

RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD

September 17, 2024

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

AGENDA

- I. Call to Order, *Beebe*
- II. *Minutes, Board of Directors, August 20, 2024, *Beebe*4
- III. Public Comment, *Beebe*
- IV. Employee Service Awards, *Wickens*
 - A. Five Years:
 - 1. Canan Gipson, Group Home Manager, Scottsdale Estates
 - 2. Charnele Mardner, Dev. Services Support Coordinator, Spotsylvania
 - B. Ten Years:
 - 1. Stacey Lawson, DSP, Spotsylvania, RAAI
 - 2. France Lowndes, Lead Specialist, RAAI Split
 - 3. Lixlia Planell Pabon, Family Support Specialist, Healthy Families
 - 4. Christina Rezendes, Supervisor, DD Support Coordination, Spotsy
 - C. Fifteen Years:
 - 1. James Saunders, DSP, Stafford, RAAI
 - D. Thirty Years:
 - 1. James Mackie, Licensed MH Jail Based Therapist- RRJ
 - 2. Alison Standring, Manager, ICC & Part C Services
- V. Board Presentation: Atlantic Union Bank, Wealth Investment Team, *Dante Jackson and Josh Cohen*
- VI. Program Reports
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VII. Report from the Executive Director, *Wickens*

VIII. Board Time

IX. Adjournment

August 2024 Board of Directors Meeting Minutes

I. CALL TO ORDER

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

II. MINUTES, BOARD OF DIRECTORS, June 18, 2024

The Board of Directors approved the minutes from the June 18, 2024 meeting with amendment to typo at the top of page seven.

ACTION TAKEN: The Board approved the June 18, 2024, minutes with amendment.

Moved by: Mr. Matt Zurasky

Seconded by: Ms. Melissa White

III. PUBLIC COMMENT

No Action Taken

IV. SERVICE AWARDS

Mr. Joe Wickens recognized all employees with awards:

5 years

Amber Curtiss, PEID Speech Language Pathologist

Rose Eliscar, Mental Health Nurse

Alexis Johnson, ID Residential Counselor

Janelle Kellington, Infant/Child Support Coordinator

Rachel Lewis, Substance Use/MAT Therapist

Paul Mueller, DD Residential Assistant Coordinator

Marisa Valero, Juvenile/Adult Drug Court Therapist

Carrie Beard, MH Supervised-Apartment-Manager

Joyce Daniels, ID Residential Counselor

Lanae Johnson, ID Residential Counselor

Latoya Powell, Group Home Manager

10 years

Melody Cotter-Hansen, Psychiatric Nurse Practitioner

Jessica Judkins, Infant/Child Support Coordinator

Lincoln Saludez, ID Residential Counselor PRN

20 years

Lynda Graddick, ID Support Coordinator

Melodie Jennings, Healthy Families Coordinator

Martacelis Fuentes, Healthy Families Supervisor

Stephanie Hine, Lead Specialist SLH

Nancy Price, MH Residential Services Coordinator

25 years

Anne Longenecker, PEID Special Educator

30 years

Lisa Desmet, ID Residential Counselor

V. EMPLOYEE OF THE QUARTER, *Arianna Colley, Project Link Manager*

VI. BOARD ANNOUNCEMENT: *Mr. Jacob Parcell*

Mr. Parcell addressed the Board regarding *Board Core Behaviors* and the Board's "Why" for the organization. He said he would like the Board to focus on the following key three core behaviors over the next months: 1) Open and honest communication- be candid, 2) Ask tough questions- take a step farther and 3) Next level decision-making- take insights and form into a strategy. He asked if everyone was comfortable with this. All agreed. Mr. Parcell noted he felt there was a gap in the Board's strategy and strategic planning process. He said that as a Board, they need to take a step back to identify what their strengths are and how they align behind that as both a Board and as an organization. Mr. Parcell proposed starting a strategic planning process around the January timeframe. He mentioned perhaps bringing on an external consultant to assist in this process. Mr. Zurasky asked if Mr. Parcell was looking at the Board spending Board time doing this or an off-site event. Mr. Parcell said a combination of both. Mr. Parcell noted that it's going to be more hours. Mr. Parcell asked if everyone was unified behind that approach. All agreed. Mr. Zurasky asked if the strategy will encompass the organizational structure if not, what areas of focus will it be- or is that up to the Board to decide. Mr. Parcell noted this is up to the Board to decide during the strategy planning. Mr. Zurasky noted that metrics need to be associated with the planning to assess how the Board is progressing.

Mr. Parcell then asked the Board for their patience and engagement as they move through the materials today. He noted that staff have spent a lot of time and effort to put together the materials to ensure they are as impactful as possible. With that in mind, there may still be gaps so please ensure to ask the tough questions and stay engaged. Ms. White asked if they are going to get their meeting minutes well in advance of the meeting so they have time to review

them. It was agreed that the Board packets will be sent one week in advance of the Board meeting.

VII. FINANCE DEPARTMENT, *Ms. Brandie Williams*

- A. Ms. Williams began by giving a program and staffing changes update noting that the Finance department had hired a new Director of Finance, Adam Crews, in August 2024, and a new Accounting Coordinator, Ahmad Daoud.

Ms. Williams also gave highlights and some successes from the reimbursement department, the accounting department, the payroll department and noted the status of completed or upcoming data requests.

- B. Ms. Williams then took the Board through the Summary of Cash Investments and OPEB Fund.
- C. Ms. Williams reviewed the Summary of Investment Portfolio.
- D. Ms. Williams reviewed the Fee Revenue Reimbursement and Collections.
- E. Ms. Williams reviewed the Summary of Write-Offs Report.
- F. Ms. Williams reviewed the Health Insurance Account and Payroll Statistics.
- G. Ms. Williams reviewed the Financial Summary Report.

ACTION TAKEN: The Board approved the Financial Summary as presented.

Moved by: Ms. Bridgette Williams

Seconded by: Mr. Matt Zurasky

VIII. DEPUTY EXECUTIVE DIRECTOR, *Ms. Brandie Williams*

- A. Ms. Williams began with her monthly update covering external opportunities for partnership/input highlighting the finalized selection with Deloitte, the vendor for the new DBHDS data exchange platform which will serve as the foundation for all future state reporting. She also included updates to the Community Consumer Submission 3 replacement project update, Waiver Management System new release date of September 14, 2024, Trac-It Early Intervention Data System update, information on the Altruix Pharmacy transition, and completed or upcoming data requests.
- B. Ms. Williams provided the Combined Information Technology and Data Dashboard Report for the Board's review.
- C. Ms. Williams shared that with the FY2025 Amended Community Services Performance Contract, she and Mr. Wickens are attending all of the Board of Supervisors and City Council meetings to provide input and answer any questions they may have as they are considering approval. Approval by all localities and RACSB Board of Directors must be received by September 30th, to continue to receive state funding.
- D. Ms. Williams went over the incentive payment in the amount of \$12,386 from Anthem Healthkeepers Plus Virginia Behavioral Health Quality Incentive Program for meeting quality measures.
- E. Ms. Williams stated that due to a DBDHS internal audit, we have been asked to update our Finance Policies and Procedures Manual – Contract Administration. This would need the Board's approval. The Board had one amendment to the document which Ms. Williams noted. Mr. Parcell asked if our Legal Counsel had reviewed the

document. Ms. Williams stated that we do not typically have legal approve our policies and procedures and this is through the recommendation of the internal audit.

ACTION TAKEN: The Board approved the Finance Policies and Procedures Manual Update with noted amendment.

Moved by: Mr. Ken Lapin

Seconded by: Ms. Carol Walker

- F. Ms. Williams took the Board through the Virginia Opioid Abatement Authority Cooperative Partnership grant award for Fiscal Year 2025. We were approved for renewal of this project and approved for additional funds. The total for the year 2025 that we will receive is \$1,184,999. This is to support our Mobile Medication Assisted Treatment program as well as relaunch of detoxification services at the crisis stabilization unit up to three beds. Stafford's County Attorney is working through the RFP for the MAT vehicle. We were allowed to increase the amount of our award for our vehicle.

Ms. Williams and Mr. Zurasky then excused themselves from the meeting to attend the Stafford County Board of Supervisors meeting while they discussed RACSB's Performance Contract.

IX. PROGRAM PLANNING AND EVALUATION UPDATES

A. Community Support Services, Ms. Amy Jindra

1. Ms. Jindra took the Board through Community Support Services Program Updates to include: Developmental Disabilities (DD) Residential Services, DD Day Support Rappahannock Adult Activities, Inc. (RAAI), Assertive Community Treatment (ACT), Mental Health (MH) Residential Services, Psychosocial Rehabilitation: Kenmore Club, Early Intervention: Parent Education and Infant Development (PEID), Developmental Disabilities Support Services, and Transportation.
2. Ms. Jindra provided data regarding the Assertive Community Treatment program which serves adults with serious mental illness experiencing psychotic or bipolar disorders. During FY25, the program intends to increase enrollment, but also lower psychiatric hospitalizations. A comparison chart of June 2024 and July 2024 inpatient stays was provided.
3. Ms. Jindra took the Board through Sunshine Lady House Utilization for FY24. A graph illustrating the program goal, FY24 final, and July 2024 utilization was provided.
4. Ms. Jindra highlighted Kenmore Club Employment Objectives. She stated the 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. As of July 31, 2024, the program serves 76 individuals. A graph demonstrating current program statistics related to employment activities was provided.
5. Ms. Standring presented Ms. Kyla Patterson's memo and provided chart for the first of two reporting cycles for the results of our annual chart review to determine

compliance with Part C federal guidelines for FFY23/SFY24. The chart indicated that the Rappahannock Area Community Services Board achieved 100% compliance in all areas.

6. Ms. Jindra next presented on Developmental Disabilities Residential Services. The program provides daily living support through a variety of models of services. The DD Residential Program has 10 groups that combined serve 54 individuals. A detailed overview was provided to the Board for their review.

B. Clinical Services, Ms. Jacque Kobuchi

1. Ms. Kobuchi provided a Clinical Division Program Update to include data regarding: Outpatient Services in Caroline Clinic, Fredericksburg and Children's Services Clinic, King George Clinic, Spotsylvania Clinic and Stafford Clinic. She also covered the areas of Substance Use, Case Management-Adult and Child and Adolescent, Specialty Dockets, Emergency Services, Medical Services and Jail and Detention. She announced several external trainings/conferences that staff attended and participated in. She noted they have one less school-based therapist in Caroline County due to funding that was not renewed. Ms. Kobuchi also shared that they have a new Assistant Coordinator in Emergency Services.
2. Ms. Kobuchi announced a new report called Access to Outpatient Services that highlights a goal they have to eliminate their waitlist for outpatient services at all of our clinics and then increase the number of assessments that are happening through same day access.
3. Ms. Newman presented the State Hospital Census Report along with the Extraordinary Barriers List.
4. Ms. Kobuchi went through the Emergency Custody Order (ECO)/Temporary Detention Order (TDO) Report for July 2024. There were 206 emergency evaluations completed in the month of July. Seventy-six individuals were assessed under an emergency custody order and eighty-two total temporary detention orders were served of the 206 evaluations. Staff facilitated two admissions to the state hospital.
5. Ms. Kobuchi presented the CIT and Co-Response Report to the Board. 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. A chart was provided that indicated the number of Emergency Custody orders by locality, those that were able to be transferred into a CAC custody, and those who could have used the assessment center if there was additional capacity.
6. Ms. Kobuchi presented the State Opioid Response Proposal for the Board's approval. DBDHS has provided an opportunity for community service boards to request SOR funds for FY25. Proposals were due August 9th. RACSB submitted a request for \$549,856.09.

ACTION TAKEN: The Board approved the proposal for SOR funding.

Moved by: Ms. Bridgette Williams

Seconded by: Ms. Susan Gayle

C. Compliance, Ms. Stephanie Terrell

1. Ms. Terrell gave her program update to include data for 227 incident reports entered into the Electronic Incident Report Tracker during the month of July, Human Rights Investigations, Internal Reviewers, External Reviewers, Complaint Call Synopsis and Trainings/Meetings conducted.
2. Ms. Terrell took the Board through the nine licensing reports received and provided the accompanying Corrective Action Plans for review. She highlighted the substantiated Human Rights allegations received.

ACTION TAKEN: The Board approved the licensing reports.

Motion by: Ms. Carol Walker

Seconded by: Ms. Claire Curcio

3. Ms. Terrell gave the Quality Assurance Report for the following programs: Mental Health Case Management, Fredericksburg, Mental Health Outpatient, Spotsylvania, and Mental Health Supported Residential, Liberty.
4. Ms. Terrell presented the Corporate Responsibility document that is a CARF requirement that presents our process for ensuring that we were following laws and regulations and industry standards. She took the Board through different sections of the document.

ACTION TAKEN: The Board approved the Corporate Responsibility.

Motion by: Ms. Bridgette Williams

Seconded by: Ms. Susan Gayle

D. Communications, Ms. Amy Umble

1. Ms. Umble gave a program update covering digital content and metrics and why it matters. She focused on social media, new hires, Spark, the website, and competitive analysis. She also gave an overview of employee internal communications and the role of the Engagement Committee.
2. Ms. Umble took the Board through the RACSB Newsletter. Mr. Parcell asked that this be sent to the Board when released.

E. Prevention Services, Ms. Michelle Wagaman

1. Ms. Wagaman gave her program update covering the following areas: Substance Abuse Prevention, noting the hot topics were Vaping, Alcohol, and Tobacco, Suicide Prevention Initiatives, State Opioid Response, and additional initiatives. She also gave an update on Healthy Families Rappahannock Area and the fundraiser they are doing at present with Little Caesars.
2. Ms. Wagaman presented the Behavioral Health Equity Grant Notice of Award. This funding will build on the BarberShop talk first held in September 2022 and subsequent BarberShop Talks in September 2023 and February 2024. The project will be funded in the amount of \$15,200.
3. Ms. Wagaman shared with the Board that Healthy Families Rappahannock Area has applied for a \$25,000 grant through the Fredericksburg Savings Charitable Foundation Fund to support operating expenses.

ACTION TAKEN: The Board approved both the Behavioral Health Equity Grant Notice of Award and the Fredericksburg Savings Charitable Foundation Fund

Grant.

Motion by: Ms. Claire Curcio

Seconded by: Ms. Glenna Boerner

4. Ms. Wagaman presented the Healthy Families Year-End Report to the Board.

X. HUMAN RESOURCES, *Mr. Derrick Mestler*

- A. Mr. Mestler gave his program update stating that the start of the new fiscal year saw a strong hiring cycle and the wrap up of some key projects. HR conducted two new hire orientations and helped onboard 14 new staff members during the typically slower summer months. Several projects have come to fruition, the kick off of the new learning management system Relias was a major one. HR also implemented new salary increases approved by the Board. The third Germanna Behavioral Health Internship program cohort was finalized with 10 students and started orientating with RACSB in July.
- B. Mr. Mestler reported that RACSB continues to receive a significant number of applications through the hiring portal. For the month of July, 1,227 applications were received. Of the applications received, 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. A summary of recruitment data provided.
- C. Mr. Mestler shared that the HR department processed a total of fourteen employee separations for the month of July 2024. Of the fourteen, eight were voluntary, and six were involuntary. The retention rate for July was 97.55% and the turnover rate was 2.45%.
- D. Mr. Mestler provided an overview of the workforce reporting noting the average vacancy and turnover rate for the fourth quarter of FY2024.

XI. REPORT FROM THE EXECUTIVE DIRECTOR, *Mr. Joseph Wickens*

- A. Mr. Wickens shared that the organization's performance contract needs to be presented to and approved by all localities or else state funding may not be approved. He and Ms. Brandie Williams have committed to meet this objective in attending all of the Board of Supervisor and Local Council meetings. The deadline is September 30, 2024.
- B. Mr. Wickens informed the Board that there has been a surge in COVID cases throughout the organization. Many staff have tested positive for COVID. The recommendation is to stay home until you are symptom-free. A work at home option has been offered.
- C. Mr. Wickens reminded the Board about the VACSB conference. Board members that confirmed they are attending: Ms. Boerner, Ms. Curcio and Mr. Parcell.
- D. Mr. Wickens mentioned that we are taking a closer look at our external contracts as they come up this year. He said that we have absorbed a lot of cost, but we have given notice that if we provide service, we need to be compensated for it. He noted that some of these contracts have been in place for a long time.
- E. Mr. Wickens informed the Board of a Homeless Outreach Employment Position, through the City of Fredericksburg, that the RACSB has been asked to help staff. It is a position that the city will fund. The position is to help with the homelessness issue here in the city which is a big issue because of its impact on businesses. Many of the

complaints the police receive turn into police action. Mr. Wickens said we are meeting with city officials to discuss the possibility of staffing the position.

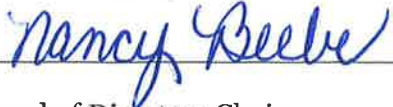
- F. Mr. Wickens shared that there hasn't been much movement on the Crisis Receiving Center (CRC). We are scheduling a meeting with the city community planning department to be able to move forward with a site plan. We've also decided on a two-story structure as part of the site plan. Mr. Wickens has plans to meet with the architect on the site plan in the next few months and will present to the Board for their approval, and the submission of the plan.
- G. Mr. Wickens thanked the Board again for the salary increases. It is having a positive impact all throughout the agency and beyond.

XII. BOARD TIME

- A. Ms. Ritchie shared that she was so happy to hear about the Salon Talks starting in the cosmetology schools. Great job everybody as always.
- B. Ms. Curcio said she likes it because the employees look happy, and there appears to be camaraderie amongst the groups and that is a pleasure to be a part of.
- C. Mr. Kiger thanked everyone for the adjustment in the way we are having Board meetings. It's very helpful to him to have one a month.
- D. Ms. Boerner, thanks to everyone as always for working so hard, and thank you Jacob for getting us together as a Board and doing what you're doing with the Board.
- E. Ms. Walker is so pleased to see we are taking interns, that's exciting and has a lot of potential – coming from academic backgrounds, I find that very encouraging. Good work everybody. It's a fantastic organization, I'm proud to be a part of it.
- F. Ms. Gayle, thank you for the new timeframe, this works good for me too. Thank all of you for what you do.
- G. Ms. White, thank you to Michelle and Sherri and her team who came to Caroline and handed out some resources to our educators which was a big deal, they met our Superintendent. The Board meeting at this time is probably better for me too, I am moving into a new role so I will most likely be a bit late for the meetings, more like 3:30pm. Thank you.
- H. Mr. Lapin, thank you to everyone.
- I. Mr. Zurasky submitted an excerpt in his absence: "I had the privilege of serving with Reverend Davies on the Board of Directors for the Rappahannock Area Community Services Board. I admired his concern for others and his strong desire to find solutions to make lives better for everyone in our community. I witnessed his commitment to working with others within and outside our immediate area. Not only did he always have heartening words for those responsible for providing direct care, but he seemed to find just the right magical words for encouraging the Board to do the right thing. Even now, when the Board sits to decide upon the path forward for RACSB, I reflect on Rev. Davies' words and use them to guide my decisions. Thank you, Reverend Davies, for your enduring impact."

XIII. ADJOURNMENT

The meeting adjourned at 6:00 PM.


Board of Directors Chair


Executive Director



Community Support Services Programs Report

Assertive Community Treatment (ACT) - Tamra McCoy

ACT has been providing more in-service trainings to staff. Our wonderful psychiatrist, Dr. Swing provided a "Meducation" workshop to staff and clients regarding psychotropic medications. The presentation was very enlightening! Our Co-occurring Specialists', Jennifer Easton and Christina Leonard provided an in-service training during one of our staff meetings which focused on mental health and substance use. It was very informative!

The ACT Coordinator and Team Leads met with the Kenmore Club and Spotsylvania Clinic staff for an in-service regarding our services to increase enrollment. Each in-service was well-received and referrals have been submitted for review! We have been proactive with scheduling an in-service at least once a month with RACSB programs to discuss ACT services.

ACT continues to focus on providing information about our program to other resources. Also, how we can support our staff and clients in an effective manner!!

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

RAAI's Fall Plant Sale is open Monday-Friday 10am-4pm and Saturday from 9am-12pm. The program is selling native plants, pumpkins, bulbs, and mums. During the week of September 9th, RAAI will celebrate Direct Support Professionals. RAAI's in service is September 13th.

Developmental Disabilities (DD) Residential Services - Stephen Curtis

We are excited to share that we have identified another individual to move into Leeland and we are in the planning stages to accept and set a move in date. We are aiming to have him move in by the end of September. We continue to seek additional referrals for both Leeland and Stonewall so that we can fill both to capacity.

We are still awaiting a single occupancy apartment to open for an individual that has been accepted to Merchants Square SAP. Interest in the program has increased, with 4 additional individuals on our wait list and a fifth individual pursuing a tour to learn more about the program.

As of 9/15, we will officially have filled all DD Residential Manager and Assistant Manager positions, and continue to invest a great deal of time into mentoring, training, and coaching for program efficacy and efficiency.

August was a busy month preparing for DD Residential's transition to Altruix pharmacy. The process has been wonderfully smooth, with excellent communication and service from their implementation team. We have also had opportunity to revamp our policies and procedures for medication management with the help of our contracted Nurse.

Developmental Disabilities Support Services - Jen Acors

We continue to interview for our open positions and added two additional positions to prepare for the new intakes to support coordination due to the new Waiver slots that will be



distributed. We are preparing for our first Waiver Slot Selection meeting to be held in October for the 1st quarter allotment of DD waivers.

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

There are currently 516 children enrolled in the program receiving a combination of services to include service coordination, speech therapy, physical therapy, occupational therapy and educational developmental services. We are offering all services face-to-face and giving the option for families to choose to be seen via zoom. We are scheduling 16 consistent assessments per week. We had 71 referrals in August. There are currently 18 providers on staff. We have one leaving us in November to explore opportunities in other areas of the county and one going on maternity leave within the next few weeks. We are currently training a new Educator who started with us in August. We hired a new Speech-Language Pathologist who will begin working with us in late September. As a result, PE-ID is fully staffed!

Mental Health (MH) Residential Services - Nancy Price

Home Road had one admission in August. Lafayette also had one admission in August. Liberty Street SAP had 1 individual graduate from MH Residential services, and move into his own apartment in the community. PSH also housed two individuals this month.

MH Residential filled the remaining staffing position in the program. The new RC1 at Home Road will attend NEO on September 3.

PSH welcomes Anne Martin, Peer Specialist. The PSH Peer Specialist position has been vacant since May 2023. We are thrilled to have Anne on the team! Anne started on August 5.

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.

Psychosocial Rehabilitation: Kenmore Club - Anna Loftis

Kenmore Club had a very successful trip to the Williamsburg art and music festival this past weekend. We have a kayaking trip coming up, as well as a trip to the National Zoo at the end of this month. On 9/13 we will be holding our annual talent show. We have welcomed back our community college students from all of the local schools this month, and look forward to learning a lot from them. We have two interns helping us, and have one vacant position we are hoping to fill.

Sunshine Lady House (Crisis Stabilization) - Latroy Coleman

Sunshine Lady House has added two additional staff to their program over the last month. The coordinator and nurse manager have been hired and are on board. The program is almost fully staffed as there are only a couple of vacancies left to fill. SLH saw an increase in referrals in the month of August. In August there were 58 referrals to the program and 43 of the 58 were guests at SLH.

Memorandum

To: Joe Wickens, Executive Director

From: Steve Curtis, DD Residential Coordinator

Date: August 28th, 2024

Re: Myers Drive Respite Update

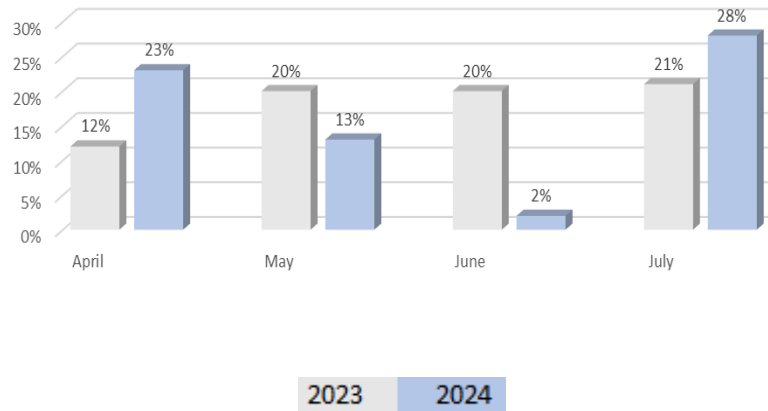
In December 2023, the Myers Respite team implemented improvement strategies to enhance the program's effectiveness, increase revenues, and manage expenses. As we continue to serve our community with respite for adults with developmental disabilities, the following updates for each bulleted action step highlights continuing improvement strategies.

- To help mitigate expenses, staff will continue to be assigned to work in other programs during periods of low utilization and associated expenses will be allocated to those other programs.
 - From April 1st to June 30th 2024, 77.25 staff hours were worked and allocated outside of Myers to other programs. From July 1st to August 17th, 25 hours were worked and allocated to other programs. At this time, fewer hours are being allocated into other programs in part related to position freezes highlighted in the next bullet.
- Myers Respite program will freeze two vacant Direct Support Professional positions reducing expenses by approximately \$92,112.
 - A Full-time Direct Support Professional, and 1 Part-Time Direct Support Professional remain frozen since November 2023. In addition, a 2nd FT position that was vacated on March 28th, 2024 was frozen. This equates to approximately \$147,762 annually in salary expenses.
- Myers staff will continue to pursue other opportunities to promote services in the community.
 - A KOVAR grant was applied for on August 27th requesting monies for the purchase of a new mobile lift for the home, as well as to supplement exciting community outing activities for guests at reduced costs. (Guests typically pay the full fare for all associated outings and activities). The grant is expected to be reviewed at the October KOVAR board meeting. We anticipate their representatives will contact us in September to visit the home to learn more about respite services.

- An Open House is planned for November 3rd from 1 to 4 PM to answer questions and provide tours to prospective guests and families. The Myers supervisor will arrange meetings with support coordination teams to promote the event and to provide information on referral processes.
- Myers Supervisor and DD Residential Coordinator created a FAQ document for both the benefit of the open house, as well as to provide to support coordinators for distribution to families. Coupled with this, our Myers informational brochure is being refreshed for advertisement purposes. New photographs were taken at the home on August 26th for this purpose.
- Support coordinators can in turn refer people on their caseloads to Myers whose families could benefit from the program
 - The Myers supervisor plans to meet with Jennifer Acors, SC Coordinator, on Sept 5th to plan communication efforts about the open house and to plan ahead for reaching new guests/families with the incoming waiver distributions across the state.
 - 9 individuals are currently being assessed to use Myers respite services (7 have the waiver; 2 are self-pay). Additionally, since April 1st, 9 individuals have already been assessed, accepted, and began using the service (6 have the waiver; 3 are self-pay).
 - From August 1st 2023 – August 1st, 2024, Myers had an enrollment of 83 different people. By the end of August 2024, 54 individuals will be currently enrolled, 80% of whom have the waiver.
- The manager and her team will continue to reach out and invite guests to use their authorized waiver hours.
 - The Respite team is continuing to track the available number of hours for all individuals that have the waiver benefit for the purposes of making invitation calls to maximize program utilization. Many guests/families ran out of available waiver hours prior to May/June. 480 maximum annual hours are allocated per individual on the waiver (hours reload on July 1st).
 - We saw private pay utilization increases in May/June after waiver hours ran out due to continuing to invite regular guests to pay out of pocket.
 - Since July 1st, we have noticed that some families have been using their waiver hours a bit more sparingly, wishing to spread them out more into the year.
- Myers is re-evaluating utilization and scheduling. The program proposes to manage scheduling to maximize participation before opening additional days.

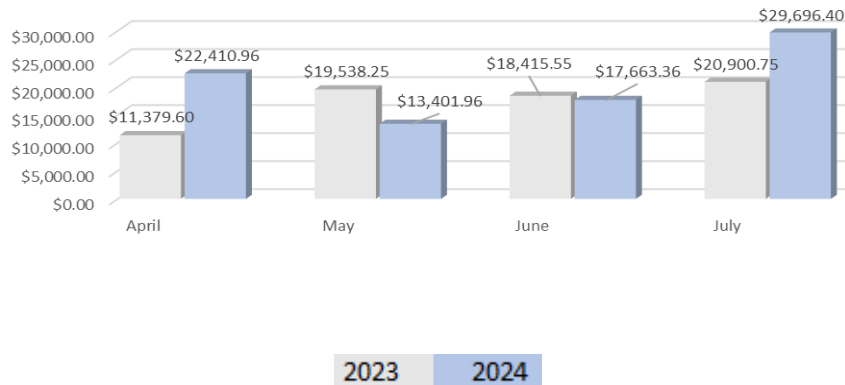
- To maximize daily usage of Respite, the management team continues to call families inviting them to use the program, targeting for a minimum of 3 people using the program on any given day. Management also continues to call families to fit in other guests each time a cancellation occurs. Overall monthly utilization (both waiver and private pay) has been as follows:
 - April – 29%
 - May – 38%
 - June – 20%
 - July – 31%
 - August is projected to be over 30%
- Being able to provide overnight care continues to be a distinguishing benefit of Myers Drive Respite. Myers served 23 different individuals for overnight stays in the program from April 1st to present for a total of 160 overnights.
- Myers will evaluate the self-pay rate.
 - The new standard flat fee of \$11.44 per hour began at the beginning of May after notifying families of the change (formerly, RACSB’s sliding scale’s lowest rate was \$10/service with a monthly maximum of \$40).
 - From April 1 to June 30, 1506.25 private pay hours were provided and equated to \$18,121.44 in revenue, of which, \$13,968.24 (1221 hours) represented the months of May and June once the flat rate began.
 - Of note, total private pay revenue from January 1 – December 31st, 2023 totaled \$7665 for 3707 service hours.
 - Also of note, the period of April 1 to June 30 represented the highest number of private pay hours billed since the same quarterly period in 2023 (1935.5 private pay hours were billed for \$2465 during the quarter in 2023). Consequently, the flat rate change has not seemed to deter use of the program for those families paying out of pocket.
- In FY25 Myers will pursue a goal of 40% Medicaid utilization or the equivalent of 20,966 hours annually for a revenue of \$474,439.
 - Myers comparisons between FY23 and FY24 Medicaid utilization for April, May, June and July indicates an overall increase in revenue of 9%. Myers’s April 2024 Medicaid billing nearly doubled from April 2023’s billing; July 2024’s Medicaid billing increased as well (see chart). May and June 2024, as previously explained, showed dips in utilization/revenue.
 - See chart below for monthly breakdowns for guest Medicaid utilization.

Medicaid Utilization



- For April 1st to June 30th, Medicaid revenue totaled \$53,480.86 from 2337.45 billed hours of service, an overall increase this year as compared to 2023. Looking at July 2024, as families received their annual Medicaid hour allocations for use, the trend of Medicaid utilization (and thereby revenue) increased.

Medicaid Billing



- Additional information/comparisons
 - FY23 ended with a revenue of \$211,785.54 leaving Myers Drive at a deficit of \$406,042. FY24 ended with a revenue of \$285,354.64 leaving Myers Drive at a deficit of \$390,073. Myers saw an increase of 35% in overall reimbursements.
 - July 2024 total revenue was \$30,367.84. Effective July 1, the hourly Medicaid reimbursement rate for respite increased from \$22.88 per hour to \$23.34.

At this time, we recommend that Myers Respite Home continues operations, concentrating on the areas of focus highlighted herein. Implementation of the new flat rate in May coupled with initiatives in January to commit to daily outreach have made a difference since 2023. Continuing into FY25, the team will work on efforts to increase enrollment through assessment and outreach. With the governor's determination to eliminate the Priority 1 waitlist in Virginia, we have a unique opportunity to serve families that may not formerly have been able to use our services. The program continues to produce results through monitoring costs, maximizing utilization, and committing to ongoing outreach. Most importantly, Myers continues to prove to families that they are the premier respite service.

Myers Drive Respite Quarterly Report

2019

	1/1 - 3/31	4/1 - 6/30	7/1 - 9/30	10/1 - 12/31
<i>Total Individuals Served</i>	36	36	38	36
<i>Waiver Hours Billed</i>	1975.50	3024.25	3133.75	2302.75
<i>Private Pay Hours Billed</i>	48.75	1267.50	693.25	1058.00
<i>Grant Hours Billed</i>	1114.00	N/A	N/A	N/A
<i>Total Hours Billed</i>	3138.25	4291.75	3827.00	3360.75
<i>Waiver Revenue</i>	\$31,146.00	\$48,009.00	\$50,547.39	\$36,022.32
<i>Private Pay Revenue</i>	\$675.00	\$2,036.00	\$1,435.00	\$1,730.00
<i>Total Grant Used</i>	\$2,109.83	funds expended	funds expended	funds expended
<i>Total Revenue</i>	\$33,930.83	\$50,045.00	\$51,982.39	\$37,752.32

2020

	1/1 - 3/31	4/1 - 6/30	7/1 -9/30	10/1 - 12/31
<i>Total Individuals Served</i>	31	0	9	11
<i>Waiver Hours Billed</i>	1271.35	0	192.25	684.25
<i>Private Pay Hours Billed</i>	588.75	0	184	146.75
<i>Grant Hours Billed</i>	0	0	0	285.75
<i>Total Hours Billed</i>	1860.1	0	376.25	1,116.75
<i>Waiver Revenue</i>	\$20,506.87	\$0.00	\$3,101.00	\$11,332.87
<i>Private Pay Revenue</i>	\$1,090.00	\$0.00	\$640.00	\$335.00
<i>Total Grant Used</i>	funds expended	\$0.00	\$0.00	\$3,580.42
<i>Total Revenue</i>	\$21,596.87	\$0.00	\$3,741.00	\$15,248.29

*closed 4/1/20-9/7/20
*closed 11/20/20-12/31/20

2021

	1/1 - 3/31	4/1 - 6/30	7/1 -9/30	10/1 - 12/31
<i>Total Individuals Served</i>			7	20
<i>Waiver Hours Billed</i>	C	C	222.25	1,225.75
<i>Private Pay Hours Billed</i>	L	L	0	57.25
<i>Grant Hours Billed</i>	O	O	116.25	515.25
<i>Total Hours Billed</i>	S	S	338.5	1,798
<i>Waiver Revenue</i>	E	E	5,059.12	7,960.34
<i>Private Pay Revenue</i>	D	D	0.00	75.00
<i>Total Grant Used</i>			\$2,094.83	\$8,161.56
<i>Total Revenue</i>			\$7,153.95	\$15,196.90

*closed 1/1/21-8/28/21

2022

	1/1 - 3/31	4/1 - 6/30	7/1 -9/30	10/1 - 12/31
<i>Total Individuals Served</i>	12	20	22	28
<i>Waiver Hours Billed</i>	384	1694.25	1491.5	1558
<i>Private Pay Hours Billed</i>	447.25	738.5	1146.5	507.25
<i>Grant Hours Billed</i>	N/A	N/A	N/A	N/A
<i>Total Hours Billed</i>	831.25	2432.75	2638	2065.25
<i>Waiver Revenue</i>	\$12,648.49	\$34,707.31	\$32,499.79	\$33,948.82
<i>Private Pay Revenue</i>	\$735.00	\$1,270.00	\$1,735.00	\$1,295.00
<i>Total Grant Used</i>	N/A	N/A	N/A	N/A
<i>Total Revenue</i>	\$13,383.49	\$35,977.31	\$34,234.79	\$35,243.82

2023

	1/1 - 3/31	4/1 - 6/30	7/1 -9/30	10/1 - 12/31
<i>Total Individuals Served</i>	33	34	35	30
<i>Waiver Hours Billed</i>	1787	2235	3,130	2,424
<i>Private Pay Hours Billed</i>	817.25	1935.5	526.25	428
<i>Grant Hours Billed</i>	N/A	N/A	N/A	N/A
<i>Total Hours Billed</i>	2604.25	4170.5	3656.25	2852
<i>Waiver Revenue</i>	\$38,938.73	\$48,700.65	\$68,203.00	\$52,818.96
<i>Private Pay Revenue</i>	\$1,795.00	\$2,465.00	\$1,980.00	\$1,425.00
<i>Total Grant Used</i>	N/A	N/A	N/A	N/A
<i>Total Revenue</i>	\$40,733.73	\$51,165.65	\$70,183.00	\$54,243.96

2024

	1/1 - 3/31	4/1 - 6/30	7/1 -9/30	10/1 - 12/31
<i>Total Individuals Served</i>	35	37		
<i>Waiver Hours Billed</i>	3037	2337.45		
<i>Private Pay Hours Billed</i>	727	1506.25		
<i>Grant Hours Billed</i>	N/A	N/A	N/A	N/A
<i>Total Hours Billed</i>	3764	3229.2		
<i>Waiver Revenue</i>	\$68,210.17	\$53,480.86		
<i>Private Pay Revenue</i>	\$1,160.00	\$18,121.44		
<i>Total Grant Used</i>	N/A	N/A	N/A	N/A
<i>Total Revenue</i>	\$69,370.17	\$71,602.30		

Myers Drive Respite Home Frequently Asked Questions

- **What waiver does Myers respite accept?**
 - Myers Drive accepts the Community Living waiver and the Family and Individual Support waiver, with up to 480 hours
- **If we do not have a waiver, can we still use respite?**
 - YES! We understand families without a waiver need support as well. We have an \$11.44 per hour private pay option you can take advantage of.
- **How do we start?**
 - We schedule tours with families first! This is a great opportunity to come see the home, get a feel for the supports given, and ask questions. From there, we assess/learn about your loved one, create a plan for supports, and schedule a trial visit.
- **How can respite work for us?**
 - We remain flexible for the needs of our families! With scheduling, we are able to support our guests for day visits, evening visits, and overnight stays for up to 15 days.
- **What is your staffing like?**
 - To give the best supports in a congregate setting, our ratio is 1 staff member per 3 visiting guests during the day. On overnights, we have 1 staff member per 6 visiting guests. Our staff are background checked prior to hire and are CPR/First Aid trained.
- **What activities are offered during stays?**
 - Respite offers a wide variety of activities and events for guests to be engaged in! We love to attend sporting events, movies, concerts, bowling, restaurants, museums, shopping and anywhere offering recreation/leisure in our community. We also appreciate activities and fun around the home. Guests regularly attend for movie and game nights, craft activities, and even s'more making around a campfire. With our wide range of activities, we are certain we can find something for your loved one to enjoy!
- **What if my loved one has a specialized diet?**
 - We can support your loved one with a specialized diet. We require a doctor's note outlining the parameters of what your loved one can and cannot eat. We support guests' diets by grocery shopping before their stay. We also welcome families to send in food and snacks if they so wish for the purpose of making the transition easier for their loved one.
- **How can staff help with medications and personal care?**
 - Staff are trained through the RACSB to give medications and insulin. Staff also attend regular trainings to learn and reinforce the most person-centered practices to care for your loved ones. Each respite guest has a personalized care plan approved by the guest and their family before attending respite.
- **What happens if my loved one gets sick or if there is an emergency?**
 - If your loved one happens to get sick during their respite stay, we call the family to ensure they remain up to date about the care needed. If your loved one continues to not feel well, we help arrange a time for them to be picked up (We re-schedule a time for them to come back when they are feeling better). In the case on an emergency, staff will step in and administer care within the scope of their CPR/First Aid certification and call 911.

Memorandum

To: Joe Wickens, Executive Director
From: Steve Curtis, DD Residential Coordinator
Date: August 28, 2024
Re: KOVAR Grant

On August 27th, 2024, Myers Drive submitted a grant application to the Virginia Knights of Columbus Charity, also known as KOVAR, for a request of funds to replace a portable lift in the home. Funds were also requested to provide subsidization for guest activities, typically paid for by families, in an effort to increase the level of enjoyable activities during stays and to promote higher program utilization. KOVAR's maximum award for a grant request is \$15,000, and we are eligible to apply every 18 months. Our last award provided furnishings that were distributed amongst 4 group homes. We became eligible once again this month to re-apply.

KOVAR's mission is to empower and help non-profit organizations with financial support to improve access to affordable housing, job training, sports participation, and personal care for Virginians with Intellectual Disabilities. For well over 20 years, KOVAR has been a huge help to RACSB residential and day support programs, largely in helping us procure new furnishings and items that directly improve the lives of individuals in our services. We look forward to hearing back from them and sharing more about our services.

Memorandum

To: Joe Wickens, Executive Director
From: Jenifer Acors, DSSC Coordinator
Date: August 28, 2024
Re: Waiver Allocation and Support Coordination

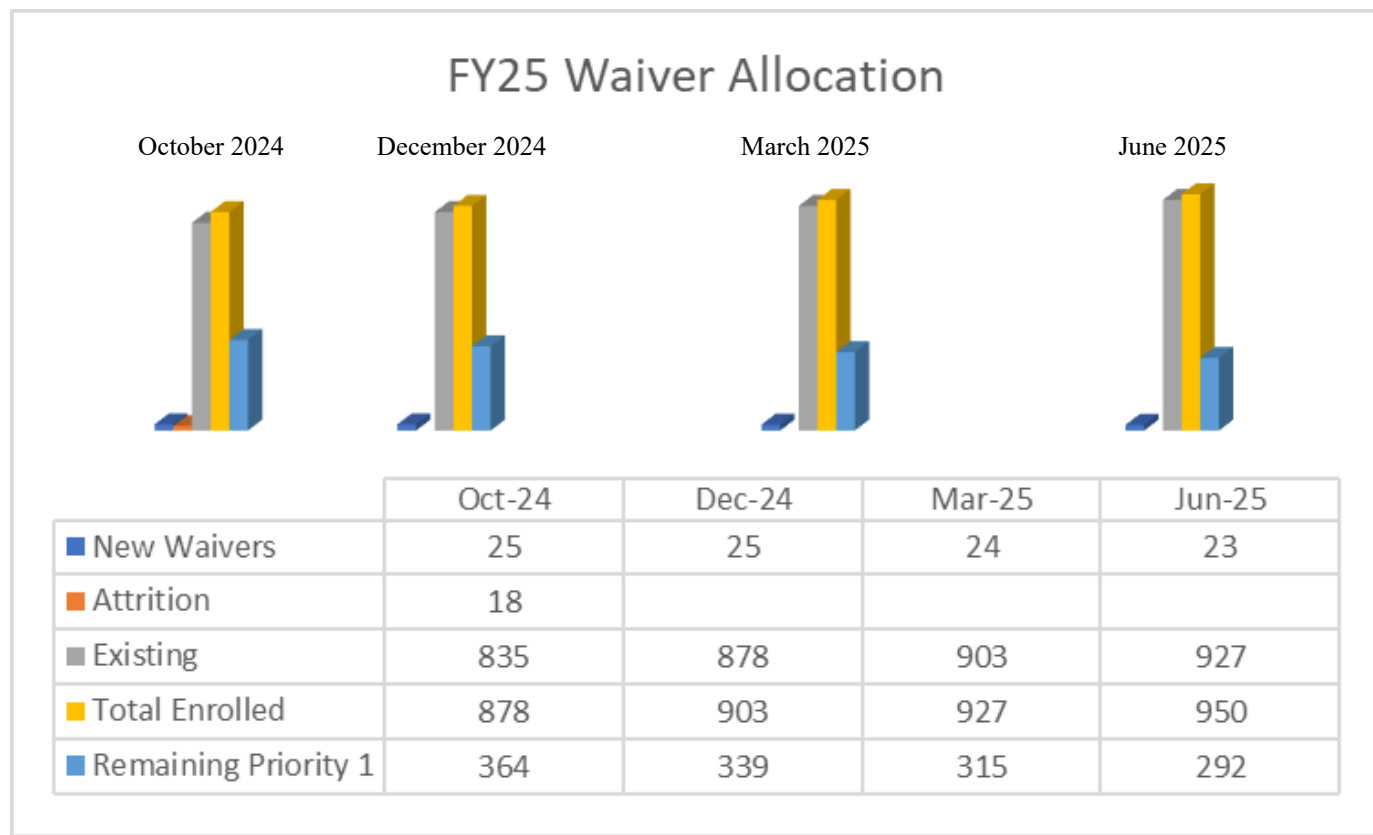
With Virginia's efforts to eliminate Priority One waitlist by releasing an unprecedented amount of Medicaid Waivers, Developmental Services Support Coordination (DSSC) anticipates an increase need for staffing and community services. In a July 30, 2024 memorandum to CSB Executive and Developmental Services Directors, DBHDS announced the release 172 Community Living and 1,548 Family and Individual Support Waivers during fiscal year 2025. CSB allotment is based on catchment area specific overall population, individuals receiving Medicaid services, and number of individuals on the CSB's Priority One waitlist. RACSB will receive 87 FIS and 10 CL waivers over FY2025. DBHDS will allocate the waivers quarterly.

The process for awarding waivers begins with the waitlist. Individuals seeking waiver funded services are assessed by DSSC. The assessment process collects diagnostic and functional information. Based on the information gathered, the individual will be assigned to one of three Priority levels. Individuals needing the highest level of supports are assigned to Priority One. RACSB currently has 407 individuals on Priority One. Another 477 individuals are on Priority Two or Three. When Waivers need to be distributed, the Waiver Selection Advisory Committee (WSAC), reviews Slot Assignment Review Forms (SARF). The SARF is a detailed questionnaire completed by the support coordinator with the individual and family. The individuals' names are redacted from the SARF and information submitted to the WSAC in order to reduce the risk for bias decision making. The WSAC typically reviews twice the number of packets as available waiver slots. The Committee usually takes two weeks to review the packets and then meet to make final selections. However, due to the large volume of waiver allocations, WSAC has asked for a month to review the packets and two days to meet to make final selections. Once selections are finalized, the WSAC notifies DBHDS' Regional Support Specialist (RSS) who uploads information into WaMS and assigns the slots. Support Coordination then notifies the individual and family within 7 days of the status update in WAMS. The individual and family has 30 days from notification to accept the waiver and then have 150 days to initiate services.

In October, the WSAC will review 100 SARFs to allocate 22 FIS, 3 CL new waivers and 18 (10 CL, 8 FIS) existing waivers as a result of attrition. Consequently, RACSB's DSSC team will enroll 43 individuals into support coordination services. Support Coordinators will then have approximately 5 months to identify providers, develop service plans, and initiate services. In anticipation of the increase in enrollment, DSSC increased total FTE support coordinator positions from 32 to 35. The program currently has 4 vacancies. However, the current vacancies do not accurately reflect the last

3 months of hiring efforts as the program lost some staff due to personal changes/needs. The program on boarded 4 new support coordinators since June 2024. Caseloads average 27-30 individuals per support coordinator with a current total program enrollment of 835.

DBHDS anticipates the next round of waiver allocations occurring before December 2024. RACSB will receive another 22 FIS and 3 CL waivers.



Attrition will vary throughout the year based on death, voluntary forfeiture, long term incarceration and hospitalization, and transition to intermediate care facilities (ICF).

Attached is the July 2024 memo from DBHDS.



NELSON SMITH COMMISSIONER

COMMONWEALTH of VIRGINIA

*DEPARTMENT OF
BEHAVIORAL HEALTH AND
DEVELOPMENTAL SERVICES*

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MEMORANDUM

TO: CSB Executive Directors
CSB Developmental Services Directors

FROM: Nicole DeStefano, Waiver Network

Supports Director DATE: July 30, 2024

SUBJECT: Confirmed FY25 DD CL and FIS Waiver Slot Allocation

The Centers for Medicare and Medicaid Services have approved the federal portion of funding for the 172 Community Living and 1,548 Family and Individual Support Waiver slots that were included in the Commonwealth of Virginia's Fiscal Year 2025 Budget. These slots will be allocated on a quarterly basis as of July 1, 2024.

As you know, each CSB receives one slot right off the top, then an algorithm is run utilizing the following factors:

- Overall population in the CSB's catchment area
- Number of people receiving Medicaid services in the CSB's catchment area
- Number of people on the CSB's Priority One portion of the DD waiver waiting list.

Please work with your DBHDS Regional Supports Specialist to schedule on going Waiver Slot Assignment Committee meetings quarterly or as needed.

I would like to remind you that, according to the waiver regulations (12VAC30-122-80), once a slot is associated with a particular individual on the waiting list (i.e., the slot is in “projected” status for that individual) the support coordinator must notify the individual and family/caregiver of slot availability and available services within the offered waiver within **seven calendar days** and document this notification. The individual/caregiver must confirm acceptance or declination of the slot within **15 calendar days** of notification of slot availability. If the individual/family caregiver has not relayed their decision to the support coordinator within **seven calendar days**, the support coordinator should make and document a second contact. If no decision is forthcoming after **15 calendar days**, the Support Coordinator (SC) should notify their Regional

Supports Specialist, who will remove the individual from projected enrollment status, return him to the waiting list, and take steps to assign the slot to the next highest scoring individual from the review pool. No appeal rights will be required because the individual was not actually enrolled in the waiver.

The individual and the individual's family/caregiver, as appropriate, must meet with the support coordinator within **30 calendar days** of slot acceptance to discuss the individual's needs, existing supports, and individual preferences, discuss obtaining documentation of a medical examination to be dated no earlier than 12 months prior to the initiation of waiver services, begin to develop the personal profile, and discuss the processes around completion of the Supports Intensity Scale® (or other assessment, as appropriate, per section 12VAC30-122-200 of the regulations).

The regulations require that services will be initiated within **30 calendar days** of the support coordinator moving the individual to active enrollment status in WaMS or confirmation of Medicaid eligibility through the DMAS-225 process, whichever comes last. If the services are not initiated by at least one provider within 30 days, the support coordinator must notify the local department of social services so that reevaluation of the individual's financial eligibility can be made and must also submit a Request to Retain Slot form through WaMS.

DBHDS staff is available to assist in any situations in which there are barriers to timely commencement of services.

If you have any questions about the FY25 slot allocation, please contact me at nicole.destefano@dbhds.virginia.gov.

cc: Heather Norton, DBHDS
Ann Bevan, DMAS
Jennifer Faison, VACSB

**Virginia Developmental Disabilities Waivers SFY 2025 Slot
Allocation**

CSB	FIS					CL				
	SFY Total	Q1	Q2	Q3	Q4	SFY Total	Q1	Q2	Q3	Q4
Total:	1,548	402	391	384	371	172	61	46	37	28
Alexandria Community Services Board	23	6	6	6	5	3	1	1	1	
Alleghany Highlands Community Services Board	4	1	1	1	1	1	1			
Arlington County Community Services Board	34	9	9	8	8	4	1	1	1	1
Blue Ridge Behavioral Healthcare	49	13	12	12	12	5	2	1	1	1
Chesapeake Integrated Behavioral Healthcare	38	10	10	9	9	4	1	1	1	1
Chesterfield Community Services Board	84	21	21	21	21	9	3	2	2	2
Colonial Behavioral Health	25	7	6	6	6	3	1	1	1	
Crossroads Community Services Board	16	4	4	4	4	2	1	1		
Cumberland Mountain Community Services Board	13	4	3	3	3	1	1			
Danville-Pittsylvania Community Services	19	5	5	5	4	2	1	1		
Dickenson County Behavioral Health Services	2	1	1			1	1			
District 19 Community Services Board	29	8	7	7	7	3	1	1	1	
Eastern Shore Community Services Board	7	2	2	2	1	1	1			
Encompass Community Supports (Formerly RAPPAHANNOCK RAPIDAN CSB)	34	9	9	8	8	4	1	1	1	1
Fairfax-Falls Church Community Services Board	263	66	66	66	65	29	8	7	7	7
Goochland-Powhatan Community Services	9	3	2	2	2	1	1			
Hampton-Newport News Community Services Board	49	13	12	12	12	5	2	1	1	1
Hanover County Community Services Board	25	7	6	6	6	3	1	1	1	
Harrisonburg-Rockingham Community Services Board	24	6	6	6	6	3	1	1	1	
Henrico Area Mental Health and Developmental Services	63	16	16	16	15	7	2	2	2	1
Highlands Community Services	11	3	3	3	2	1	1			
Horizon Behavioral Health	41	11	10	10	10	4	1	1	1	1
Loudoun County MH, SA and Developmental Services	87	22	22	22	21	10	3	3	2	2
Middle Peninsula-Northern Neck Community Services Board	23	6	6	6	5	3	1	1	1	
Mount Rogers Community Services Board	19	5	5	5	4	2	1	1		
New River Valley Community Services	32	8	8	8	8	4	1	1	1	1
Norfolk Community Services Board	40	10	10	10	10	4	1	1	1	1
Northwestern Community Services	44	11	11	11	11	5	2	1	1	1
Piedmont Community Services	23	6	6	6	5	2	1	1		
Planning District One Behavioral Health Services	13	4	3	3	3	1	1			
Portsmouth Department of Behavioral Healthcare Services	15	4	4	4	3	2	1	1		
Prince William County Community Services Board	94	24	24	23	23	10	3	3	2	2
Rappahannock Area Community Services Board	87	22	22	22	21	10	3	3	2	2
Region Ten Community Services Board	44	11	11	11	11	5	2	1	1	1
Richmond Behavioral Health Authority	35	9	9	9	8	4	1	1	1	1
Rockbridge Area Community Services	6	2	2	1	1	1	1			
Southside Community Services Board	12	3	3	3	3	1	1			
Valley Community Services Board	22	6	6	5	5	2	1	1		
Virginia Beach Community Services Board	65	17	16	16	16	7	2	2	2	1
Western Tidewater Community Services Board	25	7	6	6	6	3	1	1	1	

Memorandum

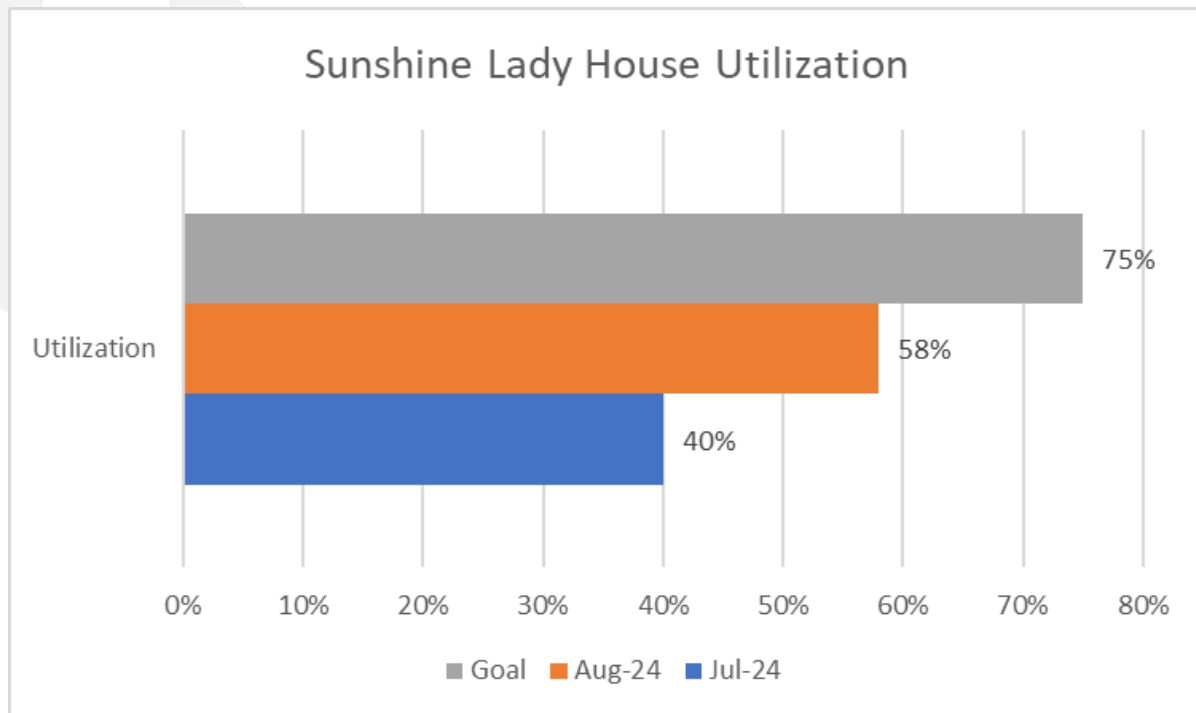
To: Joe Wickens, Executive Director

From: Amy Jindra, CSS Director

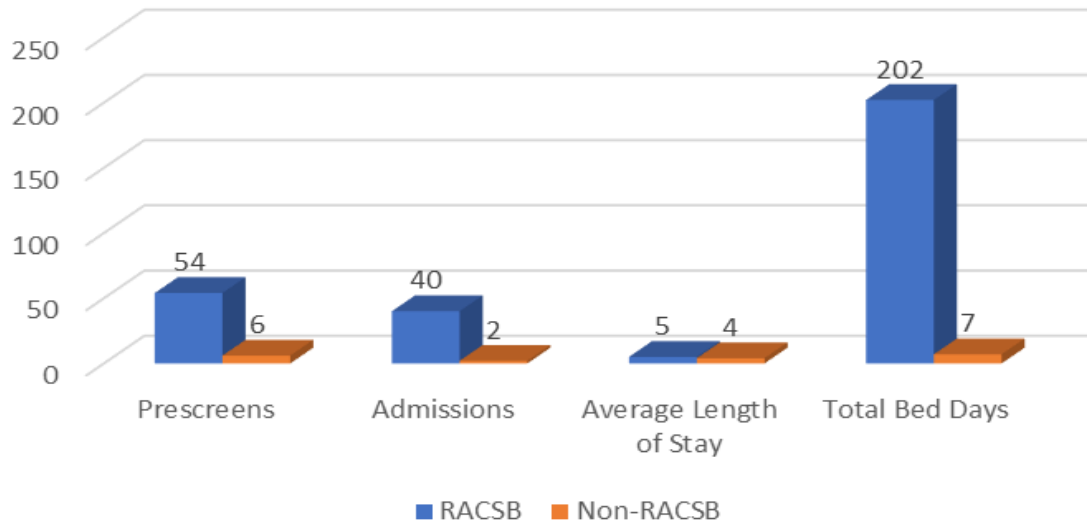
Date: September 9, 2024

Re: Sunshine Lady House Utilization

During the month of August, Sunshine Lady House for Mental Health Wellness and Recovery (SLH), received a total of 60 referrals via prescreens from 4 different CSBs. SLH served 42 individuals for a total of 209 bed days. Of the 60 referrals 7 individuals did not medically clear for admission. In addition, 11 individuals declined services post prescreen.



August Admissions



To: Joseph Wickens, Executive Director

From: Jacqueline Kobuchi, LCSW, Director of Clinical Services

Date: 9/4/24

Re: Clinical Division Program Updates

Outpatient Services

Caroline Clinic – Nancy Love, LCSW

Staff completed 36 new patient intakes, two were during SDA in August. The clinic moved off the waiting list effective on 8/27/24. Coordinator reached out to community partners earlier in August to inform them of the transition to Same Day Access by end of month. Judith Warren, Intern with Germanna Behavioral Health Program started in August and is getting acclimated. Parent of two children seen at the clinic recently expressed satisfaction to treatment team for assisting her family to avoid a crisis. Last month, staff members attended training entitled Eye Movement and Desensitization and Reprocessing therapy (EMDR) consultations and Non-Bias Documentation training.

Fredericksburg and Children's Services Clinics – Megan Hartshorn, LCSW

During the month of August, the Fredericksburg Clinic and Children's Services Clinic continued to see clients virtually, as well as in person. We were able to complete 73 intakes for adults in Fredericksburg with 45 of those intakes being scheduled the same day. Forty-nine intakes were conducted over ZOOM and 24 intakes were completed in person. Clinicians at the Children's Services Clinic were able to complete 19 intakes for children and adolescents during the month of August. We are continuing to interview for an Office Manager at the Children's Services Clinic, as well as a Mental Health/Substance Use Therapist at the Fredericksburg Clinic to assist with completing intakes and providing ongoing therapy. Kelly Argueta, Certified Peer Recovery Specialist, presented on Hearing Voices at the annual Year of the Peer Conference in Roanoke at the beginning of August and received positive feedback regarding her presentation from multiple sources. Clinicians at the Fredericksburg Clinic have participated in additional training opportunities on Dialectical Behavioral Therapy and assessing for substance use during the month of August.

King George Clinic – Sarah Davis, LPC

The clinic was pleased to welcome our behavioral health intern, Lee Bennett, this month. Lee will be shadowing clinic staff and learning about the variety of work opportunities available in the behavioral health field. The Clinic continues to offer the weekly substance use group for women and men. Topics in group during the month of August included the Importance of Building Connections, Marijuana Effects education, and Recovery Jeopardy. In August, King George staff attended the following trainings: Non-Biased Documentation, Grief training, and Incident Reporting. King George Clinic staff completed 29 intakes during August. Nineteen were via Same Day Access and 10 were scheduled intakes.

Spotsylvania Clinic, School Based Services and Safe Harbor - Katie Barnes, LPC

Therapists continue to provide outpatient therapy to individuals ages five and up struggling with mental health and substance use concerns. Therapists completed an additional 47 diagnostic assessments in August. The clinic continues to be on a waitlist and therapists contact individuals waiting to check-in and provide updates. The clinic currently has seven full-time therapists. The Substance Use Therapist will begin a new Substance Use group on 9/25/2024.

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 grant funding. Children and their caregivers continue to participate in trauma-sensitive services to heal from traumatic events.

The School-Based Therapists have kicked off a new school year in Stafford County (two high schools) and Fredericksburg City (one elementary, middle, and high school). This program is designed to eliminate barriers to children needing mental health supports, as therapy is now available at school.

Stafford Clinic – Lindsay Steele, LCSW

The Stafford clinic staff completed 39 intakes in August, no intakes were completed via SDA. We have a total of 91 people on the waitlist (children and adults).

Medical Services – Jennifer Hitt, RN

We are moving forward with our pharmacy transition from Genoa to Altruix. Genoa has moved out and Altruix is working on moving in. Pharmacy space has been painted and new carpet. Anticipate opening date for Altruix of 9/16/24. An Altruix pharmacist has been on site helping with transition of prescriptions and coordinating medication deliveries with medical staff.

Adult Mental Health Case Management – Patricia Newman

The Adult MHCM Team continues to be a proud member of the Spotsylvania County Behavioral Health Docket (BHD). Last month our case manager that provides services to the BHD attended the 2024 DUI Specialty Dockets Training in Williamsburg, VA, where he gained up to date information on upcoming changes to BHD Standards and was able to meet with other members of BHDs from across the Commonwealth. Our team continues to maintain excellent working relationships with the courts, Adult Protective Services, local hospitals, private providers of mental health services, as well as the Office of the Public Defender. These relationships allow for increased collaboration and support for the individuals served.

Child and Adolescent Case Management – Donna Andrus, MS

Case management staff who serve kids in Stafford County attended the Stafford CSA Summit in August. This was an opportunity to gather with Stafford County child serving partner agencies, receive updates on policies and procedures and attend a presentation by RACSB staff on DD waivers and the IACCT process. Child and Adolescent case management

has seen an increase in the last month of legal guardians seeking out of home placements. Our services focus on preventing out of home placement so children and families can receive services and supports in the home and in the community. There are times when a youth cannot be safely maintained in the home and community and require treatment out of the home. We currently have one child placed in an out of state residential placement which requires an RACSB case manager to travel to Massachusetts every other month to visit the child in person at the facility while continuing to work on discharge planning so the child can return to Virginia and return home. Staff visit children placed in out of home placements (monthly in state and every other month for out of state which is rare) to ensure they are receiving treatment, monitoring progress and barriers to progress, to ensure the child is safe, address any concerns the child, legal guardian or placement have and to provide a connection for the child and show that there is support from their community. There are situations when the family is not visiting the child at the placement and the case manager is the only visitor for that child.

Substance Use Disorder Services – Eleni McNeil, LCSW

During the month of August, interviews continued for the Assistant SUD Services Coordinator and outpatient therapist vacancies. The SUD Services Coordinator and Project LINK Program manager met with various community stakeholders, including Spotsylvania Regional Medical Center's detox, Recovery Centers of America and Rappahannock Regional Jail in efforts to reduce barriers to treatment for individual's served. Staff attended a training on the ethics of confidentiality with minors. The OBOT program currently has 57 individuals enrolled with two approaching program completion.

Emergency Services – Natasha Randall, LCSW

For the month of August, the Emergency Services program was able to send a staff member to the CIT International Conference in Indiana. Emergency Services has a new Child/Adolescent Therapist that will be trained to provide services for our children and adolescent in crisis. The Emergency Service Coordinator has worked with the City of Fredericksburg Public Schools to collaborate on how to assist employees within the school system who are experiencing mental health crisis.

Specialty Dockets – Nicole Bassing, LCSW

During the month of August, Specialty Dockets continued to add new participants and celebrate some graduations. Recovery Court has been adding new participants and is finishing the month with 50 participants. We celebrated four graduations this month and one termination. Juvenile Recovery Court continues with four participants and has had two new referrals to be evaluated this month. Behavioral Health Docket has seven participants with a few referrals awaiting approval for evaluation. Veterans Docket welcomed one new participant and had one graduation this month.

Several members of the specialty dockets team were able to attend the All Rise Specialty Dockets and DUI Conference in Williamsburg for two days to learn best treatment practices for this population. We continue to interview for the Veterans and Family Lead Therapist position that is currently vacant.

Jail and Detention Services – Portia Bennett

RAPPAHANNOCK AREA

COMMUNITY SERVICES BOARD

During the month of August, Rappahannock Regional Jail based staff served 269 individuals requesting mental health and substance abuse services. A total of 300 individuals were provided medication management during the month of August. Rappahannock Juvenile Center based staff served 41 individuals. A new goal has been set to see incarcerated individuals requesting mental health services within three business days.

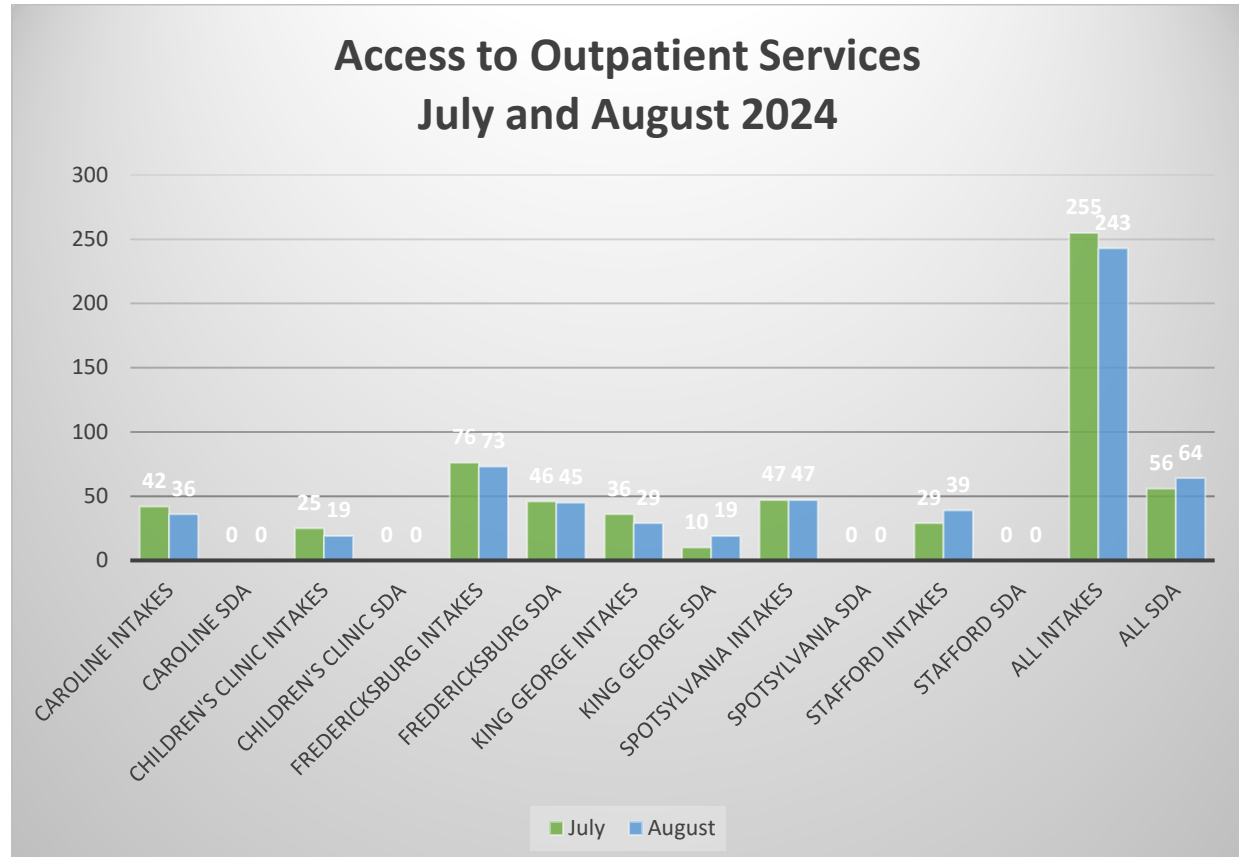
RAPPAHANNOCK AREA

COMMUNITY SERVICES BOARD

MEMORANDUM

To: Joe Wickens, Executive Director
From: Jacqueline Kobuchi, LCSW, Director of Clinical Services
Date: September 4, 2024
Re: Outpatient Waitlist and Same Day Access

The outpatient clinics have a goal to eliminate all waitlists and increase intake assessments provided through Same Day Access during FY25. The Caroline Clinic resolved their waitlist on 8/27/24. The Fredericksburg, King George, Caroline and Children's Clinics also have no waiting lists. The Stafford Clinic has a waitlist of 91 individuals and the Spotsylvania Clinic has 35 individuals waiting for an intake assessment. 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: September 10, 2024

Current Census:

State Hospital	New	Discharge	Civil	NGRI	Forensic	EBL	Total Census
Catawba Hospital			1				1
Central State Hospital	1			1	2		3
Eastern State Hospital							0
Northern Virginia Mental Health Institute	1		2			1	2
Piedmont Geriatric Hospital		1	2			1	2
Southern Virginia Mental Health Institute							0
Southwestern Virginia Mental Health Institute	1	1	1				0
Western State Hospital	4		3	9	22	4	34
Total							42

Extraordinary Barriers List:

RACSB currently has six 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 has been participating in weekly 48 hour passes where they actively participate in Mental Health Case Management (MHCM) services and attend Kenmore Club. Their team worked with the Internal Forensic Review Panel to make a few necessary adjustments to their Conditional Release Plan (CRP). They will discharge from the hospital after their CRP is approved by the Court. Their next court date is scheduled for 9/13/2024.

Individual #2: Was placed on the EBL 8/20/2024. Barriers to discharge include identifying and being accepted to a supervised residential setting and working through pending legal charges. This individual has a primary diagnosis of Schizophrenia. This individual was admitted to WSH for competency and restoration services. They were found to be unrestorable and some pending charges in one locality were dismissed. They are currently working through pending charges in a different locality. They have been accepted to Green Valley Manor and Discharge Assistance Program (DAP) funding has been approved. Once they are able to work through their pending legal charges, they will discharge to the community.

Individual #3: Was placed on the EBL 9/3/2024. Barriers to discharge include securing safe housing and working through pending legal charges. This individual has a primary diagnosis of Schizophrenia and was admitted to WSH for restoration services. This individual was found unrestorable and no longer have pending legal charges. They have been accepted to Permanent Supportive Housing and will discharge 9/6/2024.

Individual #4: Was placed on the EBL 8/26/2024. Barriers to discharge include identifying and being accepted to a supervised residential program and working through pending legal charges. This individual has a primary diagnosis of Schizoaffective Disorder and was admitted to WSH for competency and restoration services. They were found to be unrestorable and no longer have pending legal charges. This individual has been accepted to Gateway Homes and will likely discharge to the community on 9/9/2024.

Northern Virginia Mental Health Institute

Individual #5: 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 have been accepted to a group home and will discharge from the hospital on 9/5/2024.

Piedmont Geriatric Hospital

Individual #6: 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. Their family is petitioning for guardianship at this time. 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 and DAP Funding is approved.

MEMORANDUM

To: Joe Wickens, Executive Director

From: Natasha Randall, Emergency Services Coordinator

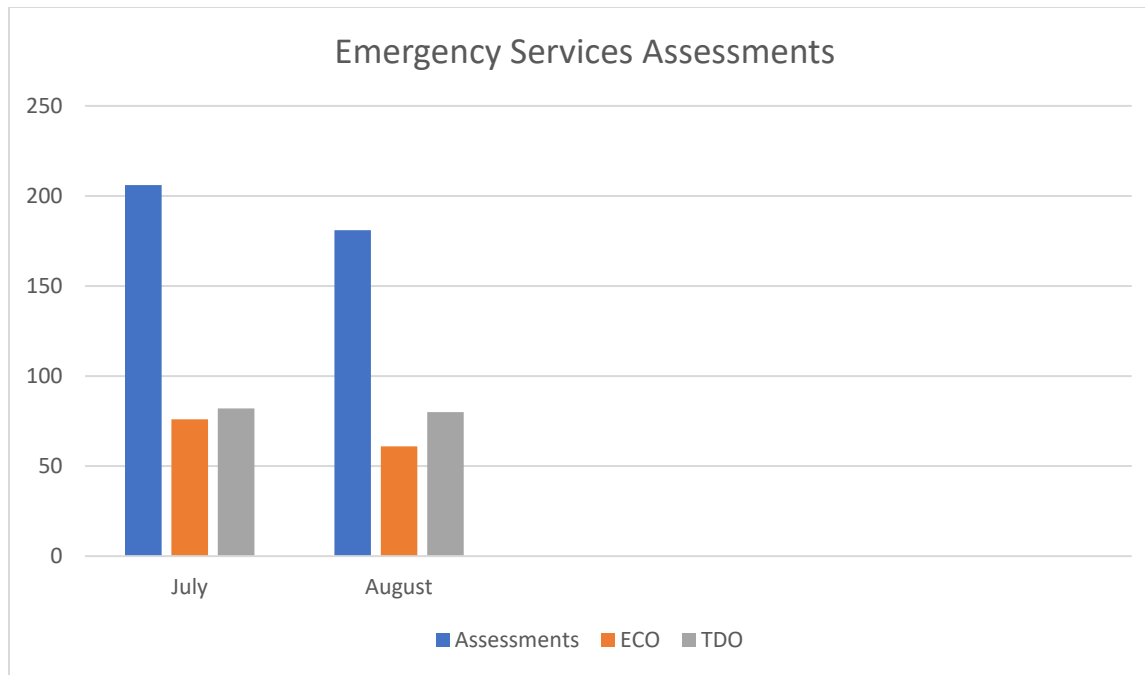
Date: September 4, 2024

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

In August, Emergency Services staff completed 181 emergency evaluations. Sixty-one individuals were assessed under an emergency custody order and eighty total temporary detention orders were served. Staff facilitated two admissions to state hospitals, one admission to Southern Virginia Mental Health Institute and one admission to Northern Virginia Mental Health Institute.

A total of fifteen individuals were involuntarily hospitalized outside of our catchment area in August. Eleven individuals were able to utilize alternative transport. Four individuals were unable to utilize alternative transport due time constraints.

Please see the attached data reports.



FY25 CSB/BHA Form (Revised: 07/10/2024)									
CSB/BHA	Rappahannock Area Community Services Board			Month	August 2024				
1) Number of Emergency Evaluations	2) Number of ECOs			3) Number of Civil TDOs Issued	4) Number of Civil TDOs Executed				5) Number of Criminal TDOs Executed
	Magistrate Issued	Law Enforcement Initiated	Total		Minor	Older Adult	Adult	Total	
181	34	27	61	80	6	3	71	80	3

FY '25 CSB/BHA Form (Revised: 07/10/2024)						
CSB/BHA	Rappahannock Area Community Services	Reporting month	August 2024	No Exceptions this month →		
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)
8/15/2024	69038	Adult (18-64) with Medical Acuity	aggressive	Yes		SVMHI
8/23/2024	113441	Adult (18-64) with ID or DD		yes		NVMHI

Alternative Transportation - Out of Area admissions unable to utilize AT

Date	ID	LE	Location	Receiving	Travel	Age	Alternative Transport TDO Criteria	Presented to AT	Reason	
8/9/2024	155394	Stafford	Stafford	Pavillion	199	27	inability to	yes	time constraints	
8/15/2024	69038	Stafford	MWH	SVMHI	402	30	danger to self/other	yes	time constraints	
8/22/2024	111880	Spotsylvania	MWH	Kempsville	292	15	danger to self/other	yes	time constraints	
8/26/2024	55843	Caroline	MWH	Pavillion	199	28	danger to others	yes	time constraints	

RAPPAHANNOCK AREA

COMMUNITY SERVICES BOARD

MEMORANDUM

To: Joe Wickens, Executive Director
From: Natasha Randall, Emergency Services Coordinator
Date: September 4, 2024
Re: CIT and Co-Response Report

CIT Assessment Center

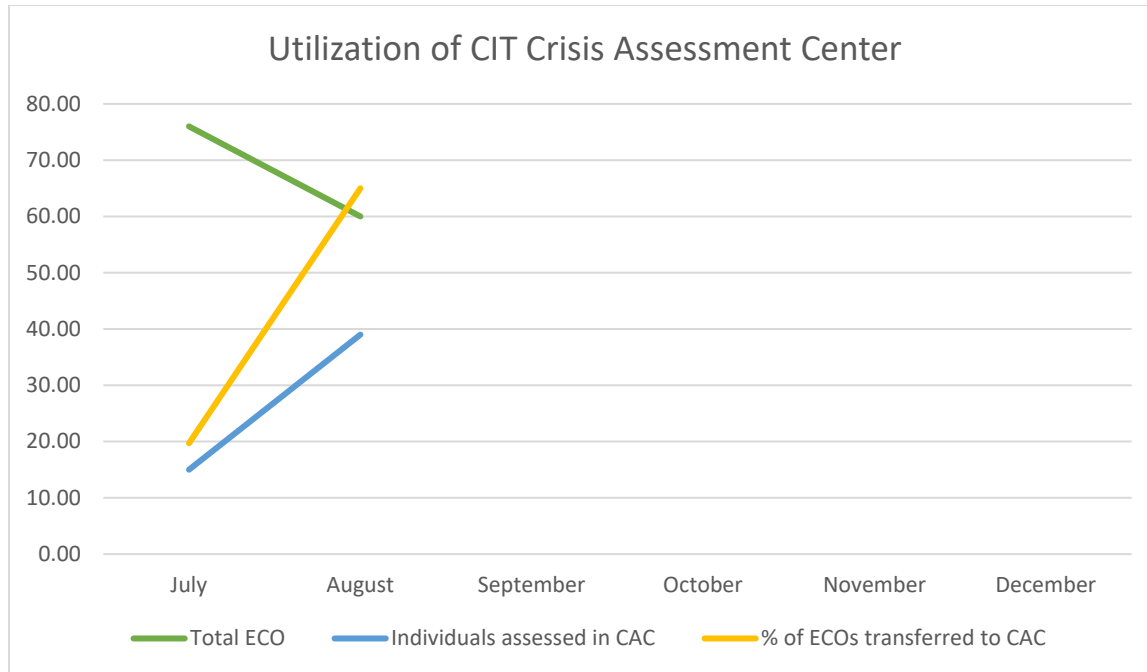
Thirty- nine individuals were assessed at the CIT Assessment Center in the month of August 2024. The number of persons served by locality were the following: Fredericksburg 10; Caroline 5; King George 0; Spotsylvania 5; Stafford 19; 1 from other jurisdictions.

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	9	5	4
Fredericksburg	19	10	9
King George	0	0	0
Spotsylvania	12	5	7
Stafford	20	19	1
Totals	60	39	21

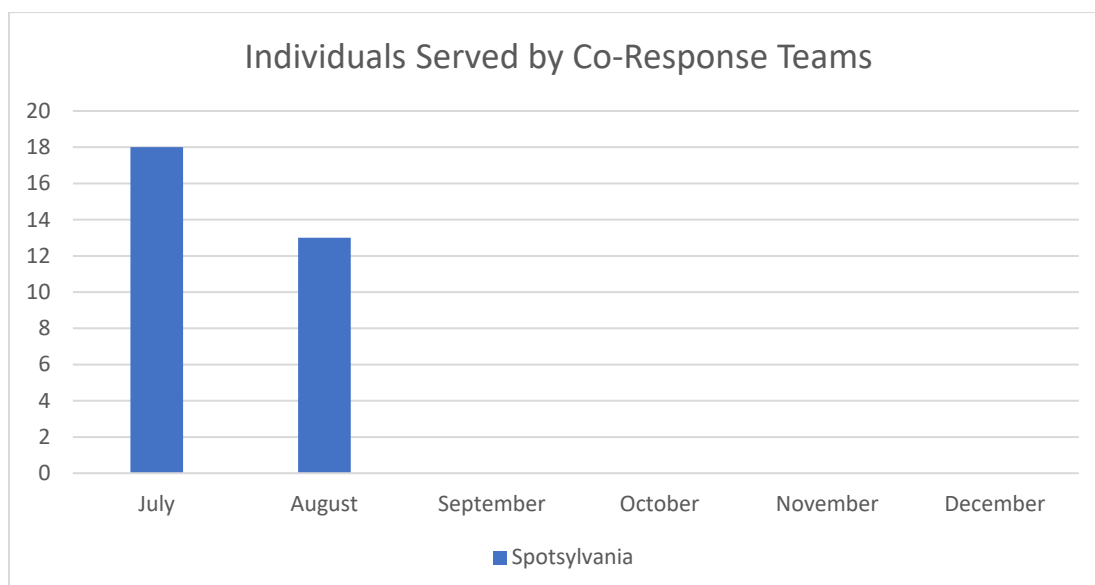
RAPPAHANNOCK AREA

COMMUNITY SERVICES BOARD



Co-Response

The Spotsylvania Co-Response Team served 13 individuals in August. The therapist positions for the Stafford and Fredericksburg teams remain vacant.



RACSB
Program Update Report
Compliance
August 2024

Incident Reports

- There were 281 Incident Reports entered into the Electronic Incident Report Tracker during the month of August. This is an increase of 54 reports from July, and an increase of 69 from June. All incident reports submitted were triaged by the compliance team. The top three categories of reports submitted were Health Concerns (121 reports), Individual Served Injury (34 reports), and Individual Served Safety (29 reports).
- The compliance team entered 36 incident reports into the Department of Behavioral Health and Developmental Services (DBHDS) Electronic Incident reporting system (21 Level 2, 15 Level 3) during the month of August; a decrease of 12 entered in July (17 Level 2, 7 Level 3).
- There were 2 reports elevated to a care concern by DBHDS in August from Katherine Rice. 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 36 root cause analysis were requested and a total of 29 were due in the month of August. Only 6 expanded root cause analysis were required in August.

Human Rights Investigations:

- The compliance team initiated 8 Human Rights investigations. These investigations consisted of 1 Physical Abuse allegation, 1 Psychological Abuse allegation, 1 Services in Accordance to Sound Therapeutic Practices allegation, 1 Dignity allegation, 1 Services allegation, 1 Assurance of Rights allegation, and 2 Human Rights Complaint Process allegations. All of the 8 investigations were unsubstantiated.

Internal Reviewers:

- Compliance team provided support and guidance to Crisis Stabilization regarding incident reporting.
- Compliance team provided support and guidance to ACT regarding Daily Living Activities 20 (DLA 20) Audit.
- Compliance team provided support and guidance to the Fredericksburg Clinic on the new Release of Information form.

- Compliance team provided support and guidance to Human Resources regarding the ID Training Modules.

External Reviewers:

- Compliance team received 7 emails from Brian Dempsey, Incident Management Specialist, DBHDS, requesting follow up questions and updates on serious incident reports entered into CHRIS.
- Compliance team received 1 email from Lisa Lingat, DBHDS, requesting an update on a serious incident report entered into CHRIS.
- Compliance team received 1 email from Pam Wright, DHDS requesting an update on a Mortality Review Checklist report.
- Compliance team received and responded to 5 faxed chart review audit requests, 1 from Datavant (36 clients), 1 from Anthem (15 clients), 1 from United Health care (14 clients), 1 from United Health (2 clients), and 1 from Cognisight (1 client). A total of 68 individuals medical records/documents audits were requested.
- Compliance team received and responded to 2 Look Behind Requests from Diana Atcha, Human Rights Regional Manager, Region 2, DBHDS.
- Compliance team received and responded to 2 Look Behind Requests from Cassie Purtlebaugh, Human Rights Regional Advocate, Region 1, DBHDS.
- Compliance team received and responded to 2 requests for proof of Corrective Action from Lequetta Hayes, Senior Human Rights Advocate, Region 1, DBHDS.
- Compliance team received and responded to an email asking for clarification on 1 Human Rights investigations from Lequetta Hayes, Senior Human Rights Advocate, Region 1, DBHDS.
- Compliance team received and responded to an email asking for clarification on 1 Human Rights investigations from Cassie Purtlebaugh, Human Rights Regional Advocate, Region 1, DBHDS.

Complaint Call Synopsis

- Compliance team received 4 voicemail complaints in the month of August. Compliance team responded to all 4 complaints and out of those complaints, 0 resulted in a formal complaint. The phone calls were categorized as 1 Medical Outpatient Clinical Services; 2 Mental Health Residential; and 1 Psychosocial Rehabilitation.

Trainings/Meetings

- Compliance team attended and participated with the Fredericksburg Clinic Audit Review meeting on 8/01/2024. Compliance team provided guidance on auditing and compliance questions.
- Compliance team attended and participated with the Galveston Monthly staff meeting on 8/13/2024. Compliance team provided guidance on incident reporting, RCA reporting, and medication errors.
- Compliance team provided Incident Reporting Q-Tip Training on 8/14/2024.
- Compliance team attended and participated with the HSAG Round 6 Review via Zoom meeting on 08/22/2024.
- Compliance Team hosted 3 trainings on Non-Bias Documentation

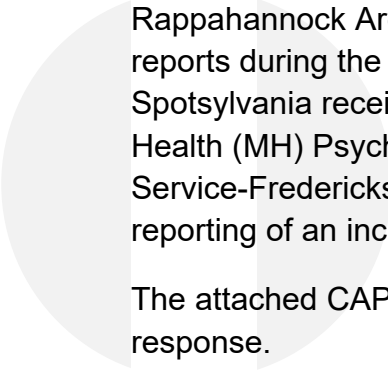
- Compliance Team hosted two training on Diversity, Equality, Inclusion & Belonging



MEMORANDUM

To: Joe Wickens, Executive Director
From: Stephanie Terrell, Director of Compliance
Date: August 29, 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 to address the areas of noncompliance.



Rappahannock Area Community Services Board (RACSB) received four licensing reports during the previous month. Igo Road Group Home and Outpatient MH Service-Spotsylvania received reports related to founded human rights allegations. Mental Health (MH) Psychosocial Rehabilitation-Kenmore Club and MH Case Management Service-Fredericksburg MH Case Management received a report related to late reporting of an incident. Each program received approval for the CAP submitted.

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

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

Page: 1 of 2

License #: 101-01-001

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 07-23-2024

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

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-105-150. (4) - The provider including its employees, contractors, students, and volunteers shall comply with: 4. Section 37.2-400 of the Code of Virginia and related human rights regulations adopted by the state board;	N	Igo Road Group Home This regulation was NOT MET as evidenced by: See OHR citation below:		
12VAC35-115-50. B. (2) - In receiving all services, each individual has the right to: 2. Be protected from harm including abuse, neglect, and exploitation.	N	Igo Road Group Home This regulation was NOT MET as evidenced by: CHRIS #20240047/ Incident date: July 7, 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. <ul style="list-style-type: none"> Provider substantiated abuse based on the following: <ul style="list-style-type: none"> During the course of the investigation, video footage revealed Employee #1 slapping Individual #1's hand and pushing Individual #1 away, when Individual #1 pulled up a peer's shirt. 	PR) 08/07/2024 PR: Employee #1 was placed on administrative leave immediately following the allegation being made and then released from employment on 7/29/24 following the investigative process. All staff from the group home will be re-trained on the importance of Human Rights specific to abuse. Staff will sign off attesting to their understanding and agreement to abide by policies protecting the human rights of all individuals in services. Systematically, Human Resources will continue to conduct mandated background checks and ensure at onboarding that no barrier crimes are present in the past of any potential employee to help mitigate cases of neglect. All RACSB staff, volunteers, and contractors will be required to undergo an annual Human Rights training to help ensure continued promotion and support of meeting needs of residents. Newly hired staff will be assigned this course upon hire	8/27/2024

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

Page: 2 of 2

License #: **101-01-001**

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

Date of Inspection: **07-23-2024**

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

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
		Knowingly, recklessly and intentionally performing an act that caused or might have caused physical or psychological harm, injury, or death to an individual is a violation of 12VAC35-115-50(B)(2).	<p>during the week of their agency orientation.</p> <p>The Quality Assurance team will monitor submitted incident reports and any allegations or reports of abuse on a daily basis to help ensure systematically that incidents of this nature are identified and mitigated quickly.</p> <p>Human Resources and the DD Residential Coordination team and program managers will track annual Human Rights training compliance for all staff through its electronic training system/database. This protocol has been implemented effective immediately.</p> <p>OHR/OLR) Accepted 08/12/2024</p>	

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**

Page: 1 of 2

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

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

Date of Inspection: **07-18-2024**

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

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-105-160. D. (2) - The provider shall collect, maintain, and report or make available to the department the following information: 2. Level II and Level III serious incidents shall be reported using the department's web-based reporting application and by telephone or email to anyone designated by the individual to receive such notice and to the individual's authorized representative within 24 hours of discovery. Reported information shall include the information specified by the department as required in its web-based reporting application, but at least the following: the date, place, and circumstances of the serious incident. For serious injuries and deaths, the reported information shall also include the nature of the individual's injuries or	N	Kenmore Club This regulation was NOT MET as evidenced by: CHRIS Number: 20240152 Date/Time of Discover: 06/27/2024 1:55PM Enter Date/Time: 07/02/2024 5:11PM Reporting Delay: 99:16:00 Location Name: Kenmore Club	PR) 08/07/2024 1. How are/have you corrected the non-compliance: Staff will be refreshed on IR protocol. In the future, Staff will write IRs if any program staff are involved in the situation, even if there are other programs involved, in order to prevent miscommunication regarding who will write it. 1. What is your plan of action to address <u>systematic changes (process/protocols, etc)</u> that have been or will be implemented to ensure you remain in compliance of the regulation. Staff will be given a refresher training on Incident reporting at staff meeting on August 12, 2024 to include information regarding timing. Coordinator will provide new copies of list of applicable incidents to staff. Coordinator will ask IT to give permissions for the Assistant Coordinator to fill in supervisor section in the event that the Coordinator is on vacation or unable to complete the IRs. 1. Who will monitor the procedures implemented to ensure you stay in compliance with the regulation. Indicate	8/12/2024

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

Page: 2 of 2

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

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

Date of Inspection: **07-18-2024**

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

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
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.			<p>the frequency for monitoring the plan including how it will be monitored (Ex: monthly audits, weekly chart reviews, daily checklist).</p> <p>Coordinator will monitor all IRs since the need to complete the supervisor section of the form requires the Coordinator response.</p> <p>OLR) Accepted 08/22/2024</p>	

General Comments / Recommendations:

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

Lakesha Steele, Incident Management
Unit

(Signature of Organization Representative)

Date

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

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

Page: 1 of 3

License #: **101-07-003**

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

Date of Inspection: **07-25-2024**

Program Type/Facility Name: **07-003 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>
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 County Clinic This regulation was NOT MET as evidenced by: See OHR citations below:		

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

Page: 2 of 3

License #: **101-07-003**

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

Date of Inspection: **07-25-2024**

Program Type/Facility Name: **07-003 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>
12VAC35-115-90. A. (1) - With respect to his own services record, each individual and his authorized representative has the right to: 1. See, read, and get a copy of his own services record, except information that is privileged pursuant to § 8.01-581.17 of the Code of Virginia, and information compiled by the provider in reasonable anticipation of or for use in a civil, criminal, or administrative action or proceeding;	N	<p>Spotsylvania County Clinic</p> <p>This regulation was NOT MET as evidenced by:</p> <p>During an internal investigation the provider determined the following:</p> <ul style="list-style-type: none"> Individual 1's guardian requested a copy of Individual 1's mental health records. Individual 1's guardian did not receive a copy of the requested records in a timely manner. 	<p>PR) 08/16/2024</p> <p>All records have been provided to the individual who requested them in this specific instance.</p> <p>The Director of Clinical Services will coordinate training provided by the Lead Office Manager to ensure staff at all RACSB locations are aware of policies and procedures related to records requests, specifically what documentation is needed to make a request and how it should be filled out.</p> <p>Program Coordinators will ensure that during any absences of usual front desk staff, there will be someone available to assist with completing documentation to request records.</p> <p>Director of Clinical Services will ensure appropriate staff are trained and Program Coordinators will train new staff and add to their staff meeting agendas at least quarterly.</p> <p>OHR/OLR) Accepted 08/16/2024</p>	9/30/2024

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

Page: 3 of 3

License #: **101-07-003**

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

Date of Inspection: **07-25-2024**

Program Type/Facility Name: **07-003 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>
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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.

Heather Hilleary, 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**

Page: 1 of 2

License #: **101-16-004**

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

Date of Inspection: **07-25-2024**

Program Type/Facility Name: **16-004 Frederickburg MH Casemanagemnt**

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-105-160. D. (2) - The provider shall collect, maintain, and report or make available to the department the following information: 2. Level II and Level III serious incidents shall be reported using the department's web-based reporting application and by telephone or email to anyone designated by the individual to receive such notice and to the individual's authorized representative within 24 hours of discovery. Reported information shall include the information specified by the department as required in its web-based reporting application, but at least the following: the date, place, and circumstances of the serious incident. For serious injuries and deaths, the reported information shall also include the nature of the individual's iniuries or	NS	<p>Frederickburg MH Casemanagemnt</p> <p>This regulation was NOT MET (SYSTEMIC) as evidenced by:</p> <p>CHRIS Number: 20240157 Date/Time of Discover: 07/05/2024 8:00AM Enter Date/Time: 07/07/2024 8:38AM Reporting Delay: 24:38:00 Location Name: Frederickburg MH Casemanagemnt</p> <p>Note: As this is provider's second step in the Progressive Citation Cycle for the same regulation within a one-year period, measured on a rolling basis, provider has demonstrated systemic noncompliance. Provider was previously cited for late reporting</p> <ul style="list-style-type: none"> • The first citation was issued on 9/28/23 and is now a non-compliant. 	<p>PR) 08/14/2024</p> <p>How are/have you corrected the non-compliance:</p> <ul style="list-style-type: none"> • MHCM Supervisor has addressed the non-compliance concern and policy with this specific staff member. • This policy is listed as a standing reminder on our monthly staff meeting agenda. <p>What is your plan of action to address systematic changes (process/protocols, etc) that have been or will be implemented to ensure you remain in compliance of the regulation.</p> <ul style="list-style-type: none"> • CMs will be required to notify supervisor that they have submitted the Incident Report on the date the information was received. <p>Who will monitor the procedures implemented to ensure you stay in compliance with the regulation. Indicate the frequency for monitoring the plan including how it will be monitored (Ex: monthly audits, weekly chart reviews, daily checklist).</p> <ul style="list-style-type: none"> • MHCM Supervisor will follow up with CMs to ensure that IRs are submitted same day. • MHCM Supervisor will provide reminder of policy at each monthly staff meeting, maintaining it on the agenda. • 	8/19/2024

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

Page: 2 of 2

License #: **101-16-004**

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

Date of Inspection: **07-25-2024**

Program Type/Facility Name: **16-004 Frederickburg MH Casemanagemnt**

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
circumstances of the death and any treatment received. For all other Level II and Level III serious incidents, the reported information shall also include the consequences that resulted from the serious incident. Deaths that occur in a hospital as a result of illness or injury occurring when the individual was in a licensed service shall be reported.			<p>By what date will you have each planned corrective action completed (Ex. Date training completed or Date protocol implemented).</p> <ul style="list-style-type: none"> New protocol will be implemented today, 8/7/24 and will be reviewed at each staff meeting beginning 8/19/24. <p>OLR) Accepted 08/27/2024</p>	

General Comments / Recommendations:

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

Lakesha Steele, Incident Management Unit

(Signature of Organization Representative)

Date

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

MEMORANDUM

To: Joseph Wickens, Executive Director
From: Stephanie Terrell, Director of Compliance
Date: August 29, 2024
Re: 4th Quarter FY 2024 Incident Report Review

The fourth quarter incident summary report provides an overview of incident reports submitted by Rappahannock Area Community Services Board (RACSB) staff during the months of April 1, 2024 through June 30, 2024. The purpose of the report is to communicate information about trends, remain vigilant for emerging issues, and use data to plan, prioritize and implement preventative and proactive initiatives.

The population covered includes all people receiving services by the RACSB, which includes Mental Health (MH), Substance Use (SU), Developmental Disability (DD), and Prevention Services. RACSB provided services to 7,767 individuals, unduplicated by service area, from April 1, 2024 through June 30, 2024.

Compliance Staff received and triaged 681 Incident Reports from April 1, 2024 through June 30, 2024 (an overall increase of 25 reports from last quarter). Of those 681 incident reports received, 75 incidents were reported to Department of Behavior Health and Developmental Services (DBHDS) through the Computerized Human Rights Information System (CHRIS). (59 level 2 and 16 level 3)

Compliance staff triaged all incident reports into one of four categories.

1. **N/A** – these reports do not fit into DBHDS definitions of a serious incident. Incidents of this sort may be a staff having to report a child protective or adult protective case to the Department of Social Services, or an incident which occurs when the individuals is not in the provision of care, such as when a report is received by a Support Coordinator regarding an individual who resides with parent/guardian or a private provider.

DBHDS categories of serious incidents

2. **Level I:** a serious incident that occurs or originates during the provision of a service or on the premises of the provider that do not result in significant harm to individuals, but may include events that result in minor injuries that do not require medical attention, or events that have the potential to cause serious injury, even when no injury occurs.”
3. **Level II:** a serious incident that occurs or originates during the provision of a service or on the premises of the provider that results in a significant harm or threat to the health and safety of an individual that does not meet the definition of a Level III serious incident. Level II serious incident; also includes a significant harm or threat to the health or safety of others caused by an individual.
4. **Level III:** a serious incident whether or not the incident occurs while in the provision of a service or on the provider’s premises and results in:
 - 1) Any death of an individual;
 - 2) A sexual assault of an individual;
 - 3) A serious injury of an individual that results in or likely will result in permanent physical or psychological impairment;

4) A suicide attempt by an individual admitted for services that results in a hospital admission.”

In addition to the notification to Compliance Team staff, program supervisors and coordinators, staff must also notify the individual’s parent/guardian/authorized representative, as appropriate, regarding the incident. Verification of the notification and the parent/guardian/authorized representative response is to be included on the incident report.

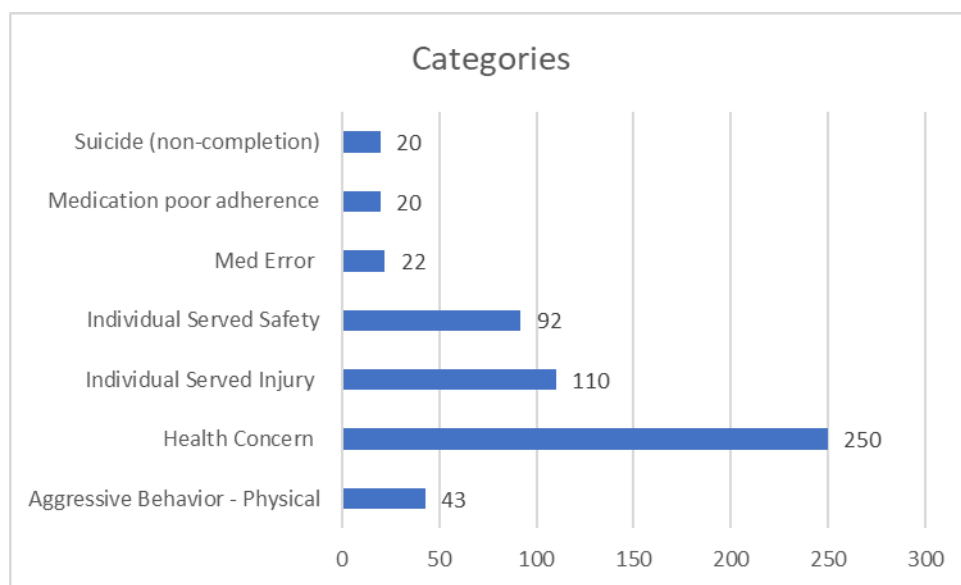
Below is a list of the incident categories and the definition:

- Aggressive Behavior –Physical - hit, slap, push, shove, pull hair, spit, bite, intimidate, demean, threaten, curse etc...
- Aggressive Behavior –Verbal - yelling, screaming, intimidate, demean, threaten, curse etc...
- Individual Safety - situations that may cause a safety risk for individuals served involving physical environment or structures (faulty equipment, smoking.)
- Individual Injury - situations that may cause a safety risk for individuals served involving minor injury such as a scraped knee
- Health Concerns - individual served exhibiting health concerns, i.e. possible seizure activity, sick, sudden weight +/-, etc.
- Elopement/Wandering - unexpectedly leaving program/premises with possible risk to safety
- Biohazardous Accident - needle stick or instance requiring testing of individual served or staff
- Infection Control - lack of infection control and use of universal precautions in relation to risk of non-life-threatening communicable diseases i.e. Flu, Lice... etc...
- Exposure to Communicable Diseases - instance of exposure due to lack of infection control and/or use of universal precautions in relation to risky communicable diseases i.e. TB, HIV/AIDS, HEP A, B, C or MRSA...
- Vehicle Accident - Accident of RACSB or personal vehicle while delivering services. This requires additional paperwork and follow up to protocol contact Human Resources & Supervisor
- Peer-on-Peer - means a physical act, verbal threat, or demeaning expression by an individual against or to another individual that causes physical or emotional harm to that individual. Examples include hitting, kicking, scratching, and other threatening behavior.
- Property Damage - damage to property
- Weapon Use/Possession - Weapons are not allowed in any RACSB facility. Knives, carpet knives, swords, guns etc...
- Staff Injury - injury to staff- ensure proper HR forms are completed
- Use of Seclusion/Restraint - if emergency intervention required to deescalate threatening behavior
- Med Non-Compliance - not following medication regime- staff attempt evident- non-compliance
- Med Error- Staff additionally to complete med error report. error has been made in administering a medication to an individual (wrong- med, individual, route, dose, time)
- Possession of Illicit/Licit Substance - possession of illegal or non-prescribed drug –possible intent of abuse

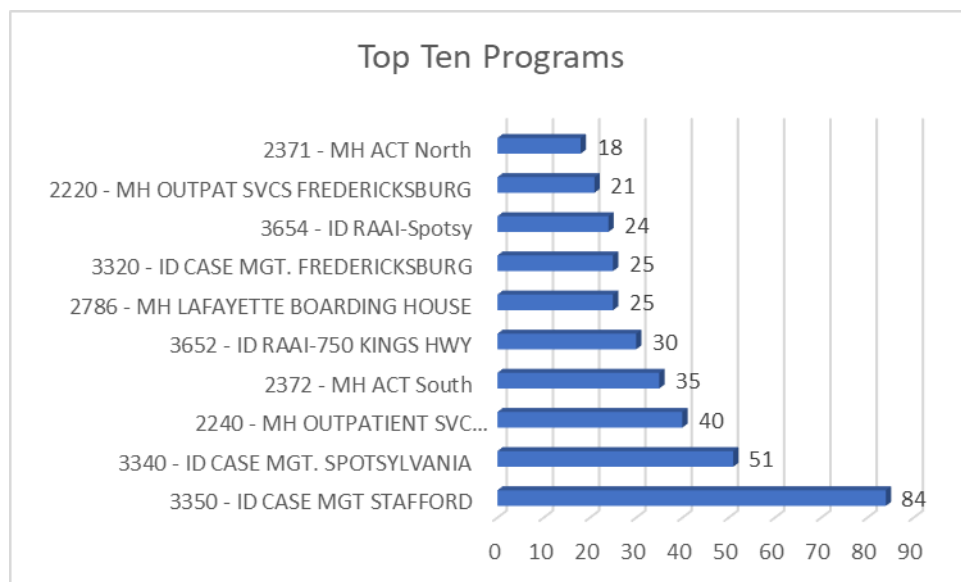
- Sexual Assault - is an act in which a person intentionally sexually touches another person without that person's consent, or coerces or physically forces a person to engage in a sexual act against their will
- Suicide/Suicide Attempt - is the act of intentionally causing one's own death/ is the act of intentionally unsuccessfully trying to cause one's own death
- Sentinel Events - An unexpected occurrence involving death or serious physical or psychological injury or the risk thereof- warrants immediate investigation and response
- Other – incident which does not fit into a category above

Type	Total
Accidental Overdose	1
Aggressive Behavior - Physical	43
Aggressive Behavior - Verbal	9
Biohazardous Accident	0
Elopement/Wandering	9
Exposure to Communicable Diseases	0
Health Concern	250
Individual Served Injury	110
Individual Served Safety	92
Infection Control	1
Med Error	22
Med Non-Compliance	17
Medication non-adherence	13
Medication poor adherence	20
other	0
Peer on Peer	16
Possession of Illicit/Licit Substances	1
Property Damage	11
Sentinel Event (death)	9
SIBs	10
Sexual Assault	2
Staff Injury	13
Suicide (non-completion)	20
Use of Seclusion/Restraint	0
Vehicle Accident	11
Weapon Use/Possession	0
Missing Person	1
Total	681

The table above depicts the total number of incident reports received,
April 1, 2024 through June 30, 2024.



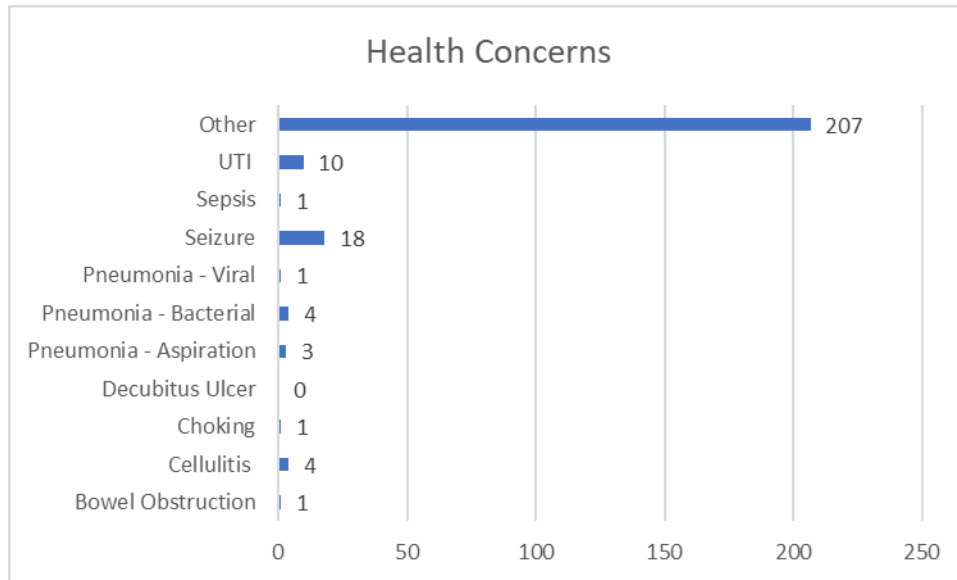
The chart above depicts the categories with the highest occurrences reported April 1, 2024 through June 30, 2024.



The chart above depicts the top ten programs that submitted the highest of number of incident reports during the time period of April 1, 2024 through June 30, 2024.

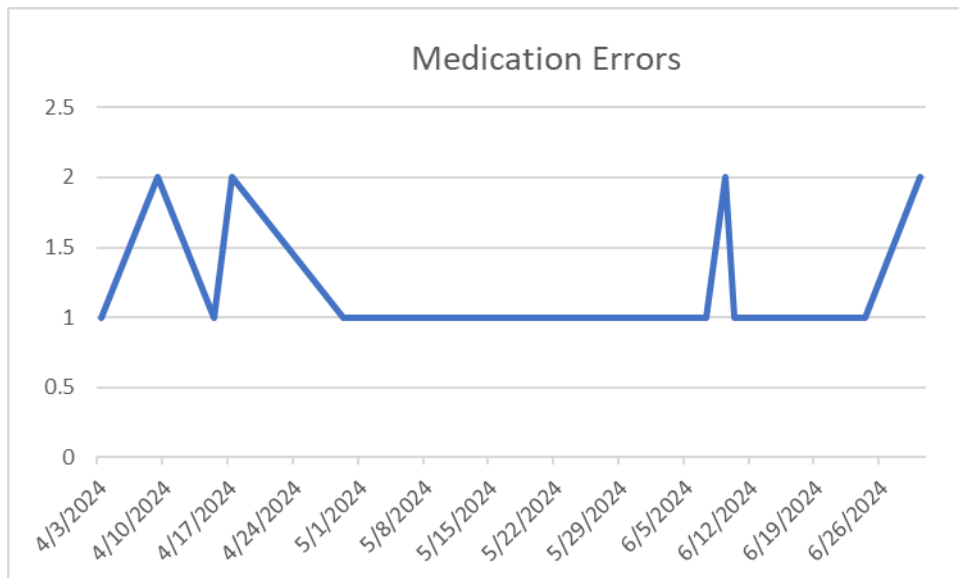
Approximately 37% of the incident reports received noted health concerns. When compared to previous quarters, health concerns continue to be the category with the highest number of incidents. This can be contributed to all health-related conditions, such as colds, flu, sepsis, seizure, pneumonia, decubitus ulcer, choking, cellulitis, minor cut, scratches, scrape, vomiting, or diarrhea. RACSB DD Residential Services submitted 47 of 250 health concern reports. Merchant Square Supervised Apartment Program submitted the highest number of health concern related incident (7). Reports submitted by Merchant Square Supervised Apartment Program consisted of concerns related to

chest pain, planned hospital admission post-surgery, COVID, and cellulitis. Review of reports for Merchant Square showed no trends.

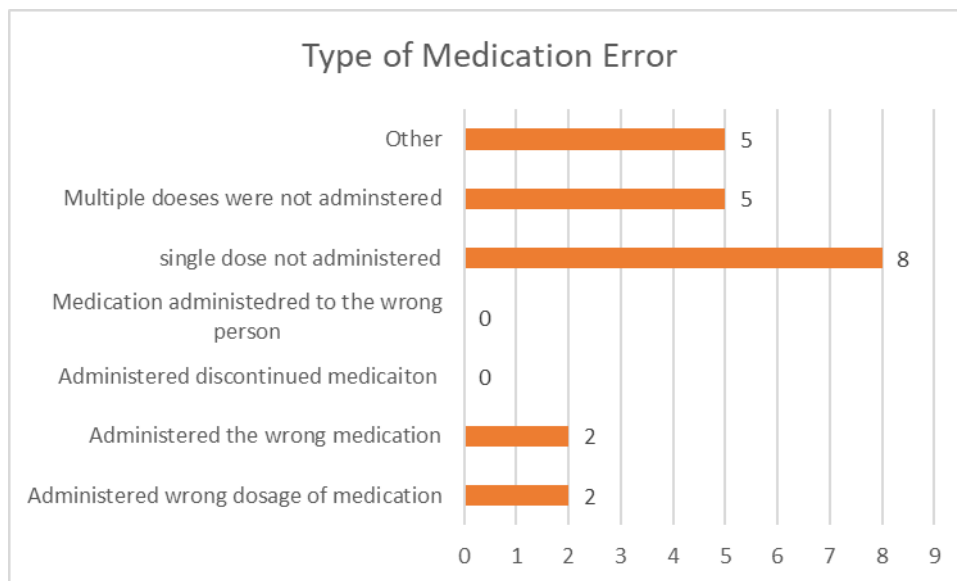


The chart above depicts the number of incidents submitted for the subcategories listed under the health concern category.

Health concern reports submitted for subcategories showed trend for one individual receiving Assertive Community Treatment (ACT) North Team (bacterial pneumonia), for one individual receiving DD Support Coordination Services in Fredericksburg (aspiration pneumonia and urinary tract infection), and one individual receiving DD Support Coordination in Spotsylvania (urinary tract infection).



A total of 22 medication errors occurred during the 4th quarter. Fifteen occurred in DD Residential programs, one in day support services (RAAI), two in MH Residential Programs, one in Crisis Stabilization Program, and three in non-RACSB programs.

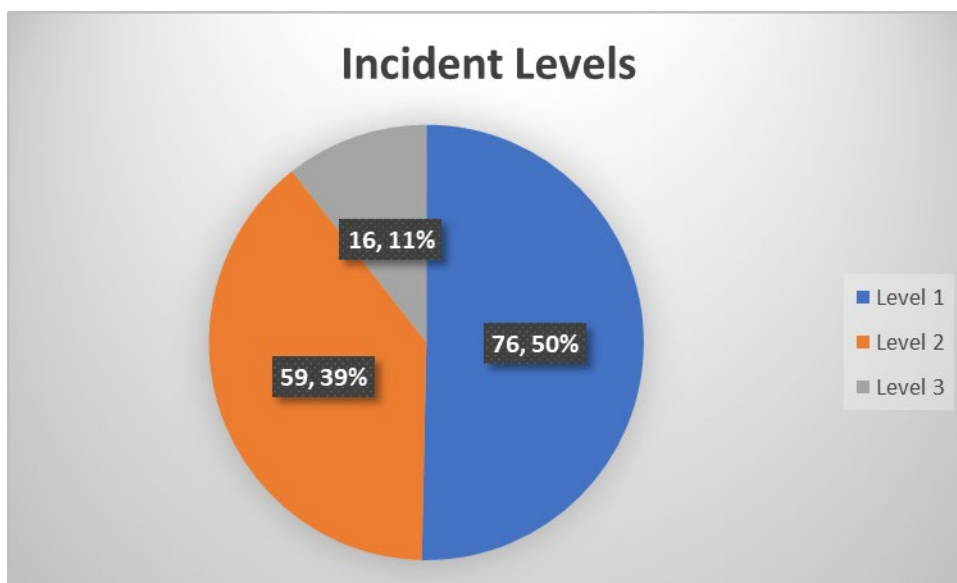


The chart above depicts the number of errors in each medication error subcategory.

Medication errors occurred in the following programs;

- 4 at Igo Road Group Home;
- 3 at the Lucas Street ICF, Ross Drive ICF;
- 2 at Merchant Square SAP and Lafayette Boarding House;
- 2 noted for ID Support Coordination Stafford;
- 1 noted for ID Support Coordination Fredericksburg; and
- 1 at Crisis Stabilization, Galveston Road Group Home, RAAI Caroline, Ruffins Pond Group Home and Wolf Street ICF

Review and analysis of medication policy, medication administration area, staffing pattern, and cause of errors took place in an attempt to mitigate future errors. No trends noted during analysis of medication errors.



There was a total of 76 incidents categorized as a level I. Of the 32 incidents categorized as a level I, many were the result of minor or superficial cuts, scratches, or bruises, which required first aid. Thirty-two of the reported incidents occurred in DD Residential services, 17 of the incidents occurred at RAAI Day Support, three occurred in DD Case Management Services, 13 MH Residential Services, 1 Kenmore Club, 1 Permanent Supportive Housing, 2 MH Case Management, 2 MH ACT, and 5 MH Outpatient Services:

- EMS assessment without transport for excessive exhaustion and falls
- Urgent care visits for:
 - Urinary Tract Infection (UTI)
 - Abdominal pain
 - Choking
 - Abnormal, pain or bruising on feet
 - Infection
 - General feeling of illness
 - Fever
 - Seizure
 - Sinus discomfort
 - Light headed
- First Aid administered for a minor burns, sores, cuts, and scrapes.
- Falls requiring first aide and/or urgent care visits.

Based on review of the level 1 incidents there does not appear to be patterns or trends.

There were 59 incidents classified as a Level 2 and 16 incidents classified as Level 3. Root Cause Analyses were conducted for all Level 2 and Level 3 Incidents. Of the 23 Level 3 reports, nine of which were death reports, five from Outpatient Services, three from DD Case Management, one from Emergency Services, and one from MH Case Management; none of the DD individuals were receiving DD Residential services. Seven of the level 3 reports were suicide (noncompletion); Four from Emergency Services, and three from Outpatient. Based on review of the Level 1, Level 2 and Level 3 there does not appear to be any patterns or trends.

There were 16 incident reports submitted for peer-on-peer incidents. Peer on peer incidents require an incident report be completed for each individual involved if the incident occurs during provision of service or if both/all of individuals involved receive RACSB Case Management/Support Coordination Services; thus the 16 reports involved nine incidents. No serious injuries resulted from the incidents reported. Three of the incidents took place at the Churchill Group Home. Though three incidents took place at the same location there does not appear to be a trend as each incident involved an isolated situation. In addition, staff immediately redirected and resolved the concerns.

Program actions as a result of Incident Reports

1. A swallow study was ordered and completed for the individual that had the two incidents of aspiration pneumonia. The program implemented a diet change based on the recommendations of the swallow study.
2. The Compliance Team and the Information Technology Team worked together to update the incident report form to include a section that ask specific questions related to peer on peer incidents and medication errors.
3. Action plans for aggressive behavior included recommendations for behavior plans, assisting the individual in learning and using coping skills during times when they become upset, review and

revision of individual's service plan, and continuance of using interventions that are currently in the individual's service plan.

4. Action plans for health concerns varied based on the concern. RACSB staff contact 911 in cases of medical emergencies. Ad-hoc medical appointments will continue to be made by RACSB staff to address health concerns for those individuals residing in RACSB residential programs. In addition, for RACSB non-residential programs staff will continue to assist individuals and family members with health concerns that are identified during program hours. RACSB utilizes CDC precautions and program contingency plans during active cases of COVID-19.
5. For those incidents which involve individuals that do not reside in RACSB residential programs, Support Coordinators and Case Managers monitor health concerns and document in case notes.
6. Root cause analyses were conducted on all incidents that fell into the Level 2 or Level 3 category. Findings of root cause analysis resulted in programs revising individual service plans, behavior plans, ad-hoc reviews of program files, policy and procedure revisions, staff training, and personnel action.

MEMORANDUM

To: Joseph Wickens, Executive Director
From: Stephanie Terrell, Director of Compliance & Human Rights
Date: September 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 Outpatient: Fredericksburg
- Psychosocial Rehabilitation: Kenmore Club
- Mental Health Residential: River Place

Mental Health Outpatient: Fredericksburg

There was nine staff members responsible for the selected charts.

Findings for the forty-five open charts reviewed for Mental Health Outpatient: Fredericksburg services were as follows:

- Forty-Five charts were reviewed for Assessment compliance:
 - **Discrepancies noted with Assessments:**
 - Four charts were missing the Daily Living Activities (DLA 20).
 - Two charts were missing the Comprehensive Needs Assessment (CNA).
 - Two charts had Comprehensive Needs Assessments (CNA) that were late.
- Forty-Five charts were reviewed for Individual Service Plan compliance:
 - **Discrepancies noted with Individual Service Plans:**
 - Two charts had Preliminary Service Plans completed after the due date.
 - One chart had an Individual Service Plan that was missing.
 - Thirty charts had Individual Service Plans that were not signed by the Individual / Guardian.
 - Five charts had Individual Service Plans that were finalized after the start of the plan.
 - Four charts had Individual Service Plans that were finalized after the 30-day grace period from the Preliminary Plan.
- Forty-Five charts were reviewed for Quarterly Review compliance:
 - **Discrepancies noted with Quarterly Reviews.**
 - Seven charts were missing the Quarterly Review.
 - Nine charts had Quarterly Reviews completed after the due date.
- Forty-Five charts were reviewed for Progress Note compliance:
 - **No discrepancies noted with Progress Notes.**

Comparative Information:

In comparing the audit reviews of Mental Health Outpatient: Fredericksburg charts from the previous audits to the current audits, the average score increased from 76 to 77 on a 100-point scale.

Corrective Action Plan:

1. No signature on treatment plans
 - a. Coordinator was advised on 8/1 that “verbal consent due to telehealth” or documenting in the note that a client consented to a treatment plan was no longer an option. Clinicians were notified that treatment plans must have a signature from client on 8/2. For engagement appointments/treatment planning sessions, all efforts will be made to have this appointment in person so signatures can be obtained.
 1. For individuals who are unable to attend in person, the clinician will either email an encrypted PDF copy of the plan for signatures to the client or mail them a copy of the plan to sign. Once returned, the clinician will scan into the chart and notate in the EHR.
 - b. Coordinator will complete an audit of all treatment plans under 2220 and review with clinicians by 9/30/24 to ensure that they have signatures.
 - c. Coordinator and clinician will review new clients in monthly supervision and identify barriers to obtaining signatures.
2. Date of admission did not reflect date of Comprehensive Needs Assessment
 - a. If a client is open to a pre-admit, as they are on a waitlist, the clinician completing the intake ***MUST*** change the date of admission to the date of the intake when completing the assessment to ensure an accurate timeline
 - b. Coordinator will review in the next staff meeting: 8/22/24
 - c. Coordinator will complete caseload audits on a monthly basis in supervision
3. Late quarterlies/Missing quarterlies:
 - a. All missing quarterlies entered.
 - b. Clinicians will complete a caseload review with Coordinator during their next supervision- date of completion 9/13/24.
 - c. Clinician notified that quarterlies must be completed on date that it is due and should be signed by the client, if able. Copy to be provided to the client.
4. Missing CNA:
 - a. Cases that were missing annual paperwork had been closed between the time the charts were audited and results provided to Coordinator.
 - b. Coordinator will review annual paperwork required in the monthly staff meeting on 8/22/24.
 - c. Coordinator will monitor and include in monthly caseload audits during supervision.
 - d. Clinicians will block time on calendar when annual paperwork is due to ensure compliance.

Psychosocial Rehabilitation

There were two staff members responsible for the selected charts.

Findings for the ten open charts reviewed for Psychosocial Rehabilitation 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).
 - One chart had a late Comprehensive Needs Assessment (CNA).
 - One chart included an assessment completed after the due date.
- Ten charts were reviewed for Individual Service Plan compliance:
 - **Discrepancies noted with Individual Service Plans:**

- One chart had a missing signature on the Individual Service Plan.
- Ten charts were reviewed for Quarterly Review compliance:
 - **Discrepancies noted with Quarterly Reviews.**
 - One chart had Quarterly Reviews that was completed after the due date.
- Ten charts were reviewed for Progress Note compliance:
 - **No discrepancies noted with Progress Notes.**
- Ten charts were reviewed for Documentation compliance:
 - **No discrepancies noted with Documentation.**
 - Five charts had late program rules.
 - One chart was missing program rules.
- Two charts were reviewed for Discharge compliance:
 - **No discrepancies noted with Discharge.**

Comparative Information:

In comparing the audit reviews of Psychosocial Rehabilitation charts from the previous audits to the current audits, the average score increased from 74 to an 88 on a 100-point scale.

Corrective Action Plan

1. Rules not present in charts:
 - a. All staff will be responsible for having the members on their case load sign the rules annually, to coincide with the ISP date.
 - b. All members with plans done before July 2024 will have a new copy of the rules signed and scanned into their charts prior to August 30, 2024.
 - c. Anyone with a plan date after July 2024, the new rules will be signed and uploaded when their ISP date occurs.
 - d. Program manager will complete monthly chart checks to ensure completion.
2. Quarterlies being too early or late:
 - a. All staff will be responsible for tracking their own caseload.
 - b. Assistant Coordinator and Coordinator will develop a new tracking system for all documentation, and specifically for quarterlies, to check behind staff and ensure date accuracy by August 15, 2024.
3. Missing Assessment/Re-assessment:
 - a. Coordinator will work with IT to see if there is a form that can be developed to track assessment dates more efficiently.
 - b. Anyone enrolled in the program in December will have their treatment plan completed within the same calendar year.
 - c. All staff will complete the treatment plan as close to enrollment/assessment date as possible to avoid future concerns.
 - d. Coordinator will be responsible for monitoring assessment dates.

Mental Health Supported Residential: River Place

There were multiple staff members responsible for the selected charts.

Findings for the three open charts reviewed Mental Health Supported Residential: River Place were as follows:

- Three charts were reviewed for Assessment compliance:
 - **Discrepancies noted with Assessments:**
 - One chart contained a late assessment.
- Three charts were reviewed for Individual Service Plans compliance:
 - **No discrepancies noted with Individual Service Plans:**
- Three charts were reviewed for Quarterly Review compliance:
 - **No discrepancies noted with Quarterly Reviews.**
- Three charts were reviewed for Progress Note compliance:
 - **Discrepancies noted with Progress Notes.**
 - Three charts contained Progress Notes that have been copied and pasted.
- Three charts were reviewed for Medical compliance:
 - **Discrepancies noted with Medical.**
 - Three charts contained missing prescriptions.
- Three charts were reviewed for General compliance:
 - **No discrepancies noted with General documentation.**

Comparative Information:

In comparing the audit reviews of Mental Health Supportive Living: River Place charts from the previous audits to the current audits, the average score decreased from 91 to 55 on a 100-point scale.

Corrective Action Plan:

- Notes- were copied and pasted. Manager will review notes with staff during weekly supervision, and will remind staff that copying/pasting is not permitted.
- Notes by staff are missing dates of services. Weekly supervisor review and supervision will be conducted to ensure that dates of service are entered appropriately. Staff will be observed entering notes, in order to identify how they are currently submitting notes without dates of service.
- Scripts Weekly review and supervisions by supervisor will be conducted and peer reviews will be completed to ensure that all scripts are scanned into Avatar by the due dates).
- Supervisor will meet with responsible QMHP weekly to ensure that they have an understanding of when documentation needs to be submitted. MH Residential meeting currently includes spreadsheets of due dates, but will note on the spreadsheet that quarterlies cannot be completed early.
- Supervisor will meet with responsible QMHP weekly to remind of due dates of service plans and if assigned LMHP has not completed the Comprehensive Needs Assessment, then another LMHP staff will be asked to complete the plan.

Communications Update

September 2024

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.

Digital Engagement Snapshot:

Content Creation:

- Two blog posts
- Three news posts on Spark
- 21 LinkedIn posts
- 52 Facebook posts
- 18 Tweets
- 32 Instagram posts
- Facebook has 38 new fans this month
- Facebook posts reached 22,834 users
- Top Facebook posts were about Rev. Davies, peer support specialists attending Year of the Peer and the tropical spirit day
- Instagram has 10 new followers
- Instagram post engagement was 10.25%
- Most popular Instagram posts: tropical spirit day, peer support specialists attending Year of the Peer and HopeStarters wearing purple for overdose awareness day.
- LinkedIn has 6 new fans
- LinkedIn engagement rate is 9.97%
- Most popular LinkedIn posts were about the peer specialists attending Year of the Peer, Hawaiian spirit day and a recruitment post
- Total audience growth for all social media platforms was 54 new fans and followers
- LinkedIn: 567 followers
- Twitter: 471 followers
- Instagram: 384 followers
- Facebook: 2,684 page fans

Spark:

The wellness post on exercise, employee photo galleries and the kudos page 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 149 unique views and 1,540 site visits.

Website:

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

The site had 74,858 pageviews.

Competitive Analysis:

Facebook

- For Facebook, compared to industry averages for nonprofits:
Audience growth rate is .84% while industry average is -.77%
Post engagement is 5.57% vs industry average of 1.48%
Posting frequency is 1.6 posts per day vs. .43 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. -.022%
Post engagement rate is 11.41% vs 1.83%
Post frequency is .86 per day compared to .62 per day
- 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 25% above MWHC.
- For LinkedIn, compared to industry averages for nonprofit:
Audience growth rate is 6.98% vs .78%
Post engagement is 7.43% vs. 1.44%
Post frequency is .77 posts per day compared to .25 posts per day
- Number of followers is below average

Good to Know:

- Rappahannock Adult Activities' annual fall plant sale will start Sept. 28. You can purchase plants, pumpkins and bulbs at 750 Kings Highway, Monday through Friday, 10 a.m. to 4 p.m. and Saturday, 9 a.m. to noon.
- We will hold a Hearing Voices Day Celebration on Sept. 14 in Market Square, 214 William Street in Fredericksburg. The event will feature music, art, poetry, resources, activities and support.

Community Engagement

RACSB has had a presence at numerous events this month, including:

- Aug. 6: COPE Health and Wellness Outreach Event
- Aug. 19: Arc of Virginia annual convention
- Aug. 22: Fredericksburg City Schools Open House
- Aug. 27: Stafford CSA Summit
- Aug. 31: SUD Resource Event in Fredericksburg

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:

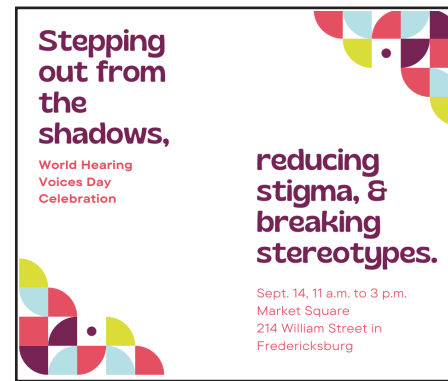
- Three new pages/posts on Spark
- Three updated pages on Spark
- 12 Viva Engage posts

Analytics:

- 149 unique Spark viewers
- 1,542 Spark visits

Employee Engagement

- The Internal Communications/Employee Engagement Committee met one time
- Engagement activities for this month were packing toys and books for PEID graduates, a tropical spirit day, a day of wearing purple for Overdose Awareness Day and a visit from the ice cream truck.
- The holiday party has been scheduled for Dec. 5 at Old Silk Mill Inn.



A glance at some of our content

Blog posts:

Seven Tips for Fall Gardening

As summer wanes and greens fade to brown and yellow, it can feel like fall is not a time for new growth. We may not typically think of fall as garden time, autumn is a fantastic time to start or continue your gardening journey. The cooler temperatures and shorter days provide ideal conditions for many plants to thrive.

Here's a beginner's guide to help you get started:

Choosing the Right Plants

Cool-season crops: These thrive in cooler temperatures. Popular options include:

Leafy greens: Kale, spinach, lettuce

Root vegetables: Carrots, beets, radishes

Brassicas: Broccoli, cauliflower

Perennials: Plant perennials that will bloom next spring. Consider:

Daffodils

Tulips

Pansies

Violas

Preparing Your Garden

Clear the area: Remove any debris, weeds, and dead plants.

Work the soil: Add compost or well-rotted manure to improve soil fertility and drainage.

Create planting beds: If you're starting from scratch, mark out your garden beds and dig them to a depth of 6-8 inches.

Planting Your Seeds

Follow planting instructions: Check seed packets for specific planting depths and spacing.

Water thoroughly: Ensure seeds are well-moistened after planting.

Protect from birds and pests: Use row covers or netting to deter unwanted visitors.

Caring for Your Garden

Water regularly: Aim to keep the soil consistently moist but not soggy.

Weed often: Remove weeds promptly to prevent competition for nutrients and water.

Mulch: Apply a layer of mulch around your plants to help retain moisture and suppress weeds.

Harvesting Your Crops

Harvest at peak ripeness: Use a sharp knife or scissors to avoid damaging the plants.

Store properly: Follow storage guidelines for each crop to extend its shelf life.

Preparing for Winter

Clean up: Remove any dead or diseased plants.

Protect tender plants: Consider covering or mulching tender plants to protect them from winter weather.

Plan for next season: Start planning your spring garden by selecting seeds and preparing your garden beds.

And while you're planning for your spring garden, don't forget about bulbs.

Crocus bulbs ready to plant in the fall garden. The time is right to plant bulbs for beautiful spring blooms. Here's a simple guide to help you get started:

Choosing the Right Bulbs

Think about bloom time: Choose bulbs that will bloom at different times to enjoy a continuous display of flowers.

Variety is key: Plant a mix of bulbs for a vibrant garden.

Preparing Your Garden

Choose a sunny location: Bulbs need plenty of sunlight to bloom.

Work the soil: Ensure the soil is well-draining and rich in organic matter.

Dig planting holes: The depth of the holes will vary depending on the bulb type, so check the planting instructions.

Planting the Bulbs

Place the bulbs correctly: Plant the bulbs with the pointed end facing upward.

Cover with soil: Gently fill in the holes with soil.

Water thoroughly: Ensure the bulbs are well-watered after planting.

Caring for Your Bulbs

Mulch: Apply a layer of mulch to help retain moisture and protect the bulbs from extreme temperatures.

Resist the urge to dig: Let the bulbs remain undisturbed until they have finished blooming.

Divide bulbs: After several years, divide overcrowded bulbs to maintain healthy growth.

Popular Bulbs for Fall Planting

Daffodils: Classic spring blooms in a variety of colors.

Blog post:

Five Tips for Emergency Preparedness for People with Developmental Disabilities

Disasters usually strike quickly with little notice, which is why it's crucial to prepare early. Preparation is extra important for individuals with developmental disabilities and their caregivers.

Disabilities can make emergencies much more stressful, but early preparation can reduce this stress and make sure that needs can be met under challenging circumstances.

Disability intersects every demographic group—there are people with disabilities of all ages, races, genders or national origin. And, disabilities can impact a person in a variety of ways—both visible and invisible. For people with disabilities and their families, it is important to consider individual circumstances and needs to effectively prepare for emergencies and disasters.

-from ready.gov

Here are some handy tips to help:

1. Find Your Tribe

Create a support network ahead of time by thinking about who can help you meet your needs during a disaster. This could be relatives, caregivers, friends, neighbors, etc.

Make sure this network includes at least three people as it's impossible to guarantee any one person will be available during an emergency.

Communicate with the people you have chosen, letting them know you will rely on them. Also let them know about special considerations and accommodations you may need.

2. Assess Your Needs:

List your supports: Think of all the adaptive equipment you use to complete activities of daily living

Determine what may not work in an emergency: Make note of any equipment that requires electricity, batteries or water. Electricity and water may be shut off for a time during a disaster.

Think about evacuations: Would you need help evacuating a building? Consider needs you will have for leaving a building, finding a safe spot and communicating your needs.

3. Create a Personalized Emergency Plan:

Meet with your caregiving team: Discuss what you discovered while assessing your needs.

Identify evacuation routes: Determine safe escape routes from home, work, and school.

Gather essential supplies: Prepare a disaster kit with medications, food, water, and other necessities.

Designate a communication plan: Establish a system for contacting family and friends in case of an emergency. Choose at least one out-of-town contact. Print out an emergency contact card and fill in the information. Carry it with you.

Consider transportation: Arrange for transportation in case of evacuation.

Contact first responders and power providers: Let them know if you have special needs. If you have medical equipment that requires electricity, ask your power provider about getting on a priority list for getting power restored.

4. Educate and Practice:

Learn emergency skills: Make sure you know how to call for help, use a fire extinguisher and follow evacuation procedures. Also note the best places for different emergencies: for example, where to go if there is a tornado, earthquake, flood or fire.

Practice drills: Conduct regular drills so emergency procedures become second nature.

5. Create a Disaster Kit:

A bag to hold the items—something you can grab and go in a hurry

Extra cash

Nonperishable food for 3-5 days

Bottled water

First aid kit

Can opener

Toilet paper and paper towels

Plastic bags

Hand sanitizer

Flashlight

Medications and copies of prescriptions

Battery-operated radio

Extra batteries

Adaptive equipment you use regularly

Change of clothing

Blanket

Have backup power options for assistive devices

When possible, have non-electronic backups for assistive devices (ie a manual wheelchair as a backup for an electric one or laminated picture cards as a backup for an assistive communication device)

Prevention Services Program Updates

Michelle Wagaman, Director

mwagaman@rappahannockareacsb.org

540-374-3337, ext. 7520

Prevention Services Top 5 for September:

1. **September is Suicide Prevention Month.** Please visit www.lockandtalk.org/campaigns/light for the new campaign “Light the Way: Illuminating Conversations for Hope”
2. **20 new ACE Interface Presenters** completed our train-the-presenter held August 27-29, 2024. This is our third presenter co-hort.
3. **66 unduplicated individuals registered for Pathway for Prevention Mental Health Trainings** scheduled for September 13 and September 24.
4. **Save 1 Life harm reduction initiative new website launched:** <https://www.save1lifefxbg.org/>
5. **Upcoming events include:** Braswell Run Against Teen Violence (9/21); Mental Health America of Fredericksburg’s Downtown Disco (9/21); Song for Charlie viewing at King George High School (9/17)

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. Year 2 facilitation of the Second Step Bully Prevention curriculum for the elementary grade levels within Caroline County Public Schools is underway.

Coalitions – The Community Collaborative for Youth and Families is meeting quarterly in 2024 and continues to work to relaunch the website. The next meeting is scheduled for October 12, 2024 and will be a training (topic TBD). The website redesign is nearly complete.

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, continues to schedule for the 2024-2025 academic year to facilitate alcohol prevention and vaping prevention education trainings as part of health classes. She recently presented to staff at John J. Wright in Spotsylvania County.

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.

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); November 7; and November 14 (Spanish) from 8:30 a.m. to 5:00 p.m.

At the request of McLane Mid-Atlantic, we have scheduled added two (2) Adult Mental Health First 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: 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>

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

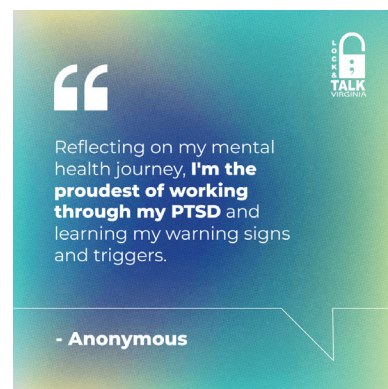
safeTALK – This 3-hour suicide alertness training encourages participants to learn how to prevent suicide by recognizing signs, engaging the individual, and connecting them to community resources for additional support.

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 has launched a new campaign in recognition of September as Suicide Prevention Month. Please visit www.lockandtalk.org/campaigns/light for the new campaign “Light the Way: Illuminating Conversations for Hope.”



The campaign includes two PSA videos that can also be found on the YouTube channel: www.youtube.com/@lockandtalkvirginia



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 October 28, 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:

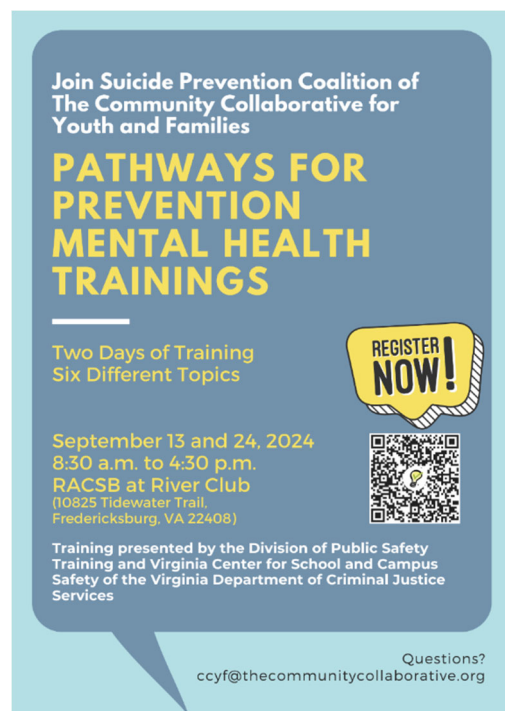
- Emotional Awareness and Management
- Identifying and Supporting Students with Trauma Experiences
- Bullying Prevention and Intervention

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>



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 the Save 1 Life harm reduction initiative has launched: <https://www.save1lifefxbg.org/>

Save One Life Naloxone Training and Dispensing – RACSB continues to host virtual trainings twice a month and at the request of community partners. We continue to experience an increase in training/dispensing requests from community organizations.

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

Additional Initiatives

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

ACEs Interface – RACSB Prevention Services offers in-person trainings. We are scheduled to the training as part of CIT 40-hour week in September.

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 hosted our second train-the-presenter cohort for CY 2024 on August 27-28-29. An additional 20 community members are now certified to facilitate this curriculum within the community. We also had participants from Fairfax CSB, Encompass Community Supports, and Middle Peninsula-Northern Neck CSB.

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.

August 2024

LOCALITY	NUMBER OF REFERRALS	ASSESSMENTS	NUMBER OF FAMILIES RECEIVING HOME VISITS	NEW ENROLLEES YEAR-TO-DATE
CAROLINE COUNTY	2	0	1	1
CITY OF FREDERICKSBURG	3	3	35	1
KING GEORGE COUNTY	2	0	9	0
SPOTSYLVANIA COUNTY	11	12	69	14
STAFFORD COUNTY	9	4	41	5
OUT OF AREA (REFERRED TO OTHER HF SITES)	0	0	0	0
TOTAL	27	19	155	21

- Congratulations to Program Director Melodie Jennings and Program Supervisor Marta Fuentes on 20 years of service to RACSB and HFRA!
- Program Director Melodie Jennings and Family Support Specialist Carley Hurd are now ACE Interface Presenters as part of the August cohort.
- HFRA participated in the annual Weecycled 4-day event.

- Efforts to build more community involvement continue with a recent meeting with Spotswood Baptist Church.



Order by September 11th. You can order kits to be shipped to you or a code for use at the local Little Caesar's.

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

Suicide Prevention Initiatives Fiscal Year 2024 Year-end Summary

RACSB continues to facilitate suicide prevention initiatives to include trainings, safe messaging campaigns, and distribution of lethal means safety devices through Lock and Talk Virginia.

Curriculum (Year RACSB began implementing)	FY 2024		Cumulative	
	# Trainings	# Participants	# Trainings	# Participants
Mental Health First Aid (2014)	36	609	241	4,291
ASIST (2019)	3	51	12	157
safeTALK (2013)	4	61	8	132
Total:	43	721	261	4,580

In FY 2024, RACSB distributed:

- 269 Medication Lock Boxes
- 722 Cable Gun Locks
- 445 Trigger Gun Locks
- 2,500 Medication Deactivation Kits
- 12,000+ Wallet Resource Cards

Deaths by Suicide

The Virginia Department of Health recently released the Office of the Chief Medical Examiner 2022 Annual Report: <https://www.vdh.virginia.gov/medical-examiner/annual-reports/>

Death by suicide is relatively stable between 2020 and 2022 on the state level. Within Planning District 16, there was an increase of 10 from 42 deaths in 2021 to 52 deaths in 2022. We continue to “yo-yo.”

In Virginia, the largest number of victims continue to be male (80%), white (76.3%), and aged 25-34 years old (17.4%). Males die by suicide at a rate of 4.1 compared to females. Firearms were used in 60.9% of all suicides.

Death by Suicide by Locality of Residence

Locality	2019		2020		2021		2022	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Caroline	4	13	6	19.4	6	19.4	6	18.8
Fredericksburg	3	10.3	6	20.3	4	13.6	6	20.9
King George	2	7.5	6	21.9	1	3.7	6	21.5
Spotsylvania	17	12.5	15	10.8	15	10.8	20	13.6
Stafford	11	7.2	23	15.3	16	10.2	14	8.6
<i>Planning District 16 total</i>	40		55		42		52	
State Total	1098	12.9	1147	13.4	1138	13.2	1152	13.3
<i>Out of state/unknown</i>	31		62		63		59	
Total	1159	13.6	1209	14.1	1201	14	1211	13.9

*Rate per 100,000 population

Mental Health First Aid Trainings

RACSB trainers are certified to facilitate the adult, youth, higher education, and public safety curriculums.

In FY 2024, two (2) staff with Healthy Families Rappahannock Area became certified to facilitate adult MHFA in Spanish. RACSB will begin offering this version in November 2024.

Additionally, RACSB hosted a train-the-trainer for teenMHFA in partnership with Caroline County Public Schools. We anticipate facilitating that curriculum during the 2024-2025 academic year for 10th grade students.

We continue to provide the Public Safety curriculum to all recruits at the Rappahannock Regional Criminal Justice Academy. We also partner with the University of Mary Washington to train new resident life staff twice a year.

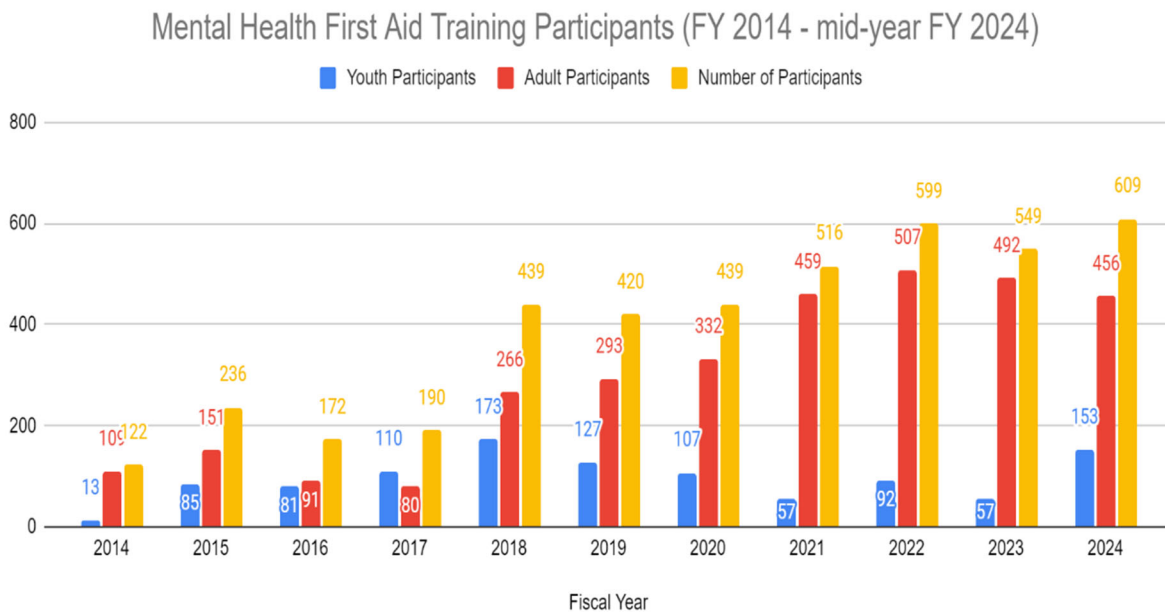
In FY 2024, 609 community members were trained (27 adult and 9 youth trainings held). This was a record year for both the number of trainings held and the number of training participants.

Since RACSB began offering the Mental Health First Aid training in 2014, a total of 4,291 community members have been trained.

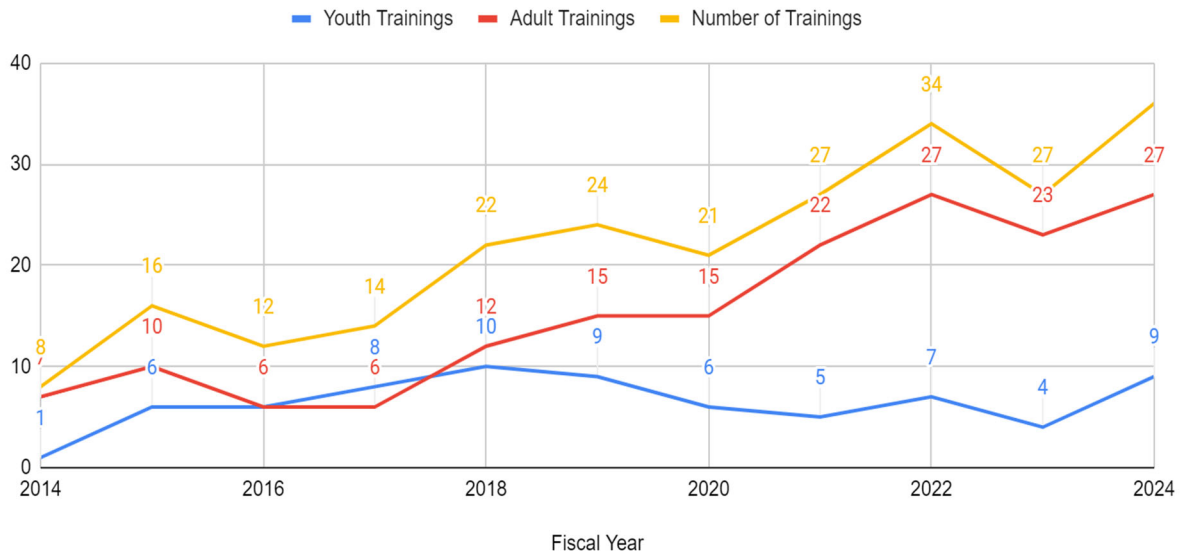
In addition to hosting numerous trainings that were open within the community, trainings were held in partnership with the following organizations:

- Central Rappahannock Regional Library (4 trainings for all staff)
- Rappahannock Regional Criminal Justice Academy
- University of Mary Washington
- U.S. Air Force Air Traffic Controllers (via Langley, VA)
- Wounded Warrior Regiment (Marine Corps Base Quantico)
- Caroline County Public Schools
- Stafford County Government

Based on the 104 participants that completed the Virginia Suicide Prevention Training Evaluation Assessment, 100% of MHFA participants agreed or strongly agreed that they recognize the signs that someone may be dealing with a mental health problem, substance use challenge or crisis in FY2023-24. (We are actively working to increase the response rate.)



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



To learn more and/or register for Adult Mental Health First Aid:

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

To learn more and/or register for Youth Mental Health First Aid:

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

Lock and Talk Virginia

RACSB is one of the eight founding CSBs of Lock and Talk Virginia. It has since grown from Health Planning Region 1 to across the Commonwealth with all 40 CSBs participating. Five communities in New York have formally signed on as Lock and Talk partners. It's an identified best practice by The Governor's Challenge to Prevent Suicide Among Service Members and their Families.

In addition to providing gatekeeper trainings like ASIST, safeTALK, and Mental Health First Aid, the initiatives promote help seeking behaviors and lethal means safety. RACSB distributes medication lock boxes and gun locks through our clinics, trainings, and prevention outreach efforts.

In FY 2024, RACSB distributed:

- 269 Medication Lock Boxes
- 722 Cable Gun Locks
- 445 Trigger Gun Locks

- 2,500 Medication Deactivation Kits
- 12,000+ Wallet Resource Cards

Much of FY 2024 was spent expanding the graphics library and implementing a series of social media campaigns (Suicide Prevention Month, Caregiver Awareness Month, Mental Health Month). We also continued efforts to refine the data evaluation plan.

In FY 2023, we partnered with the Central Rappahannock Regional Library to have Lock and Talk information as well as lethal means safety devices on display and available to community members at each branch. That effort continued in FY 2024.

The Gun Shop Project to provide education to firearm retailers will resume in FY 2025 with support from the newly formed Suicide Prevention Coalition.

ASIST: Applied Suicide Intervention Skills Training

This suicide prevention “first aid” is a 2-day in-person training the supports participants to identify and intervene to help keep a person with thoughts of suicide safe for now. We were successful in getting a second internal instructor certified in March 2022 and resumed offering this training in FY 2023.

In response to the Virginia ASIST evaluation survey, upon completion of the training, 100% of respondents agreed or strongly agreed that they feel confident to assist a person at risk of suicide.

Fiscal Year	# Trainings	# Participants
2019	1	8
2020	1	15
2021*	0	0
2022	1	30
2023	6	53
2024	3	51
Total:	12	157

*COVID and lack of required second trainer.

To learn more and/or register:

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

SafeTALK

SafeTALK is a 3-hour suicide alertness training. It helps participants recognize a person with thoughts of suicide and connect them with resources who can help them in choosing life. TALK stands for Tell, Ask, Listen, and KeepSafe. We began offering this training in FY 2023.

In response to the Virginia safeTALK evaluation survey, upon completion of the training, 100% of respondents agreed or strongly agreed that they feel confident to assist a person at risk of suicide.

Fiscal Year	# Trainings	# Participants
2023	4	71
2024	4	61
Total:	8	132

To learn more and/or register:

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

Finance Department August 2024 Program Updates

Staffing Changes and Opportunities:

There are currently two open positions in the Finance Department including Finance Technician and Financial Analyst. We continue to appreciate our financial consultant, Kelly Young Marinoff, who consistently goes above and beyond to support the Finance Team through transition.

Reimbursement Department:

Highlights for the Reimbursement Department include 2 Residential ICF clients that had eligibility issues resolved and we were able to collect \$100,000 for Residential services for prior months. We also have worked with the ACT Program to resolve authorization issues that allowed us to collect an additional \$20,000 for prior months services.

Barriers include an ongoing issue with Anthem's system not accepting billing for doctor's visits resulting in \$45,000 outstanding. Anthem reps have confirmed this will be fixed and we expect to be able to bill and collect in September. There is \$36,000 in billed claims for clients on spend down that have over 120 days. Programs are working with DSS to ensure these clients meet spend down but due to timing of DSS responses and age of claims there will be expected write offs for this. There is also \$30,000 in billed claims to Medicaid that are pending in their system due to Medicaid's system not being able to handle our multiple locations and each claim needs to be looked at manually. This will be an ongoing issue since Medicaid does not have a fix but all claims do get paid just at a slower rate.

Accounting Department:

The Accounting Department has worked to close the books for Fiscal Year 2024. They have responded to record requests for the ICF Wolfe Street DMAS Audit, DBHDS Internal Audit, HUD Audits, and supported with information needed for the DBHDS Cost Report and End of the Year reporting.

Payroll Department:

The Payroll Specialist has worked to ensure accurate salaries, deductions, and time documentation for payroll to ensure all changes due to the start of the fiscal year are reporting accurately.

RACSB
FY 2025 FINANCIAL REPORT
Fiscal Year: July 1, 2024 through June 30, 2025
Report Period: July 1, 2024 through July 31, 2024

MENTAL HEALTH

PROGRAM	REVENUE			EXPENDITURES			ACTUAL VARIANCE	VARIANCE / REVENUE
	BUDGET FY 2025	ACTUAL YTD	%	BUDGET FY 2025	ACTUAL YTD	%		
INPATIENT	0	10,000	0.00%	0	18,000	0.00%	(8,000)	-80%
OUTPATIENT (FED)	3,194,943	607,887	19.03%	3,194,943	340,124	10.65%	267,762	44%
MEDICAL OUTPATIENT (R) (FED)	4,910,714	423,777	8.63%	4,910,714	359,799	7.33%	63,978	15%
ACT NORTH (R)	1,009,186	73,814	7.31%	1,009,186	92,717	9.19%	(18,903)	-26%
ACT SOUTH (R)	969,616	110,361	11.38%	969,616	96,016	9.90%	14,345	13%
CASE MANAGEMENT ADULT (FED)	1,196,606	100,806	8.42%	1,196,606	117,337	9.81%	(16,530)	-16%
CASE MANAGEMENT CHILD & ADOLESCENT (FED)	929,321	118,153	12.71%	929,321	95,236	10.25%	22,917	19%
PSY REHAB & KENMORE EMP SER (R) (FED)	776,442	51,336	6.61%	776,442	79,204	10.20%	(27,868)	-54%
PERMANENT SUPPORTIVE HOUSING (R)	3,265,491	2,900,872	88.83%	3,265,491	195,264	5.98%	2,705,608	93%
CRISIS STABILIZATION (R)	2,789,414	179,406	6.43%	2,789,414	217,018	7.78%	(37,612)	-21%
SUPERVISED RESIDENTIAL	622,585	41,381	6.65%	622,585	53,887	8.66%	(12,507)	-30%
SUPPORTED RESIDENTIAL	869,009	87,441	10.06%	869,009	97,033	11.17%	(9,591)	-11%
JAIL DIVERSION GRANT (R)	94,043	21,485	22.85%	94,043	9,707	10.32%	11,778	55%
JAIL & DETENTION SERVICES	675,354	92,118	13.64%	675,354	61,357	9.09%	30,760	33%
SUB-TOTAL	21,302,725	4,818,837	23%	21,302,725	1,832,700	9%	2,986,137	62%

DEVELOPMENTAL SERVICES

PROGRAM	REVENUE			EXPENDITURES			ACTUAL VARIANCE	VARIANCE / REVENUE
	BUDGET FY 2025	ACTUAL YTD	%	BUDGET FY 2025	ACTUAL YTD	%		
CASE MANAGEMENT	4,204,751	309,812	7.37%	4,204,751	399,327	9.50%	(89,516)	-29%
DAY HEALTH & REHAB *	5,313,080	422,090	7.94%	5,313,080	511,988	9.64%	(89,898)	-21%
GROUP HOMES	6,851,462	832,880	12.16%	6,851,462	567,213	8.28%	265,667	32%
RESPIRE GROUP HOME	653,469	16,186	2.48%	653,469	61,291	9.38%	(45,105)	-279%
INTERMEDIATE CARE FACILITIES	4,788,336	1,150,439	24.03%	4,788,336	485,454	10.14%	664,985	58%
SUPERVISED APARTMENTS	1,932,464	338,259	17.50%	1,932,464	144,527	7.48%	193,732	57%
SPONSORED PLACEMENTS	1,943,190	190,707	9.81%	1,943,190	180,598	9.29%	10,109	5%
SUB-TOTAL	25,686,752	3,260,373	12.69%	25,686,752	2,350,398	9.15%	909,975	28%

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

RACSB
FY 2025 FINANCIAL REPORT
Fiscal Year: July 1, 2024 through June 30, 2025
Report Period: July 1, 2024 through July 31, 2024
SUBSTANCE ABUSE

PROGRAM	REVENUE			EXPENDITURES				VARIANCE / REVENUE
	BUDGET FY 2025	ACTUAL YTD	%	BUDGET FY 2025	ACTUAL YTD	%	ACTUAL VARIANCE	
SA OUTPATIENT (R) (FED)	1,544,604	87,281	5.65%	1,544,604	116,136	7.52%	(28,855)	-33%
MAT PROGRAM (R) (FED)	814,953	103,680	12.72%	814,953	114,108	14.00%	(10,429)	-10%
CASE MANAGEMENT (R) (FED)	239,631	23,599	9.85%	239,631	14,508	6.05%	9,091	39%
RESIDENTIAL (R)	69,049	2,660	3.85%	69,049	6,537	9.47%	(3,877)	-146%
PREVENTION (R) (FED)	634,155	0	0.00%	634,155	45,855	7.23%	(45,855)	#DIV/0!
LINK (R) (FED)	274,980	18,348	6.67%	274,980	16,883	6.14%	1,464	8%
SUB-TOTAL	3,577,371	235,567	7%	2,032,767	314,027	15%	(49,606)	-21%

SERVICES OUTSIDE PROGRAM AREA

PROGRAM	REVENUE			EXPENDITURES				VARIANCE / REVENUE
	BUDGET FY 2025	ACTUAL YTD	%	BUDGET FY 2025	ACTUAL YTD	%	ACTUAL Variance	
EMERGENCY SERVICES (R)	2,012,744	450,183	22.37%	2,012,744	155,880	7.74%	294,302	65%
CHILD MOBILE CRISIS (R)	376,212	0	0.00%	376,212	7,196	1.91%	(7,196)	#DIV/0!
CIT ASSESSMENT SITE (R)	391,306	122,839	31.39%	391,306	37,739	9.64%	85,100	69%
CONSUMER MONITORING (R) (FED)	133,656	34,063	25.49%	133,656	31,284	23.41%	2,779	8%
ASSESSMENT AND EVALUATION (R)	448,026	44,051	9.83%	448,026	42,162	9.41%	1,890	4%
SUB-TOTAL	3,361,944	651,136	19.37%	3,361,944	274,261	8.16%	376,875	58%

ADMINISTRATION

PROGRAM	REVENUE			EXPENDITURES			
	BUDGET FY 2025	ACTUAL YTD	%	BUDGET FY 2025	ACTUAL YTD	%	ACTUAL VARIANCE
ADMINISTRATION (FED)	470,080	17,798	3.79%	470,080	17,798	3.79%	0
PROGRAM SUPPORT	27,600	2,300	8.33%	27,600	2,300	8.33%	0
SUB-TOTAL	497,680	20,098	4.04%	497,680	20,098	4.04%	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 2025 FINANCIAL REPORT
Fiscal Year: July 1, 2024 through June 30, 2025
Report Period: July 1, 2024 through July 31, 2024
FISCAL AGENT PROGRAMS
PART C AND HEALTHY FAMILY PROGRAMS

PROGRAM	REVENUE			EXPENDITURES			ACTUAL VARIANCE	VARIANCE / REVENUE
	BUDGET FY 2025	ACTUAL YTD	%	BUDGET FY 2025	ACTUAL YTD	%		
INTERAGENCY COORDINATING COUNCIL (R)	1,882,348	375,325	19.94%	1,882,348	219,534	11.66%	155,791	42%
INFANT CASE MANAGEMENT (R)	998,791	102,168	10.23%	998,791	79,361	7.95%	22,807	22%
EARLY INTERVENTION (R)	2,567,207	244,885	9.54%	2,567,207	255,519	9.95%	(10,634)	-4%
TOTAL PART C	5,448,346	722,378	13.26%	5,448,346	554,414	10.18%	167,964	23%
HEALTHY FAMILIES (R)	141,386	36,992	26.16%	141,386	4,123	2.92%	32,869	89%
HEALTHY FAMILIES - MIECHV Grant (R) (REIM)	340,846	45,218	13.27%	340,846	37,330	10.95%	7,888	17%
HEALTHY FAMILIES-TANF & CBCAP GRANT (R) (REIM)	528,690	192,183	36.35%	528,690	57,355	10.85%	134,828	70%
TOTAL HEALTHY FAMILY	1,010,921	274,393	27.14%	1,010,921	98,809	9.77%	175,584	64%

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

RACSB
FY 2025 FINANCIAL REPORT
Fiscal Year: July 1, 2024 through June 30, 2025
Report Period: July 1, 2024 through July 31, 2024

RECAP FY 2025 BALANCES

	<u>REVENUE</u>	<u>EXPENDITURES</u>	<u>NET</u>	<u>NET / REVENUE</u>
MENTAL HEALTH	4,818,837	1,845,668	2,973,169	62%
DEVELOPMENTAL SERVICES	3,260,373	2,350,414	909,959	28%
SUBSTANCE ABUSE	235,567	314,027	(78,461)	-33%
SERVICES OUTSIDE PROGRAM AREA	651,136	274,261	376,875	58%
ADMINISTRATION	20,098	20,098	0	0%
FISCAL AGENT PROGRAMS	996,771	653,222	343,548	34%
TOTAL	9,982,781	5,457,691	4,525,090	45%

Restricted Funds	\$	3,667,011
Unrestricted Funds		858,079
Total	\$	4,525,090

RECAP FY 2024 BALANCES

	<u>REVENUE</u>	<u>EXPENDITURES</u>	<u>NET</u>	<u>NET / REVENUE</u>
MENTAL HEALTH	1,615,512	1,223,263	392,249	24%
DEVELOPMENTAL SERVICES	2,619,226	1,726,727	892,499	34%
SUBSTANCE ABUSE	164,901	277,901	(113,000)	-69%
SERVICES OUTSIDE PROGRAM AREA	216,131	175,066	41,065	19%
ADMINISTRATION	59,726	59,726	0	0%
FISCAL AGENT PROGRAMS	944,850	433,280	511,570	54%
TOTAL	5,620,347	3,895,964	1,724,383	31%

	<u>\$ Change</u>	<u>% Change</u>
Change in Revenue from Prior Year	\$ 4,362,434	77.62%
Change in Expense from Prior Year	\$ 1,561,728	40.09%
Change in Net Income from Prior Year	\$ 2,800,707	162.42%

*Unaudited Report

HUMAN RESOURCES PROGRAM UPDATE- August 2024

As we roll into the fall season, the Human Resources Department (HR) is continuing to focus its efforts on supporting the effort to fill vacancies and to help assimilate the workforce to our new learning management system (LMS) Relias.

In the month of August, we had 27 job offers accepted and facilitated 28 new employees through new hire orientation. There were a number of key positions that were filled, that had been vacant for some time, due to the salary adjustments that were made in July 2024. Through the work of the Board in providing salary increases in FY '24 and at the beginning of FY '25, along with the focus of staff to fill positions, RACSB's employee base has increased 12% compared to this time last year.

RACSB employees completed 1,040 trainings in the month of August. We were able to deploy 840 of those trainings through our new LMS Relias. This month we also rolled out our first wave of standardized reporting through the organization with Relias. This will make sure that all levels of leadership are viewing the same training reports and will over time cut down on the number of manual training reports that HR will have to put together.



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: September 5, 2024

Re: Summary – August 2024 Applicant and Recruitment Update

RACSB continues to receive a significant number of applications through the hiring portal. For the month of August 2024, RACSB received 725 applications.

Of the applications received, 138 applicants listed the RACSB applicant portal as their recruitment source, 72 stated employee referrals as their recruitment source and 515 listed job boards as their recruitment source.

At the end of July, there are currently 56 open positions, 39 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 August 2024.

APPLICANT DATA REPORT

RACSB FY 2025

<u>APPLICANT DATA</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>
Female	727	338										
Male	128	93										
Not Supplied	372	294										
Total	1227	725										
<u>ETHNICITY</u>												
Caucasian	254	140										
African American	405	193										
Hispanic	67	26										
Asian	20	15										
American Indian	2	2										
Native Hawaiian	2	1										
Two or More Races	63	44										
<u>RECRUITMENT SOURCE</u>												
Newspaper Ads												
RACSB Website	192	138										
RACSB Intranet												
Employee Referrals	99	72										
Radio Ads												
Job Boards												
Indeed.com	861	437										
VA Employment Commission												
Monster.com												
Other -	48	53										
VA Peer Recovery Specialist Site												
Colleges/Handshake												
Facebook												
Multi Site Search												
NHSC												
Linked In												
Goodwill referral												
Zip Recruiter	27	25										
Job Fair												
Total # of Applicants	1227	725										

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	8											11
Full-time	8	14											22
Sub Total External Applicants Hired	11	22											33
Internal Applicants Moved:													
Part-time to Full-time													0
PRN As Needed to Full-Time													0
Sub Total Internal Applicant Moves	0	0											0
Total Positions Filled:	11	22											33
Total Applications Received:													
Actual Total of Applicants:	1227	725											1952
Total External Offers Made:	11	22											33
Total Internal Offers Made:	0	0											0

Open Positions Report			8/30/2024				
<u>Date</u>	<u>Days position open</u>	<u>Job #</u>	<u>Job Title</u>	<u>Division</u>	<u>Department</u>	<u>FT</u>	<u>PT</u>
8/22/2024	8	1283986	Property Maintenance Technician	Admin	Property management	x	
8/29/2024	1	1290371	Human Resources Specialist	Admin	Human Resources	x	
12/1/2023	273	1060699	Financial Analyst	Admin	Accounting	x	
					3		
7/3/2024	58	1242551	Developmental Services Support Coordinator - Fredericksburg	CSS	ID/DD Support Coordination Services	x	
8/6/2024	24	1270107	Developmental Services Support Coordinator - Fredericksburg	CSS	ID/DD Support Coordination Services	x	
8/30/2024	0	1291455	Developmental Services Support Coordinator - Stafford	CSS	ID/DD Support Coordination Services	x	
8/30/2024	0	1291456	Developmental Services Support Coordinator - Stafford	CSS	ID/DD Support Coordination Services	x	
8/26/2024	4	1216353	Psychosocial Advocate	CSS	Kenmore Club	x	
8/22/2024	8	1284004	ACT Team Coordinator III	CSS	ID/DD Support Coordination Services	x	
8/16/2024	14	1279140	Nurse, RN - Crisis Stabilization	CSS	Crisis Stabilization Program	x	
2/29/2024	183	1120800	Certified Substance Abuse Counselor (CSAC)	CSS	Crisis Stabilization Program	x	
8/26/2024	4	1053566	Therapist	CSS	Crisis Stabilization Program	x	
7/24/2024	37	1258300	Housing Locator	CSS	Permanent Supportive Housing	x	
8/9/2024	21	1273357	Housing Case Manager	CSS	Permanent Supportive Housing	x	
7/24/2024	37	1258307	Critical Time Intervention Case Manager	CSS	Permanent Supportive Housing	x	
					12		
12/7/2023	267	1053800	Peer, Family Support - Spotsylvania	Clinical	Child & Adolescent Services		x
2/23/2024	189	1117540	Therapist, Emergency Services Mobile Co-Response	Clinical	Emergency Services	x	
2/23/2024	189	1116531	Therapist, Emergency Services Mobile Co-Response	Clinical	Emergency Services	x	
12/1/2022	638	1053679	Therapist, SA - Probation and Parole	Clinical	Jail Based/Diversion Services	x	
7/7/2023	420	1053681	Therapist, SA (Jail Based)	Clinical	Jail Based/Diversion Services	x	
7/25/2024	36	1259220	Therapist, MHSA Outpatient	Clinical	Outpatient Services	x	
8/26/2024	4	1053832	Therapist, MHSA Outpatient	Clinical	Outpatient Services	x	
5/6/2024	116	1126620	Psychiatrist	Clinical	Outpatient Services	x	
8/27/2024	3	1242531	Office Manager I - Fredericksburg	Clinical	Outpatient Services	x	
8/30/2024	0	1291460	CSAC Mobile OBOT	Clinical	Substance Abuse Services	x	
8/26/2024	4	1287248	Peer Recovery Specialist	Clinical	Substance Abuse Services	x	
7/23/2021	1134	1053589	Therapist, Office on Youth	Clinical	Substance Abuse Services	x	
1/3/2024	240	1076741	Therapist, SA - Women's Services - Fredericksburg	Clinical	Substance Abuse Services	x	
5/2/2024	120	1053663	Assistant SUD Coordinator - OBOT - Fredericksburg	Clinical	Substance Abuse Services	x	
6/3/2024	88	1216407	Lead Therapist, Veterans and Families	Clinical	Substance Abuse Services	x	
					15		
8/9/2024	21	1273339	Direct Support Professional - Day Support - King George	CSS	Day Health & Rehabilitation Services	x	
8/16/2024	14	1279129	Direct Support Professional - Day Support - Kings Highway	CSS	Day Health & Rehabilitation Services		x
6/28/2024	63	1238223	Direct Support Professional - Day Support - Kings Highway	CSS	Day Health & Rehabilitation Services		x
8/9/2024	21	1273334	Direct Support Professional - Day Support - Kings Highway	CSS	Day Health & Rehabilitation Services		x
6/17/2024	74	1228294	Direct Support Professional - Day Support - Kings Highway	CSS	Day Health & Rehabilitation Services		x
8/19/2024	11	1280496	Direct Support Professional - Day Support - Kings Highway	CSS	Day Health & Rehabilitation Services		x
7/27/2023	400	1054904	Direct Support Professional - Day Support - Stafford	CSS	Day Health & Rehabilitation Services		x
8/9/2024	21	1273337	Direct Support Professional - Day Support - Stafford	CSS	Day Health & Rehabilitation Services	x	
8/28/2024	2	1289885	Direct Support Professional - Day Support - Spotsylvania	CSS	Day Health & Rehabilitation Services	x	

Open Positions Report			8/30/2024				
<u>Date</u>	<u>Days position open</u>	<u>Job #</u>	<u>Job Title</u>	<u>Division</u>	<u>Department</u>	<u>FT</u>	<u>PT</u>
7/17/2024	44	1252834	Direct Support Professional - Day Support - Spotsylvania	CSS	Day Health & Rehabilitation Services		x
8/16/2024	14	1279132	Direct Support Professional - Day Support ICF	CSS	Day Health & Rehabilitation Services		x
					11		
12/8/2020	1361	1053889	Nurse, LPN - ICF - Wolfe ICF	CSS	ID/DD Residential Services	x	
5/4/2021	1214	1053891	Nurse, LPN - ICF - Wolfe ICF	CSS	ID/DD Residential Services	x	
8/26/2024	4	1287176	Direct support Professional - Residential ICF - Ross	CSS	ID/DD Residential Services	x	
8/26/2024	4	1287178	Direct support Professional - Residential ICF - Lucas	CSS	ID/DD Residential Services	x	
8/28/2024	2	1289103	Direct support Professional - Residential ICF - Wolfe	CSS	ID/DD Residential Services		x
8/30/2024	0	1291454	Direct support Professional - Residential ICF - Wolfe	CSS	ID/DD Residential Services	x	
2/7/2024	205	1102034	Direct Support Professional - Residential ICF - Lucas	CSS	ID/DD Residential Services		x
8/6/2024	24	1270116	Direct Support Professional - Residential ICF - Lucas	CSS	ID/DD Residential Services	x	
8/16/2024	14	1273328	Direct Support Professional - Residential ICF - Lucas	CSS	ID/DD Residential Services		x
8/20/2024	10	1281492	Direct Support Professional - Residential - Stonewall	CSS	ID/DD Residential Services	x	
12/6/2023	268	1075218	Direct Support Professional - Residential - Devon	CSS	ID/DD Residential Services		x
9/22/2023	343	1055526	Direct Support Professional - Residential - Leeland	CSS	ID/DD Residential Services		x
6/26/2024	65	1236419	Direct Support Professional - Residential - Belmont/SAP	CSS	ID/DD Residential Services		x
6/26/2024	65	1236487	Direct Support Professional - Residential - Myers	CSS	ID/DD Residential Services		x
7/17/2024	44	1252847	Direct Support Professional - Residential - Merchants Square	CSS	ID/DD Residential Services		x
					15		
Avg days open	155.91						
Total Open Positions:					56	39	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: September 5, 2024
Re: Summary – Turnover Report – August 2024

Human Resources processed a total of ten (10) employee separations for the month of August 2024. Of the ten, eight (8) separations were voluntary, two (2) separations were involuntary.

Reasons for Separations

Resigned other employment- Vol.	3
Unknown - Vol.	2
Resigned Relocation- Vol.	1
Resigned Return to School- Vol.	1
Resigned – Retirement- Vol.	1
For cause- Invol.	2

RACSB MONTHLY TURNOVER REPORT

Aug-24

<u>ORGANIZATIONAL UNIT</u>	<u>NUMBER OF TERMS</u>	<u>VOLUNTARY</u>	<u>INVOLUNTARY</u>	<u>EXPLANATION</u>
Administrative		1		Resignation - other employment
<i>Unit Totals</i>	1	1	0	
Clinical Services				
<i>Unit Totals</i>	0	0	0	
Community Support Services		2		Resignation - other employment
		2		Unknown
		1		Relocation
		1		Return to School
		1		Retirement
			2	For cause
<i>Unit Totals</i>	9	7	2	
Grand Totals for the Month	10	8	2	

Total Average Number of Employees	573
Retention Rate	97.90%
Turnover Rate	2.10%

Total Separations	10
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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	573										
Monthly Terminations*	14	10										
Turnover by Month	2.45%	1.75%										
Cumulative Turnover YTD	2.45%	4.19%										
Average % Turnover per Month YTD	2.45%	2.10%										

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

RACSB DEPUTY EXECUTIVE DIRECTOR REPORT

August 2024 Monthly Updates

Opportunities for Partnership/Input:

- Finalized procurement efforts to select Altruix for our on-site and programmatic pharmacy provider. Leading the transition and implementation efforts.
- Asked to serve on state leadership council on Workforce Development.
- Recorded webinar for Open Minds on Integrated Care.
- Presented on “Use of Technology by High Performing Service Providers” at the Netsmart National Conference in Dallas, Texas.
- Started serving on the IMS Business Core Team through DBHDS on the new Incident Management System which will replace the current CHRIS system. Participated in review of the RFI/Procurement.
- Successfully advocated for changes in data and performance requirements for STEP-VA.
- Met with Mary Washington Hospital to explore possible rotation for their Primary Care Residents.
- Attended Board of Counseling meeting to speak to new Behavioral Health Technician and Behavioral Health Technician Assistant credentials.
- Met with Patti Lisk, Consultant with VHHA, regarding new grant opportunity to fully fund paid internship programs like our partnership with Germanna.
- Recorded podcast on using data driven strategies to address behavioral health workforce recruitment and retention.
- Attended Caroline, Stafford, and City of Fredericksburg Board of Supervisors/City Council meetings regarding approval of DBHDS Performance Contract.

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. This month, we kicked off joint meetings with Netsmart and the other MyAvatar CSBs on the project. We met with Deloitte, Netsmart, and DBHDS to work on the project.

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 15, 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. We worked with DBHDS to identify difficulties in getting the data into Trac-It once submitted to DBHDS.

Altruix Pharmacy Transition

Executive leadership meets with Altruix team weekly through implementation. The Altruix team has been on-site since August 23rd to assist clients in real-time during the transition.

Completed or Upcoming Data Requests:

Completed: CARS Financial FY2025 Budget Reporting; FY2024 DBHDS CARS Regional Report End of Year; Workforce Funding Plan; DBHDS Evidenced-Based Practices; DBHDS STEP-VA Six-month update; DBHDS STEP-VA Costing Report

Upcoming: DBHDS CARS End of the Year FY24 Financial Report;

To: Joe Wickens, Executive Director

From: Brandie Williams, Deputy Executive Director

Re: DBHDS Workforce Funding Plan Submission

Date: August 30, 2024

The Virginia General Assembly included \$7,500,000 for the first year and \$7,500,000 the second year in general fund appropriations to be provided to grow the Virginia Community Services Board (CSB) workforce. The Department of Behavioral Health and Developmental Services (DBHDS) allocated the funding based on the size of each CSB's workforce. DBHDS offered options for workforce activities from which each CSB could select to use the funding. Each CSB had to submit a Workforce Funding Plan to DBHDS by September 1, 2024 outlining how they plan to use the funds for this year.

The Rappahannock Area Community Services Board has been allocated \$255,134 of this funding for this fiscal year. We submitted our plan to DBHDS on August 26, 2024 which included the following strategies:

- **53% of the funding will be used to fund clinical supervision hours for licensed-eligible staff**
- **12% of the funding will be used to fund tuition reimbursement and educational supplements**
- **35% of the funding will be used to fund paid internships**

DBHDS is required to approve the plan prior to distributing the funding.

To: Joe Wickens, Executive Director

From: Brandie Williams, Deputy Executive Director

Re: FY24-25 Amended Community Services Performance Contract-For Approval

Date: August 30, 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 submitted the attached FY24-25 Amended Community Services Performance Contract to all localities for review and approval. RACSB Executive Staff have been present at each meeting to answer questions or address concerns. Due to timing of the meetings, a status of each locality will be provided verbally during the RACSB Board of Directors meeting on September 17, 2024.

The amendments were posted on the RACSB website for public comment on July 22, 2024. During the required 30-day comment period, only one comment was submitted which advocated for DBHDS to increase funding for prevention Services. The document is still available for review at the link below.

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

Action Requested: RACSB requests that the Board of Directors approve the FY24-25 Amended Community Services Performance Contract contingent upon approval from each locality in Planning District 16. The Board is required to approve no later than September 30, 2024 in order for RACSB to continue to receive state funding.

To: Joe Wickens, Executive Director

From: Brandie Williams, Deputy Executive Director

Re: DBHDS STEP-VA Update Report Submission

Date: August 30, 2024

The Department of Behavioral Health and Developmental Services requires an update report on STEP-VA efforts which is due by September 4, 2024. The Rappahannock Area Community Services Board submitted their report via the required Google form on August 30, 2024.

The report has CSBs rate each STEP-VA Service on overall implementation, workforce, access, and training. Consistent barriers crossed our ratings of each service to included workforce shortages, increased administrative burden, and insufficient funding to match requirements. The summary of our comments can be found below.

Staffing vacancies and workforce challenges have significantly impacted our ability to provide sufficient STEP-VA services. In addition, demand for service has significantly increased in our community and many individuals have no other option for services. Even if fully staffed, the demand would still exceed our capacity. The administrative processes required for STEP-VA services further restrict service capacity. RACSB has increased salaries to address workforce shortages over the past two years at an additional approximate \$10,000,000 annually to the agency. Funding sources have not increased at the same rate further restricting our ability to expand our services capacity, especially for STEP-VA services which were not fully funded to meet the requirements of each STEP.

To: Joseph Wickens, Executive Director

From: Brandie Williams, Deputy Executive Director

Re: DBHDS STEP-VA Cost Report Submission

Date: September 5, 2024

The Department of Behavioral Health and Developmental Services required all community services boards to complete a cost report specific to the STEP-VA initiative. The Rappahannock Area Community Services Board completed and submitted the required report to DBHDS on September 5, 2024. Please find more information regarding the report below.

Reasons for this request:

The current 2024-2026 biennium budget includes [Item 295 #6c](#); which requires DBHDS to:

1. Conduct a needs assessment to determine the unmet need for each of the nine service components of STEP-VA
2. Develop an estimate of the cost of satisfying the unmet need for each of the nine STEP-VA service components statewide
3. Report on their findings to the Chairs of the House Appropriations and Senate Finance and Appropriations Committees and to the Behavioral Health Commission by December 1, 2024

DBHDS has worked to modify the required CCBHC CMS cost report and tailored it to the STEP-VA initiative because of its origins following the SAMHSA best practice model. Taking this approach will:

1. Provide a uniform way for CSBs to report costs
2. Enable CSBs to project future cost of services and total number of personnel needed to support clients
3. Clarify to General Assembly the total cost of running services (state and non-state funded) and percent of CSB expenditures related to STEP-VA