
Bridgette Williams
Claire Curcio
Jacob Parcell

OTHERS PRESENT

Joe Wickens, Executive Director
Brandie Williams, Deputy Executive Director
Tina Cleveland, Finance and Administration Director
Teresa McDonnell, Acting Human Resources Director
Jacque Kobuchi, Clinical Services Director
Amy Umble, Public Information Officer
Michelle Wagaman, Prevention Director

Call to order – Ms. Boerner for Ms. Gayle

A meeting of the Personnel Committee of Rappahannock Area Community Services Board was held at 600 Jackson Street on **January 9, 2024**

ISSUE: December 2023 Retention Report

DISCUSSION: Ms. McDonnell reported that Human Resources processed a total of 10 employee separations resulting in a Retention Rate of 98.33% for the month of December 2023.

ISSUE: December 2023 EEO Report and Recruitment Update

DISCUSSION: Ms. McDonnell told the Committee that on December 8th, RACSB switched to iSolved, a new hiring portal that will closely interact with Dominion, our payroll system. This hiring portal allows us to advertise with 50 free job boards along with our agency website. Previously, we only had access to posting through Indeed and our agency website. Additionally, applications received through Indeed are directly linked to our application portal, creating a seamless application process. This has significantly increased our visibility and the number of applications received. RACSB received 1930 applications through December 31,

2023.

Of the applications received, 92 applicants listed the RACSB applicant website as their recruitment source, 65 stated employee referrals as their recruitment source, and 1171 listed job boards as their recruitment source.

ISSUE: **Open Positions Report**

DISCUSSION: Ms. McDonnell shared with the committee a list that provided the number of open positions. Currently, there are 101 open positions.

Adjournment

The meeting adjourned at 1:23 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
January 9, 2024 12:30 PM
600 Jackson Street, Board Room 208, Fredericksburg, VA

Date: January 5, 2024

A Personnel Committee Meeting has been scheduled for Tuesday, January 9, 2024 at 12:30 PM. The meeting will be held at 600 Jackson Street, Board Room 208, Fredericksburg VA 22401.

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

RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD

PERSONNEL COMMITTEE MEETING

*January 9, 2024 12:30 PM
600 Jackson Street, Room 208
Fredericksburg, VA 22401*

a g e n d a

- | | | |
|------|---|----------|
| I. | SUMMARY – DECEMBER 2023 RETENTION AND
TURNOVER REPORT – | MCDONNEL |
| II. | SUMMARY – DECEMBER 2023 EEO REPORT AND
RECRUITMENT UPDATE - | MCDONNEL |
| III. | OPEN POSITIONS REPORT | MCDONNEL |



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: January 3, 2024
Re: Summary – Retention Report – December 2023

Human Resources processed a total of ten (10) employee separations for the month of December 2023. All separations were voluntary of which eight (8) were full-time, one (1) was part-time, and one (1) was PRN.

Reasons for Separations

Other Employment	5
Personal	4
Unknown	1
Total	10

Retention and Turnover Rates

According to the attached report, the retention rate for December was 98.33% and the turnover rate was 1.67%. Annualized turnover comparison is included.

RACSB RETENTION & TURNOVER REPORT
Dec-23

<u>ORGANIZATIONAL UNIT</u>	<u>NUMBER OF TERMS</u>	<u>VOLUNTARY</u>	<u>INVOLUNTARY</u>	<u>EXPLANATION</u>
Administrative				
		1		Personal Reasons
		4		Other Employment
<i>Unit Totals</i>	5	5	0	
Clinical Services		1		Personal Reasons
<i>Unit Totals</i>	1	1	0	
Community Support Services		3		Personal Reasons
		1		Other Employment
<i>Unit Totals</i>	4	4	0	
Grand Totals for the Month	10	10	0	

Total Employees for the Month	524
Retention Rate	98.33%
Turnover Rate	1.67%

Total Separations	10
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RACSB Turnover 2020

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

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

RACSB Turnover 2021

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

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

RACSB Turnover 2022

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

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

RACSB Turnover 2023

Employees	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	2023 Year End
Average Total Positions	600	600	600	600	600	600	600	600	600	600	600	600	600
Monthly Terminations*	11	9	12	6	12	12	13	15	9	7	13	10	129
Turnover by Month YTD	1.83%	1.50%	2.00%	1.00%	2.00%	2.00%	2.17%	2.50%	1.50%	1.17%	2.17%	1.67%	21.50%
Cumulative Turnover YTD	0.17%	3.33%	5.33%	6.33%	8.33%	10.33%	12.50%	15.00%	16.50%	17.67%	19.83%	21.50%	21.50%
Average % Turnover per Month YTD	0.17%	1.67%	1.11%	1.78%	1.58%	2.08%	2.58%	3.13%	3.75%	4.13%	4.42%	4.96%	2.61%

*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: January 3, 2024

Re: Summary – December 2023 EEO Report and Recruitment Update

On December 8, 2023, RACSB switched to iSolved Hiring, a new hiring portal that will closely interact with Dominion, our payroll system. This hiring portal allows us to advertise with 50 job boards along with our agency website. Previously, we only had access to posting through Indeed and our agency website. Additionally, applications received through Indeed are directly linked to our application portal, creating a seamless application process. This has significantly increased our visibility and the number of applications received.

RACSB received **1930** applications through December 31, 2023.

Of the applications received, 92 applicants listed the RACSB applicant website as their recruitment source, 65 stated employee referrals as their recruitment source, and 1171 listed job boards as their recruitment source.

According to the attached list, there are currently **101** 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 **December 2023**.

RECRUITMENT REPORT 2023

MONTHLY RECRUITMENT	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	TOTAL YTD
External Applicants Hired:													
Part-time	7	5	3	4	6	3	0	2	0	6	3	3	42
Full-time	6	10	13	13	19	8	11	16	13	10	5	8	132
Sub Total External Applicants Hired	13	15	16	17	25	11	11	18	13	16	8	11	174
Internal Applicants Moved:													
Full-time to PRN As Needed	4	3	3										10
Full-time to Part-time		1		1									2
Part-time to PRN As Needed													0
Part-time to Full-time							1			2			3
PRN As Needed to Part-time		1							1				2
Lateral Transfer		1		4	5	2		2	1				15
Non-Lateral Change in Position				1			3		1				5
Promotion	1	1	7	3	6	2	1	6	10	4		3	44
Temporary to Regular													0
PRN As Needed to Full-Time				1			1						2
Temporary Promotion					1	1							2
Intern to Full-time	1												1
Sub Total Internal Applicant Moves	6	7	10	10	12	5	6	8	12	7	0	3	86
Total Positions Filled:	19	22	26	27	37	16	17	26	25	23	8	14	260
Total Applications Received:													
Actual Total of Applicants:	75	62	83	115	110	110	112	135	88	126	92	1930	3038
Total External Offers Made:	20	15	18	26	29	11	11	18	13	16	8	11	196
Total Internal Offers Made:	9	7	18	4	13	5	6	9	12	7	0	3	16

EEO Report 2023

APPLICANT DATA	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Female	22	46	33	51	65	60	48	47	70	39	53	46	44
Male	8	5	27	6	11	23	8	7	11	11	12	10	5
Not Supplied	41	54	39	49	68	72	54	58	54	38	61	36	1881
Total	71	105	99	106	144	155	110	112	135	88	126	92	1930
ETHNICITY													
Caucasian	9	39	27	31	44	42	24	29	42	23	25	25	21
African American	19	18	26	25	32	37	24	23	33	25	29	27	27
Hispanic	2	8	7	7	3	3	5	6	6	6	9	3	0
Asian	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	2		
RACSB Website	27	48	53	45	42	81	50	47	74	24	58	60	92
RACSB Intranet	2	2	7	4	5	11		6	5	3	4	3	
Employee Referrals	22	37	26	35	48	32	38	39	43	44	41	20	65
Radio Ads					2	2							
Job Boards													1171
Indeed.com	16	19	9	22	31	28	15	12	21	10	12	6	
VA Employment Commission	4		2	2		1			6	4	3	2	
Monster.com													
Other -	2	1	6	1	4	5	3	3	4	3	1		24
VA Peer Recovery Specialist Site											2		
Colleges/Handshake				1							5	1	
Facebook		1											
Multi Site Search				1	1	1	3	2		1	1	3	4
NHSC													
Linked In											1		
Goodwill referral													
Zip Recruiter		2	5	3	3	5	1	4	1	2	1	2	
Job Fair	2	2	2	1	2	1	1			1	1	1	1
Total # of Applicants	60	75	62	83	115	110	80	89	102	67	100	60	1324

OPEN POSITIONS REPORT 12/31/2023

Posting Date	Job Number	Job Title	Department	FT/PT
6-Dec-23	1053253	Accountant	Accounting	Full Time
6-Dec-23	1053265	Accounting Specialist	Accounting	Full Time
7-Dec-23	1053557	Internal Auditor	Accounting	Full Time
12-Dec-23	1057269	Accounts Payable Technician	Accounting	Full Time
12-Dec-23	1057295	Accounting Coordinator	Accounting	Full Time
8-Dec-23	1060699	Financial Analyst	Accounting	Full Time
28-Dec-23	1067942	Coordinator, Compliance	Quality Assurance	Full Time
7-Dec-23	1053854	Office Associate II - Stafford	Outpatient Clinic	Full Time
7-Dec-23	1053558	Therapist, MHSA Outpatient - Caroline	Outpatient Services	Full Time
7-Dec-23	1053825	Therapist, School-Based	Outpatient Services	Full Time
7-Dec-23	1053832	Therapist, MH Outpatient - Stafford	Outpatient Services	Full Time
12-Dec-23	1056889	Therapist, SA - Spotsylvania	Outpatient Services	Full Time
11-Dec-23	1060890	Office Manager II - Stafford	Outpatient Services	Full Time
7-Dec-23	1053589	Therapist, Office on Youth	Substance Abuse Services	Full Time
7-Dec-23	1053663	Assistant SUD Coordinator - OBOT - Fredericksburg	Substance Abuse Services	Full Time
7-Dec-23	1053668	Case Manager, SA - Project LINK	Substance Abuse Services	Full Time
7-Dec-23	1053678	Peer Recovery Specialist, SA - Fredericksburg	Substance Abuse Services	Full Time
7-Dec-23	1053800	Peer, Family Support - Spotsylvania	Child & Adolescent Services	Part Time
7-Dec-23	1053846	Case Manager, MH Child/Adolescent - Stafford	Child & Adolescent Services	Full Time
7-Dec-23	1053638	Therapist, Emergency Services	Emergency Services	Full Time
7-Dec-23	1053642	Therapist, Emergency Services Child and Adolescent	Emergency Services	Full Time
7-Dec-23	1053651	Assistant Coordinator - Emergency Services	Emergency Services	Full Time
7-Dec-23	1053656	Coordinator, Emergency Services	Emergency Services	Full Time
7-Dec-23	1053659	Therapist, Emergency Services	Emergency Services	Full Time
7-Dec-23	1053679	Therapist, SA - Probation and Parole	Jail Based/Diversion Services	Full Time
7-Dec-23	1053681	Therapist, SA (Jail Based)	Jail Based/Diversion Services	Full Time
7-Dec-23	1053683	Therapist, Mental Health (Diversion)	Jail Based/Diversion Services	Full Time
7-Dec-23	1053685	Peer Recovery Specialist, SA - RRJ	Jail Based/Diversion Services	Full Time
7-Dec-23	1053695	Therapist, Mental Health (Jail Based)	Jail Based/Diversion Services	Full Time
7-Dec-23	1053654	Lead Therapist, Veterans and Families	Juvenile Drug Treatment Court	Full Time
7-Dec-23	1053786	Therapist/Case Manager, SA - Fredericksburg	Juvenile Drug Treatment Court	Full Time
7-Dec-23	1054273	Direct Support Professional - Day Support - RAAI Caroline	Day Health & Rehabilitation Services	Part Time
8-Dec-23	1054557	Direct Support Professional - Day Support - RAAI Kings Highway	Day Health & Rehabilitation Services	Part Time
8-Dec-23	1054561	Direct Support Professional - Day Support - RAAI King George	Day Health & Rehabilitation Services	Full Time
8-Dec-23	1054564	Direct Support Professional - Day Support - RAAI Kings Highway	Day Health & Rehabilitation Services	Part Time
8-Dec-23	1054568	Direct Support Professional - Day Support - RAAI Kings Highway	Day Health & Rehabilitation Services	Full Time
8-Dec-23	1054855	Direct Support Professional - Day Support - RAAI Spotsylvania	Day Health & Rehabilitation Services	Part Time
8-Dec-23	1054856	Direct Support Professional - Day Support - RAAI Spotsylvania	Day Health & Rehabilitation Services	Full Time
8-Dec-23	1054861	Direct Support Professional - Day Support - RAAI Spotsylvania	Day Health & Rehabilitation Services	Full Time
8-Dec-23	1054863	Direct Support Professional - Day Support - RAAI Stafford	Day Health & Rehabilitation Services	Part Time
8-Dec-23	1054879	Direct Support Professional - Day Support - RAAI Stafford	Day Health & Rehabilitation Services	Part Time
8-Dec-23	1054904	Direct Support Professional - Day Support	Day Health & Rehabilitation Services	Part Time
8-Dec-23	1054927	Direct Support Professional - Day Program ICF	Day Health & Rehabilitation Services	Part Time
8-Dec-23	1054929	Direct Support Professional - Day Program ICF	Day Health & Rehabilitation Services	Part Time
28-Dec-23	1067857	Day Support Site Leader I	Day Health & Rehabilitation Services	Full Time
28-Dec-23	1067912	Direct Support Professional - Day Support ICF	Day Health & Rehabilitation Services	Full Time
28-Dec-23	1067917	Direct Support Professional - Day Support	Day Health & Rehabilitation Services	Full Time
28-Dec-23	1067924	Direct Support Professional - Day Support ICF	Day Health & Rehabilitation Services	Full Time
7-Dec-23	1053770	Speech and Language Pathologist - PEID	Early intervention Services	Full Time
28-Dec-23	1067537	Developmental Services Support Coordinator	ID/DD Support Coordination Services	Full Time
28-Dec-23	1067880	Developmental Services Support Coordinator	ID/DD Support Coordination Services	Full Time
28-Dec-23	1067894	Developmental Services Support Coordinator	ID/DD Support Coordination Services	Full Time
28-Dec-23	1067909	Developmental Services Support Coordinator	ID/DD Support Coordination Services	Full Time
7-Dec-23	1053758	MH Residential Counselor II - Lafayette	Mental Health Residential Services	Full Time

7-Dec-23	1053760 MH Residential Counselor I - Lafayette	Mental Health Residential Services	Part Time
7-Dec-23	1053766 MH Residential Counselor I - Lafayette	Mental Health Residential Services	Full Time
7-Dec-23	1053768 MH Residential Counselor I - Home Road	Mental Health Residential Services	Full Time
7-Dec-23	1053560 Cook	Mental Health Crisis Stabilization Program	Full Time
7-Dec-23	1053561 MH Residential Specialist - Crisis Stabilization Program	Mental Health Crisis Stabilization Program	Full Time
7-Dec-23	1053562 MH Residential Specialist - Crisis Stabilization Program	Mental Health Crisis Stabilization Program	Full Time
7-Dec-23	1053565 Peer Recovery Specialist, SA - Crisis Stabilization Program	Mental Health Crisis Stabilization Program	Part Time
7-Dec-23	1053566 Therapist, Crisis Stabilization Program	Mental Health Crisis Stabilization Program	Full Time
6-Dec-23	1053272 Direct Support Professional - Residential - Devon	ID/DD Residential Services	Part Time
7-Dec-23	1053884 Nurse, LPN - ICF - Lucas ICF	ID/DD Residential Services	Full Time
7-Dec-23	1053887 Nurse, LPN - ICF - Wolfe ICF	ID/DD Residential Services	Full Time
7-Dec-23	1053889 Nurse, LPN - ICF - Wolfe ICF	ID/DD Residential Services	Full Time
7-Dec-23	1053891 Nurse, LPN - ICF - Wolfe ICF	ID/DD Residential Services	Full Time
7-Dec-23	1053895 Intermediate Care Facility Manager I - Lucas ICF	ID/DD Residential Services	Full Time
7-Dec-23	1053914 Assistant Group Home Manager - DD Residential - Belmont SAP	ID/DD Residential Services	Full Time
7-Dec-23	1053917 Assistant Group Home Manager - DD Residential - Igo	ID/DD Residential Services	Full Time
7-Dec-23	1053919 Assistant Group Home Manager - DD Residential - Leeland	ID/DD Residential Services	Full Time
7-Dec-23	1053921 Assistant Group Home Manager - DD Residential - Piedmont	ID/DD Residential Services	Full Time
7-Dec-23	1053923 Assistant Group Home Manager - DD Residential - Stonewall Estat	ID/DD Residential Services	Full Time
8-Dec-23	1054945 Direct Support Professional - Residential ICF - Lucas ICF	ID/DD Residential Services	Full Time
8-Dec-23	1054948 Direct Support Professional - Residential ICF - Lucas ICF	ID/DD Residential Services	Part Time
8-Dec-23	1054949 Direct Support Professional - Residential ICF -Ross ICF	ID/DD Residential Services	Part Time
8-Dec-23	1054952 Direct Support Professional - Residential - Galveston	ID/DD Residential Services	Part Time
8-Dec-23	1055009 Direct Support Professional - Residential - Galveston	ID/DD Residential Services	Full Time
8-Dec-23	1055012 Direct Support Professional - Residential - Galveston	ID/DD Residential Services	Full Time
8-Dec-23	1055013 Direct Support Professional - Residential - Galveston	ID/DD Residential Services	Full Time
8-Dec-23	1055014 Direct Support Professional - Residential - Igo	ID/DD Residential Services	Part Time
8-Dec-23	1055275 Direct Support Professional - Residential - Stonewall Estates	ID/DD Residential Services	Full Time
10-Dec-23	1055523 Direct Support Professional - Residential - Igo	ID/DD Residential Services	Full Time
10-Dec-23	1055524 Direct Support Professional - Residential - Leeland	ID/DD Residential Services	Part Time
10-Dec-23	1055525 Direct Support Professional - Residential - Leeland	ID/DD Residential Services	Part Time
10-Dec-23	1055526 Direct Support Professional - Residential - Leeland	ID/DD Residential Services	Full Time
10-Dec-23	1055527 Direct Support Professional - Residential - Leeland	ID/DD Residential Services	Full Time
10-Dec-23	1055528 Direct Support Professional - Residential - Leeland	ID/DD Residential Services	Full Time
10-Dec-23	1055529 Direct Support Professional - Residential - Merchant Square SAP	ID/DD Residential Services	Full Time
10-Dec-23	1055532 Direct Support Professional - Residential - Piedmont	ID/DD Residential Services	Part Time
10-Dec-23	1055534 Direct Support Professional - Residential - Ruffins Pond	ID/DD Residential Services	Full Time
10-Dec-23	1055535 Direct Support Professional - Residential - Ruffins Pond	ID/DD Residential Services	Full Time
10-Dec-23	1055536 Direct Support Professional - Residential - Scottsdale Estates	ID/DD Residential Services	Part Time
10-Dec-23	1055537 Direct Support Professional - Residential - Stonewall Estates	ID/DD Residential Services	Part Time
10-Dec-23	1055538 Direct Support Professional - Residential - Stonewall Estates	ID/DD Residential Services	Part Time
11-Dec-23	1060703 Direct Support Professional - Residential ICF -Ross ICF	ID/DD Residential Services	Full Time
11-Dec-23	1060705 Direct Support Professional - Residential ICF -Ross ICF	ID/DD Residential Services	Full Time
11-Dec-23	1060709 Direct Support Professional - Residential ICF - Lucas ICF	ID/DD Residential Services	Full Time
11-Dec-23	1060723 Supervisor, Sponsored Placement	ID/DD Residential Services	Full Time
28-Dec-23	1067902 Direct Support Professional - Residential ICF	ID/DD Residential Services	Full Time
28-Dec-23	1067945 Direct Support Professional - Residential	ID/DD Residential Services	Full Time

To: Joseph Wickens, Executive Director
From: Jacqueline Kobuchi, Director of Clinical Services
Date: 1/17/24
Re: Report to RACSB Board of Directors for the January Board Meeting

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Outpatient Services

The Caroline Clinic completed 25 new patient intakes in December for adult and youth outpatient therapy and medication management. We also continue to offer weekly co-ed substance use groups and dispense Narcan to at-risk individuals. The clinic remains on a waiting list and individuals are contacted weekly for updates and check-ins. There is currently one full time clinician vacancy and we are actively recruiting. There has been an increase in substance abuse probation referrals last month and the Clinic Coordinator maintains regular contact with District 41 Community Corrections and Pretrial Services regarding the status of these referrals.

The Fredericksburg Clinic completed 52 intakes for adult therapy and medication management during the month of December. The Children’s Clinic scheduled 16 intakes during the month of December, as well. We have been able to utilize the Acute Care Clinic on a regular basis, which has helped clients address their medication needs in a more immediate fashion without accessing a higher level of care. Vicki Bates, Office Associate II, at the Fredericksburg Front Desk was promoted to Office Manager of the Stafford Clinic and we are excited for this opportunity for her. The Fredericksburg outpatient team remains fully staffed with two Intake therapists, one Adult MH Therapist, one Clinical Outreach Therapist, one MH Peer Recovery Specialist, two MH/SUD Therapists, three Child/Adolescent Therapists, and one Telehealth therapist.

The King George Clinic continues to offer the weekly substance abuse group for women and men. We did not have any group graduates in December. Topics in group during the month of December: Tree of life/Values, Grey area drinking, Ripple effect of addiction, Goals for life in recovery. The group facilitator has reported that the recent group discussions have been extremely engaged and enthusiastic and members have shared significant progress in their recovery. King George staff attended a two day virtual training on co-occurring disorders in adolescents this month.

Stafford Therapists completed 28 intakes during the month of December. The clinic continues to be on a waitlist and people are contacted weekly for updates and check ins. The clinic currently has four therapists including a telehealth therapist that has a caseload and is working with Stafford clients 3 days a week. A new Mental Health/Substance Use therapist began in the month of December. There is currently one vacant position, a mental health therapist.

The Spotsylvania Therapists continue to provide outpatient therapy to individuals ages five and up struggling with mental health and substance use concerns. Therapists completed over 40 intakes in December. The clinic continues to be on a waitlist and therapists contact individuals to check-in and provide updates. The clinic currently has seven therapists including a telehealth therapist. A new therapist will be joining the team next month who will provide substance use treatment.



The new Safe Harbor therapist continues to build her caseload welcoming six additional individuals to services. She participated in the training for Trauma Focused Cognitive Behavioral Therapy (TFCBT). She provides TFCBT to children who have disclosed abuse through Forensic Interviews at Safe Harbor Child Advocacy Center. Spotsylvania clinicians have been assisting Safe Harbor with high risk referrals.

The School-Based Therapist in Caroline continues to provide services at the middle, high school, and alternative education program. The Caroline School Based Therapist currently has a caseload of 25 individuals she sees weekly. A additional therapist was hired to provide School-Based Therapy in two Stafford County Schools.

Jail & Detention

The Detention Center has a census of 40 residents. Currently, there is one group of 3 CAP residents, 3 IBP residents, and 1 resident in the Post D program. There are four vacancies at RRJ and staff continue to work diligently to meet the behavioral health needs of incarcerated individuals. In January, outpatient staff will begin assisting with the provision of services at the jail due to the current and ongoing vacancies.

Case Management

Child and Adolescent Case Management has seen an increase in referrals for Stafford County and opened several cases in December and the first week of January. We have seen a decrease in the number of residential placements in the last few months and continue to work on discharge planning for several kids completing treatment. Staff continue to work with Fredericksburg DSS on several difficult to place foster children and are working intensely on planning to bring a child back to Virginia from a placement in Texas.

The Adult Mental Health Case Management Team enrolled 14 individuals in services during the month of December, providing services to individuals experiencing increased mental health concerns and having difficulty connecting with resources and services independently. Individuals are referred to MHCM services from staff within RACSB, local hospitals, at discharge from the State Hospitals as well as private providers, community partners and self referrals. RACSB continues to provide case management Services to individuals participating in the Behavioral Health Docket and we are looking forward to celebrating the graduation of another participant on January 25th.

Substance Use

During the month of December, members of the SUD team sought connection to community stakeholders. The case management team met with Spotsylvania Regional Medical Center's case management team for their detox unit, in order to connect and discuss a workflow to improve handoffs between the community and inpatient setting. Project LINK Program manager connected with Spotsylvania Regional Medical Center's labor and delivery team as well, in order to better connect postpartum women with substance use to Project LINK services.

The SUD Women's Therapist position remained vacant. Cara Diggins began mid-December, filling the OBOT Peer Recovery Specialist position. The SUD Outpatient Peer Recovery Specialist position became vacant and interviews have begun.

The SUD Coordinator attended the annual Youth Symposium on SUD, as well as the monthly Recovery Behind Walls meeting. New staff completed training on Medication Assisted Recovery. In regards to admissions for the month of December: SUD Case Management had 8 new admissions, OBOT had 5 new admissions, SUD Outpatient had 1 new admission, and Project LINK had 4 new admissions.

Specialty Dockets

During the month of December the Specialty Dockets continued to welcome new participants and celebrated several graduations. The Veterans Docket celebrated one graduation this month and is currently at six active participants, with two awaiting their court dates to begin the program. Adult Drug Court currently has 36 active participants. Behavioral Health Docket is functioning with ten participants at this time. Team members continue to meet on a monthly basis for the planning of the Fredericksburg Behavioral Health Docket, which is expected to begin sometime in 2024. The D21 Probation and Parole Therapist, Drug Court Therapist and the Lead Veterans and Family Therapist position continue to remain vacant at this time.

Prevention Services

Michelle Wagaman, Director

mwigaman@rappahannockareacsb.org
540-374-3337, ext. 7520

January 2024

Substance Abuse Prevention

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

Youth Education/Evidence Based Curriculums – Jennifer Bateman, Prevention Specialist, continued facilitation of the Second Step social emotional learning curriculum with St. Paul’s and 4Seasons day care/preschool centers in King George County. Additionally, she is facilitating the Second Step Bully Prevention curriculum within Caroline County Public Schools. She has returned to Bowling Green Elementary School one day per week to facilitate to kindergarten through 2nd grades.

Coalitions – The Community Collaborative for Youth and Families will resume regular meetings in 2024 and relaunch the website. Meetings for 2024: January 12; April 12; July 12; and October 11. Youth First will be held February 16, 2024 where RACSB Prevention will be a vendor and defend their title of “Best Vendor Table 2023.” Visit www.youthfirstconference.org to learn more about this popular community event.

Tobacco Control – We will visit an estimated 300 retailers prior to June 30, 2024 to provide merchant education.

Alcohol and Vaping Prevention Education – We continued scheduling for the 2023-2024 academic year to facilitate alcohol prevention and vaping prevention education trainings as part of health classes. Jennifer Bateman, Prevention Specialist, returns to King George High School in January.

Suicide Prevention Initiatives

RACSB Prevention Services takes an active role in suicide prevention initiatives including:

ASIST (Applied Suicide Intervention Skills Training) – This Living Works curriculum is a 2-day interactive workshop in suicide first aid. Participants learn how to recognize when someone may have thoughts of suicide and to work with the individual to create a plan that will support their immediate safety.

ASIST is currently scheduled for the following dates in 2024: May 9-10; August 1-2; September 26-27; and November 21-22.

To register: <https://www.signupgenius.com/go/RACSB-ASIST-Training2024>

Mental Health First Aid – This 8-hour course teaches adults how to identify, understand, and respond to signs of mental health and substance use disorders. The training introduces common mental health challenges and gives participants the skills to reach out and provide initial support to someone who may be developing a mental health or substance use problem and connect them to the appropriate care.

In January, we return to Rappahannock Regional Criminal Justice Academy to facilitate for law enforcement recruits and to the University of Mary Washington to facilitate to resident advisors.

We have executed a contract with National Council for Mental Wellness to host the train-the-trainer for teenMHFA. This is scheduled for March 11-12-13.

Adult Mental Health First Aid trainings are scheduled for the following dates: January 26; March 5; May 30 (Marine Corps Base Quantico); July 9; September 5; and November 7 from 8:30 a.m. to 5:00 p.m.

Youth Mental Health First Aid trainings are scheduled for the following dates: February 1; April 2; June 11; August 20; October 3; and December 3 from 8:30 a.m. to 5:00 p.m.

To register for Adult Mental Health First Aid Training:

<https://www.signupgenius.com/go/RACSB-MHFA-Training2024>

To register for Youth Mental Health First Aid Training:

<https://www.signupgenius.com/go/RACSB-YouthMHFA-Training2024>

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

safeTALK trainings are scheduled for February 6; May 14; July 23; and October 15 from 9:00 a.m. to noon.

To register: <https://www.signupgenius.com/go/RACSB-safeTALK-Training2024>

Lock and Talk Virginia – We hosted a quarterly learning opportunity to onboard new CSB staff. We are working on a series of PSA videos in English and Spanish.

Means Safety – We continue to distribute medication lock boxes, and cable gun locks as part of our regional initiative Lock and Talk Virginia. We also promote safe storage and disposal of medications. These items continue to be on display at the Central Rappahannock Regional Library.

Coalitions – The planning held November 27, 2023 brought together nearly 30 different organizations/community members. Draft mission and vision statements were created. The next planning meeting will be held January 8, 2024 at 1:00 p.m. at River Club.

State Opioid Response (SOR)

RACSB Prevention Services is actively engaged with community partners to address the opioid response in the areas of prevention, harm reduction, treatment, and recovery.

Coalitions – The Opioid Workgroup meets monthly and is an interdisciplinary professional group. Meetings continued to be scheduled and held with local medical providers as we work to increase knowledge and understanding of prevention and harm reduction strategies.

Save One Life Naloxone Training and Dispensing – RACSB continues to host virtual trainings twice a month and at the request of community partners. In January, we joined community partners to support a harm reduction table outside Katora Coffee on Caroline Street. We will also be training participants in the Rappahannock EMS Council’s teen emergency preparedness group. The clinics continue to offer the rapid training and dispensing to clients.

To register for a virtual training: <https://www.signupgenius.com/go/RACSB-Naloxone-Training2024>

Additional Initiatives

Responsible Gaming and Gambling – Planning continues to engage stakeholders to create a logic model and plan specific to Planning District 16. RACSB is now a member of the Virginia Council on Problem Gambling. To learn about this organization, please visit www.vcpj.net.

Stores were to remove gaming machines by mid-November. If you see any machines after December 1, if you would like to report it you can either call the VSP tip line at 1-833-889-2300 or if you prefer you can let me know the name and address of the store and the date you saw it. I will collect the information and send to VSP. There is no requirement to do this. Enforcement will be up to each locality.

ACEs Interface – RACSB Prevention Services offers in-person trainings. We plan to continue the collaboration with fellow CSBs to host virtual Understanding ACEs trainings. However, no virtual dates have been scheduled.

Trainings will be held on the following dates: January 23; February 12; April 3; June 12; September 17; November 18; and December 11. Hours vary by date.

To register: <https://www.signupgenius.com/go/RACSB-ACES-Training2024>

Community Resilience Initiative –Course 1 Trauma Informed and Course 2 Trauma Supportive are each 6-hour courses that cover brain science, the individual experiences and ways to build individual and community resilience.

Course 1 is scheduled for January 30; April 25; and September 12.

Course 2 is scheduled for March 19; May 21; and October 10. (Course 1 is a pre-requisite for Course 2). Both trainings will be held from 9:00 a.m. to 4:00 p.m.

To register: <https://www.signupgenius.com/go/RACSB-CRI-Training2024>

Healthy Families Rappahannock Area

HFRA helps parents **IDENTIFY** the best version of themselves, **PARTNERS** with parents with success in parenting, and **EMPOWERS** parents to raise healthy children.

December 2023

LOCALITY	NUMBER OF REFERRALS	ASSESSMENTS	NUMBER OF FAMILIES RECEIVING HOME VISITS	NEW ENROLLEES YEAR-TO-DATE
CAROLINE COUNTY	0	2	3	2
CITY OF FREDERICKSBURG	4	6	50	16
KING GEORGE COUNTY	2	0	7	2
SPOTSYLVANIA COUNTY	7	8	38	8
STAFFORD COUNTY	6	5	37	6
OUT OF AREA (REFERRED TO OTHER HF SITES)	0	1	0	0
TOTAL	19	22	135	34

- The annual holiday drive thru event for families was held December 9, 2023 at Strong Tower Ministries. A total of 96 families received holiday gifts.
- The program received gifts for 24 families from Zion Fredericksburg Church, 5 families from Hillcrest UMC; and three large bags of gifts from Prince Hall #61. Additionally, Strong Tower Church donated \$5,000 to Healthy Families.
- HFRA continues to seek Sponsorship Donations for the 25th Anniversary Celebration Gala.
 - To purchase your tickets for the Gala. Please share Early Bird tickets are available now! <https://www.eventbrite.com/e/728906086727?aff=oddtcreator>

2024 UPCOMING WORKSHOPS

UNDERSTANDING ADVERSE CHILDHOOD EXPERIENCES

Our life experiences can impact our health. Join us as we review the research on how Adverse Childhood Experiences (ACEs) play a tremendous role in developing potential physical, mental and behavioral problems later in life. Learn how you can not only work to reduce ACEs but also how to help foster individual and community resilience. Training is 3-hours.

- In-person: January 23, February 12, April 3, June 12, September 17, November 18, December 11 (hours vary by date)
- Virtual: To be determined

COMMUNITY RESILIENCE INITIATIVE COURSE 1 AND COURSE 2

The Community Resilience Initiative (CRI) has developed courses to teach any community member interested in learning more about toxic stress and how individuals and communities build resilience across the lifespan.

CRI Course 1: Trauma-Informed is a 6-hour course that covers NEAR Science (Neuroscience, Epigenetics, ACE Study, Resilience), Brain States, and ROLES strategies for individuals seeking a trauma-informed certification.

- January 30, April 25, September 12 (9:00 a.m. to 4:00 p.m.)

CRI Course 2: Trauma-Supportive is a 6-hour course that covers the science of resiliency and shares promising strategies to build culturally and contextually resilient individuals and communities. (You must complete CRI Course 1 in order to take Course 2.)

- March 19, May 21, October 10 (9:00 a.m. to 4:00 p.m.)

NALOXONE TRAINING/OPIOID OVERDOSE REVERSAL

A course that covers understanding opioids, how opioid overdoses happen, risk factors for opioid overdoses, and how to respond to an opioid overdose emergency with the administration of Naloxone. (1-hour virtual)

- Typically the first Thursday of the month at 6:30 p.m. and second Tuesday of the month at 10:30 a.m.

NALOXONE DISPENSING

Receive a free box of Naloxone following training or get trained at the same time.

- Typically first Monday and third Thursday of the month (1:00 p.m. to 4:00 p.m.)
- First Thursday of every month from 1:00 p.m. to 4:00 p.m. at the Spotsylvania Sheriff's Mass Substation located within the Spotsylvania Town Center
- First Friday of every month from 1:00 p.m. to 3:00 p.m. at the Fredericksburg Clinic (600 Jackson Street, Fredericksburg, VA 22401)



www.rappahannockareacsb.org

To learn more and register:

www.rappahannockareacsb.org/trainings

Find us on:



2024 UPCOMING WORKSHOPS

ADULT MENTAL HEALTH FIRST AID

Teaches adults how to identify, understand and respond to signs of mental illness and substance use disorders. The training introduces common mental health challenges and gives you the skills to reach out and provide initial support to someone who may be developing a mental health or substance use problem and help connect them to the appropriate care.

- January 26, March 5, May 30, July 9, September 5, November 7 (8:30 a.m. to 5:00 p.m.)

YOUTH MENTAL HEALTH FIRST AID

Teaches adults how to identify, understand and respond to signs of mental illness and substance use disorders in adolescents. The training introduces common mental health challenges for youth and teaches a 5-step action plan for how to help young people in both crisis and non-crisis situations.

- February 1, April 2, June 11, August 20, October 3, December 3 (8:30 a.m. to 5:00 p.m.)

APPLIED SUICIDE INTERVENTION SKILLS TRAINING (ASIST)

The LivingWorks Applied Suicide Intervention Skills Training, commonly referred to as ASIST, is a 2-day interactive workshop in suicide first aid. Participants learn to recognize when someone may have thoughts of suicide and to work with the individual to create a plan that will support their immediate safety. ASIST can be learned and used by anyone ages 16 and older.

- May 9-10, August 1-2, September 26-27, November 21-22
(8:30 a.m. to 5:00 p.m. both days; must be fully present both days)

SAFETALK

The LivingWorks safeTALK course is a 3-hour face-to-face workshop that encourages participants to learn how to prevent suicide by recognizing signs, engaging someone, and connecting them to community resources for additional support. It is appropriate for anyone age 16 and older.

- February 6, May 14, July 23, October 15 (9:00 a.m. to noon)

LOCK AND TALK

RACSB is a proud founder of the Lock and Talk Virginia suicide prevention initiative. Learn about lethal means safety, education opportunities, and community initiatives like The Gun Shop Project. Lock Meds. Lock Guns. Talk Safety. Learn more at www.lockandtalk.org.

Created 12/13/2023



www.rappahannockareacsb.org

To learn more and register:

www.rappahannockareacsb.org/trainings

Find us on:



Community Support Services Board Report: January 2024

Developmental Disabilities (DD) Residential Services - Stephen Curtis

Tynisa Smith accepted the role of Lucas Street ICF Manager in December. She has served in the home since the summer of 2022, but also has extensive supervisory experience to share in her new role with the team.

Leeland Road Group Home hosted an open house on December 8th in preparation for accepting some new residents in the coming months. The first week of January is slated towards recruitment efforts for the home as we move towards a target date of March 1st to have residence back in the home.

Several of our group home residents were again invited to participated in an annual Christmas party hosted by the local Lion's club. We are so thankful to the Lion's Club for hosting the dinner party and for the thought and time they put into shopping for gifts for the individuals.

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

We are currently supporting 113 individuals; with 5 individuals in their 90 day assessment. We are again seeing an increase in applications and resumes. So as we fill vacant positions we are moving our way through our waitlist which currently has 36 individuals on it. We anticipate this to increase with new Waivers being given out.

Many of the RAAI sites enjoyed holiday parties in December; including churches where we delivered poinsettias, families bringing in treats, and even a visit from Santa and Mrs. Clause. Holiday spirits were full of cheer this year!

Valentine's day flower sale is coming up, be on the lookout for upcoming details on pre-ordering.

Developmental Disabilities Support Services - Jen Acors

A meeting to assign new waivers has been scheduled for February. Support Coordinators are working to get the information compiled for the waiver selection committee, who determines who gets the DD waiver. We are interviewing for the 4 new positions as well as the 3 positions for staff who have recently submitted resignations. 2 of the 3 are going on to get their license in Social Work/Counseling and the other found employment with the federal government.

Psychosocial Rehabilitation: Kenmore Club - Anna Loftis

Kenmore Club had a good December. Thanks to the generosity of the community, and our partnerships with Germanna Community College, we were able to provide all members who wanted one with a new winter coat. We also had generous donations of headphones, hats, gloves, and scarves, to help get the members through the cold months. We have been volunteering at the SPCA twice a month and the members have really enjoyed playing with the animals. In January

we are looking forward to visiting another clubhouse. Our current enrollment as of December is 80 people.

Assertive Community Treatment (ACT)-Tamra McCoy

Our ACT South nurse began conducting blood draws for lab work for our clients. Our program has the equipment to acquire labs in our office. We will no longer have to assist our clients with getting to the labs! This will be beneficial for ACT client care as well as staff time management.

ACT has a scheduled in-service with Eleni McNeil, RACSB SUD Coordinator to discuss co-occurring disorders. A number of our clients struggle with substance use and this in-service can be a resource to implement intervention strategies.

The ACT Coordinator has an in-service scheduled with Spotsylvania Regional Medical Center behavioral health unit, January 29, 2024 to discuss our program and increase enrollment.

Mental Health (MH) Residential Services - Nancy Price

Two individuals were housed with PSH in December, which brings the total to 57 individuals that are housed. One individual had been living in a motel paid by PSH for nearly two years. He had been denied by every complex where he had applied, but was accepted and moved into a new apartment in December.

Home Road hosted passes for a female from WSH that was found NGRI. She was referred in June 2023, but was not approved to begin overnight passes to Home Road until December. She is required to complete at least - eight 48 hour passes to our program.

Staff have helped at other programs during the month of December to assist with staffing needs.

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

There are currently 555 children enrolled in the program receiving a combination of services to include service coordination, speech therapy, physical therapy, occupational therapy and educational developmental services. We are offering all services face-to-face and giving the option for families to choose to be seen via zoom. We are scheduling 16 consistent assessments per week. As typical for our program, referrals were lower in December (64), but have risen in January (44 referrals from January 1-12). There are currently 16 providers on staff. We recently hired an Office Associate to help with the load of TRAC IT. We currently have an opening for a speech-language pathologist.

The Sunshine Lady House for Wellness and Recovery – Amy Jindra

The Sunshine Lady House reopened its doors on December 4, 2023. The program had a gentle start, serving 15 people through the holidays. In the first week of January, Sunshine exceeded the total December enrollment. Word is out that the program is back. Sunshine hosted a meeting and tour for Spotsylvania Regional Medical Center's psychiatric services unit leadership in December. Crisis Stabilization continues to process referrals 24 hours a day. Sunshine is grateful for the collaboration with the Clinical Division medical providers and emergency

services to support its ability to be available to the community through the holidays and weekends.

Crisis Stabilization is still seeking applicants for multiple positions including coordinator, therapist, peers, and qualified mental health professionals.

RACSB DEPUTY EXECUTIVE DIRECTOR REPORT

December 2023 Review

Trac-IT Early Intervention Data System

The new data requirements were implemented on December 11, 2023. RACSB has been granted an extension due to testing status and for DBHDS to provide the cross-map for reporting service data via CCS. Our adjusted extract has been built and is in the testing process. Testing remains difficult as the system is not generating automated error reports resulting in the IT team having to open a ticket with the TRAC-IT help desk to identify errors. The form has been moved to our live EHR environment to support staff members during the testing process. IT has been working closely with PEID leadership to work through inconsistency found with data elements outside of the requirements being required in the system. We have created test CCS extracts upon request of DBHDS to help them work through that submission process,

Opportunities for Partnership/Input:

- Began service on VACSB Policy Clearinghouse which will review each bill for the General Assembly and develop advocacy strategy for the session.
- Continued work as a voting member of the 5-person DBHDS procurement committee to select the vendor for the new data exchange platform which will serve as the foundation for all future state reporting. Completed both initial and second round interviews to narrow vendor choices.
- Met with DBHDS to provide follow-up information regarding our Crisis Receiving Center funding request.
- Attended in person Behavioral Health Commission and provided input to members after the meeting.
- Developed the mapping and specifications process document for DBHDS to facilitate the transmission of early intervention service level data through CCS rather than TRAC-IT.
- Provided talking points to Senator Durant for the behavioral health aide bil.
- Met with representatives from the Governor's office, Secretary of HHR, and legislative representatives virtually to finalize behavioral health aide bill.

Special Projects and Data Requests:

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

- Represented the agency at the VACSB Quality and Outcomes, Data Management Committee, WaMS statewide calls, DBHDS Data Quality Sub-committee, CCS Implementation Team meeting, VACSB Public Policy, VACSB Leadership Team, and CCBHC meetings.
- Meet weekly on the core advisory group with DBHDS around the new Data Exchange implementation project.
- Attended Emergency Department Care Coordination meetings through Virginia Health Information to develop in-person collaborative conference for February 1, 2024.
- Provided draft specifications and business rules document upon request by DBHDS to support new specifications documentation for the new data exchange project.