



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, March 19, 2024 at 5:00pm
Rappahannock Area CSB – Board Room 208
600 Jackson Street, Fredericksburg, VA 22401

DATE: March 14, 2024

A Board of Directors Meeting has been scheduled for Tuesday, March 19, 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 March 19, 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
March 19, 2024

600 Jackson Street, Board Room 208
Fredericksburg, VA 22401

agenda

- I. MINUTES, BOARD OF DIRECTORS, **February 20, 2024** **Beebe**
- II. PUBLIC COMMENT- Public Comment **Beebe**
- III. EMPLOYEE SERVICE AWARDS **Wickens**

5 years

Karen McDonald, Volunteer Peer Recovery Specialist

Sequoria Morrell, Residential Counselor

Gina Piro, Volunteer Peer Recovery Specialist

Tracy Ringquist, Volunteer Peer Recovery Specialist

Carla Sears, Volunteer Peer Recovery Specialist

10 years

Jessica Cooper, Utilization Review Specialist

Anita Curley, Nurse LPN, ICF

Sumonia Howard, Residential Counselor

Fe Mccollum, Day Support Counselor

Holly Tallent, Physical Therapist

- IV. PRESENTATION: *Alternative Transportation, presented by:
Gayle Paysour*

- V. CONSENT AGENDA **Beebe**

RECOMMENDED: PROGRAM PLANNING AND EVALUATION COMMITTEE
March 12, 2024

Walker for Parcell

A.1 Information Only – Extraordinary Barriers List

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

- A.3 Approved – Wolfe Street ICF Recertification Survey
- A.4 Approved – Wolfe Street ICF Life Safety Code Inspection Survey
- A.5 Information Only – February Waitlist
- A.6 Information Only – Information Technology/Electronic Health Record Update
- A.7 Information Only – Data Highlights Report
- A.8 Information Only – Legislative Priorities Report
- A.9 Information Only – Crisis Intervention Team Report
- A.10 Information Only – Emergency Custody Order/Temporary Detention Order
- A.11 Information Only – Healthy Families Accreditation
- A.12 Information Only – Other Business

RECOMMENDED: FINANCE COMMITTEE March 12, 2024

Zurasky

- B.1 Approved – FY2024 Women and Girls Fund Grant, Healthy Families
- B.2 Information Only – Summary of Cash Investments
- B.3 Information Only – Summary of Investment Portfolio
- B.4 Information Only – Fee Revenue Reimbursement
- B.5 Information Only – Fee Revenue Reimbursement-without credits
- B.6 Information Only – Fee Collection YTD and Quarterly
- B.7 Information Only – Write-Off Report
- B.8 Information Only – Health Insurance Account
- B.9 Information Only – OPEB
- B.10 Information Only – Payroll Statistics
- B.11 Approved – Financial Summary

RECOMMENDED: PERSONNEL COMMITTEE March 12, 2024

**Curcio for
Gayle**

- C.1 Information Only – Summary – February 2024 EEO Report and Recruitment Update
- C.2 Information Only – Open Positions Report
- C.3 Information Only – Summary – Retention Report – February 2024

VI. REPORT FROM THE EXECUTIVE DIRECTOR

Wickens

VII. REPORT OF DIRECTORS and COORDINATORS

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

**Kobuchi
McDonnell
Cleveland
Terrell
Umble
Wagaman
Jindra
Williams**

VIII. BOARD TIME

Beebe

IX. ADJOURNMENT

Beebe

February 2024 Board of Directors Meeting Minutes

CALL TO ORDER

A meeting of the Board of Directors of Rappahannock Area Community Services Board was held on February 20, 2024, at 600 Jackson Street and called to order by Chair, Nancy Beebe. *Attendees included:* Nancy Beebe, Glenna Boerner, Claire Curcio, Susan Gayle, Kenneth Lapin, Jacob Parcell, Sarah Ritchie, Gregory Sokolowski, Carol Walker, Melissa White, Bridgette Williams and Matt Zurasky. *Not present:* Shawn Kiger.

MINUTES, BOARD OF DIRECTORS, **January 23, 2024**

The Board of Directors approved the minutes from the January 23, 2024 meeting.

ACTION TAKEN: The Board approved the minutes
Moved by: Mr. Matt Zurasky
Seconded by: Ms. Carol Walker

I. PUBLIC COMMENT

No Action Taken

II. SERVICE AWARDS

Mr. Joseph Wickens recognized all employees with awards:

5 years

Amy Cassell, Therapist, Emergency Services (not present)

April Ware, Direct Support Professional (not present)

10 years

Virginia Hinkle, Supervisor, ID Supervised Apts. (not present)

15 years

Jason Mcintosh, Case Manager MH (not present)

Patricia Newman, Supervisor, Adult MH Case Mgmt.

20 years

Barbara Brown, Supervisor, Sponsored Placement

Jennifer Quigley, Direct Support Professional

35 years

Julia Orrock, Reimbursement Technician, III

❖ BOARD PRESENTATION: *Developmental Services Support Coordination (DSSC)– presented by Ms. Jen Acors*

Ms. Acors gave a presentation to the board focused on developmental services support coordination that provides case management services for individuals with a diagnosis of intellectual disability or developmental disability. She gave an overview of the DSSC staff (size and background) whose work is primarily completed in the community, individual homes, provider settings, work sites, day programs, group homes, etc.

Ms. Acors reported that Medicaid is the only funding source for support coordination and described the services included in support coordination. She outlined the process and criteria for eligibility to access support coordination. Further, she explained the eligibility process for accessing one of Virginia's waivers. They must have a diagnosis of Intellectual or Developmental disability that meets the definition in the Code of Virginia. The individual must participate in a screening and meet the requirements of a functional assessment. Still there are many barriers for individuals. Individuals can wait years for a DD Waiver. Waiver allotment is based on urgency of need in comparison to others on the waitlist. If you're offered a waiver, you have to accept it within 30 days. All DSSC services are overseen by DBHDS and Medicaid.

Due to the Department of Justice Settlement Agreement, there are great changes in services delivery which has resulted in a significant increase in documentation. An example is the creation of enhanced case management. For any individual eligible for enhanced case management, the support coordinator must see individuals in person every 30 days, one month in the home, one month in the community.

Ms. Beebe asked why someone would be on the waiver list for twenty years. Ms. Acors said because it's not a chronological list, it's based on urgency of need at the time that they are given the slots. There are three priority areas and the state must serve all the priority ones before moving to the other priority levels.

Mr. Parcell inquired if these were the priority waivers from the Governor's budget. Ms. Acors confirmed that they are. Mr. Parcell asked what kind of impact is this going to have on the program and how they are going to deal with that expansion. Ms. Acors said they are adding staff as they go because thankfully Mr. Wickens knew this was going to be a need and encouraged them to get ahead of it. She said they currently have 819 people on the waiting list in our catchment area, of which 330 are priority one. If the agency receives an additional 330 waivers, it would indeed be a lot to handle or to even find the services for that many people.

Mr. Lapin asked how many clients does each case manager currently have. Ms. Acors said anywhere from 30 to 32 (ideally, they would want them to have no more than 26).

Ms. White asked if Ms. Acors or her staff goes out to speak to families or special advisory committees about DSSC services. Ms. Acors confirmed she does. Ms. White said she will be sending her an invitation.

Mr. Zurasky asked that besides caseload, what is the biggest challenge for the program and how can the board help. Ms. Acors said staffing, finding a way to get staff in and trained so that our current staff doesn't get burned out. She also said it would help if the rules stopped

changing. She thanked the board for the recent pay increases, these have done a great deal to increase staff morale.

Mr. Lapin asked that Ms. Acors pass on to her staff directly how much the Board appreciates all that she and her team do on a daily basis.

III. CONSENT AGENDA

RECOMMENDED: PROGRAM PLANNING AND EVALUATION COMMITTEE

February 13, 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 – Sunshine Lady House Update
- A.6 Information Only – January Waitlist
- A.7 Approved – Licensing Reports
- A.8 Information Only – Second Quarter Incident Summary Report
- A.9 Information Only – Information Technology/Electronic Health Record Update
- A.10 Information Only – Mid-Year CARF Executive Summary
- A.11 Information Only – Legislative Update

RECOMMENDED: FINANCE COMMITTEE February 13, 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)**
- B.11 Information Only – Joe and Mary Wilson Community Benefit Fund of Mary Washington Hospital and Stafford Hospital Community Benefit Fund

RECOMMENDED: PERSONNEL COMMITTEE February 13, 2024

**Curcio
for Gayle**

- C.1 Information Only – Summary – Retention Report – January 2024
- C.2 Information Only – Summary – January 2024 EEO Report and Recruitment Update

C.3 Information Only – Open Positions Report

C.4 Information Only – CSB Workforce Reporting Overview

ACTION TAKEN: The Board approved the consent agenda with the exception of B.10 Financial Summary.

Moved by: Mr. Matt Zurasky

Seconded by: Ms. Carol Walker

ACTION TAKEN: The Board approved the Financial Summary.

Moved by: Mr. Matt Zurasky

Seconded by: Mr. Ken Lapin

IV. REPORT FROM THE EXECUTIVE DIRECTOR

- a. Mr. Wickens announced an update on the Memorandum of Understanding (MOU) from the localities regarding the Opioid Abatement Authority Agreement that was pulled for further review by the attorneys mentioned last board meeting. All redlines have been accepted and today Stafford is voting to give its consent to allow RACSB to receive funding through Stafford as a Fiscal Agent. This means we can move forward with our projects to include the Mobile MAT program as well as detox services at Sunshine Lady House.
- b. Mr. Wickens informed the board that Mr. Curt Gleeson, from Crisis Services at DBHDS, called and announced that the RACSB will be receiving \$6.0 million for the Crisis Receiving Center (CRC) project. The Virginia Governor to do a press release in coming weeks.

V. REPORT OF THE DIRECTORS AND COORDINATORS

- a. **Clinical Services** – Ms. Kobuchi announced they have a new Asst Emergency Services Coordinator starting today, she will be overseeing Marcus Alert and the Crisis Intervention Team, very excited to have her. Also, they have filled a Stafford school-based therapist position and a Fredericksburg city school-based therapist position.
- b. **Human Resources**- Ms. McDonnell announced they hired a Benefits Specialist, so there are now three staff members in HR.
- c. **Finance**- Ms. Cleveland announced the Finance department has a new hire starting today as well.
- d. **Compliance**- Ms. Terrell announced they should have a compliance coordinator starting next week. Most of her time is spent working on corrective action plans (CAPs).
- e. **Public Information**- not present
- f. **Prevention** – Ms. Wagaman shared that she left tote bags for everyone on the table. They are left over from the Youth First Conference; she hopes everyone enjoys. They trained 80 people in Narcan, but did not win best booth this year. Healthy families are now 100% telework. Don't forget about their Gala coming up. The first salon talk took place last night and it went very well. Next event is at Diced, the Barber next Monday from 6-8pm.
- g. **Community Support Services** – nothing more to add, please see report.
- h. **Deputy Executive Director** –Ms. Williams touched upon the last class and celebration/presentation of RACSB's first Cohort of Behavioral Health Technician

Interns held at Germanna Community College. Representatives from the Claude Moore Foundation, Dr. Bill Hazel and Ms. Shirley Bazdar, along with Ms. Williams, were pleased by the amazing feedback given by the participating students expressing their satisfaction with the program specifically about their experience at RACSB, their why statements, and how their experience has changed from day one. Ms. Williams said that RACSB staff were present to show their support for the interns because they appreciated what the interns brought to the program(s). You can look to social media for more information on this and the upcoming cohort in March.

Ms. Williams reminded the Board of the upcoming VACSB conference on Training and Development May 1-3rd in Norfolk, Virginia. Please let Ms. Williams know if you'd like to attend.

VI. BOARD TIME

- a) Ms. White, thank you to all, great news all the way around, aloha.
- b) Ms. Ritchie, thank you for all the good news, much appreciated.
- c) Mr. Parcell, thank you all for all your good work.
- d) Ms. Curcio, glad to hear all the good staffing news, and thank you for the bag.
- e) Ms. Walker, thank you for the bag, I was impressed with the awards, congrats.
- f) Ms. Boerner, thanks to everybody.
- g) Ms. Beebe, thank you, I'm proud to be on the Board.
- h) Mr. Zurasky, thanks to everyone for what you're doing. The internship program, I'm pleased to death about that. I'm so glad the first cohort has worked out so well. In the Navy, when you're first crew of a ship you get a plank, perhaps we could think of something to give to the folks who were part of our first cohort group. The next step is going to be expanding opportunities to high schools.
- i) Ms. Williams, thank you for the work you're doing, glad to see the raises are beneficial.
- j) Mr. Lapin, you guys understand how much we appreciate what you do, please ensure you pass this onto your staff.
- k) Mr. Sokolowski, thank you for all that you do.
- l) Ms. Gayle, thank you for all you do.

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

Ms. Beebe requested a motion for a closed meeting.

It was moved by Ms. Curcio and seconded by Ms. Walker 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 matters 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:


Nancy Beebe – Voted Aye
Glenna Boerner – Voted Aye
Claire Curcio – Voted Aye
Susan Gayle – Voted Aye
Kenneth Lapin – Voted Aye
Jacob Parcell – Voted Aye

Sarah Ritchie – Voted Aye
Greg Sokolowski – Voted Aye
Carol Walker – Voted Aye
Melissa White – Voted Aye
Bridgette Williams – Voted Aye
Matt Zurasky – Voted Aye

The motion was unanimously approved.

ADJOURNMENT

The meeting adjourned at 6:00 PM.



Board of Directors Chair



Executive Director

Rappahannock Area Community Services Board
Program Planning & Evaluation Meeting Tuesday,
March 12, 2024 at 10:30 a.m.
600 Jackson Street, Board Room 208
Fredericksburg, VA

PRESENT

Nancy Beebe
Claire Curcio
Kenneth Lapin
Greg Sokolowski
Carol Walker
Bridgette Williams
Matthew Zurasky

ABSENT

Jacob Parcell
Sarah Ritchie
Glenna Boerner
Susan Gayle
Shawn Kiger
Melissa White

OTHERS PRESENT

Joseph 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
Melodie Jennings, Healthy Families Coordinator
Amy Jindra, Community Support Services Director
Patricia Newman, Supervisor, Adult Case Management
Paul Mueller, Group Home Manager

Call to Order – Ms. Walker/ Chair

A meeting of the Program Planning and Evaluation Committee of Rappahannock Area Community Services Board was held at 600 Jackson Street on March 12, 2024.

ISSUE: **Extraordinary Barriers List – presented by: Ms. Newman**

DISCUSSION: Ms. Newman announced that RACSB currently has one individual on the Extraordinary Barriers List (EBL) hospitalized at Northern Virginia Mental Institute. 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.

Northern Virginia Mental Health Institute

Individual #1: Was placed on the EBL 2/21/2024. Barriers to discharge include finalizing plans for support in the home after discharge as well as monitoring some recent medication changes. This individual has a diagnosis of Autism and receives Support Coordination Services and Developmental Disability Waiver services. At this time, this individual's team is coordinating in-home supports and obtaining providers. This individual will discharge to their home once in-home supports have been coordinated and their team feels as though their current medications are working appropriately.

Mr. Zurasky noted that these circumstances didn't seem particularly extraordinary. Ms. Newman agreed but said that once an individual is rated a one and they hit the seven-day mark, they are automatically put on the EBL list.

ISSUE: Independent Assessment Certification and Coordination Team Update –February 2024 – presented by: Ms. Newman

DISCUSSION: Ms. Newman told the committee that the RACSB received nineteen IACCT referrals in the month of February and completed eighteen assessments. One reauthorization was not completed as an initial assessment was submitted for a higher level of care. Thirteen referrals were initial IACCT assessments and six were re-authorizations in February. Nine were from Spotsylvania, six from Stafford, none from Caroline, one from King George, and three from the City of Fredericksburg. Of the eighteen completed assessments, fifteen recommended Level C Residential, one recommended Level B Group Home and two recommended community-based services. One reauthorization recommended continued residential with the plan to discharge home with waiver services in the next month. Two families had difficulty finding an accepting residential facility and had to submit another IACCT inquiry. An attached IACCT report tracking data for 2024 was included.

ISSUE: Wolfe Street ICF Recertification Survey – presented by: Mr. Mueller

DISCUSSION: Mr. Mueller gave an update on the Wolfe Street Intermediate Care Facility (ICF) onsite survey conducted by the Virginia Department of Health (VDH). Out of 401 total regulations that the program is surveyed for, they received six deficiencies that Mr. Mueller took the Board through. There was one (1) E-tag deficiency (related to emergency preparedness and response) and five (5) W-tag deficiencies were noted. All six of the deficiencies are being addressed and a plan of correction was submitted to VDH on February 22nd. A response was received back on February 23rd from VDH indicating that the plan of action was approved.

Mr. Lapin asked if it was that the drills were not conducted or were they not documented. Mr. Mueller said given there has been some turnover at the site, he believes they were not conducted.

Mr. Sokolowski asked if the VDH provides a list of what they expect of from them before they arrive at the site. Ms. Jindra said no. Ms. Terrell noted there is a list of regulations that they work from. Mr. Sokolowski asked if he could see the list of regulations. Ms. Terrell to provide list.

Mr. Zurasky asked if lessons learned are applied from this facility to all the other group homes. Mr. Wickens said yes.

ACTION TAKEN: It was moved by Mr. Zurasky and seconded by Ms. Curcio to accept the ICF Recertification Survey. The motion was unanimously approved.

ISSUE: Wolfe Street ICF Life Safety Code Inspection Survey – presented by: Mr. Mueller

DISCUSSION: Mr. Mueller took the board through the Wolfe Street ICF Life Safety Code Inspection Survey conducted by the State Fire Marshal. The survey included inspection of facility fire systems, electrical systems, evacuation plans, and physical property. This inspection was conducted as an annual requirement for the program's recertification as an ICF. The program was noted to have no deficiencies or delinquent findings consequent of the inspection.

ACTION TAKEN: It was moved by Mr. Lapin and seconded by Mr. Zurasky to accept the Wolfe Street ICF Life Safety Code Survey. The motion was unanimously approved.

ISSUE: **Waiting Lists – presented by: Ms. Terrell**

DISCUSSION: Ms. Terrell took the group through the February waitlist. There are 380 individuals on the wait list for outpatient therapy services: Stafford 157; Spotsylvania 89; and Caroline 79, and King George 55, this is an increase of 63 from the January 2024 waitlist. In regards to Psychiatric Intakes, there are fourteen older adolescents and adults waiting longer than 30 days for their intake appointments. This is an increase of two from last month. The furthest out appointment is 4/30/2024. There are three children age 13 and below waiting longer than 30 days for their intake appointment. The furthest out appointment is 4/5/2024. In regards to programs for MH Residential Services, there is one individual on the referral list. Intellectual Disability Residential Services List has 69 individuals with 68 on the Needs and 1 on the Referral list. There are two individuals on the Acceptance list. In Assertive Community Treatment, there are 10 individuals with 8 on the Needs List. Total Program Enrollments is 51 individuals. There was 1 admission and no discharges for the month of February.

ID/DD Support Coordination, there are currently 824 individuals on the DD Waiver Waiting List. This is a decrease of 18 from last month. This is after 31 individuals were assigned DD waivers earlier this month. Priority 1 = 333, Priority 2 = 212 and Priority 3 = 279. RAAI has 36 individuals, 25 on the referral, and 10 on the assessing list. Current total program enrollment is 110.

ISSUE: **Information Technology/Electronic Health Record Update/Trac-It Update – presented by: Ms. Williams**

DISCUSSION: Ms. Williams went over the following in detail:

IT Systems Engineering Projects – During February 1,288 tickets were completed by IT staff compared to January 1017 tickets, December 846 - 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 Submission 3

CCS for January was submitted on February 28, 2024. DBDHS staff and CSB

staff continue to meet weekly about the CCS 3 replacement project. On February 28th, the CSBs who use Avatar met with Netsmart to begin initial discussions of the specification for the CCS replacement.

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. CSBs were finally able to look at the draft specifications on March 1, 2024. However, finalized specifications are still forthcoming. This year there are several Community Services Boards using Avatar, now that the specifications are getting closer to being released, we have started to set up meetings with those CSBs to discuss testing procedures.

Trac-IT Early Intervention Data System

We continue to test our extract for required data to upload to TRAC-IT. RACSB staff have also worked with DBHDS to develop the specifications and complete testing for submitting service level data through CCS. We continue to wait for the contract modification from DBHDS and finalized specifications related to the CCS reporting for Early Intervention Services.

Zoom

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

- February 2024 – 1,812 video meetings with a total of 4,891 participants
- January 2024 – 2,030 video meetings with a total of 5,289 participants
- 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

Work continues on the Patient Portal 2.0 project. IT staff have set up training for Superusers and are now working with those staff to create documentation and videos for staff to feel comfortable using the new features of the portal. Tentative go-live date is March 11, 2024.

Staffing

Taylor Nash, the Assistant IT Coordinator, has resigned from the Rappahannock Area Community Services Board and her last day will be March 8, 2024. We are actively interviewing for the Assistant IT Coordinator position.

ISSUE: **Data Highlights Report – presented by: Ms. Williams**

DISCUSSION: Ms. Williams reviewed reports on behavioral health and developmental disability performance measures. She told the Committee that RACSB is committed to using data-driven decision-making to improve performance and quality. She noted that there were some inaccuracies with the data. She reached out to DBHDS, who confirmed some of the data was pulling incorrectly for certain metrics.

ISSUE: **Legislative Updates and Priorities – presented by: Ms. Williams**

DISCUSSION: Ms. Williams told the Committee that the RACSB is committed to advocacy to improve performance, quality, and demonstrate the value of services. She went on to provide a report demonstrating the sizable impact our services have on the community we serve. The report provided specific information on current legislative and regulatory topics which impact RACSB; an update on relevant Bills and a Crossover Summary provided by DBHDS.

ISSUE: **Crisis Assessment Center and CIT Report February 2024 – presented by: Ms. Williams**

DISCUSSION: Ms. Williams reported the CIT Assessment Center assessed 18 individuals in the month of February 2024; The number of persons served by locality were the following: Fredericksburg 2; Caroline 2; King George 1; Spotsylvania 3; Stafford 10; from other jurisdictions 0. CIT data sheet provided.

ISSUE: **Emergency Custody Order and Temporary Detention Order Report – February 2024 – presented by: Ms. Williams**

DISCUSSION: Ms. Williams told the Committee that emergency services staff completed 366 emergency evaluations in February. Eighty-two assessments were completed for individuals under emergency custody orders and eighty-four assessments resulted in temporary detention orders. Staff facilitated five admissions to state hospitals. Two individuals were placed at Piedmont Geriatric Hospital, one at Southern Virginia Mental Health Institute and two at Northern Virginia Mental Health Institute. Staff facilitated no admissions to Commonwealth Center for Children and Adolescents.

A total of fourteen individuals were involuntarily hospitalized outside of our catchment area in February. This month, no individuals were able to utilize alternative transportation. Data reports provided.

ISSUE: **Healthy Families Accreditation – presented by: Ms. Jennings**

DISCUSSION: Ms. Jennings announced that the Healthy Families Program recently received notification that the site has been re-accredited by Healthy Families America as a “provider of high-quality HFA home visiting services.” The accreditation is effective through September 2028.

Adjournment

The meeting adjourned at 11:30AM

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, Bridgette Williams, Matt Zurasky

From: Joseph Wickens
Executive Director

Subject: Program Planning and Evaluation Meeting
March 12, 2024, **10:30 AM**
600 Jackson Street, Board Room 208, Fredericksburg, VA

Date: March 7, 2024

A Program Planning and Evaluation Committee Meeting has been scheduled for Tuesday, March 12, 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

March 12, 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>Newman</i> | 4 |
| III. Wolfe Street ICF Recertification Survey, <i>Mueller</i> | 6 |
| IV. Wolfe Street ICF Life Safety Code Inspection Survey, <i>Mueller</i> | 23 |
| V. February Waitlist, <i>Terrell</i> | 25 |
| VI. Information Technology/Electronic Health Record Update, <i>Reese</i> | 29 |
| VII. Data Highlights Report, <i>Williams</i> | 32 |
| VIII. Legislative Priorities Report, <i>Williams</i> | 37 |
| IX. Crisis Intervention Team Report, <i>Williams</i> | 56 |
| X. Emergency Custody Order/Temporary Detention Order, <i>Williams</i> | 58 |
| XI. Healthy Families Accreditation, <i>Jennings</i> | 61 |
| XII. Other Business, <i>Parcell</i> | |

MEMORANDUM

TO: Joe Wickens, Executive Director

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

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

SUBJECT: Extraordinary Barriers List (EBL)

DATE: March 12, 2024

RACSB currently has one individual on the Extraordinary Barriers List (EBL) hospitalized at Northern Virginia Mental Health Institute. 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.

Northern Virginia Mental Health Institute

Individual #1: Was placed on the EBL 2/21/2024. Barriers to discharge include finalizing plans for support in the home after discharge as well as monitoring some recent medication changes. This individual has a diagnosis of Autism and receives Support Coordination Services and Developmental Disability Waiver services. At this time, this individual's team is coordinating in home supports and obtaining providers. This individual will discharge to their home once in home supports have been coordinated and their team feels as though their current medications are working appropriately.

MEMORANDUM

To: Joe Wickens, Executive Director
From: Donna Andrus, Child and Adolescent Support Services Supervisor
Date: March 6, 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 nineteen IACCT referrals in the month of February and completed eighteen assessments. One reauthorization was not completed as an initial assessment was submitted for a higher level of care. Thirteen referrals were initial IACCT assessments and six were re-authorizations in February. Nine were from Spotsylvania, six from Stafford, none from Caroline, one from King George and three from the City of Fredericksburg. Of the eighteen completed assessments fifteen recommended Level C Residential, one recommended Level B Group Home and two recommended community-based services. One reauthorization recommended continued residential with the plan to discharge home with waiver services in the next month. Two families had difficulty finding an accepting residential facility and had to submit another IACCT inquiry.

Attached is the monthly IACCT tracking data for February 2024.

| Report Month/Year | Feb-24 |
|--|--------|
| 1. Total number of Referrals from Magellan for IACCT: | 19 |
| 1.a. total number of auth referrals: | 13 |
| 1.b. total num. of re-auth referrals: | 6 |
| 2. Total number of Referrals per county: | |
| Fredericksburg: | 3 |
| Spotsylvania: | 9 |
| Stafford: | 6 |
| 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: | 0 |
| 5. Total number of "no-shows": | 0 |
| 6. Total number of cancellations: | 0 |
| 7. Total number of assessments completed: | 18 |
| 8a. Total number of ICA's recommending: residential: | 15 |
| 8b. Total number of ICA's recommending: therapeutic group home: | 1 |
| 8c. Total number of ICA's recommending: community based services: | 2 |
| 8d. Total number of ICA's recommending: Other: | 0 |
| 8e. 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: | 2 |

Memorandum

To: Joe Wickens, Executive Director
From: Steve Curtis, DD Residential Coordinator
Date: February 26, 2024
Re: Wolfe Street ICF Recertification Survey

On January 30th, 2024 through January 31st, the Virginia Department of Health (VDH) conducted an on-site visit (survey) at Wolfe Street Intermediate Care Facility (ICF). One inspector (surveyor) conducted the survey focusing on a sampling of the following from the program: observation of two individuals; staff support provided to the individuals; and the individuals' charts. The survey was conducted as an annual requirement for the program's recertification as an ICF.

The surveyor's findings were included in a program report which we received by email on February 14th, 2024. The report contained deficiencies listed by federal regulations (E-tags and W-tags) that did not meet standards. Out of the 401 total regulations that the program is surveyed for, 1 E-tag deficiency (related to emergency preparedness and response) was found. Five (5) W-tag deficiencies were noted. The deficiencies included the following:

- E036: The facility staff failed to meet the requirements for evacuation drills.
 - Documentation of required drills could not be located during the audit.
- W159: The Qualified Intellectual Disability Professional (QIDP) did not coordinate and monitor the individuals' active treatment program for 1 individual.
 - During the survey, staff did not offer the individual the opportunity to scoop out his last bite of applesauce with his medications in it per his goal. Instead, they fed him the entire contents of the cup without offering the spoon to him for the last bite. Secondly, staff did not encourage the individual to complete his goal for wiping off the table after his meal per his ISP goal.
- W249: Facility staff failed to implement the individual's ISP for medication administration and for wiping the table after eating.
 - For tag W159, the QIDP was cited for not monitoring implementation of the goals in the ISP. Tag W249 is a citation for staff not implementing the goals in the ISP. Tag W249's citation resulted in tag W159 being cited.
- W440: Facility staff failed to conduct evacuation drills at least quarterly for each shift of personnel during the first, second, and fourth quarters of 2023.

- Consequent of the missing drills documentation cited in tag E036, tag W440 was cited because no evidence was present that drills were conducted.
- W454: Facility staff failed to store food in a sanitary manner.
 - During the survey, a staff member dropped a yogurt lid on the floor, and instead of sanitizing it, she placed the lid back on the yogurt and returned it to the refrigerator.
- W455: Facility staff failed to implement infection control practices. Specifically:
 - During medication administration for 1 individual, a staff member touched a MAR (medication administration record) binder and a pen with gloved hands. The individual who was being assisted with medications spit a pill out of his mouth. The staff picked the pill up from the individual's shirt, wearing the same gloves, and administered the pill to him.

Noted deficiencies are being addressed and a plan of correction was submitted to VDH on February 22nd. A response was received back on February 23rd from VDH indicating that the plan of correction was approved.

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G073 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 01/31/2024 |
| NAME OF PROVIDER OR SUPPLIER WOLFE STREET ICF ID | | | STREET ADDRESS, CITY, STATE, ZIP CODE 815 WOLFE STREET FREDERICKSBURG, VA 22401 | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
| E 000 | Initial Comments An unannounced Emergency Preparedness survey was conducted 1/30/24 through 1/31/24. Corrections are required for compliance with 42 CFR Part 483.73, 483.475, Condition of Participation for Intermediate Care Facilities for Individuals with Intellectual Disabilities. No emergency preparedness complaints were investigated during the survey. | E 000 | E 036 <u>How corrective action will be accomplished:</u> Facility leaders will maintain a complete emergency preparedness plan moving forward by training and assigning staff to conduct and document emergency evacuation drills each month following a rotating schedule to ensure requirements are met. <u>Assurance that other residents are protected from the possibility of the deficiency:</u> The program manager and assistant manager will monitor to ensure assigned staff have conducted and documented the required evacuations drills each month to ensure maintenance of a complete emergency preparedness plan for the protection of all residents. <u>Measures to be put into place or systematic changes to be made to ensure that the deficient practice will not recur:</u> Facility leaders will send completed, documented assessments of each completed evacuation drill to RACSB's compliance department for review and upload into an electronic repository to ensure that the drills are completed timely and easily accessible when the emergency preparedness plan is being reviewed and trained to staff. <u>How the facility plans to monitor its performance to make sure that solutions are sustained:</u> The RACSB Residential Assistant Coordinators, QIDP, and Compliance team will monitor to ensure receipt and upload of documented evacuation drills into the on-line repository thereby ensuring timely, complete, and accurate documentation is maintained as part of the emergency preparedness plan. <u>Date of Completion:</u> 3/1/24 | 3/1/24 |
| E 036 | EP Training and Testing CFR(s): 483.475(d) §403.748(d), §416.54(d), §418.113(d), §441.184(d), §460.84(d), §482.15(d), §483.73(d), §483.475(d), §484.102(d), §485.68(d), §485.542(d), §485.625(d), §485.727(d), §485.920(d), §486.360(d), §491.12(d), §494.62(d). *[For RNCHIs at §403.748, ASCs at §416.54, Hospice at §418.113, PRTFs at §441.184, PACE at §460.84, Hospitals at §482.15, HHAs at §484.102, CORFs at §485.68, REHs at §485.542, CAHs at §486.625, "Organizations" under 485.727, CMHCs at §485.920, OPOs at §486.360, and RHC/FHQs at §491.12:] (d) Training and testing. The [facility] must develop and maintain an emergency preparedness training and testing program that is based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, policies and procedures at paragraph (b) of this section, and the communication plan at paragraph (c) of this section. The training and testing program must be reviewed and updated at least every 2 years. *[For LTC facilities at §483.73(d):] (d) Training | E 036 | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Stephen L. Curtis

DD Residential Coordinator

2/22/24

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| E 036 | <p>Continued From page 1</p> <p>and testing. The LTC facility must develop and maintain an emergency preparedness training and testing program that is based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, policies and procedures at paragraph (b) of this section, and the communication plan at paragraph (c) of this section. The training and testing program must be reviewed and updated at least annually.</p> <p>*[For ICF/IIDs at §483.475(d):] Training and testing. The ICF/IID must develop and maintain an emergency preparedness training and testing program that is based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, policies and procedures at paragraph (b) of this section, and the communication plan at paragraph (c) of this section. The training and testing program must be reviewed and updated at least every 2 years. The ICF/IID must meet the requirements for evacuation drills and training at §483.470(i).</p> <p>*[For ESRD Facilities at §494.62(d):] Training, testing, and orientation. The dialysis facility must develop and maintain an emergency preparedness training, testing and patient orientation program that is based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, policies and procedures at paragraph (b) of this section, and the communication plan at paragraph (c) of this section. The training, testing and orientation program must be evaluated and updated at every 2 years.</p> <p>This STANDARD is not met as evidenced by: Based on staff interview and facility document</p> | E 036 | | | |

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| E 036 | <p>Continued From page 2</p> <p>review, the facility staff failed to maintain a complete emergency preparedness plan.</p> <p>The findings include:</p> <p>The facility staff failed to meet the requirements for evacuation drills.</p> <p>A review of the facility evacuation drills for 2023 revealed no drill was conducted during the second shift from January 2023 through March 2023, no drill was conducted during the first and second shifts from April 2023 through June 2023, and no drill was conducted during the second and third shifts from October 2023 through December 2023.</p> <p>On 1/31/24 at 1:44 p.m., an interview was conducted with ASM (administrative staff member) #1 (the house manager). ASM #1 stated the facility staffs three shifts of personnel, and these shifts include first shift- 7:00 a.m. to 3:00 p.m., second shift- 3:00 p.m. to 11:00 p.m., and third shift- 11:00 p.m. to 7:00 a.m.</p> <p>On 1/31/24 at 2:43 p.m., an interview was conducted with ASM #3 (the assistant residential coordinator). ASM #3 stated fire drills should be conducted once a month and other drills should rotate every month. ASM #3 stated the shift that drills are conducted on should also rotate every month. ASM #3 was made aware of the above concerns. ASM #3 stated he was aware there were missing drills, and he could not provide any additional information.</p> <p>On 1/31/24 at 3:20 p.m., ASM #1 was made aware of the above concerns.</p> | E 036 | | | |

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| W 000 W 000 | Continued From page 3 INITIAL COMMENTS | W 000 W 000 | W159 <u>How corrective action will be accomplished for Individual #2:</u> The QIDP will monitor to ensure implementation of the ISP outcome/goal for medication administration and for wiping the table after eating for Individual #2. <u>Assurance that other residents are protected from the possibility of the deficiency:</u> The QIDP will monitor to ensure implementation of all outcomes/goals in the ISP for each resident. <u>Measures to be put into place or systemic changes to be made to ensure that the deficient practice will not recur:</u> The QIDP will review data to ensure outcome /goal implementation is being recorded accurately by staff. The QIDP will also randomly observe staff implementation of outcomes/goals in each individual's ISP to ensure accurate and adequate implementation. <u>How the facility plans to monitor its performance to make sure that solutions are sustained:</u> The program manager and assistant manager will review all data collection at a minimum of monthly to ensure that implementation is being recorded accurately. The program manager and assistant manager will also randomly observe staff implementation of outcomes/ goals in each individual's ISP to ensure accurate and adequate implementation. <u>Date of Completion:</u> 3/1/2024 | 3/1/24 |
| W 159 | QIDP CFR(s): 483.430(a) Each client's active treatment program must be integrated, coordinated and monitored by a qualified intellectual disability professional who- This STANDARD is not met as evidenced by: Based on observation, staff interview, facility document review and clinical record review, the QIDP failed to coordinate and monitor an individual's active treatment program for one of two individuals in the survey sample, Individual #2. The findings include: For Individual #2 (I2), the QIDP failed to ensure the individual's ISP (individualized service plan) for medication administration was implemented; and failed to ensure the individual's ISP (individualized service plan) for wiping the table after eating was implemented. 1.a. For Individual #2 (I2), the QIDP failed to | W 159 | | |

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| W 159 | <p>Continued From page 4</p> <p>ensure the individual's ISP (individualized service plan) for medication administration was implemented.</p> <p>I2's ISP, signed by the QIDP (qualified intellectual disabilities professional) on 12/16/23, documented, "Goal 1: Important To: (Name of I2) helps to administer his medication. List the actions/supports needed: With maximum hand over hand supports, (name of I2) will consume the last scoop of his applesauce...Describe how this will be provided based on individual preferences: (Name of I2) continues to receive his medications whole in applesauce...As he continues to move towards independence in this area, (name of I2) will now be asked to consume the last scoop of applesauce with maximum hand over hand supports...Staff will begin the process by preparing his medications as usual, and beginning to administer the medications. When down to the last scoop, (name of I2) will be offered the spoon with maximum hand over hand supports and asked to participate in consuming the last scoop..."</p> <p>On 1/31/24 at 7:30 a.m., DSP (direct support staff) #1 was observed administering medications in applesauce to I2. DSP fed I2 all scoops of medications in applesauce. DSP did not ask I2 to participate, did not offer the spoon to I2, and did not provide hand over hand support.</p> <p>On 1/31/24 at 2:58 p.m., an interview was conducted with ASM (administrative staff member) #2 (the QIDP). ASM #2 stated his first goal as a QIDP is to make sure every person's plan is person centered. ASM #2 stated another QIDP responsibility is that he is the middleman, connecting people to the plan. ASM #2 stated he</p> | W 159 | | | |

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| W 159 | <p>Continued From page 5</p> <p>has staff meetings almost monthly, and sometimes twice a month to reviews plans with staff. ASM #2 stated he also periodically observes staff and reviews documentation.</p> <p>On 1/31/24 at 3:20, ASM (administrative staff member) #1 (the house manager) was made aware of the above concern.</p> <p>The facility policy titled, "Facility Staffing. Section 4-4: Staff Positions" documented, "4. QIDP: This is a full time position (see Job Description): a. Provides training, supervision, direction to ICF staff regarding active treatment...d. Monitors active treatment across settings, including personal care and support for activities of daily living..."</p> <p>1.b.. For Individual #2, the QIDP failed to ensure the individual's ISP (individualized service plan) for wiping the table after eating was implemented.</p> <p>I2's ISP, signed by the QIDP (qualified intellectual disabilities professional) on 12/16/23, documented, "Goal 6: Important To: (name of I2) helps to wipe his area of the table after eating. List the actions/supports needed: with 2 verbal prompts and maximum hand over hand assistance, (name of I2) will help wipe his area of the table after eating...Describe how this will be provided based on individual preferences: (name of I2) is often more capable of completing tasks than he will initially show. With the right approach and encouragement, he can step beyond his reluctance to participate in various tasks. To help (name of I2) become more comfortable helping out around the house, he will be verbally prompted 2x to help wipe of [sic] his area of the table with maximum hand over hand supports</p> | W 159 | | | |

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| W 159 | Continued From page 6 provided by staff..." On 1/30/24 at approximately 5:00 p.m. and 1/31/24 at approximately 8:00 a.m., I2 was observed eating in the dining room. After I2 was done eating, staff assisted the individual away from the table and into another room. Staff did not offer verbal prompts to wipe the table or provide hand over hand assistance. On 1/31/24 at 2:58 p.m., an interview was conducted with ASM (administrative staff member) #2 (the QIDP). ASM #2 stated his first goal as a QIDP is to make sure every person's plan is person centered. ASM #2 stated another QIDP responsibility is that he is the middleman, connecting people to the plan. ASM #2 stated he has staff meetings almost monthly, and sometimes twice a month to reviews plans with staff. ASM #2 stated he also periodically observes staff and reviews documentation. On 1/31/24 at 3:20, ASM (administrative staff member) #1 (the house manager) was made aware of the above concern. | W 159 | | |
| W 249 | PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. | W 249 | W 249 <u>How corrective action will be accomplished for Individual #2:</u> Facility staff will implement the active treatment outcome involving medication administration and the active treatment outcome for wiping the table after eating for Individual #2. <u>Assurance that other residents are protected from the possibility of the deficiency:</u> Facility staff will implement the active treatment outcomes from the ISP's for each individual in the facility. <u>Measures to be put into place or systemic changes to be made to ensure that the deficient practice will not recur:</u> The QIDP will continue to monitor and ensure implementation of the active treatment outcomes as described in each individual's PCP through documentation review and randomized observation. <u>How the facility plans to monitor its performance to make sure that solutions are sustained:</u> The program supervisor and assistant manager will monitor to ensure the implementation of the active treatment outcomes as described in each individual's ISP through review of documentation and through randomized observation of facility staff. <u>Date of Completion:</u> 3/1/2024 | 3/1/24 |

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| W 249 | <p>Continued From page 7</p> <p>This STANDARD is not met as evidenced by: Based on observation, staff interview, facility document review and clinical record review, the facility staff failed to implement active treatment for one of two individuals in the survey sample, Individual #2.</p> <p>The findings include:</p> <p>For Individual #2 (I2), the facility staff failed to implement the individual's ISP (individualized service plan) for medication administration; and failed to implement the individual's ISP (individualized service plan) for wiping the table after eating.</p> <p>1.a. For Individual #2 (I2), the facility staff failed to implement the individual's ISP (individualized service plan) for medication administration.</p> <p>I2's ISP, signed by the QIDP (qualified intellectual disabilities professional) on 12/16/23, documented, "Goal 1: Important To: (Name of I2) helps to administer his medication. List the actions/supports needed: With maximum hand over hand supports, (name of I2) will consume the last scoop of his applesauce...Describe how this will be provided based on individual preferences: (Name of I2) continues to receive his medications whole in applesauce...As he continues to move towards independence in this area, (name of I2) will now be asked to consume the last scoop of applesauce with maximum hand over hand supports...Staff will begin the process by preparing his medications as usual, and beginning to administer the medications. When down to the last scoop, (name of I2) will be offered the spoon with maximum hand over hand</p> | W 249 | | | |

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| W 249 | <p>Continued From page 8</p> <p>supports and asked to participate in consuming the last scoop..."</p> <p>On 1/31/24 at 7:30 a.m., DSP (direct support staff) #1 was observed administering medications in applesauce to I2. DSP fed I2 all scoops of medications in applesauce. DSP did not ask I2 to participate, did not offer the spoon to I2, and did not provide hand over hand support.</p> <p>On 1/31/24 at 2:58 p.m., an interview was conducted with ASM (administrative staff member) #2 (the QIDP). ASM #2 stated he created this goal for I2 because he wants to make sure the individual is doing as much as he can. ASM #2 stated that during the last bite of medication and applesauce administration, the staff should provide two verbal prompts and maximum hand over hand assistance.</p> <p>On 1/31/24 at 3:20, ASM (administrative staff member) #1 (the house manager) was made aware of the above concern.</p> <p>The facility policy titled, "ICF Service: Active Treatment. Section 5-9: Implementation and Documentation" documented, "4. Program Implementation: Each individual must receive a continuous active treatment program consisting of needed interventions and services in sufficient intensity and frequency to support the achievement of PCP (person centered plan) (ISP) objectives by all staff working with the individual, including professional, paraprofessional, and non-professional staff."</p> <p>1.b. For Individual #2 (I2), the facility staff failed to implement the individual's ISP (individualized service plan) for wiping the table after eating.</p> | W 249 | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G073 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 01/31/2024 |
|--|--|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER WOLFE STREET ICF ID | | | STREET ADDRESS, CITY, STATE, ZIP CODE 815 WOLFE STREET FREDERICKSBURG, VA 22401 | | |
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| W 249 | <p>Continued From page 9</p> <p>I2's ISP, signed by the QIDP (qualified intellectual disabilities professional) on 12/16/23, documented, "Goal 6: Important To: (name of I2) helps to wipe his area of the table after eating. List the actions/supports needed: with 2 verbal prompts and maximum hand over hand assistance, (name of I2) will help wipe his area of the table after eating...Describe how this will be provided based on individual preferences: (name of I2) is often more capable of completing tasks than he will initially show. With the right approach and encouragement, he can step beyond his reluctance to participate in various tasks. To help (name of I2) become more comfortable helping out around the house, he will be verbally prompted 2x to help wipe of [sic] his area of the table with maximum hand over hand supports provided by staff..."</p> <p>On 1/30/24 at approximately 5:00 p.m. and 1/31/24 at approximately 8:00 a.m., I2 was observed eating in the dining room. After I2 was done eating, staff assisted the individual away from the table and into another room. Staff did not offer verbal prompts to wipe the table or provide hand over hand assistance.</p> <p>On 1/31/24 at 2:58 p.m., an interview was conducted with ASM (administrative staff member) #2 (the QIDP). ASM #2 stated I2 can help out in a small way but is never going to initiate the help on his own. ASM #2 stated he did not know if this was from a lack of capacity or a lack of interest, so he combined this goal with eating because eating is something I2 enjoys.</p> <p>On 1/31/24 at 3:20, ASM (administrative staff member) #1 (the house manager) was made</p> | W 249 | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G073 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 01/31/2024 |
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| W 249 | Continued From page 10 aware of the above concern. | W 249 | | |
| W 440 | <p>EVACUATION DRILLS CFR(s): 483.470(i)(1)</p> <p>at least quarterly for each shift of personnel. This STANDARD is not met as evidenced by: Based on staff interview and facility document review, the facility staff failed to conduct evacuation drills at least quarterly for each shift of personnel.</p> <p>The findings include:</p> <p>The facility staff failed to conduct evacuation drills at least quarterly for each shift of personnel during the first, second, and fourth quarters of 2023.</p> <p>A review of the facility evacuation drills for 2023 revealed no drill was conducted during the second shift from January 2023 through March 2023, no drill was conducted during the first and second shifts from April 2023 through June 2023, and no drill was conducted during the second and third shifts from October 2023 through December 2023.</p> <p>On 1/31/24 at 1:44 p.m., an interview was conducted with ASM (administrative staff member) #1 (the house manager). ASM #1 stated the facility staffs three shifts of personnel, and these shifts include first shift- 7:00 a.m. to 3:00 p.m., second shift- 3:00 p.m. to 11:00 p.m., and third shift- 11:00 p.m. to 7:00 a.m.</p> <p>On 1/31/24 at 2:43 p.m., an interview was conducted with ASM #3 (the assistant residential coordinator). ASM #3 stated fire drills should be</p> | W 440 | <p>W440</p> <p><u>How corrective action will be accomplished:</u> Facility staff will conduct evacuation drills at least quarterly for each shift of personnel. The program supervisor and/or assistant manager will train and assign staff to conduct these emergency evacuation drills following a rotating schedule to ensure requirements are met.</p> <p><u>Assurance that other residents are protected from the possibility of the deficiency:</u> All ICF facilities will conduct evacuation drills at least quarterly for each shift of personnel. The program supervisor and/or assistant manager at each ICF facility will train and assign staff to conduct these emergency evacuation drills following a rotating schedule to ensure requirements are met.</p> <p><u>Measures to be put into place or systemic changes to be made to ensure that the deficient practice will not recur:</u> The program supervisor will monitor to ensure that facility staff conduct evacuation drills at least quarterly for each shift of personnel. The program supervisor or assistant manager will send completed, documented assessments of each completed evacuation drill to RACSB's compliance department for review and for upload into an electronic repository to ensure that the drills are completed timely and remain easily accessible.</p> <p><u>How the facility plans to monitor its performance to make sure that solutions are sustained:</u> The Director of Compliance or designee, will review to ensure that evacuation drills are conducted at least quarterly for each shift of personnel. The RACSB Residential Assistant Coordinators and QIDP will likewise provide additional oversight to ensure timely, complete, and accurate documentation of drills is completed.</p> <p><u>Date of Completion:</u> 3/1/24</p> | 3/1/24 |

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| NAME OF PROVIDER OR SUPPLIER WOLFE STREET ICF ID | | | STREET ADDRESS, CITY, STATE, ZIP CODE 815 WOLFE STREET FREDERICKSBURG, VA 22401 | | |
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| W 440 | Continued From page 11 conducted once a month and other drills should rotate every month. ASM #3 stated the shift that drills are conducted on should also rotate every month. ASM #3 was made aware of the above concerns. ASM #3 stated he was aware there were missing drills, and he could not provide any additional information. On 1/31/24 at 3:20 p.m., ASM #1 was made aware of the above concerns. The facility policy titled, "Emergency Plan and Procedures. Section 8-6: Facility Inspections and Drills" documented, "3. Emergency Drills will be conducted as follows according to the attached drill schedule. a. Fire drills will be done monthly. b. Severe weather drills will be done quarterly. c. Bomb threat drills will be done quarterly. d. Medical emergency drills will be done quarterly. e. Power failure drills will be done quarterly. f. Only 1 drill is to be conducted per day. g. Staff responsibility for conducting drills must be rotated each month." The policy further documented the drills will be rotated amongst the three shifts. | W 440 | | | |
| W 454 | INFECTION CONTROL CFR(s): 483.470(l)(1) The facility must provide a sanitary environment to avoid sources and transmission of infections. This STANDARD is not met as evidenced by: Based on observation, staff interview, and facility document review, the facility staff failed to store food in a sanitary manner. The findings include: | W 454 | W454 <u>How corrective action will be accomplished:</u> Facility staff will provide a sanitary environment to avoid sources and transmissions of infections by ensuring that anything that is exposed to a non-sanitary environment (i.e. dropping anything onto a floor) will be sanitized before being used or stored for use or will be otherwise thrown away to avoid the risk of infection. <u>Assurance that other residents are protected from the possibility of the deficiency:</u> Facility staff will follow infection control protocols at all times while in the home, to include re-sanitizing anything that becomes exposed to a non-sanitary environment. <u>Measures to be put into place or systemic changes to be made to ensure that the deficient practice will not recur:</u> All facility staff will review the RACSB Infection Control Policy again and will sign a statement of understanding of the information therein. The Infection Control Policy will be reviewed and discussed at the next mandatory staff meeting. <u>How the facility plans to monitor its performance to make sure that solutions are sustained:</u> ICF Management and the QIDP will intermittently observe facility staff to ensure that they are following standard infection control precautions at all times. <u>Date of Completion:</u> 3/14/24 | 3/14/24 | |

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/14/2024
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G073 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 01/31/2024 |
|--|--|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER WOLFE STREET ICF ID | | | STREET ADDRESS, CITY, STATE, ZIP CODE 815 WOLFE STREET FREDERICKSBURG, VA 22401 | | |
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| W 454 | <p>Continued From page 12</p> <p>The facility staff failed to sanitize a yogurt container lid after the lid was dropped on the floor. A DSP (direct support professional) placed the lid that was not sanitized back onto the container, then placed the container into the refrigerator for future use.</p> <p>On 1/31/24 at 8:15 a.m., a DSP was observed pouring yogurt from a two-pound container into a bowl for resident consumption. After pouring the yogurt, the DSP dropped the yogurt container lid on the floor, picked the lid up, placed the lid under running water at the kitchen sink for two seconds, placed the lid on the yogurt container, then placed the yogurt container in the refrigerator for future use.</p> <p>On 1/31/24 at 2:43 p.m., an interview was conducted with ASM (administrative staff member) #3 (the assistant residential coordinator). ASM #3 was made aware of the above concern. ASM #3 stated that if he had dropped the yogurt container lid, he would first see how much yogurt was left in the container. ASM #3 stated that if there was only a little bit of yogurt remaining in the container, he would throw the container away but if the container was almost full, he would hand wash the lid with soap and water then dry the lid.</p> <p>On 1/31/24 at 3:20, ASM #1 (the house manager) was made aware of the above concern.</p> <p>The facility policy titled, "Nutrition. Section 9-2: Meal and Kitchen Management" documented, "2. The Food Service Director will collaborate with the staff team to: f. Ensure that meal preparation (cooking) procurement of food and processes of storage and sanitation of the kitchen and</p> | W 454 | | | |

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|--|--|---|--|---|
| NAME OF PROVIDER OR SUPPLIER WOLFE STREET ICF ID | | | STREET ADDRESS, CITY, STATE, ZIP CODE 815 WOLFE STREET FREDERICKSBURG, VA 22401 | |
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| W 454 | Continued From page 13 equipment are understood and followed by all staff..." | W 454 | | |
| W 455 | <p>INFECTION CONTROL CFR(s): 483.470(l)(1)</p> <p>There must be an active program for the prevention, control, and investigation of infection and communicable diseases. This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility staff failed to implement infection control practices for one of two individuals in the survey sample, Individual #2.</p> <p>The findings include:</p> <p>For Individual #2 (I2), the facility staff failed to implement infection control practices during the medication administration observation. DSP (direct support professional) #1 touched a MAR (medication administration record) binder and a pen with gloved hands. After I2 spit a pill out of his mouth, DSP #1 picked the pill up from the individual's shirt, wearing the same gloves, and administered the pill to I2.</p> <p>On 1/31/24 at 7:30 a.m., DSP #1 was observed preparing and administering I2's medications. DSP #1 donned a pair of gloves and was observed touching a MAR binder and a pen with gloved hands. DSP #1 then administered the medications in applesauce to I2. During administration, I2 spit a pill out of his mouth onto his shirt. While wearing the same gloves that had touched the MAR binder and pen, DSP #1 removed the pill from I2's shirt, placed the pill into a ramekin with more applesauce and administered the pill to I2.</p> | W 455 | <p>W455 How corrective action will be accomplished for Individual #2: Facility staff will wear gloves per standard infection control precautions at all times when administering medications to individual #2 and will sanitize their hands/change those gloves after making contact with unsanitized surfaces to ensure standard infection control practices are being observed at all times. Assurance that other residents are protected from the possibility of the deficiency: Facility staff will wear gloves per standard infection control precautions at all times when administering medications to individuals and will sanitize their hands/change those gloves after making contact with unsanitized surfaces to ensure standard infection control practices are being observed at all times. Measures to be put into place or systemic changes to be made to ensure that the deficient practice will not recur: All facility staff will review the RACSB Infection Control Policy again and will sign a statement of understanding of the information therein. The Infection Control Policy will be reviewed and discussed at the next mandatory staff meeting. How the facility plans to monitor its performance to make sure that solutions are sustained: The assistant coordinators, ICF Management, and QIDP will intermittently observe facility staff to ensure that they are wearing gloves per standard infection control precautions at all times when administering medications and to ensure that staff are sanitizing their hands/changing gloves after handling unsanitary objects or surfaces. Date of Completion: 3/14/24</p> | 3/14/24 |

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|--|--|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER WOLFE STREET ICF ID | | | STREET ADDRESS, CITY, STATE, ZIP CODE 815 WOLFE STREET FREDERICKSBURG, VA 22401 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE | |
| W 455 | Continued From page 14 On 1/31/24 at 9:21 a.m., an interview was conducted with RN (registered nurse) #1 (the nurse manager). RN #1 was made aware of the above concern. RN #1 stated staff do not need to wear gloves while touching everything in the environment then touch a pill that is going into an individual's mouth. RN #1 stated, "It's contamination." RN #1 stated the DSP could have opened a different bubble pack, retrieved the same type of pill from that bubble pack, then had that pill replaced. On 1/31/24 at 3:20, ASM (administrative staff member) #1 (the house manager) was made aware of the above concern. The facility policy titled, "Health Care. Section 7-8: Medication Administration" failed to document specific information regarding the above concern. | W 455 | | | |

Memorandum

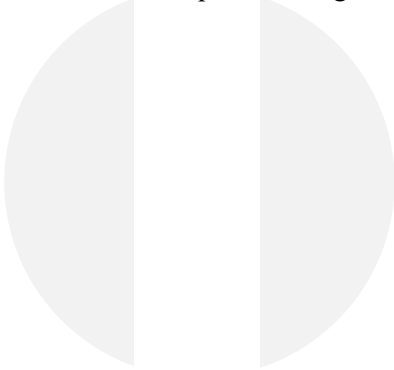
To: Joe Wickens, Executive Director

From: Steve Curtis, DD Residential Coordinator

Date: February 26, 2024

Re: Wolfe Street ICF Life Safety Code Inspection Survey

On February 6th, 2024, the State Fire Marshal conducted an on-site Life Safety Code (inspection survey) at Wolfe Street Intermediate Care Facility (ICF). The survey included inspection of facility fire systems, electrical systems, evacuation plans, and physical property. This inspection was conducted as an annual requirement for the program's recertification as an ICF. The program was noted to have no deficiencies or delinquent findings consequent of the inspection.



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|---|--|---|---|----------------------|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49G073 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BLDG B. WING _____ | | (X3) DATE SURVEY COMPLETED 02/07/2024 |
| NAME OF PROVIDER OR SUPPLIER WOLFE STREET ICF ID | | | STREET ADDRESS, CITY, STATE, ZIP CODE 815 WOLFE STREET FREDERICKSBURG, VA 22401 | | |
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| K 000 | <p>INITIAL COMMENTS</p> <p>Description of structure: The facility is a 4,724 sq. foot, 3 story, including a basement, R5 with a construction type of 5B. The facility has an emergency generator, a fire alarm and is fully sprinklered with a 13D system and an elevator. Paitents bed rooms are on the lower and upper levels.</p> <p>An unannounced recertification Life Safety Code survey was conducted on 2/05/24 in accordance with 42 Code of Federal Regulation, Part 483.150 and 410 to 480: Requirements for Intermediate Care Facilities for Persons with Intellectual Disabilities(ICF/ID). The facility was surveyed for compliance using the 2012 Life Safety Code Existing regulations. The facility was in compliance with the Requirements for Participation Medicare and Medicaid.</p> | K 000 | | | |
| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | | | TITLE | | (X6) DATE |

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

MEMORANDUM

To: Joe Wickens, Executive Director
From: Stephanie Terrell, Director of Compliance
Date: March 5, 2024
Re: February 2024 Waiting Lists

Identified below you will find the number of individuals who were on a waiting list as of February 29, 2024.

OUTPATIENT SERVICES

- Clinical services: As of February 29, there are 380 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 157 clients.
 - The waitlist in Spotsylvania is currently at 89 clients.
 - The waitlist in Caroline is currently at 79 clients.
 - The waitlist in King George is currently at 55 clients.
 - This is an increase of 63 from the January 2024 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 March 3, 2024, there are 14 older adolescent and adult waiting longer than 30 days for their intake appointment. This is an increase of two from last month. The furthest out appointment is 4/30/2024. There are three children age 13 and below waiting longer than 30 days for their intake appointment. The furthest out appointment is 4/5/2024.

PSYCHIATRY INTAKE – As of March 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 – 2 (0) | 0 (0) |
| ○ Caroline – 0 (2) | 0 (0) |
| ○ King George – 0 (0) | 0 (0) |
| ○ Spotsylvania – 4 (3) | 2 (3) |
| ○ Stafford – 10 (9) | 0 (0) |
| Total 16 (14) | 2 (3) |

| Appointment Dates | |
|-------------------------------------|---|
| <i>Fredericksburg Clinic</i> | |
| | 4/4/2024 4/17/2024 |
| <i>Caroline Clinic</i> | |
| | N/A |
| <i>King George</i> | |
| | N/A |
| <i>Spotsylvania Clinic</i> | |
| | 4/4/2024 4/5/2024 4/8/2024 4/2/2024 |
| <i>Stafford Clinic</i> | |
| | 4/9/2024 4/10/2024 4/15/2024 4/15/2024 4/16/2024 4/17/2024 4/23/2024 4/23/2024 4/24/2024 4/30/2024 |

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 to 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 - 1

Needs List: 0
Referral List: 1
Acceptance List: 0

Count by County:

| | |
|----------------|----------------|
| Caroline | 0 |
| King George | |
| Fredericksburg | 0 |
| Spotsylvania | 0 |
| Stafford | 0 |
| Other | 1 (Winchester) |

Intellectual Disability Residential Services – 69

Needs List: 68
Referral List: 1
Acceptance List: 2

Count by County:

| | |
|----------------|----|
| Caroline | 7 |
| King George | 3 |
| Fredericksburg | 7 |
| Spotsylvania | 22 |
| Stafford | 30 |

Assertive Community Treatment (ACT)– 10

Caroline: 0
Fredericksburg: 4
King George: 0
Spotsylvania: 1
Stafford: 5

Total Needs: 8
Total Referrals: 2
Total Acceptances: 0

Total program enrollments = 51

Admissions: 1
Discharges: 0

ID/DD Support Coordination

There are currently 824 individuals on the DD Waiver Waiting List. This is a decrease of 18 from last month. This is after 31 individuals were assigned DD waivers earlier this month.

P 1 – 333
P2 – 212
P3 – 279

RAAI – 36

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

Total Referrals: 25
Total Assessing: 10

Total Acceptances on 90-day assessment (waiting to add more days): 3
Total program enrollments = 110

To: Joe Wickens, Executive Director

From: Nathan Reese, IT Coordinator

Re: Information Technology and Electronic Health Record Update

Date: March 5, 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 February 1,288 tickets were completed by IT staff compared to January- 1,017, December- 846, 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 December was submitted on February 28th, 2024. DBHDS staff and CSB staff continue to meet weekly about the CCS 3 replacement project. On February 28th, the CSBs who use Avatar met with Netsmart to begin initial discussions of the specifications for the CCS replacement.

Waiver Management System (WaMS)

IT & Netsmart staff are starting to meet with DBHDS staff about WaMS 3.5 changes, which typically occur in the Spring. DBHDS is proposing some significant changes to the Individualized Service Plan, around the addition of the Risk Assessment Tool into the Plan. CSBs were finally able to look at the draft specifications on March 1st, 2024. However, finalized specifications are still forthcoming. This year there are several Community Services Boards using Avatar, now that the specifications are getting closer to being released, we have started to set up meetings with those CSBs to discuss testing procedures.

Trac-IT Early Intervention Data System

We continue to test our extract for required data to upload to TRAC-IT. RACSB staff have also worked with DBHDS to develop the specifications and complete testing for submitting service level data through CCS. We continue to wait for the contract modification from DBHDS and finalized specifications related to the CCS reporting for Early Intervention services.

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.

- February 2024-1,812 video meetings with a total of 4,891 participants
- January 2024 – 2,030 video meetings with a total of 5,289 participants
- 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

Work continues on the Patient Portal 2.0 project. IT staff have setup training for Superusers and are now working with those staff to create documentation and videos for staff to feel comfortable using the new features of the portal. Tentative go-live date is March 11, 2024.

Staffing

Taylor Nash, the Assistant IT Coordinator, has resigned from the Rappahannock Area Community Services Board and her last day will be March 8th 2024. We are actively interviewing for Assistant IT Coordinator position.

To: Joe Wickens, Executive Director

From: Brandie Williams, Deputy Executive Director

Re: Data Highlights Report for Program Planning and Evaluation

Date: March 5, 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

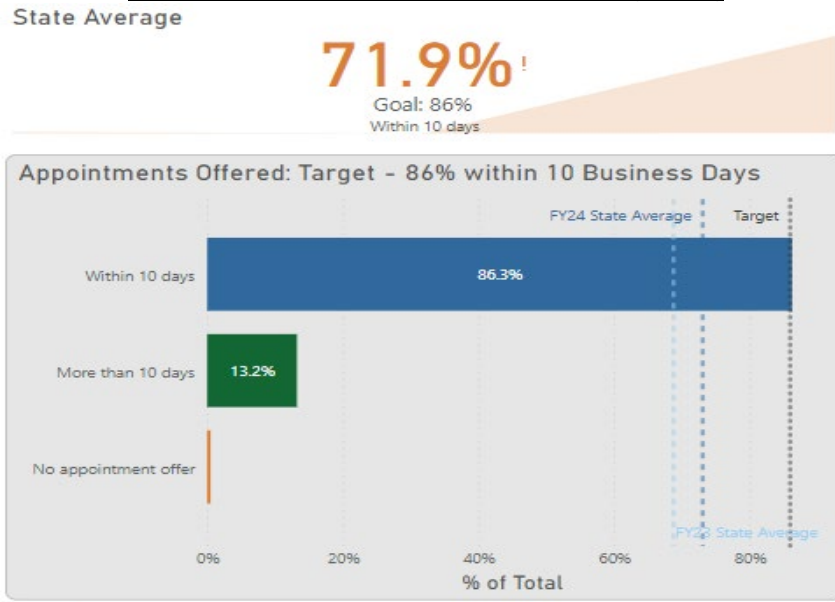
This month's report will detail the new measures and ongoing measures set by DBHDS as performance metrics. The targets indicated have been set by DBHDS and are subject to change at the department's discretion. These targets did not take effect until July 1, 2021.

Behavioral Health Measures

Same Day Access

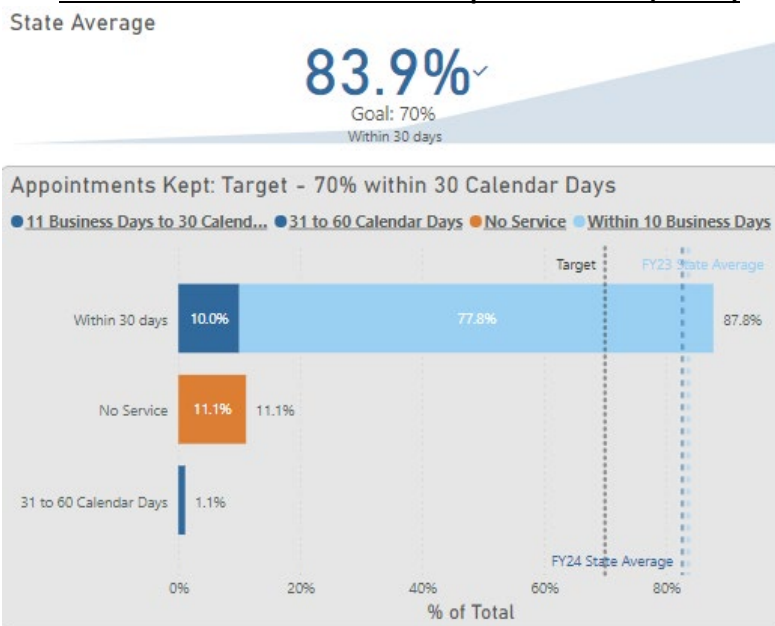
Measure #1: SDA Appointment Offered: Percentage of individuals who receive a Same Day Access assessment and were recommended for services through the CSB who were offered a follow-up appointment within 10 business days. The benchmark is set at 86%.

Current Month's Performance- Nov 2023 (86.3%)



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%.

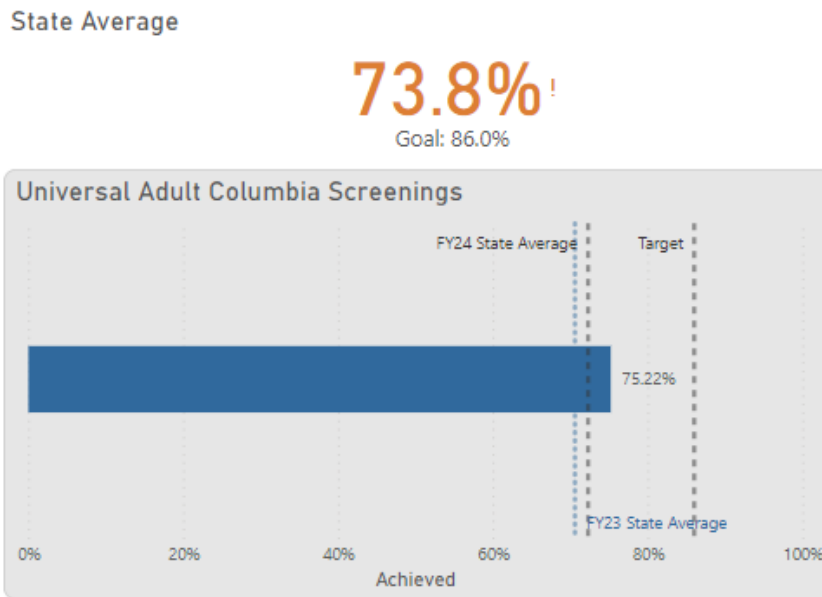
Current Month's Performance- September 2023 (87.8%)



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

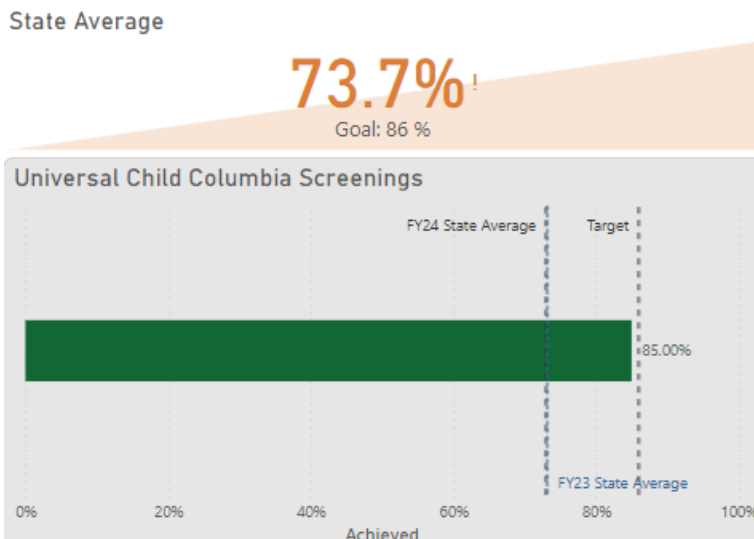
Measure #1: Universal Adult Columbia Screenings: Percentage of adults who are 18 years old or older and have a new MH or SUD program opening (denominator) who received a suicide risk assessment completed within 30 days before or 5 days after case opening(enumerator). The benchmark is set at 60 % for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

Current Month's Performance-October 2023 (75.22%)



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

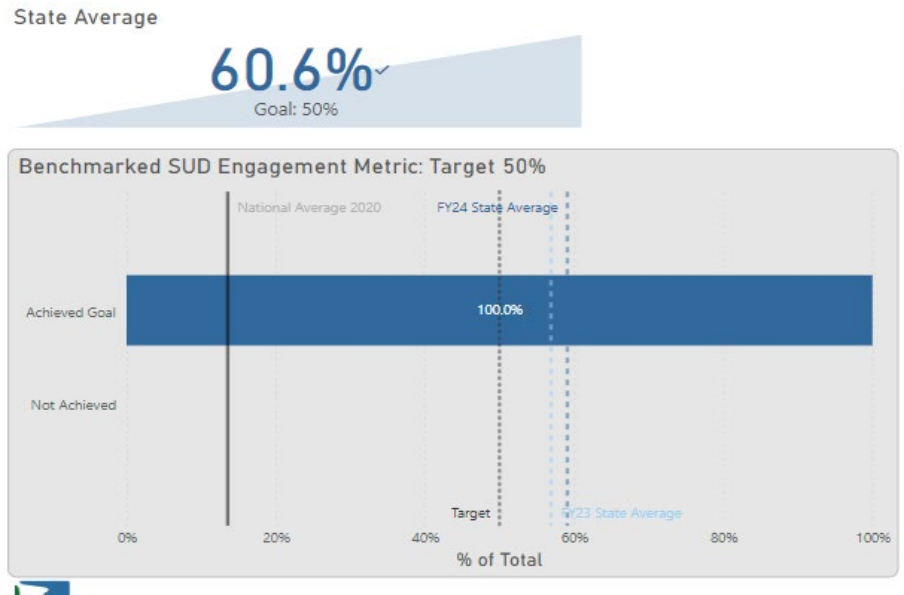
Current Month's Performance-October 2023 (85.00%)



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- November 2023 (100.0%)



Daily Living Activity (DLA-20) Assessment Measures

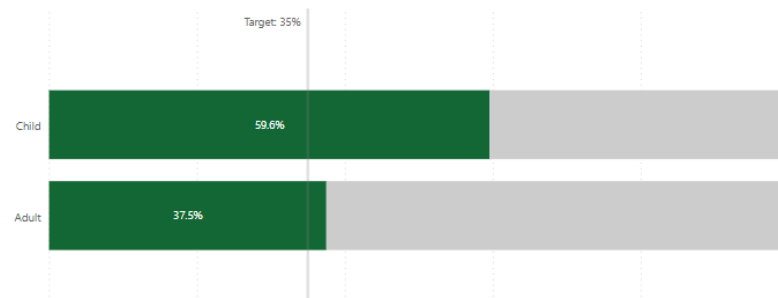
DLA-20 Assesment Change for Outpatient: Percentage of individuals receiving Outpatient Services who scored below a 4.0 on the DLA-20 and who remained in services at least six months (denominator) who demonstrated at least 0.5 growth within two fiscal quarters (numerator). Benchmark is 35%.

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

Base Score Under 4: Percent with .5 Growth



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: December 2023- 86.05%

ECM Face to Face with Telehealth included: December 2023- 94.87%

ECM In-Home: December 2023- 84.35%

Overview of all Targeted Case Management (Face to Face Once every 90 days): 95%

To: Joe Wickens, Executive Director

From: Brandie Williams, Deputy Executive Director

Re: Legislative Updates and Priorities

Date: March 5, 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.

- Update on Relevant Bills
- Crossover Summary provided by DBHDS

Update on Relevant Bills:

| Bill Number | Patron | Description | VACSB Position | Current Update |
|--------------------|---------------|---|-----------------------|---|
| HB314 | Hope | State Hospital Discharge planning –Moves responsibility for discharge planning to DBHDS when an individual is projected to stay less than 30 days | Monitor | Senate referred to Finance and Appropriations Committee |
| HB434 | Arnold | Adds requirement around discharge plans from SUD Inpatient Treatment Facility | Pending | Passed by both House and Senate |
| HB515 | Hope | Authorizes the Commissioner of DBHDS to discharge individuals from state hospital after 15 days of eligibility over the objection of CSB or guardian with an appropriate plan | Monitor | Passed by both House and Senate. Amendments to remove the language about ability to discharge over the objection of guardian or CSB, made a pilot |
| HB577 | Runion | Slot retention requests | Support | Passed by both House and Senate |
| HB823 | Cherry | TDO; Alternative Transportation (assigns if provider is available within 6 hours)- | Monitor | Passed by both House and Senate |

| Bill Number | Patron | Description | VACSB Position | Current Update |
|-------------|--------|--|------------------|--|
| SB590 | Deeds | Community Services Boards Core Services- Makes 9 core services of STEP-VA mandatory for CSBs to provide to any eligible individual at the time and location of their choosing regardless of sufficient funding for such-Identical to HB885 | Pending | Continued to 2025 |
| HB888 | Watts | Civil commitments and TDO for individuals with neurocognitive disabilities | Actively Oppose | Passed by both House and Senate; But does not become effective until re-enacted next year. |
| HB608 | Price | Psychiatric EDs to certify staff to perform pre-screenings for TDOs | Actively Oppose | House left in appropriations. |
| HB646 | Coyner | Zoning- Certified recovery residences | Support | Continued to 2025 |
| HB808 | Rasoul | Temporarily delay State Hospital Admissions for medical clearance | Monitor | Failed to pass House |
| HB822 | Cherry | Emergency Custody; Transportation for transfer of custody- Allows LE to transfer custody to alternative transportation provider until transfer to CSB or hospital- | Monitor | House left in Rules |
| HB426 | Cole | Removes exam as requirement for licensure of professional counselors- | Oppose | Reported from Senate Committee of Education and Health with substitutes. |
| HB1269 | Price | Barrier Crimes exceptions for those working in MH or SUD services | Actively Support | Senate requested conferee committee |
| SB403 | Durant | Behavioral Health Aides/Technicians- Directs Board of Counseling, DBHDS, DMAS to establish registered Behavioral Health Aid/Tech, scope of practice, and reimbursement | Pending | House read second time with substitutes |
| SB373 | Boysko | Paid Family and Medical Leave at 80% of employee's salary for 12 weeks a year.; The Virginia Employment commission to establish fund with premiums to employers and employees. | Actively Oppose | Passed by both with substitutes |
| HB1021 | Wilt | Community Services boards, local; waiver usage flexibility | Actively Oppose | Left in House Appropriations |
| HB1017 | Wilt | Discharge plans; Copies to public elementary and secondary schools | Actively Oppose | Defeated in House. |

2024 General Assembly Crossover Summary of Actions

February 21, 2024

The House Appropriations Committee and Senate Finance Committee have offered their respective amendments to the Introduced 2024–2026 Biennial Budget (HB30/SB30) and the caboose budget for fiscal year 2024 (HB29/SB29). House and Senate amounts are incremental (*additive* to the Governor’s Introduced Budget). The House and Senate adopted most of the introduced budget, with some notable exceptions. Significant changes include the following items:

House

- Eliminates the **\$10.0 million** proposed for CPEP programs in FY 2025.
- Reduces the appropriation for the comprehensive crisis system buildout by **\$7.9 million** in FY 2025.
- Provides an additional **\$4.5 million** from the general fund each year to increase funding for STEP-VA.
- Adds **\$2.4 million** each year from the general fund for children's mental health services and revises language to encourage flexible uses of funds to build service capacity focused on specialized needs of children and youth across the crisis services continuum.
- Provides an additional **\$5.0 million** in FY 2025 and FY 2026 from the general fund to expand permanent supportive housing for individuals with serious mental illness.
- Provides an additional **\$6.0 million** in FY 2025 and FY 2026 for EBL Discharge Assistance Planning.
- Provides **\$451,054** the first year and **\$364,060** the second year from the general fund is provided to procure scheduling software to assist state hospitals in scheduling nursing shifts.
- Eliminates **\$1.0 million** each year for the proposed credentialing database and eliminates **\$1.2 million** over the biennium for proposed mental health workforce initiatives.
- Eliminates **\$214,250** each year introduced for peer-to-peer mentoring programs.

Senate

- Defers **\$35.0 million** in capital funding provided to DBHDS in the introduced budget for facility umbrella projects.
- Provides **\$7.5 million** each year of the biennium for Community Services Boards workforce development.
- Adds language requiring DBHDS to develop recommendations on how to provide better oversight over the Virginia Association of Recovery Residences and Oxford Homes.
- Provides **\$2.25 million** each year of the biennium to support on-going operations of a Crisis Receiving Center for youth in Prince William County.
- Eliminates **\$1.0 million** each year for the proposed credentialing database and eliminates **\$1.2 million** over the biennium for proposed mental health workforce initiatives.
- Provides an additional **\$3.3 million** from the general fund each year to increase funding for STEP-VA.
- Provides **\$2.5 million** each year of the biennium to support CSB staffing of Crisis Stabilization Units.
- Provides **\$1.0 million** in FY 2025 to expand the DD waiver provider workforce.
- Provides an additional **\$1.0 million** in FY 2025 and FY 2026 from the general fund to expand the SRAP program.
- Adds reporting requirements related to CSB workforce, billing, performance contracts, and STEP-VA.
- Provides **\$300,000** each year for the Bridge Behavioral Health Program.

The following tables summarize the Governor's general fund recommendations related to the DBHDS system, along with the House and Senate general fund amendments to this budget.

| New General Fund by Agency | | | | | | | | | | |
|----------------------------|----------------|----------------------|----------------------|----------------------|------------|-------------------|---------------------|------------|----------------------|---------------------|
| Agency Number | Agency | Governor's Budget | | | House | | | Senate | | |
| | | FY 2024 | FY 2025 | FY 2026 | FY 2024 | FY 2025 | FY 2026 | FY 2024 | FY 2025 | FY 2026 |
| 720 | Central Office | \$0 | \$167,831,352 | \$81,747,720 | \$0 | -\$13,599,378 | \$4,317,768 | \$0 | -\$23,825,876 | \$9,916,124 |
| 790 | Localities | -\$10,000,000 | \$84,742,936 | \$88,998,484 | \$0 | \$12,150,000 | \$12,150,000 | \$0 | \$6,819,123 | \$6,819,123 |
| 792 | Facilities | \$0 | \$22,083,052 | \$19,001,562 | \$0 | \$451,054 | \$364,060 | \$0 | \$0 | \$0 |
| 793 | Centers | \$0 | \$364,967 | \$294,453 | \$0 | \$0 | \$0 | \$0 | \$500,000 | \$500,000 |
| 794 | VCBR | \$0 | \$317,119 | \$296,306 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| 194 | DGS | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| | Total | -\$10,000,000 | \$275,339,426 | \$190,338,525 | \$0 | -\$998,324 | \$16,831,828 | \$0 | -\$16,506,753 | \$17,235,247 |

| New General Fund by the Program | | | | | | | | | | |
|---------------------------------|----------------------|----------------------|----------------------|------------|-------------------|---------------------|------------|----------------------|---------------------|--|
| Title | Governor's Budget | | | House | | | Senate | | | |
| | FY 2024 | FY 2025 | FY 2026 | FY 2024 | FY 2025 | FY 2026 | FY 2024 | FY 2025 | FY 2026 | |
| Crisis | \$0 | \$100,534,250 | \$53,467,638 | \$0 | -\$17,967,146 | \$0 | \$0 | \$4,750,000 | \$4,750,000 | |
| Behavioral Health | -\$10,000,000 | \$110,390,832 | \$110,629,360 | \$0 | \$10,804,124 | \$10,754,124 | \$0 | \$11,243,247 | \$10,985,247 | |
| Facility Services | \$0 | \$28,725,476 | \$25,552,659 | \$0 | \$6,451,054 | \$6,364,060 | \$0 | \$500,000 | \$500,000 | |
| Developmental Disabilities | \$0 | \$869,472 | \$869,472 | \$0 | -\$286,356 | -\$286,356 | \$0 | \$2,000,000 | \$1,000,000 | |
| Administrative | \$0 | -\$180,604 | -\$180,604 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | |
| Capital Outlay | \$0 | \$35,000,000 | \$0 | \$0 | \$0 | \$0 | \$0 | -\$35,000,000 | \$0 | |
| Total | -\$10,000,000 | \$275,339,426 | \$190,338,525 | \$0 | -\$998,324 | \$16,831,828 | \$0 | -\$16,506,753 | \$17,235,247 | |

| New Positions by Agency | | | | | | | | | | |
|-------------------------|--------------------------|-------------------|----------|----------|----------|-----------|-----------|----------|-----------|-----------|
| Agency Number | Agency | Governor's Budget | | | House | | | Senate | | |
| | | FY 2024 | FY 2025 | FY 2026 | FY 2024 | FY 2025 | FY 2026 | FY 2024 | FY 2025 | FY 2026 |
| 720 | Central Office | 0 | 9 | 9 | 0 | -6 | -6 | 0 | -1 | -1 |
| 790 | Grants to Localities | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 792 | Mental Health Facilities | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 793 | Training Centers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 794 | VCBR | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Total | 0 | 9 | 9 | 0 | -6 | -6 | 0 | -1 | -1 |

Crisis

- **Fund mobile crisis teams** - Provides **\$10 million** in general fund for FY 2025 for the one-time costs of establishing additional mobile crisis units. This is a continuation of the **\$10 million** in one-time general fund that was provided in the Chapter 1 budget passed in September.
 - **House:** No change.

- **Senate:** No change.
- **Increase crisis training among local first responders and hospital personnel** – Provides **\$2,585,000** in general fund in FYs 2025 and 2026 for an ongoing contract with the Virginia Crisis Intervention Team Coalition. This program is funded with federal funds in the current biennium.
 - **House:** No change.
 - **Senate:** No change.
- **Fund comprehensive psychiatric emergency programs** - Provides **\$10 million** in one-time general fund in FY 2025 to pursue comprehensive psychiatric emergency programs or similar models of psychiatric care in emergency departments. This is a continuation of the **\$10 million** in one-time general funds that was provided in the Chapter 1 budget passed in September.
 - **House:** Item 295 #1h. This amendment reallocates **\$10 million** the first year from the general fund for the development of comprehensive psychiatric emergency programs to other behavioral health initiatives.
 - **Senate:** No change.
- **Increase funding for comprehensive crisis services system** – Provides **\$72,812,350** in FY 2025 and **\$42,448,718** in FY 2026 to expand and modernize the comprehensive crisis services system. Of these amounts, **\$39,845,204** each year is provided to support the ongoing costs of crisis services created from the **\$58 million** provided in Chapter 1. The remaining appropriation in this item, **\$32,967,146** in FY 2025 and **\$2,603,514** in FY 2026 is provided to support the continued expansion and modernization of the statewide crisis services system by investing in crisis receiving centers, crisis stabilization units, pharmacy improvements, and other crisis initiatives.
 - **House:** Item 296 #1h. This amendment repurposes **\$7,967,146 million** the first year from the general fund for additional crisis services for other behavioral health initiatives. This amendment sustains an additional investment of **\$25 million** general fund in fiscal year 2025 for the build out of the comprehensive crisis system, bringing the yearly total to **\$64.8 million** general fund. The **\$39 million** included in the introduced budget each year for ongoing costs of crisis services remains unchanged.
 - **Senate:** No change.
- **Fund crisis co-responder programs** - Provides **\$3.6 million** in FY 2025 and **\$4.3 million** in FY 2026 to support the ongoing costs of seven crisis co-responder programs established using grant funds in the current biennium.
 - **House:** No change.
 - **Senate:** No change.
- **Use crisis call center fund balances to support crisis efforts** – Provides for nongeneral Fund appropriation in FYs 2025 and 2026 from the Crisis Call Center Fund in lieu of general fund appropriation for the maintenance costs of the 988 call center. This item **reduces the previously appropriated \$500,000 in general fund** for this initiative and **replaces appropriation with nongeneral fund appropriation of \$500,000 from the Crisis Call Center Fund**. Together, these actions amount to a zero-sum adjustment.
 - **House:** No change.
 - **Senate:** No change.
- **Utilize Crisis Call Center Fund balance to support crisis call center services** - Utilizes one-time balances in the Crisis Call Center Fund to support the costs of dispatch staff in the crisis call centers. This item **reduces general fund appropriation for this initiative by \$2.6 million** and replaces appropriation with **nongeneral fund appropriation of \$2.6 million from the Crisis Call Center Fund**. Together, these actions amount to a zero-sum adjustment.
 - **House:** No change.
 - **Senate:** No change.

- **Expand alternative transportation and custody program to individuals under involuntary commitment orders** – Provides **\$4,733,920** in general fund for FYs 2025 and 2026 for alternative transportation and alternative custody. Additionally, eligibility for this service is expanded to individuals under involuntary commitment orders.
 - **House:** No change.
 - **Senate:** No change.

Additional Senate Items

- **Prince William County Youth CRC** – Item 296 #2s. This amendment provides **\$2.25 million** each year from the general fund to support the on-going operations of a crisis receiving center for youth in Prince William County.
- **CSB Staff for CSUs** – Item 297 #3s. This amendment provides **\$2.5 million** each year from the general fund to help community services boards hire additional staff for crisis stabilization units whose bed capacity is not fully utilized because of a lack of staff.

Behavioral Health

- **Increase salaries of Community Services Board staff** – Provides **\$36 million** in general fund in FYs 2025 and 2026 for salary increases for CSB staff. This funding allows for the continuation of the **\$18 million** provided for this purpose in the Chapter 1 budget passed in September. This funding will support the continued cost of the salary increases in the Chapter 1 budget, and therefore, does not fund a separate increase in addition to the previously funded increase.
 - **House:** No change.
 - **Senate:** No change.
- **Increase funding for STEP-VA** – Provides **\$8.7 million** in FYs 2025 and 2026 to support the ongoing impact of appropriation changes included in Chapter 1, 2023 Special Session I. These funds are for the annualized cost of increased reimbursement to community services boards for the first three "steps" of STEP-VA (Same-day access, outpatient, and primary care screening services) provided in Chapter 1.
 - **House:** Item 297 #3h. This amendment adds **\$4.5 million** from the general fund each year to increase funding for STEP-VA. Of this amount, **\$1.2 million** each year is to increase funding for outpatient mental health and substance use services and **\$3.3 million** each year is to increase funding for six steps of STEP-VA to account for inflation in the cost to implement and deliver services that did not receive funding adjustments in Chapter 1, 2023 Special Session I. This amendment would increase funding for outpatient mental health and substance use services, crisis services, military and veteran services, peer services, case management, psychiatric rehabilitation services, and care coordination services.
 - **Senate:** Item 297 #4s. Provides **\$3.3 million** each year from the general fund 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 request is in addition to the **\$8.7 million** included in the current budget to address inflation in the first three steps of STEP-VA. Of this amount, **\$1.8 million** is for crisis services, **\$401,874** for military veterans, **\$480,558** for peer services, **\$181,424** for case management, **\$150,250** for psychological rehab, and **\$329,802** for care coordination. No change.
- **Increase funding for children's mental health** – Provides **\$4.2 million** in general fund in FYs 2025 and 2026 to fund the ongoing impact of appropriation changes included in Chapter 1, 2023 Special Session I. These funds will be utilized for children's behavioral health services provided through community services boards.

- **House:** Item 297 #4h. This amendment adds **\$2.4 million** each year from the general fund for children's mental health services and revises language to encourage flexible uses of funds to build service capacity focused on specialized needs of children and youth across the crisis services continuum.
 - **Senate:** No change.
- **Permanent Supportive Housing** - Provides an additional **\$30 million** in general fund in FYs 2025 and 2026 for permanent supportive housing. This is a continuation of the **\$30 million** provided for this purpose in the Chapter 1 budget passed in September. The Caboose budget amending the current fiscal year (FY 2024) provides for a **one-time reduction of \$10 million** for the appropriation for permanent supportive housing, reducing the total amount for FY 2024 from **\$80.5 million** to **\$70.5 million**.
 - **House:** Item 297 #1h. This amendment provides an additional **\$5.0 million** in FY 2025 and FY 2026 from the general fund to expand permanent supportive housing for individuals with serious mental illness.
 - **Senate:** No change.
- **School Based Mental Health** – Provides **\$15 million** in general funds in FYs 2025 and 2026 to continue the pilot program from School Based Mental Health. This is a continuation and expansion of the **\$7.5 million** appropriated for this purpose in the Chapter 1 budget passed in September.
 - **House:** Item 295 #7h. This amendment redirects **\$15 million** each year from the general fund to create school-based health clinics to provide mental health services, primary medical care, and other health services to students, their families, and staff within the school.
 - **Senate:** No change.
- **Peer Wellness Stay Programs** – Provides **\$3,443,525** in FY 2025 and **\$3,302,053** in FY 2026 in general funds for the one-time costs of establishing two new additional peer wellness stay programs in the first year, in addition to providing ongoing support in the second year for the new programs and a peer wellness program established in the current biennium supported with federal grant funds through 2025.
 - **House:** No change.
 - **Senate:** No change.
- **Increase Part-C Early Intervention funding** – Provides **\$2,596,431** in FYs 2025 and 2026 in general funds to increase funding for this program to meet federal participation requirements.
 - **House:** No change.
 - **Senate:** No change.
- **Increase funding for VMAP** – Provides **\$7.9 million** in FYs 2025 and 2026 in general fund for the ongoing impact of appropriation changes included in Chapter 1, 2023 Special Session I. These funds will provide support for the continued implementation and management of the expansion of the Virginia Mental Health Access Program to early childhood (ages zero to five).
 - **House:** No change.
 - **Senate:** No change.
- **Fund new credentialing database for youth mental health services** – Provides **\$1 million** in FYs 2025 and 2026 in general funds to contract with a vendor for a credentialing database for youth mental health services.
 - **House:** Item 295 #4h. This amendment reallocates **\$1.0 million** each year from the general fund for a youth mental health services database for other behavioral health initiatives.
 - **Senate:** Item 295 #5s. This amendment redirects **\$1.0 million** each year from the general fund provided in the introduced budget to create a Youth Credentialing Database.
- **Provide funds for Boost 200 expansion** – Provides **\$575,000** in FYs 2025 and 2026 in general fund for a contract with the Virginia Health Care Foundation to pay for the costs of supervisory hours needed for licensure for individuals seeking advanced degrees in social work or counseling.

- **House:** No change.
 - **Senate:** No change.
- **Fund initiatives to expand mental health workforce** – Provides **\$595,876** in FY 2025 and **\$645,876** in FY 2026 and **one position** to expand the mental health workforce by conducting an evaluation of the licensing process, funding a workforce training director, and providing scholarships for behavioral health technicians.
 - **House:** Item 295 #5h. This amendment repurposes **\$595,876** in FY 2025 and **\$645,876** in FY 2026 for various mental health workforce initiatives, such as evaluating the licensing process, funding a workforce training director, and providing scholarships for behavioral health technicians for other behavioral health priorities.
 - **Senate:** Item 295 #4s. This amendment redirects **\$595,876** in FY 2025 and **\$645,876** in FY 2026 and one position included in the introduced budget for new mental health workforce initiatives.
- **Fund training and quality improvement for preadmission screening clinicians** – Provides **\$300,000** in one-time general fund appropriation for FY 2025 to update training modules for certified preadmission screening clinicians to meet requirements of the Americans with Disabilities Act as well as provide additional quality management modules.
 - **House:** No change.
 - **Senate:** No change.
- **Expand and sustain funding for adolescent substance use disorder services** – Provides **\$1,080,000** in FY 2025 and **\$610,000** in FY 2026 in general fund for medically monitored high-intensity inpatient services (ASAM 3.7) for youth and adolescents with serious mental illness or substance use disorder who may otherwise require inpatient hospitalization. Additionally, **\$400,000** in the second year is provided to support Chesterfield Recovery Academy.
 - **House:** No change.
 - **Senate:** No change.
- **Transfer funds for administrative support of the Opioid Abatement Authority** – Provides **\$200,000** in FYs 2025 and 2026 in general fund transferred from the Opioid Abatement Fund appropriation from the Virginia Department of Health for the administrative costs of providing fiscal services to the Opioid Abatement Authority (OAA). This zero-sum transfer will eliminate the need for administrative transfer of funding during the fiscal year, as DBHDS is serving as the fiscal agent for the OAA.
- **Continue Chapter 1 funding changes: Provide funds for On Our Own** – Provides **\$100,000** in FYs 2025 and 2026 to continue support for On Our Own, a peer recovery center in Charlottesville. This is a continuation of an item funded in the Chapter 1 budget in September.
 - **House:** No change.
 - **Senate:** No change.
- **Provides additional appropriation for problem gambling treatment** – Provides **\$306,521** in nongeneral funds in FYs 2025 and FY 2025 for problem gambling treatment programs. This additional appropriation increases the total funding available for these programs from **\$2,000,378** to **\$2,306,899**.
 - **House:** No change.
 - **Senate:** No change.
- **Reduce funding for Appalachian Telemental Health** – **Reduces appropriation for Appalachian Telemental Health by \$1.1 million** in FY 2025 in anticipation of balances in anticipation of balances in 2024 that can be utilized to provide telehealth services pursuant to mandatory carryforward language for this item.
 - **House:** No change.
 - **Senate:** No change.

Additional House Items

- **Additional \$500,000 for VARR and Language Related to Compliance and Bidding Process - Item 296 #3h.** This amendment adds \$500,000 each year from the general fund to make grants to members of the Virginia Association of Recovery Residences (VARR) and adds language to require VARR to comply with all requirements of agreements entered with DBHDS and to report monthly to DBHDS with financial and operational documentation for services provided. This amendment also allows DBHDS to pursue a bidding process to expand the buildout of recovery residences across the state.

Additional Senate Items

- **CSB Workforce Development – Item 295 #3s.** This amendment provides \$7.5 million from the general fund each year for paid internships, clinical supervision hours, loan repayment, and scholarships to grow the Community Services Board workforce. The funding will act as a mechanism for recruitment and retention in the short term as well as to develop a pipeline for staff at all levels.
- **Bridge Behavioral Health Program – Item 296 #1s.** This amendment provides \$300,000 from the general fund each year for clients assigned to participate in the Bridge Behavioral Health program. The Bridge Program is an inpatient residential treatment center that serves men 18 years of age and older suffering from behavioral and mental health challenges. During the first phase of the program, individuals participate in evidence-based group cognitive behavioral therapy and individualized counseling with a licensed professional as well as workforce development training and financial management courses. During the second phase, participants stay in transitional housing in Charlottesville where they are placed in career employment opportunities. At the conclusion of the transitional housing program, clients also receive assistance obtaining permanent residency to aid to their successful reentry into society. The Bridge Program invests \$46,000 per inmate that is court ordered to participate in the program but does not currently receive any state funding for the clients.
- **Transcranial Magnetic Stimulation Services – Item 296 #3s.** This amendment provides \$1,720,000 in FY 2025 and \$1,512,000 in FY 2026 out of the general fund to fund the pilot program at two locations to provide transcranial magnetic stimulation services pursuant to Senate Bill 636. One site shall be in Northern Virginia and the other in Hampton Roads.

Facility Services

- **Continue Chapter 1 funding changes: Expand housing opportunities for individuals with serious mental illness** – Provides \$8,000,000 in general fund for FYs 2025 and 2026 to fund residential placements for 100 individuals. This is a continuation and expansion of a previously funded initiative in the Chapter 1 budget passed in September.
 - **House:** No change.
 - **Senate:** No change.
- **Capture underutilized funds for children's inpatient services** - Captures the excess \$800,000 in general fund for FYs 2025 and 2026 due to underutilized contracts for children's private inpatient behavioral health services. The remaining earmark provides \$7.6 million in each year for this purpose.
 - **House:** No change.
 - **Senate:** No change.
- **Reduce funding for local inpatient purchase of service** – Reduces funding by \$1,239,662 in general fund in FYs 2025 and 2026. Funds appropriated for this purpose have been underutilized for the last two years.
 - **House:** No change.

- **Senate:** No change.
- **Fund salary alignments for clinical roles at state facilities** - Provides **\$11,373,946** in FYs 2025 and 2026 in general fund for salary alignment for clinical roles at state facilities, including psychologists, social workers, counselors, therapists, medical lab technicians, and pharmacists, to reduce turnover.
 - **House:** No change.
 - **Senate:** No change.
- **Fund salary alignment for food and environmental services staff** - Provides targeted salary increases of **\$8,506,386** in general fund for FYs 2025 and 2026 to food services and environmental services employees at state facilities to reduce turnover and vacancy in the lowest paid positions.
 - **House:** No change.
 - **Senate:** No change.
- **Fund clinical training sites at state facilities** - Provides **\$741,989** in FY 2025 and **\$711,989** in FY 2026 in general fund to establish formal partnerships between academic institutions and the state-operated facilities to serve as clinical training sites for medical residents, nurses, nurse practitioners, physician assistants, and other licensed mental health professionals.
 - **House:** No change.
 - **Senate:** No change.
- **Fund licensed workforce development program at state facilities** - Provides **\$806,628** in FY 2025 in general fund for the educational costs of facility employees who wish to increase their skillsets by participating in programs to become licensed practical nurses or registered nurses.
 - **House:** No change.
 - **Senate:** No change.
- **Provides funds for temporary kitchen and reimbursement space at Eastern State Hospital** - Provides **\$2,336,189** in FY 2025 in general fund for temporary kitchen and reimbursement staff space for Eastern State Hospital while the main kitchen space is renovated.
 - **House:** No change.
 - **Senate:** No change.
- **Reduce funding for maintenance of Central Virginia Training Center ground** - Reduces funding by **\$1,000,000** for the maintenance of Central Virginia Training Center buildings and grounds as the facility is now closed and intended to be sold during the biennium.
 - **House:** No change.
 - **Senate:** Item 304 #1s. This amendment restores **\$500,000** each year from the general fund to continue maintaining Central Virginia Training Center to prevent further deterioration of any assets that add value to the property for potential developers.

Additional House Items:

- **Provides \$6 million in FY 2025 and FY 2026 for EBL Discharge Assistance Planning – Item 296 #2h.** This amendment provides **\$6.0 million** each year from the general fund for discharge assistance planning for individuals on the Extraordinary Barriers List. The current appropriation for this pilot program is \$7.5 million, with this amendment the total would increase to **\$13.5 million** each year.
- **State Facility Scheduling System - Item 302 #1h.** Provides **\$451,054** the first year and **\$364,060** the second year from the general fund is provided to procure scheduling software to assist state hospitals in scheduling nursing shifts.

Developmental Disabilities Services

- **Add new positions in the developmental disabilities division** - Provides **\$490,222 in general fund** and **\$490,222 in nongeneral Funds** in FYs 2025 and 2026 for **eight new positions** in the developmental disabilities division to assist in meeting the terms of the Department of Justice settlement agreement.
 - **House:** Item 295 #2h. This amendment removes **\$322,106** in general funds and nongeneral fund in both years of the biennium associated with funding for five out of eight new positions included in the introduced budget for the developmental disabilities division.
 - **Senate:** No change.
- **Fund peer-to-peer mentoring and employment programs for individuals with developmental disabilities** – Provides **\$214,250** in general fund support in FYs 2025 and 2026 for the Peer-to-Peer Mentoring Program through a contract with the Arc of Virginia.
 - **House:** Item 295 #3h. This amendment repurposes **\$214,250** each year from the general fund for other behavioral health initiatives.
 - **Senate:** No change.
- **Continue Chapter 1 funding changes: Provide funds for specially adapted resources clubs** – Provides **\$250,000** in general fund in FYs 2025 and 2026 for SPARC. This is a continuation of an item funded in the Chapter 1 budget in September.
 - **House:** No change.
 - **Senate:** No change.
- **Add developmental disability waiver slots (DMAS budget)**– Provides **\$50,045,297** the first year and **\$100,208,162** the second year in general fund to increase the number of developmental disability waiver slots by 3,440 by adding 1,720 slots in each year of the biennium. Over the biennium, the number of Family and Individual Supports waiver slots will increase by 3,096 and the number of Community Living waiver slots will increase by 344.
 - **House:** Item 288 #5h. This amendment adds **\$3.3 million** the first year and **\$37.9 million** the second year from the general fund and **\$3.4 million** the first year and **\$38.4 million** the second year from nongeneral matching Medicaid funds to phase 3,440 Priority 1 Community Living and Family and Individual Support Developmental Disability Waiver slots on a quarterly basis over the 2024-26 biennium and provide a **three percent** increase in the DD waiver services rates each year of the 2024-26 biennium.
 - **Senate:** Item 288 #8s. This amendment adds **\$17.6 million** the first year and **\$19.9 million** the second year from the general fund and **\$18.2 million** the first year and **\$20.3 million** the second year from nongeneral fund to increase Medicaid Developmental Disability (DD) waiver rates by **2.1 percent** for services in the DD waivers. Adequate rates are one of the elements for building and maintaining the capacity of the system.

Additional House Items

- **Adult Sized Changing Tables** – Item 296 #3h. Provides **\$250,000** each year from the general fund to establish a grant program for adult-size changing tables to support up to 125 lbs.

Additional Senate Items

- **Additional SRAP Funding** – Item 297 #2s. Provides an additional **\$1.0 million** each year from the general fund to support the State Rental Assistance Program (SRAP) which provides rental subsidies for individuals with intellectual or developmental disabilities. SRAP was created in 2016 to bring Virginia into compliance with the

Olmstead Settlement Agreement to ensure adults with intellectual and developmental disabilities live independently in the community. Currently, SRAP has enough funds to assist about 1,000 individuals to secure and maintain independent housing.

- **Developmental Disability Provider Workforce – Item 296 #4s.** This amendment provides **\$1.0 million** the first year from the general fund as one-time funding for workforce development and business expansion to grow provider capacity for individuals with disabilities receiving waiver services.

Administrative

- **Eliminate technology contract** - Reduces **\$180,604** for technology contracts in both years of the biennium.
 - **House:** No change.
 - **Senate:** No change.

Language Only

- **Allow funds for dementia behavioral specialists to be used for geriatric population** - Amends language to allow dementia-specific funding to be used for all geriatric individuals.
 - **House:** No change.
 - **Senate:** No change.
- **Amend language to allow dementia funds to be used for discharge and diversion of older adults** - Amends language to allow dementia-specific funding to be used for all geriatric individuals.
 - **House:** No change.
 - **Senate:** No change.
- **Combine funding for alternative transportation and custody** - Combines funding and earmarks for alternative transportation and alternative custody to provide needed flexibility to target resources toward the specific needs of each community. The combination of these appropriations will ensure that the elements of the emerging system are compatible with one another and support continuous care of the population.
 - **House:** No change.
 - **Senate:** No change.
- **Combine waiver reporting requirements** - Combines multiple paragraphs related to developmental disability Medicaid waiver reporting into one annual report.
 - **House:** No change.
 - **Senate:** No change.
- **Optimize drug court funding** - Amends language that restricts funding to drug treatment courts to include specialty dockets, such as veterans and behavioral health dockets.
 - **House:** No change.
 - **Senate:** No change.
- **Provide emergency regulatory language for behavioral health services** - Adds language to allow the Department of Behavioral Health and Developmental Services to pursue emergency regulatory changes to align licensing regulations with planned changes to Medicaid behavioral health services.
 - **House:** No change.
 - **Senate:** No change.
- **Provide flexibility for pilot funding for inpatient admission alternatives** - Amends currently earmarked language for alternative inpatient treatment options to allocate **\$5.0 million** each year for alternative options to

state behavioral health hospital care for patients designated as forensic who are admitted to, or at risk of admission to, state hospitals.

- **House:** No change.
- **Senate:** No change.
- **Support complex hospital discharges** - Amends currently earmarked language for alternative inpatient treatment options to allocate **\$1.5 million** for non-inpatient services for individuals at risk of discharge from a private inpatient setting into a state facility setting. Some individuals may not need continued hospitalization, but a lack of community-based transition services leaves them as likely candidates to admission to state facilities.
 - **House:** No change.
 - **Senate:** No change.

Additional House Language Only Items

- **HB515 Payment for Home/Trial Visit Related to Pilot Program** – Item 295 #8h. This amendment directs DBHDS, pursuant to House Bill 515 of the 2024 General Assembly, to pay for an individual's expenses if granted a home or trial visit after being discharged from a state hospital, as part of the pilot program, if no other public or private assistance is available to them.
- **DBHDS Annual Report on CSB** - Item 295 #6h - This amendment requires the Department of Behavioral Health and Developmental Services to report annually on a variety of CSB performance, billing, and workforce data.
 - DBHDS reporting requirement on CSBs performance including functioning levels of its consumers based on DLA-20, substantial underperformance or non-compliance; report finding to State board of Behavioral Health and Developmental Services, BHC, and CSB governing boards.
 - DBHDS to streamline documentation and reporting requirements of CSB behavioral health services by identifying duplicative and conflicting DBHDS requirements and eliminate requirements deemed non-essential to provision of effective and timely services.
 - DBHDS to provide a comprehensive review of CSB performance contracts, revision all performance measures in the base performance contract and addendums to ensure validity of performance measurements, inclusion of relevant benchmarks, and clear direction on performance monitoring and enforcement of compliance with each performance requirement.
 - DMAS and DBHDS will develop and implement a targeted review process to assess the extent to which CSBs are billing for Medicaid-eligible services they provide.
 - DBHDS will report on average salaries, turnover, and vacancy rates by position types across all CSBs.
- **CCCA Alternative Placements** – Item 301 #1h - This amendment directs the Department of Behavioral Health and Developmental Services to identify and develop alternative placements for children who would otherwise be admitted to the Commonwealth Center for Children and Adolescents. This amendment is a recommendation from the 2023 Joint Legislative Audit and Review Commission Report, Virginia's State Psychiatric Hospitals.

Additional Senate Language Only Items

- **Alternative Placements to State Psychiatric Facilities** – Item 295 #1s – This amendment directs the DBHDS to identify and develop alternative placements for children who would otherwise be admitted to the Commonwealth Center for Children and Adolescents. This amendment is a recommendation from the 2023 Joint Legislative Audit and Review Commission Report, Virginia's State Psychiatric Hospitals.
- **Oversight of Recovery Residences** – Item 295 #2s – This amendment directs the DBHDS to develop recommendations on how to provide better oversight over the Virginia Association of Recovery Residences and

Oxford Homes. DBHDS will submit a report on its findings to the Senate Finance and Appropriations and House Appropriations Committees by December 1, 2024.

- **Report on CSB Positions and Compensation – Item 295 #6s** - This amendment directs the DBHDS to report annually to the State Board of Behavioral Health and Developmental Services and the Behavioral Health Commission on average salaries, turnover, and vacancy rates, by position type, across community services boards (CSBs), based on a recommendation from a 2022 JLARC report on CSB Behavioral Health Services.
- **Report on STEP-VA Benchmarks – Item 295 #7s** - This amendment directs DBHDS to report to the Behavioral Health Commission on anticipated changes to STEP-VA performance measures in Community Services Board (CSB) performance contracts before they become effective to ensure they achieve the General Assembly's intent of effectively measuring the performance of STEP-VA.
- **Review of CSB Performance Contracts – Item 295 #8s** - DBHDS to provide a comprehensive review of CSB performance contracts, revision all performance measures in the base performance contract and addendums to ensure validity of performance measurements, performance measures include relevant benchmarks, and clear direction on performance monitoring and enforcement of compliance with each performance requirement.
- **Report on Unmet STEP-VA Needs – Item 295 #9s** - This amendment directs DBHDS to: (i) conduct a needs assessment to determine the unmet need for each of the nine service components of STEP-VA; (ii) develop an estimate of the cost of satisfying the unmet need for each of the nine STEP-VA service components statewide; and (iii) report on their findings.
- **Revise Language for Flexible Use of Children's Mental Health Funding – Item 297 #1s** - This amendment revises language to encourage flexible uses of funds to build service capacity focused on specialized needs of children and youth across the crisis services continuum.

Capital Outlay

- **Improve safety and security at Eastern State Hospital – Provides \$24,340,860** in NGF (Bond Proceeds) for renovations at Eastern State Hospital to ensure safety and security of patients, staff, and the surrounding communities. Language is included to permit the transfer of funds from this project to a similar project managed by the Department of General Services.
 - **House:** No change.
 - **Senate:** No change.
- **Renovate, repair, and upgrade state-operated facilities – Provides \$35,000,000** in general fund for FY 2025 for the costs of upgrading, repairing, and renovating state facilities, including, but not limited to, security improvements, duress systems, HVAC systems, and other necessary projects. Language is included that will allow the director of the Department of Planning and Budget to transfer funds between this project and existing projects, including projects managed by the Department of General Services, as appropriate.
 - **House:** No change.
 - **Senate:** Item C-24 #1s. Reduces this item by **\$35 million**, deferring umbrella projects at DBHDS to renovate, repair, and upgrade state-operated facilities. A companion amendment increases the central maintenance reserve allocations, however, the amounts provided in the central maintenance reserve total only \$20 million over the biennium.

Central Account Actions

- **Provide funding to improve state agency information technology infrastructure** - Provides **\$150,000,000** to be deposited into the Virginia Technology Infrastructure Fund to support the upgrade, replacement, and modernization of critical technology systems across state agencies, including efforts to mitigate cybersecurity

risks. The funding will prioritize systems and applications that are ten or more years old, which use aging programming languages, databases, or architecture, and efforts to fill gaps in education and workforce data tracking and administration and other emerging needs.

- **House:** Item 471 #2h. This amendment reduces **\$150.0 million** the first year from the general fund proposed for deposit to the Virginia Technology Infrastructure Fund for allocation to unspecified projects. Separate amendments to the House Budget allocate funds for the planning, development, and implementation of systems for the Departments of Taxation and Social Services.
- **Senate:** Item 471 #1s. This amendment redirects **\$150.0 million** the first year from the general fund provided in the introduced budget for the Virginia Technology Infrastructure Fund.
- **Provide bonus payments to state employees and state-supported local employees** - Provides funding for two bonus payments, each equal to one percent of salary for full-time state employees and state-supported local employees, effective December 1, 2024, and December 1, 2025.
 - **House:** No change.
 - **Senate:** Item 469 #1s. This amendment redirects **\$54.2 million** GF the first year and **\$54.8 million** GF the second year included in the introduced budget for a one percent bonus in each year for state employees and state-supported local employees to a salary increase included in another amendment.
- **Provide one percent salary increase for state and state-supported local employees** - Provides funding for a one percent salary increase effective June 10, 2025, for state employees. Adjunct faculty and graduate teaching assistants at public institutions of higher education are also eligible for the salary increase. State-supported local employees will receive a one percent salary increase effective July 1, 2025.
 - **House:** Item 469 #2h. Provides for a **3 percent salary increase each year** of the biennium for state employees and state supported local employees.
 - **Senate:** Item 469 #2s. This amendment funds a **2.5 percent salary increase in each year** for state employees, state-supported local, adjunct faculty and graduate teaching assistants.

Additional House Items

- **HB 1: State Employee Costs for Minimum Wage** – Item 469 #4h. This amendment provides \$14.4 million over the biennium to cover costs for state employees as a result of an increase in the state's minimum wage proposed in House Bill 1 of the 2024 General Assembly.

Additional Senate Items

- **State Minimum Wage Costs (SB 1)** – Item 469 #3s. This amendment provides funding for the impact of the minimum wage increase pursuant to Senate Bill 1.

Other Noteworthy Actions

Transfer resources to fund developmental disability waiver responsibilities – Provides **\$85,000** in General Funds to move funds and a position from the Department of Behavioral Health and Developmental Services to support agency responsibilities associated with developmental disability waiver services that was transferred effective July 1, 2023. This amendment also includes Appropriation Act language designating the Department of Medical Assistance Services as the agency responsible for all financial analysis, rates, and budget work associated with Virginia's developmental disability waiver services.

- **House:** No change.
- **Senate:** No change.

Continue Chapter 1 funding changes: Increase community-based mental health services rates – Provides **\$8,699,568** in general fund for the ongoing impact of appropriation changes included in Chapter 1, 2023 Special Session I. Increases Medicaid reimbursement rates for community-based mental health services.

- **House:** No change.
- **Senate:** No change.

Continue Chapter 1 funding changes: Add 500 developmental disability waiver slots – Provides **\$7,577,559** in general fund for the ongoing impact of appropriation changes included in Chapter 1, 2023 Special Session I. Adds 500 developmental disability waiver slots.

- **House:** - Item 288 #5h - This amendment adds **\$3.3 million** the first year and **\$37.9 million** the second year from the general fund and **\$3.4 million** the first year and **\$38.4 million** the second year from nongeneral matching Medicaid funds to phase 3,440 Priority 1 Community Living and Family and Individual Support Developmental Disability Waiver slots on a quarterly basis over the 2024-26 biennium and provide a three percent increase in the DD waiver services rates each year of the 2024-26 biennium.
- **Senate:** Item 288 #1s - This amendment modifies the release of the 3,440 developmental disability waiver slots included in the introduced budget to release the slots quarterly. Of the 172 Community Living waiver slots each year, 43 will be released each quarter in each year. Of the 1,548 Family and Individual Support waiver slots each year, 387 will be released each quarter in each year. Phasing the slots in quarterly results in savings of **\$18.8 million** the first year and **\$18.9 million** the second year from the general fund.

Adjust funding for medical services for involuntary mental commitments - Adjusts funding for the estimated cost of hospital and physician services for persons subject to an involuntary mental commitment. The most recent forecast of expenditures projects lower costs than previously estimated.

- **House:** - Item 286#1h - Reduces funding by **\$500,000** in both FY2025 and FY2026. This amendment adjusts funding for the estimated cost of hospital and physicians services for persons subject to an involuntary mental commitment to align spending with current estimates.
- **Senate:** No change.

Continue Chapter 1 funding changes: Provide for parity of mental health and substance use disorder rates – Provides **\$218,918** in general fund for the ongoing impact of appropriation changes included in Chapter 1, 2023 Special Session I. Establishes reimbursement parity between substance use disorder (SUD) and mental health (MH) partial hospitalization (PHP) and intensive outpatient programs (IOP) by increasing the MH, PHP, and IOP reimbursement rates to the same reimbursement rate as SUD, PHP, and IOP.

House: No change.

- **House:** No change.
- **Senate:** No change.

Implement telehealth service delivery options for developmental disability waivers – Provides the authority to implement telehealth service delivery options for developmental disability waiver services currently authorized by the Appropriation Act or Code of Virginia.

- **House:** No change.
- **Senate:** No change.

Support student access to mental health services – Provides **\$7,200,000** in general funds to contract with a telehealth provider for high-quality mental health care services for public school students in grades six through 12.

- **House: Language only – Item 117 #1h** – This amendment provides for development of a plan to provide ongoing school-based mental health funding. This is a recommendation of the Behavioral Health Commission.
- **Senate: Item 117#1s** – Reduces funding for both FY2025 and FY2026. This amendment redirects **\$7.2 million** GF each year mental health and telehealth services in the introduced budget to other education initiatives.

Establish Chief School Mental Health Officer – Provides **\$200,000** in general fund and a position to create a Chief School Mental Health Officer to lead mental health and wellness initiatives for educators and K-12 students.

- **House:** No Change
- **Senate: Item 117#2s** – Reduces funding for both FY2025 and FY2026. This amendment redirects **\$200,000** GF each year and one position from the Chief School Mental Health Officer position in the introduced budget.

Support student access to mental health services – Provides **\$3,000,000** in general fund to support student mental health services at institutions of higher education participating in a statewide contract. Requires an institutional nongeneral fund match for state funds.

- **House:** No change.
- **Senate: Item 132#2s** - Reduces funding for both FY2025 and FY2026. This amendment removes **\$3.0 million** general fund in each year included in the introduced budget to support student mental health services through the use of a statewide contract to include virtual care and directs the funding to support other education initiatives.

Ensure Medicaid behavioral health services are evidence-based and trauma-informed – Provides **\$500,000** in general fund to authorize the replacement of legacy youth and adult behavioral health services with evidence-based and trauma-informed services. All changes must be budget neutral and be implemented by June 30, 2026. This transition is necessary for Virginia to secure federal support for a comprehensive continuum of behavioral health services through an 1115 serious mental illness waiver.

- **House:** No change.
- **Senate:** No change.

Allocate portion of opioid settlement funds for fentanyl response efforts - Allocates Commonwealth Opioid Abatement and Remediation fund dollars to support the Naloxone Distribution Program. Funding will support the purchase and distribution of opioid reversal agents as well as administrative costs such as shipping, test strips, and software modifications.

- **House:** No change.
- **Senate:** No change.

Enhance the Behavioral Health Loan Repayment Program – Provides **\$5,000,000** in general fund for additional support for the Behavioral Health Loan Repayment Program. This amendment increases incentives for tier 1 professions from **\$30,000** to **\$50,000** as well as expands program eligibility to include psychiatric registered nurses. Out of this amount, **\$1.0 million** shall be set aside for eligible behavioral health professionals who are school-based.

- **House: Item 271#1h** - This amendment redirects a portion of the funding contained in the introduced budget which would have expanded the Behavioral Health Loan Repayment Program to serve eligible behavioral health professionals who are school-based. Together with actions contained in Chapter 1, 2023 Special Session I, the program will have **\$4.8 million** more for loan repayments over the fiscal year 2023 appropriation. The

amendment redirects **\$250,000** each year from the general fund to expand the program to include mental health professionals as defined in § 54.1-2400.1 who do not already qualify for the program. In addition, the amendment adds child and adolescent psychiatry Fellows to the list of Tier 1 providers eligible for the program, and adds academic medical centers as a preferred practice site. Child and adolescent psychiatry Fellows are licensed psychiatrists in other states, but it generally takes six months or more to become licensed in Virginia. This change will help in efforts to recruit these practitioners to Virginia, with the goal of retaining them in Virginia's behavioral healthcare workforce. The amendment also replaces language contained in the introduced budget which proposed to change the minimum term of practice from two to three years, returning it to the original two-year requirement.

- **Senate:** Item 271 #1s - This amendment reduces the additional funding provided in the introduced budget to limit the overall funding increase for the program to **\$3.5 million** each year from the general fund. In addition, the list of eligible practitioners is expanded to include child and adolescent psychiatry Fellows. The preference for practice locations is modified to include academic medical centers and the three year minimum to practice with the behavioral health provider is changed to two years.

Continue support for the Earn to Learn Nursing Education Acceleration Program – Provides **\$4,000,000** in general fund for continuing to support for the Earn to Learn Nursing Education Acceleration Program for partnerships between educational and health institutions to increase the **number of nursing graduates receiving necessary clinical training to achieve certification.**

- **House:** No change.
- **Senate:** No change.

Fund the modification of waiver service limits – Provides **\$549,756** in general fund to support the fiscal impact of Chapter 701, 2023 Virginia Acts of Assembly, which amends the Family and Individual Supports, Community Living, and Building Independence waivers to: (i) combine the maximum annual allowable amount for assistive technology and electronic home-based support services for an individual receiving waiver services to provide for greater flexibility and to better meet the needs of individuals receiving services; and (ii) provide that a total of **\$10,000** shall be available to an eligible individual for assistive technology and electronic home-based support services each year, which may be divided among such services in the manner that best meets the needs of the individual.

- **House:** No change.
- **Senate:** No change.

Opioid Abatement Authority - This amendment provides nongeneral fund appropriation in each year to designate uses of monies deposited to the Commonwealth Opioid Abatement and Remediation Fund (the Fund). These monies, resulting from settlements, judgements, verdicts, and other court orders relating to consumer protection claims regarding the manufacturing, marketing, distribution, or sale of opioids are to be used for opioid abatement and remediation. Specifically, this portion of settlement monies represent those directed for state appropriation and not subject to allocation by the Opioid Abatement Authority. This amendment also directs the Authority to provide as an addendum to its requisite annual executive summary, an accounting of all activity related to monies deposited, appropriated, and expended from the Fund.

- **House:** Item 347 #1h - Out of appropriations provided in this item, **\$16,419,145** the first year and **\$13,964,145** the second year from nongeneral funds is for disbursement from the Commonwealth Opioid Abatement and Remediation Fund.
 - **\$500,000** the first year and **\$500,000** the second year to the Department of Behavioral Health and Developmental Services to contract with the Virginia Foundation for Healthy

Youth to address the opioid crisis through a marketing campaign and classroom-based programmatic efforts.

- **\$2,000,000** the first year to the Department of Criminal Justice Services for deposit in the Jail-Based Substance Use Disorder Treatment and Transition Fund.
- **\$5,519,145** the first year and **\$5,464,145** the second year to the Virginia Department of Health for the purchase and distribution of opioid reversal agents and test kits and for the development of tracking software.
- **\$400,000** the first year to the Virginia Department of Health to establish a one-year demonstration project to implement testing for the analysis of fentanyl and nonfentanyl in wastewater in up to three geographically diverse localities.
- **\$8,000,000** the first year and **\$8,000,000** the second year to the Virginia Department of Health to establish, execute, and administer the Opioid Overdose Reversal Agent Program ("Program"), a manufacturing program for a quality, lowest sustainable cost, opioid overdose reversal agent.

o **Senate**

- Item 347 #1s. This amendment adds language directing the Opioid Abatement Authority to provide, as an addendum to its requisite annual executive summary, an accounting of all activity related to monies deposited, appropriated, and expended from the Fund.
- Item 347 #2s. This amendment sets out the budget for the Opioid Abatement Authority and provides direction on awarding grants to state agencies

MEMORANDUM

To: Joe Wickens, Executive Director
From: Natasha Randall, Acting Emergency Services Coordinator
Date: March 6, 2024
Re: Crisis Assessment Center and CIT report February

The CIT Assessment Center assessed 18 individuals in the month of February 2024. The number of persons served by locality were the following: Fredericksburg 2; Caroline 2; King George 1; Spotsylvania 3; Stafford 10; 0 from other jurisdictions.

Please see attached CIT data sheet

February 2024 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 |
|--------------|---|--|---------------------------------|---|
| 2/1/2024 | 3 | 2 | Stafford/King George | Stafford |
| 2/2/2024 | 3 | 1 | Stafford | Stafford |
| 2/3/2024 | 2 | 0 | n/a | Spotsylvania/Stafford |
| 2/4/2024 | 1 | 1 | Stafford | Spotsylvania/Stafford |
| 2/5/2024 | 3 | 1 | Stafford | n/a |
| 2/6/2024 | 1 | 0 | n/a | Stafford |
| 2/7/2024 | 5 | 1 | Fredericksburg | Spotsylvania/Stafford |
| 2/8/2024 | 1 | 0 | n/a | Stafford/Spotsylvania |
| 2/9/2024 | 3 | 0 | n/a | n/a |
| 2/10/2024 | 1 | 0 | n/a | Stafford/Spotsylvania |
| 2/11/2024 | 0 | 0 | n/a | Spotsylvania |
| 2/12/2024 | 2 | 0 | n/a | Spotsylvania/Stafford |
| 2/13/2024 | 3 | 0 | n/a | Stafford/Spotsylvania |
| 2/14/2024 | 1 | 1 | Spotsylvania | Stafford/Spotsylvania |
| 2/15/2024 | 5 | 1 | Fredericksburg | Stafford/Spotsylvania |
| 2/16/2024 | 3 | 1 | Spotsylvania | Stafford |
| 2/17/2024 | 0 | 0 | n/a | Spotsylvania/Stafford |
| 2/18/2024 | 2 | 0 | n/a | Spotsylvania |
| 2/19/2024 | 2 | 1 | Caroline | Spotsylvania |
| 2/20/2024 | 3 | 1 | Stafford | Spotsylvania |
| 2/21/2024 | 4 | 2 | Stafford(2) | Spotsylvania |
| 2/22/2024 | 1 | 0 | n/a | Spotsylvania/Stafford |
| 2/23/2024 | 1 | 0 | n/a | Spotsylvania/Stafford |
| 2/24/2024 | 2 | 0 | n/a | Spotsylvania |
| 2/25/2024 | 4 | 0 | n/a | Spotsylvania |
| 2/26/2024 | 3 | 1 | Spotsylvania | Spotsylvania/Stafford |
| 2/27/2024 | 4 | 2 | Stafford/Caroline | Stafford/Spotsylvania |
| 2/28/2024 | 2 | 0 | n/a | Spotsylvania |
| 2/29/2024 | 2 | 2 | Stafford(2) | Spotsylvania/Stafford |
| Total | 67 | 18 | | |

Total Assessment at Center in February: 18

| | | | | |
|--------------|----|--------------------------|---------------------------------------|------|
| Brought by: | | Cumulative Total: | | |
| Caroline | 2 | 162 | Cumulative number of Assessment since | |
| Fred City | 2 | 1058 | February 2024: | 3484 |
| Spotsylvania | 3 | 1036 | | |
| Stafford | 10 | 1085 | | |
| King George | 1 | 133 | | |
| Other | 0 | 8 | | |

MEMORANDUM

To: Joe Wickens, Executive Director

From: Natasha Randall, Acting Emergency Services Coordinator

Date: 03/06/2024

Re: Emergency Custody Order (ECO)/Temporary Detention Order (TDO) Report – February 2024

In January, Emergency Services staff completed 366 emergency evaluations. Eighty-two individuals were assessed under emergency custody orders and 84 total temporary detention orders were issued and served. Staff facilitated five admissions to state hospitals. Two individuals were placed at Piedmont Geriatric Hospital, one at Southern Virginia Mental Health Institute and two at Northern Virginia Mental Health Institute. Staff facilitated no admissions to Commonwealth Center for Children and Adolescents.

A total of 14 individuals were involuntarily hospitalized outside of our catchment area in January. This month no individuals were able to utilize alternative transportation.

Please see attached data reports.

| Month | Evaluations | ECOs | TDOs Issued | TDOs Executed |
|---------|-------------|------|-------------|---------------|
| Oct-21 | 422 | 60 | 72 | 72 |
| Nov-21 | 425 | 59 | 60 | 60 |
| Dec-21 | 401 | 67 | 66 | 66 |
| Jan-22 | 355 | 74 | 63 | 63 |
| Feb-22 | 442 | 87 | 64 | 64 |
| Mar-22 | 375 | 74 | 81 | 81 |
| Apr-22 | 390 | 85 | 87 | 87 |
| May-22 | 417 | 92 | 73 | 73 |
| Jun-22 | 342 | 75 | 66 | 66 |
| Jul-22 | 343 | 77 | 83 | 83 |
| Aug-22 | 367 | 79 | 76 | 76 |
| Sep-22 | 341 | 66 | 76 | 76 |
| Oct-22 | 351 | 70 | 75 | 75 |
| Nov-22 | 359 | 69 | 73 | 73 |
| Dec-22 | 296 | 55 | 51 | 51 |
| Jan-23 | 389 | 81 | 86 | 86 |
| Feb-23 | 340 | 65 | 67 | 67 |
| Mar-23 | 406 | 83 | 93 | 93 |
| Apr-23 | 325 | 65 | 78 | 78 |
| Jun-23 | 275 | 57 | 65 | 65 |
| Jul-23 | 296 | 69 | 66 | 66 |
| 23-Aug | 329 | 78 | 66 | 66 |
| 23 Sept | 344 | 80 | 72 | 72 |
| Oct 23 | 290 | 77 | 71 | 71 |
| Nov 23 | 310 | 75 | 60 | 60 |
| Dec 23 | 318 | 71 | 63 | 63 |
| Jan-24 | 398 | 70 | 71 | 71 |
| Feb-24 | 366 | 82 | 84 | 84 |

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

| | | | | | | | | | |
|---|---|----------------------------------|--------------|---------------------------------------|---|--------------------|--------------|--------------|--|
| CSB/BHA | Rappahannock Area Community Services Board | | | Month | February 2024 | | | | |
| 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 | |
| 366 | 27 | 55 | 82 | 84 | 4 | 3 | 77 | 84 | |

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

| | | | | | | |
|----------------|---|---|--|--|--|--|
| CSB/BHA | Rappahannock Area Community Services | Reporting month | February 2024 | 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> |
| 2/6/24 | 107171 | Older adult | | Yes | No | Piedmont |
| 2/7/24 | 30531 | Adult (18-64) with Medical Acuity | | yes | no | NVMHI |
| 2/8/23 | 64536 | Adult (18-64) with ID or DD | | yes | no | NVMHI |
| 2/9/2024 | 64331 | Adult (18-64) with ID or DD | | yes | no | SVMHI |
| 2/26/2024 | 112756 | Older Adult with Medical Acuity | | Yes | No | Piedmont |

| Date | ID | LE | Location | Receiving Agency | Travel Time | Age | TDO Criteria | Present to AT | Reason |
|---------|--------|----------------|----------|---------------------|-------------|-----|------------------------------|---------------|-----------------|
| 2/6/24 | 107171 | Stafford | Stafford | Piedmont | | 220 | 73 inability to care forself | no | aggression |
| 2/7/24 | 106051 | Fredericksburg | MWH ED | Pavilion | | 200 | 46 danger to others | no | aggression |
| 2/7/24 | 30531 | Caroline | MWH ED | NVMHI | | 92 | 35 danger to self | no | postcommitment |
| 2/8/24 | 64536 | Stafford | MWH ED | NVMHI | | 92 | 45 danger to others | no | postcommitment |
| 2/9/24 | 64331 | Caroline | MWH ED | SVMHI | | 552 | 46 danger to others | no | postcommitment |
| 2/12/24 | 98464 | Stafford | MWH ED | Carilion St. Albans | | 378 | 45 danger to others | no | aggression |
| 2/12/24 | 109524 | Stafford | Stafford | Poplar Springs | | 170 | 46 danger to others | no | aggression |
| 2/15/24 | 108412 | Fredericksburg | MWH ED | North Springs | | 162 | 17 danger to others | no | aggression |
| 2/23/24 | 81244 | Spotsylvania | SRMC ED | Poplar Springs | | 170 | 23 danger to others | no | aggression |
| 2/23/24 | 63500 | Stafford | MWH ED | Pavilion | | 200 | 31 danger to others | no | aggression |
| 2/24/24 | 113450 | Spotsylvania | SRMC ED | Lewis Gale | | 378 | 43 danger to others | no | assaulted staff |
| 2/25/24 | 112432 | Spotsylvania | MWH ED | Poplar Springs | | 170 | 23 danger to others | no | aggressive |
| 2/26/24 | 112756 | Spotsylvania | MWH | Piedmont | | 220 | 69 danger to others | no | postcommitment |
| 2/27/24 | 80257 | Caroline | MWH ED | Kempsville | | 296 | 8 danger to others | no | aggression |



540-374-3366
healthyfamiliesrappahannock.org
600 Jackson St. Fredericksburg VA 22401

HEALTHY FAMILIES ACCREDITATION

Effective through September 2028

Healthy Families Rappahannock Area (HFRA) recently received notification that the site has been re-accredited by Healthy Families America as a “provider of high-quality HFA home visiting services.”

The accreditation is effective through September 2028.

There are 29 Healthy Families sites in Virginia. For the accreditation process, a handful of sites are selected for onsite review/auditing. Those selected sites represent the state-wide system. Although this local site was not selected for this re-accreditation process, the site still participated in all of the site preparation and self-study requirements.

February 28, 2024

**Melodie Jennings
Rappahannock Area Community Services Board
600 Jackson Street
Fredericksburg, VA 22401**

Dear **Ms. Jennings,**

It is with great pleasure that we inform you that the **Healthy Families Rappahannock Area** site has been accredited by Healthy Families America® (HFA) as a provider of high-quality HFA home visiting services. This accreditation is effective through **September 2028**.

The Healthy Families America (HFA) accreditation process is designed to identify individual sites and multi-site systems that have achieved high standards for performance and a commitment to quality. HFA is proud to grant **Healthy Families Rappahannock Area** accreditation.

Prevent Child Abuse America® is honored to be associated with you and your colleagues. We wish you the very best in your continuing service to families in your community.

Congratulations on your achievement!



Melissa Merrick, Ph.D.
President & CEO



Kathleen Strader, MSW, IMH-E® (IV)
Chief Program Officer, PCAA
National Director, Healthy Families America

Certificate of Accreditation

This certifies that

Healthy Families Rappahannock Area

has demonstrated fidelity to the

Healthy Families America® model

and its **Best Practice Standards**.

This accreditation is effective through

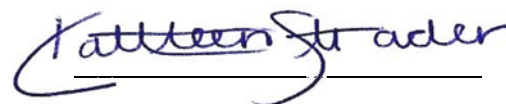
September 2028



Melissa Merrick, President and CEO
Prevent Child Abuse America



Healthy Families
America®



Kathleen Strader, National Director
Healthy Families America

Rappahannock Area Community Services Board
Finance Committee Meeting

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

PRESENT

Nancy Beebe
Claire Curcio
Kenneth Lapin
Greg Sokolowski
Carol Walker
Bridgette Williams
Matthew Zurasky
Shawn Kiger

ABSENT

Jacob Parcell
Sarah Ritchie
Glenna Boerner
Susan Gayle
Melissa White

OTHERS PRESENT

Joseph Wickens, Executive Director
Tina Cleveland, Finance and Administration Director
Stephanie Terrell, Compliance Director
Amy Jindra, Community Support Services Director
Megan Toler, Reimbursement Coordinator
Melodie Jennings, Healthy Families Coordinator
Teresa McDonnell, Acting HR Director

Call to order – Mr. Matt Zurasky, Chair

A meeting of the Finance Committee of Rappahannock Area Community Services Board was held at 600 Jackson Street on March 12, 2024.

ISSUE: **FY2024 Women and Girls Fund Grant – Healthy Families Initiative – presented by: Ms. Jennings**

DISCUSSION: Ms. Jennings took the Committee through the initiative by Healthy Families in supporting new mothers. Healthy Families has proposed a project that will support new mothers during postpartum period. The project will help increase the care of mothers once leaving the hospital as well as increase knowledge of resources such as Healthy Families to the community.

ACTION TAKEN: It was moved by Ms. Curcio and seconded by Ms. Walker to accept the Women and Girls Fund Proposed Budget. The motion was unanimously approved.

ISSUE: **March 2024 Board Deck – presented by: Ms. Cleveland and Ms. Toler**

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

- Cash Investments, which totaled \$26,014,139 in January 2024.
- Fee Revenue Reimbursement, with current year-to-date collections of \$17.8 million which was a - 7% decrease from the previous year.
- Write-off Report, which totaled \$198,552 for January 2024.
- Health Insurance Account, with year-to-date monthly premiums totaling \$2,520,523 and claims and fees totaling \$1,817,884.
- Other Post-Employment Benefits, which had a balance of \$3,974,693 as of January 2024. Doing so well, no contribution needed for the next two years.
- Payroll statistics which showed that the agency paid an average of 485 overtime hours per pay period and in FY24 an average of 3,454 leave hours per pay period.

ISSUE:

Financial Summary Report – presented by: Ms. Cleveland

DISCUSSION:

Ms. Cleveland took the group through the financial summary by program. Overall, FY24 balances currently show a net gain of \$3.7 million with \$2 million of that being in restricted funds.

Ms. Williams inquired regarding the Medicated Assistance Program (MAT), if the client is required to pay anything at all. Ms. Cleveland said if they don't have insurance they are not expected to pay, they are funded by grant. Ms. Williams asked what the success rate of the program is and shared her experience with a similar program. Mr. Wickens said that this information is not readily available but they can provide to the Board at a later date. It was agreed that Mr. Wickens would provide the following information regarding the MAT Program: how many people are currently in the program, how long have they been in the program, and what is the success rate of the program.

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

Adjournment

The meeting adjourned at 12:50 PM



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

NOTICE

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

From: Joseph Wickens
Executive Director

Subject: Finance Committee Meeting
March 12, 2024 **12:00 PM**
600 Jackson Street, Board Room 208, Fredericksburg, VA

Date: March 7, 2024

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

March 12, 2024 – 12:00 PM

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

Agenda

| | | |
|------|---|----|
| I. | Finance Committee Board Deck, <i>Cleveland</i> | 3 |
| | a. Summary of Cash Investments | |
| | b. Summary of Investment Portfolio | |
| | c. Fee Revenue Reimbursement | |
| | d. Fee Revenue Reimbursement-Without Credits | |
| | e. Fee Collection YTD and Quarterly | |
| | f. Write-Off Report | |
| | g. Health Insurance Account | |
| | h. OPEB | |
| | i. Payroll Statistics | |
| II. | Financial Summary, <i>Cleveland</i> | 13 |
| III. | FY 2024 Women and Girls Fund Grant, Healthy Families, <i>Jennings</i> | |
| IV. | Other Business, <i>Zurasky</i> | |

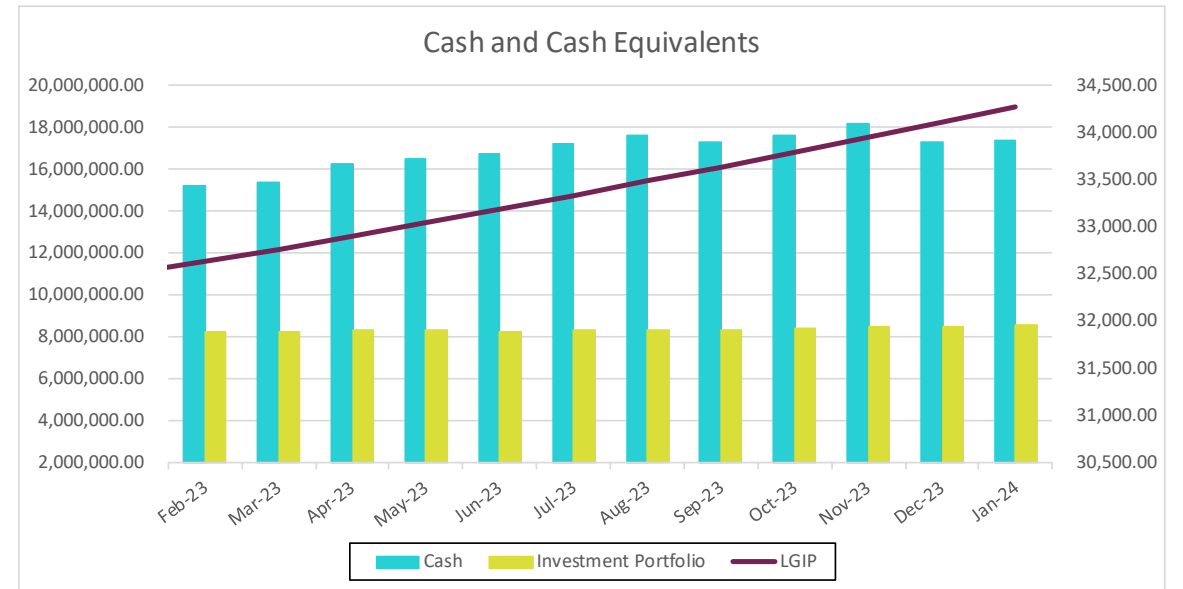
Finance Committee

MARCH 12, 2024

Summary of Cash Investments

| Depository | | Rate | Comments |
|----------------------------------|----------------------|-------|--------------------|
| Atlantic Union Bank | | | |
| Checking | \$ 17,366,204 | 4.25% | |
| Investment Portfolio | | | |
| Cash Equivalents | 3,621,017 | 2.46% | |
| Fixed Income | 4,992,650 | 3.53% | |
| Total Investment | 8,613,667 | | |
| Total Atlantic Union Bank | \$ 25,979,871 | | |
| Other | | | |
| Local Gov. Investment Pool | \$ 34,268 | 5.52% | Avg. Monthly Yeild |
| Total Investments | \$ 26,014,139 | | |

| | \$ Change | % Change |
|---|--------------|----------|
| Change from Prior Month | \$ 171,472 | 1% |
| Change from Prior Year | \$ 1,987,778 | 8% |
| 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% |
| 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% |
| Balance at 12/31/2023 | \$ 8,632,899.64 | \$ 8,535,275.60 | \$ 8,521,116.03 | \$ 14,159.57 | \$ 195,114.00 | 2.29% |
| Fidelity IMM Gov Class I Fund #57 | \$ 91,174.57 | 91,174.57 | \$ 91,174.57 | \$ - | \$ 4,760.00 | 5.22% |
| US Treasury Bill (2/13/2024) | \$ 1,000,000.00 | 993,272.78 | \$ 993,266.11 | \$ 6.67 | | |
| US Treasury Bill (4/25/2024) | \$ 1,000,000.00 | \$ 987,723.66 | \$ 987,561.05 | \$ 162.61 | | |
| US Treasury Bill (6/20/2024) | \$ 1,000,000.00 | \$ 974,474.67 | \$ 974,236.88 | \$ 237.79 | | |
| US Treasury Bill (12/26/2024) | \$ 600,000.00 | \$ 574,371.08 | \$ 573,976.81 | \$ 394.27 | | |
| Total Cash Equivalents | \$ 3,691,174.57 | \$ 3,621,016.76 | \$ 3,620,215.42 | \$ 801.34 | \$ 4,760.00 | 0.13% |
| US Treasury Note (3/31/2024) | \$ 1,000,000.00 | \$ 994,900.00 | \$ 973,575.00 | \$ 21,325.00 | \$ 22,500.00 | 2.31% |
| US Treasury Note (7/31/2024) | \$ 1,000,000.00 | \$ 989,640.00 | \$ 978,733.75 | \$ 10,906.25 | \$ 30,000.00 | 3.07% |
| US Treasury Note (10/15/2025) | \$ 1,000,000.00 | \$ 998,890.00 | \$ 1,005,781.25 | \$ (6,891.25) | \$ 42,500.00 | 4.23% |
| US Treasury Note (11/30/2024) | \$ 1,000,000.00 | \$ 996,720.00 | \$ 1,004,914.69 | \$ (8,194.69) | \$ 45,000.00 | 4.48% |
| US Treasury Note (9/30/2025) | \$ 500,000.00 | \$ 505,195.00 | \$ 504,570.31 | \$ 624.69 | \$ 25,000.00 | 4.95% |
| US Treasury Note (10/15/2026) | \$ 500,000.00 | \$ 507,305.00 | \$ 506,738.28 | \$ 566.72 | \$ 23,125.00 | 4.56% |
| Total Fixed income | \$ 5,000,000.00 | \$ 4,992,650.00 | \$ 4,974,313.28 | \$ 18,336.72 | \$ 188,125.00 | 3.78% |
| Balance at 1/31/2024 | \$ 8,691,174.57 | \$ 8,613,666.76 | \$ 8,594,528.70 | \$ 19,138.06 | \$ 192,885.00 | 2.24% |

Fee Revenue Reimbursement

| AGED CLAIMS | | Current Month | | Prior Month | | Prior Year | |
|---------------------------------|-----------|---------------|-------------|-------------|-------------|------------|-------------|
| | | % | \$ | % | \$ | % | \$ |
| Total Claims Outstanding | Total | 100% | \$6,840,902 | 100% | \$6,865,946 | 100% | \$5,097,900 |
| | Consumers | 53% | \$3,633,370 | 53% | \$3,618,838 | 40% | \$2,038,388 |
| | 3rd Party | 47% | \$3,207,531 | 47% | \$3,247,109 | 60% | \$3,059,512 |
| Claims Aged 0-29 Days | Consumers | 4% | \$119,991 | 1% | \$77,459 | 1% | \$67,439 |
| | 3rd Party | 96% | \$2,969,883 | 45% | \$3,061,028 | 42% | \$2,141,776 |
| Claims Aged 30-59 Days | Consumers | 1% | \$25,830 | 1% | \$41,559 | 2% | \$88,529 |
| | 3rd Party | 4% | \$134,437 | 1% | \$80,366 | 1% | \$63,287 |
| Claims Aged 60-89 Days | Consumers | 1% | \$27,981 | 1% | \$34,525 | 4% | \$222,414 |
| | 3rd Party | 2% | \$48,171 | 1% | \$57,038 | 2% | \$103,658 |
| Claims Aged 90-119 Days | Consumers | 1% | \$28,336 | 0% | \$21,407 | 1% | \$55,879 |
| | 3rd Party | 1% | \$27,958 | 1% | \$47,821 | 1% | \$64,811 |
| Claims Aged 120+ Days | Consumers | 111% | \$3,431,233 | 50% | \$3,443,888 | 31% | \$1,604,127 |
| | 3rd Party | 1% | \$27,082 | 0% | \$856 | 13% | \$685,981 |

86

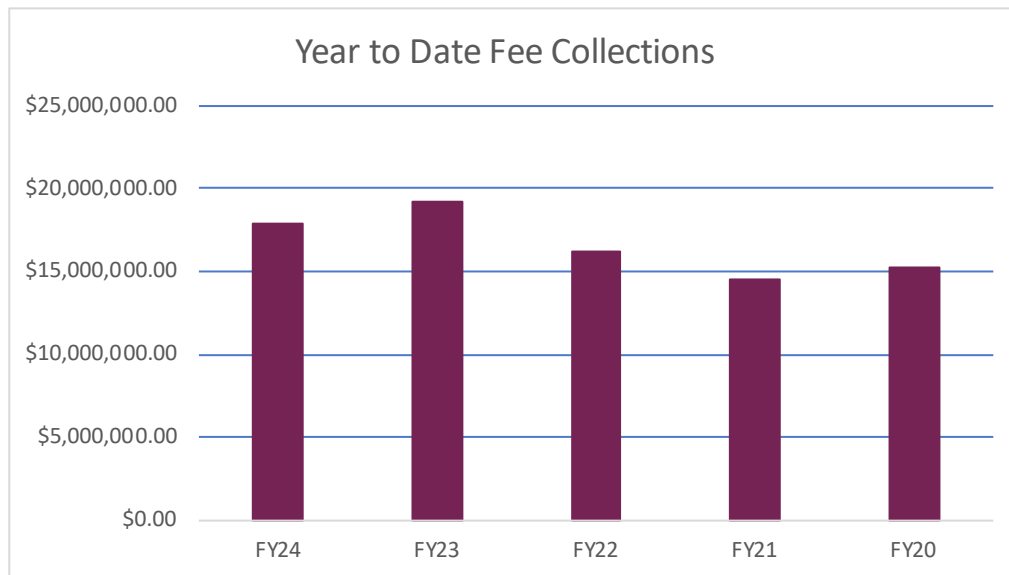
| CLAIM COLLECTIONS | |
|---|----------------|
| Current Year To Date Collections | \$17,834,954 |
| Prior Year To Date Collections | \$19,215,958 |
| \$ Change from Prior Year | (1,381,004.28) |
| % Change from Prior Year | -7% |
| <i>**\$398,000 of prior year collections was for FY22**</i> | |

Fee Revenue Reimbursement – Without Credits

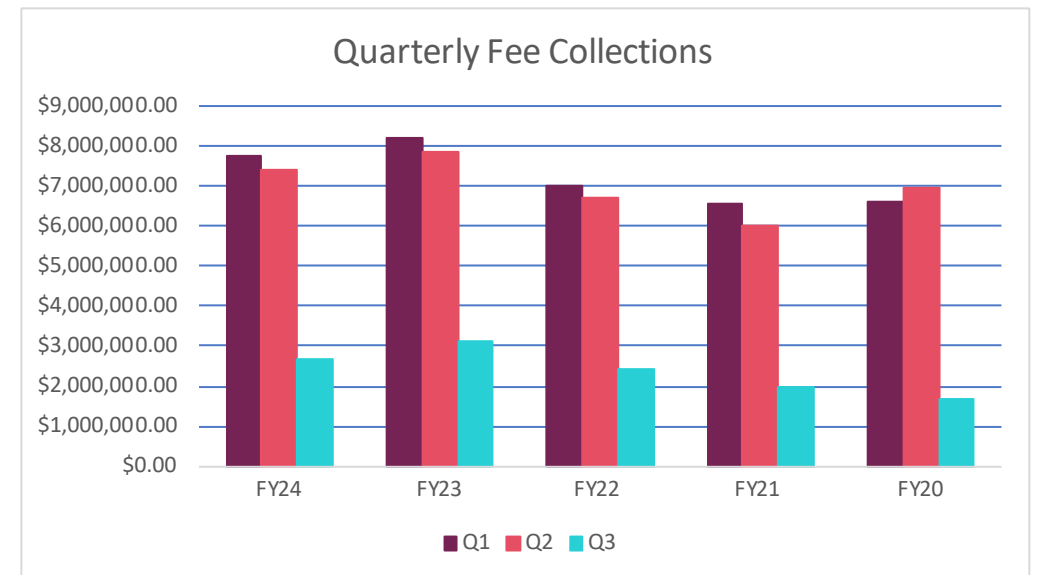
| AGED CLAIMS | | Current Month | | Prior Month | | Prior Year | |
|---------------------------------|-----------|---------------|-------------|-------------|-------------|------------|-------------|
| | | % | \$ | % | \$ | % | \$ |
| Total Claims Outstanding | Total | 100% | \$6,840,902 | 100% | \$6,865,946 | 100% | \$5,243,858 |
| | Consumers | 53% | \$3,633,370 | 53% | \$3,618,838 | 50% | \$2,606,507 |
| | 3rd Party | 47% | \$3,207,531 | 47% | \$3,247,109 | 50% | \$2,637,350 |
| Claims Aged 0-29 Days | Consumers | 1% | \$119,991 | 1% | \$77,459 | 4% | \$200,361 |
| | 3rd Party | 45% | \$2,969,883 | 45% | \$3,061,028 | 49% | \$2,566,086 |
| Claims Aged 30-59 Days | Consumers | 1% | \$25,830 | 1% | \$41,559 | 0% | \$20,593 |
| | 3rd Party | 1% | \$134,437 | 1% | \$80,366 | 1% | \$51,270 |
| Claims Aged 60-89 Days | Consumers | 1% | \$27,981 | 1% | \$34,525 | 6% | \$326,343 |
| | 3rd Party | 1% | \$48,171 | 1% | \$57,038 | 1% | \$34,953 |
| Claims Aged 90-119 Days | Consumers | 0% | \$28,336 | 0% | \$21,407 | 0% | \$12,864 |
| | 3rd Party | 1% | \$27,958 | 1% | \$47,821 | 1% | \$43,822 |
| Claims Aged 120+ Days | Consumers | 50% | \$3,431,233 | 50% | \$3,443,888 | 39% | \$2,046,346 |
| | 3rd Party | 1% | \$78,948 | 1% | \$61,571 | 2% | \$87,034 |

Fee Collection YTD & QTD

Year to Date Fee Collections



Quarterly Fee Collections



Write Off's – Current Month & YTD

| Month: Jan 2024 | | |
|----------------------------|-------------------|-------------------|
| Write Off Code | Current YTD | Prior YTD |
| BANKRUPTCY | \$ 246 | \$ - |
| DECEASED | \$ 153 | \$ 250 |
| NO FINANCIAL AGREEMENT | \$ 1,102 | \$ 15,106 |
| SMALL BALANCE | \$ 119 | \$ 600 |
| UNCOLLECTABLE | \$ 93 | \$ 153,727 |
| FINANCIAL ASSISTANCE | \$ 147,517 | \$ 37,457 |
| NO SHOW | \$ 220 | \$ 140 |
| MAX UNITS/BENEFITS | \$ 27,697 | \$ 41,051 |
| PROVIDER NOT CREDENTIALLED | \$ 2,599 | \$ 21,209 |
| DIAGNOSIS NOT COVERED | \$ 160 | \$ 100 |
| NON-COVERED SERVICE | \$ 3,155 | \$ 90,304 |
| SERVICES NOT AUTHORIZED | \$ 12,116 | \$ 24,509 |
| PAST BILLING DEADLINE | \$ - | \$ 23,230 |
| MCO DENIED AUTH | \$ 1,102 | \$ - |
| INCORRECT PAYER | \$ 2,209 | \$ 20,238 |
| INVALID MEMBER ID | \$ - | \$ 825 |
| INVALID POS/CPT/MODIFIER | \$ - | \$ 2,009 |
| NO PRIMARY EOB | \$ 65 | \$ 3,792 |
| TOTAL | \$ 198,552 | \$ 434,547 |

| Year to Date: July - Jan 2024 | | |
|-------------------------------|---------------------|---------------------|
| Write Off Code | Current YTD | Prior YTD |
| BAD ADDRESS | \$ 70 | \$ - |
| BANKRUPTCY | \$ 685 | \$ 3,751 |
| DECEASED | \$ 508 | \$ 4,207 |
| NO FINANCIAL AGREEMENT | \$ 23,026 | \$ 58,856 |
| SMALL BALANCE | \$ 891 | \$ 1,340 |
| UNCOLLECTABLE | \$ 2,197 | \$ 158,199 |
| FINANCIAL ASSISTANCE | \$ 977,611 | \$ 1,318,090 |
| NO SHOW | \$ 4,558 | \$ 2,610 |
| MAX UNITS/BENEFITS | \$ 106,834 | \$ 90,561 |
| PROVIDER NOT CREDENTIALLED | \$ 55,298 | \$ 57,204 |
| ROLL UP BILLING | \$ 56,821 | \$ - |
| DIAGNOSIS NOT COVERED | \$ 1,195 | \$ 2,320 |
| NON-COVERED SERVICE | \$ 24,161 | \$ 123,427 |
| SERVICES NOT AUTHORIZED | \$ 87,310 | \$ 154,300 |
| PAST BILLING DEADLINE | \$ 17,309 | \$ 65,887 |
| MCO DENIED AUTH | \$ 1,102 | \$ 18,280 |
| INCORRECT PAYER | \$ 13,388 | \$ 88,113 |
| INVALID MEMBER ID | \$ - | \$ 4,320 |
| INVALID POS/CPT/MODIFIER | \$ - | \$ 2,009 |
| NO PRIMARY EOB | \$ 2,269 | \$ 3,792 |
| SPENDDOWN NOT MET | \$ 12,321 | \$ - |
| TOTAL | \$ 1,387,553 | \$ 2,157,266 |

Health Insurance

Year-to-Date Health Insurance Claims

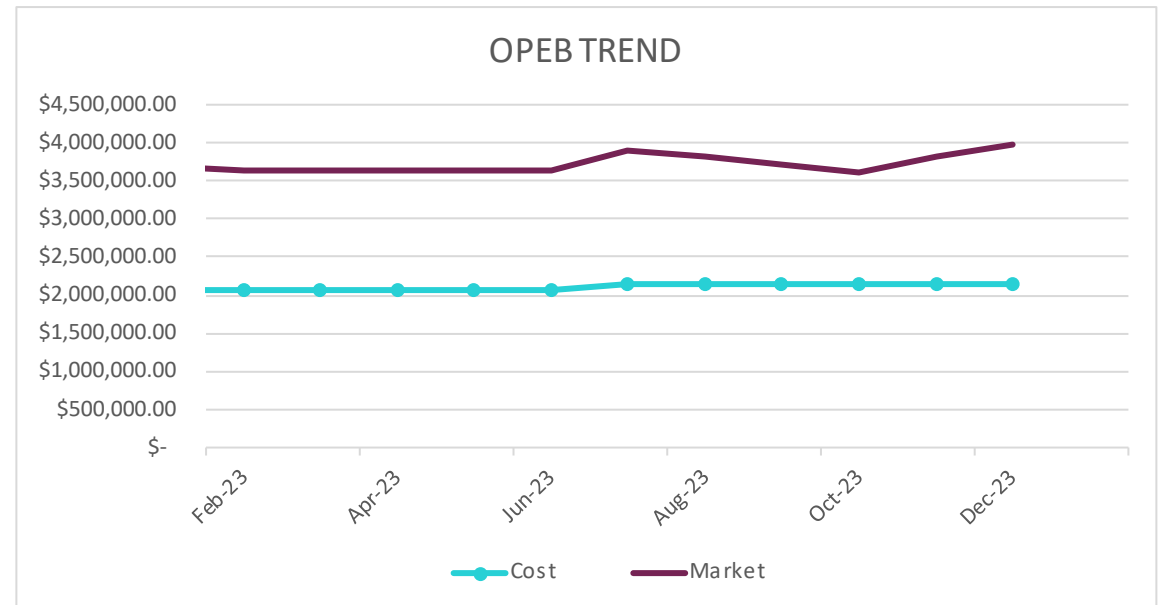


| FY 2024 | Monthly Premiums | Additional Premium Contributions | Monthly Claims & Fees | Interest | Balance |
|-------------------|--------------------|----------------------------------|-----------------------|----------------|--------------------|
| Beginning Balance | | | | | \$1,745,071 |
| July | \$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 |
| December | \$345,028 | | \$216,650 | \$1,035 | \$2,459,964 |
| January | \$187,966 | | \$195,189 | \$1,038 | \$2,453,779 |
| YTD Total | \$2,520,523 | \$0 | \$1,817,884 | \$6,070 | \$2,453,779 |

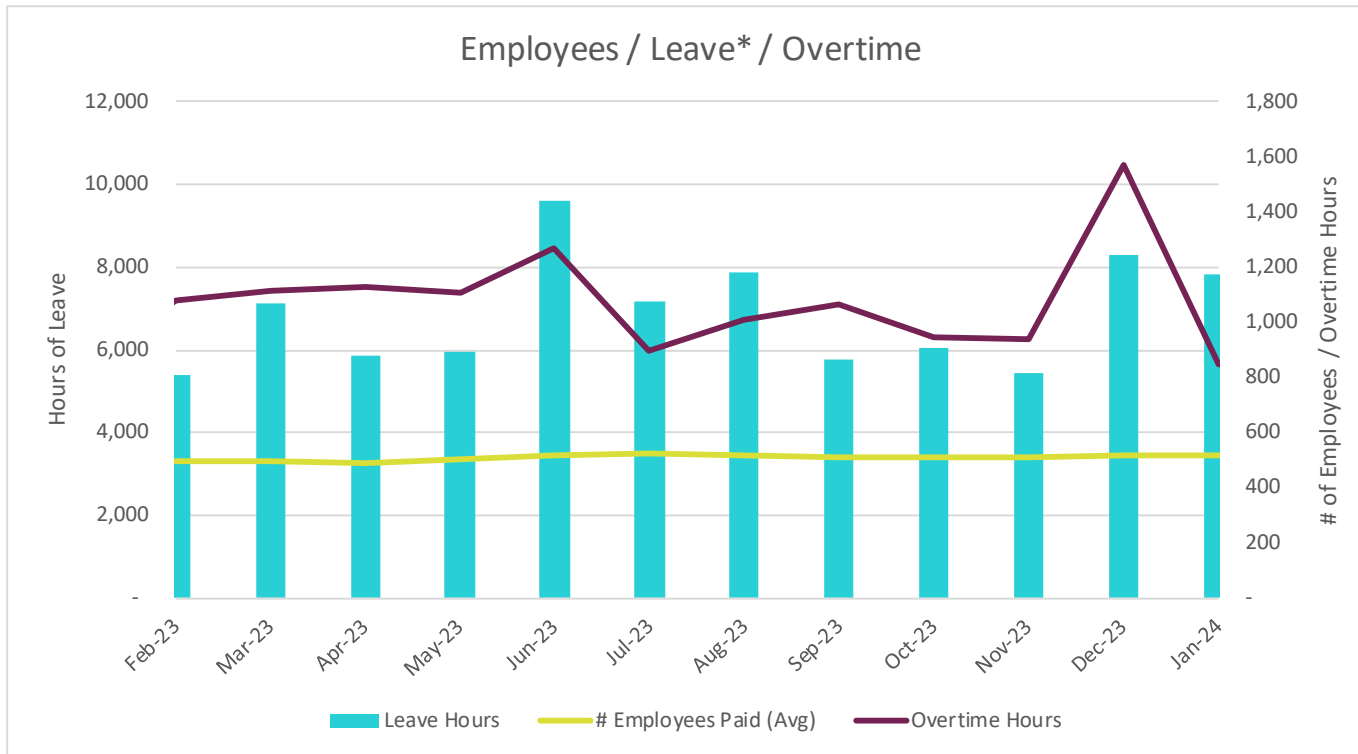
| Historical Data | Average Monthly Claims | Monthly Average Difference from PY | Highest Month |
|-----------------|------------------------|------------------------------------|---------------|
| FY 2024 | \$259,698 | \$45,321 | \$593,001 |
| FY 2023 | \$214,376 | (\$97,137) | \$284,428 |
| FY 2022 | \$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 |
| Balance at 11/30/2023 | \$ 2,134,247 | \$ 1,179,627 | \$ 3,823,620 | \$ 2,869,000 |
| Balance at 12/31/2023 | \$ 2,134,247 | \$ 1,179,627 | \$ 3,973,328 | \$ 3,018,708 |
| Realized Gain/(Loss) | | | \$ 50 | |
| Unrealized Gain/(Loss) | | | \$ 1,440 | |
| Fees & Expenses | | | \$ (125) | |
| Transfers/Contributions | \$ (75) | | | |
| Misc. Disbursements | | | | |
| Balance at 1/31/2024 | \$ 2,134,172 | \$ 1,179,552 | \$ 3,974,693 | \$ 3,020,073 |



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 | 515 |
| Leave Hours | 4,196 | 3,473 | 3,454 |
| Overtime Hours | 279 | 473 | 485 |

| Employee Categories | |
|---------------------|-----|
| Full Time | 464 |
| Part Time | 56 |
| PRN | 23 |

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

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 | 1,806,864 | 73.97% | 2,442,643 | 1,675,854 | 68.61% | 131,010 | 7% |
| MEDICAL OUTPATIENT (R) (FED) | 4,420,904 | 2,464,045 | 55.74% | 4,420,904 | 2,468,663 | 55.84% | (4,619) | 0% |
| ACT NORTH (R) | 875,000 | 551,837 | 63.07% | 875,000 | 503,439 | 57.54% | 48,398 | 9% |
| ACT SOUTH (R) | 875,000 | 510,413 | 58.33% | 875,000 | 468,059 | 53.49% | 42,354 | 8% |
| CASE MANAGEMENT ADULT (FED) | 1,043,065 | 509,670 | 48.86% | 1,043,065 | 625,548 | 59.97% | (115,878) | -23% |
| CASE MANAGEMENT CHILD & ADOLESCENT (FED) | 1,031,998 | 484,835 | 46.98% | 1,031,998 | 457,624 | 44.34% | 27,211 | 6% |
| PSY REHAB & KENMORE EMP SER (R) (FED) | 703,184 | 375,498 | 53.40% | 703,184 | 419,261 | 59.62% | (43,763) | -12% |
| PERMANENT SUPPORTIVE HOUSING (R) | 2,295,862 | 2,587,320 | 112.69% | 2,295,862 | 991,818 | 43.20% | 1,595,502 | 62% |
| CRISIS STABILIZATION (R) | 2,149,875 | 746,046 | 34.70% | 2,149,875 | 804,925 | 37.44% | (58,879) | -8% |
| SUPERVISED RESIDENTIAL | 360,841 | 410,332 | 113.72% | 360,841 | 280,916 | 77.85% | 129,417 | 32% |
| SUPPORTED RESIDENTIAL | 781,947 | 412,847 | 52.80% | 781,947 | 520,285 | 66.54% | (107,438) | -26% |
| JAIL DIVERSION GRANT (R) | 94,043 | 70,151 | 74.59% | 94,043 | 53,005 | 56.36% | 17,146 | 24% |
| JAIL & DETENTION SERVICES | 523,537 | 275,024 | 52.53% | 523,537 | 207,150 | 39.57% | 67,874 | 25% |
| SUB-TOTAL | 17,597,900 | 11,278,032 | 64% | 17,597,900 | 9,529,697 | 54% | 1,748,334 | 16% |

DEVELOPMENTAL SERVICES

| PROGRAM | REVENUE | | | EXPENDITURES | | | ACTUAL VARIANCE | VARIANCE / REVENUE |
|------------------------------|-------------------|-------------------|---------------|-------------------|-------------------|---------------|------------------|--------------------|
| | BUDGET FY 2024 | ACTUAL YTD | % | BUDGET FY 2024 | ACTUAL YTD | % | | |
| CASE MANAGEMENT | 3,600,846 | 1,960,050 | 54.43% | 3,600,846 | 1,926,086 | 53.49% | 33,964 | 2% |
| DAY HEALTH & REHAB * | 4,969,885 | 2,490,365 | 50.11% | 4,969,885 | 2,648,281 | 53.29% | (157,916) | -6% |
| GROUP HOMES | 6,280,744 | 4,062,808 | 64.69% | 6,280,744 | 2,970,151 | 47.29% | 1,092,657 | 27% |
| RESPIRE GROUP HOME | 749,912 | 135,183 | 18.03% | 749,912 | 339,251 | 45.24% | (204,068) | -151% |
| INTERMEDIATE CARE FACILITIES | 4,295,140 | 2,058,571 | 47.93% | 4,295,140 | 2,368,956 | 55.15% | (310,385) | -15% |
| SUPERVISED APARTMENTS | 1,682,792 | 1,704,301 | 101.28% | 1,682,792 | 897,700 | 53.35% | 806,601 | 47% |
| SPONSORED PLACEMENTS | 2,116,891 | 1,452,807 | 68.63% | 2,116,891 | 1,222,445 | 57.75% | 230,363 | 16% |
| SUB-TOTAL | 23,696,210 | 13,864,086 | 58.51% | 23,696,210 | 12,372,870 | 52.21% | 1,491,215 | 11% |

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

RACSB
FY 2024 FINANCIAL REPORT
Fiscal Year: July 1, 2023 through June 30, 2024
Report Period: July 1, 2023 through January 31, 2024
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 | 908,412 | 56.18% | 1,616,928 | 803,910 | 49.72% | 104,502 | 12% |
| MAT PROGRAM (R) (FED) | 774,936 | 207,456 | 26.77% | 774,936 | 597,635 | 77.12% | (390,179) | -188% |
| CASE MANAGEMENT (R) (FED) | 232,071 | 136,466 | 58.80% | 232,071 | 63,757 | 27.47% | 72,710 | 53% |
| RESIDENTIAL (R) | 69,049 | 109,328 | 158.33% | 69,049 | 38,689 | 56.03% | 70,639 | 65% |
| PREVENTION (R) (FED) | 867,515 | 161,394 | 18.60% | 867,515 | 373,407 | 43.04% | (212,013) | -131% |
| LINK (R) (FED) | 290,801 | 182,259 | 62.67% | 290,801 | 131,940 | 45.37% | 50,319 | 28% |
| SUB-TOTAL | 3,851,301 | 1,705,314 | 44% | 2,234,372 | 2,009,336 | 90% | (408,524) | -24% |

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 | 1,440,666 | 84.10% | 1,712,988 | 606,635 | 35.41% | 834,032 | 58% |
| CHILD MOBILE CRISIS (R) | 371,304 | 1,494 | 0.40% | 371,304 | 27,858 | 7.50% | (26,364) | -1765% |
| CIT ASSESSMENT SITE (R) | 290,495 | 190,070 | 65.43% | 290,495 | 231,510 | 79.69% | (41,440) | -22% |
| CONSUMER MONITORING (R) (FED) | 133,656 | 11,892 | 8.90% | 133,656 | 202,608 | 151.59% | (190,716) | -1604% |
| ASSESSMENT AND EVALUATION (R) | 390,825 | 227,956 | 58.33% | 390,825 | 269,110 | 68.86% | (41,154) | -18% |
| SUB-TOTAL | 2,899,269 | 1,872,078 | 64.57% | 2,899,269 | 1,337,721 | 46.14% | 534,357 | 29% |

ADMINISTRATION

| PROGRAM | REVENUE | | | EXPENDITURES | | | ACTUAL VARIANCE |
|-----------------------|----------------|----------------|----------------|----------------|----------------|----------------|-----------------|
| | BUDGET FY 2024 | ACTUAL YTD | % | BUDGET FY 2024 | ACTUAL YTD | % | |
| ADMINISTRATION (FED) | 130,080 | 348,688 | 268.06% | 130,080 | 348,688 | 268.06% | 0 |
| PROGRAM SUPPORT | 4,354 | 21,183 | 486.48% | 4,354 | 21,183 | 486.48% | 0 |
| SUB-TOTAL | 134,434 | 369,872 | 275.13% | 134,434 | 369,872 | 275.13% | 0 |
| ALLOCATED TO PROGRAMS | | | | 4,268,473 | 3,126,283 | 73.24% | |

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

RACSB
FY 2024 FINANCIAL REPORT
 Fiscal Year: July 1, 2023 through June 30, 2024
 Report Period: July 1, 2023 through January 31, 2024
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 | 1,405,659 | 81.65% | 1,721,538 | 756,033 | 43.92% | 649,626 | 46% |
| INFANT CASE MANAGEMENT (R) | 808,195 | 605,757 | 74.95% | 808,195 | 507,852 | 62.84% | 97,905 | 16% |
| EARLY INTERVENTION (R) | 2,178,718 | 978,921 | 44.93% | 2,178,718 | 1,209,715 | 55.52% | (230,794) | -24% |
| TOTAL PART C | 4,708,452 | 2,990,336 | 63.51% | 4,708,452 | 2,473,599 | 52.54% | 516,737 | 17% |
| HEALTHY FAMILIES (R) | 280,006 | 136,024 | 48.58% | 280,006 | 121,436 | 43.37% | 14,588 | 11% |
| HEALTHY FAMILIES - MIECHV Grant (R) (REIM) | 315,601 | 134,669 | 42.67% | 315,601 | 188,648 | 59.77% | (53,979) | -40% |
| HEALTHY FAMILIES-TANF & CBCAP GRANT (R) (REIM) | 459,084 | 107,688 | 23.46% | 459,084 | 317,339 | 69.12% | (209,651) | -195% |
| TOTAL HEALTHY FAMILY | 1,054,691 | 378,380 | 35.88% | 1,054,691 | 627,422 | 59.49% | (249,042) | -66% |

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

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

RECAP FY 2024 BALANCES

| | <u>REVENUE</u> | <u>EXPENDITURES</u> | <u>NET</u> | <u>NET / REVENUE</u> |
|-------------------------------|-------------------|---------------------|------------------|----------------------|
| MENTAL HEALTH | 11,282,032 | 9,579,156 | 1,702,876 | 15% |
| DEVELOPMENTAL SERVICES | 13,875,887 | 12,373,120 | 1,502,767 | 11% |
| SUBSTANCE ABUSE | 1,705,314 | 2,009,336 | (304,022) | -18% |
| SERVICES OUTSIDE PROGRAM AREA | 1,872,078 | 1,337,721 | 534,357 | 29% |
| ADMINISTRATION | 369,872 | 369,872 | 0 | 0% |
| FISCAL AGENT PROGRAMS | 3,368,717 | 3,101,022 | 267,695 | 8% |
| TOTAL | 32,473,899 | 28,770,226 | 3,703,673 | 11% |

| | |
|--------------------|---------------------|
| Restricted Funds | \$ 2,136,640 |
| Unrestricted Funds | 1,567,341 |
| Total | \$ 3,703,981 |

RECAP FY 2023 BALANCES

| | <u>REVENUE</u> | <u>EXPENDITURES</u> | <u>NET</u> | <u>NET / REVENUE</u> |
|-------------------------------|-------------------|---------------------|------------------|----------------------|
| MENTAL HEALTH | 10,472,125 | 8,578,762 | 1,893,362 | 18% |
| DEVELOPMENTAL SERVICES | 14,149,864 | 12,042,956 | 2,106,908 | 15% |
| SUBSTANCE ABUSE | 2,522,788 | 2,029,228 | 493,560 | 20% |
| SERVICES OUTSIDE PROGRAM AREA | 1,806,832 | 1,325,265 | 481,568 | 27% |
| ADMINISTRATION | 196,647 | 196,647 | 0 | 0% |
| FISCAL AGENT PROGRAMS | 3,402,202 | 2,885,708 | 516,493 | 15% |
| TOTAL | 32,550,458 | 27,058,566 | 5,491,891 | 17% |

| | <u>\$ Change</u> | <u>% Change</u> |
|--------------------------------------|------------------|-----------------|
| Change in Revenue from Prior Year | \$ (76,558) | -0.24% |
| Change in Expense from Prior Year | \$ 1,711,661 | 6.33% |
| Change in Net Income from Prior Year | \$ (1,788,218) | -32.56% |

*Unaudited Report



540-374-3366
healthyfamiliesrappahannock.org
600 Jackson St. Fredericksburg VA 22401

FY 2024 WOMEN AND GIRLS FUND

Empower Her: Nurturing New Mothers Postpartum

Healthy Families Rappahannock Area (HFRA) recognizes the need of supporting new mothers especially during postpartum. The program would like to apply to the FY 2024 Women and Girls Fund through The Community Foundation of the Rappahannock River Region. Funding is available up to \$50,000.

HFRA proposed a project that will support new mothers during postpartum. We believe this project will help increase the care of mothers once leaving the hospital as well as increase knowledge of resources such as Healthy Families to our community.

The Empower Her: Nurturing New Mothers Postpartum is dedicated to addressing the holistic needs by offering postpartum care packages filled with physical and emotional well-being essentials, self-care packages promoting the importance of self-care, diaper bags filled with items for baby's care as well as infant carriers that will ensure safety of the newborn.

The Empower Her Grant recognizes the transformative journey of motherhood and aims to create a supportive community that empowers mothers to navigate the challenges of early parenthood with confidence and resilience.

The Empower Her grant is a 10-month long project which will start once funds are awarded. During that time, we will track the demographics of recipients of the items distributed to help ensure equity and inclusion amongst new mothers in our community. HFRA also will use postpartum depression screenings as well as surveys to identify areas of growth needed in the HFRA program. We are hoping that if awarded this grant, we will be able to collaborate with Mary Washington Hospital on the importance of postpartum care in hopes of creating further opportunities to support new mothers.

Proposed budget:

| | |
|---|-------------|
| self-care kits containing items like relaxation teas, scented candles, and pampering products to encourage new mothers to take time for themselves. | \$10,000.00 |
| Postpartum essential packages containing items like pads, nursing supplies, toiletries to support new mothers once home with their newborn | |
| Newborn diaper bags filled with care for newborn such as diapers and wipes, diaper rash cream, nasal aspirator, onesies, and burp cloths. | \$10,000.00 |
| New infant car seats essential for postpartum care | \$12,500.00 |
| Administrative support (filling of bags, data collection, etc.) | \$7,500.00 |
| Total | \$50,000.00 |

Rappahannock Area Community Services
Board Personnel Committee Meeting
Tuesday March 12, 2024 at 12:30 p.m.
600 Jackson Street, Board Room 208
Fredericksburg, VA

PRESENT

Nancy Beebe
Claire Curcio
Kenneth Lapin
Greg Sokolowski
Carol Walker
Bridgette Williams
Matthew Zurasky

ABSENT

Jacob Parcell
Sarah Ritchie
Glenna Boerner
Susan Gayle
Shawn Kiger
Melissa White

OTHERS PRESENT

Joseph Wickens, Executive Director
Tina Cleveland, Finance and Administration Director
Teresa McDonnell, Acting Human Resources Director
Stephanie Terrell, Compliance Director
Amy Jindra, Community Support Services Director

Call to order – Ms. Curcio for Ms. Gayle

A meeting of the Personnel Committee of Rappahannock Area Community Services Board was held at 600 Jackson Street on **March 12, 2024**

ISSUE: February 2024 EEO Report and Recruitment Update

DISCUSSION: Ms. McDonnell told the committee that RACSB continues to receive a large number of applications through the new hiring portal. For the month of February 2024, RACSB received 1647 applications. Of the applications received, 90 applicants listed the RACSB applicant website as their recruitment source, 39 stated employee referrals as their recruitment source, and 1156 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 82 open positions.

ISSUE: February 2024 Retention Report

DISCUSSION: Ms. McDonnell reported that Human Resources processed a total of

12 employee separations resulting in a Retention Rate of 98.42% for the month of February 2024.

Adjournment

The meeting adjourned at 1:00 PM

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

NOTICE

To: Personnel Committee
Susan Gayle (Chair), Glenna Boerner, Claire Curcio, Ken Lapin, Jacob Parcell,
Sarah Ritchie, Greg Sokolowski, Carol Walker, Melissa White

From: Joseph Wickens
Executive Director

Subject: Personnel Committee Meeting
March 12, 2024 **12:30 PM**
600 Jackson Street, Board Room 208, Fredericksburg, VA

Date: March 7, 2024

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

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

a g e n d a

- | | | |
|------|--|----------|
| I. | SUMMARY – FEBRUARY 2024 EEO REPORT AND RECRUITMENT UPDATE - | MCDONNEL |
| II. | OPEN POSITIONS REPORT | MCDONNEL |
| III. | SUMMARY – FEBRUARY 2024 RETENTION AND TURNOVER REPORT – | MCDONNEL |



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: March 6, 2024

Re: Summary – February 2024 EEO Report and Recruitment Update

RACSB continues to receive a large number of applications through the new hiring portal. For the month of February 2024, RACSB received **1647** applications.

Of the applications received, 90 applicants listed the RACSB applicant website as their recruitment source, 39 stated employee referrals as their recruitment source, and 1156 listed job boards as their recruitment source.

According to the attached list, there are currently **82** 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 **February 2024**.

EEO Report 2024

| APPLICANT DATA | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 | Sep-23 | Oct-23 | Nov-23 | Dec-23 | Jan-24 | Feb-24 |
|----------------------------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| Female | 33 | 51 | 65 | 60 | 48 | 47 | 70 | 39 | 53 | 46 | 44 | 66 | 128 |
| Male | 27 | 6 | 11 | 23 | 8 | 7 | 11 | 11 | 12 | 10 | 5 | 17 | 24 |
| Not Supplied | 39 | 49 | 68 | 72 | 54 | 58 | 54 | 38 | 61 | 36 | 1881 | 1280 | 1495 |
| Total | 99 | 106 | 144 | 155 | 110 | 112 | 135 | 88 | 126 | 92 | 1930 | 1363 | 1647 |
| ETHNICITY | | | | | | | | | | | | | |
| Caucasian | 27 | 31 | 44 | 42 | 24 | 29 | 42 | 23 | 25 | 25 | 21 | 44 | 53 |
| African American | 26 | 25 | 32 | 37 | 24 | 23 | 33 | 25 | 29 | 27 | 27 | 27 | 62 |
| Hispanic | 7 | 7 | 3 | 3 | 5 | 6 | 6 | 6 | 9 | 3 | | | 10 |
| Asian | 3 | 2 | 1 | 1 | 3 | | 4 | 1 | 1 | 3 | | 2 | 9 |
| American Indian | | | | 1 | 1 | | 1 | 1 | 2 | | | | |
| Native Hawaiian | 2 | | | | 2 | | 1 | 1 | 2 | | | | 1 |
| Two or More Races | | | | | | | | | | | | 2 | 14 |
| RECRUITMENT SOURCE | | | | | | | | | | | | | |
| Newspaper Ads | 3 | | 1 | 2 | 1 | | 1 | 1 | 2 | | | | |
| RACSB Website | 53 | 45 | 42 | 81 | 50 | 47 | 74 | 24 | 58 | 60 | 92 | 74 | 90 |
| RACSB Intranet | 7 | 4 | 5 | 11 | | 6 | 5 | 3 | 4 | 3 | | | |
| Employee Referrals | 26 | 35 | 48 | 32 | 38 | 39 | 43 | 44 | 41 | 20 | 65 | 41 | 39 |
| Radio Ads | | | 2 | 2 | | | | | | | | | |
| Job Boards | | | | | | | | | | | 1171 | 1054 | 1156 |
| Indeed.com | 9 | 22 | 31 | 28 | 15 | 12 | 21 | 10 | 12 | 6 | | | |
| VA Employment Commission | 2 | 2 | | 1 | | | 6 | 4 | 3 | 2 | | | |
| Monster.com | | | | | | | | | | | | | |
| Other - | 6 | 1 | 4 | 5 | 3 | 3 | 4 | 3 | 1 | | 24 | 29 | 21 |
| VA Peer Recovery Specialist Site | | | | | | | | | 2 | | | | |
| Colleges/Handshake | | 1 | | | | | | | 5 | 1 | | | |
| Facebook | | | | | | | | | | | | 5 | |
| Multi Site Search | | 1 | 1 | 1 | 3 | 2 | | 1 | 1 | 3 | 4 | | |
| NHSC | | | | | | | | | | | | | |
| Linked In | | | | | | | | | 1 | | | | |
| Goodwill referral | | | | | | | | | | | | | |
| Zip Recruiter | 5 | 3 | 3 | 5 | 1 | 4 | 1 | 2 | 1 | 2 | | | |
| Job Fair | 2 | 1 | 2 | | 1 | | | 1 | 1 | | 1 | | |
| Total # of Applicants | 62 | 83 | 115 | 110 | 80 | 89 | 102 | 67 | 100 | 60 | 1930 | 1363 | 1647 |

| Open Positions Report | | 2/29/2024 | | |
|-----------------------|---------|--|--|-----------|
| Date | Job # | Job Title | Department | FT/PT |
| 12/6/2023 | 1053265 | Accounting Specialist | Accounting | Full Time |
| 12/7/2023 | 1053557 | Internal Auditor | Accounting | Full Time |
| 12/8/2023 | 1060699 | Financial Analyst | Accounting | Full Time |
| 12/12/2023 | 1057295 | Accounting Coordinator | Accounting | Full Time |
| 2/22/2024 | 1113889 | Assistant Coordinator - IT/Elec Health Record | Human Resources | Full Time |
| | | | | 5 |
| 12/7/2023 | 1053558 | Therapist, MHSA Outpatient - Caroline | Outpatient Services | Full Time |
| 12/7/2023 | 1053832 | Therapist, MH Outpatient - Stafford | Outpatient Services | Full Time |
| 12/12/2023 | 1056889 | Therapist, SA - Spotsylvania | Outpatient Services | Full Time |
| 1/18/2024 | 1087785 | Office Associate II - Fredericksburg | Outpatient Services | Full Time |
| 12/7/2023 | 1053589 | Therapist, Office on Youth | Substance Abuse Services | Full Time |
| 12/7/2023 | 1053663 | Assistant SUD Coordinator - OBOT - Fredericksburg | Substance Abuse Services | Full Time |
| 1/3/2024 | 1076741 | Therapist, SA - Women's Services - Fredericksburg | Substance Abuse Services | Full Time |
| 12/7/2023 | 1053800 | Peer, Family Support - Spotsylvania | Child & Adolescent Services | Part Time |
| 12/7/2023 | 1053656 | Coordinator, Emergency Services | ES Coordinator | Full Time |
| 12/7/2023 | 1053638 | Therapist, Emergency Services | Emergency Services | Full Time |
| 12/7/2023 | 1053642 | Therapist, Emergency Services Child and Adolescent | Emergency Services | Full Time |
| 12/7/2023 | 1053659 | Therapist, Emergency Services | Emergency Services | Full Time |
| 2/23/2024 | 1117540 | Therapist, Emergency Services Mobile Co-Response | Emergency Services | Full Time |
| 2/23/2024 | 1116531 | Therapist, Emergency Services Mobile Co-Response | Emergency Services | Full Time |
| 12/7/2023 | 1053654 | Lead Therapist, Veterans and Families | Drug Treatment Court | Full Time |
| 12/7/2023 | 1053786 | Therapist/Case Manager, SA - Fredericksburg | Drug Treatment Court | Full Time |
| 12/7/2023 | 1053679 | Therapist, SA - Probation and Parole | Jail Based/Diversion Services | Full Time |
| 12/7/2023 | 1053681 | Therapist, SA (Jail Based) | Jail Based/Diversion Services | Full Time |
| 12/7/2023 | 1053683 | Therapist, Mental Health (Diversion) | Jail Based/Diversion Services | Full Time |
| 12/7/2023 | 1053695 | Therapist, Mental Health (Jail Based) | Jail Based/Diversion Services | Full Time |
| | | | | 20 |
| 2/7/2024 | 1102038 | Mental Health Specialist - ACT North | Assertive Community Treatment | Full Time |
| 12/7/2023 | 1053770 | Speech and Language Pathologist - PEID | Early intervention Services | Full Time |
| 12/28/2023 | 1067537 | Developmental Services Support Coordinator - King George | ID/DD Support Coordination Services | Full Time |
| 12/28/2023 | 1067880 | Developmental Services Support Coordinator - Spotsylvania | ID/DD Support Coordination Services | Full Time |
| 1/8/2024 | 1087974 | Developmental Services Support Coordinator - Fredericksburg | ID/DD Support Coordination Services | Full Time |
| 2/29/2024 | 1120793 | Developmental Services Support Coordinator - Caroline | ID/DD Support Coordination Services | Full Time |
| 12/7/2023 | 1053766 | MH Residential Counselor I - Lafayette | Mental Health Residential Services | Full Time |
| 1/10/2024 | 1078720 | MH Residential Counselor I - Home Road | Mental Health Residential Services | Full Time |
| 1/19/2024 | 1087876 | Psychosocial Advocate - Kenmore | Psychosocial Rehabilitation Services | Full Time |
| | | | | 8 |
| 12/7/2023 | 1053562 | MH Residential Specialist - Crisis Stabilization Program | Mental Health Crisis Stabilization Program | Full Time |
| 12/7/2023 | 1053565 | Peer Recovery Specialist, SA - Crisis Stabilization Program | Mental Health Crisis Stabilization Program | Part Time |
| 12/7/2023 | 1053566 | Therapist, Crisis Stabilization Program | Mental Health Crisis Stabilization Program | Full Time |
| 1/10/2024 | 1078291 | Coordinator, Crisis Stabilization Services | Mental Health Crisis Stabilization Program | Full Time |
| 1/19/2024 | 1087859 | Nurse Manager - Crisis Stabilization Services | Mental Health Crisis Stabilization Program | Full Time |
| 2/7/2024 | 1102029 | Nurse, RN - Crisis Stabilization Program | Mental Health Crisis Stabilization Program | Full Time |
| 2/7/2024 | 1102031 | MH Residential Specialist - Crisis Stabilization Program | Mental Health Crisis Stabilization Program | Full Time |
| 2/7/2024 | 1102032 | Peer Recovery Specialist, SA - Crisis Stabilization Program | Mental Health Crisis Stabilization Program | Full Time |
| 2/29/2024 | 1120800 | Certified Substance Abuse Counselor (CSAC) | Mental Health Crisis Stabilization Program | Full Time |
| | | | | 9 |
| 12/7/2023 | 1054273 | Direct Support Professional - Day Support - RAAI Caroline | Day Health & Rehabilitation Services | Part Time |
| 1/19/2024 | 1087898 | Assistant Site Leader - Day Support - King George/Caroline | Day Health & Rehabilitation Services | Full Time |
| 1/30/2024 | 1096704 | Direct Support Professional - Day Support - RAAI King George | Day Health & Rehabilitation Services | Full Time |
| 12/28/2023 | 1067917 | Direct Support Professional - Day Support - RAAI Kings Highway | Day Health & Rehabilitation Services | Full Time |
| 1/30/2024 | 1096706 | Direct Support Professional - Day Support - RAAI Kings Highway | Day Health & Rehabilitation Services | Part Time |
| 12/8/2023 | 1054863 | Direct Support Professional - Day Support - RAAI Stafford | Day Health & Rehabilitation Services | Part Time |
| 12/8/2023 | 1054879 | Direct Support Professional - Day Support - RAAI Stafford | Day Health & Rehabilitation Services | Part Time |
| 12/8/2023 | 1054904 | Direct Support Professional - Day Support - RAAI Stafford | Day Health & Rehabilitation Services | Part Time |
| 2/23/2024 | 1115959 | Direct Support Professional - Day Support - RAAI Stafford | Day Health & Rehabilitation Services | Full Time |
| 12/8/2023 | 1054927 | Direct Support Professional - Day Support ICF | Day Health & Rehabilitation Services | Part Time |
| 12/8/2023 | 1054929 | Direct Support Professional - Day Support ICF | Day Health & Rehabilitation Services | Part Time |
| 12/28/2023 | 1067924 | Direct Support Professional - Day Support ICF | Day Health & Rehabilitation Services | Full Time |
| | | | | 12 |
| 12/7/2023 | 1053884 | Nurse, LPN - ICF - Lucas ICF | ID/DD Residential Services | Full Time |
| 12/8/2023 | 1054948 | Direct Support Professional - Residential ICF - Lucas ICF | ID/DD Residential Services | Part Time |

RECRUITMENT REPORT 2024

| MONTHLY RECRUITMENT | JANUARY | FEBRUARY | MARCH | APRIL | MAY | JUNE | JULY | AUGUST | SEPTEMBER | OCTOBER | NOVEMBER | DECEMBER | TOTAL YTD |
|--|----------------|-----------------|--------------|--------------|------------|-------------|-------------|---------------|------------------|----------------|-----------------|-----------------|------------------|
| External Applicants Hired: | | | | | | | | | | | | | |
| Part-time | 4 | 2 | | | | | | | | | | | 6 |
| Full-time | 19 | 22 | | | | | | | | | | | 41 |
| Sub Total External Applicants Hired | 23 | 24 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 47 |
| Internal Applicants Moved: | | | | | | | | | | | | | |
| Full-time to PRN As Needed | | | | | | | | | | | | | 0 |
| Full-time to Part-time | | | | | | | | | | | | | 0 |
| Part-time to PRN As Needed | | 1 | | | | | | | | | | | 1 |
| Part-time to Full-time | | 1 | | | | | | | | | | | 1 |
| PRN As Needed to Part-time | | | | | | | | | | | | | 0 |
| Lateral Transfer | | 2 | | | | | | | | | | | 2 |
| Non-Lateral Change in Position | | | | | | | | | | | | | 0 |
| Promotion | 6 | 2 | | | | | | | | | | | 8 |
| Temporary to Regular | | | | | | | | | | | | | 0 |
| PRN As Needed to Full-Time | | 1 | | | | | | | | | | | 1 |
| Temporary Promotion | 1 | 2 | | | | | | | | | | | 3 |
| Intern to Full-time | | | | | | | | | | | | | |
| Intern to PRN | 1 | | | | | | | | | | | | 1 |
| Sub Total Internal Applicant Moves | 8 | 9 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 17 |
| Total Positions Filled: | 31 | 33 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 64 |
| Total Applications Received: | | | | | | | | | | | | | |
| Actual Total of Applicants: | 1363 | 1647 | | | | | | | | | | | 3010 |
| Total External Offers Made: | 23 | 24 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 47 |
| Total Internal Offers Made: | 8 | 9 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 17 |



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: March 6, 2024
 Re: Summary – Retention Report – February 2024

Human Resources processed a total of twelve (12) employee separations for the month of February 2024. Of the twelve, four (10) separations were voluntary two (2) separations were involuntary. All separations were full-time.

Reasons for Separations

| | |
|-----------------------------|-----------|
| Other Employment | 4 |
| For Cause | 2 |
| Resigned without Notice | 2 |
| Personal Reasons | 1 |
| Unable to Return from Leave | 1 |
| Personal Reasons | 1 |
| Unknown | 1 |
| Total | 12 |

Retention and Turnover Rates

According to the attached report, the retention rate for January was 98.42% and the turnover rate was 1.58%. Annualized turnover comparison is included.

RACSB RETENTION & TURNOVER REPORT
Feb-24

| <u>ORGANIZATIONAL UNIT</u> | <u>NUMBER OF TERMS</u> | <u>VOLUNTARY</u> | <u>INVOLUNTARY</u> | <u>EXPLANATION</u> |
|-----------------------------------|------------------------|------------------|--------------------|------------------------------|
| Administrative | | | | |
| | | | | |
| <i>Unit Totals</i> | 0 | 0 | 0 | |
| Clinical Services | | | | |
| | | | | |
| <i>Unit Totals</i> | 0 | 0 | 0 | |
| Community Support Services | | | 2 | For Cause |
| | | 4 | | Other Employment |
| | | 2 | | Resigned without Notice |
| | | 1 | | Personal Reasons |
| | | 1 | | Unable to Return from Leave |
| | | 1 | | Left Area - Other Employment |
| | | 1 | | Unknown |
| <i>Unit Totals</i> | 12 | 10 | 2 | |
| | | | | |
| Grand Totals for the Month | 12 | 10 | 2 | |

| | |
|--|---------------|
| Total Average Number of Positions | 600 |
| Retention Rate | 98.50% |
| Turnover Rate | 1.50% |

| | |
|--------------------------|-----------|
| Total Separations | 12 |
|--------------------------|-----------|

RACSB Turnover 2021

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

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

RACSB Turnover 2022

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

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

RACSB Turnover 2023

| <u>Employees</u> | <u>Jan-23</u> | <u>Feb-23</u> | <u>Mar-23</u> | <u>Apr-23</u> | <u>May-23</u> | <u>Jun-23</u> | <u>Jul-23</u> | <u>Aug-23</u> | <u>Sep-23</u> | <u>Oct-23</u> | <u>Nov-23</u> | <u>Dec-23</u> | <u>2023 Year End</u> |
|----------------------------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|----------------------|
| 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

RACSB Turnover 2024

| <u>Employees</u> | <u>Jan-24</u> | <u>Feb-24</u> | <u>Mar-24</u> | <u>Apr-24</u> | <u>May-24</u> | <u>Jun-24</u> | <u>Jul-24</u> | <u>Aug-24</u> | <u>Sep-24</u> | <u>Oct-24</u> | <u>Nov-24</u> | <u>Dec-24</u> | <u>2024 Year End</u> |
|----------------------------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|----------------------|
| Average Total Positions | 600 | 600 | 600 | 600 | 600 | 600 | 600 | 600 | 600 | 600 | 600 | 600 | 600 |
| Monthly Terminations* | 6 | 12 | | | | | | | | | | | 18 |
| Turnover by Month YTD | 1.00% | 2.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 3.00% |
| Cumulative Turnover YTD | 0.17% | 3.00% | 3.00% | 3.00% | 3.00% | 3.00% | 3.00% | 3.00% | 3.00% | 3.00% | 3.00% | 3.00% | 3.00% |
| Average % Turnover per Month YTD | 0.17% | 1.50% | 1.00% | 1.00% | 0.75% | 0.75% | 0.75% | 0.75% | 0.75% | 0.75% | 0.75% | 0.75% | 2.61% |

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

To: Joseph Wickens, Executive Director
From: Jacqueline Kobuchi, Director of Clinical Services
Date: 3/8/24
Re: Report to RACSB Board of Directors for the March Board Meeting

.....

Outpatient Services

Caroline clinicians completed 22 intakes in February for adult/youth outpatient therapy and medication management. Our waiting list remains active and staff perform weekly outreach for check-ins and to provide an update. The Clinic Coordinator also maintains contact with District 41 Community Corrections and Pre-trial services regarding waiting list status. There is one clinician vacancy and we are actively recruiting. The clinic continues to offer weekly co-ed Substance Abuse group and dispense Narcan to at risk individuals. Staff were also able to serve a family in crisis last month by seeing multiple family members with help from part-time contracted telehealth therapist.

The Fredericksburg Clinic Mental Health Outpatient team and Children’s Clinic remained fully staffed with two Intake Therapists, one Adult Mental Health Therapist, one Clinical Outreach Therapist, two Mental Health/Substance Use Therapists, one Mental Health Peer Recovery Specialist, one Telehealth Therapist, and three Child/Adolescent Therapists. Caseloads remain between 40 to 75 clients. There were 64 intakes scheduled for adults and 53 intakes were completed. Twenty-three intakes were completed at our Children’s Services Clinic. The Acute Care Clinic has consistently been offered to assist individuals who are in need of an emergency psychiatric appointment and has been regularly utilized. The Fredericksburg Front Desk has one vacant position and we are actively interviewing individuals to fill this vacancy.

The King George Clinic continues to offer the weekly substance use group for women and men. We had one group member graduate in February. Topics in group during the month of February included Vulnerability, Stages of Recovery, Relapse Prevention, and Individual Values. The King George Clinic Coordinator was interviewed early in January by the Fredericksburg Parent and Family Magazine for an article for parents regarding supporting their children’s mental health. The article will be published in the March issue. This month, King George staff attended trainings on the Ethics in Services to Sex Offenders: Balancing Rights, Safety and Biases, Lock and Talk, and Motivational Interviewing: Choosing a Focus for Change.

Stafford Therapists completed 37 intakes during the month of February. 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 three days per week. There is currently one vacant position, mental health therapist.

Our new school-based therapist working in Stafford County Schools completed her training and began seeing children/adolescents in the schools this month. Our new Fredericksburg City Schools based therapist began orientation with school staff and will start seeing children/adolescents in Fredericksburg City Schools the week of 3/18.

Jail & Detention

The Juvenile Detention Center has a census of 26 residents. Currently, 3 CAP residents, 5 IBP residents, and 1 resident is in the Post D program. A hiring packet for the Mental Health Therapist position has been submitted. There are 3 vacancies at RRJ.



Case Management

Child and Adolescent staff attended a Family Partnership Training with Caroline County partner agencies in February. Child and Adolescent staff also attended a grandparent group meeting hosted by Caroline County Schools and staff were able to talk with grandparents raising grandchildren and other staff on services available through the Rappahannock Area Community Services Board. We saw an increase in referrals from Caroline County for kids determined by the courts to be a Child In Need Of Services (CHINS) to assist those families with accessing the Caroline County Family Assessment and Planning Team (FAPT).

The Adult Mental Health Case Management Team has enrolled 11 individuals into case management services in the past month. A typical caseload is around 40 individuals. Our census at Western State Hospital is currently at 24 individuals, mostly forensic admissions. At this time the census consists of 13 forensic admissions from a local jail, 10 individuals who are working through the Not Guilty by Reason of Insanity process and 2 civil admissions.

Substance Use

Fredericksburg SUD programming continued to have vacancies for the month of February, including the Assistant SUD Services Coordinator (OBOT), Project LINK specialist, an outpatient PRS, and the Women's SUD Therapist. Both the Project LINK Specialist and outpatient PRS positions were filled with anticipated start dates in March for each.

The SUD Services Coordinator continues to attend the harm reduction subcommittee. OBOT Case Manager and Therapist continue to spend a half-day per week at the Rappahannock Regional Jail to improve access to treatment for opioid use disorders for those preparing for release. SUD Services Coordinator continues to work towards implementation of a mobile Office Based Opioid Treatment unit, with next steps focusing on securing and renovating a vehicle. Training was provided on co-occurring disorders and various treatment resources to those working towards Crisis Intervention Team (CIT) certification. SUD Case Management staff attended a lunch'n'learn with Recovery Centers of America to gain information of the resources they offer and how to access. SUD Services Coordinator also met with two dental hygiene students to discuss opportunity to present to individuals in services on the importance of dental hygiene and the impact of substance use on dental health.

Specialty Dockets

During the month of February the Specialty Dockets continued to welcome new participants and celebrated several graduations. The Veterans Docket welcomed three new participants and have three more awaiting their court dates to begin the program. Adult Drug Court continues to operate with approximately 40 clients and celebrated several graduations and new participants this month. Behavioral Health Docket celebrated our third graduation this month and continues to take on new participants. 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 Veterans and Family Therapist position continues to remain vacant at this time.

HUMAN RESOURCES REPORT FOR THE BOARD OF DIRECTORS – FEBRUARY 2024

Training

Human Resources held 2 New Employee Orientation (NEO) classes during February. There was a total of 17 individuals hired (15 full-time, 2 part-time).

| DOL STATUS | # OF EMPLOYEES HIRED |
|-------------------|-----------------------------|
| Full-time | 15 |
| Part-time | 2 |
| Intern | 0 |
| TOTAL | 17 |

Recruitment

In the month of February, we made offers to 24 external applicants and 9 internal applicants.

Human Resources and Employee Relations

Congratulations to the following employees who have recently been promoted:

- Lisa Walker – Group Home Manager – New Hope
- Christina Turberville – Assistant Group Home Manger – Galveston

Prevention Services

Michelle Wagaman, Director

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

March 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 is nearing completion at Madison Elementary School (kindergarten through 2nd grades).

Coalitions – The Community Collaborative for Youth and Families resumed regular meetings in 2024 and is working to relaunch the website. Meetings for 2024: April 12 (training on Unite Us platform); July 12; and October 11.

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 March as well as Massaponax High School.

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 March we return to Caroline County Public Schools for another in-person Youth MHFA training.

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: May 30 (Marine Corps Base Quantico); July 9; September 5; October 23 (Stafford County Parks and Rec) 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: March 19 (Caroline County Public Schools); 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.

We have added a training for March 29th at the request of the National Park Service.

safeTALK trainings are scheduled for 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 – New PSA videos in English and Spanish and a new FAQ section have been added to the website. Additionally, we're gearing up for May's Mental Health Month Awareness Campaign.

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. The Fredericksburg Police Department was provided a supply of medication lock boxes for the co-response team.

Coalitions – At the February meeting, subgroups were formed to address focus areas of teens/young adults; older adults; and first responders/veterans. These new subgroups will meet to review the local data and SWAT analysis to help determine their goals and action steps. The next coalition meeting will be held April 22, 2024 at 1:00 p.m. at River Club.

We held additional Barbershop Talk on February 26 and our first Salon Talk on February 19. These were funded through a Behavioral Health Equity mini-grant. All participants received Narcan training.



State Opioid Response (SOR)

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

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

Save One Life Naloxone Training and Dispensing – RACSB continues to host virtual trainings twice a month and at the request of community partners. In March we trained the staff of the Rappahannock United Way.

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.vcpg.net.

March is [Problem Gambling Awareness Month](#), a nationwide grassroots campaign, held annually in March by the [National Council on Problem Gambling \(NCPG\)](#), that seeks to increase public awareness of problem gambling and promote prevention, treatment, and recovery services as well as encourage healthcare providers to screen clients for problem gambling.

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. We held two trainings as part of the Spotsylvania County Public Schools professional development day on Monday, February 19, 2024. Additionally we hosted a new co-hort of ACE Interface trainings in partnership with DBHDS. Nine new presenters were certified including staff from Eastern Shore CSB and Horizon CSB. Locally, participants represented Germanna Community College, Healthy Families, Kenmore Club, and Mental Health America of Fredericksburg.



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 March 19; April 25; and September 12.

Course 2 is scheduled for 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>

Virginia Young Adult Survey – CSB Prevention teams have been tasked with administering the 2024 Virginia Young Adult Survey targeting individuals ages 18 to 25. The survey asked about individual mental wellness and substance use. This was first administered in 2022. As of March 7, 2024, RACSB has 389 responses (compared to 118 in 2022). Respondents may be eligible for a \$15 digital gift card upon completing the survey. We have partnered with VCU on the incentive fulfillment.

ARE YOU 18-25 YEARS OLD, LIVING IN VIRGINIA?

TAKE THE VIRGINIA YOUNG ADULT SURVEY!

- 1** **Text Virginia to 888-688-5128**
CLICK ON THE LINK YOU RECEIVE TO SHARE YOUR EXPERIENCES AND OPINIONS ABOUT SUBSTANCE USE AND MENTAL HEALTH.
- 2** **Complete the survey**
IT TAKES 15-20 MINUTES.
YOUR ANSWERS WILL REMAIN ANONYMOUS.
- 3** **Thank you!**
IT TAKES 15-20 MINUTES.
YOUR LOCAL COMMUNITY SERVICES BOARD (CSB) MAY OR MAY NOT PROVIDE AN INCENTIVE TO THANK YOU FOR YOUR TIME. YOU MAY NEED TO COMPLETE A FORM TO RECEIVE IT.
- 4** **Stay tuned**
DATA IS BEING COLLECTED ACROSS VIRGINIA.
FOLLOW YOUR LOCAL CSB TO HEAR ABOUT THE FINDINGS AND PROGRAMMING.

OMNI DBHDS
Division of Behavioral Health and Developmental Services

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.

February 2024

| LOCALITY | NUMBER OF REFERRALS | ASSESSMENTS | NUMBER OF FAMILIES RECEIVING HOME VISITS | NEW ENROLLEES YEAR-TO-DATE |
|--|---------------------|-------------|--|----------------------------|
| CAROLINE COUNTY | 1 | 1 | 5 | 2 |
| CITY OF FREDERICKSBURG | 3 | 3 | 48 | 21 |
| KING GEORGE COUNTY | 0 | 1 | 8 | 3 |
| SPOTSYLVANIA COUNTY | 11 | 9 | 41 | 13 |
| STAFFORD COUNTY | 8 | 6 | 40 | 12 |
| OUT OF AREA (REFERRED TO OTHER HF SITES) | 1 | 0 | 0 | 0 |
| TOTAL | 24 | 20 | 142 | 51 |

- HFRA transitioned to fully remote operations effective February 1, 2024.
- Healthy Families Virginia and sites received re-accreditation from Healthy Families America through September 2028
- The program is applying to The Women and Girls Fund through The Community Foundation of the Rappahannock River Region to support “The Empower Her” project which would provide additional resources to mothers postpartum. The grant goes up to \$50,000.
- HFRA will be participating in the Community Connections event on March 19.
- HFRA continues to seek Sponsorship Donations for the 25th Anniversary Celebration Gala.
 - To purchase your tickets for the Gala by April 1st:
<https://www.eventbrite.com/e/728906086727?aff=oddtcreator>



February 2024

Healthy Families Rappahannock Area

est. 1998



Thank you to Alpha Kappa Alpha Sorority for supporting our program and Village Fathers



#homevisitingworks

Celebrating 25 Years of Making a Difference in the lives of new parents residing in our Community...COME CELEBRATE WITH US at our 25th Anniversary Celebration Gala Friday, April 26, 2024 Stevenson Ridge from 6-10pm

Keynote Speaker

Dr. Jim Harris Opportunities Consulting Services & Associate Director of the West Virginia Autism Training Center



Silent Auction Items:

- Cigar Bar Basket
Golf Session at More Golf
Handmade Quilt
Charcuterie Board
Gabe Pons' Art
Plus so much more...

&

Music By



Sponsored By:



Get your ticket Today...

https://www.eventbrite.com/e/healthy-families-rappahannock-area-25th-anniversary-celebration-gala-tickets-728906086727

We Did It!

Certificate of Accreditation

This certifies that

Healthy Families Rappahannock Area

has demonstrated fidelity to the Healthy Families America® model and its Best Practice Standards.

This accreditation is effective through

September 2028



Community Support Services Board Report: March 2024

Developmental Disabilities (DD) Residential Services - Stephen Curtis

During the month of February, we assessed and accepted 2 individuals into residential services. One individual will move into Stonewall on 4/5/24 and the other will move into Leeland Road Group Home on 4/5/24. We have another individual currently undergoing assessment for Leeland Road Group Home as well that looks like a promising match.

Wolfe Street ICF went citation-free during a visit from the State Fire Marshal for its annual Life Safety Code Inspection for ICF recertification in February.

DD Residential welcomed Sheilia Brown, Stonewall Group Home Manager, to the team in February. Sheilia brings with her a long tenure of residential management experience and we look forward to what she will contribute to the value of services on our team.

Stonewall and Churchill collaborated in February to begin supporting residents that wanted to go to church to get connected and involved in worship services in their community.

We wanted to give a shout out to Tiffany Williams and Jane Schaper for their leadership efforts and commitment to excellence in the absence of Merchants Square Supervisor Virginia Hinkle, who recently gave birth to her son Bixby. We also want to congratulate Virginia on the newest member of her family!

Final touch ups and preparations are underway at Leeland Road Group Home, and we are super excited to resume services there in March.

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

We are currently supporting 110 individuals; and continuing to assess those on the waitlist.

Valentine's Day sale was successful, delivering close to 70 bouquets around the area. Plants growing for the spring sale are well underway and will be for sale starting late March. Garden party tickets are now on sale, April 18th, 6-8pm at Kings Highway. Huge thank you to ACT and Kenmore Club programs who have been helping with planting this spring.

Developmental Disabilities Support Services - Jen Acors

We continue to work to hire staff. We currently have 4 posted positions. DBHDS held a Waiver Selection committee meeting and assigned new waivers and a few that had become available through attrition. We have divided these among staff and are working to get them open to support coordination and waiver services. The DSSC team participated in the I'm Determined Conference that was sponsored by Fredericksburg City and Stafford County Schools. We had both a table with information that was manned by staff as well as we presented about DD waivers at two breakout sessions.

Assertive Community Treatment (ACT)-Tamra McCoy

ACT Peer Specialists for both Teams provided support to clients who assisted Rappahannock Adult Activities plant seeds as RAAI gears up for its spring plant sale. Our clients who participated, enjoyed this activity which increased socialization and reduced isolation. Our amazing peer specialists have been instrumental with encouraging ACT clients to participate in positive and healthy community activities.

ACT Team Leads provided an in-service to the clinical staff at our Stafford Clinic. It was an informative and well-received meeting.

Mental Health (MH) Residential Services - Nancy Price

PSH housed two individuals in February, which brings the total to 59 individuals currently housed with PSH.

Lafayette Boarding House had two individual's complete passes at our other residential programs. Both passes were successful and the individuals are expected to transition in March to programs with lower levels of support at Home Road and Liberty Street.

Kiara Fisher, MH Residential Counselor II, joined the Lafayette Boarding House team on February 20. Lafayette Boarding House is now fully staffed!

MH Residential is working on a new satisfaction survey, which will be electronic and is expected to be shared with the residents in March.

Psychosocial Rehabilitation: Kenmore Club - Anna Loftis

Kenmore Club had a very successful Leap Day party this past February. We have said goodbye to our Occupational Therapy intern, but we will be gaining a new one in March, as well as getting another staff member. We are planning our upcoming wellness challenge that will start in April. Everyone has been hard at work creating pieces for the Art of Recovery, and our in-house art show that will take place in May and July respectively. We received a very large community donation of art supplies which has been very helpful in those endeavors. We continue to engage in community outings daily, including the YMCA three days a week. Our current enrollment is 78.

RACSB DEPUTY EXECUTIVE DIRECTOR REPORT

February 2024 Review

Trac-IT Early Intervention Data System

The new data requirements were implemented on December 11, 2023. RACSB has been granted another extension until May 15, 2024 due to testing status and for DBHDS to provide the cross-map for reporting service data via CCS. We are waiting on the contract modification which will reflect the new date. 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:

- 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. Actively participated in contract review and negotiation.
- 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. Manually updated CCS to provide a test file for DBHDS. Provided a cross-map of what would be needed to incorporate Trac-It into new data exchange.
- Continued discussions with USI for a pre-renewal meeting regarding our health benefits.
- Facilitated contract with a new staffing agency to support direct hiring for key positions.
- Participated in Rappahannock Area Health District's Accreditation site visit.
- Facilitated and participated in the kick-offs for MTM consulting projects around costing and Same Day Access. Invited and hosted DBHDS Step-VA staff during these meetings.
- Lead the VA Netsmart CSBs through negotiation and specification review for new data exchange
- Interviewed by Potomac Local newspaper for an article on the Behavioral Health Technician program with Germanna.
- Supported submission of our mid-year CARS financial reporting to DBHDS as required by the Performance Contract.

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.
- Attend Caroline County CPMT meetings.
- Provided draft specifications and business rules document upon request by DBHDS to support new specifications documentation for the new data exchange project.