

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

August 20, 2024

600 Jackson Street, Board Room 208
Fredericksburg, VA, 22401

AGENDA

- | | | |
|------|---|---------|
| I. | Call to Order | Beebe |
| II. | Minutes, Board of Directors, June 18, 2024 | Beebe |
| III. | Public Comment | Beebe |
| IV. | Employee Service Awards | Wickens |
| | A. Five Years: | |
| | 1. Amber Curtiss, PEID Speech Language Pathologist | |
| | 2. Rose Eliscar, Mental Health Nurse | |
| | 3. Alexis Johnson, ID Residential Counselor | |
| | 4. Janelle Kellington, Infant/Child Support Coordinator | |
| | 5. Rachel Lewis, Substance Use/MAT Therapist | |
| | 6. Paul Mueller, DD Residential Assistant Coordinator | |
| | 7. Marisa Valero, Juvenile/Adult Drug Court Therapist | |
| | 8. Carrie Beard, MH Supervised Apartment Manager | |
| | 9. Joyce Daniels, ID Residential Counselor | |
| | 10. Sara Francis, Office Manager Carr Drive | |
| | 11. Lanae Johnson, ID Residential Counselor | |
| | 12. Latoya Powell, Group Home Manager | |
| | B. Ten Years: | |
| | 1. Melody Cotter-Hansen, Psychiatric Nurse Practitioner | |
| | 2. Jessica Judkins, Infant/Child Support Coordinator | |
| | 3. Lincoln Saludez, ID Residential Counselor PRN | |
| | C. Twenty Years: | |
| | 1. Lynda Graddick, ID Support Coordinator | |
| | 2. Melodie Jennings, Healthy Families Coordinator | |
| | 3. Martacelis Fuentes, Healthy Families Supervisor | |
| | 4. Stephanie Hine, Lead Specialist SLH | |
| | 5. Nancy Price, MH Residential Services Coordinator | |
| | D. Twenty-Five Years: | |
| | 1. Anne Longenecker, PEID Special Educator | |
| | E. Thirty Years: | |
| | 1. Lisa Desmet, ID Residential Counselor | |
| V. | Employee of the Quarter- Arianna Colley, Project Link Manager | Wickens |

VI. Program Planning and Evaluation

A. Community Support Services

- | | |
|--|-------------------|
| 1. Program Updates | Jindra |
| 2. ACT Hospitalization Diversion | Jindra/McCoy |
| 3. SLH Utilization | Jindra/Coleman |
| 4. Kenmore Club Member Employment | Jindra/Loftis |
| 5. Infant and Child Case Management Monitoring Results | Jindra/Strandring |
| 6. DD Residential Vacancies | Jindra/Curtis |

B. Clinical Services

- | | |
|--|-----------------|
| 1. Program Updates | Kobuchi |
| 2. Access to Outpatient | Kobuchi |
| 3. State Hospital Census | Kobuchi/Wells |
| 4. ES ECO/TDO | Kobuchi/Randall |
| 5. ES Crisis Intervention Team and Co-Response | Kobuchi/Randall |
| 6. State Opioid Response Funding Proposal | Kobuchi |

C. Compliance

- | | |
|-------------------------|---------|
| 1. Program Updates | Terrell |
| 2. Licensing Reports | Terrell |
| 3. Audit | Terrell |
| 4. Corporate Compliance | Terrell |

D. Communications

- | | |
|-------------------------------------|-------|
| 1. Program Updates | Umble |
| 2. Inside RACSB Employee Newsletter | Umble |

E. Prevention

- | | |
|--|---------|
| 1. Program Updates | Wagaman |
| 2. Behavioral Health Equity Grant | Wagaman |
| 3. Healthy Families Year-End Update | Wagaman |
| 4. HFRA Fredericksburg Savings Charitable Foundation Grant | Wagaman |

VII. Finance

- | | |
|--|----------|
| A. Program Update (Handout) | Williams |
| B. Summary of Cash Investments and OPEB Fund | Williams |
| C. Summary of Investment Portfolio | Williams |
| D. Fee Revenue Reimbursement and Collections | Williams |
| E. Write-Off Report | Williams |
| F. Health Insurance Account and Payroll Statistics | Williams |

	G. Financial Summary	Williams
VIII.	Human Resources	
	A. Monthly Update	Mestler
	B. EEO Report and Recruitment	Mestler
	C. Retention and Turnover	Mestler
	D. DHBDS CSB Workforce Report	Mestler
IX.	Deputy Executive Director	
	A. Monthly Update	Williams
	B. Combined Information Technology and Data Report (Handout)	Williams
	C. FY2025 Performance Contract	Williams
	D. Anthem Incentive Payment	Williams
	E. Contract Administration Policy Update (Handout)	Williams
	F. Opioid Abatement Authority Funding Update (Handout)	Williams
X.	Report from the Executive Director	Wickens
XI.	Board Time	
XII.	Adjournment	

June 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 June 18, 2024, at 600 Jackson Street and called to order by Chair, Nancy Beebe. *Attendees included:* Glenna Boerner, Claire Curcio, Gregory Sokolowski, Melissa White, Susan Gayle, Bridgette Williams, Jacob Parcell, Sarah Ritchie, and Carol Walker *Not present:* Kenneth Lapin, and Shawn Kiger, *Virtual participation:* Matthew Zurasky

MINUTES, BOARD OF DIRECTORS, **May 21, 2024**

The Board of Directors approved the minutes from the May 21, 2024 meeting.

ACTION TAKEN: The Board approved the May 21, 2024 minutes
Moved by: Mr. Greg Sokolowski
Seconded by: Ms. Glenna Boerner

I. PUBLIC COMMENT

No Action Taken

II. SERVICE AWARDS

Mr. Joe Wickens recognized all employees with awards:

5 years

Nicole Bassing, Behavioral Health Coordinator

Arianna Colley, Case Manager, Substance Abuse

Melody Allison, Therapist, Crisis Stabilization

10 years

Deborah Conigliaro, LPN – Primary Care Screen MH

15 years

Nicole Coryell, ID Support Coordination

Krystal Parker, Case Manager, SA

Brandie Williams, Deputy Executive Director

❖ BOARD PRESENTATION: *Nisenson Consulting “Building a Culture of Inquiry”*,
presented by: Ms. Karen LaForge

Ms. LaForge took the Board through the tools Boards can use to implement and support a Culture of Inquiry.

- Building a Board
- Engaging a Board
- Educating a Board
- Board and Executive Relationship
- Evaluating the Board

III. CONSENT AGENDA

RECOMMENDED: PROGRAM PLANNING AND EVALUATION COMMITTEE
June 11, 2024

Lapin

- 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 – May Waitlist
- A.6 Approved – Licensing Reports
- A.7 Information Only – Quality Assurance Report
- A.8 Information Only – Information Technology/Electronic Health Record Update
- A.9 Information Only – Data Highlights Report
- A.10 Information Only –Legislative Priorities Report
- A.11 Information Only- Other Business

RECOMMENDED: FINANCE COMMITTEE June 11, 2024

Zurasky

- B.1 **Follow up Board** – *No Quorum Present* – Presentation- FY2025 Budget
- 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 **Follow up Board** – *No Quorum Present* - Financial Summary
- B.12 **Follow up Board** – *No Quorum Present* – Other Post-Employment Benefits Memo
- B.13 **Follow up Board** – *No Quorum Present* – Classification and Compensation Adjustment for FY2025

RECOMMENDED: PERSONNEL COMMITTEE June 11, 2024

White

- D.1 Information Only - Summary –May 2024 EEO Report and Recruitment Update

D.2 Information Only – Summary – May 2024 Retention and Turnover Report

RECOMMENDED: EXECUTIVE COMMITTEE MEETING June 11, 2024

Wickens

E1. Information Only – Executive Committee Minutes

E2. Information Only – Executive Director Employment Agreement and Position Description

E3. Information Only – FY2025 Work Plan

E4. Information Only – RACSB Bylaws

ACTION TAKEN: The Board approved the Consent Agenda with the exception of B.1 of the May 14, 2024, Consent Agenda, and B.1, B.11, B.12, B.13 and E4, of the June 11, 2024, Consent Agenda.

Moved by: Ms. Carol Walker

Seconded by: Ms. Claire Curcio

ACTION TAKEN: The Board approved B.1 of the May 14, 2024 Consent Agenda, the financial audit report.

Moved by: Mr. Jacob Parcell

Seconded by: Ms. Glenna Boerner

The budget for FY2025 was reviewed. This is our operating budget for 2025. The Board was told that the June 11, 2024 Finance committee members went through it and there were some questions that were answered. It is in line with our priorities for the year. The report further breaks out local funding by how much we have requested for each county. In summary, the budget meets our needs for the year and the sense of the committee is that they would approve it but they did not have a quorum.

ACTION TAKEN: The Board approved B.1 of the Consent Agenda, the FY2025 Budget.

Moved by: Ms. Carol Walker

Seconded by: Ms. Glenna Boerner

The Board was told that it was the sense of the Finance Committee to accept the financial summary.

ACTION TAKEN: The Board approved B.11 of the Consent Agenda, the Financial Summary.

Moved by: Ms. Claire Curcio

Seconded by: Ms. Carol Walker

The next item up for discussion (Other Post-Employment Benefits- OPEB memo) requires a change in our employee handbook and requires Board approval. This deals

with health insurance for our retirees who have served a certain number of years. This hasn't been maximum amounts for reimbursement have not been updated in a number of years. If you go back in the OPEB reports, there has been a significant balance for years and RACSB is in a good financial position to approve the recommendation. The Committee felt it is appropriate to update this to reflect today's cost of living for our health insurance at a 25% increase. The maximums will range from \$240 a month to \$300 a month for our highest members and less for people with fewer years. The sense of the Finance Committee was that this is the right thing to do. Ms. Beebe asked if there were any questions or comments.

ACTION TAKEN: The Board approved B.12 of the Consent Agenda, the Other Post-Employment Benefits increase.

Moved by: Ms. Bridgette Williams
Seconded by: Ms. Glenna Boerner

Mr. Zurasky addressed the Board regarding the Classification and Compensation Adjustment memorandum for FY2025. We took some steps last year in order to increase our wages but we remain hovering between critically short staffed and significantly short staffed. The Finance committee reviewed certain threats to maintaining the right workforce, to include increased competition. Not only is the VA Hospital opening up, but there are other businesses in the area that are looking for entry level people. We also have some expected increased compensation regulations between exempt and non-exempt employees. This will ultimately eliminate one of our competitive advantages. We have done a classification modification for our stratum of positions over the years, however, historically our strategies to address compensation have not kept up with the market. We have been treading water, which is why we have been in red for so long with staffing. So today, we are looking to do something more strategic.

Mr. Zurasky said at the June 11, 2024, Program Planning meeting they talked about the number of Medicaid waivers that the state plans to issue over the next two years. There are over 300 individuals currently on the Priority One List in our service area. These individuals will need an additional number of services which we are going to have to provide and hire people to do the work. Staff have considered the projected increase revenues we have for this next year, including the large agency-wide positive variance for many years, additional state funding directly allocated for CSB compensation, and increases in some of our service rates. For 2025, we will have additional revenues with an approximate projected positive variance of \$8 million. Mr. Zurasky added that they looked at how to best improve our workforce with these dollars.

In other respects, we have gone to a merit-based performance system which allows us to give merit increases to employees employed with the agency for at least a year who meets, exceeds, or substantially exceeds expectations. This strategy addresses horizontal compression by allowing employees to move across the scale of their salary grade. In regards to strategically addressing cost of living-based adjustments, he directed the group to the adjustment recommendation chart and said that across the

planning district the average living wage across the PD-16 per one adult, no children, is \$24.46, but if you look at Stafford and Spotsylvania, they average out to almost \$27. Because of this, we are looking at adjusting our entry levels starting at \$21, \$22, \$23 and \$24 and then implementing a base adjustment across the agency to address vertical compression. He went over what the cost would be to the organization.

Mr. Sokolowski had questions on the percentages that Ms. Brandie Williams answered. Mr. Zurasky then said he asked the HR Director, Mr. Mestler, in the Program Planning meeting on June 11, 2024, what affect it would have on recruiting and hiring at the different base rates. Mr. Mestler said that the \$21 would not really work but looking at the higher rates would make a significant difference. Mr. Zurasky then said he is looking at the \$24 an hour base rate and asked everyone to look at that number along with the cost to the organization associated with that number (\$7,661,741). He said the finance committee who met on June 11, 2024 were mostly comfortable with this number, there were a few who even believe going to \$25 an hour would be acceptable because all of our estimates are conservative when we do our revenue estimates for our budget. Mr. Zurasky said he personally would be fine with the \$25 but the sense of the committee was that they were at least good with \$24 and it's up to the Board if we want to go any higher. Mr. Zurasky said he asked for figures around \$27 because that is the average between Stafford and Spotsylvania and he wanted to see what that number was. He said he thinks that might be just a bridge too far but that does reflect a part of the planning district.

Mr. Wickens said a week ago he was ready to give a \$21 recommendation. There were a lot of factors around that. One being the performance-based evaluation process we just went through. He didn't want to take away from that. If you give the higher base, he was concerned it would minimize the impact of the merit-based recommendation. He realized though; this is just not based in reality. In the last week, he has come to the realization, and done a lot of research, also met with the HR Director, and he's seen that our organization is just not competitive with the market. What matters is what are other salaries paying right now in the same field. He said that for entry level positions they are in the \$21 to \$24 range which says that we are still just maintaining. Mr. Wickens said this is difficult and he still has to figure out how to make what the Board decides work and carry that weight forward but he doesn't really see how there is any other choice. Ms. Curcio asked what Mr. Wickens recommendation would be. Mr. Wickens said nothing more than \$24 but nothing less than \$23.

Ms. Beebe added that people don't stay in their jobs these days for any other reason than money. She added that we are really battling for a very small group of people and she believes fewer people are going to work in the service fields. Ms. Curcio asked if the Board was ready for a motion. She then moved to accept the \$24 base rate; Ms. Walker seconded. Mr. Parcell reports he sees the need although, he wants to make sure given that we have very big capital needs the next year, and an uncertain staffing plan for the CRC, he would not vote for \$25 but would vote for \$23 minimum. He said he thinks \$24 gets us too close to that line with too many uncertainties. He said he wants enough wiggle room going into the next year. Ms. Beebe said there is always capital gains and we do that. She said she agrees with the \$24, it's close, but it's

acceptable. Mr. Zurasky then addressed Mr. Parcell's concerns and said that it's a valid concern but every year we do our budgets and we are very conservative on what we think our revenues will be. We always take the less positive number that we can. Mr. Zurasky said that since he's been on the Board, we've always come in over that and had a surplus in every single year. He said that \$24 is under the \$8 million and he has 100% confidence we are going to do that. He said he is confident with the \$25 as well. He said that the Committee was comfortable with the \$24. He said he endorses the \$24 and thinks it would be a shame if we lose employees to a waterpark.

Ms. White said she is with Mr. Parcell on this and that she knows that next year management will come back asking for more money. If the money is there now, then we can do this next year. She said she is for the \$23 base rate. Ms. Beebe said there is a motion on the table for \$24. Ms. Walker then added that she is concerned about the competition and the VA Hospital coming in and us being able to find employees who will stick with us and care about our mission. That is why she is in favor of the \$24 because the VA Hospital is going to open up and start employing people this summer. Mr. Sokolowski then added he believes the \$24 is where we need to be. Ms. Curcio said she is uncomfortable with the number as well but if you have to choose between people and capital projects, she chooses people. Ms. Bridgette Williams asked that if we agree to \$24 what guarantees are there that management will not come back and ask for more money next year. Mr. Wickens said there are no guarantees given the market.

ACTION TAKEN: The Board approved B.13 of the Consent Agenda, the Classification and Compensation Adjustment Recommendations for FY 2025 (Merit (5%), Living Wage/COLA \$24 Base, and Regraded Positions 8%). The Motion Passed 9-1 (Voting yes: Ms. White, Ms. Ritchie, Ms. Gayle, Mr. Parcell, Ms. Curcio, Ms. Beebe, Ms. Walker, Mr. Sokolowski, Ms. Boerner, Voting no: Ms. Williams)

Moved by: Ms. Claire Curcio

Seconded by: Ms. Carol Walker

Mr. Wickens addressed the Board regarding the Bylaws of the Board of Directors of the Rappahannock Area Community Services Board that were reviewed and discussed in the last Executive Committee meeting (held June 11, 2024). He said the changes involved feedback about committee meetings. It was decided by the Executive Committee to eliminate the committee meetings and have one Board meeting. The main reason for this is to ensure a quorum for all meetings. Mr. Wickens said the meeting will take place at 3:00pm on the third Tuesday of the month. Ms. Beebe announced that in August the Board will meet on the third Tuesday (August 20th) at 3:00pm.

ACTION TAKEN: The Board approved E.4 of the Consent Agenda; the RACSB Bylaws with the amendment of the name "Bylaws of The Board of Directors of the Rappahannock Area Community Services Board" and with the change to the bylaws of

eliminating committee meetings and having one Board meeting a month (*with the assumption that legal counsel will sign off on the final document*).

Moved by: Ms. Carol Walker

Seconded by: Mr. Jacob Parcell

IV. REPORT FROM THE EXECUTIVE DIRECTOR

- a. Mr. Wickens updated the Board on the pharmacy RFP. He said that of the three candidates that applied they gave the contract to Altruix. The current pharmacy, Genoa, has agreed to extend their contract with us for two months during the transition. This is a yearly contract. Mr. Wickens said this is an exciting change and will improve the quality of our services for our individuals.
- b. Mr. Wickens gave an update on the open finance director position. He said they are still looking for good candidates and with the new compensation increase they will be in a better position to hire. They do have some interviews lined up for next week.
- c. Mr. Wickens told the Board that they are doing some phase surveys with the CRC project that are required for that property. They have been submitted to the city for their review and they haven't heard anything back yet. They have asked our architects to follow up.
- d. Mr. Wickens reminded everyone that there are no meetings in July. He also took this time to thank the Board for their support with the compensation and classification adjustments.

V. APPOINTMENT OF NEW OFFICERS

The Board then announced it was time to address the renomination of Board Officers as discussed in the April Board meeting. They took a point of order to call for any other nominations from the floor. None were noted. The Board moved forward with the re-nomination of the current Officers: Chair, Ms. Beebe, Vice Chair, Mr. Parcell, and Secretary, Mr. Zurasky.

ACTION TAKEN: The Board approved the renomination of Officers for another year. Ms. Beebe, Chair, Mr. Parcell, Vice Chair and Mr. Zurasky, Secretary.

Moved by: Ms. Carol Walker

Seconded by: Ms. Bridgette Williams

VI. REPORT OF THE DIRECTORS AND COORDINATORS

- a. **Clinical Services** –Ms. Kobuchi said she had nothing further to add to her report although she thanked the Board for their support with the compensation upgrade and said she's hopeful and looking forward to see what it brings in prospective employment candidates, being able to be more selective in their candidate process, as well as retention.
- b. **Human Resources**- Mr. Mestler also said he had nothing to add to his report but thanked the Board for their support in the compensation upgrade.
- c. **Finance**- position vacant

- d. **Compliance** – Ms. Terrell thanked the Board for their support and also thanked Joe for giving Compliance their own office space.
- g. **Public Information** – Ms. Umble reported on the Art of Recovery and said it was an amazing event, there were lots of performers in recovery giving live performances, artwork from individuals who have mental illness, and people from the City Council stopped by, as well as our very own Mr. Parcell- thank you for joining us!
- h. **Prevention** – not present
- i. **Community Support Services** – not present

VI. BOARD TIME

- a) Mr. Sokolowski said thank you to all for your dedication.
- b) Ms. Beebe thanked the Board for their support.
- c) Ms. Boerner thanks to everyone and the Board for such civil discourse over the increases. She addressed Mr. Parcell and said it was nice to see him going to the Art of Recovery event.
- d) Ms. Walker said she appreciates the management and the work put into developing the budget. She also appreciates all of the Board's comments. She feels like the work was hard and worth it.
- e) Ms. Curcio said she feels like were all working in the same direction and she has worked with other Boards that she didn't have that feeling. She also thanked the Officers for taking another year of service.
- f) Ms. Ritchie said she has enjoyed the last few sessions because she has learned a few things, so thank you to everyone.
- g) Mr. Parcell thanked staff and said that what we do wouldn't be possible without you all. He also thanked the Board for giving him a push in the right direction.
- h) Ms. Gayle said thank you for all you do.
- i) Ms. White thank you for all you do and I hope you take the increase back to your people and let them know we appreciate all they do.
- j) Mr. Zurasky said he's proud of the Board and what we did here tonight will allow us to get out of the significantly short-staffed position that we are in and look forward to growth in the future.

ADJOURNMENT

The meeting adjourned at 7:18 PM.



Board of Directors Chair



Executive Director



July 9, 2024

Dear Arianna,

Congratulations on your selection as Employee of the Quarter for the Fourth Quarter 2024 (covering the months April – June 2024). The following nominations were submitted on your behalf:

1. I would like to nominate Arianna Colley for employee of the quarter. On top of being a busy Case Manager for the OBOT program, as well as assisting with Project Link, she goes above and beyond to create team unity. Recently she put on a painting event, where the SUD and Project Link staff were invited to River Club to paint a canvas, which she spent many hours of her off-time to draw on each one the outline. She then made sure to gather and provide smocks, paints, brushes and all the necessary supplies to participate in the team building activity. I believe that her dedication to our company, clients and staff is deserving of a nomination for Employee of the Quarter. Thank you, Arianna, for all that you do for us, it doesn't go unnoticed.
2. I would like to nominate Arianna Colley for Employee of the Quarter. Arianna is one of our Substance Use Case Managers that works within our Office-Based Opioid Treatment Program. She is a vital part of our team, and for our entire Substance Use Department. She is hard working and dedicated towards her clients. She helps bring our team together for team building events. She is very creative, and uses her own personal time to make things for staff, such as badges, magnets, notepad holders, and more. She has stepped in during times of need to help with Project Link as well. I think she deserves to be recognized for all the wonderful work she has put in for our substance use services. She has had a lot of personal issues to navigate, but continues to be a huge source of encouragement and support for both her clients and her team!
3. Arianna because she does so much despite what's happening in her own life, she also goes above and beyond outside of work for our team events. She is awesome!
4. I want to nominate Arianna Colley for Employee of the Quarter. Arianna never hesitates to go above and beyond and to be a support for everyone, no matter what she has going on. Most recently she took the time to plan and facilitate a team building for the Substance Use program that involved a lot of effort outside of the office. However, she knew that we were all excited and looking forward to it so she did it. She also never hesitates to celebrate others when they achieve milestones or achievements, like graduating or getting licensed. She is truly the embodiment of what it means to be a team player.



The Rappahannock Area Community Services Board thanks you for your outstanding level of service to the agency. Please join us to be recognized at 600 Jackson Street in Board Room 208 for the Board of Directors Meeting on 8/20/2024 at 3:00 PM. The recognition will come at the beginning of the meeting, and then you will be photographed.

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

Sincerely,

Joseph Wickens, Executive Director
Rappahannock Area Community Services Board

Cc: Derrick Mestler, Human Resources Director



Community Support Services Program Updates

Developmental Disabilities (DD) Residential Services - Stephen Curtis

Supported Apartment Program currently has garnered a lot of interest and referrals are starting to pour in. We are able to do some expansion at Merchants Square, and are awaiting a single bedroom apartment to open to move forward with one placement. We are hoping to accomplish this by September.

Tours, assessment visits, and follow ups are continuing with an aim to fill the vacancies at Stonewall and Leeland as efficiently and timely as possible. We have 1 individual awaiting a CL waiver that we are ready to accept at Leeland currently. One individual that was accepted to Stonewall was unable to secure funding to move in, but if it changes, we are ready to serve him.

Churchill residents enjoyed a visit to New York City with staff on July 24th that included visiting the Statue of Liberty and Times Square as well as enjoying some famous NY style Pizza. Everyone seemed to enjoy themselves, although they were worn out by the end of the day.

Several individuals from various group homes had an opportunity to attend Camp Baker in July. This is a preferred and frequently requested for vacation by anyone who has gone in the past. Everyone who participated seemed to have a great time and ready to return next year.

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

RAAI is currently supporting 115 individuals and continuing to assess those 38 individuals on the waitlist. We have 4 individuals in their 90 day assessment and 3 more with start dates in the next 90 days. We have been busy in the community; averaging 2.9 hours of Community Engagement per day and having a total of 76.6 hours of volunteering in the month of July. We are growing our fall plants and natives to gear up for our Fall Plant Sale, more details to come soon.

Assertive Community Treatment (ACT)-Tamra McCoy

ACT is fully staffed again! Our nurse for ACT North, Mellani Fallin, began employment August 6, 2024. She brings a wealth of experience in her field in providing community based services.

Our peers began the ACT Family Support group last Monday, August 5th from 4:00 PM -5:00 PM. This support group will meet weekly and the response from clients' families has been positive!!

The Team Lead for ACT South started a wellness support group for our clients who are age 55 plus. It's called "AGE AGAINST THE MACHINE", which was coined by our wonderful psychiatrist, Dr. Swing! This group began last Friday and will be meeting weekly where clients can share their thoughts, feelings and concerns with others in a safe space.

ACT continues to provide an array of services to our clients to support their well-being.

Mental Health (MH) Residential Services - Nancy Price

MH Residential had 3 individuals transition to programs with less support. One individual transitioned from Lafayette to Home Road, one from Home Road to Liberty Street and another from Lafayette to River Place.

Three individuals came on trial passes to Lafayette or Home Road this month.



Lafayette had one admission on July 22. Jennifer Beall and her team worked closely with the ACT team, in order to provide a thorough and person centered trial pass for the individual at Lafayette.

PSH is in the process of hiring for additional positions that were approved during the recent expansion, which includes a housing locator, 2 additional case managers and 1 CTI case manager.

PSH housed one individual this month. Three additional individuals were approved for housing and will move in August.

Psychosocial Rehabilitation: Kenmore Club - Anna Loftis

Kenmore Club has had quite a few events these past few months. Our In house art show in July was very successful, with each of our 10 participants selling at least one item, and three participants selling out completely. We also had a successful weekend trip to the beach in Norfolk. Our garden club has had very good luck with our cucumber plant. We have been able to harvest nearly 15 cucumbers so far. We are working on plans to expand our garden space on the side of the building. This past week, a member helped organize a self defense “short course” that was put on by a Fredericksburg Police Officer who ran the class free of charge for members. They reported getting a lot out of it and asked to have another one in the future. We had a small ceremony to show appreciation for the members who have been with us for 10 years and 20 years, where each member was given a certificate, and ice cream was served. We are continuing to work with our community partners and currently have Virginia Cooperative Extension facilitating healthy eating classes and RCASA facilitating art classes. We will have two interns this fall, and we are hoping to fill our staff vacancy within the next month.

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

There are currently 502 children enrolled in the program receiving a combination of services to include service coordination, speech therapy, physical therapy, occupational therapy and educational developmental services. This is the time of year that we traditionally serve less kids because we have just transitioned them to the schools for the beginning of the academic year. We received 84 referrals in July, higher than our usual July referral numbers. As a result, we are anticipating a quick return to our more typical census. We are offering all services face-to-face and giving the option for families to choose to be seen via zoom. We are scheduling 16 consistent assessments per week. There are currently 16 providers on staff. We recently hired a new educator in preparation for a staff member to leave us in November and a maternity leave scheduled to begin in mid-September. We currently have an opening for a Speech-Language Pathologist.

Developmental Disabilities Support Services - Jen Acors

DSSC is preparing for the first quarter of this year’s waiver slots to be released. We will be presenting approximately 100 waiver slots for 28 slots. The date has not yet been set for the meeting. We are in the process of contacting individuals/families to update their information.

Transportation- Clark Thomas

In FY24, RACSB Community Support Services’ RAAI and DD Residential drove over 463,000 miles, supported over 73,000 trips for over 100 individuals. Beginning in July 2024, Transportation will track mileage and usage of vehicles in ACT, Kenmore Club, MH Residential, in addition to DD Residential and RAAI.

Memorandum

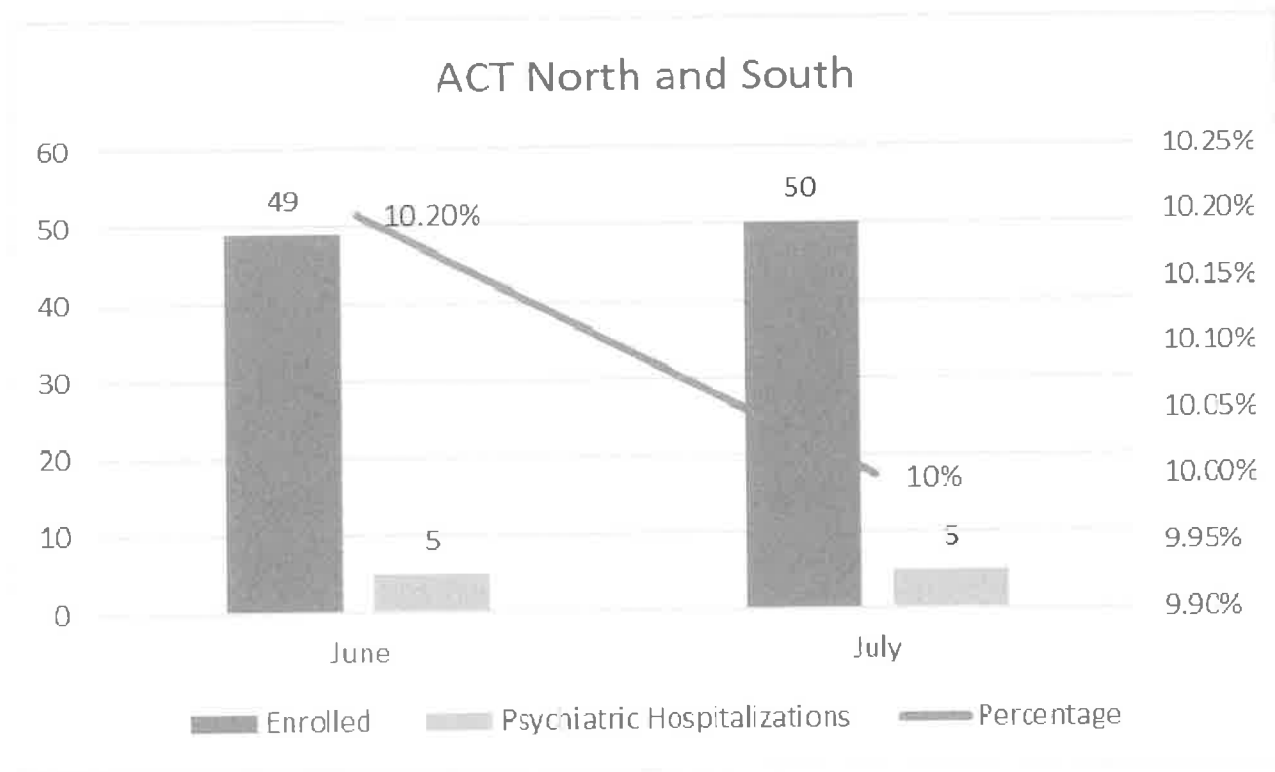
To: Joe Wickens, Executive Director

From: Amy Jindra, CSS Director

Date: August 13, 2024

Re: ACT Hospital Diversion

Assertive Community Treatment (ACT) serves adults with serious mental illness experiencing psychotic disorders or bipolar. The program is designed to provide intensive, often daily supports, to individuals with high hospitalization recidivism, at risk for incarceration, and homelessness. ACT has two teams that each include a lead therapist, nurse, office associate, vocational, mental health, co-occurring, and peer specialists. The teams share a coordinator, nurse manager, and psychiatrist. The combined enrollment equals 50 individuals. During FY25 the program intends to increase enrollment, but also lower psychiatric hospitalizations. Below is a comparison of June 2024 and July 2024 inpatient stays. ACT hopes to reduce overall inpatient stays to less than 5% on a monthly basis.

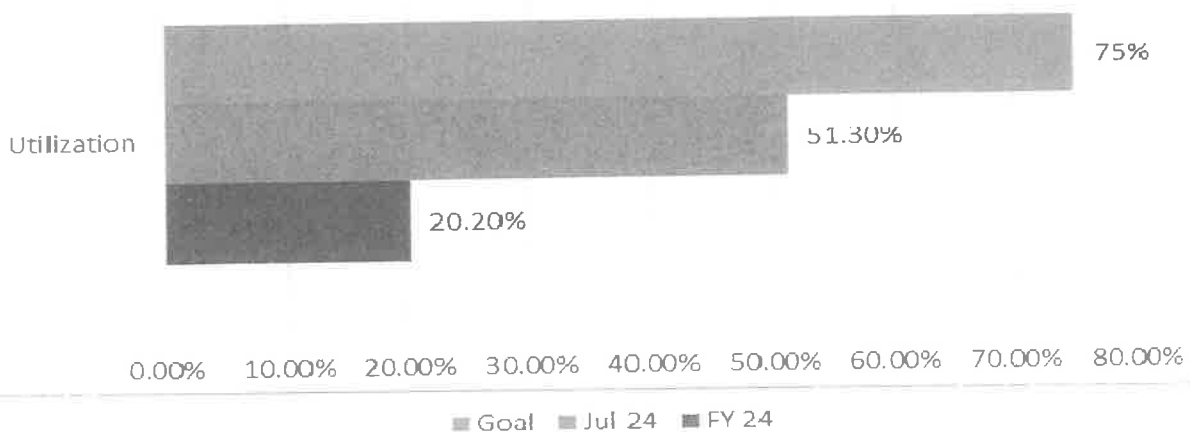


Memorandum

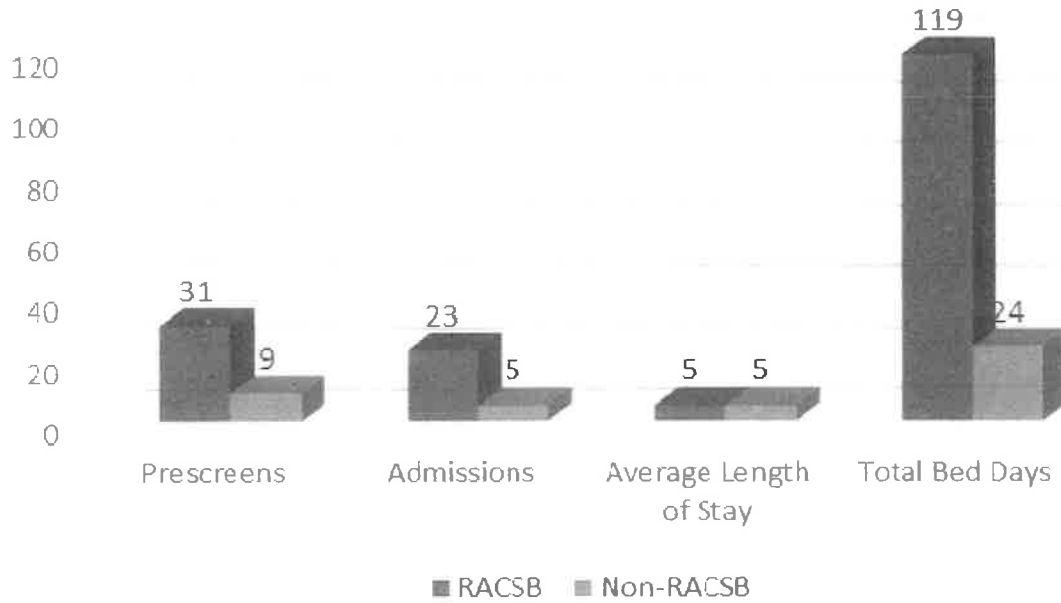
To: Joe Wickens, Executive Director
From: Amy Jindra, CSS Director
Date: August 12, 2024
Re: Sunshine Lady House Utilization

Sunshine Lady House for Wellness and Recovery, is a 12 bed, adult residential crisis stabilization unit. The program provides 24/7 access to services for individuals experiences a psychiatric crisis. Services include medication management, therapy, peer support, nursing, restorative skill development, crisis interventions, coordination of care, and group support. The program strives to maintain a utilization rate of 75%. Due to staffing shortages, the program was closed from February 2023 until December 4, 2023. Annual program utilization average for FY24 equaled 20.2%. FY25 began July 1,2024. July 2024 utilization for Sunshine Lady House was 51.3%. Sunshine served 23 individuals from RACSB catchment and 5 individuals from outside of the area, for a total of 143 bed days. Below is a graph illustrating the program goal, FY24 final, and July 2024 utilization.

Sunshine Lady House



July Utilization

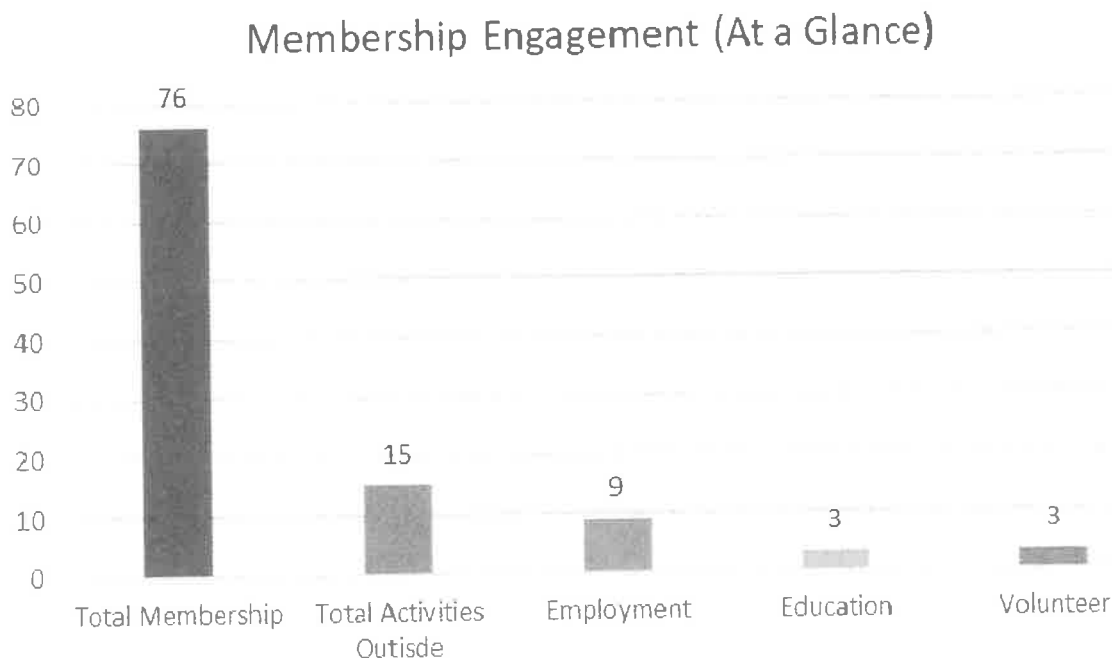


Sunshine Lady House accepted 37 of the 40 prescreens. The 3 prescreens that were not accepted, required further medical care in order to be admitted. 28 of the 37 prescreens were admitted during the July 1-31 time frame. 2 individuals were admitted to the program on August 1, 2024. 7 individuals declined services with Sunshine Lady House.

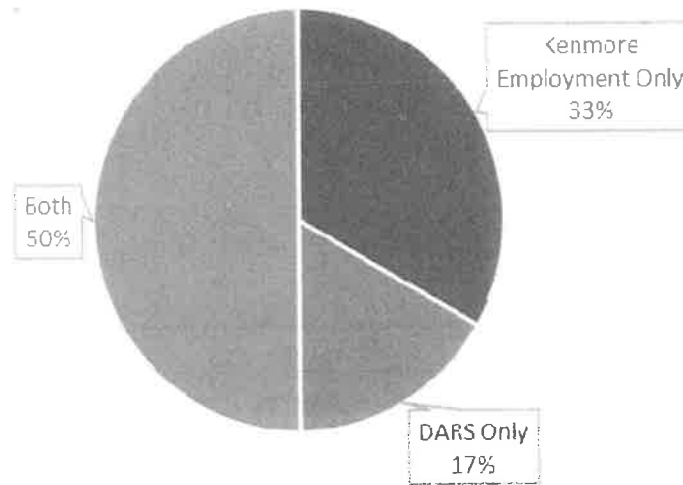
Memorandum

To: Joe Wickens, Executive Director
From: Amy Jindra, CSS Director
Date: August 13, 2024
Re: Kenmore Club Employment Objectives

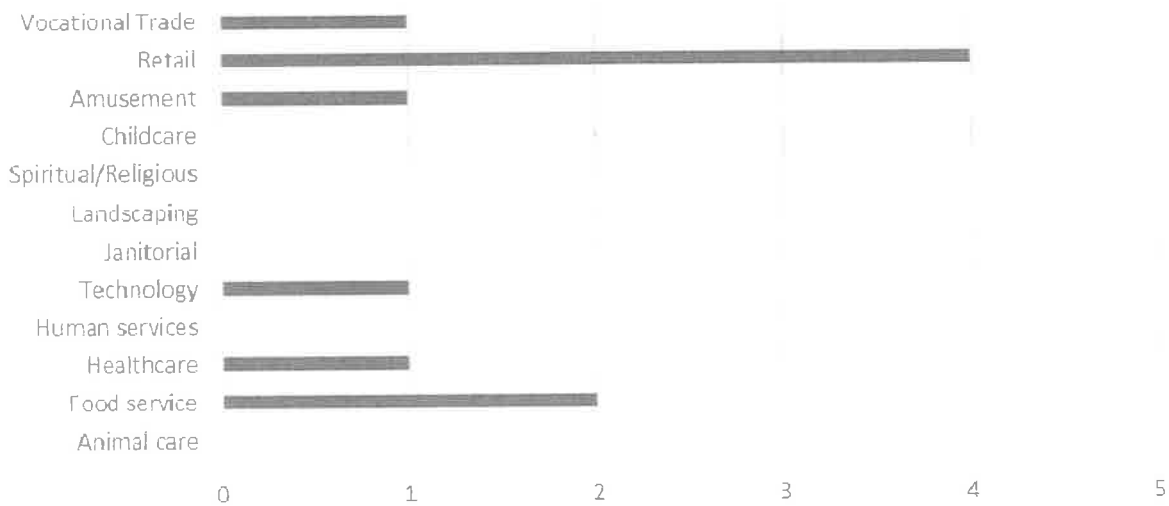
Kenmore Club serves adults with severe mental illness. The program utilizes the clubhouse model of psychiatric rehabilitation to promote training for restorative, skill building, symptom management, and daily living skills. The Kenmore Club also provides employment related services to enhance individual recovery and independence. Unemployment rates for individuals living with chronic and persistent mental illness ranges from 80-90%, far exceeding the general population statistic of 3.5%. Kenmore Club seeks to improve access to employment related activities. As of July 31, 2024, the program serves 76 individuals. The graphs below demonstrate current program statistics related to employment activities.



Membership Employment Support At a Glance



Member participation by career cluster



Kenmore Club currently has approximately 19% of members involved in employment readiness activities. 11.8% of the membership were employed, 4% in education and volunteer activities. The program will seek to increase employment to 20%, an increase of 6 individuals employed. The program will also increase education and volunteer participation from 4% to 8% or an increase of 2 individuals respectively.

To: Joe Wickens, Executive Director
From: Alison Standring, Part C Coordinator *AS*
Subject: Monitoring Results for FFY23/SFY24, Report 1 of 2
Date: August 6, 2024

Kyla Patterson's memo and the accompanying chart provide the first of two reporting cycles for the results of our annual chart review to determine compliance with Part C federal regulations for FFY23/SFY24.

MEMORANDUM

To: Joe Wickens, Executive Director
From: Alison Standring, Part C Coordinator *AS*
Subject: Monitoring Results for Indicators 1, 7, and 8a, 8b, and 8c FFY23/SFY24
(July 1, 2023 through June 30, 2024) Report 1 of 2
Date: August 6, 2024

The attached memo from Kyla Patterson provides Part C Compliance Measures and Results Measures for three of 14 federally identified indicators and a chart summarizing each of the indicators for the period of July 1, 2023 through June 30, 2024 (Federal Fiscal Year 2023). The Department of Behavioral Health and Developmental Services monitors each Part C system in the Commonwealth to assure that it is in compliance with federal Part C requirements.

The chart indicates that the Rappahannock Area, through the Parent Education - Infant Development Program and Infant/Child Support Coordinators, achieved 100% compliance in all areas. We did not demonstrate 100% compliance at the time of the review in February/March in the areas of meeting the 45-day timeline to complete an IFSP or identifying Transition Steps and Services on an IFSP, but have since corrected the deficiencies to the satisfaction of DBHDS.

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

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

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



COMMONWEALTH of VIRGINIA

NELSON SMITH
COMMISSIONER

DEPARTMENT OF
BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

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

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

FROM: Kyla Patterson
Early Intervention Program Manager

DATE: June 30, 2024

RE: Summary of local early intervention system (LEIS) monitoring results for FFY23/SFY24 (July 1, 2023 – June 30, 2024) for Part C of IDEA indicators C-1, C-7, and C-8

20 U.S.C. §1416(b)(2)(C)(ii)(II) requires each state to measure and report results on Part C of the Individuals with Disabilities Education Act (IDEA) federally-identified indicators in an annual performance report (APR). The review period for Virginia's next APR—to be submitted in February 2025—will cover FFY23/SFY24 (July 1, 2023 – June 30, 2024). In addition to reporting this APR data to the U.S. Department of Education, Office of Special Education Programs (OSEP), it will also be reported publicly and used to make local determinations as required by 20 U.S.C. §1416(b)(2)(C)(ii)(I) and 34 CFR §303.700(a)(2).

As the state lead agency (SLA) for Part C implementation in Virginia, staff recently completed a monitoring review of your local system data for the following annual compliance measures—

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

We appreciate the time your local early intervention system (LEIS) spent participating in the annual compliance indicators measurement and verification (CIMV) process, entering relevant data into TRAC-IT and SLA-provided Excel spreadsheets, and working with both your technical assistance consultant and monitoring consultant throughout the year. Your time and assistance in the monitoring process is critical to ensuring that the data reported to OSEP and to the public is accurate and timely.

The results for the indicators reviewed for your LEIS are documented on the enclosed “Local Early Intervention System (LEIS) Monitoring Results & Determination – Copy 1/2 – Results (06/2024)” report.

Final scores for all items and sections—including your LEIS determination for FFY23/SFY24—will be reflected in copy 2 of 2 of the report to be disseminated later this year.

The reauthorized IDEA of 2004 set the state target for all compliance indicators at 100% and requires correction of identified noncompliance as soon as possible but no later than one (1) year from the date of official notification—i.e., the date of this memorandum. If your LEIS monitoring results for compliance indicator C-1 (timely initiation of services, aka “30-day timeline”), compliance indicator C-7 (45-day timeline for initial meeting to develop the IFSP) and/or compliance indicators C-8A, C-8B, C-8C (transition) are less than 100% and were *not* corrected prior to receipt of this memo, SLA staff will soon be in touch with you local system manager to provide guidance regarding next steps.

Please note:

- For all compliance indicators where noncompliance has been identified (i.e., results of less than 100%), the State Lead Agency must verify that noncompliance has been corrected as soon as possible and in no case later than June 30, 2025. In accordance with OSEP QA 23-01 dated July 24, 2023, this requires confirming that the LEIS is now implementing the requirement correctly and that the local system has corrected each individual case of noncompliance (unless the child is no longer in the system.) Additional record reviews or other monitoring activities may be needed in order to verify correction of noncompliance.
- The SLA is required under 20 U.S.C. §1416(e) to implement appropriate enforcement action(s) any time a LEIS: 1) fails to correct noncompliance within one (1) year; 2) receives a determination of Needs Assistance two or more years in a row; and/or 3) receives a determination of Needs Intervention or Needs Substantial Intervention. Local determinations and any required enforcement action(s) will be included on copy 2 of 2 of the local determination report (to be disseminated later this year.) Your technical assistance consultant and monitoring consultant are available to support your local system in achieving timely correction.

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

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

Enclosures

cc: Local System Manager
Local System Manager Supervisor
Nelson Smith, Commissioner, DBHDS
Heather Norton, Acting Chief Deputy Commissioner, Community Services, DBHDS
Kari Savage, Director, Office of Child and Family Services, DBHDS
Richard Corbett, Early Intervention Team Leader, Infant & Toddler Connection of Virginia, DBHDS
Monitoring Consultant, Infant & Toddler Connection of Virginia, DBHDS
Technical Assistance Consultant, Infant & Toddler Connection of Virginia, DBHDS

Local Early Intervention System (LEIS) Monitoring Results & Determination

Based on monitoring data from FFY 2023 (July 1, 2023 - June 30, 2024) [as required by OSEP]

Copy 1/2 – Results (6/2024) | Copy 2/2 – FINAL Results & Determination (09/2024)

Infant & Toddler Connection of

Rappahannock Area

Section A						
Compliance Indicators; Longstanding Noncompliance; Accurate & Timely Data						
Annual Compliance Measures (Indicator 01, Indicator 07 and Indicator 08)						
Scoring <ul style="list-style-type: none"> • CPN = N/A → 2 • CPN = Y → 2 • CPN = N and ARR >= 95% → 2 • CPN = N and ARR >= 75% → 1 • CPN = N and ARR < 75% → 0 						
Indicator	State Target	State Result	Annual Record Review (ARR) Result	Corrected Prior to Notification (CPN) (Y/N/NA)	Full Correction FFY22/SFY23 Noncompliance (Y/N/NA)	Points Awarded
01: Timely Services	100%	99.25%	100.00%	N/A		
07: 45-Day Timeline	100%	99.79%	99.29%	Y		
08A: Transition Steps and Services	100%	96.48%	78.57%	Y		
08B: Transition Notification to LEA & VDOE	100%	88.87%	100.00%	N/A		
08C: Transition Conference	100%	94.86%	100.00%	N/A		
Longstanding Noncompliance						
Scoring <ul style="list-style-type: none"> • No longstanding noncompliance → 2 • Noncompliance corrected within one (1) year; if repeated, compliance at ARR >= 95% → 2 • Noncompliance corrected within one (1) year; if repeated, compliance at ARR < 95% → 1 • Noncompliance exceeding one (1) year → 0 						
Accurate & Timely Data						
Scoring <ul style="list-style-type: none"> • True → 1 • False → 0 	Accuracy	ARR Data and Verification				
		December 1 st Child Count				
		Children Over Three Report				
	Timeliness	Contract Deliverables ¹				
Section A Points and % Score						
Scoring <ul style="list-style-type: none"> • Total points = SUM of points awarded • Section A % score = SUM + TOTAL POSSIBLE POINTS² 	SECTION A POINTS					
	SECTION A % SCORE					

¹ All FFY23/SFY24 contract deliverables submitted and 9 of 11 deliverables submitted on time in order to receive full credit.

² FFY23/SFY24 total possible points for Section A = 16.

Section B					
Results Indicators; Data Anomalies; Data Completeness					
Primary Service Setting (Indicator 02)					
Scoring <ul style="list-style-type: none"> PSS >= State target → 1 PSS < State target → 0 	State Target	State Result	Local Result	Points Awarded	
	98.00%				
Child Outcomes (Indicator 03)					
Scoring <ul style="list-style-type: none"> Local results reported but not scored 					
	State Target	State Result	Local Result		
03A-S1: Positive social-emotional skills	64.90%				
03A-S2: Positive social-emotional skills	57.60%				
03B-S1: Acquisition and use of knowledge and skills	68.70%				
03B-S2: Acquisition and use of knowledge and skills	46.90%				
03C-S1: Use of appropriate behaviors to meet needs	68.60%				
03C-S2: Use of appropriate behaviors to meet needs	50.70%				
Data Anomalies					
Scoring <ul style="list-style-type: none"> 3 child outcomes x 5 progress categories (a-e) = 15 results 15 results – total anomalies = Score <ul style="list-style-type: none"> Score = 13, 14 or 15 → 2 points Score = 10, 11 or 12 → 1 point Score < 10 → 0 points 	Anomalies	Score	Points Awarded		
Children w/ Exit Scores					
Scoring <ul style="list-style-type: none"> # score captured ÷ total # eligible for scores = LEIS % <ul style="list-style-type: none"> LEIS % >= 90% → 2 points LEIS % between 80% and 90% → 1 LEIS % < 80% → 0 points 	Eligible	Captured	LEIS %	Points Awarded	
Family Outcomes (Indicator 04)					
Scoring <ul style="list-style-type: none"> Meaningful difference = NA³ → 1 Meaningful difference = N → 1 Meaningful difference = Y → 0 	State Target	State Result	Local Result	Meaningful Difference (Y/N/NA)	Points Awarded
	04A: Family Outcomes (Know their rights)	75.00%			
04B: Family Outcomes (Communicate needs)	71.90%				
04C: Family Outcomes (Help child learn)	85.90%				
Family Survey Response Rate					
Scoring <ul style="list-style-type: none"> [Surveys connected⁴ minus (-) surveys returned] ÷ surveys connected = LEIS % <ul style="list-style-type: none"> LEIS % >= 26% OR at or above 75th percentile → 2 LEIS % >= 22% OR between 25th and 75th percentile → 1 LEIS % at or below 25th PERCENTILE → 0 	Surveys Connected	Surveys Returned	LEIS %	Points Awarded	

³ Local result >= state target = NA

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

Section B: Results (continued)						
Child Find (Indicator 05; Indicator 06)						
Scoring	State Target	State Result	Local Result	Meaningful Difference (Y/N/NA)	Points Awarded	
<ul style="list-style-type: none"> Meaningful difference = NA⁵ → 1 Meaningful difference = N → 1 Meaningful difference = Y → 0 						
05: Child Find 0-1	1.83%					
06: Child Find 0-3	3.62%					
Section B Points and % Score						
Scoring	SECTION B POINTS					
<ul style="list-style-type: none"> Total points = SUM of points awarded Section B % score = SUM ÷ TOTAL POSSIBLE POINTS⁶ 	SECTION B % SCORE					
Cumulative Score and Determination						
Scoring	FFY23/SFY24 CUMULATIVE % SCORE					
<ul style="list-style-type: none"> Cumulative % Score = 50% Section A % Score + 50% Section B % Score Determination <ul style="list-style-type: none"> 80%-100% → Meets Requirements (MR) AND no noncompliance exceeding one (1) year 60%-79% → Needs Assistance (NA) 50%-59% → Needs Intervention (NI) 0%-49% → Needs Substantial Intervention (NSI) 	FFY23/SFY24 DETERMINATION					
Enforcement Actions (if applicable)						
Local EIS Determination History						
FFY06/SFY07 (July 1, 2006 – June 30, 2007)	FFY07/SFY08 (July 1, 2007 – June 30, 2008)	FFY08/SFY09 (July 1, 2008 – June 30, 2009)	FFY09/SFY10 (July 1, 2009 – June 30, 2010)	FFY10/SFY11 (July 1, 2010 – June 30, 2011)	FFY11/SFY12 (July 1, 2011 – June 30, 2012)	FFY12/SFY13 (July 1, 2012 – June 30, 2013)
FFY13/SFY14 (July 1, 2013 – June 30, 2014)	FFY14/SFY15 (July 1, 2014 – June 30, 2015)	FFY15/SFY16 (July 1, 2015 – June 30, 2016)	FFY16/SFY17 (July 1, 2016 – June 30, 2017)	FFY17/SFY18 (July 1, 2017 – June 30, 2018)	FFY18/SFY19 (July 1, 2018 – June 30, 2019)	FFY19/SFY20 (July 1, 2019 – June 30, 2020)
FFY20/SFY21 (July 1, 2020 – June 30, 2021)	FFY21/SFY22 (July 1, 2021 – June 30, 2022)	FFY22/SFY23 (July 1, 2022 – June 30, 2023)	FFY23/SFY24 (July 1, 2023 – June 30, 2024)			

⁵ Local result >= state target = NA

⁶ FFY23/SFY24 total possible points for Section B = 12

Local Early Intervention System (LEIS) Monitoring Results & Determination

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

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

Infant & Toddler Connection of
LEIS

GENERAL INFO

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

Section A

Compliance Indicators; Longstanding Noncompliance; Accurate & Timely Data

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

Scoring

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

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

Target for all Compliance Indicators is 100%

Longstanding Noncompliance

Scoring

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

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

Accurate & Timely Data

Scoring

- True → 1
- False → 0

ARR Data and Verification	Review of data submitted with ARR confirmed accuracy
December 1 st Child Count	No changes in 12/1 child count due to late data entry
Children Over Three Report	
Contract Deliverables ¹	

Section A Points and % Score

Scoring

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

SECTION A POINTS

SECTION A % SCORE

No children on report more than 2 of 3 months reviewed

X of Y required deliverables submitted on time

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

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

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

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

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

³ Local result >= state target = NA

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

Section B: Results (continued)				
Child Find (Indicator 05; Indicator 06)				
Scoring	State Target	Local Result	Meaningful Difference (Y/N/NA)	Points Awarded
<ul style="list-style-type: none"> • Meaningful difference = NA⁵ → 1 • Meaningful difference = N → 1 • Meaningful difference = Y → 0 				
05: Child Find 0-1	1.20%			
06: Child Find 0-3	2.76%			
Section B Points and % Score				
Scoring	SECTION B POINTS			
<ul style="list-style-type: none"> • Total points = SUM of points awarded • Section B % score = SUM ÷ TOTAL POSSIBLE POINTS⁶ 	SECTION B % SCORE			
Cumulative Score and Determination				
Scoring	FFY##/SFY## CUMMULATIVE % SCORE			
<ul style="list-style-type: none"> • Cumulative % Score = 50% Section A % Score + 50% Section B % Score • Determination <ul style="list-style-type: none"> ○ 80%-100% → Meets Requirements (MR) AND no noncompliance exceeding one (1) year ○ 60%-79% → Needs Assistance (NA) ○ 50%-59% → Needs Intervention (NI) ○ 0%-49% → Needs Substantial Intervention (NSI) 	FFY##/SFY## DETERMINATION			
Enforcement Actions (if applicable)				

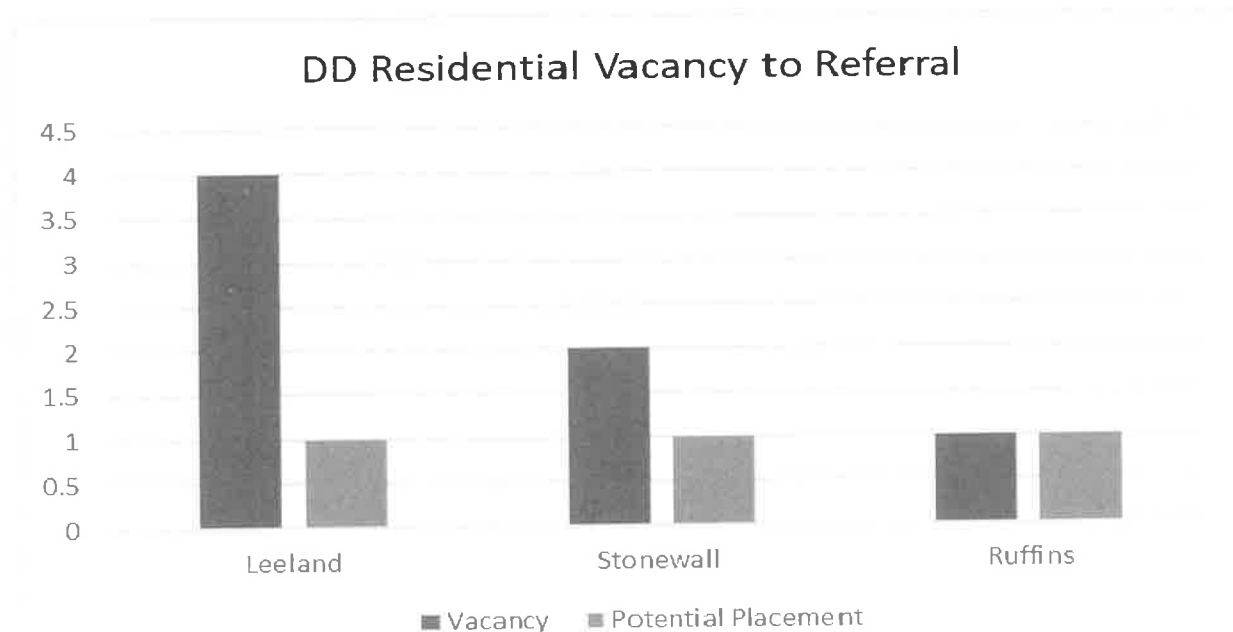
⁵ Local result >= state target = NA

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

Memorandum

To: Joe Wickens, Executive Director
From: Amy Jindra, CSS Director
Date: August 13, 2024
Re: Developmental Disabilities Residential Services

Developmental Disabilities Residential Program provides daily living supports through a variety of models of services. The DD Residential Program has 10 groups that combined serve 54 individuals. The Supported Apartment Programs (SAP), Belmont and Merchants Square, provide support to 21 individuals. DD Residential also has 3 intermediate care facilities (ICF) that serve 12 individuals. In addition to SAP, Group Homes, and ICFs, the program also includes Sponsored Placement, where individuals live in a provider's home. Myers Respite also falls on the continuum of DD Residential Services. In order to better support the community and sustain services, the programs need to minimize bed vacancies. Currently, Leeland, Stonewall, and Ruffin's Pond group homes have vacancies. Leeland has 4 out of 6 beds vacant, while Stonewall has 2 vacancies. Ruffin's Pond is a 5-bed program with 1 vacancy. Currently, DD Residential has one individual completing passes for Ruffin's Pond. The individual's move to Ruffin's will open a vacancy at Ross ICF. Additionally, 1 individual is pursuing a CL waiver in order to move into Leeland. 6 individuals are pursuing SAP services at Merchants but will need to secure housing vouchers. 1 individual is awaiting a change in conservatorship in order to move into Stonewall. The program coordinator is actively seeking referrals and communicating with support coordinators to provide improved access to services.



To: Joseph Wickens, Executive Director
From: Jacqueline Kobuchi, Director of Clinical Services
Date: 8/14/24
Re: Clinical Division Program Updates

Outpatient Services

Caroline Clinic - The Caroline Clinic completed 42 intakes during July. The clinic is down to 27 on the waiting list and we are working hard to get off of it by end of August and transition to Same Day Access. Our Substance Abuse Clinician attended Virginia Summer Institute for Addiction Studies last month and is using interventions learned to assist our clients individually and in group. He also continues to distribute Narcan to at risk youth. Caroline Clinic staff attended the Hanover Caroline Re-entry Council Meeting to help justice-involved individuals and their families transition back to the community. Clinicians also attended Caroline Promise Community Day and back-to-school event last month.

Fredericksburg and Children's Services Clinic - For the month of July, the Fredericksburg Clinic completed 76 intakes for adults. Out of the 76 intakes completed, 46 intakes were completed the same day that individuals called in for services. The Children's Services Clinic completed 25 intakes for children/adolescents. During the month of July, we had two vacancies open: Office Manager at Children's Services Clinic and Mental Health Therapist- Intakes. We are in the process of interviewing for both positions and look forward to filling the vacancies. In the meantime, several clinicians are offering additional intake slots in order to allow for easier access to services. We continue to utilize the Acute Care Clinic for emergency psychiatry appointments on a daily basis. This has allowed 8-10 individuals a week to access sooner medical appointments to prevent a potential crisis.

King George Clinic - The King George Clinic continues to provide the weekly men and women's substance use group. This month, group topics included Roadmap to Recovery, Stress Management Techniques, Coping Skills for Mental Health and Substance Use, and review of Habits. This month, a staff member attended a 2 day in person training on the ASAM 4th Edition. The King George Clinic moved off of the waitlist effective July 22nd. Clinic staff completed 36 new patient intakes during the month of July. This month, an individual receiving mental health treatment at the King George Clinic celebrated 6 months without a psychiatric hospitalization or crisis intervention. This individual expressed their gratitude to the treatment team as they have not had a similar period free from hospitalization in several years.

Spotsylvania Clinic - The Spotsylvania Therapists continue to provide outpatient therapy to individuals ages five and up struggling with mental health and substance use concerns. Therapists completed 86 diagnostic assessments in June and July. The clinic continues to be on a waitlist and therapists contact individuals weekly to check-in, provide updates, and offer intakes. The clinic currently has eight therapists including the IRIS telehealth therapist. The previous vacancy, Child and Adolescent Therapist, was recently filled. Substance Use Therapists attended the Virginia Summer Institute for Addition Studies to continue enhancing their therapeutic techniques to serve those who struggle with addition. RACSB continues to employ a Child and Adolescent Therapist who provides Trauma Focused Cognitive Behavioral Therapy to children who have disclosed abuse through Forensic Interviews at Safe Harbor Child Advocacy Center. Services provided at Safe Harbor are free of charge to victims under the VOCA grant. Over the summer, School-Based Therapists continued to provide grant funded therapy to students in Caroline, Stafford and Fredericksburg. Services were primarily provided at the clinics and virtually with services one day a week at Stafford High School. Unfortunately, the grant funding Caroline School-Based Therapy was not renewed. This therapist transitioned to the Child and Adolescent Therapist position at the Spotsylvania Clinic.

Stafford Clinic - Stafford Therapists completed 29 intakes during the month of July. The clinic continues to be on a waitlist and people are contacted weekly for updates and check ins. The clinic currently has four therapists including a telehealth therapist that has a caseload and is working with Stafford clients 3 days a week. The clinic currently has one vacant position, mental health therapist.

Substance Use

During the month of July, agency staff working with substance use disorders attending the annual VSIAS conference in Williamsburg, VA. Arianna Colley was awarded employee of the quarter and transitioned from our OBOT program to her new role as the Project LINK Program Manager. We continue to interview for therapist vacancies and the Assist Coordinator position.

Case Management - Adult

Over the past month two individuals who are in the community, Not Guilty by Reason of Insanity, have obtained and/or maintained part time employment. One gentleman stated how the support that has been offered by RACSB through his Conditional Release Plan, fostered his success. During the month of July, another gentleman that had been on Conditional Release for three years, was released on Unconditional Release in response to his continued compliance and progress. Two other individuals have also obtained and maintained employment and one individual has maintained her stability while caring for her mother and daughter as well as recently got married.

Case Management - Child and Adolescent

Child and Adolescent case management staff attended the Fredericksburg Best Practice Court Team training on Effective Advocacy for Children and Families: Preparing for Change. The Honorable Judge Vance presented on Legislative updates for all new laws affecting children and families. DSS presented on changes in DSS procedures and the new guidelines for Kinship Foster care. Our Family Support Peer attended the Year of the Peer: Peer Soars in 2024 conference in Roanoke with several of our agency Peer staff. Three child and adolescent case management staff were recertified in High Fidelity Wrap Around Intensive Care Coordination, an evidence based practice in Virginia.

Specialty Dockets

During the month of July Specialty Dockets continued to add new participants and celebrate some graduations. The Drug Court Program has been renamed to Recovery Court per state guidelines. Recovery Court has been adding new participants and is functioning with 47 participants, the highest number we have seen in a few years since COVID began. Juvenile Drug Court celebrated one graduation in July and functions with four participants for now. Behavioral Health Docket has seven participants with a few referrals awaiting approval for evaluation. Veterans Docket celebrated one graduation and one unfortunate death of a participant in July, now with our numbers at twelve. Several members of the specialty dockets team were able to attend the All Rise Specialty Dockets Treatment Providers Training for two days to learn best treatment practices for this population. We continue to interview for the Veterans and Family Specialist Position that is currently vacant.

Emergency Services

In June, our new Emergency Services Assistant Coordinator, Ashlee Abney, along with our Co-Response Therapist, Karen Wright were able to attend the 5th annual National Co-Responder Conference in Omaha, Nebraska. Several local law enforcement agencies sent participants as well. In June we held both a 40 hour CIT training for law enforcement and an eight hour CIT training for dispatchers. All regular Emergency Services Therapist positions are filled and we have several new staff completing training to become prescreeners. We have filled the vacant Assistant Coordinator position and that new employee starts in September. We have also filled two Child and Adolescent Emergency Services Therapist positions and look forward to restarting our community based crisis stabilization services. We have one remaining Child and Adolescent Emergency Services position vacant as well as two vacant Co-Response Therapists.

Medical Services

Medical staff are continuing to provide appointments within our Acute Care Clinic and are average 8-10 appointments per week. The Medical Director and Outpatient Nurse manager are collaborating with pharmacy staff to assist with the transition from Genoa to Altruix

Jail and Detention

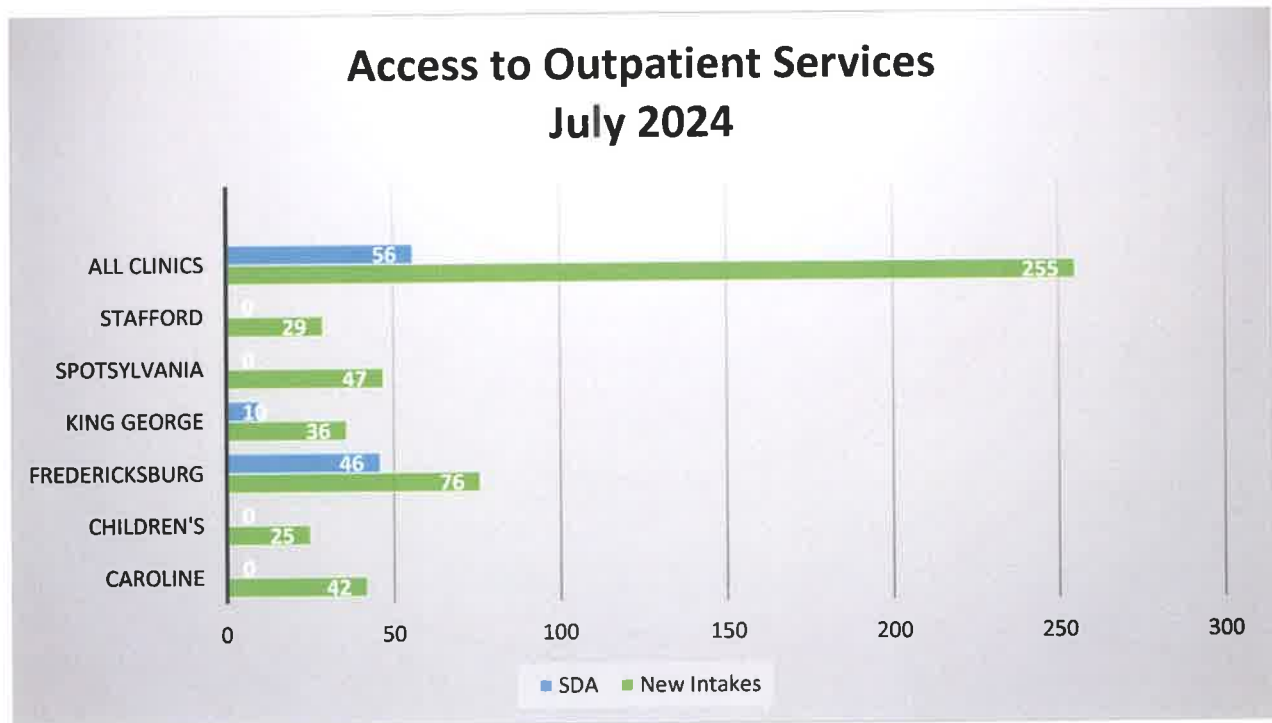
During the month of July, Rappahannock Regional Jail based staff served 224 individuals requesting mental health and substance abuse services. A total of 274 individuals were provided medication management during the month of July. Rappahannock Juvenile Center based staff served 35 individuals. A new goal has been set to see incarcerated individuals requesting mental health services within three business days.

RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD

MEMORANDUM

To: Joe Wickens, Executive Director
From: Jacqueline Kobuchi, Director of Clinical Services
Date: August 13, 2024
Re: Access to Outpatient Services

The outpatient clinics have a goal to eliminate all waitlists and increase intake assessments provided through Same Day Access during FY25. The King George Clinic resolved their waitlist on 7/22/24. The Fredericksburg and Children's Clinics also have no waiting lists. The Stafford Clinic has a waitlist of 89 individuals, the Caroline Clinic has a waitlist of 27 individuals and the Spotsylvania Clinic has 44 individuals waiting for an intake assessments. Below is data on the number of intakes completed by clinic, and how many of those are completed through Same Day Access.



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: State Hospital Census Report

DATE: August 20, 2024

Current Census:

State Hospital	New	Discharge	Civil	NGRI	Forensic	EBL	Total Census
Catawba Hospital			1				1
Central State Hospital		1		1	1		2
Eastern State Hospital							0
Northern Virginia Mental Health Institute		1	1			1	1
Piedmont Geriatric Hospital	1		2	1		1	3
Southern Virginia Mental Health Insitute							0
Southwestern Virginia Mental Health Institute							0
Western State Hospital	10	5	2	9	27	1	39
					Total		46

Extraordinary Barriers List:

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

Western State Hospital

Individual #1: Was placed on the EBL 4/29/2024. Barriers to discharge include working through the Not Guilty by Reason of Insanity (NGRI) process. This individual has a diagnosis of Bipolar Disorder and a history of substance use. This individual is able to reside independently and has secured housing in the community. This individual had been participating in weekly 48 hour passes where they actively participated in Mental Health Case Management (MHCM) services and attend Kenmore Club. This individual experienced some difficulties on a recent pass where they did not comply with all rules and expectations which has caused interruption in the passes. Their team will work with the Internal Forensic Review Panel to make any necessary adjustments to their Conditional Release Plan (CRP) and their court date has been requested to be continued at this time.

Northern Virginia Mental Health Institute

Individual #2: Was placed on the EBL 6/12/2024. Barriers to discharge include identifying and being accepted to a group home. This individual has a primary diagnosis of a Developmental Disability and has a Developmental Disability waiver. They are most interested in residing in the Richmond area and continue to work with their Support Coordinator and treatment team to find a group home that is able to support their needs and where they feel comfortable. This individual will discharge to the community once accepted to a group home and all necessary paperwork is completed.

Piedmont Geriatric Hospital

Individual #3: Was placed on the EBL 7/25/2024. Barriers to discharge include identifying and being accepted to a placement that can adequately support their needs. This individual will be best supported in an assisted living facility due to their needs. Their family is petitioning for guardianship at this time as well as working to determine their assets and private pay ability for a future placement. This individual experiences mental health symptoms and has a history of a traumatic brain injury and alcohol use. They will discharge once they are accepted to a facility that can meet their needs.

MEMORANDUM

To: Joe Wickens, Executive Director

From: Natasha Randall, Emergency Services Coordinator

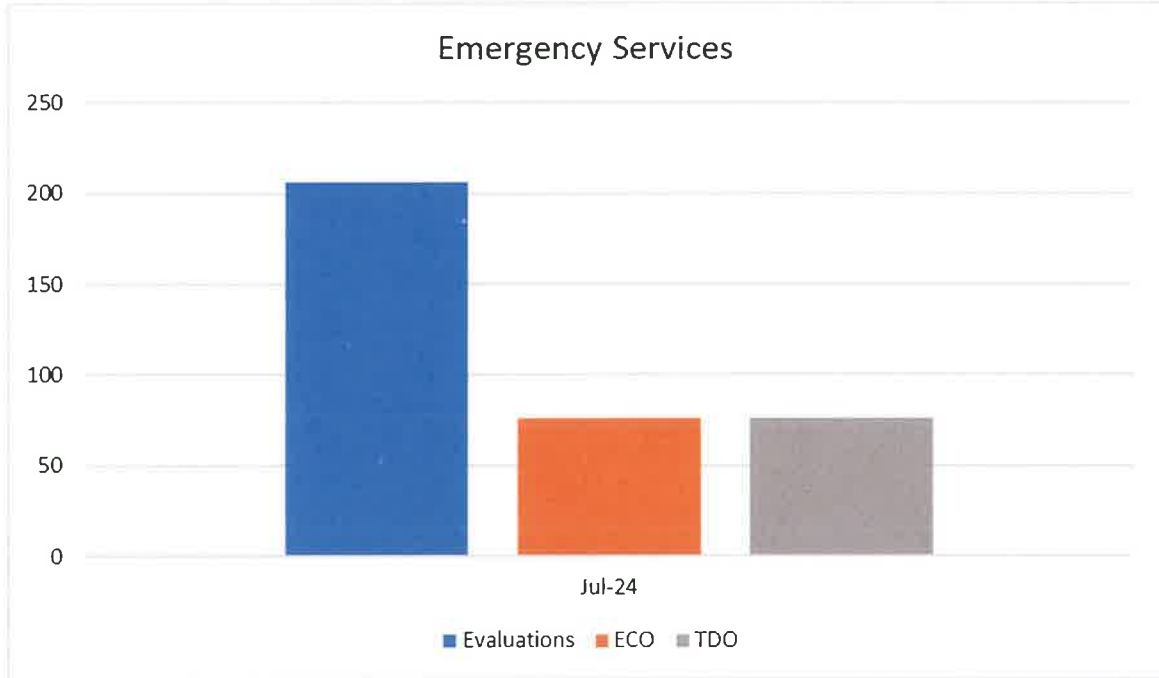
Date: August 12, 2024

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

In July, Emergency Services staff completed 206 emergency evaluations. Seventy-six individuals were assessed under an emergency custody orders and eighty-two total temporary detention orders were served of the 206 evaluations. Staff facilitated two admission to the state hospital, which was one admission to Western State Hospital and one admission to Northern Virginia Mental Health Institute.

A total of fifteen individuals were involuntarily hospitalized outside of our catchment area in July. Thirteen individuals were able to utilize alternative transport. Two individuals were unable to utilize alternative transport due being post-commitment.

Please see the attached data reports.



FY25 CSB/BHA Form (Revised: 07/10/2024)

CSB/BHA	Rappahannock Area Community Services Board	Month	July 2024	
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1) Number of Emergency Evaluations	2) Number of ECOs			3) Number of Civil TDOs Issued	4) Number of Civil TDOs Executed				5) Number of Criminal TDOs Executed
	Magistrate Issued	Law Enforcement Initiated	Total		Minor	Older Adult	Adult	Total	
206	35	41	76	82	5	6	71	82	2

FY '25 CSB/BHA Form (Revised: 07/10/2024)

CSB/BHA	Rappahannock Area Community Services Board	Reporting month	July 2024	No Exceptions this month →
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Date	Consumer Identifier	1) Special Population Designation (see definition)	1a) Describe "other" in your own words (see definition)	2) "Last Resort" admission (see definition)	3) No ECO, but "last resort" TDO to state hospital (see definition)	4) Additional Relevant Information or Discussion (see definition)
7/8/2024	19494	Adult (18-64) with Medical Acuity	aggressive	Yes		NVMH
7/10/2024	51774	Adult (18-64) with Medical Acuity	aggression	yes		WSH

Date	ID	LE	Location	Receiving	Alternative Transport			Presented to AT	Reason
					Travel	Age	TDO Criteria		
7/8/2024	19494	Spotsylvania	MWH	NVMHI	93.6	38	danger to others	no	Post-commitment
7/10/2024	51774	Spotsylvania	SRMC	Western	214	20	danger to self	no	Post-commitment

MEMORANDUM

To: Joe Wickens, Executive Director
From: Natasha Randall, Emergency Services Coordinator
Date: August 13, 2024
Re: CIT and Co-Response Report

Fifteen individuals were assessed at the CIT Assessment Center in the month of July 2024. The number of persons served by locality were the following: Fredericksburg 6; Caroline 2; King George 0; Spotsylvania 3; Stafford 4; 0 from other jurisdictions.

The chart below indicates the number of Emergency Custody orders by locality, those that were able to be transferred into CAC custody, and those who could have use the assessment center if there was additional capacity:

Locality	Total ECO	Custody Transfer to CAC	Appropriate for CAC if Capacity
Caroline	6	2	4
Fredericksburg	16	6	10
King George	1	0	1
Spotsylvania	17	3	12
Stafford	36	4	31
Totals	76	15	58

RAPPAHANNOCK AREA
COMMUNITY SERVICES BOARD

The Spotsylvania Co-Response Team served 18 individuals in July. The therapists for the Stafford and Fredericksburg teams remain vacant.

In June 2024, we held a 40 hour CIT training. Twenty-two law enforcement officers and deputies and one Virginia State Trooper became CIT certified. We also held an eight hour dispatcher training in June with nine local dispatchers becoming CIT certified.

MEMORANDUM

To: Joe Wickens, Executive Director
From: Jacqueline Kobuchi, Director of Clinical Services
Date: August 14, 2024
Re: State Opioid Response (SOR) Proposal

DBHDS has provided an opportunity for community services boards to request SOR funds for FY25. Proposals were due August 9th. Rappahannock Area CSB submitted a request for \$549,856.09. This amount includes \$399,566.58 for personnel salaries, \$77,789.51 for fringe, \$2,500 for travel, \$50,000 for supplies (including medications and urine drug screens), \$8,000 for contracts (including lab work, physicals and transportation), and \$12,000 for other expenses (including training, food and contingency management). SOR funds do not fully cover the cost of RACSB's Office Based Opioid Treatment program, but are intended to cover costs for individuals who are uninsured.

Compliance Program Update

Incident Reports

- There were 227 Incident Reports entered into the Electronic Incident Report Tracker during the month of July. This is an increase of 15 reports from June, and a decrease of 15 from May. All incident reports submitted were triaged by the compliance team. The top three categories of reports submitted were Health Concerns (88 reports), Individual Served Injury (32 reports), and Individual Served Safety (27 reports).
- The compliance team entered 24 incident reports into the Department of Behavioral Health and Developmental Services (DBHDS) Electronic Incident reporting system (17 Level 2, 7 Level 3); a decrease of 7 entered in June (15 Level 2, 2 Level 3).
- There were 0 (zero) reports elevated to a care concern by DBHDS in July. These are reports that, based on the Office of Licensing's review of current serious incident as well as a review of other recent incidents related to this individual, the Office of Licensing recommends the provider consider the need to re-evaluate the individual's needs as well as review the current individual support plan. DBHDS recommends provider review the results of root-cause analyses completed on behalf of this individual. In addition, take the opportunity to determine if systemic changes such as revisions to policies or procedures and/or re-evaluating and updating risk management and/or quality improvement plan.
- DBHDS requires the conduction of a root cause analysis for selected incident reports. The root cause analysis must be conducted within 30 days of staff's discovery of the incident. The compliance team requested specific programs, based on submitted incident report, to complete the required root cause analysis. A total of 24 root cause analysis were requested and a total of 29 were due in the month of July. Only 1 expanded root cause analysis was required in July.

Human Rights Investigations:

- The compliance team initiated 3 human rights investigations. These investigations consisted of 1 physical abuse allegation, 1 neglect (failure to provide services necessary for health, safety and welfare) allegation, 1 dignity (diet) complaint. Out of the 3 investigations, 1 was substantiated for physical abuse, 1 was substantiated for neglect, and 1 was unfounded for dignity.

Internal Reviewers:

- Compliance team provided support and guidance to ACT Team about an incident report.
- Compliance team provided guidance to ID/DD Case Management on mandated reporting Adult Protective Services.

External Reviewers:

- Compliance team received 4 phone calls from Brian Dempsey requesting follow up questions and updates on serious incident reports entered into CHRIS.
- Compliance team received a phone call from CMS PERM requesting additional information.

- Compliance team received and responded to 8 faxed chart review audit requests, 5 from Datavant (6 clients) and 2 from CMS (2 clients), and 1 from Complex Care (19 clients). A total of 27 individuals medical records/documents audits were requested.

Complaint Call Synopsis

- Compliance team received 7 voicemail complaints in the month of July. Compliance team responded to all 7 complaints; however, 2 complainants did not return those phone calls. Out of the 7 complaints, 0 resulted in a formal complaint. The phone calls were categorized as 3 Medical Outpatient Clinical Services; 1 Emergency Services; 1 ID/DD Apartment Program; 1 Mental Health Case Management; and 1 Jail Services.

Trainings/Meetings

- Audit Training – 7/17/2024
- Compliance team attended and participated with the Kenmore Club staff meeting on 7/23/2024. Compliance team provided guidance on auditing and compliance questions.
- Compliance team attended and participated with the Ross ICF Monthly staff meeting on 7/23/2024. Compliance team provided guidance on incident reporting, RCA reporting, and medication errors.
- Revised Forms (MH/SA Service Plan, Human Rights form, Client Orientation form, and the MH/SU preliminary plan) Training Sessions – 7/25/2024, 7/30/2024, 7/31/2024

MEMORANDUM

To: Joe Wickens, Executive Director
From: Stephanie Terrell, Director of Compliance
Date: August 9, 2024
Re: Licensing Reports

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

Rappahannock Area Community Services Board (RACSB) received five licensing reports. Developmental Disabilities Day Support Services received regulatory citations related to founded human rights allegations. (four neglect, one verbal abuse) The license renewal inspection for Substance Use Outpatient Services resulted in multiple regulatory citations, late reporting of an incident resulted in a regulatory citation for Mental Health Outpatient, and during a chart review Licensing Specialist identified a documentation discrepancy which resulted in a regulatory citation.

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

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

Investigation ID: 123
License #: 101-16-002
Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 05-23-2024
Program Type/Facility Name: 16-002 Stafford DD Casemanagement

Standard(s) Cited: **Comp** Description of Noncompliance: **Stafford DD Casemanagement** Actions to be Taken: **PR) 06/10/2024** Planned Comp. Date: **6/30/2024**

<p>12/VAC35-105-665. A. (7) - The comprehensive ISP shall be based on the individual's needs, strengths, abilities, personal preferences, goals, and natural supports identified in the assessment. The ISP shall include: 7. A crisis or relapse plan, if applicable;</p>	<p align="center">N</p>	<p>Stafford DD Casemanagement</p> <p>This regulation was NOT MET as evidenced by:</p> <p>Individual #1 has a history of Diagnosis #1 which has resulted in multiple hospitalizations including a recent hospitalization on 2/14/24. Review of Individual #1's record before and after the incident reveal that there is not a safety/crisis plan in place identifying steps Individual #1 and their family could take when Individual #1 presents with Diagnosis #1.</p>	<p>PR) 06/10/2024</p> <ul style="list-style-type: none"> • SC will work with individual and their family to develop a risk mitigation plan to be followed when the individual presents with self-injurious behaviors or suicidal ideation. This will be reflected in an updated SC part V. • All staff will be reminded that plans need to be based on the individual's needs, strengths, abilities, personal preferences, goals. Including a crisis or relapse plan if applicable. <p>This will be monitored by DSSC Supervisors who will monitor that this is completed during the monthly chart audit that is completed.</p>	<p>6/30/2024</p> <p>OLR) Accepted 06/12/2024</p>
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**DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN**

Investigation ID: 123

License #: 101-16-002

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 05-23-2024

Program Type/Facility Name: 16-002 Stafford DD Casemanagement

Standard(s) Cited Comp

Description of Noncompliance

Actions to be Taken

Planned Comp. Date

General Comments / Recommendations:

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

Rebekah Greenfield, Regional Manager

(Signature of Organization Representative)

Date

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

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

License #: 101-02-006
 Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 06-04-2024
 Program Type/Facility Name: 02-006 Caroline/The Gathering Place

Standard(s) Cited Comp Description of Noncompliance

Actions to be Taken

Planned Comp. Date

12VAC35-105-150. (4) - The provider including its employees, contractors, students, and volunteers shall comply with: 4. Section 37.2-400 of the Code of Virginia and related human rights regulations adopted by the state board;	N	Caroline/The Gathering Place This regulation was NOT MET as evidenced by: See OHR citation below.		
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**DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN**

License #: 101-02-006
Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 06-04-2024
Program Type/Facility Name: 02-006 Caroline/The Gathering Place

Standard(s) Cited Comp Description of Noncompliance

Actions to be Taken

Planned Comp. Dates

<p>12VAC35-115-50. B. (2) - In receiving all services, each individual has the right to: 2. Be protected from harm including abuse, neglect, and exploitation.</p>	<p>N</p>	<p>Caroline/The Gathering Place This regulation was NOT MET as evidenced by: CHRIS #20240038/Incident date: May 13, 2024 "Abuse" means any act or failure to act by an employee or other person responsible for the care of an individual in a facility or program operated, licensed, or funded by the department, excluding those operated by the Department of Corrections, that was performed or was failed to be performed knowingly, recklessly, or intentionally, and that caused or might have caused physical or psychological harm, injury, or death to a person receiving care or treatment for mental illness, intellectual disability, or substance abuse.</p> <ul style="list-style-type: none"> • Provider substantiated verbal abuse based the following: <ul style="list-style-type: none"> ◦ Employee #2 and Employee #3 overheard Employee #1 ask Individual #1 to get the van book. When Individual #1 grab the wrong book. Employee #1 got loud and spelled out "the VAN # 1 0 8" in a condescending way. ◦ Employee #1 also asked Individual #1 to hand Employee #1 the cell phone charger in the van. Individual #1 only handed Employee #1 the cord which made Employee #1 angry. Employee #1 said, "[Individual #1] messing with my shit." <p>Use of language that demeans, threatens, intimidates, or humiliates the person is a violation of 12VAC35-115-50 (B) (2).</p>	<p>PR) 06/24/2024 Employee #1 will receive corrective action according to RACSB policy by 6/21/24. Employee #1 will be retrained in Human Rights and Person-centered Language by 6/28/24 Site leader will monitor interactions and treatment of Individual #1 through daily interactions for 30 days, then monthly thereafter. OHR/OLR) Accepted 06/24/2024</p>	<p>6/28/2024</p>
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**DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN**

License #: 101-02-006
 Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 06-04-2024
 Program Type/Facility Name: 02-006 Caroline/The Gathering Place

Standard(s) Cited Comp Description of Noncompliance Actions to be Taken Planned Comp. Date

General Comments / Recommendations:

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

Cassie Purtlebaugh, Human Rights

(Signature of Organization Representative)

Date

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

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

License #: 101-07-013
 Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 05-10-2024
 Program Type/Facility Name: 07-013 Spotsylvania County Clinic

Standard(s) Cited **Comp** **Description of Noncompliance**

Actions to be Taken

Planned Comp. Date

<p>12VAC35-105-675. D. (3) - The provider shall review the ISP at least every three months from the date of the implementation of the ISP or whenever there is a revised assessment based upon the individual's changing needs or goals. 3. For goals and objectives that were not accomplished by the identified target date, the provider and any appropriate treatment team members shall meet to review the reasons for lack of progress and provide the individual an opportunity to make an informed choice of how to proceed.</p> <p>Documentation of the quarterly review shall be added to the individual's record no later than 15 calendar days from the date the review was due to be completed, with the exception of case management services. Case management quarterly reviews shall be added to the</p>	<p align="center">N</p> <p>Spotsylvania County Clinic</p> <p>This regulation was NOT MET as evidenced by: Individual #2's ISP year was from 4/17/23-4/16/24. Individual #2's second quarter ended 10/16/24. The second quarter quarterly review was not completed until 11/14/23. Individual #2's third quarter ended 1/16/24. The third quarter quarterly review was not entered until 2/22/24.</p> <p>The provider failed to add the quarterly review to the individual's record within 15 calendar days from the date the review was due to be completed.</p>	<p>PR) 06/07/2024</p> <ul style="list-style-type: none"> Clinic Coordinator will conduct at least one random audit per staff each month to ensure documentation is being completed on time. Clinic Coordinator will review required timeframe during next monthly staff meeting with all staff. Clinic Coordinator will brainstorm with staff regarding strategies for meeting documentation requirements in a timely manner during staff meeting and supervision. <p>OLR) Accepted 06/20/2024</p>	<p align="center">6/10/2024</p>
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**DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN**

License #: 101-07-013
 Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 05-10-2024
 Program Type/Facility Name: 07-013 Spotsylvania County Clinic

Standard(s) Cited **Comp** **Description of Noncompliance**

Actions to be Taken

Planned Comp. Date

<p>individual's record no later than 30 calendar days from the date the review was due.</p>	<p>N</p>	<p>Spotsylvania County Clinic This regulation was NOT MET as evidenced by: Employee #1 is a Supervisee in Clinical Social Work. There was no documentation in Employee #1's record of their DHP approved active supervision oversight. While the provider was able to produce a few supervision notes, the notes appeared to be written by Employee #1 and only one of the notes were signed. The provider failed to ensure documentation was present confirming that all clinical staff are qualified by training and experience and appropriately licensed, certified, or registered by the appropriate health regulatory board to serve individuals admitted to the service.</p>	<p>PR) 06/07/2024 • At a minimum monthly meetings w per staff each month and document those meetings. The documentation will include signature of supervisor and supervisee. Documentation will be accessible to supervisor and supervisee. Supervisee will monitor to ensure notes are documented appropriately for appropriate certification/license. OLR) Not Accepted 06/20/2024 Monthly supervision does not meet the requirement for clinical oversight of a Supervisee in Clinical Social Work or any LMHP under supervision. Documentation must be accessible to the Office of Licensing in addition to accessible to the supervisor and supervisee.</p>	<p>7/1/2024</p>
<p>12VAC35-105-1780. (4) - Substance abuse outpatient service programs shall meet the following staff requirements. The program shall: 4. Ensure all clinical staff shall be qualified by training and experience and appropriately licensed, certified, or registered by the appropriate health regulatory board to serve individuals admitted to the service.</p>	<p>N</p>	<p>The provider failed to ensure documentation was present confirming that all clinical staff are qualified by training and experience and appropriately licensed, certified, or registered by the appropriate health regulatory board to serve individuals admitted to the service.</p>	<p>PR) 07/05/2024 Supervisors will meet weekly with supervisees to meet requirements of appropriate supervision requirements required by the Department of Health Professions. The documentation of those meetings will include signatures of supervisor and supervisee. Documentation will be accessible to supervisor and supervisee. Supervisee will monitor to ensure notes are documented appropriately for appropriate certification/license. OLR) Accepted 07/19/2024 Please note that during an onsite inspection, the</p>	<p></p>

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

License #: 101-07-013
 Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 05-10-2024
 Program Type/Facility Name: 07-013 Spotsylvania County Clinic

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
			Office of Licensing may request to see supervision notes. The supervisor and supervisee must make these notes available when requested.	

General Comments / Recommendations:

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

Rebekah Greenfield, Regional Manager

 (Signature of Organization Representative)

 Date

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

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

License #: 101-02-006
 Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 05-20-2024
 Program Type/Facility Name: 02-006 Spotsylvania Clinic

Standard(s) Cited **Comp** **Description of Noncompliance** **Actions to be Taken** **Planned Comp. Date**

12VAC35-105-150. (4) - The provider including its employees, contractors, students, and volunteers shall comply with: 4. Section 37.2-400 of the Code of Virginia and related human rights regulations adopted by the state board;	N	Spotsylvania Clinic This regulation was NOT MET as evidenced by: See OHR citation below.		
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**DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN**

License #: 101-02-006
Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 05-20-2024
Program Type/Facility Name: 02-006 Spotsylvania Clinic

Standard(s) Cited Comp Description of Noncompliance

Actions to be Taken

Planned Comp. Date

<p>12VAC35-115-50. B. (2) - In receiving all services, each individual has the right to: 2. Be protected from harm including abuse, neglect, and exploitation.</p>	<p>N</p>	<p>Spotsylvania Clinic</p> <p>This regulation was NOT MET as evidenced by:</p> <p>"Neglect" means failure by a person, program, or facility operated, licensed, or funded by the department, excluding those operated by the Department of Corrections, responsible for providing services to do so, including nourishment, treatment, care, goods, or services necessary to the health, safety, or welfare of an individual receiving care or treatment for mental illness, intellectual disability, or substance abuse.</p> <p>Provider substantiated for neglect based on the following:</p> <ul style="list-style-type: none"> Provider discovered, while reviewing camera footage of another incident, that Employee #1 left Individual #1 and Individual #2 on the van alone and unattended for approximately 2 minutes. <p>Leaving individuals unattended and alone on the van is failing to provide services necessary to the health, safety or welfare of an individual receiving services and is a violation of 12VAC35-115-50(B)(2).</p>	<p>PR) 06/05/2024</p> <p>Employee #1 did not exercise sound judgement and did not follow the individuals' plan for supports in regards to monitoring them according to their health and safety supports. Employee #1 was issued a Standard of Conduct Violation and terminated on 5/10/24</p> <p>Community Safety policy and procedure will be updated to include specifics on monitoring individuals on the van while in community settings by Coordinator and Assistant Coordinator.</p> <p>All staff will be trained on updates to policy during staff meeting on 6/11/24 by the Site Leader and Lead Specialist.</p> <p>Adherence to these policy updates will be monitored through daily review of the community safety checklists and weekly review of the van cameras by the Site Leader</p> <p>OHR/OLR) Accepted 06/06/2024</p>	<p>6/11/2024</p>
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**DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN**

License #: 101-02-006
 Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 05-20-2024
 Program Type/Facility Name: 02-006 Spotsylvania Clinic

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

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

Cassie Purtlebaugh, Human Rights	(Signature of Organization Representative)	Date
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C = Substantial Compliance, N = Non Compliance, NS = Non Compliance Systemic, ND = Non Determined

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

License #: 101-02-006
 Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 05-21-2024
 Program Type/Facility Name: 02-006 Spotsylvania Clinic

Standard(s) Cited Comp Description of Noncompliance Actions to be Taken Planned Comp. Date

12VAC35-105-150. (4) - The provider including its employees, contractors, students, and volunteers shall comply with: 4. Section 37.2-400 of the Code of Virginia and related human rights regulations adopted by the state board;	N	Spotsylvania Clinic This regulation was NOT MET as evidenced by: See OHR citation below.		
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**DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN**

License #: 101-02-006
Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 05-21-2024
Program Type/Facility Name: 02-006 Spotsylvania Clinic

Standard(s) Cited **Comp** **Description of Noncompliance** **Actions to be Taken** **Planned Comp. Date**

<p>12VAC35-115-50. B. (2) - In receiving all services, each individual has the right to: 2. Be protected from harm including abuse, neglect, and exploitation.</p>	<p>N</p>	<p>Spotsylvania Clinic</p> <p>This regulation was NOT MET as evidenced by:</p> <p>"Neglect" means failure by a person, program, or facility operated, licensed, or funded by the department, excluding those operated by the Department of Corrections, responsible for providing services to do so, including nourishment, treatment, care, goods, or services necessary to the health, safety, or welfare of an individual receiving care or treatment for mental illness, intellectual disability, or substance abuse.</p> <p>Provider substantiated for neglect based on the following:</p> <ul style="list-style-type: none"> • Camera footage revealed that Employee #1 went into the local convenience store and left Individual #1, Individual #2, and Individual #3 alone and unattended on the van for approximately 8 minutes. <p>Leaving individuals unattended and alone on the van is failing to provide services necessary to the health, safety or welfare of an individual receiving services and is a violation of 12VAC35-115-50(B)(2).</p>	<p>PR) 06/05/2024</p> <p>Employee #1 did not exercise sound judgement and did not follow the individuals' plan for supports in regards to monitoring them according to their health and safety supports. Employee #1 was issued a Standard of Conduct Violation and terminated on 5/10/24</p> <p>Community Safety policy and procedure will be updated to include specifics on monitoring individuals on the van while in community settings by Coordinator and Assistant Coordinator.</p> <p>All staff will be trained on updates to policy during staff meeting on 6/11/24 by the Site Leader and Lead Specialist.</p> <p>Adherence to these policy updates will be monitored through daily review of the community safety checklists and weekly review of the van cameras by the Site Leader</p> <p>OHR/OLR) Accepted 06/06/2024</p>	<p>6/11/2024</p>
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**DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN**

License #: 101-02-006
 Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 05-21-2024
 Program Type/Facility Name: 02-006 Spotsylvania Clinic

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

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

Cassie Purtlebaugh, Human Rights

(Signature of Organization Representative)

Date

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

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

License #: 101-02-006
 Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 05-29-2024
 Program Type/Facility Name: 02-006 Fredericksburg

Standard(s) Cited **Comp**

Description of Noncompliance

Actions to be Taken

Planned Comp. Date

12VAC35-105-150. (4) - The provider including its employees, contractors, students, and volunteers shall comply with: 4. Section 37.2-400 of the Code of Virginia and related human rights regulations adopted by the state board;	N	Fredericksburg This regulation was NOT MET as evidenced by: See OHR citation below.		
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**DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN**

License #: 101-02-006
 Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 05-29-2024
 Program Type/Facility Name: 02-006 Fredericksburg

Standard(s) Cited: Comp Description of Noncompliance

Actions to be Taken

Planned Comp. Date

<p>12VAC35-115-50. B. (2) - In receiving all services, each individual has the right to: 2. Be protected from harm including abuse, neglect, and exploitation.</p>	<p>N</p>	<p>Fredericksburg</p> <p>This regulation was NOT MET as evidenced by:</p> <p>"Neglect" means failure by a person, program, or facility operated, licensed, or funded by the department, excluding those operated by the Department of Corrections, responsible for providing services to do so, including nourishment, treatment, care, goods, or services necessary to the health, safety, or welfare of an individual receiving care or treatment for mental illness, intellectual disability, or substance abuse.</p> <p>Provider substantiated for neglect based on the following:</p> <ul style="list-style-type: none"> Employee #1 failed to follow safe wheelchair transfer protocol when Employee #1 transferred Individual #1 from wheelchair to van seat without securing Individual #1 into the van seat. Employee #1 went to lock in wheelchair before securing Individual #1 into the van seat. Individual #1 stood up and fell out of the van and onto the ground. <p>Failing to follow a safe wheelchair protocol for vehicle transfer is a violation of 12VAC35-115-50(B)(2).</p>	<p>PR) 06/24/2024</p> <p>Employee #1 received corrective action according to RACSB policy on 6/5/24.</p> <p>All staff supporting Individual #1 have been retrained on his transfer protocol.</p> <p>Site leader and assist site leader will monitor daily/weekly observing correct transfers on the vehicle for individual #1. Lead Specialist will monitor staff's documentation of correct transfers during quarterly note reviews.</p> <p>OHR/OLR) Accepted 06/24/2024</p>	<p>6/11/2024</p>
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**DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN**

License #: 101-02-006
 Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 05-29-2024
 Program Type/Facility Name: 02-006 Fredericksburg

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
General Comments / Recommendations:				
I understand it is my right to request a conference with the reviewer and the reviewer's supervisor should I desire further discussion of these findings. By my signature on the Corrective Action Plan, I pledge that the actions to be taken will be completed as identified by the date indicated.				
Cassie Purtebaugh, Human Rights		(Signature of Organization Representative)		Date
C = Substantial Compliance, N = Non Compliance, NS = Non Compliance Systemic, ND = Non Determined				

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

License #: 101-02-006
Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 06-03-2024
Program Type/Facility Name: 02-006 Fredericksburg

Standard(s) Cited Comp Description of Noncompliance

Actions to be Taken

Planned Comp. Date

<p>12VAC35-105-150. (4) - The provider including its employees, contractors, students, and volunteers shall comply with: 4. Section 37.2-400 of the Code of Virginia and related human rights regulations adopted by the state board;</p>	<p>N</p>	<p>Fredericksburg This regulation was NOT MET as evidenced by: See OHR citation below.</p>		
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**DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN**

License #: 101-02-006
Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 06-03-2024
Program Type/Facility Name: 02-006 Fredericksburg

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-115-50. B. (2) - In receiving all services, each individual has the right to: 2. Be protected from harm including abuse, neglect, and exploitation.	N	<p>Fredericksburg</p> <p>This regulation was NOT MET as evidenced by: CHRIS #20240035/Incident date: May 21, 2024</p> <p>"Neglect" means failure by a person, program, or facility operated, licensed, or funded by the department, excluding those operated by the Department of Corrections, responsible for providing services to do so, including nourishment, treatment, care, goods, or services necessary to the health, safety, or welfare of an individual receiving care or treatment for mental illness, intellectual disability, or substance abuse.</p> <ul style="list-style-type: none"> • Provider substantiated neglect based on the following: <ul style="list-style-type: none"> ◦ While reviewing video footage, Individual #1 was observed with an unbuckled seatbelt during the ride in the van to day support. ◦ Employee #1 failed to ensure Individual #1 was safely buckled in the seat. <p>Failure to provide services necessary to health, safety or welfare of the individual is a violation of 12VAC35-115-50 (B)(2).</p>	<p>PR) 06/24/2024</p> <p>Employee #1 received corrective action according to RACSB policy on 6/14/24.</p> <p>All staff supporting Individual #1 have been retrained on his transfer protocol</p> <p>Site leader and assist site leader will monitor daily/weekly observing correct transfers on the vehicle for individual #1. Lead Specialist will monitor staff's documentation of correct transfers during quarterly note reviews.</p> <p>OHR/OLR) Accepted 06/24/2024</p>	6/11/2024

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

License #: 101-02-006
 Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 06-03-2024
 Program Type/Facility Name: 02-006 Fredericksburg

Standard(s) Cited Comp Description of Noncompliance

Actions to be Taken

Planned Comp. Date

General Comments / Recommendations:

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

Cassie Purtlebaugh, Human Rights

 (Signature of Organization Representative)

 Date

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

License #: 101-07-003
 Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 06-05-2024
 Program Type/Facility Name: 07-003 Fredericksburg Clinic

Standard(s) Cited Comp Description of Noncompliance Actions to be Taken Planned Comp. Date

<p>12VAC35-105-160. D. (2) - The provider shall collect, maintain, and report or make available to the department the following information: 2. Level II and Level III serious incidents shall be reported using the department's web-based reporting application and by telephone or email to anyone designated by the individual to receive such notice and to the individual's authorized representative within 24 hours of discovery. Reported information shall include the information specified by the department as required in its web-based reporting application, but at least the following: the date, place, and circumstances of the serious incident. For serious injuries and deaths, the reported information shall also include the nature of the individual's injuries or</p>	<p>N</p>	<p>Fredericksburg Clinic This regulation was NOT MET as evidenced by: CHRIS Number: 20240117 Date/Time of Discover: 05/07/2024 3:20PM Enter Date/Time: 05/16/2024 8:25AM Reporting Delay: 185:5:00 Location Name: Fredericksburg Clinic</p>	<p>PR) 06/24/2024 This Clinic Coordinator became aware of the delay in reporting during administrative supervision and informed clinician that an incident report needed to be completed the same day that the clinician was notified of a suicide attempt. This was addressed in individual administrative supervision and will be reiterated at the staff meeting on 6/20/24. The clinician has submitted IRs within 24 hours since addressed. This was the clinician's first incident report following a suicide attempt since she started with the agency in November 2022. This Clinic Coordinator will review that IR training is completed within the first 30 days of being hired directly with this supervisor as part of onboarding and will include it on the agenda of staff meetings moving forward in an effort to remind staff. Clinic Coordinator will review expectations regarding IR completion with individual staff in administrative and clinical supervision by 7/30/24. IR completion and expectations will be reviewed at monthly staff meeting moving forward. This supervisor will ensure monthly administrative supervision logs cover incident reports and review guidelines by 7/30/24. This supervisor will include incident reports on the agenda for the monthly staff meeting on 6/20/24. OLR) Accepted 07/05/2024</p>	<p>7/30/2024</p>
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**DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN**

License #: 101-07-003
 Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 06-05-2024
 Program Type/Facility Name: 07-003 Fredericksburg Clinic

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

General Comments / Recommendations:

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

Lakesha Steele, Incident Management Unit

(Signature of Organization Representative)

Date

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MEMORANDUM

To: Joseph Wickens, Executive Director
From: Stephanie Terrell, Director of Compliance & Human Rights
Date: July 2024
Re: Quality Assurance Report

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

- Mental Health Case Management: Fredericksburg
- Mental Health Outpatient: Spotsylvania
- Mental Health Supported Residential: Liberty

Mental Health Case Management: Fredericksburg

There was six staff members responsible for the selected charts.

Findings for the ten open charts reviewed for Mental Health Case Management Fredericksburg services were as follows:

- Ten charts were reviewed for Assessment compliance:
 - **Discrepancies noted with Assessments:**
 - Three charts were missing the Daily Living Activities (DLA 20).
 - Two charts were missing the Comprehensive Needs Assessment (CNA).
- Ten charts were reviewed for Individual Service Plan compliance:
 - **Discrepancies noted with Individual Service Plans:**
 - One chart was missing the Individual Service Plan.
 - Four charts had Individual Service Plans that were finalized after the start of the plan year.
- Ten charts were reviewed for Quarterly Review compliance:
 - **Discrepancies noted with Quarterly Reviews.**
 - Three charts were missing the Quarterly Review.
 - Two charts had Quarterly Reviews that were completed after the due date.
- Ten charts were reviewed for Progress Note compliance:
 - **Discrepancies noted with Progress Notes.**
 - Two charts were missing monthly Progress Notes.
 - One chart had Progress Notes that were completed late.

Comparative Information:

In comparing the audit reviews of Mental Health Case Management: Fredericksburg charts from the previous audits to the current audits, the average score decreased from 76 to 64 on a 100-point scale.

Corrective Action Plan:

- Staff have completed missing Quarterlies and any other missing documentation.
- Supervisor has sent out a reference sheet to the entire team providing them with an easily accessible list of quarterly and annual documentation that is required.
- Supervisor met individually with each staff member to review their audits, providing guidance on missed items and regulations.
- MHCM Supervisor is responsible for ensuring that continued training occurs on the importance of chart maintenance as well as adherence to due dates. A review of all required documentation will be held at our next staff meeting on 6/24/24. QA staff will also attend an upcoming staff meeting.
- Staff have been assigned a partner and will complete 3 peer chart reviews per month. These peer audits will begin 6/17/24.

Mental Health Outpatient: Spotsylvania

There was six staff members responsible for the selected charts.

Findings for the sixteen open charts reviewed for Mental Health Outpatient Spotsylvania services were as follows:

- Sixteen charts were reviewed for Assessment compliance:
 - **Discrepancies noted with Assessments:**
 - Two charts were missing the Comprehensive Needs Assessment (CNA).
- Sixteen charts were reviewed for Individual Service Plan compliance:
 - **Discrepancies noted with Individual Service Plans:**
 - Three charts had Individual Service Plans that were not signed by the client and/or guardian.
- Sixteen charts were reviewed for Quarterly Review compliance:
 - **Discrepancies noted with Quarterly Reviews.**
 - One chart had a Quarterly Review that was completed after the due date.
- Sixteen charts were reviewed for Progress Note compliance:
 - **No discrepancies noted with Progress Notes.**
- Sixteen charts were reviewed for General compliance:
 - **No discrepancies noted with General Documentation.**

Comparative Information:

In comparing the audit reviews of Mental Health Outpatient: Spotsylvania charts from the previous audits to the current audits, the average score increased from 64 to 93 on a 100-point scale.

Corrective Action Plan:

- Coordinator reviewed chart audit with each staff and problem solved for any discrepancies. Completed.

- Coordinator will review documentation expectations/timelines at next staff meeting. Due date: 7/29/2024.
- Coordinator will review how to obtain signatures virtually at next staff meeting. Due Date: Sent instructions to all staff 6/20/2024. Will review again in staff meeting by 7/29/2024.
- Coordinator will facilitate conversation with staff on ways to maintain current/timely documentation at next staff meeting. Due date: 7/29/2024.
- Coordinator will conduct monthly chart audit (one chart per staff each month). Due Date: Ongoing, monthly.

Mental Health Supported Residential: Liberty

There were multiple staff members responsible for the selected charts.

Findings for the six open charts reviewed Mental Health Supported Residential: Liberty were as follows:

- Six charts were reviewed for Assessment compliance:
 - **No discrepancies noted with Assessments:**
- Six charts were reviewed for Individual Service Plans compliance:
 - **No discrepancies noted with Individual Service Plans:**
- Six charts were reviewed for Quarterly Review compliance:
 - **Discrepancies noted with Quarterly Reviews.**
 - One chart contains a Quarterly Review that was five days pasted the grace period.
- Six charts were reviewed for Progress Note compliance:
 - **Discrepancies noted with Progress Notes.**
 - Six charts contained Progress Notes that have been copied and pasted.
- Six charts were reviewed for Medical compliance:
 - **Discrepancies noted with Medical.**
 - Four charts contained missing Medication Administration Records (MAR).
 - Four charts contained missing prescriptions.
- Six charts were reviewed for General compliance:
 - **Discrepancies noted with General documentation.**
 - Two charts were missing program rules.
 - Two charts were Consumer Orientation.

Comparative Information:

In comparing the audit reviews of Mental Health Supportive Living: Liberty Street charts from the previous audits to the current audits, the average score decreased from 92 to 68 on a 100-point scale.

Corrective Action Plan:

- Correction(s) made to correct the current discrepancies – Copied and pasted notes, missing prescriptions, missing MARs, missing releases, missing Avatar forms, missing program rule agreements, late notes, and no date of service on notes, late quarterly. Note completion expectation will be discussed during staff meetings. Staff will be reminded that notes need to be entered by end of each shift, but no later than 24 hours and not copied and pasted; Prescriptions will be scanned by the 5th of each month when the MAR from the prior month is scanned in. Managers will do monthly audits of chart to identify any missing documentation in a timely manner. Releases will be updated during each annual ISP meeting. IT will be contacted about providing access to a quarterly audit report, in order to track completed quarterlies. The quarterly audit report will be ran weekly by the program manager.
- Date of completion for each corrective action: Immediate/ongoing
- Who will be responsible for overseeing that the corrective action is taken: Staff will complete the notes and manager will review notes on a weekly basis to ensure notes are not copied/pasted. Staff are responsible for scanning prescriptions and completing service plans, with program manager reviewing during chart audits. Supervisor will complete a formal audit of 2 charts each month. MH Residential Assistant Coordinator will complete 2 additional audits each month, which will be shared with the responsible staff and program managers. During supervision with the program manager, the MH Residential Coordinator will review the audit report and audit the chart to make sure any corrections were made. The program manager will run the quarterly audit report weekly and will notify the assigned staff of any quarterlies that need to be completed. The staff responsible for the late quarterly during this review will receive a counseling memo.

Corporate Responsibility

The Rappahannock Area Community Services Board is committed to providing high quality services to people with mental health, developmental disability and substance use problems, in accordance with state and federal laws, agency policies, rules and regulations, and professional ethics.

The agency is committed to providing adequate training to support staff in their understanding of these requirements and procedures to follow, if noncompliance suspected. The Corporate Compliance Plan shall outline the procedures through which staff are educated about standards and policies as well as procedures to report suspected noncompliance.

The Director of Compliance shall assume the responsibilities of corporate compliance officer, and shall conduct mock audits to insure compliance with all applicable standards. The frequency, kinds of audits, and outcomes expected of those audits are outlined in the Corporate Compliance Plan.

The Corporate Compliance Plan shall be reviewed annually by the Board of Directors.

Signature, Executive Director

Signature, Chair, Board of Directors

Date

July 2024

I. Compliance Standards

Numerous federal and state laws and regulations, regulations by third-party payers, and accreditation standards define RACSB's obligations for which they must comply. Violations of these rules and regulations result in varying levels of consequence, depending on the severity of the violation.

The Policies and Procedures established by Rappahannock Area Community Services Board reflect the following regulations as well as our own sense of quality services (this list is not intended to identify all applicable laws, the Compliance Officer should be consulted with specific questions):

- 1) Rules and Regulations for the Licensure of Mental Health, Developmental Disability, and Substance use Services, Office of Licensure, Virginia Department of Behavioral Health & Developmental Services.
- 2) Human Rights and Confidentiality Regulations, Office on Human Rights, Virginia Department of Behavioral Health & Developmental Services.
- 3) Federal laws and regulations regarding substance use confidentiality.
- 4) Laws and regulations through Virginia's Department of Medical Assistance Services.
- 5) Applicable regulations through the Health Care Finance Administration.
- 6) Rules and regulations to prevent fiduciary abuse, as outlined in RACSB's Financial Policies and Procedures.
- 7) Accreditation standards, as issued through CARF.
- 8) Regulations as identified through the Health Insurance Portability and Accountability Act of 1996 (HIPAA).
- 9) Laws and regulations of the Department of Health Professions.

In addition, RACSB has a clearly outlined Code of Ethics in its Personnel Policies and Procedures that reflect such items of importance as professional conduct, personal behavior, clinical practices, and methods to report suspected violations of the code of ethics.

II. Staff Education

All RACSB employees are expected to comply with all policies, procedures, and applicable laws. At the beginning of employment, all employees review highlighted policies and sign off indicating they have read and understand the Employee Handbook. The Code of Ethics, grievance procedures, and standards of conduct violations are all outlined in the Employee Handbook.

During New Employee Orientation the Medical Record Accountability Protocol is reviewed and distributed to staff which outlines documentation expectations and potential consequences of improper medical record documentation.

At hire and annually, staff reviews the Corporate Compliance Plan and sign a policy indicating doing so. In addition, staff are required to complete an annual on-line training to review the components of corporate responsibility.

Annually, various Committees of the Board of Directors review Board policies and procedures and provide the Board of Directors with recommended changes/clarification.

A. Policy and Procedure manuals

A policy and procedure manual exists for each service provided. The policy and procedure manual reflects required standards and expectations required by each employee providing that service.

Each program coordinator or site coordinator is expected to work with the Division Directors and Quality Assurance Office to keep policies and procedures up to date and current.

All current policy and procedure manuals shall be posted on the RACSB Intranet to allow for immediate staff access.

B. Maintenance of records and documentation

Services rendered by staff shall be documented in the electronic health record according to all applicable rules and regulations. Staff must document activity accurately and honestly for services provided. Billing for these services shall not occur without proper documentation, as documented via an attestation statement on service activity logs. Billing that occurs without accurate documentation to support the service provided shall be considered fraud.

Upon resignation of employment, staff is expected to have all medical record documentation current in order to ease the transition between clinicians and improve continuity of care.

III. Compliance with Legal Inquiries: Subpoenas, Search Warrants and Court Appearances

State and federal confidentiality laws bind information on services provided at Rappahannock Area Community Services Board. With the exception of information that may need to be shared in cases of emergency, subpoenas, search warrants and court orders are the other tools through which information may be released without the prior consent of the person receiving services.

As part of the intake process, persons receiving services receive information regarding confidentiality and limits thereof.

Step by step procedures regarding how to respond to subpoenas are located in the Clinical Services Policy and Procedures Manual. When staff is issued a subpoena, they are to immediately notify their supervisor, and have the subpoena reviewed by the Clinical Services Director or the Corporate Compliance Officer. The purpose of review is to assure that the subpoena meets all necessary legal requirements in order to disclose confidential information.

Any written information that is released as a result of a subpoena duces tecum shall be accompanied by a certification indicating the information is being released as ordered. The certification shall be signed by the Executive Director and duly notarized.

If the subpoena is complete and staff plans to attend the court hearing, it is recommended they call counsel prior to their attendance in order to review what is expected of them during the proceedings. Staff should be cautioned not to present themselves as expert witnesses. In addition, it is recommended, to the extent possible, that staff inform the consumer prior to the court appearance.

Staff should inform their supervisor and document in the case notes when they received the subpoena, when they appear in court, and the outcome of that appearance.

Staff should not take the entire medical record with them to court unless specifically requested by the subpoena to do so.

Any employee served with a search warrant at a site operated by RACSB shall immediately notify the Executive Director or designee for direction. Staff shall request identification from the law enforcement officer and shall write down the name and identification information of the officer.

A search warrant is a written order regarding a criminal matter that directs a sheriff or police officer to search a specific place for specific persons, documents or items that are to be seized as described in the search warrant.

Staff will cooperate with the officer in non-substance use cases. If the search warrant involves a request for records of an individual receiving substance use services, an attempt will be made to seek legal opinion. Employees will comply with law enforcement mandates in the event of emergency situations or when a law enforcement officer refuses staff request to seek further guidance; even if the officer's orders are later shown to be erroneous. When the officer takes property into custody, a detailed receipt must be given for the property. Make a copy of any requested medical records. Never give out the original.

RACSB is committed to cooperating with any legal investigative action and to assisting staff in responding appropriately to any legal inquiry, while maintain the confidentiality of individuals served.

IV. Availability of Legal Counsel

As needed, Rappahannock Area Community Services Board consults with legal counsel on any matters that pertain to allegations of wrongdoing by staff, or issues that revolve around the health and welfare of individuals served and of personnel.

V. Monitoring, Auditing and Risk Assessment Activities

Activities conducted to review compliance to standards include, but are not limited, to the following:

- Internal chart reviews are conducted on open and closed records each quarter. In addition to quality assurance record reviews, it is recommended that supervisors review records as part of staff meetings and individual supervision.
- Annual policy and procedure review.
- Unannounced reviews by the Virginia Department of Behavioral Health & Developmental Services, Office of Licensure.
- Unannounced reviews by the Virginia Department of Behavioral Health & Developmental Services, Office of Human Rights.
- Annual review of financial record by external CPA firm.
- Unannounced reviews by the Virginia Department of Medical Assistance Services.
- Unannounced reviews by Magellan Behavioral Health Services.
- Record requests via the Center for Medicaid and Medicare Services.
- At hire and monthly the Human Resource department verifies that staff are not listed on the Health and Human Services – Office of Inspector General List of Excluded Individuals and Entities.

VI. Investigations of Suspected Noncompliance

The Compliance Officer is responsible for investigating any suspected misconduct and referring, as appropriate, information to the Executive Director and/or the Board of Directors. All employees are expected to cooperate to the fullest extent possible with any and all investigations. Employees who refuse to cooperate with an investigation are in direct violation of agency policies and procedures.

An investigation into allegations of waste, fraud, abuse or other wrongdoing shall be completed in accordance with the procedures outlined in the Financial Policies and

Procedures. As noted in the Financial Policies and Procedures, the Code of Virginia requires that fraudulent activities be reported to appropriate authorities.

Employees must report to their supervisor or to the Corporate Compliance Officer suspected violations by employees of applicable laws, rules or regulations. In order to investigate allegations of noncompliance, staff need to provide as much information as possible regarding the suspected violation.

While the identity of an individual who reports a suspected violation cannot be guaranteed to be kept anonymous, no employee who reports suspected misconduct shall be retaliated against or otherwise disciplined by Rappahannock Area Community Services Board or any of its employees.

VII. Consequences for Non-Compliance

Consequences for noncompliance of agency policies and procedures are outlined in the Employee Handbook, Section 3.

VIII. Outside Investigations

Rappahannock Area Community Services Board is committed to full compliance of all state and federal laws and shall cooperate fully with any reasonable demands made by any outside entity, to the greatest extent possible.

IX. Corporate Citizenship.

Rappahannock Area Community Services Board is guided by strong moral and ethical standards in daily interactions with customers, shareholders, and employees and extends corporate responsibilities beyond core business.

Staff hold various positions on local Boards of agencies that assist individuals in need of human services. The Boards include the following agencies, Safe Harbor Child Advocacy Center, Moss Free Clinic, Rappahannock Council Against Sexual Assault, and Healthy Families. In addition, Rappahannock Area Community Services Board staff are involved in many community projects, such as local community fairs, seminars, and town halls to educate, inform, protect, and promote a healthy community. These activities presented during the community project may include educating the community regarding suicide prevention, Mental Health First Aide, REVIVE, Lock and Talk, and various other topics.

Communications Update

Digital Content and Metrics

Why it matters:

Digital presence has grown in importance in the last decade. Before, it was seen as something extra but now it is essential to doing business.

Commerce sites provide a pretty obvious return on investment. A well-run site that attracts visitors drives sales. But at RACSB, we're not concerned about sales (except during the RAAI bouquet and plant sales, of course).

So, why does our website matter? For starters, it meets our public information requirements. This is how we disseminate our meeting dates and times and our meeting minutes to meet Freedom of Information Act requirements.

While this is essential, it isn't impacted by analytics. It only matters that the information is posted, not that more people see it.

But these metrics do matter for many other reasons. A well-designed website with a good user experience can help people in our community find the information they need about behavioral health and developmental disabilities, including both details of services we provide and educational information.

People can use the site to find our prevention trainings and support groups, which provide valuable services to our community.

The website helps maintain our presence in the community and allows key stakeholders to see the value of the work we do. This becomes important when we request budget increases and other governmental assistance.

The website and our social media presence help us meet our strategic goals of promoting health and providing community education. Additionally, our website and social media are important for the strategic goal of helping the community better understand the importance of peer supports.

Providing accurate information on behavioral

health is an important community service. Studies show that help-seeking and information-seeking are protective factors. They are also shown to reduce stigma and lower the symptoms of depression and anxiety.

When the U.S. Surgeon General sounded the alarm about loneliness and mental health, he focused on digital presence with a new website and a robust social media campaign.

The website and social media posts are also key components of recruiting.

To understand the importance of our digital presence, consider these statistics:

- 73% of Americans use social media
- 71% of Americans get some of their news from social media
- 77% of job seekers use social media to research a company's culture
- 77% of job seekers consider a company's culture before seeking a job there, and 56% say that workplace culture is "more important than salary."
- 65% of youth ages 14-22 have searched online for information about behavioral health
- Half of those young people seek information on websites and the others have searched social media for information
- 77% of young people ages 12-25 say they would use the internet to obtain information and support about mental health, a higher percentage than those who would turn to a friend, a parent or a doctor. (This study also found that "informal help-seeking" such as searching the internet/social media for information was a protective factor for youth.)

Now that we have that out of the way, let's look at our digital presence for the month.

Digital Engagement Snapshot:

Content Creation:

- Four blog posts
- Four news posts on Spark
- 33 LinkedIn posts
- 65 Facebook posts
- 30 Tweets
- 37 Instagram posts
- One column for The Free Lance-Star
- One e-newsletter

Social Media:

- Facebook has 33 new fans this month
- Facebook posts reached 22,834 users
- Top Facebook posts were about Churchill Drive's trip to NYC, the ICF Independence Day cookout and the announcement of the HopeStarter of the Quarter
- Instagram has 11 new followers
- Instagram post engagement was 11.44%
- Most popular Instagram posts: rainbow over Fredericksburg clinic, announcement of HopeStarter of the Quarter and Olympics Spirit Day
- LinkedIn has 32 new fans
- LinkedIn engagement rate is 7.17%
- Most popular LinkedIn posts were about the ICF cookout, the HopeStarter of the Quarter and our peer specialists attending the Year of the Peer conference.
- Total audience growth for all social media platforms was 77 new fans and followers
- LinkedIn: 561 followers
- Twitter: 470 followers
- Instagram: 381 followers
- Facebook: 2,684 page fans

Spark:

The wellness post on migraines, Summer Olympics door decorating competition and the FAQ pages were the most frequently visited in the past month (aside from the home page). The employee handbook was the most frequently accessed document.

Spark had 147 unique views and 1,786 site visits.

Website:

The most popular pages were: Home, Staff Portal, Employment, Contact Us and Mental Health Services.

The site had 97,083 pageviews.

Competitive Analysis:

Facebook

- For Facebook, compared to industry averages for nonprofits:
Audience growth rate is .51% while industry average is -.61%
Post engagement is 5.99% vs industry average of 1.52%
Posting frequency is 1.6 posts per day vs. .42 posts per day.
Number of page fans is below average
- For Facebook compared with other CSBs:
Fan growth is above Horizon Behavioral Health and Region Ten CSB. Our total number of fans is also higher than that of either CSB's Facebook page.
- For Instagram, compared to industry averages for health wellness:
Audience growth is 1.87% vs. -0.51%
Post engagement rate is 11.44% vs 2.28%
Post frequency is 15.5% above average
Number of followers is below average
- For Instagram compared with Mary Washington Healthcare and Horizon Behavioral Health:
Audience growth is three times that of Horizon and 20% above MWHC.
- For LinkedIn, compared to industry averages for nonprofit:
Audience growth rate is 6.98% vs -1.79%
Post engagement is 7.28% vs. 2.06%
Post frequency is 118% above average
Number of followers is below average

E-Newsletter

- 95 emails sent
- 54.9% open rate
- 20.7% click rate
- The average open rate for all e-newsletters through Constant Contact is 37.72% and the average click rate is 2%.

Internal Communications/Employee Engagement

Why It Matters

Gallup researchers regularly do an intensive study on employee engagement and consistently find that engagement lowers absenteeism, employee turnover and safety incidents while boosting retention and productivity. They have discovered that organizations with engaged employees have a 43% lower turnover rate than those whose employees are not engaged. Organizations with highly engagement employees experience nearly 60% less turnover. A recent Quantum Workforce study found a strong correlation between employee engagement and employee wellbeing.

Effective internal communications can increase employee retention by 4.5 times. A McKinsey report found that effective communication increases an organization's productivity by 20-25%. In another workforce study, 85% of employees said that they are most motivated when management offers regular updates on agency news. Dynamic Signal found that 70% of employees feel more engaged with their work when they receive regular agency news and updates. That same survey found that 80% of employees feel more connected with colleagues when their organization has an internal social media platform.

ICEE Snapshot

Content Creation:

- Five new pages/posts on Spark
- Seven updated pages on Spark
- Two new documents on Spark
- 15 Viva Engage posts
- One edition of Inside RACSB

Analytics:

- 146 unique Spark viewers
- 1,826 Spark visits

Employee Engagement

- The ICEE Committee met one time
- Engagement activities for this month were Olympics-themed spirit day and door decorating competition and a collection of books and toys for the Parent Education Infant Development program.
- We re-launched the employee ambassador program
- The holiday party has been scheduled for Dec. 5 at Old Silk Mill Inn.

A glance at some of our content

Free Lance-Star column:

My heart leaps a little when the newly sharpened pencils, trendy lunchboxes and brightly colored folders appear on store shelves. As a nerdy child, I loved school and enjoyed the excitement of a new school year. As a parent, I am usually very ready for the unstructured summer days to end.

I did not, however, pass along my school-loving genes to my children, and so, back-to-school time also brings anxiety each year. I'm sure I'm not alone in feeling both excited and apprehensive about the first day of school.

This time of year can be especially alarming these days as more and more students struggle with their mental health. Several studies point to skyrocketing numbers of children and teens who experience symptoms of anxiety or depression. And suicides among youth have risen.

The stakes are high, which increases parents' anxiety. We can feel powerless in the wake of our children's strong emotions.

While we're back-to-school shopping, there are a few things we can put in our parenting toolbox to help our kids:

Learn the signs of mental health concerns, which include behavioral changes, sleep disturbances, changes in appetite, physical complaints, academic struggles and personality changes.

Keep our lines of communication open. Don't shy away from tough topics and make sure to have honest conversations allowing your children to express their feelings.

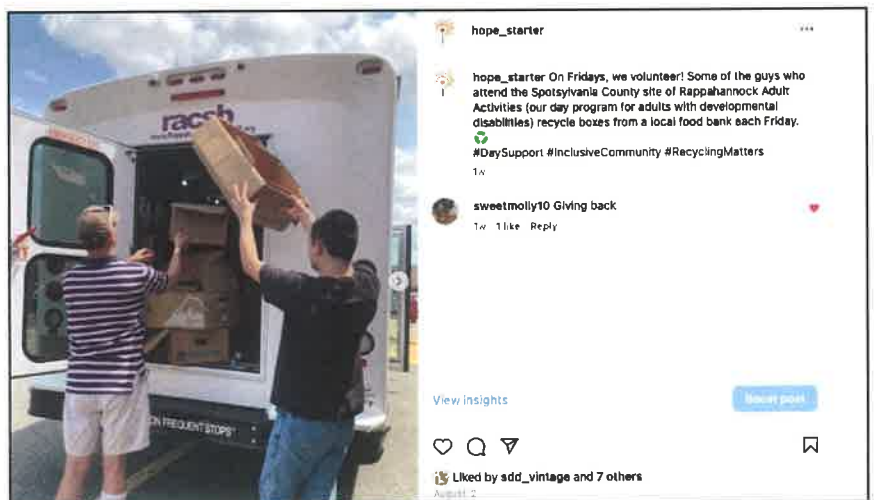
Establish a routine. Have consistent bedtimes and mealtimes. And it really helps to develop this before school starts.

Limit screentime. Setting clear guidelines can minimize the fights over devices, and limiting time with electronics can help with anxiety and sleep. Rappahannock Area Community Services Board offers tips for offline connecting with kids, //rappahannockareacsb.org/connectedness.

Model selfcare and set an example of healthy coping skills. When you take care of your own mental health, you can better support your child.

Seek professional help if needed. You don't have to do this alone, and a therapist and/or psychiatrist can provide much-needed assistance, so please don't hesitate to reach out. There is a shortage of providers, so also please seek help as soon as you think it's necessary. You can find a list of local providers on the Mental Health America of Fredericksburg's website, mhafred.org

Educate yourself. It's important to learn about mental health and to learn how to recognize and respond to problems. The American Academy of Pediatrics has a parenting website with helpful information, healthychildren.org RACSB also offers free community trainings, including Youth Mental Health First Aid. You can learn more and register at //rappahannockareacsb.org/trainings



I'm testing some findings that longer blog posts perform better in search engine rankings, so the most recent blog posts are quite lengthy, so I'm only sharing some excerpts.

Blog excerpts:

Back-to-School Tips:

The transition from summer to school can be stressful for all children and parents, whether they've struggled with mental health before or not. Luckily, there are things parents, teachers and students can do to minimize the anxiety of a new school year.

Back to School Tips for Students

Establish a routine: Getting back into a regular sleep schedule and consistent meal times can help reduce stress. Try starting this two weeks before school starts to make sure your body has adjusted.

Be prepared: If possible, attend school orientations or meet with your teachers ahead of time. If you can't go physically, learn about your school from its website.

Prioritize self-care: Make time for activities you enjoy, whether it's reading, exercising, or spending time with loved ones.

Manage your time: Create a study schedule and break down large assignments into smaller tasks. Download a homework tracker to help.

Build a support system: Talk to friends, family, or a counselor about your feelings.

Practice mindfulness: Meditation or deep breathing can help manage stress and anxiety.

Set aside a study space: Find a place that is pretty quiet. Add touches to show your personality and have all the supplies you need—and fidgets—on hand.

Create a mindfulness jar: This is a fun craft that also helps with anxiety.

Remember, it's okay to ask for help! Reach out to your school counselor or a mental health professional if you need additional support. And if you need extra help, call or text the Suicide and Crisis Lifeline at 988.

Outdoor Recreation:

In our fast-paced, digitally dominated world, finding moments of peace and tranquility can feel daunting. But the answer might be as simple as opening your door.

Studies have shown a strong correlation between spending time outdoors and improved mental health.

Outdoor recreation has also emerged as a powerful adjunct to traditional treatment for substance use disorders.

Profile of a relaxed woman breathing fresh air in a green forest [The Science Behind It](#)

Human beings have an innate connection to nature. Spending time outdoors triggers a cascade of positive physiological responses.

Exposure to sunlight stimulates the production of vitamin D, essential for mood regulation. Fresh air increases oxygen intake, which boosts serotonin, improves cognitive abilities and reduces anxiety.

Additionally, nature's sounds and sights can induce a state of relaxation and lower the levels of cortisol, the hormone associated with stress.

Research shows that exposure to nature can reduce depression and anxiety while boosting positive emotions.

Autism and Water Safety:

A cool splash feels amazing on a hot summer day. But for individuals with autism, water is both a relief and a danger. Drowning is a leading cause of death for children with autism, who are 160 times more likely to drown than people who do not have autism.

Because of the heightened risk, some experts recommend that children diagnosed with autism receive swimming lessons in addition to other, evidence-based interventions.

Heat Waves and Mental Health:

Cruel summer, indeed.

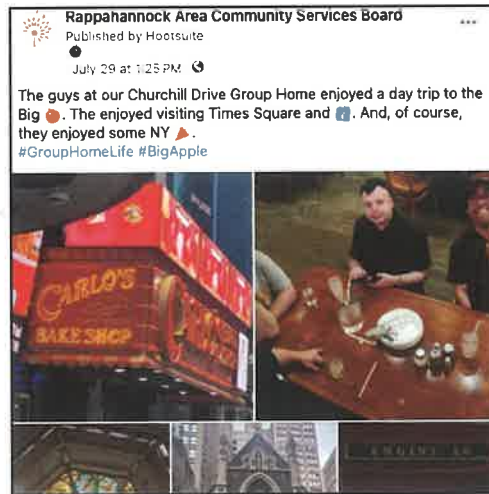
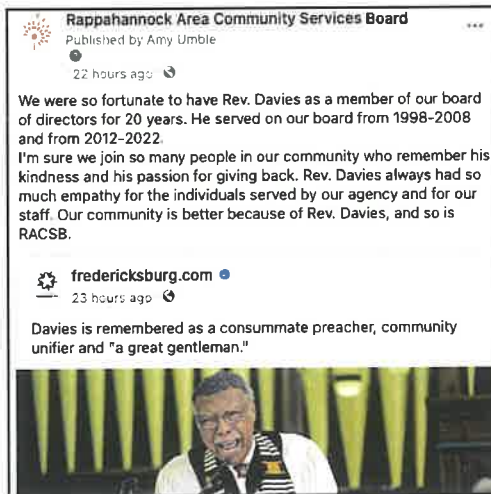
The mercury isn't the only thing rising as a heat wave grips our area. When the air sizzles, tempers flare, depression smolders, and suicide risks spike.

The connection between heat and mental health concerns

Studies have linked sudden increases in temperature to rising numbers of emergency department visits for behavioral health concerns and to a jump in suicides.

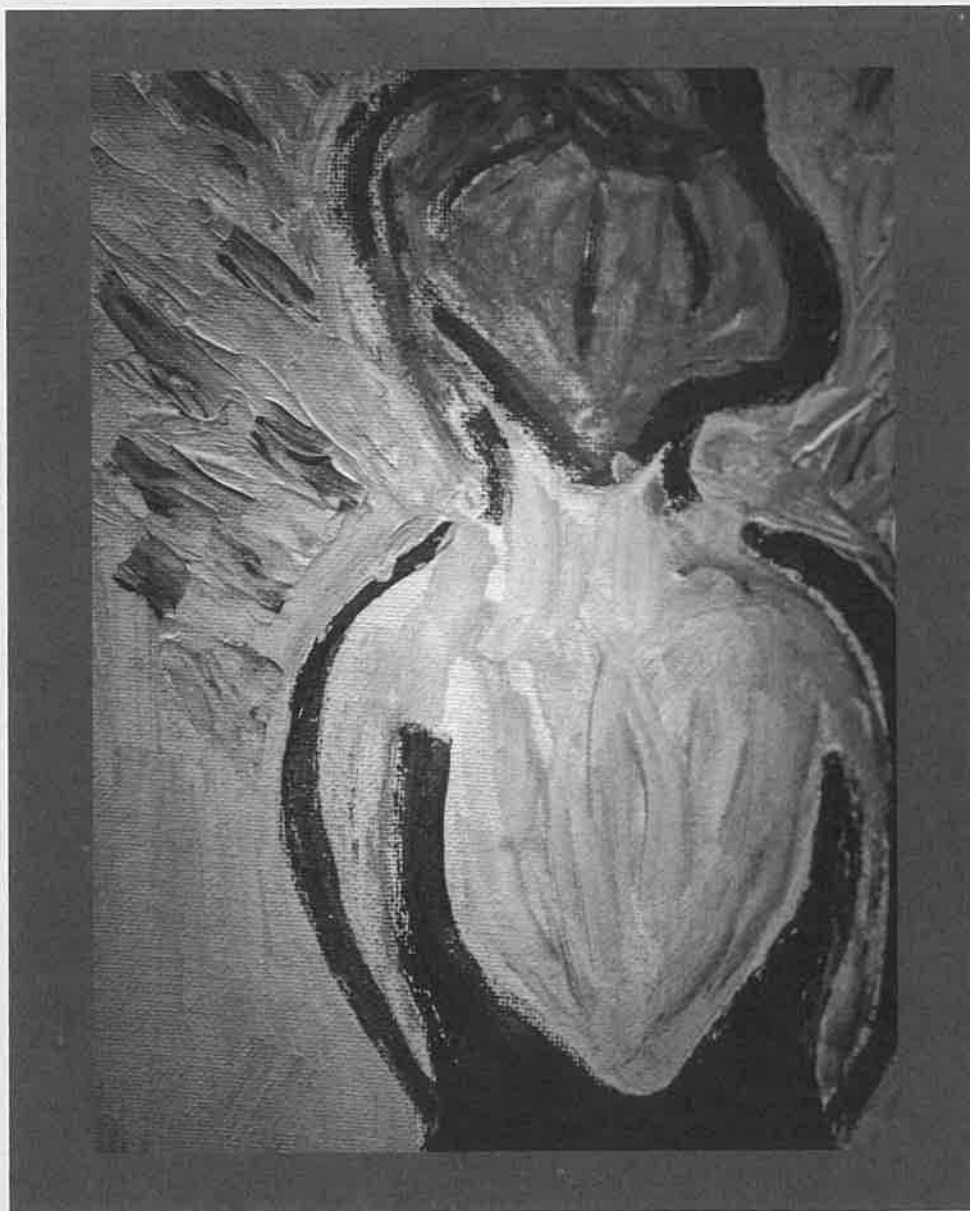
Furthermore, studies have found a rise in "depressive language" on social media during heatwaves. Researchers can use this language to predict suicidal risk, making this more than just an online bummer.

Also, a recent study found that young men who lost 1 percent of body mass to sweat experienced a decline in cognitive ability and an increase in anxiety.



INSIDE **RACSB**

July/August 2024



News and tips for Hope Starters

Director's Message

Hello HopeStarters,

In the past 18 months, we have undertaken two significant adjustments to our compensation as we work to place RACSB in a strong position to recruit and retain the brightest and best employees. We know this has worked—and you are proof of that!

In the first months of 2024, our workforce impact rating went from critically short-staffed to significantly short-staffed, which are steps in the right direction.

But we know there is more work to be done.

So, I am pleased to announce that the Board of Directors has approved another adjustment. As of June 23, the starting pay at RACSB will be \$24. This will impact many employees as we adjust the pay scales accordingly.

The Board also approved a 5% merit increase, which means that every employee who received a three or higher on their performance evaluation and who has worked at the agency for at least one year will receive a 5% increase. There will also be incremental increases on top of that for those who scored a four or higher.

Each employee should have received more details from Human Resources about the exact impact of these changes to compensation.

This investment in our employees is possible because of the financial health of our agency, and I thank you all for the way you have been good stewards of our resources. Going forward, we will need to be even more careful to make sure that our budget can best meet the needs of the individuals we serve.

As you might imagine, this plan has taken quite a bit of work, and I am grateful to Deputy Executive Director Brandie Williams, my management team and the Human Resources crew for helping with the details and logistics.

This compensation adjustment is intended to show you how much the management team and the Board of Directors appreciates your skill, talents and dedication.

Most importantly, these changes are designed to improve the lives of the individuals we serve. We know that by recruiting and retaining the best staff possible, our agency will be able to provide the best care possible. Our community deserves a highly qualified workforce. Thank you again for being part of that group and for your commitment to serving our community.



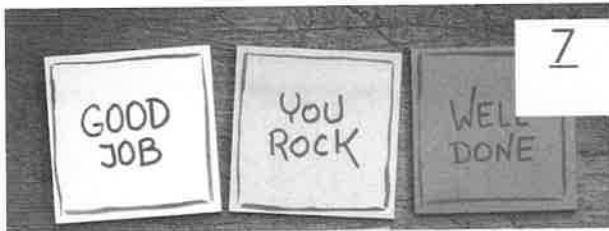
What's Inside



Welcome New Employees
Meet our newest HopeStarters



Employee Service Awards
Find out which HopeStarters have staying power



Kudos
Read about the many ways your coworkers have gone above and beyond



Get to Know a HopeStarter
Discover which of your coworkers has this super cool blue Jeep.



Celebrating Graduates
See which HopeStarters are marking milestones



Art of Recovery
Explore the exhibit and reception

Welcome, New Employees

These HopeStarters joined the RACSB team in May and June:





Elizabeth Liston
Early Childhood Special Educator



Malachi Oliver
Direct Support Professional



Chanel Randall
Direct Support Professional



Samantha Samulevich Fields
Mental Health Nurse



Shirin Terry
Direct Support Professional



Madeline Stahl
Intern



Naana Smith
Direct Support Professional



Sarah Brooks
Residential Counselor



Jazmine Gregg
Asst. Group Home Manager



Ameer Abdel-Muhsin
MH Residential Specialist



Precious Cook
Direct Support Professional



Prince Jumu
Direct Support Professional

Welcome

Employee Service Awards

At the May and June Board of Directors meetings, Executive Director Joe Wickens recognized the following employees for their years of service:

5 Years

Melody Allison, Therapist, Crisis Stabilization

Nicole Bassing, Behavioral Health Coordinator

Arianna Colley, Case Manager, Substance Abuse

Nichole Inbody, MH Residential Specialist, Crisis Stabilization

Teresa Walker, ID Support Coordination

10 Years

Deborah Conigliaro, LPN--Primary Care Screen, Mental Health

Raven Neal, Assistant Coordinator, RAAI

15 Years

Nicole Coryell, ID Support Coordinator

Krystal Parker, Case Manager, Substance Abuse

Brandie Williams, Deputy Executive Director



Teresa Walker



Nicole Coryell

Congratulations
to Therapist Melissa Dannemiller and
husband, Brandon, who welcomed baby
Natalie in late December.



Do you have a celebration to share? Births, adoptions, weddings, puppies, graduations, etc?
Send photos and details to aumble@rappahannockareacsb.org.

Kudos

A monthly list of Hope Starters who have gone above and beyond in promoting RACSB's mission.

Know someone who belongs on this list? E-mail kudos, including name and some praise, to amblair@racsb.org.

Kudos for our intern Jillian Green for bringing so much joy and happiness to Home Road program, for sharing her baking talents with the residents and for all the energy spent to outdoor activities with them.

Kudos to Vicki Bates (Stafford Clinic Office Manager) who not only keeps everything running in the office, but goes out of her way to make everyone feel special, and to make the Stafford clinic a fun and inviting place. Thank you for all of the thoughtful things you do!

Kudos to Todd Larkin for staying up until 1 am to complete RFTA forms so that our clients wouldn't lose their housing vouchers!

Kudos for Nancy Baker for working double shifts to cover for staff with unexpected emergencies.

Kudos to Margie Vaz and intern Jillian Green for planning an out of area outing to the Air and Space Museum, a picnic attended by all MH Residential Programs, and a volunteer roadside cleanup to give our clients an opportunity to give back to our community.

Kudos to Jennifer Bateman, and Sherry Norton-Williams, Prevention Specialists, for providing merchant education to nearly 300 tobacco/vape retailers in Planning District 16 as part of the CounterTools initiative.

Kudos to Tessa Kress for helping with a resident at Lafayette Boarding House. She provided excellent care to a resident until we were able to get him into a nursing home.

Kudos to Lafayette Boarding House staff for providing additional support to a resident that was transitioning to nursing care

Kudos to Amenah Heath—thank you for going above and beyond on a daily basis, and filling in the gaps, when needed.

Kudos to Jennifer Beall—doing a great job managing difficult situations and wanting to go above and beyond to support our individuals.

Kudos to Jonathan Reese—working extra hard to get apartments ready for passes and move-ins.

Kudos to Todd Larkin and his crew—for replacing light fixtures, blinds and repainting our apartments in MH Residential. They worked extra hard to make sure they were ready for the next resident.

Kudos to Sophia Masvaure and Steve Curtis for jumping into action to offer support for DSP Training!

Thank you to Megan Toler for covering Trauma Informed Care at NEO twice recently, and very last minute!

Thank you to Dwayne Coleman and Canan Gipson for ensuring residents were ready and made their way to camp for their vacations.

Great job to Christina Turberville for her timely and thorough follow-up during a medical emergency.

Kudos Cont'd.

Thank you to Angie D'Angelo and Myers staff for helping Leeland.

Great teamwork, Lashawna Junious, Regina Baidoo, Erin Campbell for their support and attention during a recent medical emergency.

Thank you to Lashawna Junious for her help with a technical issue at Lucas.

Thank you to Josephine Banks for being willing to learn and serve in her new position.

Great job to Mario Anthony-Williams and Paul Mueller for coordinating and helping orchestrate an assessment visit for a resident at another program.

Thank you to Sophia Masvaure, Virginia Hinkle, Tilisha Minor, Canan Gipson, Carmen Alder, Kendria Crockett, and Courtney Ross for your speedy collaboration in setting up details for the HSAG review.

You guys rock: Sheilia Brown, Kendria Crockett, and Mario Anthony-Williams. Thank you for helping with exchanges/rearrangements for bedroom furniture recently amongst your programs so that Residential can continue with ongoing assessments/overnight visits.

Great job and a big thank you to Sara Johnson, Nurse Contractor, for providing an excellent soft food pureed diet training to Merchant Square SAP.

Thank you to Galveston and Myers for allowing New Hope to use their washing machine while theirs was being repaired.

Huge thanks to Virginia Hinkle and Sharika Mitchell for recently helping a manager with a new PCP plan.

Excellent work to Virginia Hinkle for coordinating and sending all of the documentation needed for a service modification. Also, thank you to her and the Merchants Square team for such a great person-centered meeting in May.

Thank you for your diligence, Lisa Walker, in continuing to work on the assistant manager recruitment process and for holding down the fort at New Hope.

Shout out to Lashawna Junious who takes initiative and follows up on tasks without even been asked.

Thank you to Lashawna Junious for helping out on shifts at Lucas.

Great work Mario Anthony-Williams and Paul Mueller for all of their follow ups with DSS for resident benefit corrections.

Kudos to Samiya Foxx for having the most Community Engagement hours in May at our Caroline site. Congratulations Samiya for winning May's CE competition in Caroline and thank you for your part in building relationships with our community!

Kudos to Margie Vaz for taking the residents on great social outings and hosting program activities.

Kudos to Jennifer Beall for making sure the program looks great at all times.

Kudos to Lafayette Boarding House staff for doing a good job with cleaning and upkeep of the program.

Kudos continue next page

Kudos Cont'd.

Kudos to Tiffanie Ackley for working extra hard to keep the program looking great

Kudos to Jonathan Reese for going above and beyond to support a resident during his transition from the program.

Thank you thank you to Nathan Reese and Rory Paule in IT for coming in and helping get the giant mess of cords under my desk all organized and neat!

Thank you, Lynae Jordan, for all of your support and hard work in helping Lucas during staffing shortages.

Thank you to Paul Mueller for his help in securing staffing and also providing support at Lucas Street during staffing shortages.

Kudos to Stonewall and Leeland for continuing to host tours for potential residents.

Thank you so much to RAAI staff for helping cover shifts at Leeland and Lucas.

Thank you to Christina Turberville for doing such a great job and for being so on top of things.

Awesome job to DD Residential for their submission of 155 evaluations before the deadline!

Kudos to Carol Embry, who passed her exam and is now HUD certified!

Thank you to Courtney Ross for her plan writing guidance at Belmont.

Thank you for helping a program with their check register recently, Paul Mueller.

Job well done to Devon Drive, who all contributed to keeping services going during a recent need to relocate after a contractor error in the home. You all went out of your way to meet resident needs, and to help get everything back together so that they could return home as quick as possible.

Great job to Galveston Road Group Home for a great May staff meeting.

Thank you to London Todd and to Khelly Lukas for helping resolve short staffing on a recent weekend at Lucas.

Shout out to Sheilia Brown for helping with some problem solving at Wolfe Street while the manager was recently on leave.

Thank you to Lisa Walker and Sheilia Brown for rearranging their morning schedules on short notice to accommodate/teach DSP training to the NEO class on the week on 5/13.

Thank you to Mario Anthony-Williams and Paul Mueller for working so diligently to resolve benefits issues for individuals recently caused by an outside agency.

Thank you to Paul Mueller for aiding with staffing coverage at Ruffins.

Great advocacy shout out to Tiffany Williams and RN Sarah Johnson for going to bat for a resident they are working to bring back to his home from a rehabilitation facility

Thank you for going above and beyond, Shannon Ferguson, for picking up a shift at Leeland after a sudden callout.

Thank you to RN Sarah Johnson for securing a med destruction box for Leeland.

Kudos Cont'd.

Great job and advocacy, Tim Corner, in your responsiveness to an emergency.

Thank you, Courtney Ross, for recent edits and continuing work to improve forms used by residential services.

Thank you to HR texting reminders about open enrollment.

Kudos to Raven Neal, RAAI assistant coordinator, for quickly jumping in when a coworker was short-staffed to help conduct interviews at the last minute. You rock!

Kudos to Julie Boakye, direct support professional, who always treats others with utmost kindness, whether that be her coworkers or the individuals she serves. She works person-centered and always has others' best interests at heart.

Kudos to Katie LaFleur, horticulture specialist, for helping to take three individuals served at RAAI to summer activities such as Picnic in the Park and Full Pocket Farm a few times. Her willingness to assist in programming and to provide individuals with a fun-packed day is appreciated so much!

Kudos to Todd Larkin for organizing such massive changes at Jackson Street. Between new flooring and painting, new construction, and many office moves, he has been working hard to keep us functioning amid the chaos.

Kudos to Kelly Argueta for getting her cert and showing major dedication!

Kudos to Samantha Brogren for her creativity in group planning and innovative ideas. I am learning a ton from her.

Expanding Access to Care



Here at RACSB, we care about providing much-needed services, and we're passionate about removing barriers to behavioral healthcare. So, we were excited to celebrate the signing of SB 403 with Governor Glenn Youngkin, Senator Tara Durant and many other community leaders. This bill addresses some of the barriers to providing care by establishing some regulations surrounding qualified mental health professionals and qualified mental health professional-trainees. It also adds behavioral health technicians and behavioral health technician assistants to the professions governed by the Board of Counseling.

Get to Know a HopeStarter: Melody "Mel" Allison

THERAPIST, SUNSHINE LADY HOUSE



How long have you worked at RACSB?

Five years full-time, before that worked as an intern and PRN and part-time.

What drew you to your job?

I was looking for a substance abuse internship for my Bachelors, Sunshine was recommended to me, when I met John Butler and heard his description of what this program was designed to do I knew I had found something special. So I just stayed, I have held every MH position in the program from intern to therapist.

What drew you to RACSB?

My parents were addicts with some pretty serious mental health struggles. my passion is to help people like them, I saw how hard it was for them to find help. We don't have CSB's where I am from.

What is the best thing about your job?

The guests, getting to see them laugh or smile. They have been in a dark place when they come to us, so seeing that lift even a smidge is monumental.

What is the biggest challenge about your job?

It can be a heavy job, I hear some messed up things. The kind of person I am, I hurt with our guests. I have to be intentional about leaving it at work.

What does a typical(ish) day look like in your job?

A good day is busy chaos, assessments, individual sessions, paper work, staff support, always laughter. On slower days I add in trainings.

What is your team like?

Amazing. These are some of the hardest working most compassionate people I have ever met.

What is your biggest accomplishment?

I think becoming the Therapist here, finishing my masters was hard, it was a rough time in my life.

What do you wish people knew about your job?

How important it is to provide services like the ones we offer at SLH. Most of our guests are people that are overlooked or forgotten by society. Simple things like homemade meals and a cozy safe space make all the difference.

Is there a coworker who inspires you?

I've had some great mentors in my time here, John Butler, and Heather Honaker helped make me who I am professionally. Stephanie Hine trained me in all the things way back when I started and helped me understand the why. Currently I am inspired by the whole SLH team, these are dedicated folks.

What is an idea you have for improving RACSB?

Better collaboration between the various programs would be helpful I think. I don't think there is ever such a thing as to much collaboration.

What is your biggest hope?

That Sunshine Lady House will continue to thrive so it can continue to serve the community.

What do you do like to do in your downtime?

Spend time with my family, drive over things in my Jeep, camping, travel, cuddle my dog.

What is your best idea for dealing with stress and/or compassion fatigue?

Find a fun hobby, like driving over things in a Jeep. Use your vacation time.

Do you have a special talent?

Off-roading like a boss.



What does your family look like?

Myself, my husband of 26 years, three adult kids, two dogs, and a cat. My two oldest kids live in Tennessee, my youngest is still at home for now.

What's a fun fact about you?

Apparently the fact I know how to legit churn butter is very interesting to some people.

What's your best piece of advice?

You only have one life, get out and live it well.

Is there anything else you'd like people to know about you?

I am from Baltimore, and if you know anything about Baltimore you understand it is mandatory to tell people.



Congratulations

There are so many rites of passage in May and June—and these months are especially full of graduations. As we have many HopeStarters celebrating a wide array of graduations, let's celebrate them together!



Tamara Johnson-Maiden graduated from Liberty University on May 9, earning a Masters in Clinical Mental Health Counseling. Along with her degree, Tamara is transitioning jobs from the Project LINK Program Manager to a Mental Health/Substance Abuse Therapist in the King George County Clinic.

Kendria Crockett, Group Home Manager at Leeland Road, had two graduations to celebrate this year: Daughters Amarah and Jakya graduated from Courtland High School in Spotsylvania County. Amarah will enter the Germanna Community College nursing program this fall and Jakya will go to North Carolina Central University to study psychology.



Elizabeth Wells, Lead State Hospital Liaison and NGRI Coordinator, celebrated the graduation of daughter Gabriella Lluis from King George High School. Gabriella received a two-year scholarship to Rappahannock Community College, where she will start this fall.

Nurse Manager Jennifer Hitt's son Grayson graduated from Fredericksburg United Methodist Church on May 13. He will attend Lee Hill Elementary School in Spotsylvania County in the fall.



Assistant Site Leader Jessica Jones' daughter, Madison, graduated from Riverbend High School. She will go to Germanna Community College, then transfer to a university to earn her degree in a field related to child therapy services.



Mia Wright, niece of Taquetta Fulcher—who is an office associate with the Assertive Community Treatment South Team—graduated from Westmoreland High School. She will attend Rappahannock Community College. Taquetta shared, " We lost my brother, who was her father, two years ago and to watch her overcome his loss, and maintain her grades was unbelievable."

Taquetta also celebrated the promotion of her son, Zion Potts, who will go to high school. Zion plays football and basketball and is a member of the National Honor Society.



Carmen Alder, Ruffins Pond Group Home Manager, celebrated the kindergarten graduation of her granddaughter, Isabella. The youngster received a "joyfulness" diploma.

There are double celebrations in the Easton family! Jennifer Easton, Co-Occurring Specialist with ACT North Team, completed her Masters in psychology this month. Her daughter, Abigail, graduated from Widewater Elementary School in Stafford County and will attend Shirley C. Heim Middle School this fall.



Let's hear it for Bailey Curley, who was obviously very excited to graduate preschool! Bailey is the daughter of Anita Curley, LPN at Ross Drive Intermediate Care Facility.



Cory, grandson of Stevie Baker, graduated high school this year. He is seen here holding Stevie's youngest grandson, Maverick. Stevie, who is the Office Associate for the ACT North Team, has three other grandchildren.

Graduations Continue Next Page



Graduations cont'd



John Keener, a mental health nurse at Sunshine Lady House, graduated with honors from George Mason University with a Doctor of Nursing Practice with a focus in Psychiatric-Mental Health Nurse Practitioner.

Lily Kobuchi graduated from Massaponax High School.



Michelle Wagaman, Prevention Services Director, recently celebrated two family graduations. Her daughter, Caroline (photograph – right), graduated from the International Baccalaureate Program at Spotsylvania High School and her niece, Brooke graduated from Duluth High School in Georgia. Caroline will attend the College of William of Mary to study Biology, and Brooke will attend Georgia State University.

Oliver Hecker, son of Substance Use Case Manager Carly Hecker, graduated from preschool on June 9.

Wilber Galindo, employment manager at Kenmore Club, will graduate from Virginia Commonwealth University's master's degree program in rehabilitation and mental health counseling on Aug. 9.

HopeStarters' Summer Song Picks:

We asked: What song always reminds you of summer?

- Kokomo by The Beach Boys
- Saturday in the Park by Chicago
- Soak Up the Sun by Sheryl Crow
- Summertime by DJ Jazzy Jeff and the Fresh Prince
- Why Don't We Fall in Love by Amerie
- Summertime by Kenny Chesney
- All Summer Long by Kid Rock



- Sunny & 75 by Joe Nichols
- Crazy in Love by Beyonce
- Under the Boardwalk by the Drifters
- Hot in Herre by Nelly
- Cisco Kid by War
- Barefoot Blue Jean Night by Jake Owen
- Summer Madness by Kool & the Gang
- Dock of the Bay by Otis Redding
- Island in the Sun by Weezer

Wellness Tips

Anthem's wellness topic for June is Alzheimer's awareness.

The 10 warning signs of Alzheimer's

Alzheimer's is a disease that causes a slow decline in memory, thinking, and reasoning. Many times, people mistake early signs of Alzheimer's for normal signs of aging and delay getting help. You can learn about healthy aging at [cdc.gov/aging](https://www.cdc.gov/aging). If you notice even one of the following signs in yourself or a loved one, it's best to talk to a doctor as soon as possible:

1. Memory loss that disrupts daily life

Examples: forgetting important dates, names, and events, needing information repeated multiple times, and relying on memory aids

2. Challenges in planning or solving problems

Examples: having difficulty concentrating or changes in the ability to work with numbers

3. Difficulty completing familiar tasks

Examples: having trouble driving to a familiar location, cooking, or remembering the rules of a game

4. Confusion with time or place

Examples: forgetting where they are or how they got there

5. Trouble with balance and judging distances

Examples: having difficulty driving, spilling or dropping things, tripping more frequently

6. New problems with words in speaking or writing

Examples: having trouble naming a familiar object or following a conversation

7. Misplacing things and losing the ability to retrace steps

Examples: putting things in unusual places or being unable to find something again

8. Poor judgement

Examples: paying less attention to hygiene or making poor financial decisions

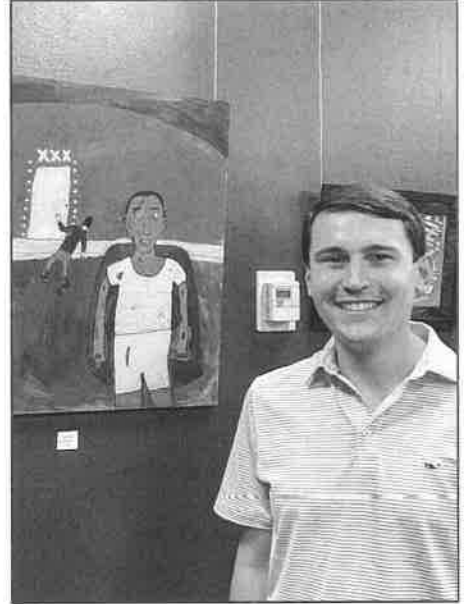
9. Withdrawal from work or social activities

Examples: inability to follow a game on TV or not wanting to attend regular activities

10. Changes in mood or personality

Examples: becoming easily upset or feeling confused, suspicious, or fearful

Art of Recovery





RACSB hosted The Art of Recovery at the headquarters of Central Rappahannock Regional Library during the month of May. The exhibit finished with a reception on May 24, which featured live music, poetry, performances and an art sale.

This annual exhibit features the work of artists with mental illness and took a hiatus during Covid, returning this year. Kenmore Club and the Assertive Community Treatment crew teamed up to put on this art show, which requires a lot of planning and background work.

Page 17, from top left: Singer Jiaime Pyles spoke about her struggles with substance abuse and the joy she finds in recovery in between performing; ACT Vocational Specialist Colby Robinson snaps a picture ; Board Member Jacob Parcell poses with some of the featured art; Psychosocial Advocate Siena DeSteno shares a laugh; an attendee checks out the fabulous art; a close-up of one of the art pieces; Christian Zammis provides some high-energy DJ skills; a close-up of art work.

This page from top left: Peer Specialist Javonne Kirby is all smiles at the reception; another attendee looks over the artwork; Amy Jindra, director of community support services gives Jiaime a "thumbs up" during her performance.

Spark of Insight

Introducing a new monthly feature to help you make the most of our intranet.

You can find Spark at racsb.sharepoint.com or by clicking the HopeStarter mark on your desktop. You can also get Spark on the go using the SharePoint app, available for both iPhones and Androids.

***Spark replaces the tree for HopeStarters who've been with the agency for a few years or more. ***

This month: Let's take a look at Viva Engage.

What is Viva Engage? It used to be called Yammer—which we can all agree is a much cooler name.

Think of Engage as an internal social media platform, like Facebook but where your posts can be seen only by your coworkers. When launching Engage, Microsoft sang its praises, saying it would "help build community, spark engagement with leadership, help harness knowledge and answers, and build personal networks."

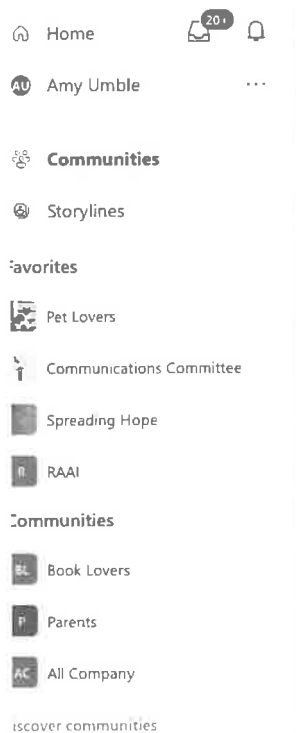
We're still building our Engage community and we're hoping you find it useful for becoming part of Team HopeStarter, learning more about the agency and feeling engaged and passionate about your work.

You can find Engage by going to Spark and clicking on the apps symbol at the top left of the page or by going down the home page, after the Inside RACSB edition viewer. There, will be a section labeled "Conversations." Click either "view all" or "start a discussion to get to Exchange



See this at the top left of Spark

Or find this section under the Inside RACSB viewer



Once you get to Viva Engage, look on the left of the page. There, you will find communities. Everyone is automatically added to the "All Company" community, but you will see that there will be others you can join. Think of these sort of like afterschool clubs. Spreading Hope is for talking about good things and praising co-workers and the rest should be easy to understand.

Do you have an idea for a community that you don't see? You can create one, or reach out to aumble@rappahannockareacs.org to suggest one. We're still building the communities up, but I'm hoping they become a fun, active space for us to get to know each other better, to ask for advice and tips and to share our news.

Want to start a conversation? Please don't be shy! There are just a few things to keep in mind:

- Please keep this a hopeful space.
- All comments must be professional and safe for work.
- Try to keep posts short to medium length. About 1–2 sentences per paragraph.
- You can add to the All Company community or to any other community that you join. If you're posting in a specific community, please keep your posts related to that topic.
- You can use @ to tag coworkers. This is perfect for offering kudos or for asking a question, but please remember to keep everything respectful.
- Ask questions.
- Be positive by liking, sharing and commenting on conversations.
- Please do not share anything that is confidential or private.
- Do not use profanity or personal attacks.
- Please do not share coworkers' birthdays or anniversaries without their permission.
- This is an internal social media platform, please do not share posts outside of Engage.

Announcement

AU Amy Umble
Jun 18

Seen by B6 ...

QUESTION

What song always makes you think of summer?
Looking to include answers in the June edition of Inside RACSB...



Prevention Services Program Updates

Michelle Wagaman, Director
mwagaman@rappahannockareacsb.org
540-374-3337, ext. 7520

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, started a new round of facilitation of the Second Step social emotional learning curriculum with St. Paul’s and 4Seasons day care/preschool centers in King George County. Planning is being finalized for year 2 of facilitation of the Second Step Bully Prevention curriculum for the elementary grade levels within Caroline County Public Schools. We partnered with the Spotsylvania County Sheriff’s Office to provide Hidden in Plain Sight as part of National Night Out on August 6, 2024 utilizing the mall substation.

Coalitions – The Community Collaborative for Youth and Families is meeting quarterly in 2024 and continues to work to relaunch the website. The July 12, 2024 meeting included a community service activity in partnership with the Rappahannock United Way. The next meeting is scheduled for October 12, 2024 and will be a training (topic TBD).

Tobacco Control – The Prevention Services Team completed store audits and merchant education for local tobacco/vape retailers. Nearly 300 retailers were visited. The next cycle began July 1. We are awaiting updated materials from DBHDS prior to resuming the merchant education.



Alcohol and Vaping Prevention Education – Jennifer Bateman, Prevention Specialist, is scheduling for the 2024-2025 academic year to facilitate alcohol prevention and vaping prevention education trainings as part of health classes.

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.

The ASIST training held August 1-2, 2024 had 25 participants. It was our largest class yet. We have one remaining ASIST scheduled for 2024 on 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.

Two staff recently completed the train-the-trainer for MHFA in Spanish. Thank you to Marta Fuentes, Healthy Families Program Supervisor, and Bryanda Monge-Vega, Healthy Families Resource Specialist, for taking on this additional responsibility. We have scheduled two (2) MHFA in Spanish trainings for fall.

Adult Mental Health First Aid trainings are scheduled for the following dates: September 5; October 23 (Stafford County Government); October 24 (Spanish); November 7; and November 14 (Spanish) from 8:30 a.m. to 5:00 p.m.

In July and August, we completed two trainings for recruits at the Rappahannock Area Criminal Justice Academy and one training for resident life staff at the University of Mary Washington.

At the request of McLane Mid-Atlantic, we have scheduled added two (2) Adult Mental Health First Aid Trainings specifically for their management staff. These will be held August 13-14 and September 25-26 (facilitation over two half days).

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

To register for Adult Mental Health First Aid Training:
<https://www.signupgenius.com/go/RACSB-MHFA-Training2024>

To register for Youth Mental Health First Aid Training:
<https://www.signupgenius.com/go/RACSB-YouthMHFA-Training2024>

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

safeTALK was held July 23 with 13 participants. An additional safeTALK is scheduled for October 15 from 9:00 a.m. to noon.

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

Lock and Talk Virginia – DBHDS is providing additional funding to purchase medication lock boxes, pill timers, and other safety devices. We continue to distribute lethal means safety devices at community events and in collaboration with RACSB programs. We've seen an increase in requests recently from case managers and clinicians. The Region is planning for a new campaign in recognition of September as Suicide Prevention Month.

Coalitions – The subgroups formed to address focus areas of teens/young adults; older adults; and first responders/veterans continue to meet and develop goals. The next coalition meeting will be held August 26, 2024 at 1:00 p.m. at River Club.

The Suicide Prevention Coalition of The Community Collaborative for Youth and Families is hosting the Pathways for Prevention Mental Health Trainings in partnership with the Division of Public Safety Training and Virginia Center for School and Campus Safety of the Virginia Department of Criminal Justice Services (DCJS).

Topics will be covered over two dates: September 13 and September 24. You can register for either or both dates. The trainings will be held at the RACSB at River Club Office (10825 Tidewater Trail, Fredericksburg, VA 22408). Trainings are scheduled from 8:30 a.m. to 4:30 p.m. (Lunch on your own.)

The following topics will be covered on September 13, 2024:

- Emotional Awareness and Management
- Identifying and Supporting Students with Trauma Experiences
- Bullying Prevention and Intervention

The following topics will be covered on September 24, 2024:

- Suicide Prevention, Intervention, and Postvention
- Supporting Individuals and School Communities through Grief Experiences
- Responding to Threatening Behaviors

These trainings are intended for K-12 and IHE educators, school mental health personnel, school and campus security personnel, prevention providers, law enforcement, probation officers, school and campus administration, treatment professionals, counselors, student conduct professionals, prosecutors, residence life staff, and other interested school, campus or community personnel.

To register: <https://www.signupgenius.com/go/CCYF-Pathways-MH-Training>

Join Suicide Prevention Coalition of The Community Collaborative for Youth and Families

PATHWAYS FOR PREVENTION MENTAL HEALTH TRAININGS

REGISTER NOW!

Two Days of Training
Six Different Topics

September 13 and 24, 2024
8:30 a.m. to 4:30 p.m.
RACSB at River Club
(10825 Tidewater Trail,
Fredericksburg, VA 22408)

Training presented by the Division of Public Safety Training and Virginia Center for School and Campus Safety of the Virginia Department of Criminal Justice Services

Questions?
ccyf@thecommunitycollaborative.org

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. CSBs are working with DBHDS for the SOV IV grant application and funding requests.

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. A new website is being developed for the Save 1 Life harm reduction initiative.

Save One Life Naloxone Training and Dispensing – RACSB continues to host virtual trainings twice a month and at the request of community partners. We participated in several back to school events as well as National Night Out.

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.vcpvg.net.

ACEs Interface – RACSB Prevention Services offers in-person trainings. We are scheduled to the training as part of CIT 40-hour week in September. On August 5, 2024 the YMCA before/after school staff were trained (50 participants).

Trainings will be held on the following dates: September 17; November 18; and December 11. Hours vary by date.

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

We are hosting our second train-the-presenter cohort for CY 2024 on August 27-28-29. We have 23 registered community members who will be certified to facilitate this curriculum within the community.

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 September 12.

Course 2 is scheduled for 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>

We are in the planning phases of hosting Course 1 Trauma Practitioner and Course 4 Community Blueprint. Additionally, there are new modules for the Trauma Informed Leadership certification (we previously hosted 3 sessions in fall 2022-spring 2023).

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.

July 2024

LOCALITY	NUMBER OF REFERRALS	ASSESSMENTS	NUMBER OF FAMILIES RECEIVING HOME VISITS	NEW ENROLLEES YEAR-TO-DATE
CAROLINE COUNTY	2	2	4	1
CITY OF FREDERICKSBURG	0	0	40	1
KING GEORGE COUNTY	4	0	11	0
SPOTSYLVANIA COUNTY	12	11	56	4
STAFFORD COUNTY	8	6	44	2
OUT OF AREA (REFERRED TO OTHER HF SITES)	0	0	0	0
TOTAL	26	19	155	8

- HFRA was selected this quarter to be the recipient of the “Thalhimer Gives Program” and were invited to share about program in their September monthly meeting.
- HFRA participated in the MIECHV HRSA state site visit.
- St. George’s Episcopal Church donated 5 laptops to families in the HFRA program
- HFRA has been in contact with Birth in Color which is connecting families to Doula’s that are available and accepting Medicaid.



<https://fundraising.littlecaesars.com/products?support=08aa0cbc-3482-4f55-ae64-0ee210b23c7b>





HEALTHY FAMILIES RAPPAHANNOCK AREA NEWSLETTER



AUGUST EDITION

Did You Know?

Breastfeeding Awareness Month

a time to celebrate and support the incredible journey of breastfeeding! This month, we're sharing expert advice on common issues like latching difficulties, soreness and milk supply

Breastfeeding is a beautiful, natural way to nourish your baby, and every drop counts. Let's celebrate the strength and dedication of breastfeeding moms everywhere.

Join us in spreading awareness! Share your breastfeeding experiences, participate in local events



JOIN OUR
LITTLE CEASARS
FUNDRAISING EVENT
LOOK FOR LINK ON OUR
FACEBOOK PAGE
STARTING
AUGUST 12TH

Donor Spotlight

- Thalhimer Gives Program for choosing HFRA to be this quarters donation receipt.
- Project Linus for the beautiful blankets...our new families truly love them
- St. George's Episcopal Church Fredericksburg for the 5 laptops for families

DONATIONS HAVE THE POWER TO CHANGE LIVES!!



www.healthyfamiliesrappahannock.org

**Behavioral Health Equity Grant
Notice of Award**

We are pleased to share that the Rappahannock Area Community Services Board (RACSB) application was selected for another Behavioral Health Equity Grant with DBHDS' Office of Behavioral Health Wellness (OBHW). The project will be funded in the amount of \$15,200.

This funding will build on the BarberShop talk first held in September 2022 and subsequent Barbershop Talks in September 2023 and February 2024. This new funding will support partnering with Gray Taylor, LCSW to bring this conversation around mental wellness to the cosmetology programs with two local school divisions. If funding and time allow, we will host another Salon Talk.

The goal is to foster healthy dialogue amongst each participant, to better understand mental wellness and be able to identify community supports as these students prepare for professional careers in the cosmetology field.

The grant funds must be expended by September 30, 2024.

Healthy Families Rappahannock Area FY 2024 Year-end Report

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

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

In FY 2024, Healthy Families Rappahannock Area:

- Completed 376 Screenings
- Completed 253 parent assessments
- Offered services to 162 families
- Enrolled 100 new families
- Conducted 2,517 home visits with 248 families
- Served 373 families

RAPPAHANNOCK AREA

COMMUNITY SERVICES BOARD

Healthy Families Rappahannock Area (HFRA) July 1, 2023 – June 20, 2024

HFRA helps parents **IDENTIFY** the best version of themselves, **PARTNERS** with parents with success in parenting, and **EMPOWERS** parents to raise healthy children. We provide free support to families residing in the City of Fredericksburg and the counties of Caroline, King George, Spotsylvania and Stafford.

SCREENINGS

Period	Quarter 01	Quarter 02	Quarter 03	Quarter 04	YTD
Total number of Healthy Families screenings completed	94	88	118	76	376

ASSESSMENTS

Period	Quarter 01	Quarter 02	Quarter 03	Quarter 04	YTD
Total number of Parent Survey/Assessment completed	73	65	56	59	253
How many families were offered HV services	46	40	38	38	162
How many families enrolled (completed 1st home visit)	34	25	22	19	100

HOME VISITS

Period	Quarter-01	Quarter-02	Quarter-03	Quarter-04	YTD
Total number of home visits completed	587	649	639	642	2517
Total number of Families served with home visiting	156	168	167	176	248

FAMILIES SERVED

Period	Quarter 01	Quarter 02	Quarter 03	Quarter 04	YTD
Total number of Families served	191	198	198	206	373
Total number of Target Children served	162	174	165	161	255

Newsorthy:

- Received Level Funding for both VDSS-TANF FY25 **\$409,084**
- Awarded an increase to MIECHV funding for FY25 **\$349600**
- Received award for Child Abuse and Neglect Prevention grant of **\$50,000**
- February 2024, HFRA went to working remote to save on the cost of office space
- HFRA received a **\$5,000** donation from Strong Tower Church
- HFRA hosted its 25th Anniversary Celebration Gala – 136 attendees
- Awarded by the Virginia House of Delegates a House Resolution No. 218 for 25 years of service in Planning District 16
- Local pediatrician in King George, Dr A. McCray has added referral screen to her intake package for new families
- HFRA picked to be the donation recipient for Thalhimer quarterly collection
- Continues offering two playgroups a month. 1 at Garrionsville Apartments (morning session) and 1 at Hillcrest United Methodist (afternoon sessions). RAHD has added playgroup flyer to their monthly news letter
- HFRA received a donation form the Female Charity School Endowment Fund **\$1445**
- Participated in MWH hospitals Annual Baby Shower. Collected 27 screens at this event.



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

Fredericksburg Savings Charitable Foundation Grant Application on behalf of Healthy Families

Healthy Families Rappahannock Area has applied for a \$25,000 grant through the Fredericksburg Savings Charitable Foundation Fund to support operating expenses. The Fredericksburg Savings Charitable Foundation Fund is intended to support not-for-profit programs that contribute to the quality of life in Caroline, King George, Spotsylvania, Stafford and Fredericksburg.

If awarded this opportunity, HFRA's hopes are to assist with non-personnel expense of mileage reimbursement for the direct service staff. Every week, the HFRA team use their own vehicles to travel back and forth to the residences of families served as part of facilitation of in-home visits. We are hoping that this grant will alleviate some portion of this expense allowing HFRA to focus more on community awareness and outreach initiatives.

Another area the grant is intended to support is Marketing, Outreach & Sustainability Initiatives. Although HFRA has been serving Planning District 16 for more than 25 years, we are still met with the challenge of individuals as well as community resources not being aware of the program or the services provided. We hope by raising awareness about HFRA, we will also see an increase in fundraising support to diversify revenue streams and ensure long-term sustainability.

GRANT Amount: \$25,000

Summary of Cash Management and OPEB

Depository	Rate
Atlantic Union Bank	
Checking	4.25%
Investment Portfolio	
Cash Equivalents	4.95%
Fixed Income	5.21%
Total Investment	
Total Atlantic Union Bank	\$ 27,456,412
Other	
Local Gov. Investment Pool	5.49%
Total Investments	\$ 27,491,144

	\$ Change	% Change
Change from Prior Month	\$ 1,389,087	5%
Change from Prior Year	\$ 2,464,419	10%

Average # Months Reserves: 6	
-------------------------------------	--

	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
Balance at 1/31/2024	\$ 2,134,172	\$ 1,179,552	\$ 3,974,693	\$ 3,020,073
Balance at 2/28/2024	\$ 2,133,675	\$ 1,179,055	\$ 4,064,441	\$ 3,109,821
Balance at 3/31/2024	\$ 2,133,675	\$ 1,179,055	\$ 4,136,486	\$ 3,181,866
Balance at 4/30/2024	\$ 2,133,675	\$ 1,179,055	\$ 4,023,711	\$ 3,069,091
Purchases				
Sales	\$ (593)			
Realized Gain/(Loss)			\$ 525	
Unrealized Gain/(Loss)			\$ 102,865	
Fees & Expenses			\$ (125)	
Accrued Income				
Transfers/Contributions			\$ (993)	
Balance at 5/31/2024	\$ 2,133,082	\$ 1,178,462	\$ 4,125,983	\$ 3,171,363
Balance at 6/30/2024	\$ 2,133,082	\$ 1,178,462	\$ 4,125,983	\$ 3,171,363

Summary of Investment Portfolio

Asset Description	Shares/Face Value	Market Value	Total Cost	Unrealized Gain/Loss	Est. Income	Current Yield
Balance at 3/31/2024	\$ 8,739,790.01	\$ 8,608,503.12	\$ 8,598,784.28	\$ 9,718.84	\$ 199,169.00	2.32%
Balance at 4/30/2024	\$ 8,831,865.76	\$ 8,661,787.22	\$ 8,694,016.17	\$ (32,228.95)	\$ 215,357.00	2.48%
Balance at 5/31/2024	\$ 8,854,374.84	\$ 8,701,381.28	\$ 8,716,535.53	\$ (15,154.25)	\$ 216,531.00	2.48%
Fidelity IMM Gov Class I Fund #57						
US Treasury Bill (09/26/2024)	\$ 1,027,759.57	\$ 1,027,759.57	\$ 1,027,759.57	\$ -	\$ 53,609.00	5.22%
US Treasury Bill (10/24/2024)	\$ 500,000.00	\$ 487,280.99	\$ 487,385.80	\$ (104.81)		
US Treasury Bill (12/26/2024)	\$ 725,000.00	\$ 706,550.68	\$ 706,584.64	\$ (33.96)		
	\$ 600,000.00	\$ 572,525.32	\$ 573,976.81	\$ (1,451.49)		
Total Cash Equivalents	\$ 2,852,759.57	\$ 2,794,116.56	\$ 2,795,706.82	\$ (1,590.26)	\$ 53,609.00	1.92%
US Treasury Note (7/31/2024)	\$ 1,000,000.00	\$ 998,040.00	\$ 978,733.75	\$ 19,306.25	\$ 30,000.00	3.01%
US Treasury Note (10/15/2025)	\$ 1,000,000.00	\$ 990,750.00	\$ 1,005,781.25	\$ (15,031.25)	\$ 42,500.00	4.29%
US Treasury Note (11/30/2024)	\$ 1,000,000.00	\$ 996,690.00	\$ 1,004,914.69	\$ (8,224.69)	\$ 45,000.00	4.51%
US Treasury Note (09/30/2025)	\$ 500,000.00	\$ 499,845.00	\$ 504,570.31	\$ (4,725.31)	\$ 25,000.00	5.00%
US Treasury Note (10/15/2026)	\$ 500,000.00	\$ 499,630.00	\$ 506,738.28	\$ (7,108.28)	\$ 23,125.00	4.63%
US Treasury Note (03/15/2027)	\$ 500,000.00	\$ 496,055.00	\$ 496,308.59	\$ (253.59)	\$ 21,250.00	4.28%
US Treasury Note (04/30/2026)	\$ 500,000.00	\$ 500,800.00	\$ 499,023.44	\$ 1,776.56	\$ 24,375.00	4.87%
US Treasury Note (04/30/2025)	\$ 1,000,000.00	\$ 961,220.00	\$ 948,906.25	\$ 12,313.75	\$ 3,750.00	0.39%
Total Fixed Income	\$ 6,000,000.00	\$ 5,943,030.00	\$ 5,944,976.56	\$ (1,946.56)	\$ 215,000.00	3.62%
Balance at 6/30/2024	\$ 8,852,759.57	\$ 8,737,146.56	\$ 8,740,683.38	\$ (3,536.82)	\$ 268,609.00	3.07%

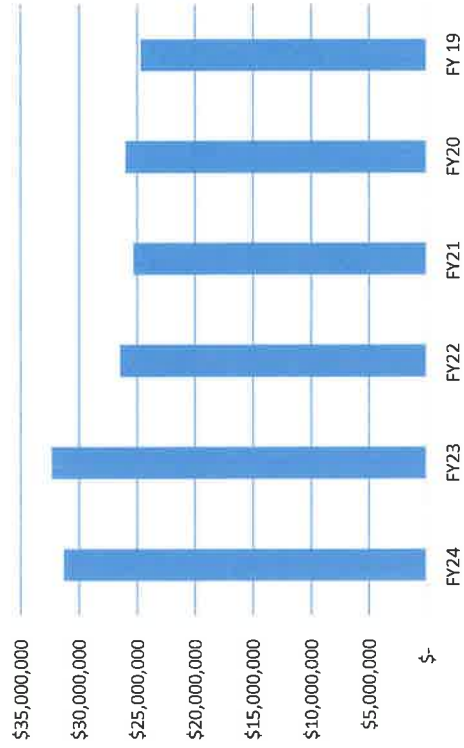
Fee Revenue Reimbursement and Collection

AGED CLAIMS		CLAIM COLLECTIONS	
	Current Month	Prior Month	Prior Year
Total Claims Outstanding			
Total	100%	100%	100%
Consumers	49%	47%	54%
3rd Party	51%	53%	46%
Claims Aged 0-29 Days Total	49%	50%	52%
Consumers	2%	1%	6%
3rd Party	47%	50%	46%
Claims Aged 30-59 Days Total	2%	3%	4%
Consumers	0%	2%	3%
3rd Party	2%	1%	0%
Claims Aged 60-89 Days Total	2%	1%	5%
Consumers	1%	1%	5%
3rd Party	1%	0%	0%
Claims Aged 90-119 Days Total	1%	1%	4%
Consumers	0%	1%	3%
3rd Party	0%	0%	0%
Claims Aged 120+ Days Total	46%	45%	36%
Consumers	45%	44%	36%
3rd Party	1%	1%	-1%

	Current Month	Prior Month	Prior Year
Total Claims Outstanding			
Total	\$7,227,572	\$7,362,499	\$6,657,142
Consumers	\$3,520,634	\$3,490,259	\$3,594,246
3rd Party	\$3,706,938	\$3,872,240	\$3,062,897
Claims Aged 0-29 Days Total	\$3,542,616	\$3,705,825	\$3,432,890
Consumers	\$115,776	\$37,654	\$386,356
3rd Party	\$3,426,840	\$3,668,171	\$3,046,534
Claims Aged 30-59 Days Total	\$135,937	\$188,499	\$256,558
Consumers	\$2,317	\$126,989	\$225,233
3rd Party	\$133,620	\$61,510	\$31,325
Claims Aged 60-89 Days Total	\$141,174	\$72,997	\$365,372
Consumers	\$104,776	\$43,713	\$344,471
3rd Party	\$36,397	\$29,283	\$20,901
Claims Aged 90-119 Days Total	\$55,607	\$86,061	\$235,625
Consumers	\$34,121	\$52,710	\$223,000
3rd Party	\$21,486	\$33,352	\$12,624
Claims Aged 120+ Days Total	\$3,352,238	\$3,309,117	\$2,366,698
Consumers	\$3,263,644	\$3,229,193	\$2,415,185
3rd Party	\$88,594	\$79,925	-\$48,488

\$398,000 of prior year collections was for FY22

Year to Date Fee Collections



Summary of Write-Offs

Write Off Code	Month: June 2024		Prior YTD
	Current YTD	Prior YTD	
BAD ADDRESS	\$ 19,216	\$ -	-
BANKRUPTCY	\$ 80	\$ -	-
DECEASED	\$ 10	\$ -	-
NO FINANCIAL AGREEMENT	\$ 9,966	\$ 1,729	-
SMALL BALANCE	\$ 102	\$ 66	-
UNCOLLECTABLE	\$ -	\$ 10	-
FINANCIAL ASSISTANCE	\$ 196,193	\$ 281,257	-
NO SHOW	\$ 1,045	\$ 673	-
MAX UNITS/BENEFITS	\$ 13,894	\$ 6,362	-
PROVIDER NOT CREDENTIALLED	\$ 1,233	\$ 1,541	-
ROLL UP BILLING	\$ -	\$ 11,671	-
DIAGNOSIS NOT COVERED	\$ -	\$ 160	-
NON-COVERED SERVICE	\$ 2,868	\$ 7,620	-
SERVICES NOT AUTHORIZED	\$ 5,744	\$ 10,242	-
PAST BILLING DEADLINE	\$ 160	\$ 2,214	-
MCO DENIED AUTH	\$ 900	\$ -	-
INCORRECT PAYER	\$ 935	\$ 3,764	-
INVALID MEMBER ID	\$ 195	\$ -	-
INVALID POS/CPT/MODIFIER	\$ -	\$ 705	-
SPENDDOWN NOT MET	\$ 37,692	\$ -	-
TOTAL	\$ 290,232	\$ 328,014	

Write Off Code	Year to Date: July - June 2024		Prior YTD
	Current YTD	Prior YTD	
BAD ADDRESS	\$ 278,126	\$ 1,970	-
BANKRUPTCY	\$ 1,921	\$ 4,191	-
DECEASED	\$ 1,399	\$ 4,858	-
NO FINANCIAL AGREEMENT	\$ 60,350	\$ 85,829	-
SMALL BALANCE	\$ 1,599	\$ 1,711	-
UNCOLLECTABLE	\$ 2,682	\$ 159,902	-
FINANCIAL ASSISTANCE	\$ 1,943,851	\$ 2,316,785	-
NO SHOW	\$ 10,656	\$ 5,043	-
MAX UNITS/BENEFITS	\$ 194,321	\$ 124,185	-
PROVIDER NOT CREDENTIALLED	\$ 92,938	\$ 83,115	-
ROLL UP BILLING	\$ 56,821	\$ 24,776	-
DIAGNOSIS NOT COVERED	\$ 1,750	\$ 2,980	-
NON-COVERED SERVICE	\$ 56,122	\$ 143,744	-
SERVICES NOT AUTHORIZED	\$ 147,600	\$ 225,124	-
PAST BILLING DEADLINE	\$ 18,148	\$ 83,485	-
MCO DENIED AUTH	\$ 4,911	\$ 18,280	-
INCORRECT PAYER	\$ 37,154	\$ 105,319	-
INVALID MEMBER ID	\$ 2,153	\$ 5,095	-
INVALID POS/CPT/MODIFIER	\$ -	\$ 2,844	-
NO PRIMARY EOB	\$ 4,800	\$ 16,014	-
SPENDDOWN NOT MET	\$ 78,785	\$ -	-
TOTAL	\$ 2,996,086	\$ 3,415,249	

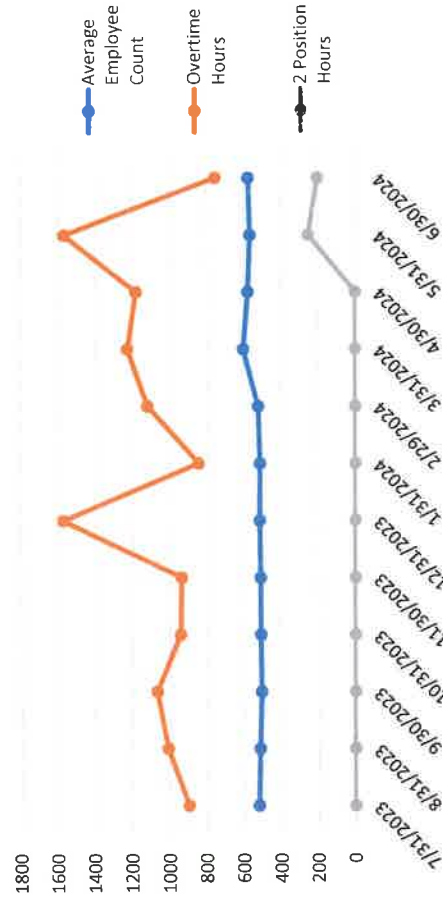
Health Insurance

FY 2024	Monthly Premiums	Additional Premium Contributions	Monthly Claims & Fees	Interest	Balance
Beginning Balance					\$1,745,071
July	\$355,798		\$211,426	\$743	\$1,890,186
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
February	\$528,246		\$310,568	\$995	\$2,672,451
March	\$374,881		\$211,326	\$1,125	\$2,837,131
April	\$387,550		\$214,748	\$1,192	\$3,009,933
May	\$191,397		\$370,664	\$1,255	\$2,830,667
June	\$397,441		\$199,091	\$1,152	\$3,029,016
YTD Total	\$4,400,037	\$0	\$3,124,281	\$11,788	\$3,029,016

Historical Data	Average Monthly Claims	Monthly Average Difference from PY	Highest Month
FY 2024	\$260,357	\$45,980	\$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

Payroll Statistics

Indicators	FY 2022 Average Per Pay Period	FY 2023 Average Per Pay Period	FY 2024 Average Per Pay Period	Prior Month- April 2024	Current Month- June 2024
# Employees Paid	506	499	538	568	577
Leave Hours	4,196	3,473	3,309	2806	3187
Overtime Hours	279	473	505	523	377



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

MENTAL HEALTH

PROGRAM	REVENUE			EXPENDITURES			ACTUAL VARIANCE	VARIANCE / REVENUE
	BUDGET FY 2024	ACTUAL YTD	%	BUDGET FY 2024	ACTUAL YTD	%		
INPATIENT	0	85,150	0.00%	0	128,350	0.00%	(43,200)	-51%
OUTPATIENT (FED)	2,442,643	3,717,307	152.18%	2,442,643	3,379,618	138.36%	337,689	9%
MEDICAL OUTPATIENT (R) (FED)	4,420,904	4,575,542	103.50%	4,420,904	4,632,624	104.79%	(57,081)	-1%
ACT NORTH (R)	875,000	996,916	113.93%	875,000	940,184	107.45%	56,732	6%
ACT SOUTH (R)	875,000	960,042	109.72%	875,000	899,928	102.85%	60,115	6%
CASE MANAGEMENT ADULT (FED)	1,043,065	1,056,435	101.28%	1,043,065	1,201,296	115.17%	(144,861)	-14%
CASE MANAGEMENT CHILD & ADOLESCENT (FED)	1,031,998	814,694	78.94%	1,031,998	898,055	87.02%	(83,361)	-10%
PSY REHAB & KENMORE EMP SER (R) (FED)	703,184	795,358	113.11%	703,184	757,603	107.74%	37,755	5%
PERMANENT SUPPORTIVE HOUSING (R)	2,295,862	4,452,137	193.92%	2,295,862	1,921,361	83.69%	2,530,776	57%
CRISIS STABILIZATION (R)	2,149,875	1,528,246	71.09%	2,149,875	1,676,033	77.96%	(147,787)	-10%
SUPERVISED RESIDENTIAL	360,841	624,391	173.04%	360,841	513,099	142.20%	111,292	18%
SUPPORTED RESIDENTIAL	781,947	689,988	88.24%	781,947	1,013,314	129.59%	(323,326)	-47%
JAIL DIVERSION GRANT (R)	94,043	110,268	117.25%	94,043	96,620	102.74%	13,648	12%
JAIL & DETENTION SERVICES	523,537	484,691	92.58%	523,537	468,923	89.57%	15,768	3%
SUB-TOTAL	17,597,900	20,891,165	119%	17,597,900	18,527,007	105%	2,364,158	11%

DEVELOPMENTAL SERVICES

PROGRAM	REVENUE			EXPENDITURES			ACTUAL VARIANCE	VARIANCE / REVENUE
	BUDGET FY 2024	ACTUAL YTD	%	BUDGET FY 2024	ACTUAL YTD	%		
CASE MANAGEMENT	3,600,846	3,728,318	103.54%	3,600,846	3,609,708	100.25%	118,610	3%
DAY HEALTH & REHAB *	4,969,885	4,489,315	90.33%	4,969,885	4,975,286	100.11%	(485,972)	-11%
GROUP HOMES	6,280,744	6,676,530	106.30%	6,280,744	5,630,384	89.65%	1,046,145	16%
RESPIRE GROUP HOME	749,912	226,158	30.16%	749,912	616,231	82.17%	(390,073)	-172%
INTERMEDIATE CARE FACILITIES	4,295,140	3,302,021	76.88%	4,295,140	4,390,909	102.23%	(1,088,888)	-33%
SUPERVISED APARTMENTS	1,682,792	2,640,389	156.91%	1,682,792	1,658,698	98.57%	981,691	37%
SPONSORED PLACEMENTS	2,116,891	2,395,004	113.14%	2,116,891	2,145,144	101.33%	249,860	10%
SUB-TOTAL	23,696,210	23,457,734	98.99%	23,696,210	23,026,361	97.17%	431,374	2%

(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 June 30, 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	1,710,089	105.76%	1,616,928	1,500,252	92.78%	209,836	12%
MAT PROGRAM (R) (FED)	774,936	817,927	105.55%	774,936	1,094,328	141.22%	(276,402)	-34%
CASE MANAGEMENT (R) (FED)	232,071	231,153	99.60%	232,071	127,304	54.86%	103,849	45%
RESIDENTIAL (R)	69,049	138,098	200.00%	69,049	70,421	101.99%	67,677	49%
PREVENTION (R) (FED)	867,515	397,946	45.87%	867,515	620,869	71.57%	(222,923)	-56%
LINK (R) (FED)	290,801	149,972	51.57%	290,801	349,071	120.04%	(199,099)	-133%
SUB-TOTAL	3,851,301	3,445,184	89%	2,234,372	3,762,245	168%	(526,898)	-15%

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	2,887,878	168.59%	1,712,988	1,348,173	78.70%	1,539,705	53%
CHILD MOBILE CRISIS (R)	371,304	152,420	41.05%	371,304	63,525	17.11%	88,895	58%
CIT ASSESSMENT SITE (R)	290,495	374,405	128.89%	290,495	396,820	136.60%	(22,415)	-6%
CONSUMER MONITORING (R) (FED)	133,656	103,321	77.30%	133,656	368,635	275.81%	(265,314)	-257%
ASSESSMENT AND EVALUATION (R)	390,825	390,350	99.88%	390,825	473,482	121.15%	(83,132)	-21%
SUB-TOTAL	2,899,269	3,908,374	134.81%	2,899,269	2,650,635	91.42%	1,257,739	32%

ADMINISTRATION

PROGRAM	REVENUE			EXPENDITURES			ACTUAL VARIANCE
	BUDGET FY 2024	ACTUAL YTD	%	BUDGET FY 2024	ACTUAL YTD	%	
ADMINISTRATION (FED)	130,080	503,443	387.03%	130,080	503,443	387.03%	0
PROGRAM SUPPORT	4,354	34,983	803.41%	4,354	34,983	803.41%	0
SUB-TOTAL	134,434	538,426	400.51%	134,434	538,426	400.51%	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 June 30, 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	2,077,960	120.70%	1,721,538	1,297,635	75.38%	780,325	38%
INFANT CASE MANAGEMENT (R)	808,195	905,265	112.01%	808,195	949,360	117.47%	(44,095)	-5%
EARLY INTERVENTION (R)	2,178,718	1,690,002	77.57%	2,178,718	2,288,471	105.04%	(598,469)	-35%
TOTAL PART C	4,708,452	4,673,227	99.25%	4,708,452	4,535,466	96.33%	137,760	3%
HEALTHY FAMILIES (R)	280,006	194,645	69.51%	280,006	230,283	82.24%	(35,638)	-18%
HEALTHY FAMILIES - MIECHV Grant (R) (REIM)	315,601	257,292	81.52%	315,601	348,766	110.51%	(91,474)	-36%
HEALTHY FAMILIES-TANF & CBCAP GRANT (R) (REIM)	459,084	357,640	77.90%	459,084	587,403	127.95%	(229,763)	-64%
TOTAL HEALTHY FAMILY	1,054,691	809,577	76.76%	1,054,691	1,166,452	110.60%	(356,875)	-44%

(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 June 30, 2024

RECAP FY 2024 BALANCES

	<u>REVENUE</u>	<u>EXPENDITURES</u>	<u>NET</u>	<u>NET / REVENUE</u>
MENTAL HEALTH	20,891,195	18,588,383	2,302,812	11%
DEVELOPMENTAL SERVICES	23,475,247	23,026,720	448,527	2%
SUBSTANCE ABUSE	3,445,184	3,762,245	(317,061)	-9%
SERVICES OUTSIDE PROGRAM AREA	3,908,374	2,650,635	1,257,739	32%
ADMINISTRATION	538,426	538,426	0	0%
FISCAL AGENT PROGRAMS	5,482,803	5,701,918	(219,115)	-4%
TOTAL	57,741,229	54,268,327	3,472,903	6%

Restricted Funds \$	3,605,024
Unrestricted Funds	(132,121)
Total \$	3,472,903

RECAP FY 2023 BALANCES

	<u>REVENUE</u>	<u>EXPENDITURES</u>	<u>NET</u>	<u>NET / REVENUE</u>
MENTAL HEALTH	15,882,778	14,953,568	929,210	6%
DEVELOPMENTAL SERVICES	23,934,991	20,708,728	3,226,264	13%
SUBSTANCE ABUSE	3,558,988	3,423,417	135,570	4%
SERVICES OUTSIDE PROGRAM AREA	3,140,567	2,426,783	713,784	23%
ADMINISTRATION	662,383	543,317	119,066	18%
FISCAL AGENT PROGRAMS	5,051,176	5,051,534	(358)	0%
TOTAL	52,230,883	47,107,347	5,123,536	10%

	<u>\$ Change</u>	<u>% Change</u>
Change in Revenue from Prior Year	\$ 5,510,346	10.55%
Change in Expense from Prior Year	\$ 7,160,981	15.20%
Change in Net Income from Prior Year	\$ (1,650,634)	-32.22%

*Unaudited Report

HUMAN RESOURCES PROGRAM UPDATE- July 2024

For the Human Resources Department, the start of the new fiscal year saw a strong hiring cycle and the wrap up of some key projects. While the summer months are traditionally slower hiring months, HR conducted two new hire orientations and helped onboard 14 new staff members to RACSB.

July was a month where several projects came to fruition, the kick off of RACSB's new learning management system Relias was a major one. This was the culmination of many months of work of designing and learning this new system. Relias will provide us a more efficient way to provide and track the training of our staff. HR also implemented the new salary increases approved by the Board. Employees received a letter to their home address explaining the different increases and the salary impact they would see in their July 12, 2024 paychecks. The third Germanna Behavioral Health Internship program cohort was finalized with 10 students and started orientating with RACSB in July. On top of all that, HR physically moved into a new space in July. This project consisted of moving 4 staff members plus our file room into a new suite setting on the second floor of Jackson Street.



Office of Human Resources

600 Jackson Street ▪ Fredericksburg, VA 22401 ▪ 540-373-3223

RappahannockAreaCSB.org

MEMORANDUM

To: Joe Wickens, Executive Director
From: Derrick Mestler, Human Resources Director
Date: August 12, 2024
Re: Summary – July 2024 Applicant and Recruitment Update

RACSB continues to receive a significant number of applications through the hiring portal. For the month of July 2024, RACSB received 1,227 applications.

Of the applications received, 192 applicants listed the RACSB applicant portal as their recruitment source, 99 stated employee referrals as their recruitment source and 936 listed job boards as their recruitment source.

At the end of July, there are currently 53 open positions, 36 full-time and 17 part-time.

A summary is attached indicating external applicants hired, internal applicants moved, and actual number of applicants applying for positions in the month of July 2024.

RECRUITMENT REPORT FY 2025

MONTHLY RECRUITMENT	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL YTD
External Applicants Hired:													
PRN													
Part-time	3												3
Full-time	8												8
Sub Total External Applicants Hired	11	0	0	0	0	0							11
Internal Applicants Moved:													
Part-time to Full-time													0
PRN As Needed to Full-Time													0
Sub Total Internal Applicant Moves	0	0	0	0	0	0							0
Total Positions Filled:	11	0	0	0	0	0							11
Total Applications Received:													
Actual Total of Applicants:	1227												1227
Total External Offers Made:	11	0	0	0	0	0							11
Total Internal Offers Made:	0	0	0	0	0	0							0

Open Positions Report			7/26/2024			
Date	Days open position	Job #	Job Title	Department	FT	PT
5/28/2024	59	1213468	Finance Technician	Accounting	x	
12/1/2023	238	1060699	Financial Analyst	Accounting	x	
7/12/2024	14	1250474	Human Resources Administrative Associate	Human Resources	x	
						3
1/28/2022	910	1053832	Therapist, MH Outpatient - Stafford	Outpatient Services	x	
7/23/2021	1099	1053589	Therapist, Office on Youth	Substance Abuse Services	x	
1/3/2024	205	1076741	Therapist, SA - Women's Services - Fredericksburg	Substance Abuse Services	x	
5/2/2024	85	1053663	Assistant SUD Coordinator - OBOT - Fredericksburg	Substance Abuse Services	x	
6/3/2024	53	1216407	Lead Therapist, Veterans and Families	Substance Abuse Services	x	
2/23/2024	154	1117540	Therapist, Emergency Services Mobile Co-Response	Emergency Services	x	
2/23/2024	154	1116531	Therapist, Emergency Services Mobile Co-Response	Emergency Services	x	
12/1/2022	603	1053679	Therapist, SA - Probation and Parole	Jail Based/Diversion Services	x	
7/7/2023	385	1053681	Therapist, SA (Jail Based)	Jail Based/Diversion Services	x	
7/3/2024	23	1242568	Therapist, SA - Fredericksburg	Outpatient Services	x	
6/3/2024	53	1216353	Psychosocial Advocate	Kenmore Club	x	
7/3/2024	23	1242531	Office Manager I - Fredericksburg	Outpatient Services	x	
4/8/2024	109	1159213	Assistant Coordinator Emergency Services Fredericksburg	Outpatient Services	x	
5/6/2024	81	1126620	Psychiatrist	Outpatient Services	x	
7/24/2024	2	1258300	Housing Locator	Permanent Supportive Housing	x	
7/24/2024	2	1258304	Housing Case Manager	Permanent Supportive Housing	x	
7/24/2024	2	1258307	Critical Time Intervention Case Manager	Permanent Supportive Housing	x	
7/23/2024	3	1257126	MH Residential Peer Specialist	Permanent Supportive Housing	x	
						18
8/1/2022	725	1053770	Speech and Language Pathologist - PEID	Early intervention Services	x	
5/7/2024	80	1194031	Infant/Child Support Coordinator	Early intervention Services	x	
12/7/2023	232	1053800	Peer, Family Support - Spotsylvania	Child & Adolescent Services		x
7/3/2024	23	1242551	Developmental Services Support Coordinator - Fredericksburg	ID/DD Support Coordination Services	x	
7/25/2024		1259220	Therapist, MHSA Outpatient	Mental Health Crisis Stabilization Program	x	
8/4/2023	357	1053566	Therapist, Crisis Stabilization Program	Mental Health Crisis Stabilization Program	x	
7/29/2024	148	1120800	Certified Substance Abuse Counselor (CSAC)	Mental Health Crisis Stabilization Program	x	
						7
6/17/2024	39	1228294	Direct Support Professional - Day Support - RAAI Kings Highway	Day Health & Rehabilitation Services		x
7/27/2023	365	1054904	Direct Support Professional - Day Support - RAAI Stafford	Day Health & Rehabilitation Services		x
6/28/2024	28	1238217	Direct Support Professional - Day Support - Spotsylvania	Day Health & Rehabilitation Services		x
7/17/2024	9	1252834	Direct Support Professional - Day Support - Spotsylvania	Day Health & Rehabilitation Services		x
6/28/2024	28	1238223	Direct Support Professional - Day Support - Kings Highway	Day Health & Rehabilitation Services		x
5/19/2023	434	1054929	Direct Support Professional - Day Support ICF	Day Health & Rehabilitation Services		x

Open Positions Report		7/26/2024						
Date	Days position open	Job #	Job Title	Department	FT	PT		
7/17/2024	9	1252840	Direct Support Professional - Day Support ICF	Day Health & Rehabilitation Services	x			
							7	
12/8/2020	1326	1053889	Nurse, LPN - ICF - Wolfe ICF	ID/DD Residential Services		x		
5/4/2021	1179	1053891	Nurse, LPN - ICF - Wolfe ICF	ID/DD Residential Services		x		
5/7/2024	80	1193977	Nurse, LPN - ICF - Lucas ICF	ID/DD Residential Services		x		
2/7/2024	170	1102034	Direct Support Professional - Residential ICF - Lucas ICF	ID/DD Residential Services			x	
6/3/2024	53	1216413	Direct Support Professional - Residential ICF - Lucas ICF	ID/DD Residential Services		x		
7/25/2024	1	1259202	Direct Support Professional - Residential ICF - Lucas ICF	ID/DD Residential Services		x		
4/19/2024	98	1172158	Direct Support Professional - Residential ICF - Wolfe ICF	ID/DD Residential Services		x		
							7	
12/6/2023	233	1075218	Direct Support Professional - Residential - Devon	ID/DD Residential Services			x	
10/13/2022	652	1055525	Direct Support Professional - Residential - Leeland	ID/DD Residential Services			x	
9/22/2023	308	1055526	Direct Support Professional - Residential - Leeland	ID/DD Residential Services			x	
7/9/2024	17	1246035	Assistant Group Home Manager - Galveston	ID/DD Residential Services			x	
6/26/2024	30	1236419	Direct Support Professional - Residential - Belmont/SAP	ID/DD Residential Services			x	
6/26/2024	30	1236482	Direct Support Professional - Residential - Stonewall	ID/DD Residential Services			x	
6/26/2024	30	1236487	Direct Support Professional - Residential - Myers	ID/DD Residential Services			x	
4/29/2024	88	1182733	Direct Support Professional - Residential - Galveston	ID/DD Residential Services			x	
5/10/2024	77	1198020	Direct Support Professional - Residential - Scottsdale	ID/DD Residential Services			x	
7/17/2024	9	1252847	Direct Support Professional - Residential - Merchants Square	ID/DD Residential Services			x	
5/30/2024	57	1213484	Direct Support Professional - Residential - Merchants Square	ID/DD Residential Services		x		
							11	
Avg days open	214.85							
				Total Open Positions:		53	36	17



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

MEMORANDUM

To: Joe Wickens, Executive Director
From: Derrick Mestler, Human Resources Director
Date: August 12, 2024
Re: Summary – Turnover Report – July 2024

Human Resources processed a total of fourteen (14) employee separations for the month of July 2024. Of the fourteen, four (8) separations were voluntary, three (6) separations were involuntary.

Reasons for Separations

Resigned other employment- Vol.	4
Resigned no notice – Vol.	2
Resigned job abandon- Vol.	1
Resigned drug policy- Vol.	1
For cause- Invol.	5
LTD- Invol.	1

Retention and Turnover Rates

According to the attached report, the retention rate for July was 97.55% and the turnover rate was 2.45%.

RACSB MONTHLY TURNOVER REPORT
Jul-24

ORGANIZATIONAL UNIT	NUMBER OF TERMS	VOLUNTARY	INVOLUNTARY	EXPLANATION
Administrative				
<i>Unit Totals</i>	0	0	0	
Clinical Services		3		Resignation - other employment
<i>Unit Totals</i>	3	3	0	
Community Support Services		1		Resignation - other employment
		2		Resigned no notice
		1		Resigned insufficient notice, drug policy
		1		Resigned job abandon
			5	For cause
			1	LTD
<i>Unit Totals</i>	11	5	6	
Grand Totals for the Month	14	8	6	

Total Average Number of Employees	572
Retention Rate	97.55%
Turnover Rate	2.45%

Total Separations	14
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RACSB Turnover FY '25

<u>Employees</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>Jan-25</u>	<u>Feb-25</u>	<u>Mar-25</u>	<u>Apr-25</u>	<u>May-25</u>	<u>Jun-25</u>
Average Headcount	572											
Monthly Terminations*	14											
Turnover by Month	2.45%											
Cumulative Turnover YTD	2.45%											
Average % Turnover per Month YTD	2.45%											

*Monthly Terminations, FT, PT, PRN, Do Not Include Interns/Volunteers

To: Joe Wickens, Executive Director

From: Derrick Mestler, Human Resources Director

Re: CSB Workforce Reporting Overview

Date: August 12, 2024

As of July 2023, the Rappahannock Area Community Services Board is required to submit workforce data to the Department of Behavioral Health and Developmental Services (DBHDS) on a quarterly basis. DBHDS defined certain position categories for the reporting of vacancy rate, turnover rate, and salary information. Please find an overview of the data below for the fourth quarter of FY2024.

Average Vacancy & Turnover Rate by Quarter

	Q1		Q2		Q3		Q4	
	Vacancy Rate	Turnover Rate	Vacancy Rate	Turnover Rate	Vacancy Rate	Turnover Rate	Vacancy Rate	Turnover Rate
Administrative Support	7%	5%	10%	4%	13%	3%	7%	0%
Case Manager	8%	3%	5%	0%	4%	1%	1%	1%
Clinician	21%	6%	23%	0%	31%	1%	22%	0%
Direct Service Provider	20%	5%	20%	2%	17%	3%	12%	2%
Executive Leadership	0%	0%	0%	0%	3%	3%	7%	4%
Nursing	26%	0%	11%	0%	12%	1%	16%	3%
Other	10%	7%	10%	4%	7%	0%	0%	0%
Peer	33%	4%	31%	3%	8%	0%	16%	0%
Prescriber	7%	0%	7%	0%	27%	0%	27%	0%
Overall	16%	4%	15%	2%	16%	2%	11%	1%

RACSB DEPUTY EXECUTIVE DIRECTOR REPORT

June and July 2024 Monthly Updates

Opportunities for Partnership/Input:

- Finalized selection and contract with Deloitte, the vendor for the new data exchange platform which will serve as the foundation for all future state reporting. Actively participated in vendor kick-off at DBHDS Central Office and ongoing engagement with core implementation team.
- Finalized procurement efforts to select Altruix for our on-site and programmatic pharmacy provider. Leading the transition and implementation efforts.
- Worked with Stafford County to submit required documentation and renewal application for Opioid Abatement Authority Cooperative Project award.
- Assisted in covering and recruiting for the Director of Finance and Administration position.
- Asked to serve on advisory workgroup led by Board of Counseling to develop qualifications for the new QMHP and associated credentials.
- Presented at the Open Minds Strategy and Innovation Conference in New Orleans. Due to positive response, Open Minds has requested the presentation be repeated as a virtual webinar.
- Started serving on the IMS Business Core Team through DBHDS on the new Incident Management System which will replace the current CHRIS system.
- Supported the HUD Operational Review site visits.
- Attended STAC 2.0 meetings and met separately with Heather Norton, new Deputy Commissioner at DBHDS to discuss path forward on some data concerns resulting from the new STAC process.

Community Consumer Submission 3

DBHDS staff and CSB staff continue to meet weekly about the CCS 3 replacement project. Rappahannock Area Community Services Board continues to be the lead Netsmart Community Services Board, for those that use MyAvatar.

Waiver Management System (WaMS)

Specifications for WaMS 4.0 were released on March 13th, 2024. DBHDS has delayed implementation of the new Individual Service Plan (4.0) due to an error in their system. New go-live date is September 14, 2024.

Trac-IT Early Intervention Data System

We continue to test our extract for required data to upload to TRAC-IT. RACSB started submitting Early Intervention Service level data through the CCS 3 process in March 2024.

Altruix Pharmacy Transition

Executive leadership meets with Altruix team weekly through implementation. The Altruix team has attended medical staff meeting, clinic coordinators meeting, and CSS coordinators meeting to discuss the project and implementation.

Completed or Upcoming Data Requests:

Completed: CARS Financial FY2025 Budget Reporting; FY2024 DBHDS CARS Regional Report End of Year

Upcoming: DBHDS CARS End of the Year FY24 Financial Report; DBHDS Evidenced-Based Practices Annual Data Report; DBHDS Costing Report; Workforce Funding Plan Report

To: Joe Wickens, Executive Director

From: Brandie Williams, Deputy Executive Director

Re: FY24-25 Amended Community Services Performance Contract

Date: August 15, 2024

The Rappahannock Area Community Services Board (RACSB) has a biennial agreement with the state's Department of Behavioral Health and Developmental Services (DBHDS) called the Performance Contract (PC). Our current contract is in its amendment cycle and approval is needed for the specific changes which are summarized on pages 2 to 3 in the attached document. This performance contract needs to be approved by our governing bodies, by RACSB, and by the Department, on or before September 30th in order to continue to receive state-controlled funds.

RACSB has requested that the attached FY24-25 Amended Community Services Performance Contract be added to the Board of Supervisors or City County meeting agenda for review and approval for each of our localities. RACSB Executive Staff will be present at each meeting to answer questions or address concerns.

The amendments were posted on the RACSB website for public comment on July 22, 2024. To date, no public comments have been received. Full document provided by DBHDS is available for review at:

<https://rappahannockareacsb.org/document-repository/fiscal-year-2024-25-performance-contract/>

This item will be brought to the September RACSB Board of Directors meeting for approval.

To: Joseph Wickens, Executive Director

From: Brandie Williams, Deputy Executive Director

Re: Incentive Payment from Anthem

Date: August 8, 2024

The Rappahannock Area Community Services Board has received an incentive award in the amount of \$12,386 from Anthem HealthKeepers Plus Virginia Behavioral Health Quality Incentive Program for meeting quality measures. In order to qualify for an incentive payment, RACSB has to meet metrics in the following areas: 30-day re-admission rate, ER utilization, PCP visits, follow-up after hospitalization or ED visits, and engagement in SUD treatment.