

# RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD

November 19, 2024

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

## AGENDA

- I. Call to Order, *Beebe*
- II. \*Minutes, Board of Directors, October 15, 2024, *Beebe* .....4
- III. Public Comment, *Beebe*
- IV. Employee Service Awards, *Wickens*
  - A. Five Years:
    - 1. Stephanie “Stevie” Baker, Office Associate, ACT North
    - 2. Theresa Filipovich, Office Associate, PEID
    - 3. Latrice Fore, DSP, New Hope
    - 4. Eunice Holmes, Asst. Group Home Manager, Scottsdale
    - 5. Lorraine Weresnick, Manager, PSH
  - B. Ten Years:
    - 1. Celenia Wood, Office Manager, Caroline
  - C. Fifteen Years:
    - 1. Rebekah Herrin, Occupational Therapist
  - D. Twenty-Five Years:
    - 1. Wendi Powell, Child/Adolescent Case Manager, Spotsylvania
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- VII. Program Reports
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IX.	Board Time	
X.	Adjournment	

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# October 2024 Board of Directors Meeting Minutes

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## I. CALL TO ORDER

A meeting of the Board of Directors of Rappahannock Area Community Services Board was held on October 15, 2024, at 600 Jackson Street and called to order by Chair Nancy Beebe at 3:00 p.m. Attendees included: Nancy Beebe, Glenna Boerner, Claire Curcio, Jacob Parcell, Shawn Kiger, Greg Sokolowski, Carol Walker, Melissa White, Susan Gayle, Bridgette Williams, Sarah Ritchie, and Matthew Zurasky. Not Present: Kenneth Lapin

## II. MINUTES, BOARD OF DIRECTORS, September 17, 2024

The Board of Directors approved the minutes from the September 17, 2024 meeting.

ACTION TAKEN: The Board approved the September 17, 2024, minutes

Moved by: Ms. Melissa White

Seconded by: Ms. Carol Walker

## III. PUBLIC COMMENT

No Action Taken

## IV. SERVICE AWARDS

Mr. Joe Wickens recognized all employees with awards:

### 5 years

**Portia Bennett**, Coordinator, MH/SA Jail/JUVDET RRJ

**Gifty Kubithrash**, DSP, Stonewall

**Monica Robinson**, Speech & Language Pathologist PEID

### 10 years

**Nathan Reese**, IT Coordinator

### 30 years

**Darcy Vinciguerra**, Developmental Services Support  
Coordinator

## V. EMPLOYEE OF THE QUARTER, **Tamra McCoy**, ACT Coordinator

## VI. BOARD CORE BEHAVIORS, Mr. Parcell reminded the members of the Board of the Board Core behaviors and that the group align as a Board on these core behaviors to champion throughout their time at the Board meeting, and also outside of it. Behaviors include: Being open and honest with each other, being candid with



candid conversations, making sure to ask the tough questions and finally, making sure all decisions are based on taking the organization to the next level.

## VII. BOARD PRESENTATION: RACSB Local Funding Request FY2026, *Ms. Brandie Williams*

Ms. Williams shared that every year we have a local funding application. Local funding serves as part of our budget and to receive this we do a joint application that is electronically submitted to all of our localities. We tie our additional request for local funding to a specific purpose. The purpose of her presentation is to outline RACSB's strategy or the request that is due October 21, 2024 to the localities for FY2026. Ms. Williams went over the priorities and gave the Board a platform to advocate for with their local Board of Supervisors and City Council, to continue to support our request.

Ms. Williams continued that RACSB requests local funding to support the Mental Health and Substance Abuse programs. RACSB request total funding of \$2,185,000 for fiscal year 2026, from the Counties of Caroline, King George, Spotsylvania, Stafford and the City of Fredericksburg. RACSB is requesting \$235,062 (12.5%) additional funding across all localities over last year's approved to maintain the current salaries.

## VIII. PROGRAM REPORTS

### A. COMMUNITY SUPPORT SERVICES, *Ms. Amy Jindra*

1. Ms. Jindra gave an overview of her program: DD Residential Services, MH Residential as well as the ACT Team have all transitioned to the use of the Altruix Pharmacy and it's going very well. They are expanding the Merchant's Square program to another two unit's total. Myer's hit 37.9% utilization in September (goal is 40%). Tamra and Steve have become PCT coaches which is a great resource for our Bachelor level and entry level positions, it offers great training. RAAI has hit 114 individuals in enrollment. RAAI's trunk and treat will be held on October 20<sup>th</sup> at 5pm at Kings Hwy. They are also doing a Fall plant sale right now. PEID hit 533 children enrolled in services currently.
2. Developmental Disabilities Residential Services Update- Ms. Jindra referred to report that gave overview of enrollment and vacancies of DD Residential Services.
3. Mental Health Residential Services – Ms. Jindra shared that this includes Permanent Supportive Housing, Supported Living as well as Transitional Beds (which is hospital transition). DBHDS has awarded us a certain amount of money to hold beds for people transitioning from the hospital. Ms. Jindra went over graph showing vacancies and referrals. Currently we have five beds that are for transition that are vacant. For Permanent Supportive Housing (PSH) we have 19 individuals that are waiting for housing 31 available slots and 60 individuals that are currently housed by PSH. Mr. Parcell asked why there were 19 individuals waiting if we have 31 available slots. Ms. Jindra said that the typically the biggest barrier is housing units. Many people on the waitlist have poor rental history, poor financial history, legal involvement, so it's the logistics of the matter that holds it up.
4. Sunshine Lady House Utilization – Ms. Jindra shared that the utilization for September was notably lower. There were less referrals. Their goal is 75%. Ms. Jindra said that October looks much better. Ms. Jindra said that the five day stay creates a totally different vacancy on rotation than the previous 14 day stay they used to have. They cycle much quicker with a five day stay and consequently the vacancy is higher.

5. Title VI Plan Updates for Transportation – Ms. Jindra began by explaining the document and how every year that we apply for the DRPT Transportation Grant where we get three to four vehicles at 80% of value. DRPT is under the Federal Transportation and consequently they require that we have policies in place that protect against discrimination. Title VI requires that we have policies and procedures that allow for us to protect individuals from any potential discrimination. This requires Board approval as well as the Chairpersons signature on the document.

Mr. Zurasky commented that he had a number of questions on the document. He asked if this plan and procedures is just for specialized transportation. Ms. Jindra said it was. Mr. Zurasky said that isn't made clear throughout the document. He said it fluctuates back between the agency and specialized transportation. He went on to say that if he reads the introduction correctly it doesn't say that Title VI needs to be just for the specialized transportation it just needs to know that specialized transportation falls under a Title VI procedures document. He said he believes we would better off if we had an agency policy that said here are policies and procedures and those procedures could be calling out specialized transportation, calling out housing and other things, so that we wouldn't be confused where the boundaries are.

Ms. Terrell gave some background of the creating of the document. Mr. Zurasky said that he believes the document needs to be reworked/rewritten. Mr. Wickens asked Ms. Terrell that given this is a federal document, is there room to make these kinds of accommodations in the document. Ms. Terrell said that this is how we received the document but that she believes changes could be made.

Mr. Zurasky said that he believes it would be best if we could have a Title VI plan and procedures for RACSB and then have transportation be able to refer to that. He believes it should be rewritten at the agency level.

Ms. Curcio asked that if we rewrite the document at an agency level will it have what it needs to meet the federal requirements.

Mr. Wickens asked when the document is due. It is assumed it's due this month. He asked if we have time to go through this but asked if we need an approval on this document first and then do the revision.

Ms. Walker asked if you could have an appendix that would address the revisions without having to rewrite the document.

Ms. White said if it is a deadline crunch, she recommends getting Mr. Zurasky's notes because he has a lot of good notes he has taken on the document and information that should be considered.

Mr. Zurasky said this needs to be done now. It shouldn't wait. He's uncomfortable with it the way it is. Other members of the Board agreed. It was decided to accept the current document with the understanding that the document would be revised in 90 days.

**ACTION TAKEN:** The Board approved the Title VI Plan Updates for Transportation with the intention of revising the document in 90 days.

Moved by: Ms. Claire Curcio  
Seconded by: Ms. Carol Walker

The Motion passed 8-4 (Voting yes: Ms. Beebe, Ms. Curcio, Ms. Walker, Ms. Ritchie, Ms. Boerner, Mr. Parcell, Mr. Kiger, Ms. Gayle; Voting no: Mr. Zurasky, Ms. White, Ms. Williams, Mr. Sokolowski)

ACTION TAKEN: The Board agreed that by the January 2025 Board meeting the Title VI document will be revised to be an RACSB agency plan and procedures document.

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

B. CLINICAL SERVICES, *Ms. Jacque Kobuchi, Ms. Donna Andrus, Ms. Nicole Bassing*

1. Ms. Kobuchi gave highlights of her program. Two clinicians from the children's services clinic and our clinic coordinator in Fredericksburg went to James Monroe High School to support mental health and suicide awareness event. They also had their very first hearing voices day celebration downtown which was very successful. They have filled a number of very hard to fill positions in their substance abuse programs. We have a new co-worker therapist who started on October 16<sup>th</sup>. We also filled our assistant coordinator for substance services who will work with our global MAT program that they are developing. They also filled their lead Veteran's therapist position and she will start in October.
2. Outpatient Waitlist and Same Day Access – Ms. Kobuchi shared that there are two clinics right now with waitlists. Stafford Clinic has 89 individuals on the waitlist and Spotsylvania has 31. They saw a significant increase in the number of individuals seen in same day access, Caroline starting picking up and they also saw an increase in the other clinics as well. Ms. Kobuchi said that their goal is to have no waitlist by January. Stafford biggest demand, not as many private providers and so they are seeing a big increase in people who have resources but can't find a provider.  
Mr. Zurasky asked how confident Mr. Kobuchi would be that the waitlist would be eliminated by January. Ms. Kobuchi said 90%. It depends on if we have any other individuals resign, which she doesn't foresee happening. Mr. Zurasky said he thinks that would help when we go to present to the Board because we're showing a negative number in the number of people so if we could have a timeline when we were really bad and now were working up, were back to our goal by then, it would help us in our negotiations.
3. State Hospital Census Report – Ms. Kobuchi took the Board through the report. She stated that we currently have 35 individuals residing at state hospital's receiving treatment. Nine of those are new this past month and twelve people were discharged. Then we have individuals that were civilly admitted there (that means that the ES team got a TDO for them to be admitted there). There are also individuals under NGRI (Not Guilty by Reason of Insanity) they tend to

take a longer time to get out because it's a strenuous process to get them discharged. There are nineteen individuals there right now that are under forensic admissions, those are individuals admitted through the jail but were not able to be maintained in the jail system so they will be medically stabilized and then returned to the jail for those criminal charges they have waiting for them. There are two individuals on the extraordinary barriers list who are hospitalized at Western State Hospital and Northern Virginia Mental Health Institute.

4. Emergency Custody Order (ECO)/ Temporary Detention Order (TDO) Report – September 2024. Ms. Kobuchi stated that Emergency Services staff completed 155 emergency evaluations in September. Sixty-eight individuals were assessed under an emergency custody order and sixty-eight total temporary detention orders were served of the 155 evaluations. Staff facilitated two admissions to the state hospital, which was one admission to Southern Virginia Mental Health Institute and one admission to Western State Hospital. A total of twenty individuals were involuntarily hospitalized outside of our catchment area in September. Eighteen individuals were able to utilize alternative transport. Two individuals were unable to utilize alternative transport due to post-commitments. Data reports submitted.
5. CIT and Co-Response Report- Ms. Kobuchi reported that the CIT Assessment Center served 20 individuals in the month of September. She took the Board through a chart indicating the number of Emergency Custody orders by locality, those that were able to be transferred into CAC custody, and those who could have used the assessment center if there was additional capacity.
6. C&A case Management Residential Placement Quarterly Report – Ms. Andrus presented that the Child and Adolescent Case Management has set the goal of tracking data and outcomes for children placed in out of home placements with the goal of reducing the number of children placed in out of home placements and decreasing the length of stay. Data reports for a number of out of home placements, number of admissions this quarter, number of discharges this quarter, length of stay information and numbers per locality were provided.
7. Specialty Docket Graduation Rate Report – Ms. Bassing, reported that during the period of July 1 to September 30 the Specialty Dockets programs set the goal of 75% graduation rate for all programs. Collectively between the four dockets (Adult Recovery Court, Juvenile Recovery Court, Spotsylvania Behavioral Health Docket, and Rappahannock Veterans Docket), there was a 90% graduation rate this quarter.

**C. COMPLIANCE, Ms. Stephanie Terrell**

1. Ms. Terrell said that she wanted to add to her program update that we receive a triangular license from the office of licensing for our licensed programs and we are coming up for our annual reviews.
2. Licensing Report – Ms. Terrell said that we received approval for one licensing report last month. It was for an allegation at the Galveston Group Home. Ms. Terrell went over the details.

**ACTION TAKEN:** The Board approved the licensing report.

Moved by: Ms. Carol Walker

Seconded by: Ms. Bridgette Williams

3. Quality Assurance Report – Ms. Terrell took the Board through the audit report for internal audits. The team reviewed three programs. Mental Health Outpatient: King George, Mental Health Outpatient: Stafford, and Permanent Supportive Housing. The Permanent Supportive Housing is a new program they just started auditing. Discrepancies primarily within Individual Service Plans and Quarterly Reviews.
4. Point in Time Survey – Ms. Terrell shared that this survey is designed to document the experience and satisfaction of individuals receiving services from RACSB. The survey is distributed at each of the six outpatient clinics. The results are used to evaluate staff performance, identify gaps in services, and key items that are causing dissatisfaction so that action can be taken to improve the experiences of individuals served.

*The Board took a ten-minute break at this time.*

**D. COMMUNICATIONS, Ms. Amy Umble**

1. Ms. Umble added some additional points to her submitted program update. She reported that the organization website was recently down and was attacked by Chinese bots but is fixed now and is running well. She also noted that on the website you can shop for poinsettias and bulbs which are both fundraisers for RAAI, just go to the shop page on the website. Last week there was an employee engagement activity that was really well attended, a lot of new hires at the event. Also, the Halloween door decorating contest has begun and there is some fierce competition.

**E. PREVENTION, Ms. Michelle Wagaman**

1. Ms. Wagaman went through her program updates. She stated that October 10<sup>th</sup> was World Mental Health Day, and October is recognized as National Substance Abuse Prevention month. She gave appreciation to Ms. Umble for an excellent media release and coordination with the Free Lance Star on an article about offering Mental Health First Aid in Spanish. It was released on the front page. This past Saturday Prevention spent the day with thirty students from James Monroe High School Deca Club, they planted 600 bulbs at our group homes. They also assembled Narcan kits. In September they did their Ask the Expert for Fredericksburg Parent Magazine article on Vaping and the publication said it's been the highest viewed page for the month.

Ms. Beebe asked if Ms. Wagaman can report back to the Board on how the Mental Health First Aid in Spanish class goes. She wants to know the numbers of people who sign up. Ms. Wagaman confirmed she would do so. Ms. Wagaman said the goal is to offer the class three times annually. Currently they only have two people signed up. Ms. Beebe and Ms. Ritchie asked Ms. Wagaman to email them the details so they can circulate the details further.



Ms. Wagaman asked all to save the date for Healthy Families Home Visiting graduation on November 9, 2024. Also, on December 14, 2024 please save the date for the Annual Holiday Drive Thru. More details to come.

2. Opioid Epidemic Response, FY2024 Year-end Report, Ms. Wagaman went through the numbers of participants covered by initiatives to prevent opioid use, abuse, and overdose. Revive!/Save One Life- 1,713 participants, Naloxone Dispensed (doses) 3,328, Medication Deactivation Kits 2,500 and Operation Medicine Cabinet 2,808 pounds collected. She covered the number and rate of Office of the Chief Medical Examiner's Fatal Drug/Poisoning Overdoses by Locality of Residence 2019-2022. Ms. Wagaman also gave data on prevention efforts regarding the following: Opioid Overdose Reversal Training, Naloxone Dispensing, Prescription Drug Drop Boxes, Drug Deactivation Kits, Drug Take Back Events, Opioid Workgroup, and Hidden in Plain Sight Events.

Ms. White gave a special thanks to Ms. Wagaman and her team for coming out to train her staff during Professional Development, it was well received and they have scheduled her to come back and do some sessions with the students and the importance of vaping and why not to do it.

#### F. FINANCE, *Ms. Brandie Williams*

1. Ms. Williams gave a program update stating that the Finance Department continues to recruit for two open positions, Director of Finance and Financial Analyst. She said that reimbursement team has worked to resolve all of the credentialing issues that have been spoken about for the past couple of months with Anthem and Aetna. That will trickle back in slowly about \$39,000 they are looking to recover. Also, they are looking at streamlining their processes in reimbursement, accounting and payroll to create some redundancy so that when staff leave, we have other staff trained to do what they were doing. As well as all of the reporting for the end of the year became due and DBDHS required six reports due.
2. Ms. Williams reviewed the Summary of Cash Investments.
3. Ms. Williams reviewed the Summary of Investment Portfolio.
4. Ms. Williams reviewed the Fee Revenue Reimbursement.
5. Ms. Williams reviewed the Write-Off Report.
6. Ms. Williams reviewed the Health Insurance.
7. Ms. Williams reviewed Payroll Statistics.
8. Ms. Williams reviewed the Financial Summary.
9. Joe and Mary Wilson Community Benefit Fund and Stafford Hospital Community Benefit Fund Memo, Ms. Williams shared that the RACSB has the opportunity to submit a proposal for potential funding through this fund targeted at funding behavioral health initiatives in rural locations. RACSB submitted an application for \$100,000 for one therapist in Fredericksburg City Schools.

ACTION TAKEN: The Board approved the financial summary.

Moved by: Ms. Matt Zurasky

Seconded by: Ms. Glenna Boerner

ACTION TAKEN: The Board approved the application for the Joe and Mary Wilson Benefit Fund.

Moved by: Ms. Claire Curcio  
Seconded by: Ms. Carol Walker

**G. HUMAN RESOURCES, *Mr. Derrick Mestler***

1. Mr. Mestler went over program highlights for September. HR continued their hiring trend. They hired 22 new employees, one of them being a HR Office Associate who has already started to contribute greatly to the team. Mr. Mestler said that currently on the open positions list there are 36 full time and 13 part time. In addition to hiring, HR initiated the annual DMV checks for all staff- individually ran 600 DMV checks for employees to ensure they were aligned with that policy. Mr. Mestler attended the annual fall Virginia Risk Sharing Association – our insurance carrier for workers compensation- fall meeting. HR also coordinated the annual COVID and Flu vaccine clinic for all employees.
2. Applicant and Recruitment Update – Mr. Mestler noted that we continue to see a good applicant flow. Our highest resource are job boards, but employee referrals continue to stay steady and grow which is a good sign of people wanting others to work here. It is a positive indication that our culture is headed in the right direction. Applicant Data Report provided.
3. Turnover Report – Mr. Mestler shared that HR processed a total of eight employee separations for the month of September. Of the eight, three separations were voluntary, five separations were involuntary.

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

1. Ms. Williams shared that with the Waiver Management System a lot of changes this year, still working through a lot of those changes with DBHDS. Nathan Reese has really worked hard to make that go as smoothly as possible. That update has gone Live and they are still working through that. Ms. Williams said that they are still very excited, and still leading the effort, on the transition to the new Data Exchange. In regards to Trac-It, they continue to work with DBHDS. Altruix Pharmacy Grand Opening will be October 22<sup>nd</sup> at 3:00pm, the entire Board is invited to join, there will be a cupcake truck. They will be more than just an onsite pharmacy; it will be whole care!
2. Ms. Williams covered the Combined Information Technology and Dashboards Data Report.
3. Board of Counseling BHT-A and QMHP Update- Ms. Williams provided update on her attendance at the Board of Counseling where they had the update on setting the credentials for the Behavioral Health Technician, Assistant, and Qualified Mental Health Professional. The Board of Counseling voted to approve all of the VACSB's recommendations with the exception of hours of experience for QMHPs. A summary of recommendations and final decisions was provided.
4. Legislative Updates and Priorities – Ms. Williams shared that the VACSB presented and voted on their budget priorities for the upcoming session at the VACSB conference. She provided a copy of the VACSB Budget Priorities for 2025-2026 State Budget as well as the VACSB 2024 Public Policy Brochure.
5. Strategic Plan Final End of Year Executive Summary – Ms. Williams stated that this gives an update of where we are currently and what were working towards.

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

- A. Mr. Wickens asked the Board to save the date of December 17, 2024 for the Annual Board Holiday Dinner. Invitations will be mailed in the coming week. He asked the Board to please send their RSVPs in as soon as possible.
- B. Mr. Wickens recognized Ms. Cindy Lamb who was in attendance from the DBHDS Board of Directors.

X. **BOARD TIME**

- A. Ms. Ritchie said she really enjoyed the new pieces presented and especially appreciated the Dockets presentation by Ms. Bassing.
- B. Mr. Parcell said thank you to staff and the Board, definitely seeing good successes in the new format, it's good to see the voice of customer included, also good to see success stories. He thanked the Board members that were able to attend the VACSB conference and also to the staff members, he said he sees everyone working hard at the conference, thank you.
- C. Ms. Curcio said thank you for the simplified explanations when we ask questions, and thank you for all that you do. She enjoyed speaking to everyone at the conference.
- D. Ms. Walker said thank you for all the details and appreciate the way everyone answers our questions. Thank you.
- E. Ms. Boerner said that everyone has so much grace and patience with us, thank you. A special thanks for taking care of our rooms at the conference.
- F. Ms. Beebe said great job.
- G. Mr. Kiger said thanks to staff for all that you do.
- H. Ms. Gayle said thank you for all you do, for all the details. We should understand it after all that.
- I. Mr. Zurasky said excellent reports, he likes the new structure.
- J. Ms. White said thank you and ditto and thank you to Brandie for taking on that extra, and feel free to have the cupcake truck stop by my place on its way home.
- K. Mr. Sokolowski said thank you and it seems like each time there is more and more that you are adding to it. It opens our eyes up to what you do and he thinks they are only seeing the tip of the iceberg of what the staff really do.

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

Ms. Beebe requested a motion for a closed meeting. Matters to be discussed:  
- CRC Update

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

The motion was unanimously approved.

Upon reconvening, Ms. Beebe called for a certification from all members that, to the best of their knowledge, the Board discussed only matters lawfully exempted from



statutory open meeting requirements of the Freedom of Information Act; and only public business matters identified in the motion to convene the closed meeting.

A roll call vote was conducted:

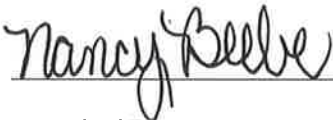
Glenna Boerner – Voted Aye  
Claire Curcio – Voted Aye  
Nancy Beebe – Voted Aye  
Melissa White – Voted Aye  
Carol Walker – Voted Aye

Greg Sokolowski – Voted Aye  
Jacob Parcell – Voted Aye  
Matt Zurasky – Voted Aye  
Susan Gayle – Voted Aye  
Sarah Ritchie – Voted Aye

The motion was unanimously approved.

## **XII. ADJOURNMENT**

The meeting adjourned at 6:39 PM.



Board of Directors Chair



Executive Director

# Board Core Behaviors



Open and Honest  
Communication



Ask  
Tough Questions



Next Level  
Decision Making

## **Community Support Services Board Report November 2024**

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

We are currently supporting 113 individuals and continuing to assess those on the waitlist of 32. We have 4 individuals in their 90 day assessment and 3 more with start dates in the next 90 days. Community Engagement services have started at the Spotsylvania YMCA with one group. We anticipate another group at the Spotsylvania YMCA as well at the Butler Rd YMCA very soon. RAAI celebrated Halloween with a full spirit week across all locations. See Facebook for pictures of everyone having a blast. We are working closely with the customized rate team at DBHDS to explore further services for new referrals and additional individuals who require higher levels of support. Fall plant sale has concluded and we are gearing up for Poinsettias. Pre-orders are open now.

### Developmental Disabilities (DD) Residential Services - Stephen Curtis

On October 11<sup>th</sup>, an individual moved into his new home at Leeland Road Group Home. We were happy to help him with this transition, and know him well from years of visits as a guest at our Myers Drive Respite Program.

Several individuals from Belmont SAP enjoyed a getaway to Ocean Isle in mid-October and seemed to have a great time. Also having a great time with a unique experience was Churchill Drive, who ventured to Baltimore to explore the Aquarium on October 12<sup>th</sup>.

Merchants Square is preparing to expand services by adding another apartment to its license by mid-December. We have a gentleman that has been accepted and is eagerly awaiting his opportunity to come live in the program. At this point of the expansion, Merchants will be serving 14 individuals in apartment settings.

DD Residential hosted a party for individuals in services on Halloween, complete with food, dancing, and socialization. The party was a big hit and everyone seems ready to do it again for the upcoming holidays.

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

There are currently 538 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 scheduling 16 consistent assessments per week. We had 71 referrals in October. There are currently 18 providers on staff. We have one leaving us this month to explore opportunities in other areas of the county and one who is on maternity leave. The 18 includes a part time Developmental Specialist and the PE-ID Coordinator.

### Mental Health (MH) Residential Services - Nancy Price

MH Residential has been busy completing assessments and coordinating passes for individuals that have been referred to the program. In October, three assessments were completed and one overnight pass.

The PSH team attended the Housing Virginia's Most Vulnerable conference in Richmond on October 17 and 18. The conference allowed for the team to collaborate with other providers throughout the state, as well as team build outside of the office. The staff reported that they thoroughly enjoyed the conference and cannot wait to attend again next year.

Three new staff joined the PSH team. We welcomed Cybil Usual-Housing Locator, Alia Solomons-PSH Case Manager and Colby Robinson-PSH Case Manager.

PSH housed three individuals this month, bringing the total to 63 individuals currently housed with PSH.

### Psychosocial Rehabilitation: Kenmore Club - Anna Loftis

Kenmore Club has another exciting packed month. We are finally fully staffed. We have several weekend programs planned, like a big chili cook off football party. Our Thanksgiving Meal will be on Tuesday, November 26 and is open to the whole agency. We also have upcoming trips that include one more beach trip before it gets too cold, a trip to the Fine Art Museum, and the Community Health Fair. We have several members stepping up to facilitate groups on national landmarks, sign language, harm reduction, and art. We continue to have two interns and weekly student volunteers.

### Crisis Stabilization: Sunshine Lady House - Latroy Coleman

Sunshine Lady House Crisis Stabilization continues to work to re-establish program presence within the community. In October, the program received 44 prescreens and all but 8 were admitted. We had our first detox bed filled at the end of September and two guests admitted to the detox program in October. Additionally, we have had two RN nurses join our team at the end of October. Staff remain eager and enthusiastic to provide services to the community.

# Memorandum

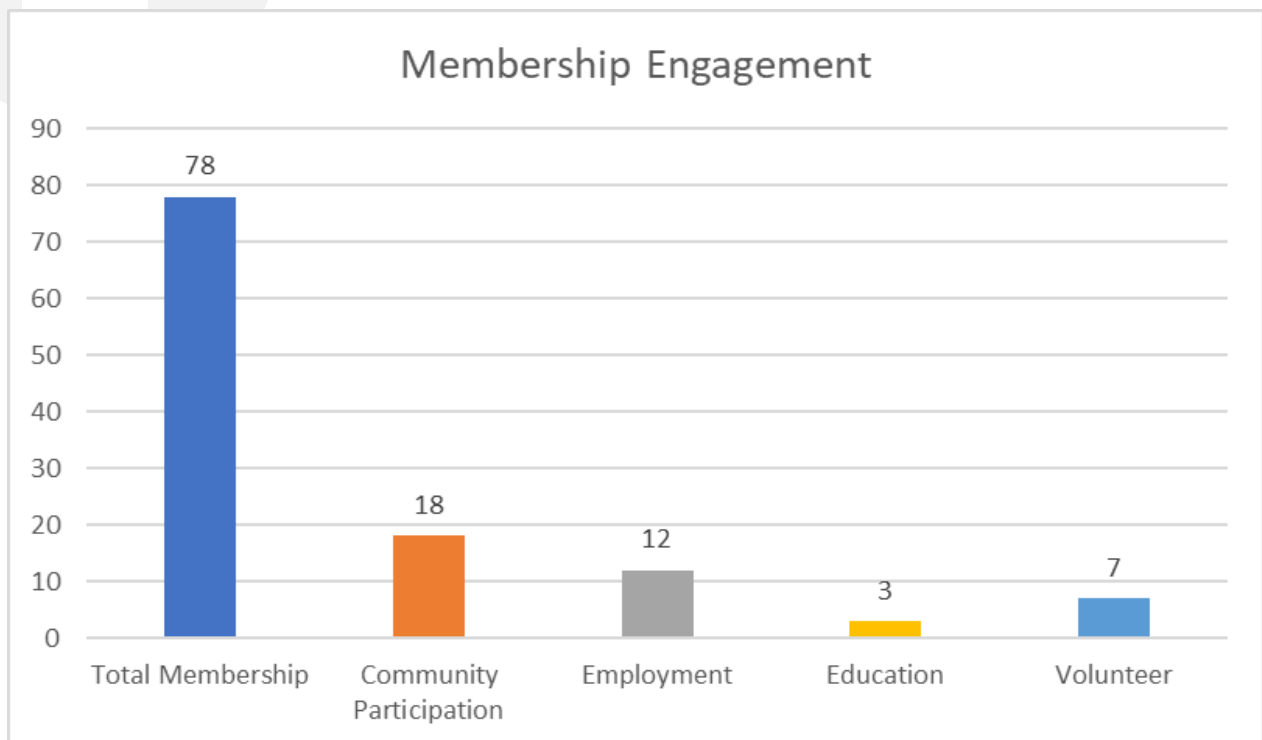
**To:** Joe Wickens, Executive Director

**From:** Amy Jindra, CSS Director

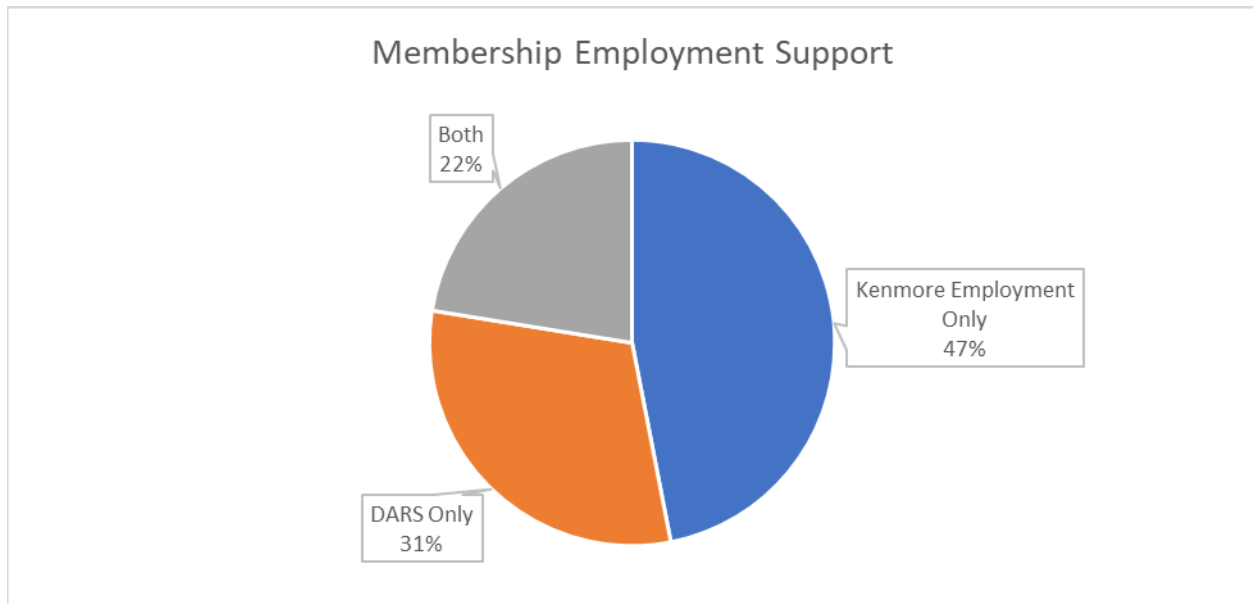
**Date:** November 6, 2024

**Re:** Kenmore Club Employment Objectives


Kenmore Club serves adults with severe mental illness. The program utilizes the clubhouse model of psychiatric rehabilitation to promote training for restorative, skill building, symptom management, and daily living skills. Kenmore Club also provides employment related services to enhance individual recovery and independence. Unemployment rates for individuals living with chronic and persistent mental illness ranges from 80-90%, far exceeding the general population statistic of 3.5%. Kenmore Club seeks to improve access to employment related activities. As of October 31, the program serves 78 individuals. The graphs below demonstrate current program statistics related to employment activities.



Kenmore Club's vocational manager, Wilber Galindo, provides individualized supports to link members to community resources, including the Department of Aging and Rehabilitative Services (DARS). The program also has employment related activities and services built into daily operations.




While employment statistics are historically low for individuals with serious mental illness, Kenmore Club currently has 13% of members working, an increase of 1.2% since July. The membership involvement in career readiness activities has increased to 29% since July's report of 19%.

To: Joe Wickens, Executive Director  
From: Alison Standring, ICC & Part C Services Manager   
Subject: Monitoring Results for FFY23/SFY24, Copy 2 of 2  
Date: October 31, 2024

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

## MEMORANDUM

To: Joe Wickens, Executive Director  
From: Alison Standring, ICC & Part C Services Manager   
Subject: Monitoring Results and Determination FFY23/SFY24  
(July 1, 2023 through June 30, 2024)  
Date: October 31, 2024

The Department of Behavioral Health and Developmental Services monitors each of the 40 local Part C systems in the Commonwealth to assure that it is in compliance with federal Part C requirements. Enclosed is a memo from Kyla Patterson that summarizes the monitoring process and what is involved in determinations (pages 4 through 6), a chart that describes the federal indicators reviewed and how we scored on each (pages 7 through 9) and a sample chart with explanation bubbles (pages 10 through 12).

The charts on pages 7 through 9 demonstrate our compliance with 14 indicators plus DBHDS's measurement of Longstanding Non-Compliance, Accurate & Timely Data, Data Anomalies, Children with Exit Scores, and Family Survey results and Family Survey Response Rate. Each of these items is awarded points based on our local result compared to the target.

1. Page 7 shows
  - a. Initially we were not in compliance with documenting Transition Steps and Services (Indicator 08A); as reported in August we were able to demonstrate compliance before June 30<sup>th</sup>.
  - b. We have no longstanding noncompliance;
  - c. The data we submit are accurate and timely.
2. Page 8 shows
  - a. We are in compliance with Primary Service Setting (Indicator 02), providing services in the child's natural environment.
  - b. Our local results for Child Outcomes (Indicator 03) which measure children's positive social-emotional skills, acquisition and use of knowledge and skills, and use of appropriate behaviors to meet needs in comparison to same aged peers as they exit out of early intervention are in line with state results (this item is not yet awarded points, DBHDS continues to refine this process).
    - i. Summary Statement 1: Of those infants and toddlers who entered early intervention below age expectations in each Outcome, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program.
    - ii. Summary Statement 2: The percent of infants and toddlers who were functioning within age expectations in each Outcome by the time they turned 3 years of age or exited the program.
  - c. There were no Data Anomalies among our Child Outcomes data;
  - d. 91.98 % of eligible children had Exit Scores;
  - e. The results of Family Outcomes (Indicator 04) as measured through an annual family survey scored higher than the state targets and state results in all three areas.
  - f. Our Family Survey Response Rate was less than the 25<sup>th</sup> percentile; we received no points for this item. This survey is mailed from Old Dominion University in the spring to each family enrolled in our program on the prior December 1<sup>st</sup>.
3. Page 9 shows



- a. We exceed the state targets for Child Find (Indicator 05, Indicator 06), enrolling more children birth to 1 and birth to 3 than the state expected of us;
- b. Our Cumulative Score is 91.67% resulting in a **Meets Requirements** determination.


During State Fiscal Year 2024, our program processed 907 referrals (up from 890 last year) and served more than 1,156 infants and toddlers (up from 1,117 last year).

I appreciate the dedication and commitment of our team to work towards and assure continued compliance with Part C federal regulations.

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

## MEMORANDUM

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

FROM: Kyla Patterson   
Early Intervention Program Manager

DATE: October 15, 2024

RE: Local Early Intervention System (LEIS) Monitoring Results & Determination for  
FFY23/SFY24 (July 1, 2023 – June 30, 2024) – Copy 2 of 2

### Overview

In 2013 the Infant & Toddler Connection of Virginia (ITCVA) introduced you to the “Local Early Intervention System (LEIS) Monitoring Results & Determination Report” as a mechanism for informing localities of their Part C of IDEA monitoring results. Because data becomes available at varying points throughout the year—and to expedite communication of results while fostering familiarity with the report and reporting process—two (2) copies of this report are prepared and sent during the year.

Copy 1 of 2 was disseminated in June 2024. Enclosed you will find copy 2 of 2—the final copy for FFY23/SFY24. This final report also includes your LEIS determination and specifies any required enforcements.

The Individuals with Disabilities Education Act (IDEA) of 2004 §616(b)(2)(C)(ii)(II) requires each state to measure and report results on federally identified indicators in an Annual Performance Report (APR). The review period for Virginia’s next APR—to be submitted in February 2024—will cover FFY22/SFY23 (07/01/2022-06/30/23). In addition to reporting this APR data to the Office of Special Education Programs (OSEP), it will also be reported publicly and used to make local determinations as required under the IDEA of 2004 §616 (d)(e).

### Determinations and Enforcements

In accordance with Subpart H, §303.700 of the Individuals with Disabilities Education Act (IDEA) 2011, states are required to make determinations annually on the performance of each LEIS under Part C and to use appropriate enforcement mechanisms depending on the determination. States must use the following

four (4) determination categories outlined in §303.703 of IDEA: Meets Requirements (MR), Needs Assistance (NA), Needs Intervention (NI) and Needs Substantial Intervention (NSI).

Your local system's determination can be found on page 3 of the report.

- If your LEIS has received a determination of Meets Requirements (MR) with no long-standing noncompliance—congratulations! Your hard work is recognized and appreciated. If your LEIS has improved its determination status since last year (and/or improved its determination assessment score since last year), thank you for your ongoing improvement efforts.
- If your LEIS has received a determination of Needs Assistance (NA) immediately following a determination of Meets Requirements (MR), ITCVA technical assistance and monitoring team staff members will continue to be available to work with your LEIS as needed to help identify and address any issues that may be preventing a determination of Meets Requirements.
- ***In certain circumstances specific enforcement actions are required and identified immediately following your local determination.*** These instances include:
  - Your LEIS has received a determination of Needs Assistance (NA) *immediately* following one or more determinations of Needs Assistance—resulting in NA2, NA3, etc.;
  - Your LEIS has received a determination of NI (Needs Intervention) or NSI (Needs Substantial Intervention); or
  - Your LEIS has received a determination of MR (Meets Requirements) but has long-standing noncompliance with one or more Part C requirements.

If applicable, your technical assistance consultant and monitoring consultant will be reaching out to your local system manager (LSM) to discuss each of the required enforcement actions in further detail.

- If your local system has not yet corrected noncompliance for any of the Part C compliance indicators (1, 7, 8A, 8B and 8C), you must continue monthly monitoring and improvement strategies until your system is in compliance. Noncompliance identified on copy 1 of 2 (sent on June 30, 2024) must be corrected as quickly as possible and in no case later than one (1) year from identification. Your technical assistance and monitoring consultants are available to assist you.
- If your local system did not meet the targets for any of the results indicators (2, 3, 4, 5, and 6), your technical assistance and monitoring consultants will work with you to determine the best way to improve your results.

With reauthorization of IDEA, OSEP has focused on state and local accountability in implementing this federal legislation. Both the local system's publicly reported data and its determination status provide valuable data and information about how your local system's performance compares to the State's measurable and rigorous targets.

While local performance on federal indicators is important, DBHDS recognizes that your local system's determination status and public reporting data do not capture all of the positive work that occurs locally

and all of the support and help you provide to children and families in your community. Your local system's continued commitment to providing early intervention services and supports for Virginia's infants and toddlers with disabilities and their families is greatly appreciated.

If you should have any questions regarding the determination for your LEIS, please do not hesitate to contact your monitoring consultant.

Enclosures

cc: Local System Manager

Local System Manager Supervisor

Nelson Smith, Commissioner, DBHDS

Ellen Harrison, Chief Deputy Commissioner, Community Services, DBHDS

Katherine Hunter, Acting Director, Office of Child and Family Services, DBHDS

Richard Corbett, Monitoring Team Leader, Infant & Toddler Connection of Virginia, DBHDS

Monitoring Consultant, Infant & Toddler Connection of Virginia, DBHDS

Technical Assistance Consultant, Infant & Toddler Connection of Virginia, DBHDS

# Rappahannock Area

Section A						
Compliance Indicators; Longstanding Noncompliance; Accurate & Timely Data						
Annual Compliance Measures (Indicator 01, Indicator 07 and Indicator 08)						
<b>Scoring</b> <ul style="list-style-type: none"><li>CPN = N/A → 2</li><li>CPN = Y → 2</li><li>CPN = N and ARR &gt;= 95% → 2</li><li>CPN = N and ARR &gt;= 75% → 1</li><li>CPN = N and ARR &lt; 75% → 0</li></ul>						
Indicator	State Target	State Result	Annual Record Review (ARR) Result	Corrected Prior to Notification (CPN) (Y/N/NA)	Full Correction FFY22/SFY23 Noncompliance (Y/N/NA)	Points Awarded
01: Timely Services	100%	99.25%	100.00%	N/A	Y	2
07: 45-Day Timeline	100%	99.79%	99.29%	Y	Y	2
08A: Transition Steps and Services	100%	97.36%	78.57%	Y	N/A	2
08B: Transition Notification to LEA & VDOE	100%	89.96%	100.00%	N/A	Y	2
08C: Transition Conference	100%	94.86%	100.00%	N/A	N/A	2
Longstanding Noncompliance						
<b>Scoring</b> <ul style="list-style-type: none"><li>No longstanding noncompliance → 2</li><li>Noncompliance corrected within one (1) year; if repeated, compliance at ARR &gt;= 95% → 2</li><li>Noncompliance corrected within one (1) year; if repeated, compliance at ARR &lt; 95% → 1</li><li>Noncompliance exceeding one (1) year → 0</li></ul>						2
Accurate & Timely Data						
<b>Scoring</b> <ul style="list-style-type: none"><li>True → 1</li><li>False → 0</li></ul>	<b>Accuracy</b>	ARR Data and Verification				1
		December 1 <sup>st</sup> Child Count				1
		Children Over Three Report				1
		<b>Timeliness</b>	Contract Deliverables <sup>1</sup>			
Section A Points and % Score						
<b>Scoring</b> <ul style="list-style-type: none"><li>Total points = SUM of points awarded</li><li>Section A % score = SUM ÷ TOTAL POSSIBLE POINTS<sup>2</sup></li></ul>		SECTION A POINTS				16
		SECTION A % SCORE				100.00%
Section B						
Results Indicators; Data Anomalies; Data Completeness						
Primary Service Setting (Indicator 02)						

<sup>1</sup> All FFY23/SFY24 contract deliverables submitted and 3 of 4 deliverables submitted on time in order to receive full credit.

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

<b>Scoring</b> <ul style="list-style-type: none"><li>PSS &gt;= State target → 1</li><li>PSS &lt; State target → 0</li></ul>		<b>State Target</b>	<b>State Result</b>	<b>Local Result</b>	<b>Points Awarded</b>	
		98.00%	99.69%	100.00%	1	
<b>Child Outcomes (Indicator 03)</b>						
<b>Scoring</b> <ul style="list-style-type: none"><li>Local results reported but not scored</li></ul>						
	<b>State Target</b>	<b>State Result</b>	<b>Local Result</b>			
03A-S1: Positive social-emotional skills	64.90%.	64.53%	55.56%			
03A-S2: Positive social-emotional skills	57.60%	49.73%	51.50%			
03B-S1: Acquisition and use of knowledge and skills	68.70%	69.94%	68.27%			
03B-S2: Acquisition and use of knowledge and skills	46.90%	43.30%	50.14%			
03C-S1: Use of appropriate behaviors to meet needs	68.60%	64.99%	62.14%			
03C-S2: Use of appropriate behaviors to meet needs	50.70%	46.68%	51.77%			
<b>Data Anomalies</b>						
<b>Scoring</b> <ul style="list-style-type: none"><li>3 child outcomes x 5 progress categories (a-e) = 15 results</li><li>15 results – total anomalies = Score<ul style="list-style-type: none"><li>Score = 13, 14 or 15 → 2 points</li><li>Score = 10, 11 or 12 → 1 point</li><li>Score &lt; 10 → 0 points</li></ul></li></ul>		<b>Anomalies</b>	<b>Score</b>	<b>Points Awarded</b>		
		0	15	2		
<b>Children w/ Exit Scores</b>						
<b>Scoring</b> <ul style="list-style-type: none"><li># score captured ÷ total # eligible for scores = LEIS %<ul style="list-style-type: none"><li>LEIS % &gt;= 90% → 2 points</li><li>LEIS % between 80% and 90% → 1</li><li>LEIS % &lt; 80% → 0 points</li></ul></li></ul>		<b>Eligible</b>	<b>Captured</b>	<b>LEIS %</b>	<b>Points Awarded</b>	
		399	367	91.98%	2	
<b>Family Outcomes (Indicator 04)</b>						
<b>Scoring</b> <ul style="list-style-type: none"><li>Meaningful difference = NA<sup>3</sup> → 1</li><li>Meaningful difference = N → 1</li><li>Meaningful difference = Y → 0</li></ul>		<b>State Target</b>	<b>State Result</b>	<b>Local Result</b>	<b>Meaningful Difference (Y/N/NA)</b>	<b>Points Awarded</b>
04A: Family Outcomes (Know their rights)		75.00%	75.9%	77.00%	NA	1
04B: Family Outcomes (Communicate needs)		71.90%	72.2%	75.00%	NA	1
04C: Family Outcomes (Help child learn)		85.90%	86.00%	88.00%	NA	1
<b>Family Survey Response Rate</b>						
<b>Scoring</b> <ul style="list-style-type: none"><li>[Surveys connected<sup>4</sup> minus (-) surveys returned] ÷ surveys connected = LEIS %<ul style="list-style-type: none"><li>LEIS % &gt;= 26% OR at or above 75<sup>th</sup> percentile → 2</li><li>LEIS % &gt;= 22% OR between 25<sup>th</sup> and 75<sup>th</sup> percentile→ 1</li><li>LEIS % at or below 25<sup>th</sup> PERCENTILE → 0</li></ul></li></ul>		<b>Surveys Connected</b>	<b>Surveys Returned</b>	<b>LEIS %</b>	<b>Points Awarded</b>	
		512	64	12.50%	0	
<b>Section B: Results (continued)</b>						
<b>Child Find (Indicator 05; Indicator 06)</b>						
<b>Scoring</b>		<b>State Target</b>	<b>State Result</b>	<b>Local Result</b>	<b>Meaningful Difference (Y/N/NA)</b>	<b>Points Awarded</b>

<sup>3</sup> Local result >= state target = NA

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

<ul style="list-style-type: none"><li>Meaningful difference = NA<sup>5</sup> → 1</li><li>Meaningful difference = N → 1</li><li>Meaningful difference = Y → 0</li></ul>						
05: Child Find 0-1	1.83%	1.67% <sup>6</sup>	2.30%	NA	1	
06: Child Find 0-3	3.62%	4.35% <sup>7</sup>	4.44%	NA	1	
Section B Points and % Score						
Scoring <ul style="list-style-type: none"><li>Total points = SUM of points awarded</li><li>Section B % score = SUM ÷ TOTAL POSSIBLE POINTS<sup>8</sup></li></ul>	SECTION B POINTS			10		
	SECTION B % SCORE			83.33%		
Cumulative Score and Determination						
Scoring <ul style="list-style-type: none"><li>Cumulative % Score = 50% Section A % Score + 50% Section B % Score</li><li>Determination<ul style="list-style-type: none"><li>80%-100% → Meets Requirements (MR) AND no noncompliance exceeding one (1) year</li><li>60%-79% → Needs Assistance (NA)</li><li>50%-59% → Needs Intervention (NI)</li><li>0%-49% → Needs Substantial Intervention (NSI)</li></ul></li></ul>	FFY23/SFY24 CUMULATIVE % SCORE			91.67%		
	FFY23/SFY24 DETERMINATION			MR		
Enforcement Actions (if applicable)						
Local EIS Determination History						
FFY06/SFY07 (July 1, 2006 – June 30, 2007)	FFY07/SFY08 (July 1, 2007 – June 30, 2008)	FFY08/SFY09 (July 1, 2008 – June 30, 2009)	FFY09/SFY10 (July 1, 2009 – June 30, 2010)	FFY10/SFY11 (July 1, 2010 – June 30, 2011)	FFY11/SFY12 (July 1, 2011 – June 30, 2012)	FFY12/SFY13 (July 1, 2012 – June 30, 2013)
NA	MR	MR	MR	MR	MR	MR
FFY13/SFY14 (July 1, 2013 – June 30, 2014)	FFY14/SFY15 (July 1, 2014 – June 30, 2015)	FFY15/SFY16 (July 1, 2015 – June 30, 2016)	FFY16/SFY17 (July 1, 2016 – June 30, 2017)	FFY17/SFY18 (July 1, 2017 – June 30, 2018)	FFY18/SFY19 (July 1, 2018 – June 30, 2019)	FFY19/SFY20 (July 1, 2019 – June 30, 2020)
MR	MR	MR	MR	MR	MR	MR
FFY20/SFY21 (July 1, 2020 – June 30, 2021)	FFY21/SFY22 (July 1, 2021 – June 30, 2022)	FFY22/SFY23 (July 1, 2022 – June 30, 2023)	FFY23/SFY24 (July 1, 2023 – June 30, 2024)			
MR	MR	NA	MR			

<sup>5</sup> Local result >= state target = NA

<sup>6</sup> Preliminary based on population data obtained by the SLA. Final state results determined by OSEP February 2025.

<sup>7</sup> See footnote 6 above.

<sup>8</sup> FFY23/SFY24 total possible points for Section B = 12

# Local Early Intervention System (LEIS) Monitoring Results & Determination

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

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

Infant & Toddler Connection of

## LEIS

### Section A

Compliance Indicators; Longstanding Noncompliance; Accurate & Timely Data

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

##### Scoring

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

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

Target for all Compliance Indicators is 100%

#### Longstanding Noncompliance

##### Scoring

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

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

#### Accurate & Timely Data

##### Scoring

- True → 1
- False → 0

ARR Data and Verification

Review of data submitted with ARR confirmed accuracy

December 1<sup>st</sup> Child Count

No changes in 12/1 child count due to late data entry

Children Over Three Report

Contract Deliverables<sup>1</sup>

#### Section A Points and % Score

##### Scoring

- Total points = SUM of points awarded
- Section A % score = SUM ÷ TOTAL POSSIBLE POINTS<sup>2</sup>

SECTION A POINTS

SECTION A % SCORE

No children on report more than 2 of 3 months reviewed

X of Y required deliverables submitted on time

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

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



## Section B

### Results Indicators; Data Anomalies; Data Completeness

#### Primary Service Setting (Indicator 02)

Scoring	State Target	Local Result		Points Awarded
<ul style="list-style-type: none"> <li>PSS &gt;= State target → 1</li> <li>PSS &lt; State target → 0</li> </ul>	98.0%			

#### Child Outcomes (Indicator 03)

Scoring				
<ul style="list-style-type: none"> <li>Local results reported but not scored</li> </ul>				
03A-S1: Positive social-emotional skills	69.5%			
03A-S2: Positive social-emotional skills	66.4%			
03B-S1: Acquisition and use of knowledge and skills	74.7%			
03B-S2: Acquisition and use of knowledge and skills	55.3%			
03C-S1: Use of appropriate behaviors to meet needs	78.7%			
03C-S2: Use of appropriate behaviors to meet needs	56.4%			

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

#### Data Anomalies

Scoring	Anomalies	Score	Points Awarded
<ul style="list-style-type: none"> <li>3 child outcomes x 5 progress categories (a-e) = 15 results</li> <li>15 results – total anomalies = Score               <ul style="list-style-type: none"> <li>Score = 13, 14 or 15 → 2 points</li> <li>Score = 10, 11 or 12 → 1 point</li> <li>Score &lt; 10 → 0 points</li> </ul> </li> </ul>			

#### Children w/ Exit Scores

Scoring	Eligible	Captured	LEIS %	Points Awarded
<ul style="list-style-type: none"> <li># score captured ÷ total # eligible for scores = LEIS %               <ul style="list-style-type: none"> <li>LEIS % &gt;= 90% → 2 points</li> <li>LEIS % between 80% and 90% → 1</li> <li>LEIS % &lt; 80% → 0 points</li> </ul> </li> </ul>				

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

#### Family Outcomes (Indicator 04)

Scoring	State Target	Local Result	Meaningful Difference (Y/N/NA)	Points Awarded
<ul style="list-style-type: none"> <li>Meaningful difference = NA<sup>3</sup> → 1</li> <li>Meaningful difference = N → 1</li> <li>Meaningful difference = Y → 0</li> </ul>				
04A: Family Outcomes (Know their rights)	76.4%			
04B: Family Outcomes (Communicate needs)	74.4%			
04C: Family Outcomes (Help child learn)	84.9%			

#### Family Survey Response Rate

Scoring	Surveys Connected	Surveys Returned	LEIS %	Points Awarded
<ul style="list-style-type: none"> <li>[Surveys connected<sup>4</sup> minus (-) surveys returned] ÷ surveys connected = LEIS %               <ul style="list-style-type: none"> <li>LEIS % &gt;= 26% → 2</li> <li>LEIS % between 22% and 26% → 1</li> <li>LEIS % &lt; 22% → 0</li> </ul> </li> </ul>				

<sup>3</sup> Local result >= state target = NA

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

## Section B: Results (continued)

## Child Find (Indicator 05; Indicator 06)

<b>Scoring</b>	<b>State Target</b>	<b>Local Result</b>	<b>Meaningful Difference (Y/N/NA)</b>	<b>Points Awarded</b>
<ul style="list-style-type: none"> <li>Meaningful difference = NA<sup>5</sup> → 1</li> <li>Meaningful difference = N → 1</li> <li>Meaningful difference = Y → 0</li> </ul>				
05: Child Find 0-1	1.20%			
06: Child Find 0-3	2.76%			

## Section B Points and % Score

<b>Scoring</b> <ul style="list-style-type: none"> <li>Total points = SUM of points awarded</li> <li>Section B % score = SUM ÷ TOTAL POSSIBLE POINTS<sup>6</sup></li> </ul>	<b>SECTION B POINTS</b>	
	<b>SECTION B % SCORE</b>	

## Cumulative Score and Determination

<b>Scoring</b> <ul style="list-style-type: none"> <li>Cumulative % Score = 50% Section A % Score + 50% Section B % Score</li> <li>Determination               <ul style="list-style-type: none"> <li>80%-100% → Meets Requirements (MR) AND no noncompliance exceeding one (1) year</li> <li>60%-79% → Needs Assistance (NA)</li> <li>50%-59% → Needs Intervention (NI)</li> <li>0%-49% → Needs Substantial Intervention (NSI)</li> </ul> </li> </ul>	<b>FFY##/SFY## CUMMULATIVE % SCORE</b>	
	<b>FFY##/SFY## DETERMINATION</b>	

## Enforcement Actions (if applicable)

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<sup>5</sup> Local result >= state target = NA

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

# Memorandum

**To:** Joe Wickens, Executive Director

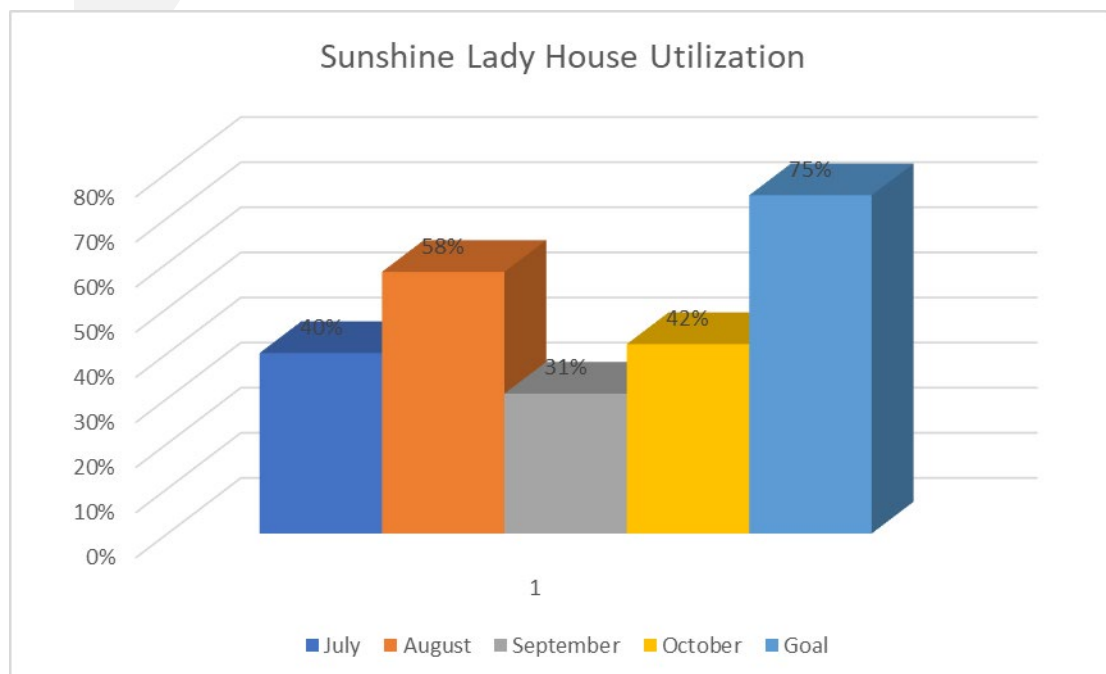
**From:** Amy Jindra, CSS Director

**Date:** November 6, 2024

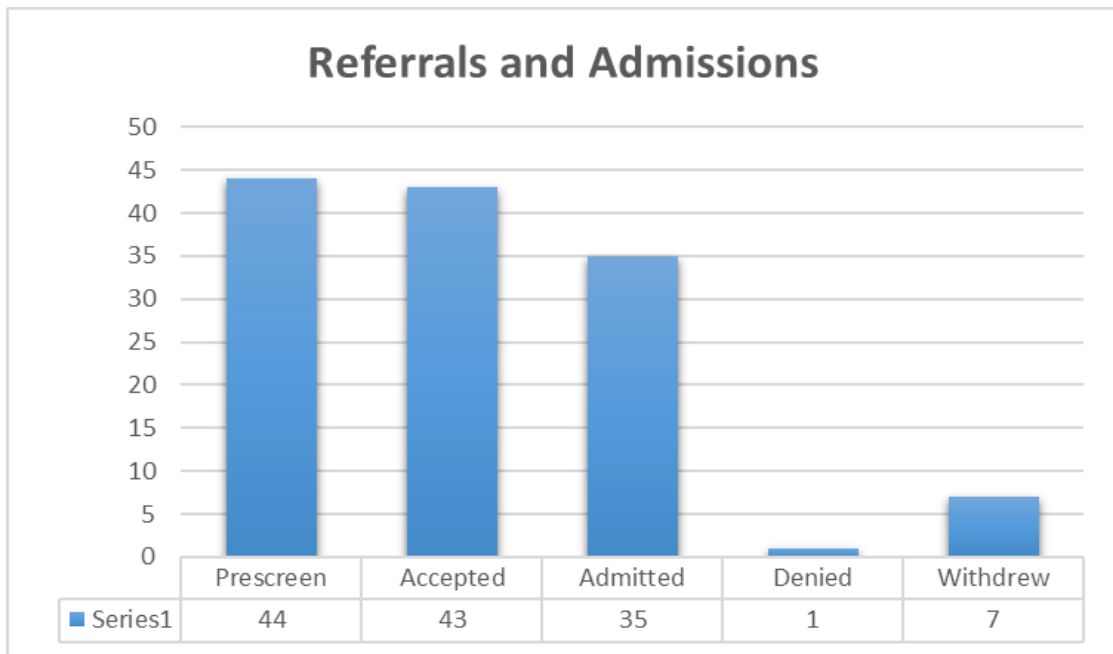
**Re:** Sunshine Lady House Utilization

Sunshine Lady House for Wellness and Recovery, is a 12 bed, adult residential crisis stabilization unit. The program provides 24/7 access to services for individuals experiencing a psychiatric crisis. Services include medication management, therapy, peer support, nursing, restorative skill development, crisis interventions, coordination of care, and group support. The program strives to maintain a utilization rate of 75%.

In October Sunshine served 32 individuals from RACSB catchment and 7 individuals from outside of the area, for a total of 151 bed days. Below is a graph illustrating the program goal, July, August, September, and October utilization.



Sunshine Lady House received 44 prescreens and accepted 43 for admission. Of the 43 individuals accepted into the program, 35 chose to participate in services. Only 1 individual was denied due to medical needs exceeding program limitations.



# Memorandum

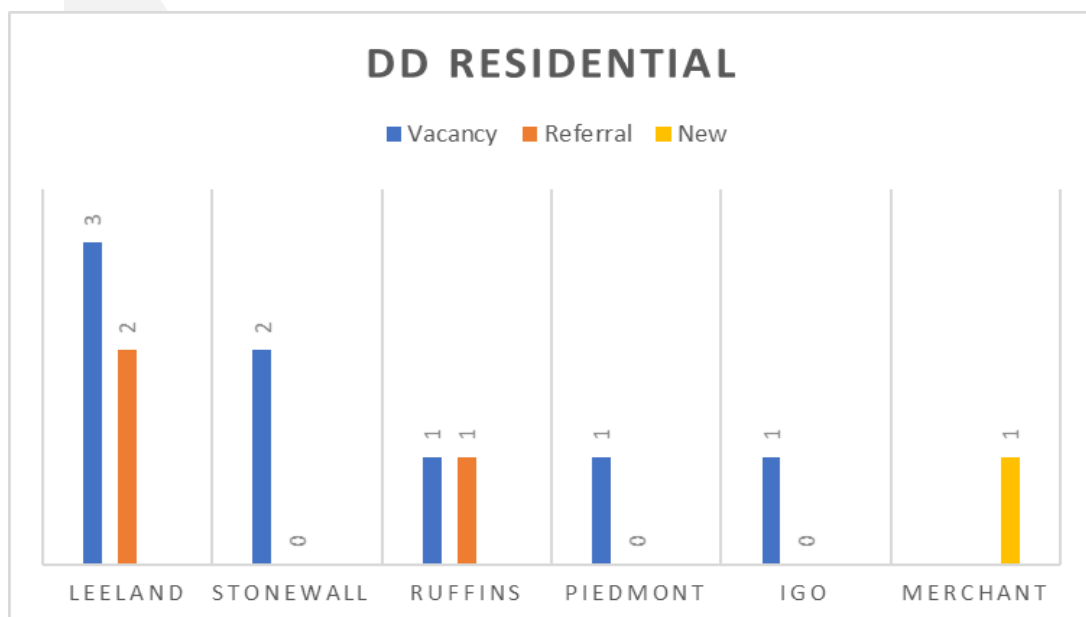
**To:** Joe Wickens, Executive Director

**From:** Amy Jindra, CSS Director

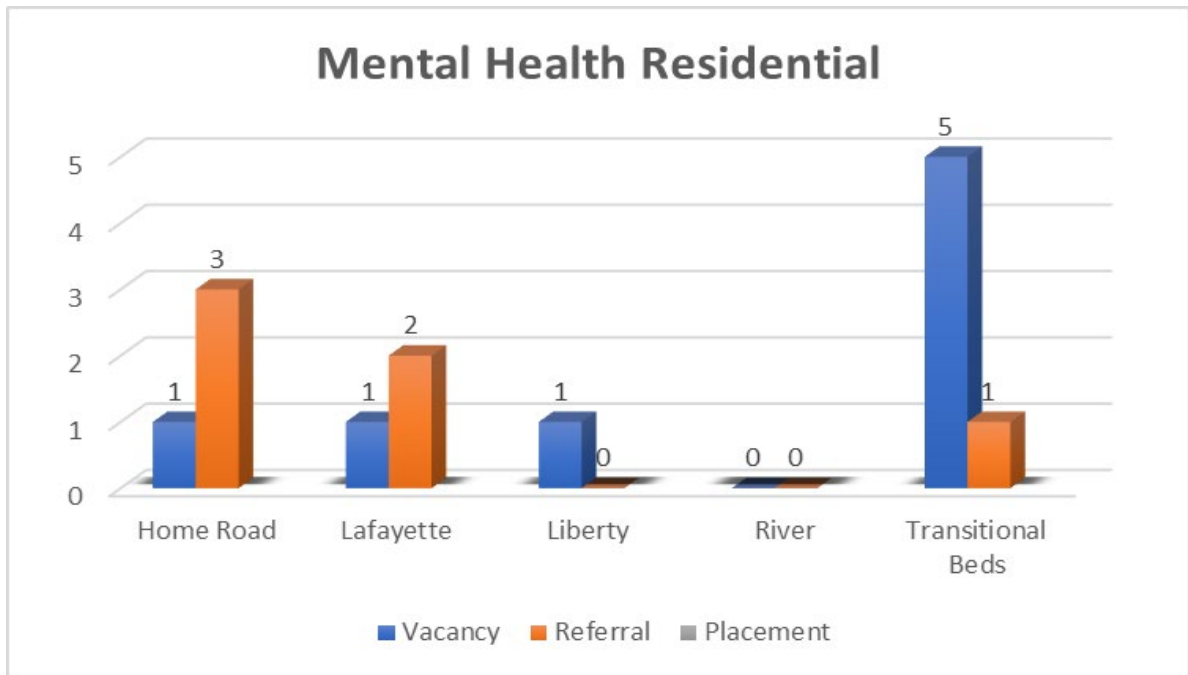
**Date:** November 6, 2024

**Re:** Mental Health and Developmental Disabilities Residential Vacancies

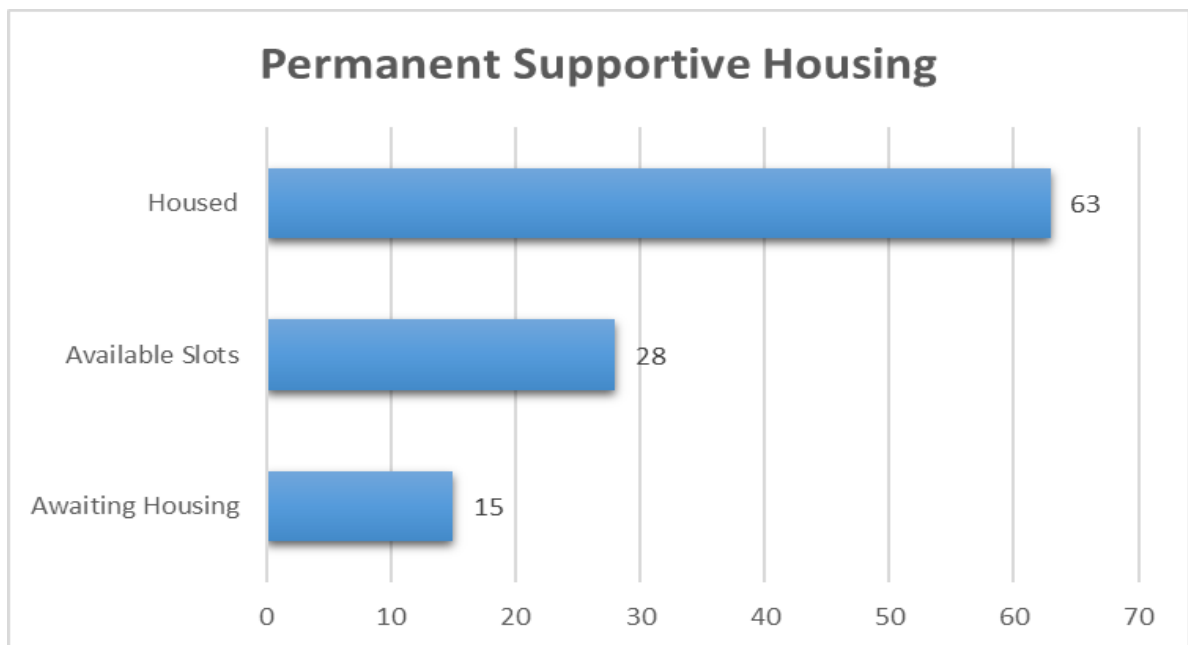
During the month of October, Mental Health and Developmental Disabilities Residential programs experienced changes in program enrollment and vacancies. DD Residential experienced an additional vacancy. An individual's public guardian opted to move him out of Piedmont Group Home. The DBHDS licensing application process was initiated to add a unit to Merchant Square SAP. An individual is slated to move into Merchant Square in December. DD Residential is actively seeking referrals to Leeland, Stonewall, Igo, and Piedmont group homes.



Mental Health Residential programs remained stagnant with the number of vacancies. However, the program experienced an increase in referrals for Lafayette Boarding House and Home Road Apartments. Lafayette assessed two individuals for placement. Home Road received 3 referrals and assessed all of the individuals. However, 1 of the 3 individuals did not show for his scheduled pass at the program.



Permanent Supportive Housing, PSH, placed 3 additional individuals in apartments since September. The program currently has 28 of the 91 slots available. PSH also has 15 individuals waiting for housing and 2 slots saved for state hospital discharges.



# Memorandum

**To:** Joe Wickens, Executive Director  
**From:** Amy Jindra, Community Support Services Director  
**Date:** November 6, 2024  
**Re:** DRPT Grant

---

In November of 2023, Clark Thomas, Transportation Supervisor, began the process of submitting another Department of Rail and Public Transportation, DRPT, grant application for the provision of 4 wheelchair accessible vans. The grant application requested funding to support the purchase of 4 modified, Ford transit vans. DRPT notified RACSB of approval for funding and contractual obligations on November 1, 2024. DRPT will provide \$287,961 or 80% of costs for the vans. RACSB will pay approximately \$71,990 for the balance of the purchase. In total, the 4 modified vans cost approximately \$359,952. RACSB anticipates delivery of the FY25 grant vehicles in October of 2025.

Mr. Thomas is currently processing the arrival of 7 vans from DRPT FY23 and FY24 grants. Piedmont, Myers, Scottsdale, and Leeland group homes will receive 4 vans and RAAI will receive the remaining 3 vehicles. Mr. Thomas also plans to apply for FY26 DRPT grant funding in December 2024. RACSB intends to apply for funding for 5 modified minivans. Please see attached letter of intention for Board approval along with DRPT vehicle descriptions.

**RAPPAHANNOCK AREA**  
COMMUNITY SERVICES BOARD

November 6, 2024

Subject: FY26 DRPT Section 5310 Grant Application

Dear Amy,

On Tuesday October 22, 2024 I attended the FY26 DRPT Section 5310 CHSM Meeting for the Central Region. This workshop provides the process for the DRPT 5310 Grant Application. At this workshop I represented RACSB and informed the committee that we will participate in the FY 26 Grant process. RACSB would like to request 5 minivans with built in ramps. The 5 passenger minivans range from \$76,000-\$77,000. Maximum cost for 5 vans equates to approximately \$385,000.

In previous years, DRPT required grantees to provide 20% local match in funding. For FY26, DRPT will require only 10% grantee contribution. Consequently, if RACSB receives approval for all 5 minivans, the agency will need to contribute approximately \$38,500.

Please present this intent to participate in the grant process with the RACSB Board of Directors per our grant policy.

If you have any questions or require further information please contact me.

Sincerely,



Clark Thomas  
Specialized Transportation Supervisor / Fleet Manager  
RACSB Specialized Transportation Program



# Capital – Vehicles

## Contract Vehicles Menu + Cost Estimates

- **5-passenger minivan with ramp: \$76,000-77,000**
  - ESTIMATED Local Match: \$7,700
- **9-passenger raised roof van with lift: \$89,000-90,000**
  - ESTIMATED Local Match: \$9,000
- **14-passenger BOC with lift: \$118,000-119,000**
  - ESTIMATED Local Match: \$11,900
- **15-passenger BOC with lift: \$121,000-122,000**
  - ESTIMATED Local Match: \$12,200
- **19-passenger BOC with lift: \$126,000-127,000**
  - ESTIMATED Local Match: \$12,700
- **\*\*New Option: Low-Floor BOC with ramp – next slide**

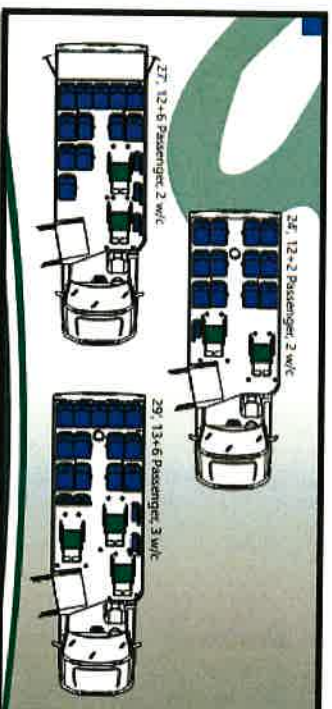
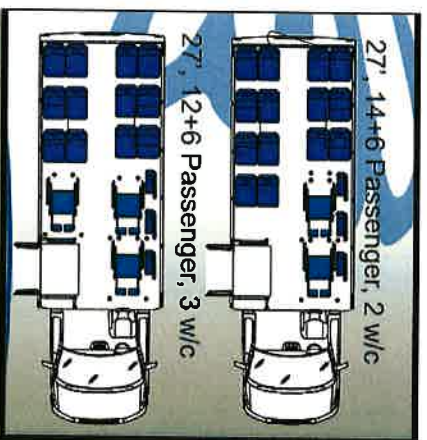


# Capital – Vehicles

## Contract Vehicles Menu

- **Low-Floor BOC with ramp**

- 13 – 19 passenger options
- Chevrolet and Ford chassis options – slightly different configurations and price
- 13 passenger approx. \$146,000
- 17-19 passenger approx. \$160,000
- Local match - \$14,600 to \$16,000
- Can configure with multiple wheelchair placements and seating



Chevrolet

42 Ford

To: Joseph Wickens, Executive Director

From: Jacqueline Kobuchi, Director of Clinical Services

Date: 11/6/24

Re: Report to RACSB Board of Directors for the November Board Meeting

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### Outpatient Services

#### Caroline Clinic - Nancy Love, LCSW

The Caroline Clinic completed 46 intakes during October. Thirty one were completed via Same Day Access and 15 were scheduled intakes. Clinicians continue to see individuals in person and virtually for intakes and therapy. Judith Warren, Intern with Germanna Behavioral Health Program shadows and assists clinic staff and is learning more about the behavioral health field. The Substance Abuse outpatient group continued to add new participants and two completed treatment during October. Last month, an individual receiving mental health counseling was able to maintain her mental health and substance abuse recovery and move her and her children out of local hotel. Clinicians at the Caroline Clinic participated in additional training opportunities on EMDR Working with Children and Adolescents and ASAM.

#### Fredericksburg and Children's Services Clinic - Megan Hartshorn, LCSW

During the month of October, the Fredericksburg Clinic and Children's Services Clinic offered both in-person and telehealth appointments to individuals served. We were able to complete 80 intakes for adults in Fredericksburg with 56 of those intakes scheduled the same day. Clinicians at the Children's Services Clinic were able to complete 19 intakes for children/adolescents. We continued 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 and anticipate filling both these positions in the month of November. Several clinicians attended regional trainings offered virtually on topics such as ethics, assessing for risk and suicidality, and human trafficking. One clinician attended a training on Cognitive Behavioral Therapy for Eating Disorders, which will help assist in supporting individuals served.

#### King George Clinic - Sarah Davis, LPC

The King George Clinic continues to offer weekly substance use treatment. We were pleased to begin a second weekly group in October to meet the needs of King George county. Group topics this month have included Addiction 101, Narcan, Vulnerability, Stigma/Myths, Stages of Addiction, Stages of Change, Effects of Alcohol. Staff attended a training this month on Ethics and AI in the CSBs. Two staff members attended REVIVE: Train the Trainer. One staff attended virtual training on Trauma in Adults. King George Clinic staff

completed 36 intakes during October. Twenty-three were completed via Same Day Access and 13 were scheduled. This month one of our staff members received a nice compliment from a local probation officer: "I love that you send the reports without me asking and that they are clear and concise. Thank you."

### Spotsylvania Clinic - Katie Barnes, LPC

The Spotsylvania Therapists continue to provide outpatient therapy to individuals ages five and up struggling with mental health and substance use concerns. Therapists completed 62 diagnostic assessments in October. Same Day Access is being offered Tuesday through Thursday for new intakes beginning on November 5th. The Substance Use Therapist is currently obtaining referrals for an upcoming Substance Use Group with a pending start date of 11/13/24.

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. The therapist is participating in monthly Training for Adoption Competency to enhance her skills serving children who do not reside with their biological parents.

The School-Based Therapists continue to provide therapy in Stafford County and Fredericksburg City. This program is designed to eliminate barriers to children needing mental health supports by increasing accessibility. During winter break, the therapist in Stafford schools will transition to the Stafford Clinic due to funding limitations. The therapist in Fredericksburg City Schools will continue providing school-based therapy.

### Stafford Clinic - Lindsay Steele, LCSW

During the month of October, the Stafford clinic met with clients in person, as well as virtually. Stafford clinicians completed 47 intakes for adults and children. The Stafford clinic continues to be on a waitlist and clients are contacted weekly to check in and provide updates. There are 84 adult, children and adolescents on the waitlist. The Stafford clinic currently has one open full-time child and adolescent therapist position and applications are being accepted for this position. A full-time adult mental health therapist will begin December, 2024. The co-ed substance use group continues to meet weekly and is run by Nikesha Harrison. Group topics have included relapse prevention planning, overcoming fear in recovery, acceptance, stages of change and stigma.

### Medical Services - Jennifer Hitt, RN

Eighteen individuals were served through the Acute Care Clinic during the month of October. One nurse practitioner is no longer with RACSB, therefore the Acute Care Clinic has been placed on a temporary hold through January 2025 to accommodate the transfer of NP caseload to existing RACSB providers.

### Case Management - Adult - Patricia Newman

The Adult Mental Health Case Management program would like to congratulate Christine DuBois, Lead Peer Specialist, for being awarded the Year of The Peer award for her unwavering dedication to the support of the peer workforce. Christine also recently completed the Crisis Services Training for Peer Supporters Training-of-Trainers and has obtained her certification as an Action Planning for Prevention and Recovery trainer. We are thankful for Ms. DuBois' dedication to her position, fellow peer staff as well as the RACSB. Jason McIntosh, RACSB's case manager who works to connect individuals who are unstably housed to mental health and substance use services recently reported that one individual has established and maintained services and is seeing improvement on medications.

### Child and Adolescent Support Services - Donna Andrus, MS

Our Family Support Partner Peer and NAMI started a virtual Family Support Group in the month of October. This support group is for individuals parenting a child under the age of 18 who is facing mental health, emotional and behavioral challenges. The group will run every other Tuesday (only once in the month of November and December due to the Holidays) virtually from 7-8 pm, is voluntary, confidential and is open to anyone parenting a child with these challenges. Case managers and outpatient therapists have been sharing this information with the families they work with and outreach has been made with our local DSS agencies, CSA, schools and CSU.

### Substance Use Services - Eleni McNeil, LCSW

During the month of October, the Assistant SUD Services Coordinator began her position. The SUD team continues to have multiple vacancies, including two peer recovery specialists, a CSAC, a women's SUD therapist, an adolescent therapist for Office on Youth, and a SUD therapist for District 21 Probation and Parole.

The SUD Services Coordinator connected with local community partners, including Concerted Care Group and Rappahannock Regional Jail's CBP supervisor, in efforts to continue improving the process to connect individuals with substance use to services. One of the agency's peer recovery specialists partnered with Office on Youth to share their life experience to youth misusing substances.

Current enrollment in Fredericksburg SUD programs is as follows: Project LINK: 39, OBOT: 77, ARTS Case Management: 37, SUD Outpatient (Fredericksburg): 51

### Emergency Services - Natasha Randall, LCSW

For the month of October, Emergency Services held their second dispatcher training of the year at the Rappahannock Police Academy in which resulted in 12 dispatchers trained in CIT. The Emergency Services

Coordinator attended Crisis Con in Phoenix, Arizona at which time she was able to visit Arizona's Crisis Receiving Center.

### Specialty Dockets - Nicole Bassing, LCSW

During the month of October Specialty Dockets continued to add new participants and celebrate several graduations. Recovery Court finished the month with 45 participants. We celebrated three graduations this month and added two new participants. Juvenile Recovery Court currently has four participants. Behavioral Health Docket welcomed three new participants this month for a total of ten participants at this time. Veterans Docket added one participant this month and has two awaiting their court dates to plead into the program. We have 13 active participants with two expected graduations next month. The team continues to meet for the implementation of the Fredericksburg Behavioral Health Docket and will be attending a training in November 2024 with hopes of beginning admission to the program in early 2025. Our new Veterans and Family Therapist position has been filled and began on October 28, 2024.

### Jail and Detention Services - Portia Bennett, MA

Please note the following updates at the jail and detention center. Detention has a census of 47 residents. Currently, 2 CAP residents, 7 IBP residents, and 8 residents are in the Post D program. The Diversion Case Manager position is vacant.

## 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  
Amy Jindra - Acting ACT Coordinator  
Jennifer Acors – Coordinator Developmental Services Support Coordination

SUBJECT: State Hospital Census Report

DATE: November 12, 2024

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### Current Census:

State Hospital	New	Discharge	Civil	NGRI	Forensic	EBL	Total Census
Catawba Hospital	1		2				2
Central State Hospital					1		1
Eastern State Hospital	1				1		1
Northern Virginia Mental Health Institute	2		3				3
Piedmont Geriatric Hospital	2		3				3
Southern Virginia Mental Health Institute	1		1				1
Southwestern Virginia Mental Health Institute		1					0
Western State Hospital	3	8	1	10	15		26
Totals	10	9	10	10	17	0	37

### Extraordinary Barriers List:

RACSB does not currently have any individuals on the Extraordinary Barriers List (EBL). Individuals ready for discharge from state psychiatric hospitals are placed on the EBL when placement in the community is not possible within 7 days of readiness, due to barriers caused by waiting lists, resource deficits, or pending court dates.

## MEMORANDUM

**To:** Joe Wickens, Executive Director

**From:** Natasha Randall, Emergency Services Coordinator

**Date:** November 4, 2024

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

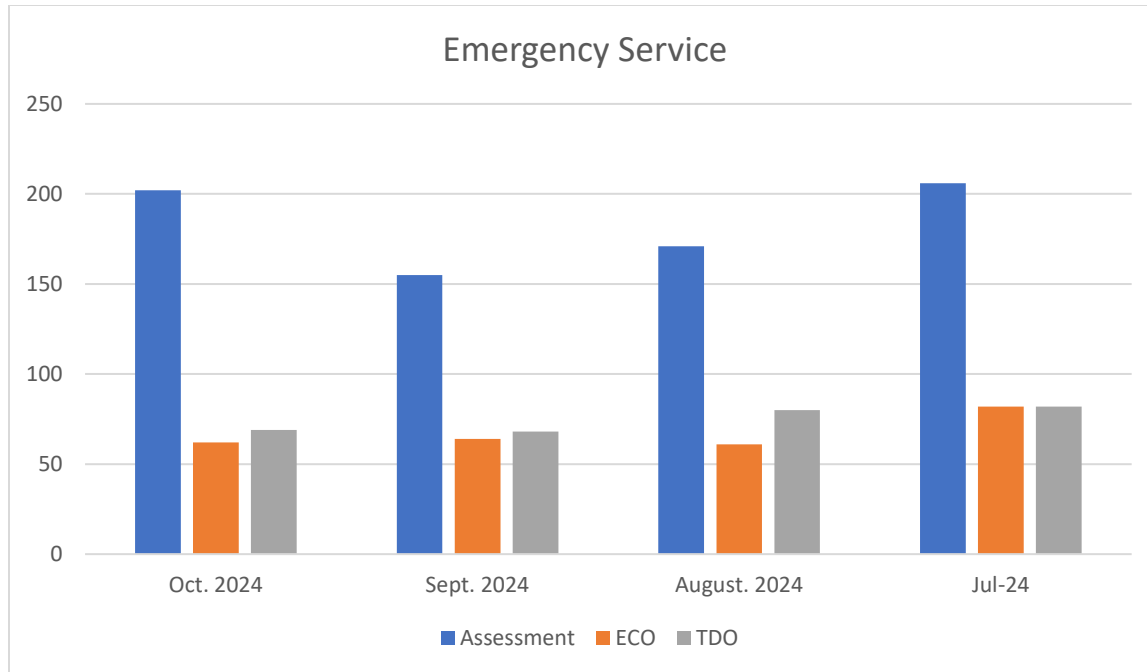
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In October, Emergency Services staff completed 202 emergency evaluations. Sixty-two individuals were assessed under an emergency custody order and sixty-nine total temporary detention orders were served of the 202 evaluations. Staff facilitated six admission to state hospitals, which included one admission to Southern Virginia Mental Health Institute, two admissions to Northern Virginia Mental Health Institute, and three admissions to Commonwealth Center for Children and Adolescents.

A total of sixteen individuals were involuntarily hospitalized outside of our catchment area in October. All sixteen individuals were able to utilize alternative transport.

Please see the attached data reports.





FY25 CSB/BHA Form (Revised: 07/10/2024)									
CSB/BHA	Rappahannock Area Community Services Board				Month	October 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	
202	31	31	62	69	5	4	60	69	1

FY '25 CSB/BHA Form (Revised: 07/10/2024)						
CSB/BHA	Rappahannock Area Community Services	Reporting month	October 2024		No Exceptions this month	
Date	Consumer Identifier	3) 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)
10/4/2024	72903	Child with ID/DD	aggressive	Yes		CCCA
10/22/2024	5126	Adult (18-64) with Medical Acuity	aggressive	YES		SVAMHI
10/25/2024	115639	Adult (18-64) with ID or DD	aggression	YES		NVMHI
10/26/2024	115317	Child with ID/DD	aggression			CCCA
10/31/2024	115317	Child	aggression	YES		CCCA
10/31/2024	39848	Older adult	aggression	YES		NVMHI

## MEMORANDUM

**To:** Joe Wickens, Executive Director  
**From:** Natasha Randall, Emergency Services Coordinator  
**Date:** November 7, 2024  
**Re:** CIT and Co-Response Report

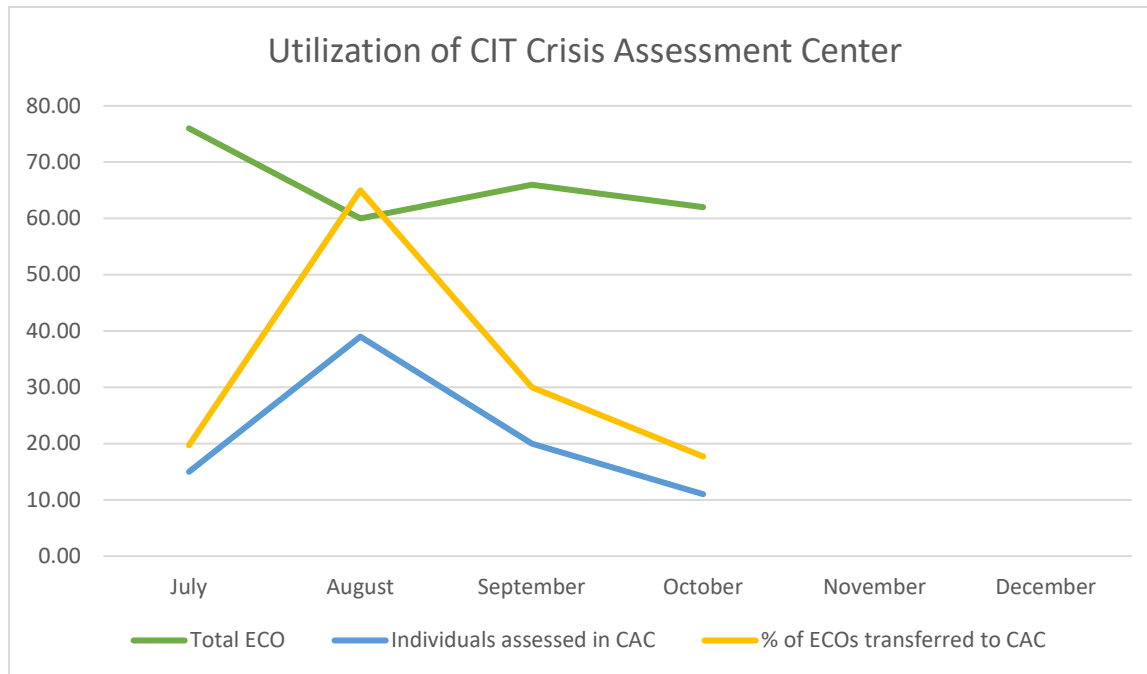
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The CIT Assessment Center served 11 individuals in the month of October 2024. The number of persons served by locality were the following: Fredericksburg 3; Caroline 1; King George 1; Spotsylvania 1; Stafford 5; and 0 from other jurisdictions.

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

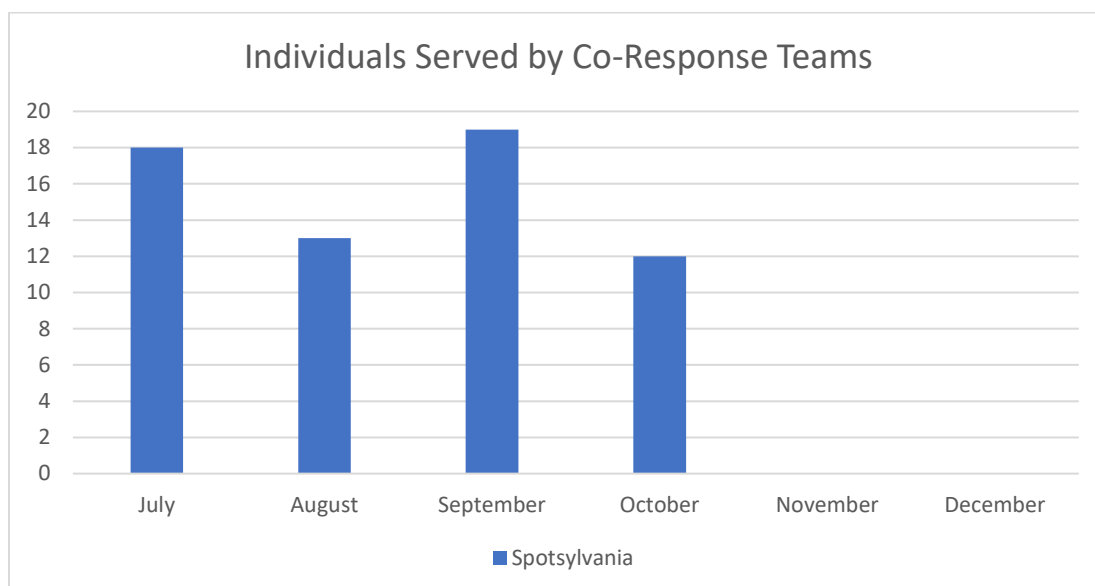
Locality	Total ECO	Custody Transfer to CAC	Appropriate for CAC if Capacity
Caroline	5	1	4
Fredericksburg	22	3	19
King George	1	1	0
Spotsylvania	13	1	12
Stafford	21	5	16
<b>Totals</b>	<b>62</b>	<b>11</b>	<b>51</b>

# RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD



## Co-Response

The Spotsylvania Co-Response Team served 12 individuals in October. The therapist for the Stafford and Fredericksburg teams remains vacant.



### CIT Training

In October 2024, RACSB held a dispatcher training and twelve dispatchers were newly trained in CIT. A train the trainer was also held on October 2-4 adding six trainers to the team.

## MEMORANDUM

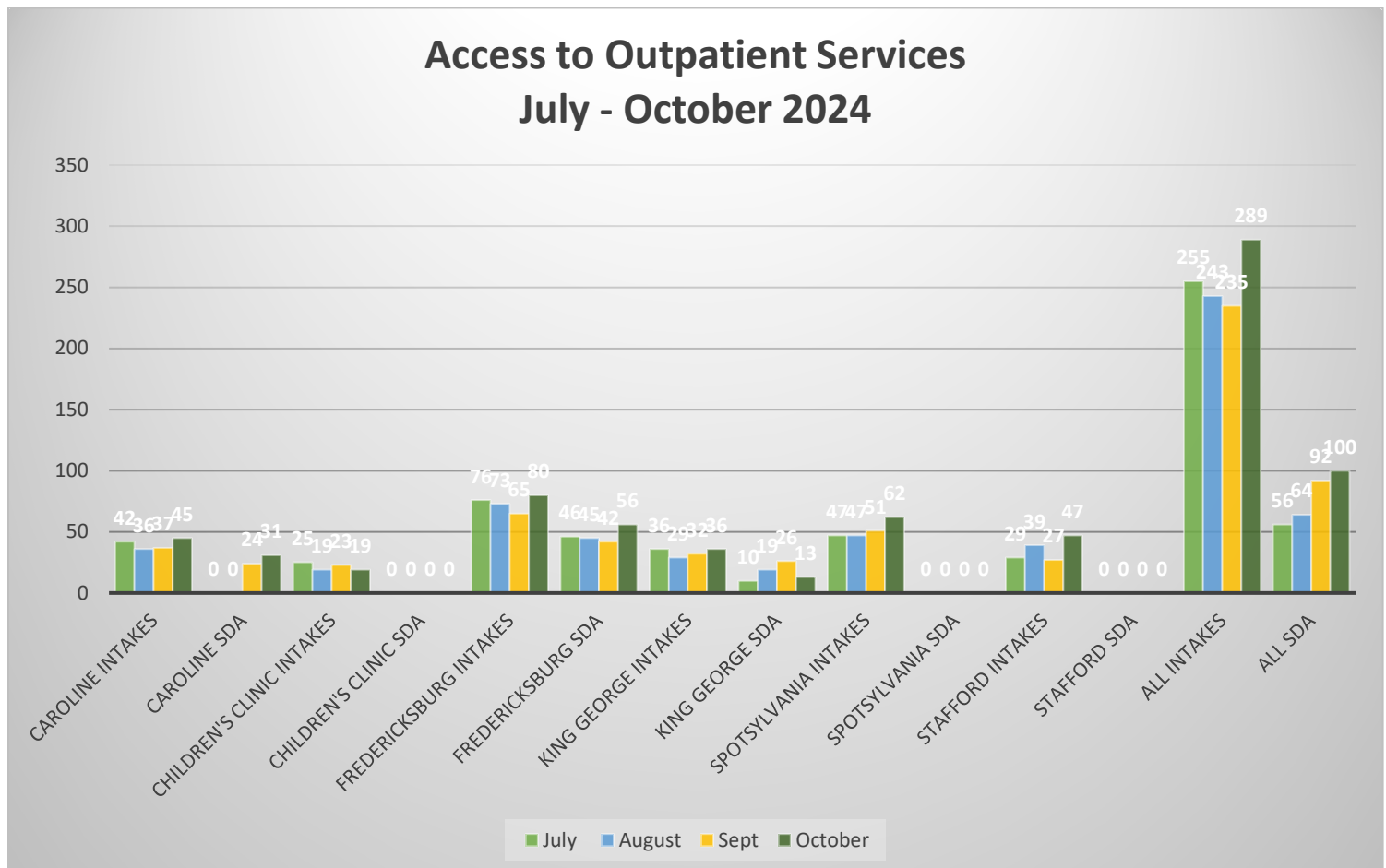
**To:** Joe Wickens, Executive Director

**From:** Jacqueline Kobuchi, LCSW, Director of Clinical Services

**Date:** November 7, 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 Fredericksburg, King George, Caroline, Children's and Spotsylvania clinics currently have no waiting lists. The Spotsylvania Clinic resolved their waitlist in October and will begin same day access appointments the week of November 4<sup>th</sup>. The Stafford Clinic has a waitlist of 84 individuals. 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:** Jacqueline Kobuchi, Director of Clinical Services  
**Date:** November 7, 2024  
**Re:** State Opioid Response (SOR) Funding Award

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As reported previously, DBHDS provided community services boards an opportunity to request SOR funds for FY25. Rappahannock Area CSB submitted a proposal for \$549,856.09 in August. On October 23<sup>rd</sup>, RACSB received the attached documents notifying us that we have been awarded \$470,700. This includes \$148,950 for recovery services and \$321,750 for treatment services. This award is \$79,156.09 less than requested in our proposal, however applicants had been informed to expect a decrease in funding for this fiscal year.

SOR funds do not fully cover the cost of RACSB's Office Based Opioid Treatment program, but are intended to cover costs for individuals who are uninsured. Staff have developed plans to accommodate the decrease in SOR funds, with a focus on increased billing for individuals who are insured.



# COMMONWEALTH of VIRGINIA

NELSON SMITH  
COMMISSIONER

DEPARTMENT OF  
BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

Post Office Box 1797  
Richmond, Virginia 23218-1797

Telephone (804) 786-3921  
Fax (804) 371-6638  
www.dbhds.virginia.gov

November 8, 2024

**Organization:** Rappahannock Area Community Services Board

**To:** Joe Wickens ([jwickens@rappahannockareacsb.org](mailto:jwickens@rappahannockareacsb.org))  
Brandie Williams ([bwilliams@rappahannockareacsb.org](mailto:bwilliams@rappahannockareacsb.org))  
Jacqueline Kobuchi ( [jkobuchi@rappahannockareacsb.org](mailto:jkobuchi@rappahannockareacsb.org))  
[acrews@rappahannockareacsb.org](mailto:acrews@rappahannockareacsb.org)  
[emcneil@rappahannockareacsb.org](mailto:emcneil@rappahannockareacsb.org)

**Cc:** Dr. Candace Roney  
Eric Billings

**Re:** Virginia State Opioid Response (SOR) Grant: SOR 4, Year 1  
Grant Number: 1H79TI087780-01  
Budget Period - 09/30/2024 to 09/29/2025

Dear Sir or Madam:

The Department of Behavioral Health and Developmental Services State Opioid Response (SOR) team hereby awards a grant for recovery services in the amount of **\$148,950.00** in support of the above referenced project. If the awarded total and/or categories below are different from your submitted proposal, a revised/adjusted budget is required for entry into Webgrants.

## 1. Purpose of award

The purpose is to address the public health crisis caused by escalating opioid misuse, opioid use disorder (OUD), and opioid-related overdose across the nation. Subrecipients are expected to use the resources to: (1) increase access to U.S. Food and Drug Administration (FDA)-approved medications for the treatment of opioid use disorder (MOUD); (2) support the continuum of prevention, harm reduction, treatment, and recovery support services for OUD and other concurrent substance use disorders; and (3) support the continuum of care for stimulant misuse and use disorders, including those involving cocaine and methamphetamine.

## 2. Use of award

The award is to be used as follows:

Personnel (All PRS capped at \$53,664)	
Fringe (reflects the above)	
Supplies (Harm reduction kits and Contingency management)	
Other Operating Costs (Wellness Events. Removed Contingency Management).	\$135,500.00
<b>TOTAL DIRECT</b>	\$135,500.00
indirect	\$13,450.00
<b>TOTAL APPROVED BUDGET</b>	<b>\$148,950.00</b>

## 3. Next steps

Please go to DBHDS' Webgrants system to enter your proposal/application:

<https://grants.dbhds.virginia.gov/logout.do>. You must enter your treatment and recovery awards separately. The Funding Opportunity Number for your treatment application is **18092**, and **18139** for recovery. I have attached a guide to help with this process. Please reach out if you have questions.

## 4. Award distribution

Funds will only be distributed on a reimbursement basis. Requests for payment (claims) should be submitted on no less than a bi-monthly basis. All funds **must be** expended by 9-29-25.

Please direct questions to: [SORTeam@dbhds.virginia](mailto:SORTeam@dbhds.virginia).

Respectfully,



Iva M. Brown





# COMMONWEALTH of VIRGINIA

NELSON SMITH  
COMMISSIONER

DEPARTMENT OF  
BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

Post Office Box 1797  
Richmond, Virginia 23218-1797

Telephone (804) 786-3921  
Fax (804) 371-6638  
www.dbhds.virginia.gov

November 8, 2024

**Organization:** Rappahannock Area Community Services Board

**To:** Joe Wickens ([jwickens@rappahannockareacsb.org](mailto:jwickens@rappahannockareacsb.org))  
Brandie Williams ([bwilliams@rappahannockareacsb.org](mailto:bwilliams@rappahannockareacsb.org))  
Jacqueline Kobuchi ( [jkobuchi@rappahannockareacsb.org](mailto:jkobuchi@rappahannockareacsb.org))  
[acrews@rappahannockareacsb.org](mailto:acrews@rappahannockareacsb.org)  
[emcneil@rappahannockareacsb.org](mailto:emcneil@rappahannockareacsb.org)

**Cc:** Dr. Candace Roney  
Eric Billings

**Re:** Virginia State Opioid Response (SOR) Grant: SOR 4, Year 1  
Grant Number: 1H79TI087780-01  
Budget Period - 09/30/2024 to 09/29/2025

Dear Sir or Madam:

The Department of Behavioral Health and Developmental Services State Opioid Response (SOR) team hereby awards a grant for treatment services in the amount of **\$321,750.00** in support of the above referenced project. If the awarded total and/or categories below are different from your submitted proposal, a revised/adjusted budget is required for entry into Webgrants.

## 1. Purpose of award

The purpose is to address the public health crisis caused by escalating opioid misuse, opioid use disorder (OUD), and opioid-related overdose across the nation. Subrecipients are expected to use the resources to: (1) increase access to U.S. Food and Drug Administration (FDA)-approved medications for the treatment of opioid use disorder (MOUD); (2) support the continuum of prevention, harm reduction, treatment, and recovery support services for OUD and other concurrent substance use disorders; and (3) support the continuum of care for stimulant misuse and use disorders, including those involving cocaine and methamphetamine.

## 2. Use of award

The award is to be used as follows:

Personnel (Includes SUS Coordinator, Care Coordinator, 2 Therapists, 2 Psychiatrists and Nurse Manager)	\$233,610.00
Fringe (reflects the above)	\$30,390.00
Supplies (Drug testing Supplies, Medications and 1/2 Programmatic support Materials)	\$44,250.00
Contractual	\$8,000.00
Other Operating Costs (Training/Conferences capped at 2 positions and max \$2,000 per position (\$4,000) and GPRA incentives (\$1,500)	\$5,500.00
<b>TOTAL DIRECT</b>	\$321,750.00
indirect	\$0.00
<b>TOTAL APPROVED BUDGET</b>	<b>\$321,750.00</b>

## 3. Next steps

Please go to DBHDS' Webgrants system to enter your proposal/application:

<https://grants.dbhds.virginia.gov/logout.do>. You must enter your treatment and recovery awards separately. The Funding Opportunity Number for your treatment application is **18092**, and **18139** for recovery. I have attached a guide to help with this process. Please reach out if you have questions.

## 4. Award distribution

Funds will only be distributed on a reimbursement basis. Requests for payment (claims) should be submitted on no less than a bi-monthly basis. All funds **must be** expended by 9-29-25.

Please direct questions to: [SORTeam@dbhds.virginia](mailto:SORTeam@dbhds.virginia).

Respectfully,



Iva M. Brown

**RACSB**  
**Program Update Report**  
**Compliance**  
**October 2024**

**Incident Reports**

- There were 308 Incident Reports entered into the Electronic Incident Report Tracker during the month of October. This is an increase of 49 reports from September, and an increase of 27 from August. All incident reports submitted were triaged by the compliance team.
- The top three categories of reports submitted were Health Concerns (91 reports), Individual Served Injury (35 reports), and Individual Served Safety (32 reports).
- The compliance team entered 23 incident reports into the Department of Behavioral Health and Developmental Services (DBHDS) Electronic Incident reporting system (18-Level 2, 5-Level 3) during the month of October; a decrease of 1 entered in September (19-Level 2, 3-Level 3).
- No reports were elevated to a care concern by DBHDS. 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 22 root cause analysis were requested and a total of 16 were due in the month of October. Zero (0) expanded root cause analysis were required in October.

**Human Rights Investigations:**

- The compliance team initiated 4 Human Rights investigations. These investigations consisted of (1) Physical Abuse and Verbal Abuse, (1) Neglect: Medication Related, (1) Physical Abuse, and (1) Neglect: Failure to provide services necessary for health, safety, and welfare. Of the 4 investigations, 1 was substantiated for Neglect: Failure to provide services necessary for health, safety, and welfare and 1 was substantiated for Sound Therapeutic Practices. The other two investigations were unsubstantiated for Neglect: Medication Related and for Physical Verbal and Verbal Abuse.

**Internal Supports:**

- Compliance team provided support and guidance to the RAAI-Day Support Services King's Highway in Incident Reporting.
- Compliance team provided support and guidance to the Mental Health Outpatient Spotsylvania Clinic regarding RCA reporting and documentation.
- Compliance team provided support and guidance to Permanent Supportive Housing (PSH) in reference how to fill out a section of the Incident Report.
- Compliance team provided support and guidance to Psychosocial Rehabilitation Program (Kenmore Club) on a client's request to revoke a release of information (ROI) form on his electronic health record.
- Compliance team provided support and guidance to DD Case Management regarding the Authorized Representative documentation process.

## **External Reviewers:**

- Compliance team received and responded to 3 faxed chart review audit requests, 1 client chart from Centers for Medicare & Medicaid Services (CMS), 3 client chart requests from Humana, and 93 client chart requests from Datavant. A total of 97 individuals medical records/documents audits were requested.
- Compliance team received and responded to an email from Office of Licensing, Region 1 Investigation Specialist, regarding a Mortality Review request of a discharge summary and guardianship paperwork for a critical incident report.
- Compliance team received and responded to an email from Office of Human Rights, Incident Management Specialist, requesting a critical incident report be downgraded from a Level 2 to a Level 1 in the Computerized Human Rights Information System (CHRIS) database.
- Compliance team received 7 emails from Human Rights, Senior Human Rights Advocate, Region 1, regarding Human Rights Investigations.
- Compliance team received and responded to 6 emails from Office of Licensing, Incident Management Specialist, DBHDS, requesting for updates on Serious Incident Reports.
- Compliance team assisted Office of Licensing, Licensing Specialist, DBHDS, with a personnel audit related to recent Serious Incident Reports.

## **Complaint Synopsis**

- Compliance team received 4 complaints in the month of October. Compliance team responded to all 4 complaints and out of those complaints, 0 resulted in a formal investigation. These complaints were categorized under 1-Permanent Supportive Housing, 1-Mental Health Outpatient Clinic, 1-Galveston Group Home, 1-Kenmore Club.

## **Trainings/Meetings**

- Compliance team provided Human Rights and Mandated Reporting Q-Tip training on October 9, 2024.
- Compliance team met with Drug Court Specialty Documents Coordinator on October 15, 2024. Compliance team provided guidance and answered questions related to utilization and audit processes.
- Compliance team met with Healthy Families on October 16, 2024 for an Icebreaker Staff Meeting. Compliance team provided guidance and answered questions related to utilization and audit processes. As well as, other internal processes such as required documents to bill Medicaid.
- Compliance team participated with Assess Safety; Initiate Process; Monitor Compliance 30 (AIM 30) with Artea Ambrose, Senior Human Rights Advocate, Region 1, on October 16, 2024 involving Mental Health Case Management and Mental Health Residential.
- Compliance team met with Mental Health Child and Adolescent Supervisor to go over audit review on October 17, 2024.
- Compliance team met with ID Residential Management and provided Module Training on October 22, 2024 and on October 23, 2024.
- Compliance team met with Crisis Stabilization/Sunshine Lady House and participated in their monthly staff meeting on October 22, 2024. Compliance team provided guidance on Incident Reporting, RCA Reporting, Human Rights, Medication Errors, and Person-Centered Documentation.
- Compliance team participated with AIM 30 with Lequetta Hayes, Senior Human Rights Advocate, Region 1, on October 23, 2024 involving Devon Group Home.
- Compliance team attended and participated with Region 2 Provider Round Table meeting on October 30, 2024. The topic of discussion was the Individualized Service Plan (ISP) 4.0.

## MEMORANDUM

**To:** Joseph Wickens, Executive Director  
**From:** Stephanie Terrell, Director of Compliance  
**Date:** November 5, 2024  
**Re:** 1st Quarter FY 2025 Incident Report Review

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The first quarter incident summary report provides an overview of incident reports submitted by Rappahannock Area Community Services Board (RACSB) staff during the months of July 1, 2024 through September 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 8,081 individuals, unduplicated by service area, from July 1, 2024 through September 30, 2024.

Compliance Staff received and triaged 775 Incident Reports from July 1, 2024 through September 30, 2024 (an overall increase of 94 reports from last quarter). Of those 775 incident reports received, 91 incidents were reported to Department of Behavioral Health and Developmental Services (DBHDS) through the Computerized Human Rights Information System (CHRIS). (57 Level 2, 28 Level 3, 5 Abuse/Neglect/Exploitation (ANE), and 1 Complaint)

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.

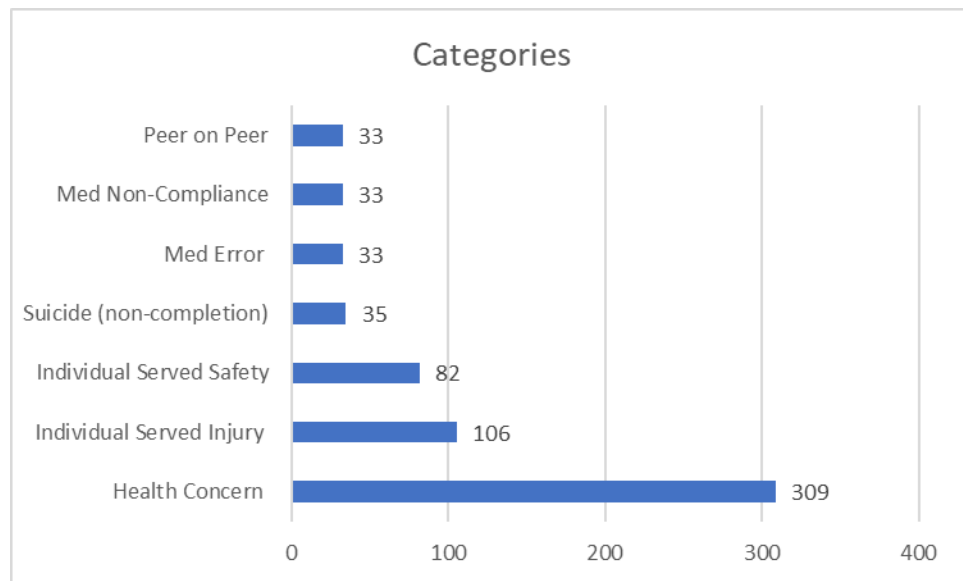
Below is a list of the incident categories and the definition:

- 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

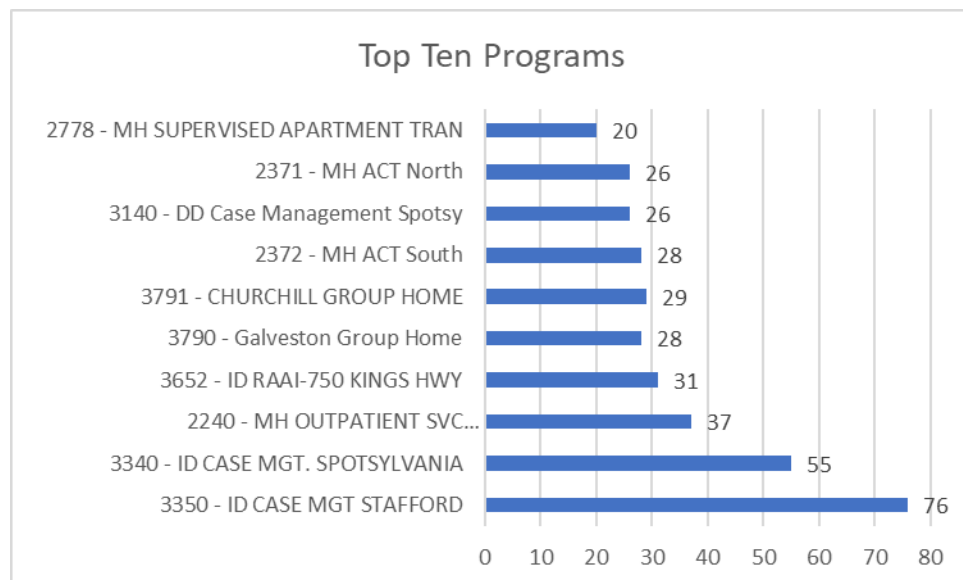
- Sexual Assault - is an act in which a person intentionally sexually touches another person without that person's consent, or coerces or physically forces a person to engage in a sexual act against their will
- Suicide/Suicide Attempt - is the act of intentionally causing one's own death/ is the act 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	2
Aggressive Behavior - Physical	30
Aggressive Behavior - Verbal	5
Bio hazardous Accident	0
Elopement/Wandering	15
Exposure to Communicable Diseases	2
Health Concern	309
Individual Served Injury	106
Individual Served Safety	82
Infection Control	0
Med Error	33
Med Non-Compliance	33
Medication non-adherence	15
Medication poor adherence	14
other	0
Peer on Peer	33
Possession of Illicit/Licit Substances	2
Property Damage	22
Sentinel Event (death)	9
Self-Injurious Behavior (SIB)	3
Sexual Assault	4
Staff Injury	6
Suicide (non-completion)	35
Use of Seclusion/Restraint	1
Vehicle Accident	10
Weapon Use/Possession	0
Missing Person	4
<b>Total</b>	<b>775</b>

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



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

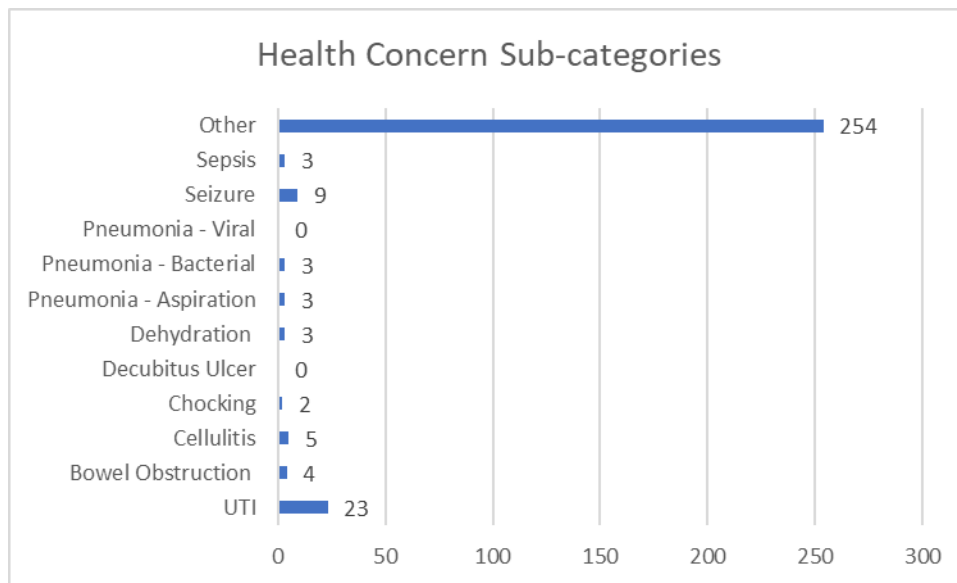


The chart above depicts the top ten programs that submitted the highest number of incident reports during the time period of July 1, 2024 through September 30, 2024.

Approximately 39% 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 70 of 309 health concern reports. Galveston Road Group Home submitted the highest number of health concern related incident (9). Reports submitted by Galveston Road Group Home consisted of concerns related to trouble breathing, chest pain, dry cough, stomach pain, rash, and vomiting. Review of reports showed trend related to shortness of breath and



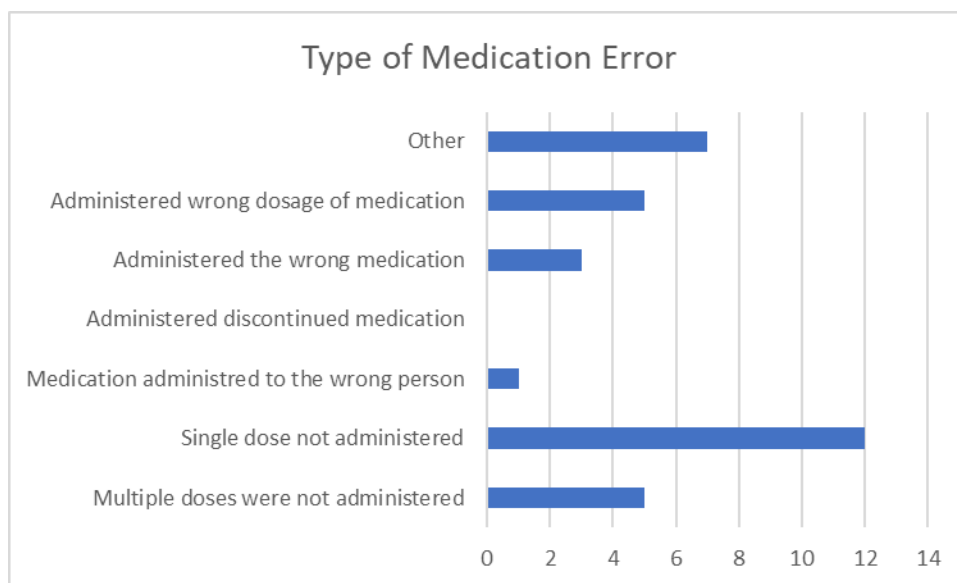
chest pain. MH Residential Services submitted 22 of the 309 health concern reports. Both Home Road Supervised Apartment Program and Lafayette Boarding House submitted the highest number of reports (8). Review of reports for Home Road and Lafayette showed no trends.



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 no trends.

A total of 33 medication errors occurred during the 1st quarter. Eleven occurred in DD Residential programs, one in day support services (RAAI), 13 in MH Residential Programs, one in Crisis Stabilization Program, and seven in non-RACSB programs.

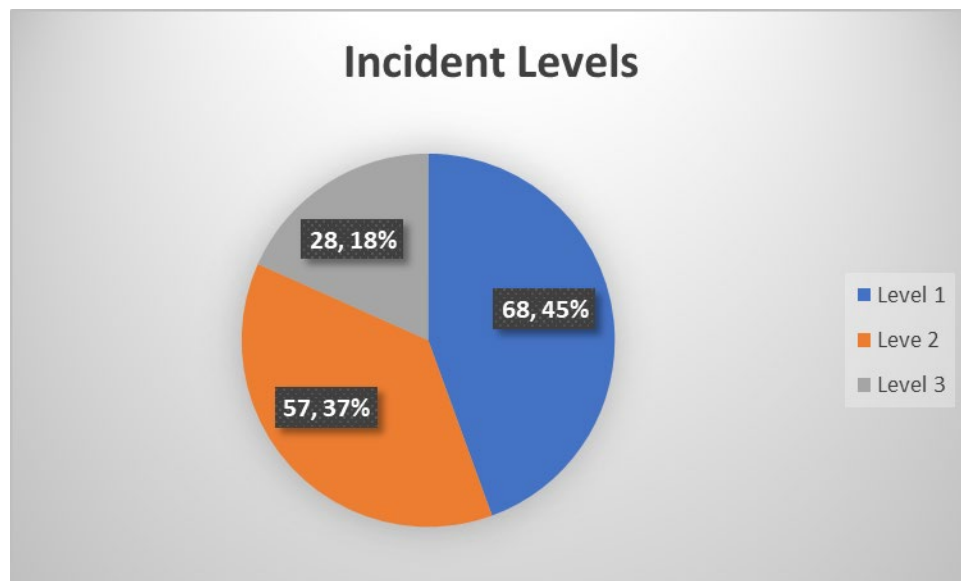


The chart above depicts the number of errors in each medication error subcategory.

Medication errors occurred in the following programs;

- 6 at Home Roads;
- 4 Liberty Street;
- 3 Lafayette Boarding House;
- 3 DD Case Management Stafford;
- 2 ID Case Management Stafford;
- 2 IGO Road Group Home;
- 2 Lucas Street ICF Group Home;
- 2 Brittany Commons; and
- 1 at MH Crisis Stabilization; DD Case Management Caroline; ID Case Management Fredericksburg; RAAI Day Support; Devon Group Home; Ruffin's Pond Group Home; Belmont Supervised Apartments; Sponsored Placement; and Ross Drive ICF Group Home

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.



The chart above depicts the total number of incident reports categorized by Incident Levels 1, 2, and 3.

There was a total of 68 incidents categorized as a level I. Of the 68 incidents many were the result of minor or superficial cuts, scratches, or bruises, which required first aid. Thirty-seven of the reported incidents occurred in DD Residential services, 13 of the incidents occurred at RAAI Day Support, 11 MH Residential Services, 4 MH Day Support Rehabilitation Kenmore Club, 2 MH ACT, and 1 ID Prevention Early Intervention:

- 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 57 incidents classified as a Level 2 and 28 incidents classified as Level 3. Root Cause Analyses were conducted for all Level 2 and Level 3 Incidents. Of the 28 Level 3 reports, 8 of which were death reports, 1 from MH Outpatient Services, 1 from MH Case Management, 1 from DD Case Management, 4 from ID Case Management, and 1 from RAAI Day Support; none of the DD individuals were receiving DD Residential services. 19 of the level 3 reports were suicide (noncompletion); 8 from Emergency Services, and 5 from MH Outpatient Services, 1 from MH Adult Case Management, 1 from MH Adolescent Case Management, 1 from MH Day Support Rehabilitation Kenmore Club, 1 from MH Crisis Stabilization, 2 ID Case management. Lastly, 1 of the level 3 reports was for sexual assault. Review of Level 2 incident showed a pattern with an Individual residing at one of RACSB's DD Residential programs. The pattern related to the health concerns resulted in hospital admission. There were no trends or patterns found for Level 1 and Level 3 reports.

There were 33 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 33 reports involved 20 incidents. No serious injuries resulted from the incidents reported. Three of the incidents took place at the Galveston Group Home. Though these 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 fall and aspiration protocol were put in place for an individual experiencing bacterial pneumonia to help mitigate risk of falls and aspiration pneumonia. The program implemented these protocols and completed training recommended by DBHDS pertaining to fall prevention, aspiration pneumonia, recognizing declining health and leading fatalities health and safety alerts.
2. Individual affected by Influenza A & B and COVID-19 led to hospitalization. Staff ensured to follow all discharge instructions and also made sure individual was quarantined in their room to prevent the spread of the disease.
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:** November 2024  
**Re:** Quality Assurance Report

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

- Mental Health Child & Adolescent Case Management: King George
- Mental Health Child & Adolescent Case Management: Fredericksburg
- Mental Health Child & Adolescent Case Management: Caroline

### **Mental Health Child & Adolescent Case Management: King George**

There were three staff members responsible for the selected charts.

Findings for the ten open charts and one closed chart reviewed for Mental Health Child & Adolescent Case Management: King George services were as follows:

- Four charts were reviewed for Assessment compliance:
  - **No discrepancies noted with Assessments.**
- Four charts were reviewed for Individual Service Plan compliance:
  - **Discrepancies noted with Individual Service Plans:**
    - One chart had an Individual Service Plan that was not signed by the Individual / Guardian.
- Four charts were reviewed for Quarterly Review compliance:
  - **No discrepancies noted with Quarterly Reviews.**
- Four charts were reviewed for Progress Note compliance:
  - **No discrepancies noted with Progress Notes.**
- One chart was reviewed for Discharge compliance:
  - **No discrepancies noted with Discharge.**

#### **Comparative Information:**

In comparing the audit reviews of Mental Health Child & Adolescent: King George charts from the previous audits to the current audits, the average score increased from 94 to 98 on a 100-point scale.

### **Corrective Action Plan:**

Deficiency: One chart was missing signatures on the Service Plan

- The chart had verbal consent documented from the parent/legal guardian in agreement with the service plan
- Verbal consent for service plans were permitted starting 2020 when COVID precautions were implemented
- Staff were not informed that verbal consent was no longer acceptable and that physical signatures were required until the QA New Forms Training provided 7/25, 7/30 and 7/31/2024
- The Service Plan for each of the 5 charts were completed prior to these training dates

Corrective action to minimize future deficiencies in this area:

- All child and adolescent case management staff attended one of the QA New forms training offered in July and were informed that a signature is required on the service plan
- Staff meeting and CM weekly peer supervision meeting in August 2024 reviewed the need for a signature and that verbal consent is no longer acceptable

Staff responsible for overseeing on-going compliance:

- Child and Adolescent Supervisor, Senior Case Managers and Case Managers

## **Mental Health Child & Adolescent Case Management: Fredericksburg**

There were four staff members responsible for the selected charts.

Findings for the ten open charts and one closed chart reviewed for Mental Health Child & Adolescent Case Management: Fredericksburg services were as follows:

- Eight charts were reviewed for Assessment compliance:
  - **No discrepancies noted with Assessments.**
- Eight charts were reviewed for Individual Service Plan compliance:
  - **Discrepancies noted with Individual Service Plans:**
    - One chart had an Individual Service Plan that was not signed by the Individual / Guardian.
- Eight charts were reviewed for Quarterly Review compliance:
  - **No discrepancies noted with Quarterly Reviews.**
- Eight charts were reviewed for Progress Note compliance:
  - **No discrepancies noted with Progress Notes.**
- One chart was reviewed for Discharge compliance:
  - **No discrepancies noted with Discharge.**

### **Comparative Information:**

In comparing the audit reviews of Mental Health Child & Adolescent: Fredericksburg charts from the previous audits to the current audits, the average score increased from 94 to 99 on a 100-point scale.

**Corrective Action Plan:**

Deficiency: One chart was missing signatures on the Service Plan

- The chart had verbal consent documented from the parent/legal guardian in agreement with the service plan
- Verbal consent for service plans were permitted starting 2020 when COVID precautions were implemented
- Staff were not informed that verbal consent was no longer acceptable and that physical signatures were required until the QA New forms training provided 7/25, 7/30 and 7/31/2024
- The Service Plan for each of the 5 charts were completed prior to these training dates

Corrective action to minimize future deficiencies in this area:

- All child and adolescent case management staff attended one of the QA New forms training offered in July and were informed that a signature is required on the service plan
- Staff meeting and CM weekly peer supervision meeting in August 2024 reviewed the need for a signature and that verbal consent is no longer acceptable

Staff responsible for overseeing on-going compliance:

- Child and Adolescent Supervisor, Senior Case Managers and Case Managers

## **Mental Health Child & Adolescent Case Management: Caroline**

There were four staff members responsible for the selected charts.

Findings for the ten open charts and one closed chart reviewed for Mental Health Child & Adolescent Case Management: Caroline services were as follows:

- Eight charts were reviewed for Assessment compliance:
  - **No discrepancies noted with Assessments.**
- Eight charts were reviewed for Individual Service Plan compliance:
  - **Discrepancies noted with Individual Service Plans:**
    - Three charts had Individual Service Plans that were not signed by the Individual / Guardian.
- Eight charts were reviewed for Quarterly Review compliance:
  - **No discrepancies noted with Quarterly Reviews.**
- Eight charts were reviewed for Progress Note compliance:

- **No discrepancies noted with Progress Notes.**
- One chart was reviewed for Discharge compliance:
  - **No discrepancies noted with Discharge.**

**Comparative Information:**

In comparing the audit reviews of Mental Health Child & Adolescent: Caroline charts from the previous audits to the current audits, the average score increased from 94 to 97 on a 100-point scale.

**Corrective Action Plan:**

Deficiency: Three charts were missing signatures on the Service Plan

- The charts had verbal consent documented from the parent/legal guardian in agreement with the service plan
- Verbal consent for service plans were permitted starting 2020 when COVID precautions were implemented
- Staff were not informed that verbal consent was no longer acceptable and that physical signatures were required until the QA New forms training provided 7/25, 7/30 and 7/31/2024
- The Service Plan for each of the 5 charts were completed prior to these training dates

Corrective action to minimize future deficiencies in this area:

- All child and adolescent case management staff attended one of the QA New forms training offered in July and were informed that a signature is required on the service plan
- Staff meeting and CM weekly peer supervision meeting in August 2024 reviewed the need for a signature and that verbal consent is no longer acceptable

Staff responsible for overseeing on-going compliance:

- Child and Adolescent Supervisor, Senior Case Managers and Case Managers



## MEMORANDUM

**To:** Joe Wickens, Executive Director  
**From:** Stephanie Terrell, Director of Compliance  
**Date:** October 30, 2024  
**Re:** Licensing Reports

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

Rappahannock Area Community Services Board (RACSB) received the following: one licensing report for Crisis Stabilization/Sunshine Lady House related to late reporting of a Level 2 critical incident; one licensing report for Caroline County Developmental Disability Case Management related to a Human Rights investigation; one licensing report for Mental Health Support Services related to Human Rights; and one licensing report for Adult Mental Health Case Management related to a Human Rights investigation.

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 3

License #: **101-01-019**

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

Date of Inspection: **08-20-2024**

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

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-105-160. 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	<p>CrisisStab/Sunshine Lady House</p> <p>This regulation was NOT MET as evidenced by:</p> <p>CHRIS Number: 20240175  Date/Time of Discover: 07/27/2024 10:00PM  Enter Date/Time: 07/30/2024 4:10PM  Reporting Delay: 42:10:00  Location Name: CrisisStab/Sunshine Lady House</p>	<p>PR) 09/04/2024</p> <p>The nursing manager, lead nurse and CSS director met with staff to provide education and instruction regarding the late report. Staff had notified on call of the incident and reporting via email but completed a CIR as oppose to the IR. Staff was provided clarification on correct reporting tools for incident reporting. The nurse manager, lead nurse and CSS director provided resources as well as contact information during after hours, for clarification and support regarding the reporting process should staff need assistance.</p> <p>Leadership will review appropriate steps to incident reporting at the next staff meeting dated September 17, 2024</p> <p>The leadership team to include: Coordinator, Assistant Coordinator, Nurse Manager and lead manager will offer ongoing support, guidance and education regarding incident reporting. Staff will be encouraged to report incidents to Coordinator, Assistant Coordinator and Nurse Manager following an incident and follow the instructions of incident reporting. Ongoing email exchanges and review of communication log can ensure that procedures are followed.</p> <p>The staff will participate in IR training at the next scheduled staff meeting on September 17, 2024. At which time, leadership will reiterate ongoing communication and support to provide guidance in competing IRs.</p> <p>OLR) Partially Accepted 09/13/2024</p>	9/17/2024

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

Page: 2 of 3

License #: **101-01-019**

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

Date of Inspection: **08-20-2024**

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

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
<p>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>			<p>In addition to the above, the provider response needs to include the following:</p> <ol style="list-style-type: none"> <li>1. Staff by title responsible for monitoring process implemented to ensure timely data entry of Level II and Level III incidents into CHRIS. This role should be someone other than the person who is responsible for entering the data in CHRIS where possible.</li> <li>2. Indicate the frequency for monitoring the plan including how it will be monitored (Ex: daily checks, monthly audits, weekly chart reviews, quarterly checklist).</li> </ol> <p>PR) 09/23/2024</p> <p>The Compliance Coordinator is responsible for monitoring the process for timely data entry; however, this error was not caused by staff responsible for entering the data. The staff person responsible for completing the incident report did not complete the incident report timely; thus, causing the delay in the data entry into CHRIS. The electronic incident report system is monitored daily, by the Compliance Team, to review reports and ensure timely entry of required incidents.</p> <p>OLR) Accepted 10/03/2024</p>	

**DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES  
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License #: **101-01-019**

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

Date of Inspection: **08-20-2024**

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

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

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

\_\_\_\_\_  
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**

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License #: **101-16-002**

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

Date of Inspection: **09-16-2024**

Program Type/Facility Name: **16-002 Caroline Co. DD Casemanagement**

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-105-150. (4) - The provider including its employees, contractors, students, and volunteers shall comply with: 4. Section 37.2-400 of the Code of Virginia and related human rights regulations adopted by the state board;	N	Caroline Co. DD Casemanagement  This regulation was NOT MET as evidenced by: See OHR citation below.		
12VAC35-115-70. B. (3) - The provider's duties. 3. Providers shall give each individual the opportunity and any help he needs to participate meaningfully in the preparation of his services plan, discharge plan, and changes to these plans, and all other aspects of services he receives. Providers shall document these opportunities in the individual's services record.	N	Caroline Co. DD Casemanagement  This regulation was NOT MET as evidenced by:  During an internal investigation the provider determined the following: <ul style="list-style-type: none"> <li>Employee 1 stated that Employee 1 was asked by Entity 1 to lower Individual 1's service provision hours due to Individual 1's engagement in day support services.</li> <li>Employee 1 stated Employee 1 changed the service plan without discussing this request for change with Individual 1 or Individual 1's AR.</li> <li>Individual 1 reported Individual 1 was not informed by Employee 1 that changes to service hours with Entity 1 were made.</li> </ul>	PR) 10/07/2024  Staff will regularly follow up with individual and with the AR/Guardian to check on status of ISP being implemented and discuss any needed changes to ensure the individuals wants and needs are being implemented.  Staff will notify the individual and his or her AR/Guardian of his or her appeal rights if they do not agree with the changes made and assist them through the process if necessary.  Staff will ensure that all members of an individual's planning team are invited to PCP meetings.  Prior to 10/31/24, this will be addressed in staff meetings so that all staff are aware to ensure that individuals and/or their AR/legal guardians are made aware of changes to individual's service plans and that appropriate notice of changes are provided.  During monthly supervision, supervisors will complete at least one chart review with the staff	11/1/2024

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CORRECTIVE ACTION PLAN**

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License #: **101-16-002**

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

Date of Inspection: **09-16-2024**

Program Type/Facility Name: **16-002 Caroline Co. DD Casemanagement**

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
			<p>and monitor for changes in plan and discuss if notification of changes was provided to the individual and/or their AR/Guardian.</p> <p>Staff met with supervisor on 9/23/24 to discuss findings of investigation and put forth action listed in step 1 above.</p> <p>Prior to 10/31/24 this will be addressed in staff meetings so that all c SCs are made aware.</p> <p>Starting 11/1/24 this will be included in monthly supervisions during the chart review.</p> <p>OHR/OLR) Accepted 10/08/2024</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 4

License #: 101-03-001

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 09-25-2024

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

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-105-150. (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	MH Support Services  This regulation was NOT MET as evidenced by: See OHR citation below.		11/30/2024
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	MH Support Services  This regulation was NOT MET as evidenced by:  "Neglect" means failure by a person, program, or facility operated, licensed, or funded by the department, excluding those operated by the Department of Corrections, responsible for providing services to do so, including nourishment, treatment, care, goods, or services necessary to the health, safety, or welfare of an individual receiving care or treatment for mental illness, intellectual disability, or substance abuse  During an internal investigation the provider substantiated for neglect based on the following:  • Staff gave Individual 1 no other option than to discharge from the program due to program policy violations and Individual 1's lack of participation in the program.  • Staff failed to implement a formal discharge protocol.  • Staff were neglectful in that services were not set up upon discharge from the program to ensure Individual 1's safety.	PR) 10/16/2024  <i>Management team discussion of the discharge process for this individual, and how it could be improved. Discussed developing a formal discharge plan that will be monitored by the MH Residential Coordinator/Assistant Coordinator</i>  <i>A formal discharge protocol will be developed, which will include:</i>  • <i>Written documentation (letter) between the resident and MH Residential staff, that outlines the reason, plan and timeline for discharge</i> • <i>Treatment team meetings minimally held at the time discharge is first discussed, then again a week prior to the discharge date. The first meeting will identify services and supports that need to be in place at the time of discharge.</i> • <i>a checklist of necessary services and responsibilities that must be completed prior to the date of discharge. The checklist will be reviewed at the initial</i>	11/30/2024

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CORRECTIVE ACTION PLAN**

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License #: 101-03-001

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 09-25-2024

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

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
			<p><i>team meeting, and identify responsible staff for each item on the list. The checklist will be reviewed again at the final meeting before discharge, and will make sure all areas have been addressed and services are in place for the date of transition.</i></p> <ul style="list-style-type: none"> <li><i>If there is a delay in starting new services, utilities or any other reason the individual may not be able to transition on the scheduled day of discharge, there will be a treatment team discussion to determine if the individual may remain at the current apartment, or another apartment within the program, until everything is resolved. If this is not possible, alternative options will be discussed, in order to provide a smooth and safe transition.</i></li> </ul> <p><i>Program managers will be responsible for notifying the MH Residential Coordinator/Assistant Coordinator about upcoming discharges. This will also be discussed during monthly staff meetings and supervision meetings. The MH Residential Coordinator/Assistant Coordinator will ensure that the discharge policy is being followed, and will notify upper management if there is a concern regarding other service providers following through on arranging future services and supports, that may delay discharge.</i></p> <p>OHR/OLR) Accepted 10/21/2024</p>	
12VAC35-115-60. B. (7) - The provider's duties. 7. When preparing or	N	<p>MH Support Services</p> <p>This regulation was NOT MET as evidenced by:</p>	<p>PR) 10/16/2024</p> <p><i>Management team discussion of the discharge process for this individual, and how it could be</i></p>	11/30/2024



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License #: 101-03-001

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 09-25-2024

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

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
changing an ISP or discharge plan, providers shall ensure that all services received by the individual are integrated. With the individual's or the individual's authorized representative's authorization, providers may involve family members in services and discharge planning. When the individual or his authorized representative requests such involvement, the provider shall take all reasonable steps to do so. In the case of services to minors, the parent or guardian or other person authorized to consent to treatment pursuant to § 54.1-2969 A of the Code of Virginia shall be involved in service and discharge planning.		<p>During an internal investigation the provider substantiated a Services violation based on the following:</p> <ul style="list-style-type: none"> <li>Individual 2 reported that Individual 1 and Individual 2 were told that Individual 1 would receive referrals for supportive services upon discharge from the program.</li> <li>Staff failed to ensure that Individual 1 had integrated services upon discharge.</li> </ul>	<p><i>improved. Discussed developing a formal discharge plan that will be monitored by the MH Residential Coordinator/Assistant Coordinator</i></p> <p><i>A formal discharge protocol will be developed, which will include:</i></p> <ul style="list-style-type: none"> <li><i>Written documentation (letter) between the resident and MH Residential staff, that outlines the reason, plan and timeline for discharge</i></li> <li><i>Treatment team meetings minimally held at the time discharge is first discussed, then again a week prior to the discharge date. The first meeting will identify services and supports that need to be in place at the time of discharge.</i></li> <li><i>a checklist of necessary services and responsibilities that must be completed prior to the date of discharge. The checklist will be reviewed at the initial team meeting, and identify responsible staff for each item on the list. The checklist will be reviewed again at the final meeting before discharge, and will make sure all areas have been addressed and services are in place for the date of transition.</i></li> <li><i>If there is a delay in starting new services, utilities or any other reason the individual may not be able to transition on the scheduled day of discharge, there will be a treatment team discussion to determine if the individual may remain at the current apartment, or another apartment within the program, until everything is resolved. If this is not possible, alternative options</i></li> </ul>	

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

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

Date of Inspection: **09-25-2024**

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

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
			<p><i>will be discussed, in order to provide a smooth and safe transition.</i></p> <p><i>Program managers will be responsible for notifying the MH Residential Coordinator/Assistant Coordinator about upcoming discharges. This will also be discussed during monthly staff meetings and supervision meetings. The MH Residential Coordinator/Assistant Coordinator will ensure that the discharge policy is being followed, and will notify upper management if there is a concern regarding other service providers following through on arranging future services and supports, that may delay discharge.</i></p> <p>OHR/OLR) Accepted 10/21/2024</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

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CORRECTIVE ACTION PLAN**

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

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

Date of Inspection: **09-25-2024**

Program Type/Facility Name: **16-004 Kenmore Ave**

<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	Kenmore Ave  This regulation was NOT MET as evidenced by: See OHR citations 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	Kenmore Ave  This regulation was NOT MET as evidenced by:  "Neglect" means failure by a person, program, or facility operated, licensed, or funded by the department, excluding those operated by the Department of Corrections, responsible for providing services to do so, including nourishment, treatment, care, goods, or services necessary to the health, safety, or welfare of an individual receiving care or treatment for mental illness, intellectual disability, or substance abuse  During an internal investigation the provider determined the following:  <ul style="list-style-type: none"> <li>Individual 1 reported very limited communication with Employee 1, even stating that Individual 1 and Individual 1's parents had called Employee 1 but Employee 1 would not return phone calls.</li> <li>Employee 1 reported talking to Individual 1 weekly, but stated that Employee 1 does not always document these phone calls.</li> <li>Employee 1 reported being on vacation for a week</li> </ul>	PR) 10/16/2024 <ul style="list-style-type: none"> <li>Employee 1 has met with the Supervisor for Adult Mental Health Case Management along with the Clinical Services Director to review the non-compliance, discuss the severity of the violation as well as expectations for the future. Employee 1 is not providing services to this individual as they have transitioned to another service within RACSB.</li> <li>Employee 1 has accepted responsibility for their actions and has shown a sincere desire to provide quality services to individuals served.</li> </ul> <ol style="list-style-type: none"> <li>Employee 1 will only work from the 700 Kenmore location unless they are in the community with an individual.</li> <li>Employee 1 will complete a refresher course in Person Centered Training.</li> <li>Employee 1 will meet with their supervisor to obtain remedial training on case management duties to include, but not limited to customer service, effective communication with staff and individuals,</li> </ol>	11/1/2024

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CORRECTIVE ACTION PLAN**

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License #: 101-16-004

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 09-25-2024

Program Type/Facility Name: 16-004 Kenmore Ave

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
		<p>in July and stated that Employee 1 does not necessarily tell individuals that Employee 1 will be on leave because Employee 1 plans to return calls when Employee 1 returns from leave.</p> <ul style="list-style-type: none"> <li>Employee 2 reported Individual 1 was attempting to contact Employee 1 about services through calls and emails but was frustrated because Employee 1 was not responding to Individual 1 for several days.</li> <li>Employee 2 reported Employee 1 gave Individual 1 a phone number for a voucher from Entity 1, but the number provided to Individual 1 for Entity 1 is a location not in Individual 1's service area nor did they provide the assistance Individual 1 was requesting.</li> <li>Employee 2 reported that Employee 2 assisted Individual 1 in completing an application because the deadline was approaching and Employee 1 was not assisting Individual 1.</li> <li>Employee 2 also reported assisting Individual 1 in applying for employment and offering to take Individual 1 to job interviews because Employee 1 was not assisting Individual 1.</li> <li>Employee 2 reported that during a treatment team meeting it was discussed that Individual 1 would be referred for supportive services following Individual 1's transition to a new apartment.</li> <li>Employee 1 reported that at the treatment team meeting occurring in May 2024, Employee 1 assured Individual 1 and Individual 1's parents that Individual 1 would be linked with services once Individual moved into Individual 1's new apartment and that Individual 1 would not be left without any supports in place.</li> <li>Employee 1 reported that the referral for supportive services was sent to Employee 1's supervisor the day after Employee 1 received a call from Individual 2 notifying Employee 1 that Individual 1 had a</li> </ul>	<p>and documentation.</p> <ol style="list-style-type: none"> <li>Employee 1 will not provide case management services to any individuals that are also served by their spouse.</li> <li>Employee 1 will provide a service to each individual on his caseload at least monthly. They will document all attempts to reach each individual and will discharge any individuals that they are not able to make contact with for over 90 days.</li> <li>Employee 1 will work together with their supervisor to develop a caseload documentation tracking sheet.</li> <li>Employee 1 will meet with their supervisor, weekly, to review their caseload to ensure that individuals are receiving appropriate services, that documentation is being completed for all contacts, to determine any necessary discharges as well as to review peer chart reviews. Employee 1 will bring their updated documentation tracking sheet to supervision.</li> <li>Employee 1 will only transport individuals in the agency vehicle.</li> </ol> <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:</p>	

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License #: 101-16-004

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 09-25-2024

Program Type/Facility Name: 16-004 Kenmore Ave

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
		<p>medical episode while alone in the apartment.</p> <ul style="list-style-type: none"> <li>Employee 1 reported Employee 1 did not follow up with Individual 1 after finding out about the medical episode.</li> </ul>	<p>monthly audits, weekly chart reviews, daily checklist).</p> <ul style="list-style-type: none"> <li>Employee 1 has begun working solely from 700 Kenmore. This will be monitored by their supervisor.</li> <li>Employee 1 will complete a refresher course in Person Centered Thinking by 10/25/24. Completion of this training will be monitored by their supervisor.</li> <li>Employee 1 will transition two individuals also served by their spouse to other CMs, with assistance and oversight of their supervisor by 10/25/24.</li> <li>Supervisor for the Adult Mental Health Case Management team will meet with Employee 1 on a weekly basis. During these meetings their caseload will be reviewed to ensure that each individual is being outreached, each individual is receiving quality services, referrals are being completed and followed up on and documentation is being completed.</li> <li>Adult MHCM Supervisor will review Employee 1's caseload tracking sheet along with him during weekly supervision to ensure that contacts are being made, documentation is being completed and necessary referrals are being completed and followed up on.</li> <li>Supervisor will also provide remedial training to Employee 1 on case management duties, required documentation as well as effective communication by 10/31/24. These skills</li> </ul>	

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CORRECTIVE ACTION PLAN**

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

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

Date of Inspection: **09-25-2024**

Program Type/Facility Name: **16-004 Kenmore Ave**

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
			<p>will continue to be developed during weekly supervision.</p> <ul style="list-style-type: none"> <li>• Supervisor will review monthly peer chart reviews completed on Employee 1's charts, with Employee 1 on a monthly basis.</li> <li>• Supervisor will ensure that Employee 1 is not transporting individuals in their own vehicle through discussion in supervision.</li> </ul> <p>OHR/OLR) Accepted 10/21/2024</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.

Artea Ambrose, Human Rights

(Signature of Organization Representative)

Date

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# Communications Update

**November 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
- 32 LinkedIn posts
- 58 Facebook posts
- 26 Tweets
- 32 Instagram posts
- RAAI store for bulbs and poinsettias created

#### Statistics

- Facebook has 31 new fans this month
- Facebook posts reached 16,499 users
- Top Facebook posts were about Tamra McCoy's retirement, HopeStarter of the Quarter and Case Management Week
- Instagram has 11 new followers
- Instagram post engagement was 11.44%
- Most popular Instagram posts: Boss' Day, Halloween Door Decorating Contest and Myers Drive Open House
- LinkedIn has 19 new fans
- LinkedIn engagement rate is 8.67%
- Most popular LinkedIn posts were about Case Management Week, Boss' Day and Myers Drive Open House
- Total audience growth for all social media platforms was 54 new fans and followers
- LinkedIn: 607 followers
- Twitter: 473 followers
- Instagram: 400 followers
- Facebook: 2,694 page fans
- RACSB is now on Threads! Our handle is @hope\_starter

### Spark:

For the first time since launching, the home page was not the most visited page this month. That was the Holiday Hope page, which is about our effort to adopt ACT clients for the holidays.

The next most visited pages were the home page, employee photo galleries and the frequently asked questions page.

The FY25 payroll calendar was the most frequently accessed document. Spark had 252 unique views and 3,122 site visits. Unique views increased by 65% over the previous month and site visits by 71%.

### Website:

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

The site had 67,787 pageviews.

Website pageviews have decreased. I have been building a new navigation system for the website, which is being done behind-the-scenes and means I have not been as focused on the front end and attracting users and views.

### Competitive Analysis:

#### Facebook

- For Facebook, compared to industry averages for nonprofits:  
Audience growth rate is .64% while industry average is -.95%  
Post engagement is 9.71% vs industry average of 2.06%  
Posting frequency is 1.811 posts per day vs. .45 posts per day.  
Number of page fans is below average
- For Facebook compared with other CSBs:  
Fan growth .64% and Horizon Behavioral Health's is 1.89% and Region Ten CSB's is .49%. Our total number of fans is also higher than that of either CSB's Facebook page.
- For Instagram, compared to industry averages for nonprofit:  
Audience growth is 2.34% vs. -1.53%  
Post engagement rate is 9.34% vs 2.29%  
Post frequency is .89 per day compared to .81 per day
- Number of followers is below average
- For Instagram compared with Mary Washington Healthcare and Horizon Behavioral Health:  
Audience growth is 1.78% and MWHC's is .77% and Horizon's is 1.05%
- For LinkedIn, compared to industry averages for nonprofit:  
Audience growth rate is 3.53% vs -.01%  
Post engagement is 9.1% vs. 2.31%  
Post frequency is 1 posts per day compared to .37 posts per day
- Number of followers is below average

## Community Engagement

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

- Oct. 20: 2024 Fall/Tree Shrub Giveaway, Tree Fredericksburg (Alexis Fox, horticulture manager)
- Nov. 1: Caroline Career Expo (Derrick Mestler, human resources director, and Jennifer Bateman, prevention specialist)
- Nov. 2: Fredericksburg Nats Salute to Veterans 5k and Bravo Mile Run (Nicole Bassing, specialty dockets coordinator and Rebekah Withrow, SA therapist)
- We also held three events that were open to the public:
  - Oct. 20, RAAI Trunk or Treat
  - Oct. 22, Altruix Pharmacy Grand Opening
  - Nov. 3, Myers Drive Respite Open House

## Internal Communications/Employee Engagement

### ICEE Snapshot

#### Content Creation:

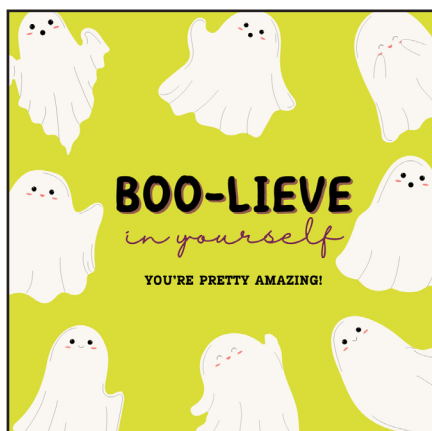
- Three new pages/posts on Spark
- Three new employee photo galleries
- Three updated pages on Spark
- 25 Viva Engage posts

#### Analytics:

- 252 unique Spark viewers
- 3,122 Spark visits

#### Employee Engagement

- The Internal Communications/Employee Engagement Committee met one time
- Engagement activities for this month were a merch-making event, a bowling evening, a Halloween door-decorating competition and RAAI's trunk or treat
- Employee appreciation was Case Management Week
- The holiday party has been scheduled for Dec. 5 at Old Silk Mill Inn.





Blog posts:

## Six Pumpkin-Themed Sensory Activities

Pumpkins are more than just a seasonal decoration; they're a versatile tool for sensory play!

Sensory activities are important for all children. Engaging our senses helps us learn about the world around us. And using senses to explore helps children learn and grow.

Sensory activities are especially important for children with sensory processing difficulties. These activities can also help calm children who find it challenging to regulate their emotions.

Plus, sensory activities are super fun--especially when they involve pumpkins! These round orange gourds offer a variety of textures, smells, and tastes to explore.

Here are six pumpkin-themed sensory activities to try:

**Pumpkin Paint:** Let your child paint a pumpkin with their hands or feet. The gooey texture of the paint is a great sensory experience.

**Pumpkin Slime:** Make pumpkin-themed slime by adding orange food coloring and pumpkin-scented oil to your favorite slime recipe. Or, try this recipe which uses actual pumpkin guts to make slime.

**Pumpkin Spice Sensory Bottles:** Fill clear bottles with pumpkin-scented items like pumpkin spice, cinnamon sticks, and cloves. Shake the bottles to release the aroma.

**Pumpkin-Scented Playdough:** Make playdough scented with pumpkin spice. Your child can shape and mold the playdough while enjoying the pleasant smell. Find an easy pumpkin play dough recipe [here](#).

**Pumpkin Shakers:** Fill small containers with pumpkin seeds and shake them to create different sounds.

**Pumpkin Sensory Bin:** Fill a bin with pumpkin seeds, pumpkin puree, and other pumpkin-related items. Let your child explore the bin with their hands. Sensory bins are such a great way to explore different textures and really help children with sensory processing challenges. They also tend to be very soothing. Here are five sensory bins to try:

**Pumpkin washing sensory bin:** this is a fun take on the traditional sensory bin and uses water and dish soap, mini pumpkins and various scrub brushes and sponges. Find the details [here](#).

**Pumpkin patch sensory bin:** made with Cocoa Pebbles and candy pumpkins, this bin offers tactile, scented, and tasty sensory fun. Find it [here](#).

**Jack-o-Lantern sensory bin:** orange rice and plastic containers with jack-o-lantern faces offer lots of fun. Learn more [here](#).

**Pumpkin scented sensory rice:** this recipe uses rice, pumpkin spice extract and food coloring and can form the basis for numerous sensory activities. Get it [here](#).

**Pumpkin spice moon sand:** this recipe makes a soft, edible "sand." Find it [here](#). The link goes to a page with lots of pumpkin sensory ideas and the moon sand is about halfway down the page.

## Sensory-Friendly Costumes for Every Child

As a child, I loved unique, homemade Halloween costumes. My favorite was the robot costume made out of a refrigerator box and a lot of tin foil, even though it was so unwieldy that I tripped while trick or treating.

When I became a mom, I looked forward to continuing that tradition. However, my oldest son has autism and quite a few sensory challenges. He could not stand most costumes.

For children with autism and/or sensory sensitivities, it may seem like they have to sit out Halloween traditions like costume contests and trick or treating. But with a little bit of sensitivity and creativity, they can have Halloween fun without sacrificing comfort.

To ensure that all children can enjoy the festivities, here are some ideas for sensory-friendly Halloween costumes:

Consider the Fabric:

**Soft materials:** Choose costumes made from soft, comfortable fabrics like cotton or fleece. Avoid scratchy materials like wool or polyester.

**Loose-fitting:** Opt for costumes that are loose-fitting and don't restrict movement. Tight-fitting costumes can be uncomfortable and overwhelming for children with sensory sensitivities.

### Minimize Sensory Overload:

**Simple designs:** Keep the costume design simple and avoid excessive decorations or accessories that can be overwhelming.

**Muted colors:** Choose costumes with muted colors rather than bright, flashy hues that can be visually stimulating.

**Quiet accessories:** If your child is sensitive to noise, avoid costumes with loud or noisy accessories.

### DIY Options:

**Make your own:** Creating a costume at home can allow you to tailor it to your child's specific needs and preferences.

**Reuse old clothes:** Repurpose items you already have in your closet to create a simple and comfortable costume.

**Try a base layer:** Some soft long johns, leggings or t-shirts can help make costumes more comfortable.

### Sensory-Friendly Costume Ideas:

**Animal costumes:** Many animal costumes are made from soft fabrics and are simple in design.

**Character costumes:** Popular characters like superheroes or cartoon characters often have costumes that are easy to wear and comfortable. My son's favorite costume was Steve from Blue's Clues--this really just involved a green-striped shirt, khaki pants and a red notebook. He would spend quite a bit of time staring at himself in the mirror in amazement.

**Everyday objects:** Dress your child up as a favorite toy, food item, or everyday object. This can be a fun and creative way to create a sensory-friendly costume. One year, my other son requested to be a stop sign for Halloween. I admit that I was stumped at first, but he loved getting to dress as one of his favorite objects.

**Pajamas:** There are so many pajamas that are super comfy while doubling as costumes. One son once wore skeleton pajamas for Halloween and loved them so much that he wore them all year.

**Onesies for the win:** These weren't really a thing when my son was young, but now there are so many options of comfy character-themed onesies that make great costumes.

### Additional Tips:

**Practice wearing the costume:** Allow your child to wear the costume at home before Halloween to get used to the feel and look.

**Don't be rigid about the costume:** My son loved wearing his Batman costume once we realized that it was the mask that was bothering him. And so, even though Batman iconically wears a mask, we ditched it. Other costumes might traditionally have tights, but those are also often extremely uncomfortable for children with sensory issues.

**Have a back-up costume:** All three of my children have had some sensory issues, and we've discovered that having a Plan B makes the difference between a miserable Halloween and a happy one.

**Bring a comfort item:** If your child has a favorite comfort item, let them bring it along on Halloween night.

**Plan for breaks:** If your child becomes overwhelmed or anxious, take breaks to allow them to calm down and recharge.

## 5 Ways Poinsettias Brighten Your Holidays

Poinsettias are a holiday decorating powerhouse! They come in various sizes and colors, which means that you can make them fit nearly any holiday decor style from modern to classic.

During our annual poinsettia sale, you can purchase plants that will brighten your holidays while helping adults with developmental disabilities bloom.

Here are a few ways to use poinsettias to kick your holiday decorating up a few notches:

Place your poinsettias in a fun vintage container for a classic holiday look.

This look works well with two different colors of flowers--the white and red look amazing with the old-fashioned plaid pattern. Add some accents, like a vintage lantern and a matching wool blanket.

And check out these ideas for using poinsettias in vintage tins, crates and buckets.

### Tips for Using Vintage Containers

**Drainage:** Ensure the vintage container has drainage holes to prevent waterlogging.

**Size:** Choose a container that is appropriate for the size of the poinsettia.

**Care:** Keep the soil or moss moist, but not soggy.

**Safety:** If using a vintage container that contains lead, be cautious and avoid handling it frequently.

Use poinsettias on your mantel.

Mantels are perfect for holiday decorating and there are so many different ideas! Poinsettias offer a fresh yet traditional touch on the mantel. And they don't just have to be used on the mantel; check out this idea for using them beside the mantel.

#### Tips for Using Poinsettias on the Mantel

**Placement:** Place the poinsettias in a well-lit area, away from direct heat or cold drafts.

**Watering:** Keep the soil or moss moist, but not soggy.

**Care:** Remove any dead or wilted leaves to keep the plants healthy.

**Safety:** Poinsettias are considered toxic to pets and children. Keep the plants out of reach.

Poinsettias make a lovely centerpiece.

Setting a holiday table can get complicated--but poinsettias keep it simple while adding to the wow factor. Incorporating them into your holiday dining table can add a touch of elegance and cheer to your celebration.

For added fun, use small, potted poinsettias as placeholders and let guests take them home as a favor.

Poinsettias look great on windowsills.

Use a decorative pot that complements your windowsill decor.

#### Tips for Using Poinsettias on Windowsills

**Sunlight:** Poinsettias prefer bright, indirect sunlight. Choose a windowsill that receives ample sunlight.

**Watering:** Keep the soil moist, but not soggy. Avoid overwatering.

**Temperature:** Maintain a warm temperature between 65-75 degrees Fahrenheit (18-24 degrees Celsius).

Use poinsettias in bedrooms and guest rooms.

While poinsettias are often associated with living rooms and dining areas, they can also add a festive touch to your bedroom. They work well on nightstands, dressers and windowsills.

Keep in mind that poinsettias have a slight scent. If you are sensitive to fragrances, you might want to consider a different plant.

Whichever ways you decide to use poinsettias in your holiday decor, make sure to get your order in soon! Orders are due by Nov. 8.



DD Residential Halloween Party



Tamra McCoy retirement celebration



## Halloween Door Decorating Competition



## RAAI Trunk or Treat



# Hope Starter Communications

**Communications Plan FY 25**

# Internal Communications

## *Goals:*

*Support efforts to recruit and retain highly talented, dedicated workforce*

**Foster an environment of belonging and a sense of purpose for each employee within the agency mission**

## **Tools:**

- Inside RACSB
- Intranet
- Agency website
- Social Media
- Media Releases
- Employee events
- All-staff email
- Swag
- Company store
- HopeStarter Ambassador Program

## **Tactics:**

- Receive training on SharePoint to maximize the opportunities of our current intranet
- Spotlight features in employee newsletters
- Expand Kudos section to be more prominent in newsletter
- Encourage employees to submit kudos for their coworkers
- Spotlight agency successes in blog, media releases, social media
- Photograph diverse range of programs
- Encourage use of HopeStarter branding
- Explore avenues for having a company store
- Creation of HopeStarter Ambassador Program

- Providing HopeStarter t-shirts for volunteering to represent RACSB
- Providing HopeStarter shirts for engagement-related prizes

**Measurement:**

- Employee newsletter produced every other month
- Kudos section will be two or more pages in the newsletter
- At least 90% of agency programs will have a folder of photos
- Each of those folders will have new photos from FY25
- There will be three or more HopeStarter t-shirt-making events in FY25
- Ambassador program will be created

## **Increase recognition for employee efforts and show appreciation**

**Tools:**

- Inside RACSB
- Intranet
- Agency website
- Social Media
- Media Releases
- Employee events
- All-staff email
- Swag
- Lobby digital presentation
- HopeStarter Ambassador Program

**Tactics:**

- Encourage submission of kudos
- Share employee service awards in each newsletter and on social media
- Share employee success stories in each newsletter and on social media
- Partner with HR Director to use monthly engagement days to express appreciation
- Actively search for success stories
- Creation of HopeStarter Ambassador Program

### **Measurements:**

- Kudos section to be two or more pages each newsletter
- Employee service awards to be included in newsletter, info Friday and Spark
- At least one social media post per month will be an employee appreciation post
- Employee of the Quarter signage and lobby presentation to be updated within one week of announcement of winner

## **Increase support for new employees and help them feel part of a Hope Starter team, to increase retention**

### **Tools:**

- Inside RACSB
- Intranet
- Information Friday
- Viva Engage

### **Tactics:**

- Share pictures and names of new employees in Inside RACSB
- Update new employee section of Spark and encourage use
- Update frequently asked questions section of Spark as needed
- Creation of new employee community on Engage
- Work with HR director on a video to be shown in NEO that explains RACSB programs

### **Measurements:**

- New employees will be shared in each edition of Inside RACSB
- New employees will be introduced via Information Friday email and Engage



## Create channels for feedback and discussion

### Tools:

- Inside RACSB
- Intranet
- Social Media
- Engage
- All-staff email
- Internal Communications/Employee Engagement Committee

### Tactics:

- Receive training on SharePoint
- Create avenues for discussion on intranet
- Encourage feedback
- Include interactive element in each employee newsletter
- Increase use of Engage
- Participate in employee committees
- Leads Internal Communications/Employee Engagement Committee

### Measurements:

- Communications coordinator creates at least 10 Engage posts per month
- Engage increases by two communities
- Spark traffic increases by 5% each quarter
- ICEE meets 10 or more times per year

**If we want our external customer service to be first rate, our internal customer service must be first rate first.**

Dean Lindsay

# External Communications

## *Goals:*

*Increase awareness of RACSB, promote wellness, recruit staff*

## **Increase awareness of RACSB's work in the community**

### **Tools:**

- Website/blog
- Social media
- Media Releases
- E-newsletter
- Community events
- Print collateral
- HopeStarter merchandise
- Annual Report

### **Tactics:**

- Update website navigation to ensure easier use
- Keep abreast of current SEO techniques and use them
- Update website regularly
- Include links to RACSB website on social media
- Attend community events and support staff attending community events
- Provide talking points and facts sheets to board members and staff meeting with legislators or other community leaders
- Provide a consistent e-newsletter to community
- Produce an annual report which shows return on investment to community and showcases RACSB's work in our community

### **Measurements:**

- Increase users to website year-over-year by 5% each quarter
- One electronic newsletter is sent out each month
- Constant Contact subscriber list grows to 150 or more
- Talking points sheets are created for each locality

- At least 25 social media posts per month
- Social media following increased by 5% each quarter
- At least three blog posts are published each quarter
- At least three media releases are disseminated each quarter
- Two new or revised brochures each quarter
- Communications coordinator supports attendance at 12 or more community events

## **Increase Access to Behavioral Healthcare Services and Encourage Community to Seek Help Before Crises**

### **Tools:**

- Website/blog
- Social Media
- Media Releases
- Print collateral
- E-newsletter

### **Tactics:**

- Encourage individuals to share their behavioral health journeys
- Promote Prevention Services activities
- Include blog posts that promote the benefits of receiving care
- Promote peer-led support groups
- Promote messages of hope
- Support behavioral healthcare staff in their outreach efforts
- Educate community on crisis services

### **Measurements:**

- RACSB is represented at a diverse range of community events
- A page about crisis services is created on agency website
- The agency's FAQs section includes an explainer on accessing emergency services
- Five or more social media posts per month include messages normalizing behavioral healthcare treatment

## **Support efforts to create a healthier community in PD16**

### **Tools:**

- Website/blog
- Social Media
- Media Releases
- Print collateral
- Community partnerships
- E-newsletter

### **Tactics:**

- Disseminate media releases about prevention trainings on website and social media
- Include monthly wellness topics in Inside RACSB
- Partner with Rappahannock Health District on a monthly newspaper column that educates the community on physical and behavioral health
- Post wellness tips on social media
- Support community partners working on wellness

### **Measurements:**

- At least five media releases will focus on prevention efforts
- Each e-newsletter will feature community trainings.
- One or more blog posts each quarter will focus on wellness.
- One or more social media posts each week will feature a community training.
- One or more social media posts each week will focus on an aspect of wellness or will connect community members to resources.

## **Support agency efforts to recruit and retain diverse, talented workforce that will provide optimal care for individuals served**

### **Tools:**

- Website/blog
- Social Media
- Print collateral

### **Tactics:**

In addition to the internal communications tactics listed earlier:

- Show agency culture on website and social media
- Highlight RACSB employees as experts in their fields
- Support HR in its work
- Build agency presence on LinkedIn
- Ensure that promotional materials for recruitment include diversity in age, race, gender, job function

### **Measurements:**

- At least 12 social media posts per quarter will focus on recruitment
- LinkedIn followers will increase by 5% annually

**Our job is to connect to people, to interact with them in a way that leaves them better than we found them, more able to get where they'd like to go.**

**Seth Godin**

# Prevention Services Program Updates

**Michelle Wagaman, Director**

[mwagaman@rappahannockareacsb.org](mailto:mwagaman@rappahannockareacsb.org)

540-374-3337, ext. 7520

## **Prevention Services Top 5 for November:**

1. Teen Mental Health First Aid started at Caroline High School
2. Special insert on Finding Balance published in November issue of Fredericksburg Parent and Family Magazine
3. Healthy Families hosting their annual graduation on November 9<sup>th</sup>
4. 2025 Training Schedule finalized
5. Upcoming events include: Spotsylvania County Public Schools 4E's Expo (November 7); Mental Health First Aid in Spanish (November 14); DBHDS Block Grant Summit (November 14)

## **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, continues this 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 at Bowling Green Elementary School.

**Coalitions** – The Community Collaborative for Youth and Families has set the quarterly meeting schedule for 2025: January 10; April 11; July 11; and October 10. Youth First is scheduled for February 14, 2025. The new website has launched: <https://www.thecommunitycollaborative.org/>

**Tobacco Control** – The Prevention Services Team continues to wait for updated materials from DBHDS prior to resuming the merchant education. The recent update is to expect them in January/February 2025.

**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 is scheduled for King George High School, King George Middle School and Courtland High School.

## **Suicide Prevention Initiatives**

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

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

We have one remaining ASIST scheduled for 2024 on November 21-22. The training will be held on the following dates in 2025: March 13-14; June 4-5; July 29-30; and October 24-24.

To register: <https://www.signupgenius.com/go/RACSB-ASIST-Training2025>

**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 of substance use problem and connect them to the appropriate care.

Teen Mental Health First Aid training implementation has begun at Caroline High School. Trainings are being held in 10<sup>th</sup> grade PE/Health Classes starting November 6<sup>th</sup> and concluding on December 5<sup>th</sup>. The school division has elected to implement the three 90-minute sessions. Approximately 316 students will receive this training. It's the first local high school to implement.

Adult Mental Health First Aid trainings are scheduled for the following dates: November 7; and November 14 (Spanish) from 8:30 a.m. to 5:00 p.m. The training will be held on the following dates in 2025: February 4; April 29; June 10; September 4; and December 9.

Mental Health First Aid in Spanish trainings are scheduled for the following dates in 2025: March 18; May 8; August 19; and November 13.

Youth Mental Health First Aid last training for 2024 is scheduled for December 3 from 8:30 a.m. to 5:00 p.m. We added a training on December 10, 2025 at the request of Fredericksburg City Public Schools. In 2025, YMHA is scheduled for March 3; May 22; June 17; October 7; and December 2.

To register for Adult Mental Health First Aid Training:  
<https://www.signupgenius.com/go/RACSB-MHFA-Training2025>

To register for Adult Mental Health First Aid in Spanish Training:  
<https://www.signupgenius.com/go/RACSB-MHFA-Spanish2025>

To register for Youth Mental Health First Aid Training:  
<https://www.signupgenius.com/go/RACSB-YouthMHFA-Training2025>

**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 is scheduled for the following dates in 2025: February 5 (1:00 p.m. to 4:00 p.m.); April 24 (9:00 a.m. to noon); July 22 (9:00 a.m. to noon); September 23 (9:00 a.m. to noon); and November 17 (1:00 p.m. to 4:00 p.m.).

To register: <https://www.signupgenius.com/go/RACSB-safeTALK2025>

**Lock and Talk Virginia** – The September suicide prevention awareness month campaign was successful. The three (3) social media posts had 800,377 impressions and 130,497 ad engagement. A video on Effectv had 67,254 impressions with 54,150 (80.52%) complete views. The website had 1,332 views. We will start working on the campaign for May as Mental Health Awareness Month soon. Visit [www.lockandtalk.org](http://www.lockandtalk.org) to learn more about this suicide prevention initiative.

**Coalitions** – The subgroups formed to address focus areas of teens/young adults; older adults; and first responders/veterans continue to meet and develop goals. A rack card has been created. The next coalition meeting will be held December 16, 2024 at 1:00 p.m. at River Club. (below).

Michelle Wagaman, Prevention Services Director, was invited to present on suicide prevention at a professional development day for fire/EMS/police chaplains. It was attended by 40 chaplains from across Virginia and Maryland. This was hosted by Stafford Fire/EMS on October 29, 2024. REVIVE! training with Narcan dispensing was also conducted at this event.



**The Community  
Collaborative for  
Youth and Families**



**The Community  
Collaborative for  
Youth and Families**



## Suicide Prevention Coalition

### Mission Statement

To prevent suicide in Planning District 16 (City of Fredericksburg, Caroline, King George, Spotsylvania, and Stafford Counties) through education, resource sharing, reducing stigma, and fostering a supportive community where mental wellness is valued and accessible to all.

### Vision Statement

A future free from the tragedy of suicide, where everyone feels supported, educated, and valued.

### Workgroups



Youth/Young  
Adults



Veterans/First  
Responders



Older Adults

## Suicide Prevention Coalition

### Meetings

The full coalition meets in-person with hybrid virtual option on the fourth Monday of even months at 1:00 p.m. The individual workgroups meet virtually the alternating month.

### Membership

The coalition was established on October 16, 2023 and continues to grow. Members represent public health, schools, department of social services, law enforcement, libraries, Veteran's Affairs, parents, and more. New members and community partners are welcomed – contact us to get involved.



National Suicide & Crisis Lifeline  
9-8-8  
Call, Text, Chat

RACSB 24/7 Emergency Services  
540-373-6876

Mental Health America Fredericksburg Region  
HELPLINE 540-371-2704

### Coalition Leadership:

Allison Balmes-John  
allison.balmes@vdh.virginia.gov

Michelle Wagaman  
mwagaman@rappahannockareacsb.org

With Technical Assistance Provided by:  
Angela Jameson  
Angela.Jameson@va.gov

ccyf@thecommunitycollaborative.org  
www.thecommunitycollaborative.org

ccyf@thecommunitycollaborative.org  
www.thecommunitycollaborative.org



## State Opioid Response (SOR)

RACSB Prevention Services is actively engaged with community partners to address the opioid response in the areas of prevention, harm reduction, treatment, and recovery. RACSB's Prevention application for SOR IV Funding was approved.

**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. Additionally, we schedule and host trainings upon the request of community partners. We continue to experience an increase in training/dispensing requests from community organizations.

At the request of Eagles in Recovery at the University of Mary Washington, we will return to campus for rapid training with dispensing on November 20, 2024.

Virtual training dates still remain for 2024: <https://www.signupgenius.com/go/RACSB-Naloxone-Training2024>

RACSB Prevention Services partnered with the Ceili Leahy Service Project and James Monroe High School DECA Club for a fall service activity on October 12<sup>th</sup>. Student volunteers assembled 3,000 Narcan kits and planted 600 bulbs at Bridgewater Street properties.

## 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](http://www.vcpg.net).

**ACEs Interface** – RACSB Prevention Services offers in-person trainings.

Trainings will be held on the following dates: November 18; and December 11. Hours vary by date. To register: <https://www.signupgenius.com/go/RACSB-ACES-Training2024>

This training will be held on the following dates in 2025: February 10 (1:00 p.m. to 4:00 p.m.); April 9 (1:00 p.m. to 4:00 p.m.); June 11 (2:00 p.m. to 5:00 p.m.); August 5 (9:00 a.m. to noon); September 9 (9:00 a.m. to noon); and October 28 (9:00 a.m. to noon).

To register: <https://www.signupgenius.com/go/RACSB-ACES-Training2025>

**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 a pre-requisite for Course 2). The training is held from 9:00 a.m. to 4:00 p.m.

Our final Course 2 for the year was held October 10 with 11 participants.

In 2025, we will host Course 1 on January 23; April 22; July 31; and September 25. Course 2 will be held May 13 and December 4.

To register: <https://www.signupgenius.com/go/RACSB-CRI-Training2025>

## Rappahannock Area Kids on the Block

Rappahannock Area Kids on the Block (RAKOB) is scheduling for spring performances.

## 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.

### October 2024

LOCALITY	NUMBER OF REFERRALS	ASSESSMENTS	NUMBER OF FAMILIES RECEIVING HOME VISITS	NEW ENROLLEES YEAR-TO-DATE
CAROLINE COUNTY	3	0	0	1
CITY OF FREDERICKSBURG	1	2	37	3
KING GEORGE COUNTY	5	2	9	0
SPOTSYLVANIA COUNTY	12	8	75	21
STAFFORD COUNTY	12	6	38	9
OUT OF AREA (REFERRED TO OTHER HF SITES)	0	0	0	0
<b>TOTAL</b>	<b>33</b>	<b>18</b>	<b>159</b>	<b>34</b>

- Healthy Families has been awarded a \$15,000 grant from the Fredericksburg Savings Charitable Foundation through the Community Foundation of the Rappahannock River Region.
- Program Supervisor Marta Fuentes and Family Resource Specialist Bryanda Monge-Vega, cofacilitated their first Mental Health First Aid training on November 7<sup>th</sup> and will host the training in Spanish on November 14, 2024.
- The program is hosting the Mothers and Babies Training for staff on November 12, 2024.
- CarMax started their toy drive for HFRA families starting in October. Two totes have already been collected
- On November 9, 2024, the program will celebrate 20 families as they graduate from the Healthy Families program. Thank you to St. George's Episcopal Church for providing the space to host the event.



# HEALTHY FAMILIES RAPPAHANNOCK AREA NEWSLETTER

NOVEMBER EDITION



hello  
NOVEMBER

HEALTHY FAMILIES  
RAPPAHANNOCK AREA  
WOULD LIKE TO  
ANNOUNCE OUR  
NEW BOARD OF DIRECTOR OFFICERS



Donalda Jones  
President



Dr. Lorita Daniels  
Vice-President



*Congratulations!*

Michelle Wagaman  
Treasurer



Elizabeth Disney  
Secretary

WE ALSO WANT TO THANK OUR BOARD  
MEMBERS FOR THEIR DEDICATION



## Shout out

We would like to give a Special Shout out to  
Leila Kilgore from Kilgore & Smith Law Firm  
and  
Sergeant Steven Curtis from Stafford  
County Sheriffs Department  
For taking the time to read during this  
years Costume Party Playgroup

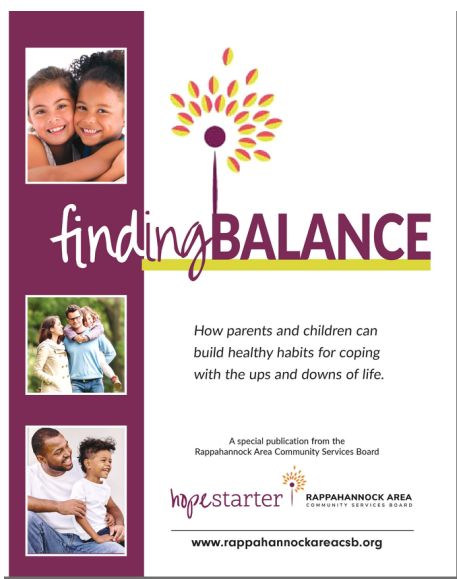


DONATIONS HAVE THE  
POWER TO CHANGE LIVES!!

[www.healthyfamiliesrappahannock.org](http://www.healthyfamiliesrappahannock.org)







# findingBALANCE

How parents and children can build healthy habits for coping with the ups and downs of life.

A special publication from the  
Rappahannock Area Community Services Board

hopestarter | RAPPAHANNOCK AREA  
COMMUNITY SERVICES BOARD

[www.rappahannockarecsb.org](http://www.rappahannockarecsb.org)

## Fredericksburg Parent and Family Magazine November 2024 insert



# Mental Health



Sponsored Material  
RAPPAHANNOCK AREA  
COMMUNITY SERVICES BOARD

**33% of parents [report] high levels of stress**



*"The challenges today's generation of young people face are unprecedented and uniquely hard to navigate. And the effect these challenges have had on their mental health is devastating."*

- U.S. Surgeon General Vivek Murthy, December 2021



**YOUR WELLNESS COMES FIRST**

Improving your physical wellness can help decrease anxiety and depression, and improve your cognition, restful sleep, and overall quality of life.

ACTIVATE YOUR WELLNESS

WRITTEN BY EMILY FREEHLING

Over the past several years, a growing chorus of experts has drawn attention to a mental health crisis in America. In 2021, U.S. Surgeon General Vivek Murthy issued an advisory calling attention to spiking indicators of mental health struggles among the nation's youth. This past summer, he followed up with an advisory entitled, "Parents Under Pressure," raising the alarm about the state of mental health and well-being of parents and caregivers.

According to the most recent advisory, parents are feeling more stressed than ever, with about 41% saying they're often overwhelmed. This stress comes from juggling work, worrying about finances, and keeping kids safe. It's not just about managing the day-to-day — things like social media and school safety also weigh heavily. Over time, this constant stress can lead to mental health struggles, affecting not just parents but their kids too, creating a cycle that impacts the whole family.

Parental stress comes in part from the pressures children are facing. Trends were already going in a troubling direction before the pandemic. As the 2021 Surgeon General's advisory reports, from 2009 to 2019, the proportion of high school students reporting persistent feelings of sadness or hopelessness increased by 40%; the share seriously considering attempting suicide increased by 36%; and the share creating a suicide plan increased by 44%.

Dr. Jonathan Dalton, a licensed psychologist who has treated anxiety and related disorders for more than 20 years, says it's important for communities to understand just how many of today's young people are grappling with suicidal thoughts. According to 2023 data from the Centers for Disease Control and Prevention, 10% of high-school-aged children attempt suicide each year.

"If you think about the average high school with around 2000 kids, you're looking at 200 of them attempting suicide every year," he said. "It's undignified the frequency and intensity of it."

He notes that girls tend to exhibit double the rates of anxiety and depressive symptoms as boys across all measures. In 2021, the CDC reported that 57% of teen girls reported persistent sadness and hopelessness. That figure dropped to 53% in 2023, but is still significantly higher than teen boys, at 28%.

CDC data have also showed that parents face significantly higher stress levels than other adults. In 2023, 33% of parents reported high levels of stress, compared with 20% of other adults. And 48% of parents said most days their stress is completely overwhelming, compared to 26% of other adults.



**Connect. Support. Thrive.**

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*"In my conversations with parents and caregivers across America, I have found guilt and shame have become pervasive, often leading them to hide their struggles, which perpetuates a vicious cycle where stress leads to guilt, which leads to more stress."*

...Our cultural norms must support us talking more openly about the challenges parents face and building more community for parents whose disproportionately high levels of loneliness compound the day-to-day challenges they face."

- U.S. Surgeon General Vivek Murthy, August 2024



Scan to visit our website for more information about mental health.

Anxiety and mental health struggles can be a common precursor to negative coping behaviors such as substance misuse or self-harm. Finding positive coping strategies that help build the skills and self-confidence needed to manage stress is essential.

In this special publication, the Rappahannock Area Community Services Board shares perspectives and strategies to help children and parents develop healthy coping skills. Hard things do happen in life. Exercising the muscle of healthy coping habits can promote resilience when things get tough.

**What to do When You Feel Overwhelmed**

*Examples of healthy coping*

**PRACTICE DEEP BREATHING:** Take slow, deep breaths to calm your mind and body.

**STEP AWAY FOR A BREAK:** Take a moment to be alone and reset when needed.

**PRIORITIZE TASKS:** Break down overwhelming tasks into smaller, manageable steps.

**SPEND TIME OUTSIDE:** A short walk or time in nature can reduce stress.

**TALK ABOUT YOUR FEELINGS:** Share how you feel with a trusted person to gain support.

**PHYSICAL ACTIVITY:** Exercise or move around to release tension and improve mood.

**CREATIVE EXPRESSION:** Draw, color, or engage in a creative activity to channel your emotions.

**READ OR LISTEN TO MUSIC:** Escape into a favorite book or soothing music to relax.

**USE GROUNDING TECHNIQUES:** Focus on things you can see, hear, touch, taste or smell to stay present.

**PRACTICE GRATITUDE:** Reflect on things you're thankful for to shift your mindset.

**CREATE A ROUTINE:** Having structure in your day can create a sense of control and reduce anxiety.

**SET BOUNDARIES:** Learn to say no and protect your time and energy from added stress.

**SELF-COMPASSION:** Be kind to yourself and avoid self-criticism when feeling overwhelmed.

## findingBALANCE Facing Fears

We seek comfort, but we need struggle.

### Get more comfortable with being uncomfortable

Observing a caged lion while visiting a zoo with his family, Dr. Jonathan Dalton was reminded of how society's efforts to insulate children from hardship have had counterintuitive effects.

"On its face, the situation looks good for the lion. It doesn't have to face predators. It doesn't have to chase its food. It's getting good veterinary care. It's as comfortable as a lion can be," he said.

But watching the lion trace endless circles on a well-worn path in the grass revealed that all that comfort hadn't produced a life abundant with joy and happiness; the lion was miserable.

Dalton is a licensed psychologist who has treated anxiety and related disorders for more than 20 years. He is the founder of the Center for Anxiety and Behavioral Change (CABC), a

therapy practice that treats children, adolescents and adults suffering from anxiety and related disorders in the Greater Washington, D.C., area.

He sees parallels between the lion's plight and the state of mental health among youth today.

"We have been successful in removing the struggles and creating comfort for today's children," he said. "Physical health, longevity, infant mortality and literacy rates are all going in the right direction, while mental health is going in the completely opposite direction," he said.

"That's the great paradox."

"We seek comfort, but we need struggle."

For both kids and adults, facing fears head-on is the ultimate healthy coping skill

#### KIDS CAN BE SCARED AND BRAVE

In his work, Dalton treats children who avoid school to cope with feelings of anxiety. He calls avoidance "the lifeblood of an anxiety disorder." Only when we stop avoiding the things that make us anxious—whether that be going to school or watching our child drive away at the wheel of a car—can we start to reduce the intensity of the anxiety.

This means parents have to stop thinking that they are failing as a parent any time their child is struggling.

"If you are seeing your kids struggling, you are getting a front-row seat to their growth," he said. "What parents often forget is that growth and comfort are incompatible experiences."

It also means reminding children that just because something makes them scared or nervous, doesn't mean they can't do it.

"Kids can be scared and brave at the same time," Dalton said.

An important skill parents can build is validation of their children's ability to do hard things.

"We want to teach this core skill of delivering statements like, 'I know this is really hard for you, AND I am 100% sure you can do it,'" he said. "We want to encourage persistence in the presence of anxiety, not avoidance. That runs contrary to the way that everything else in our lives works. If we have a pebble in our shoe, we don't handle the pain in our shoe. We take the pebble out. But when it comes to anxiety, it rebounds against us when we try to avoid it, or enable others like kids to avoid it."

#### WHAT DOES HEALTHY COPING LOOK LIKE?

Dalton refers to a well-known quote by the late Fred Rogers of Mister Rogers' Neighborhood, who said, "Anything that's human is mentionable, and anything that is mentionable can be more manageable."

Those words from one of children's television's most beloved entertainers deliver important advice about how parents can model healthy coping in the household.

Parents should talk openly about their emotions in age-appropriate ways, sharing stories about times that were hard, and how they overcame them.

"We want to make it okay to struggle, and to talk about struggle," Dalton says.

It's important to help younger children build the vocabulary to talk about emotions they are feeling. Parents can do this through "reflective listening." When a child describes an experience, a parent could say, "It sounds like you are feeling frustrated right now," or, "It seems like you are really scared right now."

Over time, helping children learn to use emotional vocabulary helps them learn that emotions that can be named are more easily be tamed.

"There is research that shows that just naming an emotion reduces some of its power over us," Dalton said.

Building a sense of self-efficacy in children is also important. We can't guarantee children will never experience anxiety, but we can help them learn through experiences that they can be strong in situations that make them anxious, and that they can tolerate the experience of anxiety.

Strong personal connections are another important protective factor promoting healthy coping in both children and adults.

"Having someone outside of the nuclear family be a mentor for a teen, for instance, is a tremendous protective factor against mental health challenges," Dalton said.

Connectness can be a deceptive concept, especially in today's tech-heavy world. Dalton cautions that having lots of friends on social media networks, or having lots of other kids around amidst a hectic schedule jam-packed with programmed activities, is not equivalent to true human connection.

This shows up in research demonstrating that both children and adults are experiencing unprecedented levels of loneliness.

"They are in proximity to other kids, but that's not the same thing as being connected to other kids," he said.

Children need time and space to develop in-person relationships with peers that are not bogged down by competition over grades, sports or popularity. Parents can help by modeling this in their own lives. Make time to invest in friendships, model asking for and offering help to friends, and communicate that personal relationships are a deserving use of time, even amid a busy schedule.

Relationships, emotional intelligence and the self-confidence that comes from facing anxiety head-on are essential defenses in a world that is certain to present children with situations that cause them to experience anxiety. Those defenses can help ensure anxiety isn't a roadblock; it's just part of the scenery.

"Anxiety is a door disguised as a wall," Dalton said. "We want to move through it, not around it."

#### TOO BUSY TO LEARN TO COPE?

While public outcry over the state of mental health has gotten louder in recent years, Dalton notes that even 20 years ago, young people were experiencing far more anxiety than they did during World War II and the Great Depression. Why would today's kids—with so many more modern conveniences, and fewer existential threats—experience these outcomes?

"We are seeing this stripping away of the protective factors that have helped other generations before them not experience these mental health crises," Dalton said.

One of those protective factors is unsupervised, child-directed play with peers.

Play has been crowded out by busy schedules—when kids are in school or other programmed activities all day long, they don't have free time where they must make their own decisions, or just learn to cope with boredom. Self-directed play and free time create opportunities for kids to be creative and use their imagination.

"What we call risky play can be protective against later anxiety disorders," Dalton said. "It's almost like an immune system being tuned by playing in the dirt."

#### PREVENT SUICIDE NOW



LOCK MEDS, LOCK GUNS, TALK SAFETY.

Prevent suicides by limiting access to firearms, medications and other potentially dangerous items during a mental health crisis.



LOOK

Means safety is the most effective method of preventing suicides from occurring. It is about limiting access to lethal means for a person during a time of crisis.



TALK

Talking about the problem of suicide can save lives, reduce stigma and encourage help-seeking behaviors. Talking also helps the healing process for survivors.



GET HELP

If you or someone you know is struggling with mental wellness, call the National Suicide Prevention Lifeline: 1-800-273-TALK (8255) or text "Hello" to the Crisis Textline: 747474.

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## findingBALANCE Strategies for Families

[Children] are Listening and Watching

Building healthy coping habits into your family life does not require an expensive getaway or a wholesale lifestyle change. Here, two experts who regularly work with parents and children offer strategies that can help both parents and children build these skills.

These tips are offered by Lisa Dolan, Coordinator of Social Work for the Spotsylvania County Public Schools, and Kristin Hunter, a child and adolescent therapist with the Rappahannock Area Community Services Board.

#### MAKE POSITIVE OBSERVATIONS A HABIT

It's easy for children and parents to focus on the negative—a bad grade, or stressful events in the news. But there's a lot of positive in the world—we just need to develop the habit of seeing it.

Dolan recommends establishing a family gratitude practice—something as simple as saying something each person is thankful for before starting a meal.

"We are hardwired to attend to the negatives as opposed to the positives," Dolan said. She recommends being intentional about making multiple positive observations every time you bring up something negative with a child.

#### TAKE CARE OF YOURSELF—AND MODEL IT FOR YOUR CHILDREN

In her work, Hunter often talks with children and parents about healthy eating and sleeping habits.

"All of these things are connected—your mental, physical and emotional health are connected by what you eat, how often you sleep and just generally how you take care of yourself," she said.

She recommends taking the time to establish routines around bedtime and meals to ensure those important daily events happen, and to signal to children that healthy eating and sleeping are fundamental to basic self-care.



#### FIND YOUR PAUSE

In her parenting classes, Dolan emphasizes the importance of an intentional pause when life or interactions with family members get particularly stressful.

"When all those things are coming at you, sometimes you have to physically take the deep breath, relax the muscles and put that pause in so that you can respond to things instead of reacting to them," she said. "If you aren't managing yourself, you certainly are not going to be able to help manage anyone else."

This is one area where Hunter says technology can help. Meditation apps and YouTube breathing exercise tutorials can help parents and children find the strategies they can use regularly to manage stress and find calm.

#### CONNECTION STARTS AT HOME

Dolan recalls instituting a tradition she jokingly called "Forced Family Fun" when her kids were younger. Even if it means pushing back when a child would rather play video games or scroll social media, she recommends making the effort to have regular family activities that do not revolve around electronics.

"These can be things like board game nights, making cookies together, engaging in a family movie night," she said. "It's absolutely worth the fight it sometimes takes to make these things happen."

Hunter says this "quality time" is crucial to helping children build the strong family connections that can help protect them when they experience high levels of stress. And it can even be incorporated into more mundane activities like household chores.

"Make it a game. See who can separate laundry the fastest," she said.

#### CONQUER FEAR WITH KNOWLEDGE

Fears about children's safety drive anxiety among many parents, and with frequent news reports about violence at American schools, that fear is understandable. But it's not insurmountable.

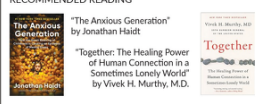
One way parents can cope with and reduce fears they may feel about their children's safety during the school day is to get involved at school, Dolan said.

"If we can get our families involved in our schools, I think some of those safety concerns will naturally go down, because you have that exposure and that experience of 'What does it look like? What are we doing to keep the children safe?'" she said.

By gaining knowledge about the environment and people where their kids are spending their days, parents can reduce the unknowns that may be driving safety fears.

Visit [www.rappahannockarecsc.org](http://www.rappahannockarecsc.org) for clinic locations and more information on available services.

#### RECOMMENDED READING



hope starts here.



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WORKING AT THE INTERSECTION OF HOPE AND HELP.  
540.373.3223  
[WWW.RAPPAHANNOCKARECSC.ORG](http://WWW.RAPPAHANNOCKARECSC.ORG)

ENCOURAGE EMOTIONAL LITERACY

A focal point of Hunter's office is a giant tapestry that depicts a "Feelings wheel" full of words to describe the spectrum of human emotion.

"Before I start any session with my kiddos, I say, 'Look at the feelings wheel and tell me where you are today,'" she said. "They will start naming off the emotions, and the visual gives them the language they need to describe what is happening in their emotional lives."

She encourages parents to model this by naming their own emotions with their children, and helping to pass on that vocabulary.

#### REMEMBER TO MODEL

Both Dolan and Hunter emphasize the important role that parents, caregivers and others who spend time with children play in teaching by example.

"Children are going to watch how we cope, and they are going to emulate those skills," Dolan said.

"We are the blueprint in these children's lives," Hunter said. "They are listening and watching." <sup>1</sup>



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RACSB Prevention Services seek to reduce the problems related to alcohol, tobacco, or other drug use while encouraging mental wellness. Efforts to inform the community of the problems associated with these issues are combined with offering evidence-based curriculums in partnership with local schools, daycares, community groups, and non-profit organizations.

## AVAILABLE TRAININGS, CURRICULUMS AND INITIATIVES



**APPLIED SUICIDE INTERVENTION SKILLS TRAINING**  
The LivingWorks Applied Suicide Intervention Skills Training, commonly referred to as ASIST, is a 2-day interactive workshop in suicide first aid. ASIST can be learned and used by anyone ages 16 and older.



**COMMUNITY RESILIENCE INITIATIVE COURSE**  
The Community Resilience Initiative (CRI) has developed courses to teach any community member interested in learning more about toxic stress and how individuals and communities build resilience across the lifespan. RACSB offers Course 1: Trauma-Informed and Course 2: Trauma-Supportive.



**MENTAL HEALTH FIRST AID**  
Mental Health First Aid teaches adults how to identify, understand, and respond to signs of mental illness and substance use disorders. RACSB offers Adult Mental Health First Aid (Spanish and English) and Youth Mental Health First Aid.



**NALOXONE TRAINING/OPIOID OVERDOSE REVERSAL (REVIVE!)**  
Understand opioids and how opioid overdoses happen. Learn the signs of an overdose and how to respond to with Naloxone/Narcan. Locally, we call it Save One Life. Free Naloxone/Narcan is available with training.



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



**UNDERSTANDING ADVERSE CHILDHOOD EXPERIENCES**  
Our life experiences can impact our health. This course reviews the research on how Adverse Childhood Experiences (ACEs) play a tremendous role in developing potential physical, mental and behavioral problems later in life. Participants will also explore building individual and community resilience.



**SUBSTANCE USE AWARENESS EDUCATION**  
The use of tobacco, alcohol, or drugs can have significant and long-term health and academic consequences for children and adolescents. RACSB Prevention Services offer classroom-based curriculum for middle and high school students that covers the topics of alcohol, tobacco/vaping, and cannabis/marijuana.



**HEALTHY ALTERNATIVES FOR LITTLE ONES**  
Healthy Alternatives for Little Ones (HALO) is a unique, developmentally-appropriate health education and prevention program for children age's three to six.



**SECOND STEP**  
Second Step® social-emotional learning (SEL) programs empower preschoolers, teens, and all ages in between to build skills for success.



**SECOND STEP BULLY PREVENTION**  
Empathy makes students more likely to support peers and less likely to bully others. This curriculum teaches students and staff to recognize and respond effectively to bullying, and supports bullying prevention policies and procedures.



**TOO GOOD FOR DRUGS**  
A universal K-12 prevention education program with lessons that introduce and develop skills for making healthy choices, building positive friendships, developing self-efficacy, communicating effectively, and resisting peer pressure and influence.



**ACTIVATE YOUR WELLNESS**  
Virginia campaign that promotes wellbeing through awareness messaging and calls to action. This initiative represents positivity, growth, and optimism. One small step can help create positive change.



**COUNTER ACT**  
State initiative to assess the availability of tobacco products in the community and educate tobacco vendors on not selling tobacco to minors.



**LOCK AND TALK**  
RACSB is a proud founder of the Lock and Talk Virginia suicide prevention initiative. Learn about lethal means safety, education opportunities, and community initiatives like The Gun Shop Project. Lock Meds. Lock Guns. Talk Safety. Learn more at [www.lockandtalk.org](http://www.lockandtalk.org)



**PROBLEM GAMING AND GAMBLING PREVENTION**  
Recent changes to expand gambling access and availability in the Commonwealth may put more Virginians at risk of suffering the consequences of problem or disordered gambling. The Responsibly Gambling Promotion Program was created to prevent any negative impacts from gaming and gambling.



To learn more and register:  
[www.rappahannockareacsb.org/trainings](http://www.rappahannockareacsb.org/trainings)

Find us on:    
[prevention@rappahannockareacsb.org](mailto:prevention@rappahannockareacsb.org)

## **Understanding Adverse Childhood Experiences (ACEs) Training FY 2024 Year-end Summary**

The Rappahannock Area Community Services Board seeks to foster a community that is not only trauma informed but also trauma supportive. We believe having a shared language and understanding of the impacts of traumatic experiences on physical and mental well-being is vital to the overall health of the community.

RACSB began facilitating the ACE Interface “Understanding Adverse Childhood Experiences and Building Resilient Communities” in April 2018. Through a partnership with Community Resilience Initiative (CRI), RACSB also offers Course 1: Trauma Informed and Course 2: Trauma Supportive.

Adverse Childhood Experiences or ACEs are potentially traumatic events that can have negative, lasting effects on health and well-being. These experiences range from physical, emotional, or sexual abuse to parental divorce or the incarceration of a parent or guardian. This adversity can harm a child’s brain and its development, which can result in long-term negative health and social outcomes. Preventing ACEs is an opportunity for improving the well-being of community health.

### **ACE Interface**

Michelle Wagaman, Prevention Services Director, and Amy Jindra, Community Support Services Director, participated in the first cohort of master trainers (December 2017). They also serve on a state advisory council on this topic. In March 2019, RACSB was able to send two additional staff to become master trainers: Alison Standring, Part C System Manager, and Sherry Norton-Williams, Prevention Specialist. In April 2022, Prevention Specialist Jennifer Bateman participate in a virtual train-the-presenter cohort.

In November 2022, RACSB hosted an on-site train-the-presenter for an additional 15 local presenters. In February (9 participants) and August 2024 (20 participants), we hosted two additional train-the-presenter cohorts which added three (3) staff from Healthy Families Rappahannock Area to our local presenter pool.

Due to declining registrations for the virtual training, we did not offer any in FY 2024.

# RAPPAHANNOCK AREA

COMMUNITY SERVICES BOARD

Fiscal Year	# Trainings	# Participants
2018	10	157
2019	35	733
2020	23	646
2021	26	1,562
2022	29	690
2023	20	418
2024	17	330
Total	160	4,536

Of those completing the DBHDS evaluation, 90% rated the training and instructors favorably. We will receive a state annual report at some point.

## Community Resilience Initiative Course 1 and Course 2

RACSB resumed offering Course 1: Trauma Informed and Course 2: Trauma Supportive in 2023. Michelle Wagaman, Prevention Services Director, and Amy Jindra, Community Support Services Director, serve as instructors for Course 1: Trauma – Informed and Course 2: Trauma-Supportive. These courses are each 6 hours. You must complete Course 1 in order to take Course 2.

In FY 2024, we hosted three (3) Course 1 trainings and two (2) Course 2 trainings.

Fiscal Year	# Trainings	# Participants
2020	6	183
2023	2	33
2024	5	64
Total	13	280

\*Three (3) trainings were cancelled due to COVID in FY 2021 and no trainings were scheduled for FY 2022.



## Prevention Programs Fiscal Year 2024 Year-end Summary

RACSB Prevention Services facilitates several evidence-based curriculums in partnership with local schools and community groups. These curriculums include: Second Step; HALO (Healthy Alternatives for Little Ones); and Too Good for Drugs. These sessions were provided in-person. Additionally, we provide Alcohol and Vaping/Tobacco Education presentations for high school health classes. We have recently added Cannabis/Marijuana Education presentation for high schools as well.

Jennifer Bateman, Prevention Specialist, has made a big impact in Caroline County with the implementation of our Second Step Bully Prevention curriculum in all three (3) elementary schools.

<b>Curriculum</b>	<b>FY 2024 Number Participants</b>	<b>FY 2023 Number Participants</b>
Alcohol Education	1,115	352
Healthy Alternatives for Little Ones (H.A.L.O)	36	38
Marijuana/Cannabis	1,362	n/a
Parenting Check-In	35	8
Second Step SEL Early Childhood	36	39
Second Step: Bully Prevention	2,048	435
Too Good For Drugs	24	31
Vaping Education	1,961	1,646
<b>Total:</b>	<b>6,617</b>	<b>2,549</b>

## **Alcohol Education**

Utilizing an evidence-based alcohol abuse prevention program, RACSB Prevention Services was able to educate 1,115 high school students across Planning District 16. The program was requested by the NJROTC and Health Sciences program(s) teachers in addition to the Vaping education curriculum. Teachers have reported a steady increase in the number of students coming to school intoxicated as well as students reporting alcohol consumption over weekend and school breaks. Through the facilitation of the curriculum, students were able to make the connection between mental wellness and substance use. Students were also educated on generational addiction as well as the prevalence of societal acceptance of alcohol abuse. Students were able to identify positive ways to achieve the same perceived benefits of alcohol consumption with healthful/helpful coping techniques.

## **Healthy Alternatives for Little Ones (H.A.L.O.)**

Healthy Alternatives for Little Ones (HALO) is a 12-unit holistic health and substance abuse prevention curriculum for children ages 3-6 in child care settings. HALO is designed to address risk and protective factors for substance abuse and other health behaviors by providing children with information on healthy choices. The program aims to help children understand the complexities of "health" and "healthy choices" by putting these abstract concepts into concrete terms they can understand. In HALO, health is defined as "growing bigger, stronger, and better able to think." The curriculum encourages healthy eating, exercise, and emotion recognition and educates children about the harmful effects of alcohol, tobacco, and other drugs (ATOD) on the body.

The students at both Four Seasons Daycare and St. Paul's Day School in King George County absolutely love the HALO program. They are now able to understand the connection between "big feelings," physical health and substance misuse. Students are able to identify choices that are appropriate for their bodies and their brains. The HALO program also gives children the words that they need to refuse choices that identified as harmful for someone their age. We also covered safe drug disposal, gun safety and the effects of second-hand smoke.

This curriculum was facilitated in three (3) classrooms at Four Seasons Daycare and one (1) classroom at St. Paul's Day School for a total of 36 participants.

## **Marijuana/Cannabis Prevention Education**

RACSB Prevention Services have begun offering prevention education on the topic of marijuana/cannabis. This was facilitated to three (3) high schools this year: King George High School (502 students); Riverbend High School (480 students); and Spotsylvania High School (380 students). The classes that received this information included 9<sup>th</sup> and 10<sup>th</sup> grade health

classes as well as NJROTC and health careers. A total of 1,362 students received this information.

### **Parenting Check-Ins**

During the peak of COVID, we initiated monthly virtual parenting check-in sessions on a range of topics. Over time, attendance decreased and we placed these education sessions on hold. We are able to honor requests for these workshops as staff capacity allows.

At the request of Berkeley Elementary School, we presented at a parent night hosted specifically on the topic of Child Anxiety and Social/Emotional Awareness. We discussed the signs/symptoms and impacts of anxiety, shared local resources that can provide support, and what parents can do to support at home. A total of 31 parents attended this event on February 22, 2024.

### **Second Step SEL Early Childhood**

Second Step® social-emotional learning (SEL) programs empower preschoolers, teens, and all ages in between to build skills for success. The children at both Four Seasons and St. Paul's Day School (in King George County) benefitted from the facilitation of the Early Childhood Curriculum. Over the course of 12-14 lessons, students learned not just the names of feelings, but also how those feelings affect their body. They explored incidences where one would encounter "big" feelings. The curriculum facilitated calm-down techniques and using our "feeling-words" correctly. Students became more self-aware of how their behaviors affect others and how they can calm down before big feelings take over. Using the printed curriculum, songs and selected children's books, the students at both daycares mastered a new feelings vocabulary, calm-down techniques and ways to avoid or diffuse stressful situations. The hand model of the brain was also taught to the children so that they could identify when they themselves were in either "fight, flight or freeze," safety seeking, or executive functioning. This gave students another way to express themselves to the people around them.

This curriculum was facilitated in three (3) classrooms at Four Seasons Daycare and one (1) classroom at St. Paul's Day School for a total of 36 participants.

### **Second Step: Bully Prevention**

Continuing our partnership with Caroline County Public Schools, RACSB Prevention Services facilitated the implementation of the Second Step Bully Awareness curriculum for all Kindergarten through 5<sup>th</sup> grade classes in all of the Caroline County Elementary schools. The curriculum was delivered weekly from September 2023 to March 2024. RACSB Prevention Services served seven (7) 3<sup>rd</sup> grade classrooms, six (6) 4<sup>th</sup> grade classrooms and eight (8) 5<sup>th</sup> grade classrooms. In addition to implementation of the 3<sup>rd</sup> through 5<sup>th</sup> grade curriculums, RACSB Prevention Services also served twelve (12) Kindergarten classrooms, thirteen (13) 1<sup>st</sup> grade classrooms and twelve (12) 2<sup>nd</sup> grade classrooms. The students all really identified and enjoyed all of the lessons. They most identified with being able to identify their bystander power. The guidance department reported an increase in bystanders standing up to incidences of bullying and an increase in students reporting that they now felt willing to attend school due to having “support” when it came to being bullied. The definitions of what bullying is and is not has been communicated with parents and administration for easier identification of bullying incidences. RACSB Prevention Services has included physical body movements in addition to American Sign Language (ASL) to help students make the jump from static learning to kinetic learning with increased retention of the subject matter.

This curriculum was facilitated in 47 classrooms for a total of 2,048 participants.

### **Too Good For Drugs**

*Too Good* is a comprehensive family of evidence-based substance use and violence prevention interventions designed to reduce the risk factors linked to problem behaviors and foster protective factors within the child to counter challenging behaviors. *Too Good* develops and reinforces skills that include setting reachable goals, making responsible decisions, identifying and managing emotions, and effective communication in addition to peer-pressure refusal, pro-social peer bonding, and peaceful conflict resolution skills. *Too Good* builds the basis for a safe, supportive, and respectful learning environment.

The students at Four Seasons Daycare (King George County) have continued to benefit from the lessons covered by the *Too Good* curriculum. The students are able to identify “helpful” and “harming” substances within their households. Students are able to make the connection between feelings and body reactions. Students are also able to identify “trusted” adults both at the daycare and at home. In addition, students have practiced and mastered the words they need to be assertive in getting their mental and physical needs met.

This curriculum was facilitated in four (4) classrooms at Four Seasons Daycare for a total of 24 participants.

## Vaping Education

Utilizing the Stanford Medical Vaping Education Tool-Kit, RACSB Prevention Services was able to educate 1,961 students and 16 staff from various middle and high schools across Planning District 16.

Riverbend High School selected to continue its partnership with RACSB Prevention Services to facilitate the vaping education curriculum as a part of their 9<sup>th</sup> grade health curriculum (480 students). RACSB Prevention has also been privileged to partner with two other high schools in Spotsylvania County. Implementation was facilitated with the 9<sup>th</sup> grade Health Classes at Massaponax High School (172 students). Spotsylvania High School welcomed the Vaping Education curriculum as well as a part of their 9<sup>th</sup> and 10<sup>th</sup> grade health classes (380 students). King George High School has continued its 5-year partnership with RACSB to train the students participating in both the NJROTC and Health Sciences programs as well as their 9<sup>th</sup> and 10<sup>th</sup> grade health students as a part of their substance use prevention efforts (1,017 students).

For the first time RACSB Prevention Services has been able to partner with King George Middle School to implement the Vaping Education curriculum to its 6<sup>th</sup> grade PE/Health classes (360 students).

RACSB Prevention Services was asked to present the Vaping Education to staff and administration as a part of a county wide professional development day for Spotsylvania County schools. A total of 16 staff learned about vaping and new emerging drug trends surrounding the vaping epidemic.

All of the middle and high schools have reported a decrease in nicotine concentrates being vaped and a significant rise in THC concentrates used in vaping devices. All schools had reports of THC overdose among the students that chose to vape the THC concentrate. There has also been an increase in the amount of Fentanyl being laced into THC vaping concentrates leading to several opioid overdoses.



WWW.HEALTHYFAMILIESRAPPAHANNOCK.ORG

## FY2025 “2024 Healthy Families General Operating”

Healthy Families Rappahannock Area had applied for a \$25,000 grant with the Fredericksburg Savings Charitable Foundation Fund. On November 4, 2024, we received notification that we were awarded **\$15,000**. The Fredericksburg Savings Charitable Foundation Fund is intended to support not-for-profit programs that contribute to the quality of life in Caroline, King George, Spotsylvania, Stafford and Fredericksburg.

HFRA will use this amount to assist with Personnel Cost. One area that will be supported is that of transportation reimbursement for our direct service team. Every week, the HFRA team use their own vehicles to travel back and forth to family’s homes to provide in-home visits. This grant will help alleviate some portion of this expense allowing HFRA to focus more on community awareness and outreach initiatives.

Another area is Marketing and Outreach & Sustainability Initiatives. We are hoping to use a portion to increase awareness as well as create an opportunity for financial donations via our website.

HFRA has a check-in call regarding the use of this grant that is due by May 4, 2025. In order to ensure that proper usage of this grant is done, HFRA will work their Board of Directors as well as the RACSB Finance Department to maintain the needed information for this reporting requirement.

GRANT Amount: \$15,000



540-374-3366



600 Jackson St,  
Fredericksburg VA 22401



info@rappahannockareacsbs.org

## Vaping Awareness

In response to recent discussions and inquiries around vaping, please find the attached resources:

- Vaping Lingo Dictionary (truth initiative)
- Talking with Your Teen About Vaping (SAMSHA. Talk. They Hear You. Campaign)

Additional resources of interest:

<https://www.lung.org/quit-smoking/helping-teens-quit/talk-about-vaping>

<https://digitalmedia.hhs.gov/tobacco/?locale=es>

Quit Now Virginia <https://quitnowvirginia.org/>

Live Vape Free VA <https://quitnowvirginia.org/#livevapefree> (resources for teens and parents including cessation support)

Virginia Foundation for Healthy Youth <https://www.vfhy.org/tobacco-use-prevention/>

Parents Against Vaping <https://www.parentsagainstvaping.org/>

[https://www.getsmartaboutdrugs.gov/media/watch-awkward-conversations-podcast-season-3?utm\\_medium=email&utm\\_source=govdelivery](https://www.getsmartaboutdrugs.gov/media/watch-awkward-conversations-podcast-season-3?utm_medium=email&utm_source=govdelivery)

Tall Cop Says Stop <https://www.tallcopsaysstop.com/>

FDA Youth Tobacco Prevention Plan <https://www.fda.gov/tobacco-products/youth-and-tobacco/fdas-youth-tobacco-prevention-plan>

Campaign for Tobacco Free Kids <https://www.tobaccofreekids.org/what-we-do/youth-programs>

# VAPING LINGO DICTIONARY

More than **2.1 million teens currently use e-cigarettes**, with one in four reporting daily use. New brands and product types **continue to appear on the market at an extremely fast rate**, and keeping up with the latest trends and lingo can be difficult. This resource provides a list of popular products, as well as terms and phrases that young people may use to describe nicotine use.

## DISPOSABLES

Disposable e-cigarettes are single-use products that are not refillable, but many are rechargeable. They are the most commonly used device type among current users, and many feature sweet, youth-appealing fruit or candy flavors as well as mint and menthol flavors. **In recent years, disposable e-cigarettes have become bigger, stronger, and cheaper**, raising concerns about youth uptake and nicotine addiction. Popular disposable brands include Breeze Pro, Hyde, Puff Bar, EB Design (formerly Elf Bar) and Kangvape, and offer between 1,500 to 8,000 puffs per device.



## CLOSED POD DEVICES

Closed pod devices use disposable, pre-filled pods containing nicotine e-liquid that are inserted into a rechargeable body. Pods come in a range of flavors and nicotine strengths, allowing users to customize their experience. JUUL and Vuse are the most commonly used closed pod device brands, followed by NJOY, Blu, and Glas.

## REFILLABLE DEVICES

These systems require nicotine e-liquid, also called vape juice (often purchased separately) and come in three varieties: box mods, pens, and refillable pods. These devices have tanks or pods that can be refilled with e-liquid and the pods/tanks are not thrown away after one use. These systems are used more by "hobbyist" users because they require more upkeep and are typically modified to produce a heavier cloud to perform tricks.





**Battery, Batt** The part that provides power to the heating element to warm the e-liquid and produce vapor

**Blanks** Empty cartridges a user can fill with the e-juice of their choice

**Cartridge, Cart** A refillable vape juice container

**Charger** Used to recharge the e-cig battery once it has been depleted

**Clone** A knock-off of an original device that is typically less expensive

**Clouds** What vapers call the vape mist that's produced during vaping

**Dab pen** A Dab pen is used primarily for consuming THC concentrates and using the device is typically also referred to as "vaping." These devices look and work much like other e-cigarettes.

**Dank Vapes** The "most prominent in a class of largely counterfeit brands, with common packaging that is easily available online and used by distributors to market THC-containing cartridges," according to a Centers for Disease Control and Prevention report on e-cigarette or vaping product use-associated lung injury. (see: EVALI)

**EVALI** E-cigarette or vaping product use-associated lung injury. The CDC created the term in response to a multi-state outbreak of severe lung illnesses linked with using e-cigarette and vaping products. These cases were first identified in August 2019 and by November 5, 2019, there were more than 2000 cases in 49 states, D.C. and the U.S. Virgin Islands and 39 deaths.

**Fiend, Fiending** Someone who is always trying to find nicotine (they may or may not think they're addicted)

**Ghost** A vape trick where a user will pull as much as they can and not exhale to show toughness

**Hit, Dab, Rip, Ripski, Draw, Tax, JUUL, Drag** Refers to a single "puff" from a vape device

**Greening** Act of throwing up after hitting THC

**JUULius Caesar, JUULia, JUULiet, JUULian, JUULio, JUJU, JUU etc.** Nicknames for JUUL

**Milligrams (mg)** The measure for the amount of nicotine found in vape juice

**Milliliters (ml)** The measure for the amount of liquid in a pod/cartridge

**Mint Gang, Mango Gang** A group that vapers can identify with if they are mint or mango vape juice users

**Mod** A third generation e-cigarette that does not resemble combustible cigarettes. These devices often allow users to customize the batteries, tanks and coils within the device to modify the temperature, voltage and resistance to create different clouds.

**Nic** Nicotine

**Nic Sticc, Wop Machine, Wop** Nicknames for vape devices

**Nick Sick** Refers to non-specific symptoms of exposure to nicotine, especially if it is above someone's tolerance

**Pod** A non-reusable pre-filled container of vape juice that snaps/slides into a device

**Rip it** Refers to vaping as much as a user can tolerate

**Skin** A sticker that the user can wrap their device in to personalize it

**Starter Kit** A kit that includes basic e-cigarette equipment designed for newcomers to vaping. Most starter kits come with one or more atomizers, one or more batteries, a charger and five cartridges sometimes pre-filled with juice.

**Tank** The top portion of a box mod or refillable pen that holds the e-liquid

**Throat Hit/Kick** The tingling feeling in the back of the throat when vaporizing e-liquid that contains nicotine

**Vape Juice/E-Juice** Vape juice is used in open/refillable systems and comes in a variety of flavors. Vape juice typically contains nicotine and is made of vegetable glycerin or propylene glycol, water and flavorings. There are more than 7,000 e-juice flavors on the market including menthol, fruit, dessert, coffee, alcoholic beverage and cigar flavors.

**Vape Nation** A collective group of vapers who pride themselves on vape tricks and identify with vape culture

**Vapors Tongue** Taste buds that have become desensitized

**Vit E** Vitamin E Acetate, which has been linked to illness related to vaping THC

**Zero, Stealth Mode** When a user does not release the e-cigarette vapor after taking a puff in an attempt to hide their use

**ZYN** A nicotine pouch brand that comes in several flavors and nicotine strengths. Nicotine pouches are a type of smokeless product placed between the lip and gum, allowing nicotine to be absorbed through the mouth. The pouches are sometimes referred to as a "lip pillow" or "upper decky."

## TAKE ACTION



### Use these tips to talk with your teen:

- Check in frequently to see how they are doing;
- Choose informal times to talk, such as in the car, during dinner, or while watching TV;
- Be clear and consistent about your expectations regarding vaping and other substance use;
- Establish family agreements together for social and extracurricular activities;
- Let them know you care and are always there for them; and
- Continue talking with your teens as they get older.



**Help your teen create an “exit plan”** in case he or she is offered an e-cigarette or faced with a difficult decision about vaping (such as texting a code word to a family member). Peer pressure can be powerful, so coming up with realistic action steps and practicing them together in a safe environment will prepare and empower your teen to make good choices when it matters.

Research suggests that one of the most influential factors when a teen is growing up is a strong, open relationship with a parent or caregiver.

For more information about how to talk with your teen about vaping, visit [www.underagedrinking.samhsa.gov](http://www.underagedrinking.samhsa.gov) and [www.samhsa.gov](http://www.samhsa.gov).



[www.underagedrinking.samhsa.gov](http://www.underagedrinking.samhsa.gov)



**SAMHSA**  
Substance Abuse and Mental Health  
Services Administration

#TalkTheyHearYou

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PEP20-03-01-080

# TALKING WITH YOUR TEEN ABOUT VAPING:

Keeping Your Kids Safe





It's never too late to start talking with your teen about the risks of vaping. As teens age, they make more decisions on their own and face greater temptation and peer pressure. Though it may not seem like it, teens really do hear your concerns. It's important you help them understand what e-cigarettes and other vaping products are, and why they shouldn't use them.

## WHAT IS VAPING?

The term vaping refers to the action or practice of inhaling and exhaling the vapor produced by an electronic cigarette or similar device. While teens may inhale several different substances through electronic cigarettes, some of the most common are marijuana and flavored liquid with nicotine. Vaping is becoming increasingly popular among teens and young adults. In 2018, 37 percent of 12th graders reported vaping—a 9 percent increase from 2017. This is why it's important to talk with your teen to ensure he or she understands what vaping is and what the risks are.

## WHY ARE YOUNG PEOPLE VAPING?

Teens and young adults vape for many reasons, including peer pressure and wanting to fit in with friends. They may also be curious about all the different flavored vaping liquids available to them. Companies that produce vaping liquids create appealing flavors, such as apple pie or vanilla, to attract teens and get them hooked on their product.

Vaping is also much more discreet than smoking traditional cigarettes or smoking marijuana via other methods. Vapes and e-cigarettes are small and can be easily mistaken for a USB drive, allowing students to use them in school bathrooms, in their own homes, or even in the classroom.

## KNOW THE RISKS AND HARMS OF VAPING

There is a common misconception that vaping is completely harmless. The truth is, vaping is not safe, especially for teens and young adults. Research shows that 66 percent of teens think their vaping instrument only contains flavored liquid. What many don't understand is that these liquids may also contain toxic substances such as formaldehyde, diacetyl, and acrolein. Inhaling these chemicals can significantly harm their lungs.

Many vaping liquids also contain nicotine, which can be very addictive for teens and young adults, and can seriously impact their brain development. Exposure to nicotine at a young age can make it easier for teens to get hooked on vaping and using other tobacco products. Research has also discovered that individuals who vape are more likely to go on to use marijuana or smoke traditional cigarettes compared to their non-vaping peers.

Make sure you know the risks and are prepared to talk with your teen about them.

## IDENTIFY THE SIGNS

Recognizing signs of vaping can be difficult if you don't know what to look for. One of the most telling signs that your teen may be vaping is the presence of vaping equipment among his or her belongings. Vaping equipment includes e-cigarettes, flavored liquid bottles, and small pods or cartridges that can contain THC oil. It's important to know that e-cigarettes come in many different shapes and sizes, and may not resemble a tobacco product. Many often resemble a pen or flash drive that can be plugged into a laptop to charge.

### Other signs include, but are not limited to:

- A faint scent of flavoring in your house that you can't locate or identify;
- An increase in your teen's thirst level;
- A rise in the number and frequency of nosebleeds your teen experiences; and
- A decrease in your teen's caffeine consumption.





# 2025 TRAINING SCHEDULE

## UNDERSTANDING ADVERSE CHILDHOOD EXPERIENCES

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

- In-person: February 10, April 9, June 11, August 5, September 9, and October 28 (hours vary by date)

## COMMUNITY RESILIENCE INITIATIVE COURSE 1 AND COURSE 2

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

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

- January 23, April 22, July 31, and September 25 (9:00 a.m. to 4:00 p.m.)

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

- May 13 and December 4 (9:00 a.m. to 4:00 p.m.)

## NALOXONE TRAINING/OPIOID OVERDOSE REVERSAL

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

- Visit our Facebook Events page for training dates/times. Or, email [prevention@rappahannockareacsb.org](mailto:prevention@rappahannockareacsb.org) to request a training for your organization.

## NALOXONE DISPENSING

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

- First Thursday of every month from 1:00 p.m. to 4:00 p.m. at the Spotsylvania Sheriff's Mall Substation location within the Spotsylvania Town Center
- RACSB Clinics during office hours. (Subject to availability of staff and Naloxone.)



[www.rappahannockareacsb.org](http://www.rappahannockareacsb.org)

To learn more and register:

[www.rappahannockareacsb.org/trainings](http://www.rappahannockareacsb.org/trainings)

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Find us on:



# 2025 TRAINING SCHEDULE

## ADULT MENTAL HEALTH FIRST AID

Teaches adults how to identify, understand and respond to signs of mental illness and substance use disorders. The training introduces common mental health challenges and gives you the skills to reach out and provide initial support to someone who may be developing a mental health or substance use problem and help connect them to the appropriate care. Training is from 8:30 a.m. to 5:00 p.m.

- February 4, April 29, June 10, September 4, and December 9

## YOUTH MENTAL HEALTH FIRST AID

Teaches adults how to identify, understand and respond to signs of mental illness and substance use disorders in adolescents. The training introduces common mental health challenges for youth and teaches a 5-step action plan for how to help young people in both crisis and non-crisis situations. Training is from 8:30 a.m. to 5:00 p.m.

- March 4, May 22, June 17, October 7, and December 2

## APPLIED SUICIDE INTERVENTION SKILLS TRAINING (ASIST)

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

- March 13-14, June 4-5, July 29-30, and October 23-24 (8:30 a.m. to 5:00 p.m. both days; must be fully present both days)

## SAFETALK

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

- February 5 (1:00 p.m.), April 24 (9:00 a.m.), July 22 (9:00 a.m.), September 23 (9:00 a.m.), and November 17 (1:00 p.m.)

## LOCK AND TALK

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

**NEW**

**PRIMEROS AUXILIOS DE  
SALUD MENTAL (MHFA) DE  
ADULTOS PARA LAS  
COMUNIDADES  
HISPAHABLANTES**

**18 DE MARZO  
8 DE MAYO  
19 DE AGOSTO  
13 DE NOVIEMBRE**

**8:30 A.M. A 5:00 P.M.**



[www.rappahannockareacsb.org](http://www.rappahannockareacsb.org)

Updated 11/5/2024

To learn more and register:

[www.rappahannockareacsb.org/trainings](http://www.rappahannockareacsb.org/trainings)

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Find us on:



## **Finance Department**

### **October 2024 Program Updates**

#### **Staffing Changes and Opportunities:**

We are excited to announce the hiring of a new Director of Finance, Sara Keeler. She previously worked at both Rappahannock Area Community Services Board and Rappahannock Rapidan CSB and brings a wealth of CSB experience. She will start with us on December 16, 2024. We continue to recruit for the Financial Analyst position.

#### **Reimbursement Department:**

Reimbursement is actively working with our Emergency Services Program, Substance Use Program and Sunshine Lady House to start billing for services we currently are not billing. ES is starting the community stabilization service again, Substance Use will be billing for OBOT Care Coordination soon, and SLH has started providing Medically Managed Detox again.

#### **Accounting Department:**

The Accounting Department has responded to record requests for the ICF Wolfe Street DMAS Audit, DBHDS Internal Audit, ICF Cost Report, and the required annual financial audit for the agency.

#### **Payroll Department:**

The Payroll Department has been moved under the Human Resources Division as this position works more closely with HR. Efforts to create duplication of knowledge for payroll processes continue.

# Summary of Cash Investments

Depository	
Atlantic Union Bank	
Checking	\$ 18,959,340
Investment Portfolio	
Cash Equivalents	3,415,891
Fixed Income	5,487,815
Total Investment	8,866,454
Total Atlantic Union Bank	\$ 27,825,794
Other	
Local Gov. Investment Pool	\$ 35,674
Total Investments	\$ 27,861,468

	\$ Change	% Change
Change from Prior Month	\$ 277,964	1%
Change from Prior Year	\$ 2,769,319	8%

Average # Months Reserves on Hand:	6
---	---

# Summary of OPEB

	Cost Basis	Cost Variance From Inception	Market Basis	Market Variance From Inception
Initial Contribution	\$ 954,620		\$ 954,620	
FY 2024 Year-End Balance	\$ 2,133,082	\$ 1,178,462	\$ 4,163,720	\$ 3,209,100
Balance at 09/30/2024	\$ 2,132,565	\$ 1,177,945	\$ 4,358,454	\$ 3,403,834

# Summary of Investment Portfolio

Asset Description	Shares/Face Value	Market Value	Total Cost	Unrealized Gain/Loss	Est. Income	Current Yield
Fidelity IMM Gov Class I Fund #57	\$ 31,074.00	\$ 31,074.15	\$ 31,074.15	\$ -	\$ 1,458.00	4.69%
US Treasury Bill (02/06/2025)	\$ 1,000,000.00	\$ 977,410.00	\$ 976,436.87	\$ 973.13	\$ 10,650.00	1.09%
US Treasury Bill (03/27/2025)	\$ 400,000.00	\$ 392,773.67	\$ 392,732.11	\$ 41.56	\$ 146.33	0.04%
US Treasury Bill (06/12/2025)	\$ 1,000,000.00	\$ 958,244.61	\$ 953,972.50	\$ 4,272.11	\$ 16,015.39	1.68%
US Treasury Bill (08/07/2025)	\$ 500,000.00	\$ 482,358.75	\$ 483,455.62	\$ (1,096.87)	\$ 1,606.25	0.33%
US Treasury Bill (12/26/2024)	\$ 600,000.00	\$ 574,029.35	\$ 573,976.81	\$ 52.54	\$ 21,788.65	3.80%
<b>Total Cash Equivalents</b>	<b>\$ 3,531,074.00</b>	<b>\$ 3,415,890.53</b>	<b>\$ 3,411,648.06</b>	<b>\$ 4,242.47</b>	<b>\$ 51,664.62</b>	<b>1.51%</b>
US Treasury Note (04/30/2025) (est in 2020)	\$ 1,000,000.00	\$ 980,220.00	\$ 948,906.25	\$ 31,313.75	\$ 3,750.00	0.39%
US Treasury Note (10/15/2025)	\$ 1,000,000.00	\$ 999,450.00	\$ 1,005,781.25	\$ (6,331.25)	\$ 42,500.00	4.25%
US Treasury Note (09/30/2025)	\$ 500,000.00	\$ 502,825.00	\$ 504,570.31	\$ (1,745.31)	\$ 25,000.00	4.97%
US Treasury Note (10/15/2026)	\$ 500,000.00	\$ 504,320.00	\$ 506,738.28	\$ (2,418.28)	\$ 23,125.00	4.59%
US Treasury Note (03/15/2027)	\$ 500,000.00	\$ 501,380.00	\$ 496,308.59	\$ 5,071.41	\$ 21,250.00	4.24%
US Treasury Note (04/30/2026)	\$ 500,000.00	\$ 504,730.00	\$ 499,023.44	\$ 5,706.56	\$ 24,375.00	4.83%
US Treasury Note (08/15/2027)	\$ 500,000.00	\$ 495,080.00	\$ 495,292.97	\$ (212.97)	\$ 18,750.00	3.79%
US Treasury Note (11/30/2024)	\$ 1,000,000.00	\$ 999,810.00	\$ 1,004,914.69	\$ (5,104.69)	\$ 45,000.00	4.50%
<b>Total Fixed income</b>	<b>\$ 5,500,000.00</b>	<b>\$ 5,487,815.00</b>	<b>\$ 5,461,535.78</b>	<b>\$ 26,279.22</b>	<b>\$ 203,750.00</b>	<b>3.70%</b>
<b>Balance at 11/01/2024</b>		<b>\$ 8,903,705.53</b>	<b>\$ 8,873,183.84</b>	<b>\$ 30,521.69</b>	<b>\$ 255,414.62</b>	<b>2.30%</b>



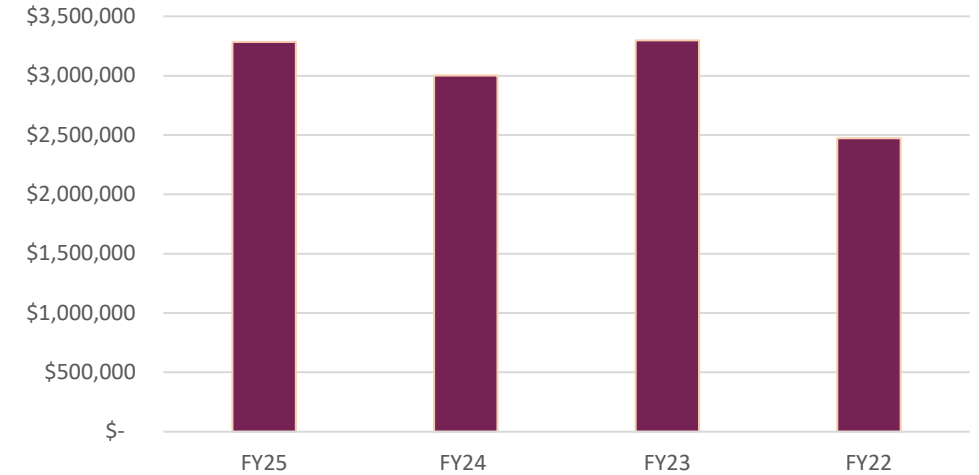
# Fee Revenue Reimbursement- September 30, 2024

## RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD FEE REVENUE REIMBURSEMENT REPORT AS OF Sept 30, 2024

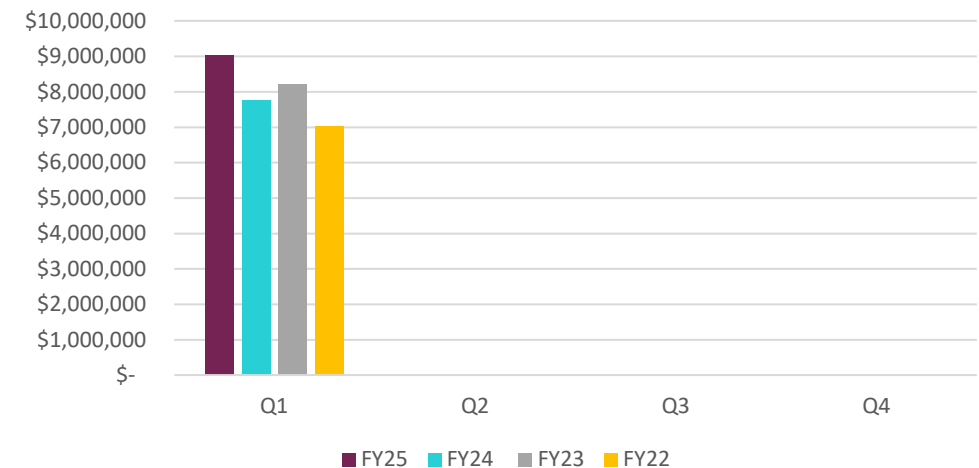
AGED CLAIMS			Current Month		Prior Month		Prior Year	
Total Claims Outstanding	Total	100%	\$7,264,524	100%	\$7,376,461	100%	\$6,728,481	
	Consumers	50%	\$3,608,652	48%	\$3,516,856	53%	\$3,542,016	
	3rd Party	50%	\$3,655,872	52%	\$3,859,604	47%	\$3,186,465	
Claims Aged 0-29 Days	Total	50%	\$3,530,587	50%	\$3,690,810	48%	\$3,205,510	
	Consumers	1%	\$143,898	1%	\$101,151	1%	\$72,433	
	3rd Party	49%	\$3,386,689	49%	\$3,589,659	47%	\$3,133,077	
Claims Aged 30-59 Days	Total	2%	\$155,617	2%	\$155,978	2%	\$142,566	
	Consumers	1%	\$68,052	1%	\$62,206	1%	\$57,825	
	3rd Party	1%	\$87,565	1%	\$93,772	1%	\$84,741	
Claims Aged 60-89 Days	Total	2%	\$109,935	1%	\$73,051	1%	\$45,875	
	Consumers	1%	\$57,888	0%	\$32,261	1%	\$37,524	
	3rd Party	1%	\$52,047	1%	\$40,790	0%	\$8,351	
Claims Aged 90-119 Days	Total	1%	\$59,455	1%	\$47,534	4%	\$282,486	
	Consumers	0%	\$31,636	0%	-\$7,180	4%	\$271,938	
	3rd Party	0%	\$27,819	1%	\$54,714	0%	\$10,548	
Claims Aged 120+ Days	Total	47%	\$3,408,929	46%	\$3,409,089	45%	\$3,052,045	
	Consumers	46%	\$3,307,177	45%	\$3,328,419	46%	\$3,102,297	
	3rd Party	1%	\$101,753	1%	\$80,670	-1%	-\$50,252	

CLAIM COLLECTIONS	
Current Year To Date Collections	\$9,021,151
Prior Year To Date Collections	\$7,753,853
\$ Change from Prior Year	\$1,267,298
% Change from Prior Year	16%

Year to Date Fee Collections



Quarterly Fee Collections



# Write-off Report

Month: Sept 2024		
Write Off Code	Current YTD	Prior YTD
BAD ADDRESS	\$ 45	\$ -
DECEASED	\$ 1,061	\$ 10
NO FINANCIAL AGREEMENT	\$ 1,293	\$ 4,005
SMALL BALANCE	\$ 158	\$ 118
UNCOLLECTABLE	\$ 169	\$ 596
FINANCIAL ASSISTANCE	\$ 185,609	\$ 144,419
NO SHOW	\$ 560	\$ 540
MAX UNITS/BENEFITS	\$ 14,611	\$ 16,081
PROVIDER NOT CREDENTIALLED	\$ 1,485	\$ 6,088
ROLL UP BILLING	\$ -	\$ 13,617
NON-COVERED SERVICE	\$ -	\$ 4,608
SERVICES NOT AUTHORIZED	\$ 24,454	\$ 8,157
INCORRECT PAYER	\$ 2,195	\$ 1,763
NO PRIMARY EOB	\$ 1,023	\$ -
SPENDDOWN NOT MET	\$ 62,224	\$ -
TOTAL	\$ 294,885	\$ 200,002

Year to Date: July - Sept 2024		
Write Off Code	Current YTD	Prior YTD
BAD ADDRESS	\$ 43,340	\$ -
BANKRUPTCY	\$ -	\$ 246
DECEASED	\$ 1,510	\$ 90
NO FINANCIAL AGREEMENT	\$ 16,276	\$ 16,272
SMALL BALANCE	\$ 287	\$ 447
UNCOLLECTABLE	\$ 474	\$ 1,625
FINANCIAL ASSISTANCE	\$ 588,057	\$ 451,503
NO SHOW	\$ 2,490	\$ 3,686
MAX UNITS/BENEFITS	\$ 70,053	\$ 27,002
PROVIDER NOT CREDENTIALLED	\$ 6,030	\$ 45,019
ROLL UP BILLING	\$ -	\$ 38,393
DIAGNOSIS NOT COVERED	\$ 480	\$ 320
NON-COVERED SERVICE	\$ 7,721	\$ 14,042
SERVICES NOT AUTHORIZED	\$ 83,838	\$ 46,258
PAST BILLING DEADLINE	\$ 1,287	\$ 16,370
MCO DENIED AUTH	\$ 6,972	\$ -
INCORRECT PAYER	\$ 10,309	\$ 6,839
NO PRIMARY EOB	\$ 1,345	\$ -
SPENDDOWN NOT MET	\$ 116,547	\$ -
TOTAL	\$ 957,017	\$ 668,112

# Health Insurance

FY 2025	Monthly Premiums	Additional Premium Contributions	Monthly Claims & Fees	Interest	Balance
Beginning Balance					\$3,029,016
July	\$613,250		\$261,724	\$1,355	\$3,380,542
August	\$173,094		\$322,228	\$1,382	\$3,231,408
September	\$420,643		\$209,940	\$1,341	\$3,442,111
October	\$207,063		\$311,924	\$1,443	\$3,337,250
<b>YTD Total</b>	<b>\$1,414,050</b>	<b>\$0</b>	<b>\$1,105,816</b>	<b>\$5,520</b>	<b>\$3,337,250</b>

Historical Data	Average Monthly Claims	Monthly Average Difference from PY	Highest Month
<b>FY 2025</b>	<b>\$276,454</b>	<b>\$9,178</b>	<b>\$322,228</b>
<b>FY 2024</b>	<b>\$255,453</b>	<b>\$41,076</b>	<b>\$593,001</b>
<b>FY 2023</b>	<b>\$214,376</b>	<b>(\$97,137)</b>	<b>\$284,428</b>
<b>FY 2022</b>	<b>\$311,513</b>	<b>(\$24,129)</b>	<b>\$431,613</b>
<b>FY 2021</b>	<b>\$335,642</b>	<b>\$14,641</b>	<b>\$588,906</b>

# Payroll Statistics

Pay Date	Overtime Hours	Overtime Cost	Average Cost per hour-Overtime	2P Hours	2P Cost	Average Cost per hour-2p	Total Hours	Total Costs
7/12/2024	339	\$13,564.10	\$40.01	141.08	\$4,943.28	\$35.04	480.08	\$18,507.38
7/26/2024	351	\$14,250.59	\$40.60	164.25	\$5,893.46	\$35.88	515.25	\$20,144.05
8/9/2024	453.76	\$18,804.66	\$41.44	124.5	\$4,445.08	\$35.70	578.26	\$23,249.74
8/23/2024	321.17	\$13,217.47	\$41.15	210	\$6,984.26	\$33.26	531.17	\$20,201.73
9/6/2024	562	\$23,390.92	\$41.62	89.5	\$3,949.93	\$44.13	651.5	\$27,340.85
9/20/2024	456.95	\$19,086.60	\$41.77	112	\$3,835.53	\$34.25	568.95	\$22,922.13
10/4/2024	303.75	\$12,456.71	\$41.01	130	\$4,755.90	\$36.58	433.75	\$17,212.61
10/18/2024	33.5	\$1,403.28	\$41.89	35.75	\$1,018.20	\$28.48	69.25	\$2,421.48
11/1/2024	41.75	\$1,593.96	\$38.18	41	\$1,200.94	\$29.29	82.75	\$2,794.90
Grand Total	2787.63	\$114,771.05	\$41.17	971.33	\$34,807.44	\$35.83	3758.96	\$149,578.49

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MENTAL HEALTH

PROGRAM	REVENUE			EXPENDITURES			ACTUAL VARIANCE	VARIANCE / REVENUE
	BUDGET FY 2025	ACTUAL YTD	%	BUDGET FY 2025	ACTUAL YTD	%		
INPATIENT	0	12,026	0.00%	0	34,600	0.00%	(22,574)	-188%
OUTPATIENT (FED)	3,194,943	1,220,510	38.20%	3,194,943	943,072	29.52%	277,438	23%
MEDICAL OUTPATIENT ( R ) (FED)	4,910,714	904,467	18.42%	4,910,714	1,143,829	23.29%	(239,362)	-26%
ACT NORTH ( R )	1,009,186	222,770	22.07%	1,009,186	266,757	26.43%	(43,988)	-20%
ACT SOUTH ( R )	969,616	299,745	30.91%	969,616	274,780	28.34%	24,965	8%
CASE MANAGEMENT ADULT (FED)	1,196,606	300,216	25.09%	1,196,606	339,548	28.38%	(39,333)	-13%
CASE MANAGEMENT CHILD & ADOLESCENT (FED)	929,321	244,368	26.30%	929,321	277,402	29.85%	(33,035)	-14%
PSY REHAB & KENMORE EMP SER ( R ) (FED)	776,442	189,183	24.37%	776,442	221,569	28.54%	(32,387)	-17%
PERMANENT SUPPORTIVE HOUSING ( R )	3,265,491	3,441,733	105.40%	3,265,491	583,648	17.87%	2,858,085	83%
CRISIS STABILIZATION ( R )	2,789,414	1,000,602	35.87%	2,789,414	643,873	23.08%	356,729	36%
SUPERVISED RESIDENTIAL	622,585	103,662	16.65%	622,585	159,890	25.68%	(56,228)	-54%
SUPPORTED RESIDENTIAL	869,009	214,046	24.63%	869,009	287,924	33.13%	(73,878)	-35%
JAIL DIVERSION GRANT ( R )	94,043	37,158	39.51%	94,043	29,001	30.84%	8,158	22%
JAIL & DETENTION SERVICES	675,354	116,279	17.22%	675,354	184,281	27.29%	(68,002)	-58%
SUB-TOTAL	21,302,725	8,306,764	39%	21,302,725	5,390,174	25%	2,916,590	35%

DEVELOPMENTAL SERVICES

PROGRAM	REVENUE			EXPENDITURES			ACTUAL VARIANCE	VARIANCE / REVENUE
	BUDGET FY 2025	ACTUAL YTD	%	BUDGET FY 2025	ACTUAL YTD	%		
CASE MANAGEMENT	4,204,751	949,244	22.58%	4,204,751	1,153,708	27.44%	(204,464)	-22%
DAY HEALTH & REHAB *	5,313,080	1,322,468	24.89%	5,313,080	1,495,194	28.14%	(172,725)	-13%
GROUP HOMES	6,851,462	1,779,159	25.97%	6,851,462	1,707,774	24.93%	71,385	4%
RESPITE GROUP HOME	653,469	71,983	11.02%	653,469	202,475	30.98%	(130,492)	-181%
INTERMEDIATE CARE FACILITIES	4,788,336	1,998,114	41.73%	4,788,336	1,367,217	28.55%	630,897	32%
SUPERVISED APARTMENTS	1,932,464	746,738	38.64%	1,932,464	455,173	23.55%	291,565	39%
SPONSORED PLACEMENTS	1,943,190	598,058	30.78%	1,943,190	678,888	34.94%	(80,830)	-14%
SUB-TOTAL	25,686,752	7,465,764	29.06%	25,686,752	7,060,428	27.49%	405,336	5%

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

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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	292,729	18.95%	1,544,604	336,184	21.77%	(43,455)	-15%
MAT PROGRAM ( R ) (FED)	814,953	869,136	106.65%	814,953	327,396	40.17%	541,739	62%
CASE MANAGEMENT ( R ) (FED)	239,631	47,087	19.65%	239,631	38,340	16.00%	8,747	19%
RESIDENTIAL ( R )	69,049	7,980	11.56%	69,049	16,398	23.75%	(8,418)	-105%
PREVENTION ( R ) (FED)	634,155	106,307	16.76%	634,155	162,956	25.70%	(56,649)	-53%
LINK ( R ) (FED)	274,980	55,043	20.02%	274,980	66,142	24.05%	(11,099)	-20%
SUB-TOTAL	3,577,371	1,378,281	39%	2,032,767	947,415	47%	474,321	34%

SERVICES OUTSIDE PROGRAM AREA

PROGRAM	REVENUE			EXPENDITURES			ACTUAL Variance	VARIANCE / REVENUE
	BUDGET FY 2025	ACTUAL YTD	%	BUDGET FY 2025	ACTUAL YTD	%		
EMERGENCY SERVICES ( R )	2,012,744	763,795	37.95%	2,012,744	448,821	22.30%	314,975	41%
CHILD MOBILE CRISIS ( R )	376,212	21	0.01%	376,212	54,991	14.62%	(54,970)	-261763%
CIT ASSESSMENT SITE ( R )	391,306	471,399	120.47%	391,306	116,470	29.76%	354,928	75%
CONSUMER MONITORING ( R ) (FED)	133,656	34,063	25.49%	133,656	93,050	69.62%	(58,987)	-173%
ASSESSMENT AND EVALUATION ( R )	448,026	115,669	25.82%	448,026	111,705	24.93%	3,964	3%
SUB-TOTAL	3,361,944	1,384,946	41.19%	3,361,944	825,037	24.54%	559,910	40%

ADMINISTRATION

PROGRAM	REVENUE			EXPENDITURES			ACTUAL VARIANCE
	BUDGET FY 2025	ACTUAL YTD	%	BUDGET FY 2025	ACTUAL YTD	%	
ADMINISTRATION (FED)	470,080	220,687	46.95%	470,080	547,225	116.41%	(326,539)
PROGRAM SUPPORT	27,600	6,900	25.00%	27,600	123,942	449.06%	(117,042)
SUB-TOTAL	497,680	227,587	45.73%	497,680	671,167	134.86%	(443,580)
ALLOCATED TO PROGRAMS				4,268,473	3,126,283	73.24%	

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

RACSB  
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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	685,178	36.40%	1,882,348	472,347	25.09%	212,831	31%
INFANT CASE MANAGEMENT ( R )	998,791	237,216	23.75%	998,791	237,524	23.78%	(308)	0%
EARLY INTERVENTION ( R )	2,567,207	572,357	22.29%	2,567,207	733,112	28.56%	(160,754)	-28%
TOTAL PART C	5,448,346	1,494,752	27.43%	5,448,346	1,442,983	26.48%	51,769	3%
HEALTHY FAMILIES ( R )	141,386	60,126	42.53%	141,386	11,435	8.09%	48,691	81%
HEALTHY FAMILIES - MIECHV Grant ( R ) (REIM)	340,846	146,412	42.96%	340,846	111,272	32.65%	35,140	24%
HEALTHY FAMILIES-TANF & CBCAP GRANT ( R ) (REIM)	528,690	209,319	39.59%	528,690	171,676	32.47%	37,644	18%
TOTAL HEALTHY FAMILY	1,010,921	415,857	41.14%	1,010,921	294,382	29.12%	121,475	29%

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

RACSB  
FY 2025 FINANCIAL REPORT  
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RECAP FY 2025 BALANCES

	REVENUE	EXPENDITURES	NET	NET / REVENUE
MENTAL HEALTH	8,306,764	5,422,871	2,883,893	35%
DEVELOPMENTAL SERVICES	7,465,764	7,060,428	405,336	5%
SUBSTANCE ABUSE	1,378,281	947,415	430,866	31%
SERVICES OUTSIDE PROGRAM AREA	1,384,946	825,037	559,910	40%
ADMINISTRATION	227,587	671,167	0	0%
FISCAL AGENT PROGRAMS	1,910,609	1,737,365	173,244	9%
TOTAL	20,673,951	16,664,283	4,453,249	22%

RECAP FY 2024 BALANCES

	REVENUE	EXPENDITURES	NET	NET / REVENUE
MENTAL HEALTH	5,503,101	3,975,122	1,527,978	28%
DEVELOPMENTAL SERVICES	6,049,506	5,219,912	829,594	14%
SUBSTANCE ABUSE	520,624	867,418	(346,794)	-67%
SERVICES OUTSIDE PROGRAM AREA	891,084	528,967	362,117	41%
ADMINISTRATION	191,184	191,184	0	0%
FISCAL AGENT PROGRAMS	1,729,477	1,197,518	531,960	31%
TOTAL	14,884,975	11,980,120	2,904,855	20%

	\$ Change	% Change
Change in Revenue from Prior Year	\$ 5,788,976	38.89%
Change in Expense from Prior Year	\$ 4,684,164	39.10%
Change in Net Income from Prior Year	\$ 1,548,393	53.30%

\*Unaudited Report



## **HUMAN RESOURCES PROGRAM UPDATE- October 2024**

For the month of October, we onboarded 12 new Hopestarters, which included several hard to fill positions such as two RNs, a Veteran and Family Therapist, 2 DD Support Coordinators and an Assistant Coordinator for SUD. We continue to see the positive effects of our recent salary adjustments.

While a lot of our time is spent on our recruitment and onboarding process, HR also kept busy with the following activities:

- Facilitated 24 online and in-person trainings.
- Continued the interview process for our HR Specialist position.
- Completed 55 HR file audits.
- Attended Caroline and Stafford High School career fairs.
- Attended VACSB and the HR Council quarterly meetings.
- Held four employee vaccine clinics for flu and covid shots.
- Attended VRS trainings.
- Facilitating the organization of the agency wide in-service day for 2/12/2025.
- Held monthly call with our benefits broker to review YTD plan and start planning for FY26.

To: Joe Wickens, Executive Director

From: Derrick Mestler, Human Resources Director

Re: DBHDS Workforce Reporting Overview

Date: November 7, 2024

As of July 2023, the Rappahannock Area Community Services Board is required to submit workforce data to the Department of Behavioral Health and Developmental Services (DBHDS) on a quarterly basis. DBHDS defined certain position categories for the reporting of vacancy rate, turnover rate, and salary information. Please find an overview of the data below for the first quarter of FY2025.

	Q1 YTD		
	Vacancy Rate	YTD Vacancy Rate	Turnover Rate
<b>Administrative Support</b>	5.3%	5.3%	3.2%
<b>Case Manager</b>	8.1%	6.8%	1.6%
<b>Clinician</b>	15.0%	16.2%	2.4%
<b>Direct Service Provider</b>	10.1%	11.1%	11.4%
<b>Executive Leadership</b>	0.0%	0.0%	10.0%
<b>Nursing</b>	13.3%	17.4%	11.0%
<b>Other</b>	100.0%	33.3%	0.0%
<b>Peer</b>	7.4%	0.0%	0.0%
<b>Prescriber</b>	34.8%	33.3%	0.0%
<b>Overall</b>	10.9%	10.2%	5.1%



**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: November 7, 2024

Re: Summary – October 2024 Applicant and Recruitment Update

RACSB continues to receive a significant number of applications through the hiring portal. For the month of October 2024, RACSB received 869 applications.

Of the applications received, 130 applicants listed the RACSB applicant portal as their recruitment source, 68 stated employee referrals as their recruitment source and 671 listed job boards as their recruitment source.

At the end of July, there are currently 53 open positions, 40 full-time and 13 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 October 2024.

# RECRUITMENT REPORT FY 2025

<u>MONTHLY RECRUITMENT</u>	<u>JULY</u>	<u>AUGUST</u>	<u>SEPTEMBER</u>	<u>OCTOBER</u>	<u>NOVEMBER</u>	<u>DECEMBER</u>	<u>JANUARY</u>	<u>FEBRUARY</u>	<u>MARCH</u>	<u>APRIL</u>	<u>MAY</u>	<u>JUNE</u>	<u>TOTAL YTD</u>
External Applicants Hired:													
PRN													
Part-time	3	8	9	2									22
Full-time	8	14	13	10									45
Sub Total External Applicants Hired	11	22	22	12	0	0							67
Internal Applicants Moved:													
Part-time to Full-time													0
PRN As Needed to Full-Time													0
Sub Total Internal Applicant Moves	0	0	0	0	0	0							0
Total Positions Filled:	11	22	22	12	0	0							67
Total Applications Received:													
Actual Total of Applicants:	1227	725	800	869									3621
Total External Offers Made:	11	22	22	12	0	0							67
Total Internal Offers Made:	0	0	0	0	0	0							0

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	373	402								
Male	128	93	128	154								
Not Supplied	372	294	299	313								
Total	1227	725	800	869								
<u>ETHNICITY</u>												
Caucasian	254	140	155	172								
African American	405	193	227	256								
Hispanic	67	26	32	34								
Asian	20	15	16	18								
American Indian	2	2	0	0								
Native Hawaiian	2	1	1	0								
Two or More Races	63	44	51	49								
<u>RECRUITMENT SOURCE</u>												
Newspaper Ads												
RACSB Website	192	138	171	130								
RACSB Intranet												
Employee Referrals	99	72	91	68								
Radio Ads												
Job Boards												
Indeed.com	861	437	428	567								
VA Employment Commission												
Monster.com												
Other -	48	53	75	72								
VA Peer Recovery Specialist Site												
Colleges/Handshake												
Facebook												
Multi Site Search												
NHSC												
Linked In												
Goodwill referral												
Zip Recruiter	27	25	35	32								
Job Fair												
Total # of Applicants	1227	725	800	869								

Open Positions Report			10/28/2024				
Date	<u>Days position open</u>	Job #	Job Title	Division	Department	FT	PT
8/29/2024	57	1290371	Human Resources Specialist	Admin	Human Resources	x	
9/12/2024	43	1301666	Director, Finance and Administration	Admin	Finance	x	
12/1/2023	329	1060699	Financial Analyst	Admin	Accounting	x	
					3		
8/30/2024	56	1291455	Developmental Services Support Coordinator - Stafford	CSS	ID/DD Support Coordination Services	x	
10/15/2024	10	1329539	Mental Health Specialist - ACT	CSS	ID/DD Support Coordination Services	x	
2/29/2024	239	1120800	Certified Substance Abuse Counselor (CSAC)	CSS	Crisis Stabilization Program	x	
8/26/2024	60	1053566	Therapist	CSS	Crisis Stabilization Program	x	
10/7/2024	18	1323294	MH Residential Specialist	CSS	Crisis Stabilization Program	x	
7/24/2024	93	1258307	Critical Time Intervention Case Manager	CSS	Permanent Supportive Housing	x	
					6		
12/7/2023	323	1053800	Peer, Family Support - Spotsylvania	Clinical	Child & Adolescent Services		x
2/23/2024	245	1117540	Therapist, Emergency Services Mobile Co-Response	Clinical	Emergency Services	x	
2/23/2024	245	1116531	Therapist, Emergency Services Mobile Co-Response	Cinical	Emergency Services	x	
9/4/2024	51	1295237	Therapist, Emergency Services Child and Adolescent	Clinical	Emergency Services	x	
10/25/2024	0	1339672	Therapist, Emergency Services Child and Adolescent	Clinical	Emergency Services	x	
10/21/2024	4	1334410	Therapist	Clinical	Emergency Services	x	
12/1/2022	694	1053679	Therapist, SA - Probation and Parole	Clinical	Jail Based/Diversion Services	x	
7/25/2024	92	1259220	Therapist, MHSA Outpatient	Clinical	Outpatient Services	x	
8/26/2024	60	1053832	Therapist, MHSA Outpatient	Clinical	Outpatient Services	x	
5/6/2024	172	1126620	Psychiatrist	Clinical	Outpatient Services	x	
8/27/2024	59	1242531	Office Manager I - Fredericksburg	Clinical	Outpatient Services	x	
8/30/2024	56	1291460	CSAC Mobile OBOT	Clinical	Substance Abuse Services	x	
8/26/2024	60	1287248	Peer Recovery Specialist	Clinical	Substance Abuse Services	x	
10/4/2024	21	1321621	Peer Recovery Specialist	Clinical	Substance Abuse Services		x
10/25/2024	0	1339656	Peer Recovery Specialist	Clinical	Substance Abuse Services	x	
7/23/2021	1190	1053589	Therapist, Office on Youth	Clinical	Substance Abuse Services	x	
1/3/2024	296	1076741	Therapist, SA - Women's Services - Fredericksburg	Clinical	Substance Abuse Services	x	
					17		
9/20/2024	35	1309385	Direct Support Professional - Day Support - Horticulture	CSS	Day Health & Rehabilitation Services		x
8/19/2024	67	1280496	Direct Support Professional - Day Support - Kings Highway	CSS	Day Health & Rehabilitation Services		x
9/17/2024	38	1306060	Direct Support Professional - Day Support - Kings Highway	CSS	Day Health & Rehabilitation Services		x
10/4/2024	21	1321615	Direct Support Professional - Day Support - Kings Highway	CSS	Day Health & Rehabilitation Services	x	
8/9/2024	77	1273337	Direct Support Professional - Day Support - Stafford	CSS	Day Health & Rehabilitation Services	x	
8/16/2024	70	1279132	Direct Support Professional - Day Support - ICF	CSS	Day Health & Rehabilitation Services		x
8/16/2024	70	1279130	Direct Support Professional - Day Support ICF	CSS	Day Health & Rehabilitation Services		x
10/17/2024	8	1332394	Assistant Site Leader - RAAI King George/Caroline	CSS	Day Health & Rehabilitation Services	x	
					8		
12/8/2020	1417	1053889	Nurse, LPN - ICF - Wolfe ICF	CSS	ID/DD Residential Services	x	
5/4/2021	1270	1053891	Nurse, LPN - ICF - Wolfe ICF	CSS	ID/DD Residential Services	x	
9/26/2024	29	1314292	Assistant Group Home Manager - Residential - Piedmont	CSS	ID/DD Residential Services	x	
8/28/2024	58	1289103	Direct support Professional - Residential ICF - Wolfe 138	CSS	ID/DD Residential Services		x

Open Positions Report			10/28/2024				
<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>
10/17/2024	8	1332387	Direct support Professional - Residential ICF - Wolfe	CSS	ID/DD Residential Services	x	
8/16/2024	70	1273328	Direct Support Professional - Residential ICF - Lucas	CSS	ID/DD Residential Services		x
9/27/2024	28	1316495	Direct Support Professional - Residential ICF - Lucas	CSS	ID/DD Residential Services	x	
10/25/2024	0	1287178	Direct Support Professional - Residential ICF - Lucas	CSS	ID/DD Residential Services	x	
10/17/2024	8	1332370	Direct Support Professional - Residential - Piedmont	CSS	ID/DD Residential Services	x	
10/25/2024	0	1339724	Direct Support Professional - Residential - Piedmont	CSS	ID/DD Residential Services		x
9/27/2024	28	1316498	Direct Support Professional - Residential - Ruffins Pond	CSS	ID/DD Residential Services	x	
8/20/2024	66	1281492	Direct Support Professional - Residential - Stonewall	CSS	ID/DD Residential Services	x	
12/6/2023	324	1075218	Direct Support Professional - Residential - Devon	CSS	ID/DD Residential Services		x
10/25/2024	0	1339719	Direct Support Professional - Residential - Devon	CSS	ID/DD Residential Services	x	
9/22/2023	399	1055526	Direct Support Professional - Residential - Leeland	CSS	ID/DD Residential Services		x
9/17/2024	38	1306061	Direct Support Professional - Residential - Leeland	CSS	ID/DD Residential Services	x	
6/26/2024	121	1236419	Direct Support Professional - Residential - Belmont/SAP	CSS	ID/DD Residential Services		x
10/15/2024	10	1329543	Direct Support Professional - Residential - Belmont/SAP	CSS	ID/DD Residential Services	x	
9/11/2024	44	1270095	Direct Support Professional - Residential - Igo	CSS	ID/DD Residential Services	x	
					19		
<b>Avg days open</b>	<b>170.14</b>					<b>40</b>	<b>13</b>
					<b>Total Open Positions</b>	<b>53</b>	



**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: November 7, 2024

Re: Summary – Turnover Report – October 2024

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Human Resources processed a total of fifteen (15) employee separations for the month of September 2024. Of the fifteen, twelve (12) separations were voluntary, three (3) separations were involuntary.

### Reasons for Separations

Resigned- Vol.	12
For cause- Involuntary	3



**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-24</u>	<u>Mar-24</u>	<u>Apr-24</u>	<u>May-24</u>	<u>Jun-24</u>
Average Headcount	572	573	587	586								
Monthly Terminations*	14	11	10	15								
Turnover by Month	2.45%	1.92%	1.70%	2.56%								
Cumulative Turnover YTD	2.45%	4.37%	6.06%	8.63%								
Average % Turnover per Month YTD	2.45%	2.18%	2.02%	2.16%								

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

RACSB MONTHLY TURNOVER REPORT  
Oct-24

<u>ORGANIZATIONAL UNIT</u>	<u>NUMBER OF TERMS</u>	<u>VOLUNTARY</u>	<u>INVOLUNTARY</u>	<u>EXPLANATION</u>
Administrative				Resignation
<i>Unit Totals</i>	0	0	0	
Clinical Services		2		Resignation
			1	For cause
<i>Unit Totals</i>	3	2	1	
Community Support Services		9		Resignation
			2	For cause
		1		Retirement
				Other
<i>Unit Totals</i>	12	10	2	
<b>Grand Totals for the Month</b>	15	12	3	

Total Average Number of Employees	586
Retention Rate	97.44%
Turnover Rate	2.56%

Total Separations	15
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## **RACSB DEPUTY EXECUTIVE DIRECTOR REPORT**

### **October Monthly Updates**

#### **Opportunities for Partnership/Input:**

- Facilitated RCS Audit requirements, ICF Cost Report documents, and SAM Entity Registration updates.
- Led the FY2024 Financial Audit
- Met with Senator Durant to discuss ideas for upcoming session.
- Participated in the DBHDS Incident Management System Replacement committee leading the replacement of the CHRIS and CONNECT data systems.
- Met minimum of three times a week regarding transition to new statewide data exchange. RACSB and Netsmart will be the first to pilot and test the system. Partial testing will begin in the next few weeks.
- Led procurement efforts for the Mobile Medication-Assisted Treatment vehicle and met with Stafford County representative two times a month for OAA project review.
- Completed submission of comprehensive Medicaid/DMAS Costing Survey for Community Mental Health and Rehabilitative Services (CMHRS) to be used in rate setting for BRAVO 2.0/Re-design of these services.
- Finalized DBHDS Internal Audit requests and process.
- Supported the transition and grand opening celebration for our new on-site pharmacy partner, Altruix.
- Met at the request of DBHDS Part C staff to solution issues concerning TRAC-IT and transition to new data exchange.
- Participated in interviews for Director of Finance position
- Completed a tour of the new CCG Facility in Stafford.
- Attended the Health Workforce Statewide Collaboration meeting in Charlottesville.

#### **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. Netsmart is set to start testing in December in preparation for a go-live in February 2025.

#### **Waiver Management System (WaMS)**

Specifications for WaMS 4.0 were released on March 13<sup>th</sup>, 2024. DBHDS has delayed implementation of the new Individual Service Plan (4.0) due to an error in their system. New plan went live this month. Team has worked through challenges in the design which were not apparent until after go-live. The IT team continues to work through glitches in the integration

#### **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. Team meets monthly with DBHDS to support error processing and prepare for new data exchange. Met with DBHDS staff to prepare for the transition to new data exchange and requirements to report via that mechanism.

Combined Information Technology and Dashboards Data Report

Dashboard Report				
Measure	Month of Measure	State Target	State Average	RACSB
Same Day Access-Appointment Offered	24-Jul	86%	76.40%	93.50%
Same Day Access-Appointment Kept	24-May	70%	82.00%	81.70%
SUD Engagement	24-Jul	50%	62.90%	70.20%
Universal Adult Columbia Screenings	24-Jun	86%	76.90%	65.52%
Universal Child/Adolescent Columbia Screenings	24-Jun	86%	72.10%	59.65%
DLA-Adult	FY2024 Q2-Q4	35%		38.80%
DLA-Child	FY2024 Q2-Q4	35%		50.00%

Percent Receiving Face to Face Case Management Services ECM	24-Sep	90%	N/A	86.18%
Percent Receiving In-home Case Management Services ECM	24-Sep	90%	N/A	85.09%
Percent Receiving Targeted Case Management	FY2025Q1	90%	N/A	96.70%

Information Technology Department Data		
Number of IT Tickets Completed	Zoom Meetings	Total Zoom Participants
October 2024- 887	2,366	5,553