

RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD

December 17, 2024

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

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October 2024 Board of Directors Meeting Minutes

I. CALL TO ORDER

A meeting of the Board of Directors of Rappahannock Area Community Services Board was held on 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 20th 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 16th. 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 of Supervisors 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 10th 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 22nd 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

November 2024 Board of Directors Meeting Minutes

I. CALL TO ORDER

A meeting of the Board of Directors of Rappahannock Area Community Services Board was held on November 19, 2024, at 600 Jackson Street and called to order by Chair, Nancy Beebe at 3:00 p.m.

Attendees included: Nancy Beebe, Claire Curcio, Jacob Parcell, Shawn Kiger, Ken Lapin and Matthew Zurasky *Not Present:* Glenna Boerner, Greg Sokolowski, Bridgette Williams, Melissa White, Susan Gayle, Carol Walker and Sarah Ritchie.

II. MINUTES, BOARD OF DIRECTORS, October 15, 2024

The Board was unable to approve the minutes due to no quorum present. Mr. Zurasky noted typographical errors on pages 3 and 4.

III. PUBLIC COMMENT

No Action Taken

IV. SERVICE AWARDS

Mr. Joe Wickens recognized all employees with awards:

5 years

Stephanie “Stevie” Baker, Office Associate, ACT
North

Theresa Filipovich, Office Associate, PEID

Latrice Fore, DSP, New Hope

Eunice Holmes, Asst. Group Home Manager, Scottsdale

Lorraine Weresnick, Manager, PSH

10 years

Celenia Wood, Office Manager, Caroline

15 years

Rebekah Herrin, Occupational Therapist

25 years

Wendi Powell, Child/ Adolescent Case Manager,
Spotsylvania

V. BOARD CORE BEHAVIORS

VI. BOARD PRESENTATION: Crisis Receiving Center, *Mr. Bill Loving, and Ms. Jennifer Weatherford, Worley Associates Architects*

- Roxbury Project Overview.
- Property put in Creative Maker District Zoning by the city.
- Certain restrictions involving setbacks, existing building, character structures.
- Three-character structures on site: Spokework Building, Roxbury Building, Shed.
- Update on site plan: have met with all city officials and believe they are at a point of agreement (graph provided).
- Salvaging the Spokework building, structurally sound, well-built building, still it does need upgrades, it is not a historic building so there are no restrictions on construction.
- Reviewed the floor plan for the CRC – Mr. Parcell noted the size of the Sally Port entrance for EMS crews needs to be large enough for them to get in and out with a gurney.
- The site plan has been presented to the City of Fredericksburg.
- Attended the Technical Review Committee meeting. Optional Forms of Development submitted. We have been clear on our plan and the City zoning department is in agreement with our plan.

VII. PROGRAM REPORTS

A. COMMUNITY SUPPORT SERVICES, *Ms. Amy Jindra, Mr. Galindo, Ms. Standring*

1. **Program Update** - Ms. Jindra gave an overview of her programs: RAAI is looking to add two community-based groups which will be completely based out of the YMCAs to improve their billing - community engagement rate is much higher than the day rate. They are also talking to DBHDS about customized rates which is pretty challenging to get approval at times. This is a higher rate of reimbursement but it requires one on one staff support. Typically, they need to prove the need for one on one resulting in months of service before DBHDS/DMAS will pay for it. The PEID program is serving 538 children currently, they are scheduling 16 intakes/assessments a week. In October alone, they had 71 referrals. They are fully staffed for the first time in years. PSH filled three of their open positions in October. They housed three additional individuals last month. Kenmore Club is also fully staffed. They will be hosting a Thanksgiving Day lunch on Tuesday at 12:30pm. No need to RSVP. All are welcome. Members are stepping up to facilitate groups. Crisis Stabilization is up and running with detoxification services now and they hired two new RNs.
2. **Kenmore Club Employment Objectives** - Mr. Galindo, Employment Manager at Kenmore Club, provided an update on recently collected data. Currently, they are at 12% employment membership which is slightly above average for people who have severe mental illness. He said they work together closely as a team with the support of their membership in identifying the barriers in employment and addressing those barriers. He gave an example of a member who was given advice by his job coach and now is on a fast track to a job.
3. **Part C** - Ms. Standring went over the memo and accompanying chart for the second of two reporting cycles for the results of our annual chart review to determine compliance with Part C federal regulations for FY23/SFY24.

4. **Sunshine Lady House Utilization** – Ms. Jindra shared they hit 42% utilization. Ideally if at capacity, they would hit 360 bed day occupancy a month. Last month was 151. Ms. Jindra said she is blaming the shortened days of insurance authorization and shortened stays of five days versus the two week stays of the past, for why getting utilization has been such a challenge. She said they are staying busy and they are working with individuals. They had 44 referrals last month, they accepted 43, only one was declined – due to their medical needs. Seven individuals didn't return. Mr. Zurasky asked about client outcomes regarding the length of time, five days versus fourteen days. He wanted to know if we are meeting client needs after five days or are we seeing them return because they didn't get what they needed/sufficient care. Ms. Jindra said that if they need to stay longer, they are doing everything they can to allow them to stay longer. There will always be people who continue to return to services. Although, she does think the messaging is different from the beginning because knowing they have to leave in five days, they are ready to leave as soon as they get there.
5. **Mental Health and Developmental Disabilities Residential Vacancies** – Ms. Jindra said that DD residential vacancy had one additional vacancy from the previous month. However, in November, they are already working on filling some beds so we'll see a different report in December. Merchant's Square is working on their licensing to add an additional unit. They also had someone move into sponsored placement in November. Mental health residential is staying the same, they did have an uptick in referrals. PSH had three additional placements.
6. **DRPT Grant** – Ms. Jindra said this is how we get our wheelchair accessible vans every year. We are receiving seven vans this month. They are FY23 and FY24 grant vans. We also plan to apply for FY26 DRPT grant funding in December 2024. RACSB intends to apply for funding for 5 modified minivans. A letter of intention for Board approval along with DRPT vehicle descriptions was distributed.

The Board was unable to approve the FY26 DRPT Section 5310 Grant Application as there was no quorum present.

B. CLINICAL SERVICES, *Ms. Jacque Kobuchi*

1. **Program Update** - Ms. Kobuchi gave highlights of her program. Two key staffing positions have been filled with the individuals starting in October – the Assistant Substance Abuse Disorder Services Coordinator position was filled along with the Veterans and Family Therapist position. Both individuals are already up and running and providing great support. Ms. Kobuchi also highlighted that they sent their Emergency Services Coordinator, as well as the Sunshine Lady House Assistant Coordinator, to Crisis Con in Phoenix in October. They were able to visit the Crisis Receiving Center there and were able to bring back lots of great ideas.
2. **State Hospital Census Report** -Ms. Kobuchi shared there were zero people on the extraordinary barriers list for this month. They have 37 people in state hospitals receiving treatment: ten of those were new, nine of those were discharged, ten were civil, ten were NGRI, and seventeen were forensic admissions.

3. **Emergency Custody Order (ECO)/ Temporary Detention Order (TDO) Report – October 2024.** Ms. Kobuchi stated that Emergency Services staff completed 202 emergency evaluations in October. 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 admissions to the 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. Data reports submitted.
4. **CIT and Co-Response Report-** Ms. Kobuchi reported that the CIT Assessment Center served 11 individuals in the month of October. 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.
5. **Outpatient Waitlist and Same Day Access** – Ms. Kobuchi said they continue to make great progress with their move to get rid of all of their waitlist and move to same day access. She said that the Spotsylvania Clinic resolved their waitlist in October and will begin same day access appointments the week of November 4th. The Stafford Clinic has a waitlist of 84 individuals. They are still short-staffed in Stafford. Mr. Zurasky asked if Ms. Kobuchi was still confident that there would be no waitlist in January. Ms. Kobuchi said that hopefully in the month of January they can resolve it.
6. **State Opioid Response (SOR) Funding Award** – Ms. Kobuchi said that last month they spoke about how they put in a request for this funding and were told to expect a decrease from last year. DBHDS provided community services boards an opportunity to request SOR funds for FY25. RACSB submitted a proposal for \$549,856.09 and was awarded \$470,700. This includes \$148,950 for recovery services and \$321,750 for treatment services.

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

C. COMPLIANCE, Ms. Stephanie Terrell

1. **Program Update** - Ms. Terrell said that in addition to her program update the licensing specialist visiting RACSB, met with ten programs which included reviewing twenty personnel records and twenty individual files. As a result, we have received seven corrective action plans.
2. **First Quarter FY2025 Incident Report Review** – Ms. Terrell shared that the compliance team received and triaged 775 incident reports. This is an increase of 94 from the previous quarter. Of those 775 incident reports received, 91 incidents were reported to DBHDS through the Computerized Human Rights Information System (CHRIS). Graphs provided depicting categories with the highest occurrences, highest number of incidents, health concern sub-categories and type of medication errors. Another chart depicted the total number of incident reports categorized by Incident Levels 1, 2, and 3.

Ms. Curcio noted that there were four sexual assaults listed. Ms. Terrell said that those sexual assaults were associated with programs that were not RACSB. We receive incident reports from some individuals who receive Medicaid and we have to report it to the Managed Care Organization (MCO). Our case managers would also report if someone is sexually assaulted. Ms. Terrell said we keep track of all of reports so we are in compliance with all the different entities. Ms. Curcio asked if we keep track of the incidents that happen in our own facilities separately. Ms. Terrell said it is all in the same reporting system but she can separate out the different programs by doing some data manipulation. Ms. Curcio said then we would know if we had a problem we need to address. Ms. Terrell confirmed. She referenced page 60 and how the health concerns are separated out.

Mr. Parcell asked if there is a key driver into why there is an increase in the numbers in this report since the last report. Ms. Terrell said she didn't know. She said that health concerns increased in general. Sometimes, it has to do with external providers and case managers and outpatient services receiving reports.

Ms. Curcio asked about the missing persons and whether or not we lost four people. Ms. Terrell said we did not. Mr. Lapin asked if Ms. Terrell could break out the data to what is internal to RACSB. Ms. Terrell she could but it would not meet all the reporting requirements for licensing and CARF. Mr. Wickens then added that perhaps they could do a separate report for just the Board's information. Mr. Zurasky added that data is no good unless it is acted upon. He continued that if everything here is compiled and we don't know what is the RACSB, then it is difficult to act on it and to know we are taking the right steps.

Ms. Jindra said that if the individual is associated with support coordination and it is a repeat issue in a program, the support coordinator is not making referrals to another setting, or investigating what is happening in the home, then our support coordinator does get held accountable. Therefore, some of that data, although it may not be our program, our case managers are responsible to some degree in addressing issues that might be concerning for client care. It could still come back on us if we are not moving the individual or not reporting a program that may not be ours to the state if they are violating the care of needs of the individual.

Ms. Brandie Williams asked what if we defined it and split it out by incidents that happen while actively receiving services. It might be a clearer distinction for the Board. Mr. Zurasky said that they are not saying not to report, they just want to know exactly what incidents the Board needs to act on. Ms. Curcio said she would be happy if Ms. Terrell would tell the Board if we are having incidents in our residential placements that we need to know about, not an ongoing number each month. If she sees a problem bring it to us. Mr. Wickens said he understands what the Board is asking for, they are wanting to see the incidents that are under our control. Mr. Wickens said they will take a closer

look at this.

3. **Quality Assurance Report** – Ms. Terrell said that they reviewed three programs in Mental Health Child & Adolescent Case Management for King George, Fredericksburg, and Caroline. The discrepancy noted for all of the programs was with the Individual Service Plan area. King George went from a 94 to 98 score, Fredericksburg went from a 94 to a 99, and Caroline went from a 94 to a 97.
4. **Licensing Reports** – Ms. Terrell said we received four licensing reports, one 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 Human Rights investigation. Corrective Action Plan documentation provided additional details regarding the citations and RACSB's response.

The Board was unable to approve the licensing reports as there was no quorum present

D. COMMUNICATIONS, *Ms. Amy Umble*

1. **Program Update** - Ms. Umble added some additional points to her submitted program update. She said that this is a busy time for the communications department because there are several employee engagement activities happening. The staff holiday party is around the corner, there is a companywide secret pal program, and there is a Hope for the Holidays initiative- where staff are adopting individuals that are served by our Assertive Community Treatment (ACT) program. Ms. Umble also reported that last week she participated in an online social media summit for nonprofit communications.
2. **Communications Plan FY25**- Ms. Umble provided the Communications Plan for FY25. She said that the focus for FY25 will be more on external communications. We have more tools than we have ever had. We have the Website and Blog, our social media, we are now on Facebook, X, Instagram, LinkedIn, and we just added Threads.

E. PREVENTION, *Ms. Michelle Wagaman*

1. **Program Update** - Ms. Wagaman went through her program updates. She stated that Teen Mental Health First Aid is underway. Tomorrow, they will finish up five of the six blocks. She also encouraged the Board to pick up an issue of Fredericksburg Parent Magazine. Prevention did an insert on finding balance (around substance use and finding coping skills to better address adolescent mental health). Last week, DBHDS held a state block grant summit so all the prevention teams came together and got the preliminary data from the young adult survey. They will get local data in the coming weeks. Statewide there is a significant increase in age of first use between middle school and high school. Therefore, they are going to be looking at ways they can increase their efforts in the middle schools to give the protective skills and reduce some of the risk factors

to help deter attempts to use substances in high school. Statewide substance use has decreased but mental health and suicide idealization have increased substantially in the two years for the 18–25-year-old population.

The 2025 training schedule is completed and provided in the packet. They did have to cancel the first MH First Aid in Spanish because only one person showed up for the class. Healthy Families received a \$15,000 grant. Two weeks ago, they also had a graduation. They hosted their annual holiday drive-thru event on December 14th. This is where families receive donated gift cards from local organizations and each child receives gifts.

2. **Understanding Adverse Childhood Experiences (ACEs) Training FY2024 Year-end Summary** - Ms. Wagaman went through the numbers for FY2024. They did 17 trainings for 330 people which was a decrease from the past couple of years, as sign-ups have decreased. She said they have reached a saturation point. Most people have heard the information and want to know what's next. Ms. Wagaman said Community Resilience Initiative Course 1 and Course 2 is the next step as these trainings focus more on strategies.
3. **Prevention Programs FY2024 Year-end Summary** – Ms. Wagaman brought the year end summary for the evidence-based curriculums that are facilitated in partnership with a number of different schools and community groups. Ms. Wagaman said that Ms. Bateman, Prevention Specialist, gets all the credit for the work she does in this regard, she takes the lead for these curriculums, she is in the schools and does a phenomenal job responding to individual requests from high school teachers and middle school teachers. She has partnered with a number of high schools to do courses in alcohol awareness, vaping/tobacco prevention, fentanyl and opiates as well as cannabis use prevention. Ms. Bateman also facilitates the Healthy Alternative for Little Ones (HALO) and Too Good for Drugs curriculums. Jennifer has made a big impact in Caroline County with the implementation of the Second Step Bully Prevention curriculum in all three elementary schools.
4. **Healthy Families Grant Award** – Healthy Families Rappahannock Area (HFRA) applied for a \$25,000 grant with the Fredericksburg Savings Charitable Foundation Fund. They received notification that they 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 costs. One area that will be supported is transportation reimbursement for their direct service team.
5. **Vaping Awareness & Resources** – Ms. Wagaman provided the Board with a plethora of references and electronic resources pertaining to vaping awareness.
6. **2025 Training / Workshop Schedule**- Ms. Wagaman provided the Board a copy of the most recent prevention training and workshop schedule. The number of trainings is consistent with prior years.

Mr. Lapin thanked Ms. Wagaman for presenting at the Lions Club last week on the dangers of fentanyl, it was extremely interesting and very well received.

F. FINANCE, *Ms. Brandie Williams*

1. **Program Update** – Ms. Williams gave a program update announcing that the Finance Department has hired a Finance Director. Ms. Sara Keeler, who has previous experience here at the RACSB, and also extensive previous experience at Encompass in a leadership position and has non-governmental perspective from the County of Orange. She is currently the Finance Director at the County of Orange. Her start date is December 16, 2024. Ms. Williams went on to say that the reason they are able to bring such a high caliber candidate to the table is a direct result of the actions of the Board in addressing salaries to attract greatness. In other news, the reimbursement team has really been working hard. The entire department has been inundated with audits and more required reporting and ensuring they are staying on track. Structurally, Finance has moved the payroll process from under their department to under the Human Resources department. After reviewing how other CSBs in our region are structured, they believe this move will help stabilize the payroll process.
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.

The Board was unable to approve the financial summary as there was no quorum present.

9. *Rappahannock Area Community Services Board Operational Review*

FY25 Follow-Up – Ms. Williams shared that last year DBHDS conducted an internal audit in which they had ten findings that we brought to the Board based on a very thorough in-depth review of the agency. At that time, we were given notice that they would come back in about a year and re-evaluate the findings. They completed that audit recently. It showed that three of the ten findings still showed some room for improvement. As a result, we will host them yet again on those three findings. Memorandum handout provided specific details of the three findings.

G. HUMAN RESOURCES, *Mr. Derrick Mestler*

1. **Program Update** – Mr. Mestler went over program highlights for October. HR continued their hiring trend, including too hard-to-fill positions. He announced that they have two psychiatrist candidates that they are looking to hire. He reported hiring success can be traced back to the recent salary increases. He recognized the managers, supervisors, and coordinators that are doing all the interviewing. It's a team effort and a really fun place to be in from an HR perspective. Mr. Mestler shared that he participated in Career Fairs at both Caroline and Stafford County High Schools. It was good for him to get out and learn how to table and build relationships on behalf of the RACSB. Mr. Mestler said that payroll has come under his department to provide more support for the

payroll processor and also for the agency as a whole. More details on the transition in the coming months.

2. **Applicant and Recruitment Update** – Mr. Mestler noted that we continue to see a good applicant flow. HR hopes to extend an offer to an HR Specialist tomorrow. In the months to come, they look to get some of the hard to fill positions off the list. Ms. Curcio wanted to know if we are losing people to the VA. Mr. Mestler said we are not at this time. There are currently 53 open positions (40 full-time and 13 part-time).
3. **Turnover Report** – Mr. Mestler shared that HR processed a total of fifteen employee separations for the month of October. Of the fifteen, twelve separations were voluntary, three separations were involuntary.
4. **DBHDS Workforce Reporting Overview** – Mr. Mestler noted that we are going into our second year into reporting these numbers. This is our first quarter report for the current fiscal year. Overview of data provided.

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

1. **Program Update** – Ms. Williams shared that the data exchange has been on the radar for a while now and we are coming down to the wire and unfortunately our vendor is not cooperating. We have had to take certain steps to ensure we make our deadlines. Ms. Williams said we are still on-track to be one of the first CSBs to transition to the new process. It will be full testing as of January 6th, with a February or March 1st Go Live, still well ahead of the June deadline.
2. **Combined Information Technology and Dashboards Data Report** – Ms. Williams provided the Dashboard report breaking out the measure, month of measure, state target, state average and RACSB percentages. In the Information Technology Department, there were 887 tickets in the month of October and 2,366 Zoom meetings for 5,553 participants.

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

- A. Mr. Wickens shared that he and Ms. Kobuchi will be joining a City Work Session on December 10th to provide very high-level overview of mental health services, as well as information on the CRC. They have been invited to come and present and they plan on doing this every quarter for the City of Fredericksburg.
- B. Mr. Wickens gave a reminder about the VACSB Legislative Conference to be held in Richmond. The conference falls on the same day as our regularly scheduled Board of Director's meeting on January 21st. Mr. Wickens asked Board members to let us know by December 15th if they plan to attend the VACSB so we can get them registered for the conference. He stated that the rescheduled date for the Board of Director's meeting will be January 28th.
- C. Mr. Wickens also gave a reminder about the upcoming December 17th Board Holiday Dinner to be held at La Petite Auberge. He said we are looking forward to seeing everyone. Currently, there are 45 people confirmed.

IX. BOARD TIME

- A. Mr. Zurasky said it was very encouraging and exciting to see all of the positive effects of the increased hiring. It permeates all throughout the reports and he is very excited to see that. He also wanted to recognize the recent passing of former Board member

Ira West who served King George County for a decade or more, he was a very dedicated individual who supported all of our programs.

- B. Mr. Lapin echoed the comments on the increased hiring as super. He thanked the staff for being willing to change things that they are asking them to change in the Board report. It is evident and appreciated. He also added that Shirley went to Fredericksburg City Schools Superintendent roundtable and there was a presentation by Brandie that just blew her mind, in a good way. Thank you and kudos to Brandie.
- C. Ms. Beebe said the loss of Ira West is a sad thing, he was a fine man. She is also very pleased that Brandie will not have to do Finance any longer, good for her. Ms. Beebe gave kudos to Ms. Dobson for her work on the Board packet, it is much easier to read now.
- D. Mr. Kiger thanked the staff for all that they do and thank you for these reports they are helpful.
- E. Ms. Curcio said thank you to the staff and thank you for answering our questions. She also shared that her daughter was at a presentation at Dahlgren given by someone from the RACSB but she could not remember the name of the person. She said the presentation was great!
- F. Mr. Parcell said thank you for all that you do.

X. CLOSED MEETING – VA CODE § 2.2 – 3711 A (4), A (7), and A (16)

Due to lack of quorum and the need to enter closed session, Mr. Zurasky moved to re-constitute a committee of the Board per the bylaws to act on behalf of the entire board subject to ratification at the next Board meeting. Mr. Parcell seconded. The motion carried.

Ms. Curcio requested a motion for a closed meeting. It was moved by Ms. Curcio and seconded by Mr. Zurasky that the Committee of 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 of the privacy of individuals in personal matters not related to public business; and Virginia Code § 2.2 – 3711 A (16) discussion or consideration of medical and mental health records subject to the exclusion in subdivision 1 § 2.2 –3705.5.

The motion was unanimously approved by the Committee of the Board of Directors.

Upon reconvening, Ms. Beebe called for a certification from all members that, to the best of their knowledge, the Committee of 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:

Claire Curcio – Voted Aye
Nancy Beebe – Voted Aye
Ken Lapin – Voted Aye

Jacob Parcell – Voted Aye
Matt Zurasky – Voted Aye
Shawn Kiger – Voted Aye

The motion was unanimously approved.

XI. ADJOURNMENT

The meeting adjourned at 6:49 PM.

Board of Directors Chair

Executive Director

Board Core Behaviors



Open and Honest
Communication



Ask
Tough Questions



Next Level
Decision Making

Community Support Services Program Updates December 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 2 individuals in their 90-day assessment and 4 more with start dates in the next 90 days. We are assessing and collecting data for DBHDS customized rate for 2 individuals hoping to submit applications within the next 60 days. Pre-ordered poinsettias are ready! Limited quantities available for purchase at Kings Highway.

Developmental Disabilities (DD) Residential Services - Stephen Curtis

All manager/assistant manager positions are full effective 11/24 in DD Residential. Training and onboarding strategies continue for the newest team members in management roles every Thursday. Topics are pre-announced, and all members of the DD Residential Management team are invited to ensure continuation and refreshment of their skill sets. This initiative has been of great value over the past year, and we're seeing strong leaders emerge throughout the team.

Speaking of training initiatives, we are hard at work in Residential using the tools and concepts from Person-Centered Thinking to better our supports, services, and advocacy for people with disabilities. Almost all DD Residential staff have been trained in Person-Centered Thinking, and we have a solid team of coaches that have been trained to help drive the person-centered initiative into practice within each program.

Myers Drive hosted a successful open house on November 4th. As a result, 11 families attended or reached out for information because they heard about the open house. A special education teacher coordinator also reached out from Stafford schools in order to get information about the program/arrange a tour for the benefit of teachers/students/families. We are working quickly and staying in touch with each of these new contacts to help new guests get started in services.

Developmental Disabilities Support Services - Jen Acors

The DSSC team is preparing for another round of DD waiver slots to be assigned in early December. We anticipate 30-32 slots to be awarded.

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

There are currently 541 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 working to schedule 16 assessments per week. We had 46 referrals in November, much lower than typical. We have recently visited all pediatricians and daycares in the area, providing PE-ID pamphlets to

each. There are currently 16 providers on staff, one of which is returning from maternity leave in mid-December.

Mental Health (MH) Residential Services - Nancy Price

PSH filled the new CTI Case Manager position. Alexis Klimowicz will be starting with the PSH team in January 2025!! Alexis brings a wealth of knowledge from her experience with the ACT team.

Nancy Price and Amenah Heath attended the Virginia Governor's Housing Conference in Virginia Beach, from November 13-15.

PSH housed two new individuals in November, which brings the total to 62 individuals currently housed. There are currently 15 individuals who have been approved for PSH and are in the process of being housed. The new PSH Housing Locator, Cybil Usual, has onboarded 4 new landlords for housing PSH individuals.

With the diligent work of Lafayette Boarding House staff, a resident was able to resolve a financial issue that was impacting his Medicaid eligibility for the past year. The individual is in the process of reapplying for Medicaid, in addition to receiving retroactive coverage for the past year.

Jonathan Reese, MH Residential Specialist, has supported an individual with transitioning from Liberty Street apartments to his own apartment in the community. Lafayette Boarding House staff has also provided ongoing supports during the transition, until new services were in place for his new apartment.

Lafayette Boarding House admitted one new individual to the program on November 27. Lafayette also completed a trial pass for an individual who is expected to be admitted in December.

Psychosocial Rehabilitation: Kenmore Club - Anna Loftis

Kenmore Club's Thanksgiving luncheon was a success. We have more holiday fun planned this month. We will be hosting a spa day weekend program, as well as attending the Christmas Parade downtown. We have our own holiday party planned for December 23. We are saying goodbye to our student volunteers and our interns for the winter break. We are already starting to plan and advertise for the Art of Recovery 2025.

Sunshine Lady House (Crisis Stabilization) - Latroy Coleman

SLH received 48 prescreens in the month of November 2024. Sunshine was unable to serve six of the prescreens. Ten of the prescreens were contacted for admittance but decided not to come to the program. The census continues to fluctuate given the five day stay as well as the timing of when prescreens are received. In regards to the team, SLH has three vacant mental health specialist positions, one full time therapist position and

a peer position. We are excited for our new CSAC who is due to start during the December NEO. The program has begun decorating for the Christmas Holiday!

Memorandum

To: Joe Wickens, Executive Director

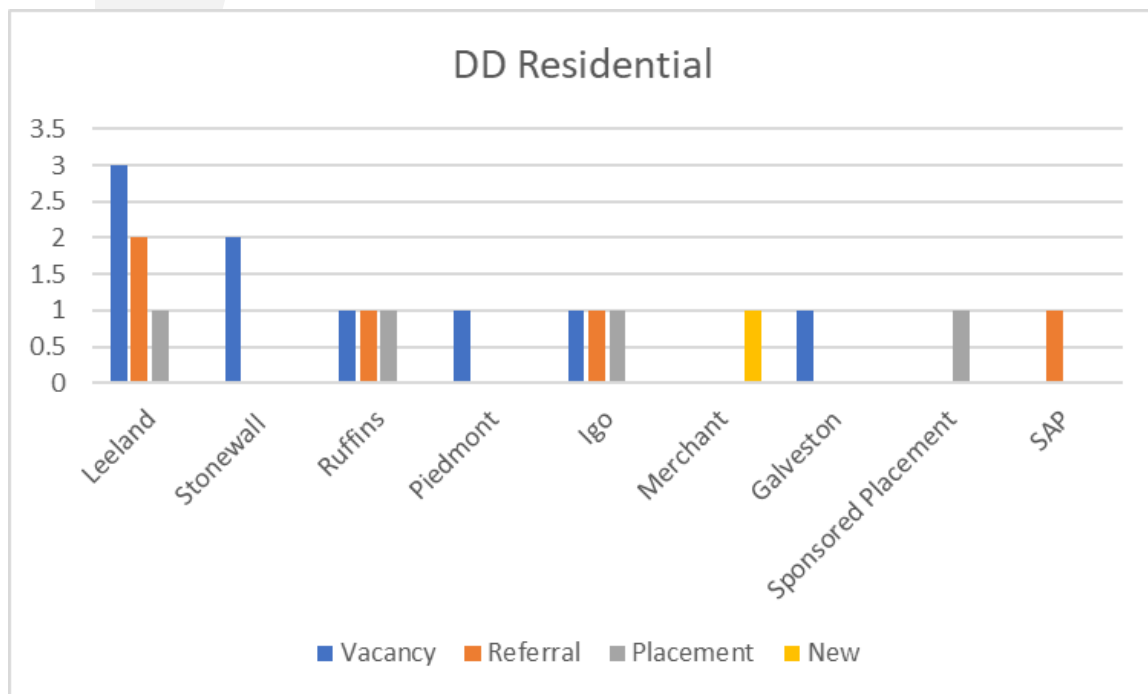
From: Amy Jindra, CSS Director

Date: December 5, 2024

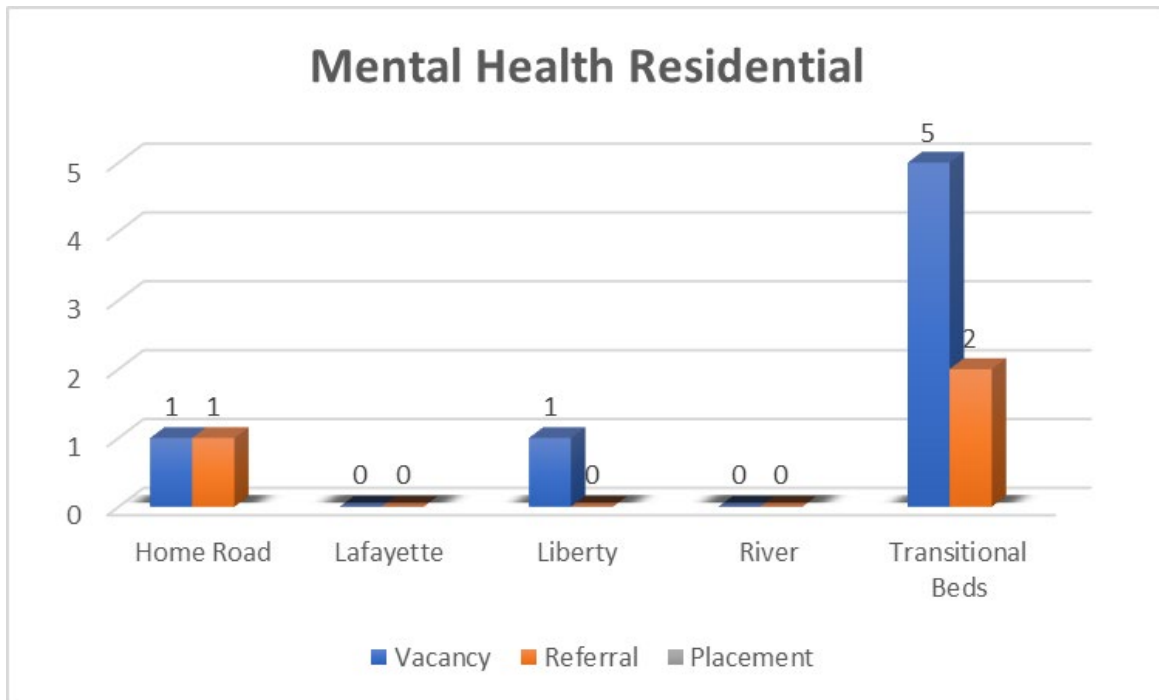
Re: Mental Health and Developmental Disabilities Residential Vacancies

During the month of November, Mental Health and Developmental Disabilities Residential programs experienced changes in program enrollment and vacancies. Programs actively seek referrals from support coordination, case management, hospital liaisons and other community members.

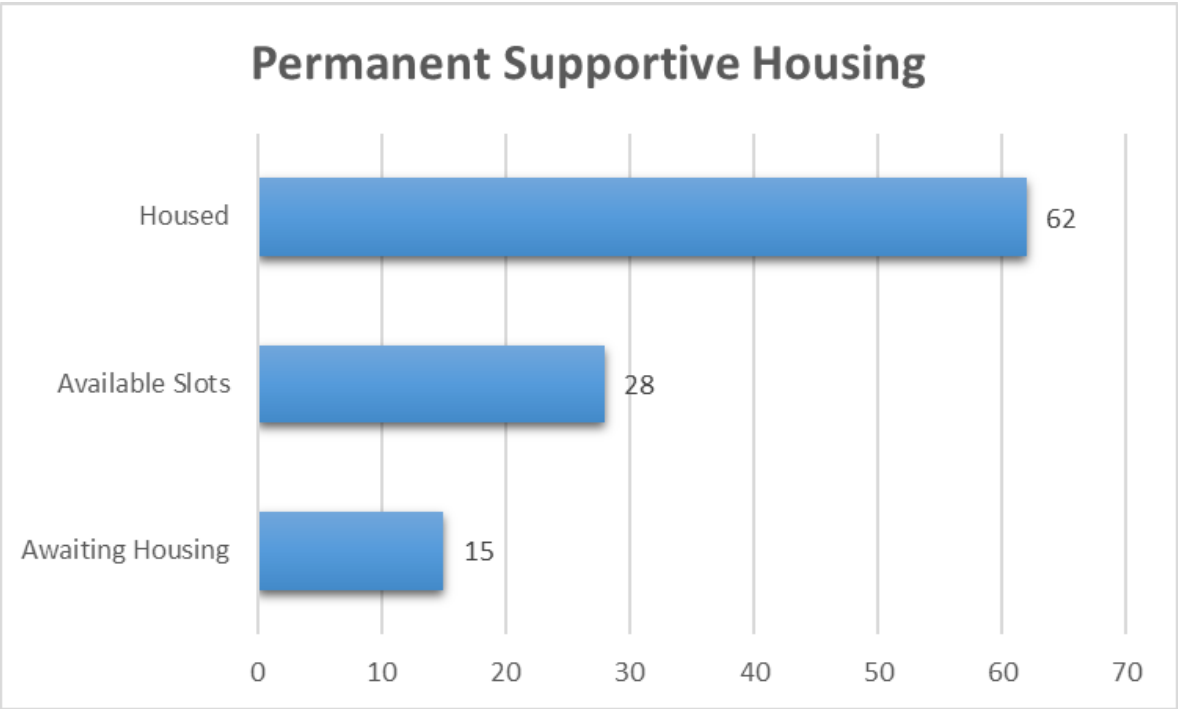
DD Residential experienced a new vacancy at Galveston Group Home. However, the individual was able to move to an RACSB sponsored placement provider in place of discharging from RACSB. Out of the 10 waiver group homes, RACSB has vacancies in Leeland, Stonewall, Ruffins, Piedmont, Igo, and Galveston. In December, DD Residential plans to fill 1 vacancy at Leeland and the only vacancies at Ruffins and Igo.



Mental Health Residential programs admitted two individuals into Lafayette during the first 3 days of December. Consequently, Lafayette Boarding House no longer has any community bed vacancies. Home Road has one 1 community bed vacancy and 1 referral. Liberty currently has 1 vacancy. The two programs have a total of 5 transitional bed vacancies that are received for individuals discharging from a state psychiatric hospital.



Permanent Supportive Housing, PSH, provides housing and case management services for individuals with serious mental illness. The program currently has 29 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

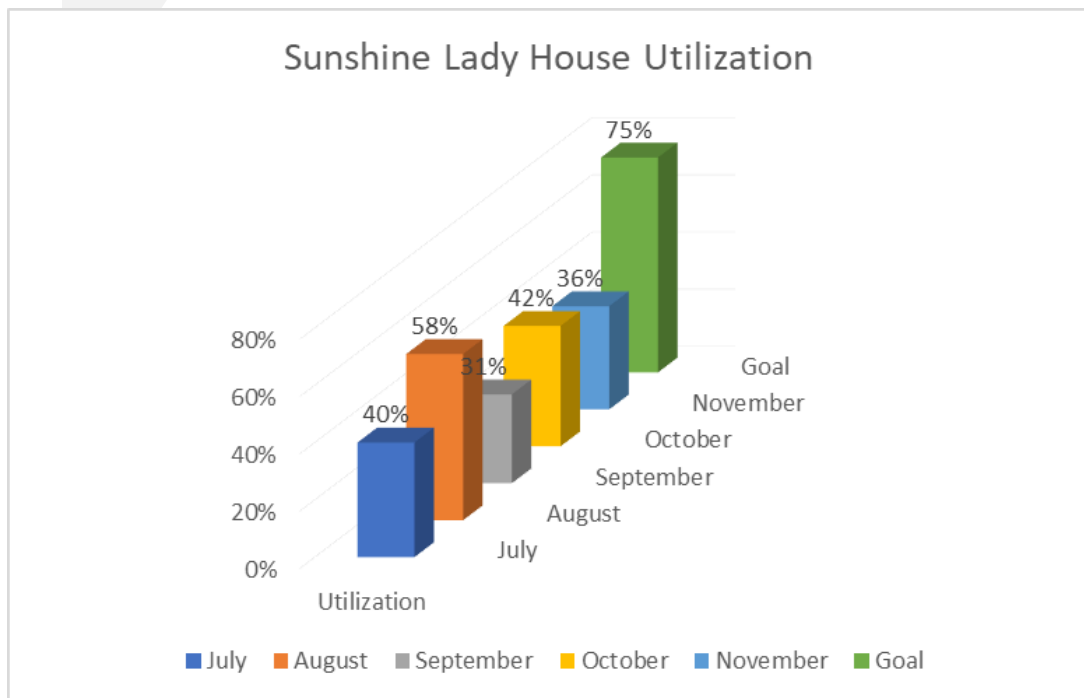
From: Amy Jindra, CSS Director

Date: December 5, 2024

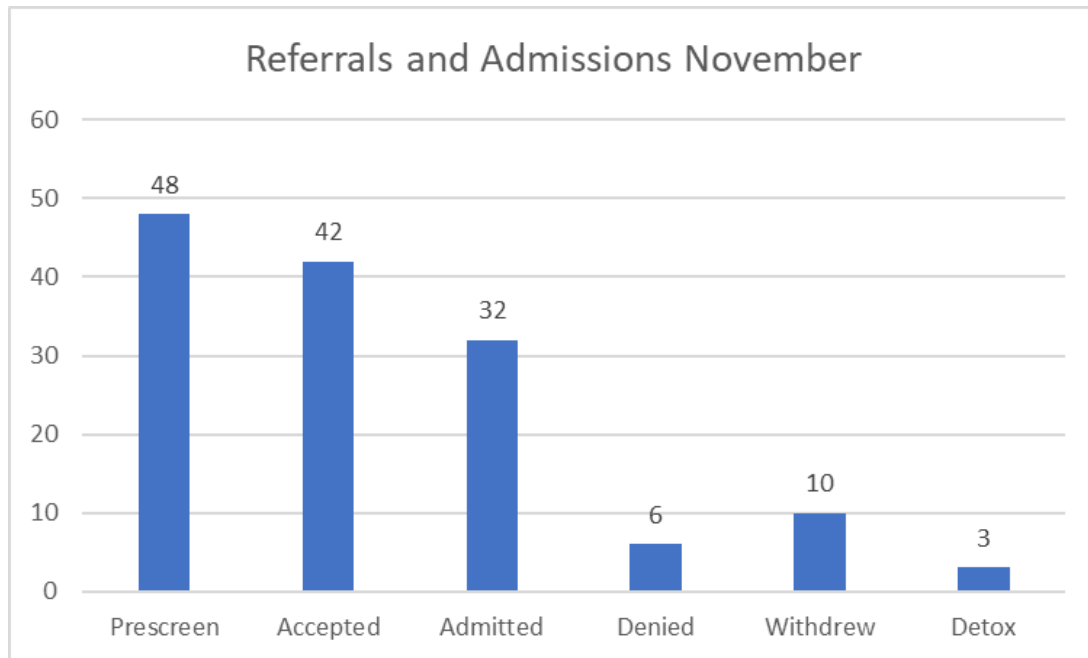
Re: Sunshine Lady House Utilization

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 November Sunshine served 27 individuals from RACSB catchment and 6 individuals from outside of the area, for a total of 131 bed days. Below is a graph illustrating the program goal and utilization by month.



Sunshine Lady House received 48 prescreens and accepted 42 for admission. Of the 42 individuals accepted into the program, 32 chose to participate in services. Only 6 individuals were denied due to medical needs and behavioral concerns exceeding program limitations. The program served 3 individuals for medically managed detox.



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.

To: Joseph Wickens, Executive Director

From: Jacqueline Kobuchi, Director of Clinical Services

Date: 12/5/24

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

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Outpatient Services

Caroline Clinic - Nancy Love, LCSW

Caroline Clinic staff completed 27 intakes during November. Sixteen were via Same Day Access and 11 were scheduled intakes. The clinic has seen a recent increase in referrals for child and adolescent mental health services. Judith Warren with Germanna Community College successfully completed her internship last month and is interested in pursuing a role in the behavioral health field. The Clinic Coordinator continues to attend the Hanover Caroline Re-entry Council meeting to expand local resources available for justice-involved individuals and their families to ease the transition back into the community. Clinicians at the Caroline Clinic participated in training opportunities on Psychopharmacology and Trauma-Informed Care.

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

During the month of November, the Fredericksburg Clinic and Children's Services Clinic continued to offer both in-person and telehealth appointments to individuals served. We were able to complete 56 intakes for adults and 37 intakes were scheduled the same day. Clinicians at the Children's Services Clinic were able to complete 17 intakes for children and adolescents. We have 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. The Children's Services Clinic also has an additional position posted for a new Child/Adolescent Therapist and we are excited to begin interviews to have a fourth therapist at this location.

King George Clinic - Sarah Davis, LPC

The King George Clinic continues to offer two weekly groups to meet the needs of King George county. Group topics this month have included Substance Use Jeopardy, Gratitude, Ripple Effect of Addiction, and Addiction 101. Staff attended a training this month on Psychopharmacology. King George Clinic staff completed 21 intakes during October. 16 were completed via Same Day Access and 5 were not via Same Day Access.

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. The Spotsylvania Clinic is no longer on a waitlist for outpatient therapy! Therapists completed 42 intakes through Same Day Access in November. An additional 19 intakes were scheduled and seen by the Child and Adolescent therapists. The Substance Use Therapist began group for individuals who are seeking treatment related to substance use. The group is currently at capacity; the clinic is expecting to add an additional group in 2025.

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, as therapy is now available at school. Due to funding limitations, the therapist in Stafford County will be transitioning from the schools to the Stafford Clinic. The therapist in Fredericksburg City schools will continue providing therapy in four Fredericksburg City schools.

Stafford Clinic - Lindsay Steele, LCSW

During the month of November, the Stafford clinic met with clients in person, as well as virtually. Stafford clinicians completed 38 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 81 adult, children and adolescents on the waitlist. A full-time adult mental health therapist and a full-time child/adolescent therapist are scheduled to begin December, 2024. The co-ed substance use group continues to meet weekly and is run by Nikesha Harrison. Group topics have included reviewing relapse prevention planning, learning new behavior, and self-forgiveness.

Medical Services - Jennifer Hitt, RN

The acute care clinic continues to be on hold to accommodate the caseload transfer of a departed nurse practitioner. The caseload transfers should be complete by the end of February. The Altruix Pharmacy is licensed and running, but still waiting on certain insurance companies to recognize their facility for billing. Billing is still running through the Annapolis location and courier comes twice daily to deliver meds to Jackson St. location at this time.

Case Management - Adult - Patricia Newman

The Adult Mental Health Case Management team would like to congratulate two of our team members who were recently acknowledged for their outstanding work and dedication. Ramon Test, Adult Mental Health Case Manager, was awarded the Spotsylvania Regional Behavioral Health Docket Team Member of the Year award. Ramon has served on the Behavioral Health Docket since its inception. He consistently goes above and beyond to provide support to the individuals he serves as well as to provide education and assistance to other members of the team. Christine DuBois, Lead Peer Specialist, was recently awarded the Year of the Peer award for her dedication in support of the peer workforce, not only within RACSB but across the Region.

Child and Adolescent Support Services - Donna Andrus, MS

Child and adolescent case management charts were audited by QA and had no deficiencies noted. Staff have worked on increased training and peer audits the last year to improve documentation compliance and monitoring progress in this area. The audit reflected the work the team has put forth. In November we had three children at the Commonwealth Center for Children and Adolescents. This is an increase in admissions for RACSB. Two have discharged home and one remains at CCCA. Our child and adolescent hospital discharge case manager is working closely with CCCA to develop a plan for wrap around services once the current placement is stable enough to discharge back to the community.

Substance Use Services - Eleni McNeil, LCSW

During the month of November, interviews continued for SUD team vacancies. 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 met with Fredericksburg mental health outpatient staff to increase understanding of substance use assessment tools. The coordinator and assistant coordinator worked with IT to continue progress towards billing of care coordination services within the OBOT program. Proposals for the mobile OBOT clinic were reviewed. Several staff attended a training on the stigma of addiction.

Current enrollment in Fredericksburg SUD programs is as follows: Project LINK: 40; OBOT: 73; ARTS Case Management: 35; SUD Outpatient (Fredericksburg): 47.

Emergency Services - Natasha Randall, LCSW

In the month of November, Emergency Services held a training at the Rappahannock Police Academy for train the trainer in which law enforcement is trained in teaching CIT. The Emergency Services Coordinator along with two emergency service therapists and ES Office Manager attended the Front-Line Crisis Academy. The Emergency Service Coordinator has been placed on the VACSB Planning Committee for 2025.

Specialty Dockets - Nicole Bassing, LCSW

During the month of November, Specialty Dockets continued to add new participants and celebrate some graduations. Recovery Court finished the month with 45 participants. Juvenile Recovery Court currently has four participants. Behavioral Health Docket welcomed one new participant this month and celebrated one graduation. Veterans Docket currently has 14 active participants with one termination this month. Several members of our team attended four days of training for the Fredericksburg Therapeutic Docket, which is expected to begin accepting new participants in 2025.

Jail and Detention Services - Portia Bennett

Detention has a census of 40 residents. Currently, there are no Central Admission and Placement (CAP) residents, nine Individual Bed Placement (IBP) residents, and eight residents in the Post Dispositional (Post D) program. The Diversion Case Manager at the jail has resigned, and a hiring packet for the position has been submitted. The Substance Use Therapist at the jail has also resigned and recruitment has begun.

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: December 17, 2024

Current Census:

| State Hospital | New | Discharge | Civil | NGRI | Forensic | EBL | Total Census |
|---|-----|-----------|-------|------|----------|-----|--------------|
| Catawba Hospital | 1 | 1 | 2 | | | | 2 |
| Central State Hospital | | | | | 1 | | 1 |
| Eastern State Hospital | | | | | 1 | | 1 |
| Northern Virginia Mental Health Institute | 2 | 2 | 5 | | | | 5 |
| Piedmont Geriatric Hospital | 2 | | 2 | | 2 | 1 | 4 |
| Southern Virginia Mental Health Institute | | | 1 | | | | 1 |
| Southwestern Virginia Mental Health Institute | | | | | | | 0 |
| Western State Hospital | 4 | 4 | 2 | 10 | 14 | | 26 |
| Totals | 9 | 7 | 12 | 10 | 18 | 1 | 40 |

Extraordinary Barriers List:

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

Piedmont Geriatric Hospital

Individual #1: Was placed on the EBL 11/8/2024. Barriers to discharge include identifying and being accepted to an assisted living facility (ALF) that can provide the necessary supports for this individual. This individual has a diagnosis of schizoaffective disorder as well as medical concerns that require ongoing management. An assisted living facility would be the most appropriate level of supports for this individual as they are not able to reside independently, struggle with managing their medications as well as will at times refuse to eat, significantly impacting their physical health stability. At this time, referrals have been sent out to multiple facilities for review and a potential Discharge Assistance Program funding (DAP) plan has been developed. They will discharge once accepted to a facility and funding is approved.

MEMORANDUM

To: Joe Wickens, Executive Director

From: Natasha Randall, Emergency Services Coordinator

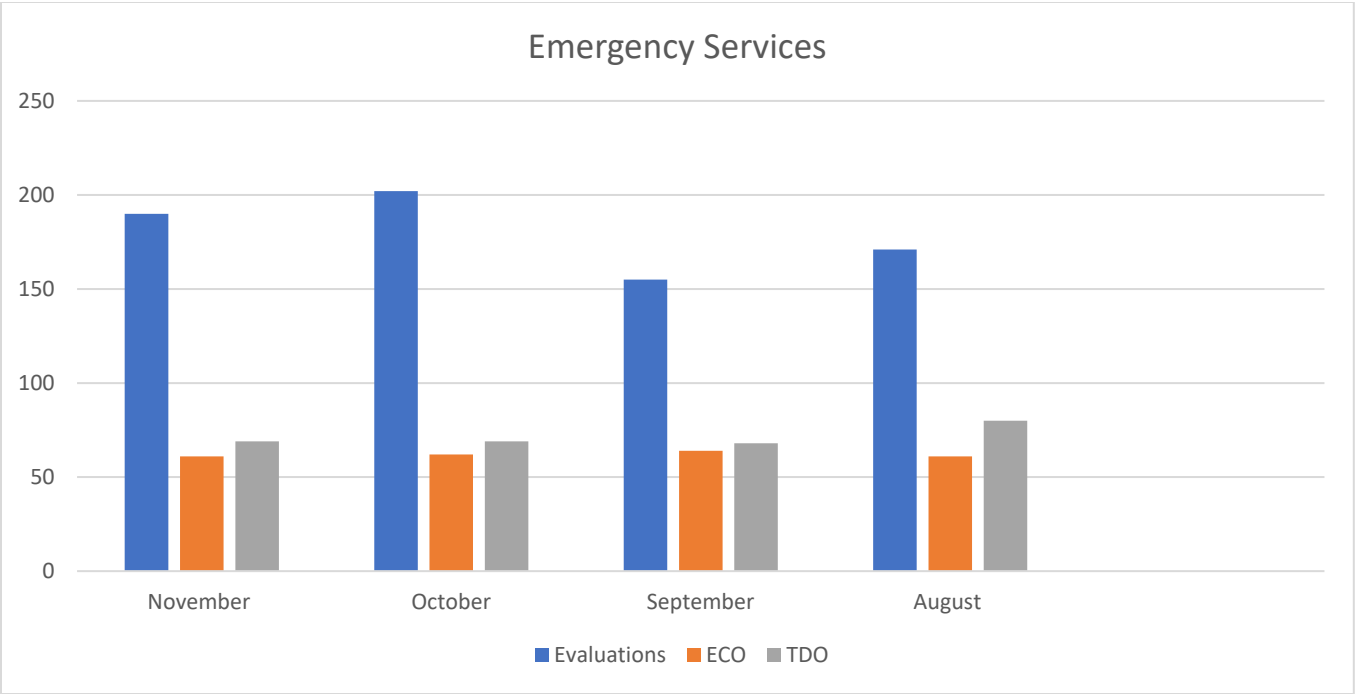
Date: December 2, 2024

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

In November, Emergency Services staff completed 190 emergency evaluations. Sixty-one individuals were assessed under an emergency custody orders and sixty-nine total temporary detention orders were served of the 190 evaluations. Staff facilitated three admissions to the state hospital, which was one admission to Catawba, one admission to Northern Virginia Mental Health Institute, and one admission to Commonwealth Center for Child and Adolescent.

A total of seventeen individuals were involuntarily hospitalized outside of our catchment area in November. Seventeen 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 | November 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 | |
| 190 | 30 | 31 | 61 | 69 | 8 | 1 | 60 | 69 | |

| FY '25 CSB/BHA Form (Revised: 07/10/2024) | | | | | | |
|---|--------------------------------------|---|--|--|---|---|
| CSB/BHA | Rappahannock Area Community Services | Reporting month | 10/1/2024, November 2024 | | No Exceptions this month | |
| Date | Consumer Identifier | 1) Special Population Designation (see definition) | 1a) Describe "other" in your own words (see definition) | 2) "Last Resort" admission (see definition) | 3) No ECO, but "last resort" TDO to state hospital (see definition) | 4) Additional Relevant Information or Discussion (see definition) |
| 11/9/2024 | 26752 | Adult (18-64) with Medical Acuity | | Yes | Yes | client has multiple medical needs, TBI and denied at multiple hospitals |
| 11/15/2024 | 104555 | Other | adult with inappropriate sexual behavior | Yes | Yes | hypersexual in the ED and aggressive |
| 11/22/2024 | 115901 | Child | | Yes | Yes | to acute for private hospital due to aggression |

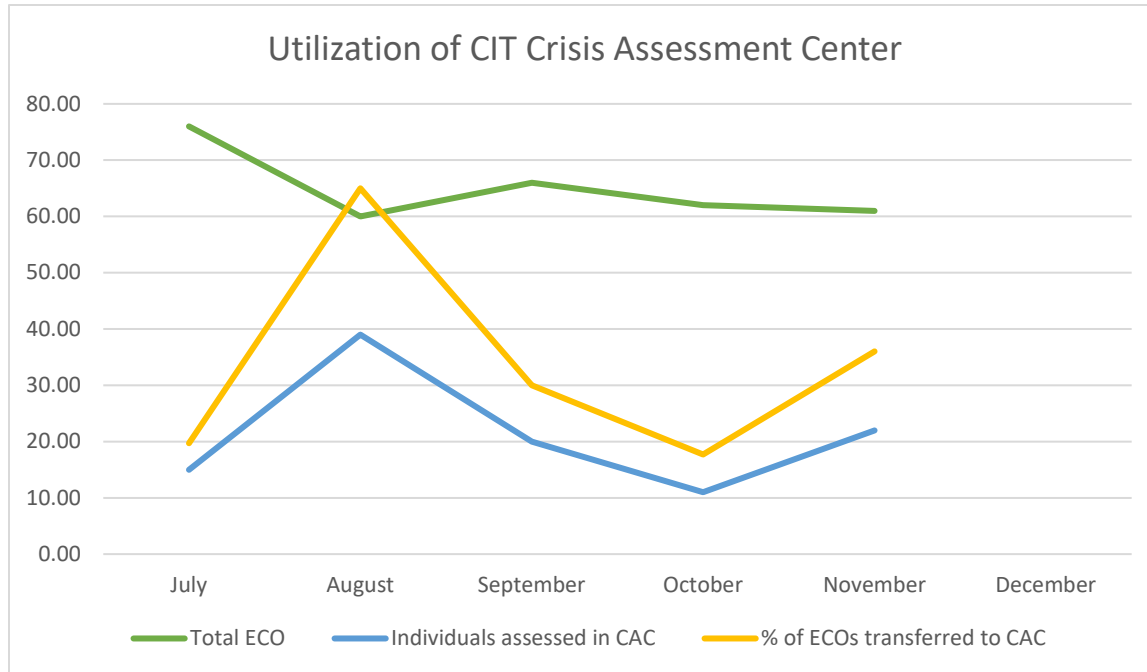
MEMORANDUM

To: Joe Wickens, Executive Director
From: Ashlee Abney, Assistant Emergency Services Coordinator
Date: December 3, 2024
Re: CIT and Co-Response Report

The CIT Assessment Center served 22 individuals in the month of November 2024. The number of persons served by locality were the following: Fredericksburg 7; Caroline 5; King George 0; Spotsylvania 4; Stafford 6; and 0 from other jurisdictions.

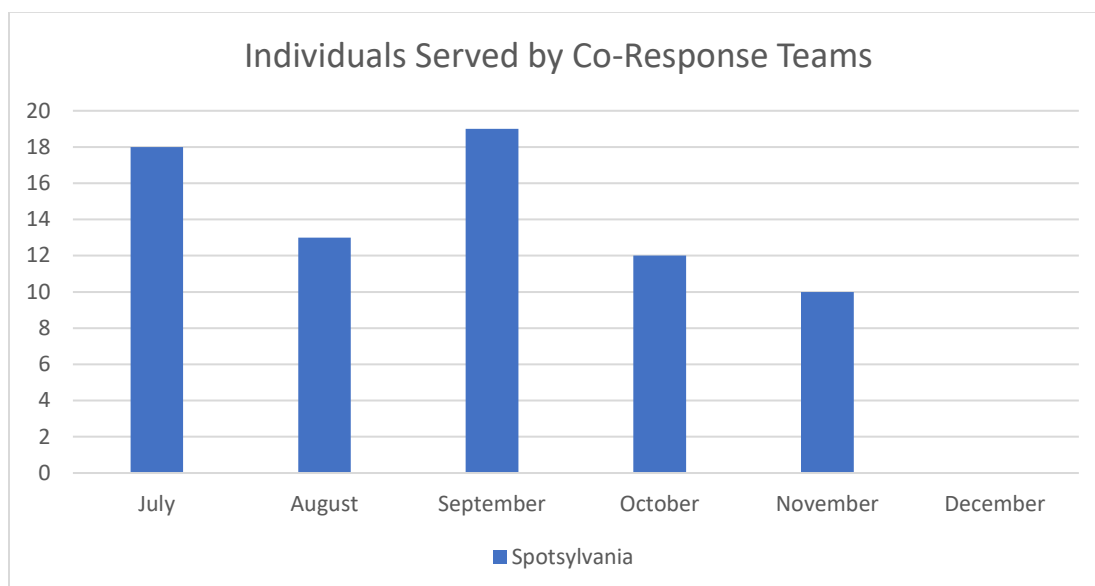
The chart below indicates the number of Emergency Custody orders by locality, those that were able to be transferred into CAC custody, and those who could have used the assessment center if there was additional capacity:

| <u>Locality</u> | <u>Total ECO</u> | <u>Custody Transfer to CAC</u> | <u>Appropriate for CAC if Capacity</u> |
|-----------------|------------------|------------------------------------|--|
| Caroline | 10 | 5 | 5 |
| Fredericksburg | 21 | 7 | 14 |
| King George | 0 | 0 | 0 |
| Spotsylvania | 12 | 4 | 8 |
| Stafford | 18 | 6 | 12 |
| <u>Totals</u> | 61 | 22 | 39 |



Co-Response

The Spotsylvania Co-Response Team served 10 individuals in November. The therapist for the Stafford and Fredericksburg teams remains vacant.



RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD

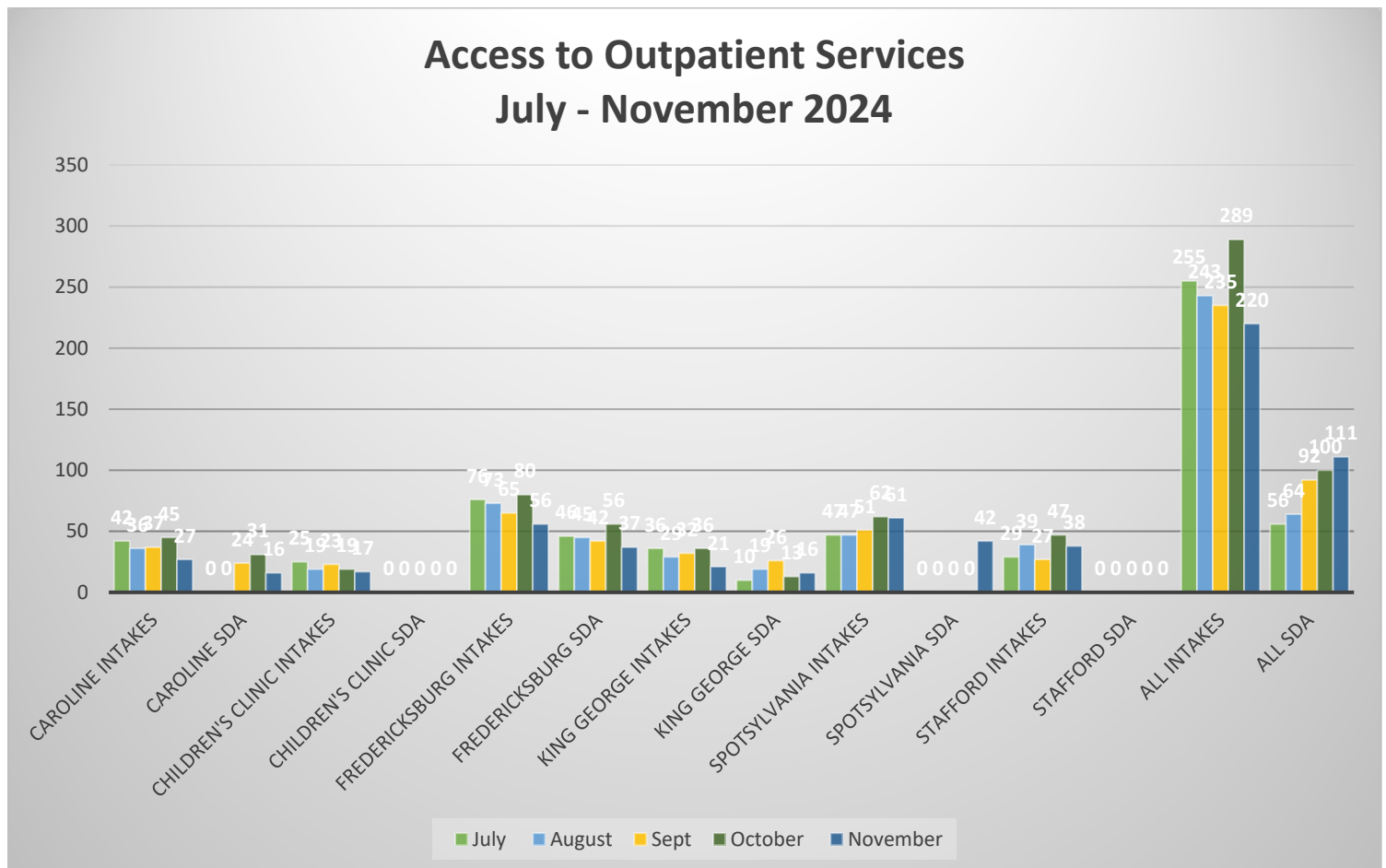
CIT Training

The November 2024-CIT VA Conference was attended by three RACSB staff, one Fredericksburg deputy, and three Spotsylvania deputies.

MEMORANDUM

To: Joe Wickens, Executive Director
From: Jacqueline Kobuchi, LCSW, Director of Clinical Services
Date: December 5, 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 Stafford Clinic has a waitlist of 81 individuals. Below is data on the number of intakes completed by clinic, and how many of those are completed through Same Day Access.



RACSB
Program Update Report
Compliance
November 2024

Incident Reports

- There were 230 Incident Reports entered into the Electronic Incident Report Tracker during the month of November. This is a decrease of 78 reports from October. All incident reports submitted were triaged by the compliance team.
- The compliance team entered 25 incident reports into the Department of Behavioral Health and Developmental Services (DBHDS) Electronic Incident reporting system (23-Level 2, 2-Level 3) during the month of November, an increase of 2 entered in October (18-Level 2, 5-Level 3).
- There were no reports 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, they 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 conducting 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 20 root cause analysis were requested and a total of 25 were due in the month of November. Zero (0) expanded root cause analyses were required in November.

Human Rights Investigations:

- The compliance team initiated one Human Rights investigations for the month of November.

Internal Reviewers:

- Compliance team provided support and guidance to Permanent Supportive Housing (PSH) in reference to Human Rights related questions.
- Compliance team provided support and guidance to DD Case Management in reference to Human Rights and Release of Information (ROI) related questions.
- Compliance team provided support and guidance to Child and Adolescent Mental Health Case Management in reference to Human Rights related questions.
- Compliance team provided support and guidance to Healthy Families in reference to Incident Reporting, Human Rights, and audit processes.

External Reviewers:

- Compliance team received and responded to chart review audit requests from the following: Episource (4 client charts), Complexcare (44 client chart requests), and Datavant (9 client chart requests). A total of 57 individuals medical records/documents audits were requested.
- Compliance team assisted Anne Mays, Licensing Specialist, DBHDS, with a personnel audit related to recent Serious Incident Reports. Ms. Mays conducted facility inspections on Crisis Stabilization/Sunshine Lady House, Psychosocial Rehabilitation/Kenmore Club and Home Road.
- Compliance team received 4 emails from Lequetta Hayes, Senior Human Rights Advocate, Region 1, regarding Human Rights Investigations.
- Compliance team received 1 email from Artea Ambrose, Senior Human Rights Advocate, Region 1, regarding a Human Rights concern.
- Compliance team received and responded to 5 emails from Brian Dempsey, Incident Management Specialist, DBHDS, requesting for updates on Serious Incident Reports.
- Compliance team received an email from Samantha Jesse, Spotsylvania Adult Protective Services Family Services Specialist III, inquiring about RACSB Policy related the Individualized Service Plan (ISP) and how often it can be changed and updated.

Complaint Synopsis

- Compliance team received 2 complaints in the month of November. Compliance team responded to both complaints and out of those complaints, 0 resulted in a formal investigation. These complaints were categorized under 1-Emergency Services and 1-DD Case Management.

Trainings/Meetings

- Compliance team met with Drug Court Specialty Documents Coordinator on November 1, 2024. Compliance team provided guidance and answered questions related to utilization and audit processes and to go over the audit review.
- Compliance team met with Healthy Families team on November 4, 2024. Compliance team provided guidance and answered questions related to utilization, audit processes, and incident reporting.
- Compliance team participated in the DBHDS Human Rights Regulations Training on November 7, 2024.
- Compliance team participated in the QI Folio Meeting on November 6 and November 21, 2024.
- Compliance team participated with Assess Safety; Initiate Process; Monitor Compliance 30 (AIM 30) with Lequetta Hayes, Senior Human Rights Advocate, Region 1, on November 12, 2024 involving DD Case Management.
- Compliance team met with Healthy Families Supervisors on November 12, 2024. Compliance team provided guidance and answered questions related to utilization, audit processes, and incident reporting.

- Compliance team met with Devon Drive Group Home and provided guidance and training Incident Report and Human Rights during their monthly staff meeting on November 15, 2024.
- Compliance team attended and participated with DBHDS Region 3 Provider Nurses meeting on November 15, 2024. The topic of discussion was Dental Health.
- Compliance team provided Incident Reporting Q-Tip training on November 20, 2024.
- Compliance team participated in DBHDS Developmental Disability (DD) Waiver Services Provider Prep webinar on November 20, 2024.
- Compliance team met with Healthy Families on November 25, 2024. Compliance team provided Module Training covering an array of topics to include Human Rights, Incident Reporting, and audit processes.

Commission on Accreditation of Rehabilitation Facilities (CARF) Corner

What is CARF? CARF International is an independent, non-profit accreditor of health and human services. Through accreditation, CARF assist service providers in demonstrating value by the quality of their service and meeting internationally-recognized organizational and program standards.

RACSB's first accreditation survey took place in 1995. That survey resulted in a three-year accreditation. Every three years since the original survey, RACSB completes the resurvey process. The most recent resurvey took place in October 2022. The next resurvey will take place in the fall/winter of 2025.

MEMORANDUM

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

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

- Drug Court

Drug Court

There were three staff members responsible for the selected charts.

Findings for the ten open and two closed charts reviewed for Drug Court services are as follows:

- Ten charts were reviewed for Assessment compliance:
 - **Discrepancies noted with Assessments:**
 - Two charts were missing the American Society of Addiction Medicine (ASAM) Dimensions.
 - Three charts contained Comprehensive Needs Assessment (CNA) which were completed late.
- Ten charts were reviewed for Individual Service Plan compliance:
 - **Discrepancies noted with Individual Service Plans:**
 - One chart contained an Individual Service Plan that was not signed by the Individual / Guardian and stated, "verbal consent".
 - One chart contained an Individual Service Plan which was late.
- Ten charts were reviewed for Quarterly Review compliance:
 - **Discrepancies noted Quarterly Reviews:**
 - Two charts contained Quarterly Reviews which were late.
 - One chart was missing a Quarterly Review within the timeframe of the audit.
- Ten charts were reviewed for Progress Note compliance:
 - **Discrepancies noted with Progress Notes:**
 - Eight charts contained notes that were completed more than 24 hours after services were delivered.

- Two charts were reviewed for Discharge compliance:
 - **No discrepancies noted with Discharge.**

Comparative Information:

In comparing the audit reviews of Drug Court from the previous audits to the current audits, the average score increased from 61 to 72 on a 100-point scale.

Corrective Action Plan:

Correction(s) made to correct the current discrepancies.

Description of the actions to be taken that will minimize the possibility that the discrepancy will occur again.

- Supervisor will review all documentation timelines and guidelines per RACSB policies during monthly staff meetings.
- Supervisor will meet monthly with staff for supervision and address any barriers to keeping up with documentation and addressing missing forms or issues. Supervisor will conduct a chart audit of all open cases for each staff member monthly before supervision to reduce potentially missing documents.
- Each clinician will show supervisor how they are tracking documentation to ensure they have an appropriate process in place to avoid late or missing items.

Date of the completion of each corrective action.

- ASAM missing from two charts; completed on 11/12/24.
- Missing Quarterly completed on 10/25/24.
- All other items were completed late and will be discussed with staff during next staff meetings and supervision.

MEMORANDUM

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

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

Rappahannock Area Community Services Board (RACSB) received 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"> 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. 2. Indicate the frequency for monitoring the plan including how it will be monitored (Ex: daily checks, monthly audits, weekly chart reviews, quarterly checklist). <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
CORRECTIVE ACTION PLAN**

Page: 3 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> |
|--------------------------|-------------|-------------------------------------|----------------------------|---------------------------|
|--------------------------|-------------|-------------------------------------|----------------------------|---------------------------|

General Comments / Recommendations:

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

Lakesha Steele, Incident Management
Unit

(Signature of Organization Representative)

Date

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

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

Page: 1 of 2

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"> 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. Employee 1 stated Employee 1 changed the service plan without discussing this request for change with Individual 1 or Individual 1's AR. Individual 1 reported Individual 1 was not informed by Employee 1 that changes to service hours with Entity 1 were made. | 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 |

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

Page: 2 of 2

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 |

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

Page: 2 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> |
|--|-------------|--|---|---------------------------|
| | | | <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"> <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> <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 |

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

Page: 3 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> |
|---|-------------|---|---|---------------------------|
| 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"> 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. Staff failed to ensure that Individual 1 had integrated services upon discharge. | <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"> <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 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> <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> | |

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

Page: 4 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> |
|--------------------------|-------------|-------------------------------------|---|---------------------------|
| | | | <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

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

Page: 1 of 4

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"> 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. Employee 1 reported talking to Individual 1 weekly, but stated that Employee 1 does not always document these phone calls. Employee 1 reported being on vacation for a week | PR) 10/16/2024 <ul style="list-style-type: none"> 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. Employee 1 has accepted responsibility for their actions and has shown a sincere desire to provide quality services to individuals served. <ol style="list-style-type: none"> Employee 1 will only work from the 700 Kenmore location unless they are in the community with an individual. Employee 1 will complete a refresher course in Person Centered Training. 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, | 11/1/2024 |

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

Page: 2 of 4

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"> 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. 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. 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. 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. 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. 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. 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 | <p>and documentation.</p> <ol style="list-style-type: none"> Employee 1 will not provide case management services to any individuals that are also served by their spouse. 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. Employee 1 will work together with their supervisor to develop a caseload documentation tracking sheet. 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. Employee 1 will only transport individuals in the agency vehicle. <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> | |

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

Page: 3 of 4

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"> Employee 1 reported Employee 1 did not follow up with Individual 1 after finding out about the medical episode. | <p>monthly audits, weekly chart reviews, daily checklist).</p> <ul style="list-style-type: none"> Employee 1 has begun working solely from 700 Kenmore. This will be monitored by their supervisor. 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. 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. 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. 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. 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 | |

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

Page: 4 of 4

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"> • Supervisor will review monthly peer chart reviews completed on Employee 1's charts, with Employee 1 on a monthly basis. • Supervisor will ensure that Employee 1 is not transporting individuals in their own vehicle through discussion in supervision. <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

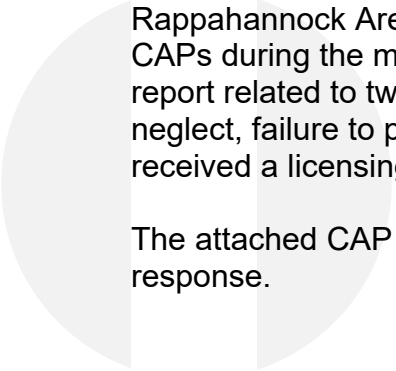
C = Substantial Compliance, N = Non Compliance, NS = Non Compliance Systemic, ND = Non Determined



MEMORANDUM

To: Joe Wickens, Executive Director
From: Stephanie Terrell, Director of Compliance
Date: November 25, 2024
Re: Licensing Reports

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



Rappahannock Area Community Services Board (RACSB) received approval for two CAPs during the month of November. Devon Drive Group Home received a licensing report related to two Human Rights investigations related to abuse, physical, and neglect, failure to provide services necessary for health, safety and welfare. RAAI received a licensing report related to two Human Rights complaints regarding Dignity.

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 #: 101-01-001

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 10-16-2024

Program Type/Facility Name: 01-001 Devon Drive Group Home

| <u>Standard(s) Cited</u> | <u>Comp</u> | <u>Description of Noncompliance</u> | <u>Actions to be Taken</u> | <u>Planned Comp. Date</u> |
|---|-------------|---|--|---------------------------|
| 12VAC35-105-150. (4) - The provider including its employees, contractors, students, and volunteers shall comply with: 4. Section 37.2-400 of the Code of Virginia and related human rights regulations adopted by the state board; | N | Devon Drive Group Home 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 | Devon Drive Group Home This regulation was NOT MET as evidenced by: CHRIS #20240053 and #20240054/Incident date: September 28, 2024 "Neglect" means failure by a person, program, or facility operated, licensed, or funded by the department, excluding those operated by the Department of Corrections, responsible for providing services to do so, including nourishment, treatment, care, goods, or services necessary to the health, safety, or welfare of an individual receiving care or treatment for mental illness, intellectual disability, or substance abuse. <ul style="list-style-type: none"> Provider substantiated neglect due to the following: <ul style="list-style-type: none"> Camera footage revealed Employee #1 and Employee # 2 leaving Individual #1 and Individual #2 unattended for approximately 6 minutes (2:10pm to 2:16pm). During further review of the camera footage, Individual #1 and Individual #2 were left unattended on the front porch from 12:29 pm | PR) 11/07/2024 Employee #2 was placed on administrative leave immediately following the allegation being made and then released from employment on 10/21/24 following the investigative process. Employee #1 attended a training session on Human Rights including abuse and neglect on 10/9/2024. Employee #1 received corrective action on 10/23/24 to include a five day suspension without pay. Employee #1's last day of employment with the agency is 11/6/2024. All staff from the group home will be re-trained on the importance of Human Rights specific to abuse and neglect. Staff will sign off attesting to their understanding and agreement to abide by policies protecting the human rights of all individuals in services. Systematically, Human Resources will continue to conduct mandated background checks and ensure at on boarding that no barrier crimes are present in the past of any potential employee to help mitigate cases of neglect. | 11/15/2024 |

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

Page: 2 of 3

License #: 101-01-001

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 10-16-2024

Program Type/Facility Name: 01-001 Devon Drive Group Home

| <u>Standard(s) Cited</u> | <u>Comp</u> | <u>Description of Noncompliance</u> | <u>Actions to be Taken</u> | <u>Planned Comp. Date</u> |
|--------------------------|-------------|--|--|---------------------------|
| | | <p>until 1:48 pm.</p> <ul style="list-style-type: none"> Individual #1 returned inside the home on his own at 1:48 pm, then walked back outside at 1:49pm. When Individual #1 walked back into the home again at 2:10 pm, Individual #1 walked to the dining room where Individual #1 fell and hit Individual #1's head on the door, resulting in a scratch with blood to the head. In further review of the footage, it revealed a fall for Individual #1 on September 13, 2024, which could have been prevented if the staff person were not on their cellular phone. <p>"Abuse" means any act or failure to act by an employee or other person responsible for the care of an individual in a facility or program operated, licensed, or funded by the department, excluding those operated by the Department of Corrections, that was performed or was failed to be performed knowingly, recklessly, or intentionally, and that caused or might have caused physical or psychological harm, injury, or death to a person receiving care or treatment for mental illness, intellectual disability, or substance abuse.</p> <ul style="list-style-type: none"> Provider substantiated abuse due to the following: <ul style="list-style-type: none"> Camera footage revealed that Employee #2 approached Individual #1 several different times getting in Individual #1's face in an aggressive manner, and Employee #2 appeared to speak to Individual #1 in an aggressive tone. During the review of the camera footage, Employee #2 was seen yanking the t-shirt out of Individual #1's mouth several different times and repositioned Individual #1 on the chair by grabbing Individual #1's pants by the | <p>All RACSB staff and volunteers will be required to undergo an annual Human Rights training to help ensure continued promotion and support of meeting needs of residents. Newly hired staff will be assigned this course upon hire during the week of their agency orientation.</p> <p>Human Resources and the DD Residential Coordination team and program managers will track annual Human Rights training compliance for all staff through its electronic training system/database. This protocol has been implemented effective immediately.</p> <p>The Quality Assurance team will monitor submitted incident reports and any allegations or reports of abuse and neglect on a daily basis to help ensure systematically that incidents of this nature are identified and mitigated quickly.</p> <p>Training of the Devon Drive Group Home staff will occur on 11/15/2024. All other corrective measures have been implemented.</p> <p>OHR/OLR) Accepted 11/07/2024</p> | |

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

Page: 3 of 3

License #: 101-01-001

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 10-16-2024

Program Type/Facility Name: 01-001 Devon Drive Group Home

| <u>Standard(s) Cited</u> | <u>Comp</u> | <u>Description of Noncompliance</u> | <u>Actions to be Taken</u> | <u>Planned Comp. Date</u> |
|--------------------------|-------------|--|----------------------------|---------------------------|
| | | <p>ankle area and slamming Individual #1's legs down on the chair in front of Individual #1.</p> <p>Employee #2 repeatedly approached Individual #1 in an abusive and aggressive manner to the point that, around 2:10pm when Employee #1 approached Individual #1, Individual #1 was observed immediately dropping the shirt out of Individual #1's mouth and attempting to place Individual #1's feet on the chair unassisted.</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 3

License #: **101-02-006**

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

Date of Inspection: **10-28-2024**

Program Type/Facility Name: **02-006 Fredericksburg**

| <u>Standard(s) Cited</u> | <u>Comp</u> | <u>Description of Noncompliance</u> | <u>Actions to be Taken</u> | <u>Planned Comp. Date</u> |
|---|-------------|---|----------------------------|---------------------------|
| 12VAC35-105-150. (4) - The provider including its employees, contractors, students, and volunteers shall comply with: 4. Section 37.2-400 of the Code of Virginia and related human rights regulations adopted by the state board; | N | Fredericksburg This regulation was NOT MET as evidenced by: See OHR citations below. | | |

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

Page: 2 of 3

License #: 101-02-006

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 10-28-2024

Program Type/Facility Name: 02-006 Fredericksburg

| <u>Standard(s) Cited</u> | <u>Comp</u> | <u>Description of Noncompliance</u> | <u>Actions to be Taken</u> | <u>Planned Comp. Date</u> |
|--|-------------|--|---|---------------------------|
| 12VAC35-115-50. D. (1) - The provider's duties: 1. Providers shall recognize, respect, support, and protect the dignity rights of each individual at all times. In the case of a minor, providers shall take into consideration the expressed preferences of the minor and the parent or guardian. | N | <p>Fredericksburg</p> <p>This regulation was NOT MET as evidenced by:</p> <p>CHRIS #20240055/Incident date: September 26, 2024</p> <p>Providers shall recognize, respect, support, and protect the dignity rights of each individual at all times.</p> <ul style="list-style-type: none"> Provider substantiated a violation for dignity due to the following: <ul style="list-style-type: none"> Employee #1 was heard speaking disrespectfully to Individual #1 by saying, "You're getting on my nerves and you're asking for too much." CHRIS #20240056/Incident date: September 23, 2024 <p>Providers shall recognize, respect, support, and protect the dignity rights of each individual at all times.</p> <ul style="list-style-type: none"> Provider substantiated a violation for dignity due to the following: <ul style="list-style-type: none"> Employee #1 was heard speaking disrespectfully to Individual #2 by saying, "You're getting on my nerves." | <p>PR) 11/19/2024</p> <p><i>Personnel Action taken with staff responsible on 10/18/24. Staff will be retrained on how to engage properly and communicate with residents, educated in person centered practices, speaking professionally and respectfully while at work, and refraining from using profanity and disparaging remarks. Site Leader and Asst Coordinator will conduct retraining, Site leader will monitor staff interactions by direct observation 1x a month for a minimum of 1 hour for next 3 months to ensure compliance.</i></p> <p>OHR/OLR) Accepted 11/19/2024</p> | 12/10/2024 |

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

Page: 3 of 3

License #: **101-02-006**

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

Date of Inspection: **10-28-2024**

Program Type/Facility Name: **02-006 Fredericksburg**

| <u>Standard(s) Cited</u> | <u>Comp</u> | <u>Description of Noncompliance</u> | <u>Actions to be Taken</u> | <u>Planned Comp. Date</u> |
|--------------------------|-------------|-------------------------------------|----------------------------|---------------------------|
|--------------------------|-------------|-------------------------------------|----------------------------|---------------------------|

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

Communications Update

December 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
- 18 LinkedIn posts
- 39 Facebook posts
- 19 Tweets
- 38 Instagram posts
- Art of Recovery page updated to accept submissions

Statistics

- Facebook has 20 new fans this month
- Facebook posts reached 9,095 users
- Top Facebook posts were about Ramon Test being named team member of the year for the Spotsylvania Behavioral Health Docket, ACT clients visiting the SFC Virginia animal shelter and Spotsy schools' 4E event
- Instagram has 8 new followers
- Instagram post engagement was 9.57%
- Most popular Instagram posts: Behavioral Health Docket team member of the year, National Animal Shelter Day and FredNats Salute to Veterans event
- LinkedIn has 12 new fans
- LinkedIn engagement rate is 8.17%
- Most popular LinkedIn posts were about Behavioral Health Docket team member of the year; Fredericksburg City Schools superintendent roundtable and FredNats Salute to Veterans event
- Total audience growth for all social media platforms was 32 new fans and followers
- LinkedIn: 619 followers
- Twitter: 473 followers
- Instagram: 401 followers
- Facebook: 2,701 page fans
- RACSB is now on Threads! Our handle is @hope_starter

Spark:

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

The employee handbook was the most frequently accessed document. Spark had 155 unique views and 1,542 site visits.

Website:

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

The site had 79,469 pageviews.

Competitive Analysis:

Facebook

- For Facebook, compared to industry averages for nonprofits:
Audience growth rate is .05% while industry average is -.65%
Post engagement is 7.49% vs industry average of 2.09%
Posting frequency is 1.11 posts per day vs. .46 posts per day.
Number of page fans is below average
- For Facebook compared with other CSBs:
Fan growth .05% and Horizon Behavioral Health's is 0% and Region Ten CSB's is .56%. 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 .25% vs. -.52%
Post engagement rate is 9.57% vs 2.16%
Post frequency is .51 per day compared to .79 per day
- Number of followers is below average
- For Instagram compared with Mary Washington Healthcare and Horizon Behavioral Health:
Audience growth is .25% and MWHC's is .05% and Horizon's is .21%
- For LinkedIn, compared to industry averages for nonprofit:
Audience growth rate is 2% vs -3.01%
Post engagement is 8.2% vs. 2.27%
Post frequency is .51 posts per day compared to .37 posts per day
- Number of followers is below average

Internal Communications/Employee Engagement

ICEE Snapshot

Content Creation:

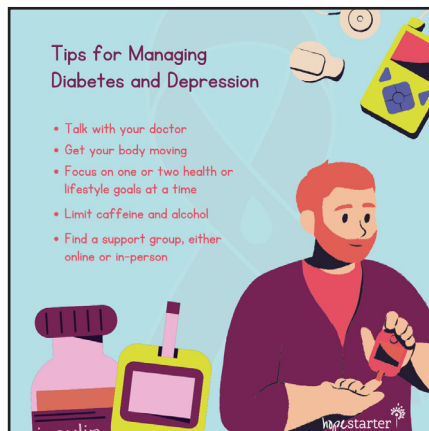
- One news post on Spark
- Two updated pages on Spark
- Five Viva Engage posts
- One employee newsletter

Analytics:

- 155 unique Spark viewers
- 1,542 Spark visits

Employee Engagement

- The Internal Communications/Employee Engagement Committee met one time
- Engagement activities for this month were Secret Pal; Hope for the Holidays; and holiday party



Blog posts:

How to Find Gratitude in Grief During the Holidays

Gratitude feels like the opposite of grief and yet the two interweave into a tapestry that looks like a mess on its backside but tells a beautiful story when displayed. And while struggling with grief over the holiday season, gratitude could be a comfort and coping skill. But it can be challenging to find gratitude in our grief, especially on holidays filled with tradition and celebration.

I've been thinking a lot about the intersection of grief and gratitude. This will be my first Thanksgiving without my dad.

The November holiday has never been consistent in my family. So many things about our gatherings change from year-to-year—sometimes we don't even hold it on Thanksgiving Day. My oldest son has profound autism, and our celebrations often center around how he's doing that year. Throw in siblings, in-laws and the normal ebbs and flows of life and Thanksgiving becomes a flexible feast.

But there have been some constants: turkey (of course), my Granny's corn pudding recipe, football and my dad getting sentimental. For most of my adult life, he has said something similar to, "I might not be around for many more of these holidays."

The sentence became a punchline. Each year, we teased my dad about it.

Until last year, when my dad was so sick that the words became more reality than refrain.

My dad died in February. I will always be grateful that we had time to say goodbye, that his final days gave us a chance to prepare for losing him. But the death of someone you love always leaves a gaping hole. I expect there will always be a gap, a sense of something missing for the rest of my life. But gratitude has slowly filled in the space that felt like a permanent chasm on the night he died.

After his death, I shrugged off condolences by reminding people that I had a loving, supportive father for 48 years of my life. I know that is a privilege many do not get. But that blessing also means that his absence has created a larger void.

Many of us will come to the Thanksgiving table with missing pieces, wounds and scars caused by grief. Some of us may find comfort in the traditions and celebrations of the season. For others, those traditions will provide sharp reminders of all that we have lost.

Our grief may be due to death. But it could also be lost relationships, faded dreams, ended careers, illness, wayward children. We may be grieving ahead of change that scares us.

Our grief may be filled with sadness, anger, stress, worry, anxiety. The holidays can compound those feelings.

Coping with Grief Over the Holidays

But there are some things we can do to cope with this season—and maybe even find some joy along the way:

- Acknowledge your feelings. You'll see social media posts, advertisements and movies that focus on merriment. It's OK to feel sad, angry, lonely and hurting when it seems like everyone around you is joyous.
- Make your traditions flexible. If you find yourself dreading a ritual or activity, it's fine to skip it—yes, even if it's something your family has done for generations.
- Take the easy way out. Don't feel like cooking Thanksgiving dinner this year? Accept a loved one's offer to help or order a turkey and the trimmings already cooked. Exhausted just thinking of holiday shopping? Try online shopping. Feeling overwhelmed by holiday decorating? Skip it.
- Honor your loved one. They were a part of your holiday traditions before, and they can be still. Light a candle, make a toast, hold a moment of silence or just take a moment to share your favorite memories.
- Seek support. Surround yourself with people who care about you. Find a support group or see a therapist. We offer an online, peer-led grief support group.
- Take care of yourself. Make sure you're sleeping, eating healthy foods and avoiding unhealthy coping mechanisms.
- Reach out. Helping others during the holiday season can be a balm for grief.
- Practice gratitude. Write down things you're grateful for, no matter how small. Download a printable gratitude journal page [here](#).

Tips for Finding Gratitude in Grief

While everyone is talking about gratitude right now, you may struggle to find gratitude while grieving. Here are some things you can do to help:

- Gratitude Journal: Write down one thing you are grateful for each day, no matter how small.
- Reflect on positive memories: Focus on cherished moments with the person you lost.
- Acknowledge support: Be thankful for the people who are there for you during your grief.
- Mindful practice: Incorporate mindfulness techniques to help you be present with your feelings, including both grief and gratitude. We have a video on creating mindfulness jars, which are a good way to take a few moments to relax.
- Small acts of kindness: Do something kind for yourself or someone else each day.
- Express gratitude to the deceased: Write a letter expressing your gratitude for their presence in your life.
- Accept your emotions: Allow yourself to feel both sadness and gratitude without judgment.

Blog Post: Letting Go of Perfection During the Holidays

For some, it's the most wonderful time of the year. But for many, the holiday season is filled less with wonder than with stress and anxiety.

Social media, magazines, commercials, movies, and songs convince us that this is a time for magic and joy. And that magic and joy come from crisply baked cookies, trendily decked trees, and presents all filled with The.Best.Gift.Ever.

Commercials showcase perfectly set holiday dinner tables and life-changing gifts (I've yet to meet anyone who received a car on Christmas, but holiday ads try hard to convince me this is a thing—this Saturday Night Live video seems more realistic).

Everything seems to send the same message: This time of year, life should be perfect. Actually, better than perfect. Magical.

Chasing Perfection

The holiday season, often idealized as a time of joy and perfection, can become a breeding ground for stress and anxiety, particularly for those who struggle with perfectionism. This pursuit of perfection can significantly impact mental health, leading to feelings of overwhelm, disappointment, and even depression.

The holidays can trigger our perfectionist tendencies by:

- Societal Expectations: The media bombards us with images of perfect families, homes, and celebrations, creating unrealistic standards.
- Nostalgia: We may try to recreate past holiday experiences, leading to disappointment when things don't go as planned.
- Personal Pressure: We may set high expectations for ourselves, leading to burnout and frustration.
- Fear of Failure: The fear of disappointing others or falling short of expectations can be paralyzing.

Here are some ways that the temptations of perfectionism can manifest during the holidays:

- The "Perfect" Holiday Card: The pressure to capture the ideal family photo, often leading to multiple reshoots and frustration.
- The "Perfect" Gift: The need to find the most unique, thoughtful, and expensive gift for each loved one.
- The "Perfect" Holiday Meal: The stress of planning, preparing, and executing a flawless holiday feast.
- The "Perfect" Decorated Home: The desire to create a Pinterest-worthy home, often involving excessive decorating and cleaning.

- The “Perfect” Holiday Party: The pressure to host the most memorable gathering, with everything from the food to the entertainment being top-notch.

Accepting Imperfection

It's important to remember that the holidays are about connection, love, and gratitude, not perfection. By letting go of unrealistic expectations and embracing the imperfections, you can truly enjoy the season.

The miracles we celebrate each year would never be Pinterest paragons: Most of this season's holidays have messy origin stories: Hanukkah originates from a rededication of the temple after a violent revolt; Christmas commemorates a birth in a stable; and Kwanzaa was created in the aftermath of a rebellion.

We celebrate sparks of hope that showed up in the midst of chaos, uncertainty, fear, and disorder. Those sparks are easy to miss in the sparkle of perfection but shine brightest when things seem dark.

But with expectations of perfection all around us, how can we resist the temptation to despair when our holiday seasons don't shimmer?

1. Set Realistic Expectations

Prioritize: Focus on what truly matters to you, whether it's spending time with loved ones, enjoying a specific tradition, or simply relaxing.

Limit commitments: Don't overcommit yourself. Say no to extra obligations if you feel overwhelmed.

Embrace imperfection: Accept that things won't always go as planned, and that's okay.

2. Practice Self-Compassion

Be kind to yourself: Treat yourself with the same compassion you would offer a friend.

Avoid self-criticism: Instead of focusing on what you didn't do, appreciate your efforts.

Celebrate small wins: Acknowledge your accomplishments, no matter how small.

3. Mindful Presence

Stay in the moment: Practice mindfulness techniques like meditation or deep breathing to focus on the present.

Disconnect from technology: Limit screen time to reduce stress and distractions.

Engage in mindful activities: Enjoy activities like cooking, baking, or spending time in nature.

4. Seek Support

Talk to someone: Share your feelings with a friend, family member, or therapist.

Join a support group: Connect with others who understand what you're going through.

Practice self-care: Prioritize activities that promote relaxation and well-being, such as taking a bath, reading a book, or getting enough sleep.

5. Limit Social Media:

Reduce exposure to idealized holiday posts that can trigger feelings of inadequacy.

Schedule down-time: Silence notifications, turn off your devices.

Post realistically: When you're on social media, ignore the temptation to add to the cycle of competitive celebrations.

6. Practice Gratitude

Take a moment: Each day, reflect on the things that bring you joy.

Start a journal: A gratitude journal is a good way to count your blessings.

Thank others: The holiday season is the perfect time for a heartfelt note telling someone why they mean so much to you.

7. Spark Hope

Volunteer to help others: There are so many charities in our area that are working to support our neighbors.

Share messages of hope: You don't have to have the perfect holiday card with a family in matching outfits—a handwritten message of support or joy will go a long way.

Spread kindness: There are so many opportunities to be a friendly face to someone who is feeling overwhelmed, anxious or stressed this time of year.

Honor the Spirit of the Holidays

Our desires to create perfect holiday seasons come from a good place. We want to be generous and merry, festive and fun. And we can do that without going overboard and overextending ourselves.

Here are a few tips:

1. Set a Budget:

Realistic Goals: Determine how much you can comfortably spend on gifts, donations, and holiday activities.

Prioritize: Focus on the people who are most important to you and allocate your budget accordingly.

2. Focus on Experiences:

Quality Time: Plan meaningful activities like shared meals, game nights, or outdoor adventures.

Homemade Gifts: Create personalized gifts that show your care and effort, such as homemade cards, baked goods, or handcrafted items.

3. Give Back to Your Community:

Volunteer Your Time: Donate your time to a local charity or organization.

Donate to a Cause: Choose a cause that resonates with you and make a donation, no matter how small.

4. Practice Mindful Giving:

Avoid Impulse Purchases: Think carefully about each gift and whether it truly aligns with the recipient's interests and needs.

Consider the Environmental Impact: Choose sustainable and eco-friendly gifts.

5. Set Boundaries:

Say No: Don't feel obligated to participate in every holiday event or activity.

Prioritize Self-Care: Make time for yourself to relax and recharge.

By setting limits, focusing on quality over quantity, and giving back in meaningful ways, you can enjoy the holiday season without feeling overwhelmed or stressed.

Remember, the true spirit of the holidays lies in the heart, not the wallet.



Prevention Services Program Updates

Michelle Wagaman, Director

mwagaman@rappahannockareacsb.org

540-374-3337, ext. 7520

Prevention Services Top 5 for December:

1. Partnered with Fredericksburg City Schools to host a Youth Mental Health First Aid training on December 10th. This is in preparation of bringing teenMHFA to James Monroe High School.
2. Hosted our annual site visit with Keith Cartwright from DBHDS Office of Behavioral Health Wellness.
3. Healthy Families is hosting their annual holiday event on December 14th with 115 families registered!
4. Trained approximately 200 health careers students at the Spotsylvania County Public Schools Career and Technical Center in REVIVE!
5. Lock and Talk Virginia won an award from MarCom (marketing and communications) for a :30 Public Service Announcement: <https://www.youtube.com/watch?v=w1lf5C0uaT4>

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 Curriculum – 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 Lewis and Clark 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. Additionally the store audit is being updated.

Alcohol and Vaping Prevention Education – Jennifer Bateman, Prevention Specialist, continues to schedule for the 2024-2025 academic year to facilitate alcohol prevention and vaping prevention education trainings as part of health classes. She recently visited King George High 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.

Our final ASIST training held November 21-22 had 13 very active and engaged participants. Two weeks prior to the training, we had 30 registered with a wait list started. There were a lot of cancellations leading up to the training days as well as several “no show/no cancel” the first day of the training. We continue to send multiple reminder emails and stress the requirement of two full days of participation.

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.

Our very first implementation of Teen Mental Health First Aid training at Caroline High School, for one Health/PE teachers’ classes concluded December 5th. The second set of classes have been delayed until the new year so that it can be implemented with fidelity. We have received funding to host a second train-the-trainer so that we can ensure sustainability at Caroline High School as well as bring on two additional high schools.

Spotsylvania County Public Schools have identified mental health first aid training as a priority for all teachers. We are exploring ways to partner and support achieving this goal.

Adult Mental Health First Aid trainings were held on November 7 for the community. The MHFA in Spanish training scheduled for November 14 was unfortunately cancelled due to only one person showing up the day of the training. The training will be held on the following dates in 2025: February 4; April 29; June 10; September 4; and December 9 (from 8:30 a.m. to 5:00 p.m.).

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 training was held December 3 with 16 engaged participants. We added a training on December 10, 2025 at the request of Fredericksburg City Public Schools. In 2025, YMHFA is scheduled for March 3; May 22; June 17; October 7; and December 2 (from 8:30 a.m. to 5:00 p.m.).

To register for Adult Mental Health First Aid Training:
<https://www.signupgenius.com/go/RACSB-MHFA-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 – Region 1 has been contracting with Rigaud Global Company (RGC) since 2020 to build/maintain the website and for marketing campaigns. Their work with Virginia recently won two awards international awards. The Lock and Talk Suicide Warning Signs Animation PSA was recognized with a Platinum Award in the Video/Audio/Film category for its creativity and effectiveness in raising awareness about suicide prevention. Additionally, their work with the Active Your Wellness Campaign Henrico Project received a Gold Award in the same category for its exceptional storytelling and production quality. This mini-documentary highlights wellness initiatives in Henrico and was praised for its engaging and inspiring narrative.

The MarCom Awards honor excellence in marketing and communication, recognizing the creativity, hard work, and generosity of industry professionals. Administered by the Association of Marketing and Communication Professionals (AMCP), it's one of the largest and most respected creative competitions globally, with about 6,500 entries submitted annually from dozens of countries. The largest, most prestigious creative firms in the marketing and communication field compete for MarCom recognition. Entrants value the awards for their fair and reliable third-party validation of industry achievements.

To view the entries within the MarCom 2024 winners list under Rigaud:
<https://enter.amcpros.com/marcom/winners/>

The specific Lock and Talk Suicide Warning Signs PSA can be found here:
<https://www.youtube.com/watch?v=w1lf5C0uaT4>

Additionally, our partners with the GOW Coalition in New York recently won an award of excellence at their state suicide prevention conference for lethal means safety initiatives. Lock and Talk Virginia is mentioned in the accompanying article.

<https://www.thebatavian.com/press-release/gow-pathway-to-hope-suicide-prevention-coalition-honored-in-albany-for-lethal-means>

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).

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 be 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/>

Save1LifeFXBG has a tree at the annual Pohanka Nissan of Fredericksburg's Christmas Tree Challenge.

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 the Career and Technical Center with Spotsylvania County Public Schools, all health careers students will receive the training and have the opportunity to obtain naloxone. Additionally, we will be training and dispensing to all resident life staff at the University of Mary Washington in January 2025.

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

Additional Initiatives

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

The Virginia Lottery reminds us to Gift Responsibly this holiday season. RACSB has registered as a partner for this annual initiative. We will issue a media release and utilize social media messaging throughout the month of December. It's illegal to gift lottery tickets, scratch-off tickets, etc. to those under age 18.

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

The training scheduled for November 18th was cancelled due to low registrations. One final training for 2024 is scheduled for December 11. Additionally, we were invited to present to staff at Chancellor High School on December 4th.

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.

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>

Activate Your Wellness – DBHDS initiative that is primarily a social norms campaign with social media, print materials, and short videos. We plan to resume using this content for “Wellness Wednesday” posts in 2025.

Rappahannock Area Kids on the Block

Rappahannock Area Kids on the Block (RAKOB) performed at the Healthy Families Rappahannock Area graduation event on November 9, 2024.

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.

November 2024

| LOCALITY | NUMBER OF REFERRALS | ASSESSMENTS | NUMBER OF FAMILIES RECEIVING HOME VISITS | NEW ENROLLEES YEAR-TO-DATE |
|--|---------------------|-------------|--|----------------------------|
| CAROLINE COUNTY | 0 | 1 | 3 | 1 |
| CITY OF FREDERICKSBURG | 2 | 1 | 35 | 3 |
| KING GEORGE COUNTY | 6 | 1 | 11 | 2 |
| SPOTSYLVANIA COUNTY | 11 | 8 | 76 | 23 |
| STAFFORD COUNTY | 7 | 6 | 38 | 12 |
| OUT OF AREA (REFERRED TO OTHER HF SITES) | 0 | 0 | 0 | 0 |
| TOTAL | 26 | 17 | 163 | 41 |

- Healthy Families Rappahannock Area celebrated six (6) graduates of the HFRA program at St. George’s Episcopal Church on November 9, 2024.
- The home visiting team, their supervisors, and program manager received the Certificate of Completion for the Support Coordination and Case Management Training Modules.
- As a 501C3, Healthy Families has its own Board of Directors. The Board recently nominated Donalda Jones to serve as president and Dr. Lorita Daniels to serve a term as vice president.
- The program received a donation of 20 Thanksgiving Baskets from Prince Hall #61. These were distributed to families.
- The program also received 18 handmade quilts for Kristy Pitts, former teacher with Spotsylvania County Public Schools. These were also gifted to families served.
- Healthy Families Virginia was highlighted in the Families Forward Virginia's most recent Impact Report (attached). You can also find it linked on the Families Forward Virginia website here: <https://www.familiesforwardva.org/aboutfamiliesforwardvirginia>

IMPACT REPORT

First Quarter 2024-2025



Families
Forward
Virginia



Healthy Families Virginia is a nationally accredited, evidence-based home visiting model proven to improve family outcomes and reduce the risk of child abuse and neglect, through 28 programs covering 79 counties.

Families enroll in our program anytime during pregnancy or during the first three months of a child’s life, ensuring that our home visitors can provide critical support from the very beginning. All families are offered weekly home visits at the beginning of services, with a gradual step-down in service intensity based on family progress, indicated by higher levels of stability, ongoing access to resources, and community connections.

When families first join the program, all caregivers are assessed using the Family Resource and Opportunities for Growth Scale. This assessment, which is completed in conversation with the parent using a trauma-informed approach, allows the home visitor to learn about the family’s story, their current stressors, and their hopes for the future. This is then used to guide services over the long term, addressing risk factors and building on protective factors while individualizing services for each family’s unique needs. Families can remain enrolled for at least three years, and in some programs, until the child’s fifth birthday.

Our mission is at the heart of everything we do. We strive to create supportive environments where every child is nurtured, every family empowered, and every community strengthened.

Through our many comprehensive programs and initiatives, we foster a future where all children can grow up in safe, healthy and nurturing environments. This Impact report focuses on two of our eight major programs: Healthy Families Virginia and Darkness to Light.

Home visiting is a proven prevention strategy for delivering family-strengthening services to children and parents. Home visiting leads to positive results that last over time, including:

- Better child and maternal health
- Less child maltreatment
- Increased parenting confidence
- More school readiness
- Increased economic self-sufficiency
- An estimated return of \$3 to \$5 for every \$1 invested

PARENT OUTCOMES



Connecting Caregivers With Elevated Depression Screens to Supportive Resources



Connecting Caregivers With Positive Intimate Partner Violence Screens to Supportive Resources



Connecting Those Who Drink Alcohol or Use Other Substances to Supportive Resources

CHILD OUTCOMES



Connecting With Stable Health Care Within 3 Months of Birth or Enrollment



Consistently Receiving Ongoing Health Care, Including Child Well Visits



Up-to-Date Vaccinations at 6 Months, 18 Months, and 6 Years of Age

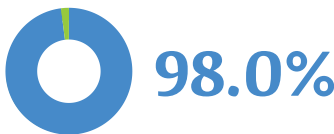


Connecting Children with Developmental Delays and Their Families to Resources

PARENT-CHILD RELATIONSHIP OUTCOMES



Connecting Tobacco Users to Resources to Help Them Quit



Positive Parent-Child Interactions at Acceptable Levels and/or Improving

FAMILIES FORWARD VIRGINIA PROGRAMS



Darkness to Light empowers adults to prevent, recognize and react responsibly to child sexual abuse through awareness, education and stigma reduction.

Sexual abuse is a problem that 1 in 10 children will experience before they turn 18. Child sexual abuse can occur anywhere. To prevent abuse, we have to break through the stigma and shame so we can talk about how it happens and how it can be prevented.

LOCATIONS OF TRAININGS

 VIRTUAL



NUMBER OF TRAINERS

70

Total Facilitators
Trained on New
Version

34

Since October 2023

NUMBER OF INDIVIDUALS TRAINED

1,160

Total People
Trained in New
Stewards

1,018

Since October 2023

68

Trained in
Spanish Version

Finance Department November 2024 Program Updates

Staffing Changes and Opportunities:

The new Director of Finance, Sara Keeler, will start on December 16, 2024. She previously worked at both Rappahannock Area Community Services Board and Rappahannock Rapidan CSB and brings a wealth of CSB experience.

Reimbursement Department:

We will expect to see a decrease in collections for November because we had staff out sick which caused a slight delay in billing cycle and expected payments will now be received in December. We have received payments for clients that met spenddown which increased our revenue for October resulting in a 17% increase in collections over prior year.

In the month of October, we adjusted services that were over 1 year old for multiple clients that had not met their spenddown. \$33k of this total was for ACT services and the remaining was for Kenmore Club and Case Management. These adjustments are expected to increase due to a number of clients that have not met spenddown or were unable to get retroactive coverage for these older claims.

We had an increase in write-offs due to “Max Units Benefits”. This increase is a result of multiple ID/DD Residential clients reaching their annual maximum about of days for this service as established by Medicaid. Twelve thousand dollars were write-offs in this category due to Crisis Stabilization services which exceeded the allowed days per their continued stay authorization. Reimbursement is working with SLH team to ensure continued stay authorizations are submitted timely so to mitigate further write-offs in this category.

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.

Summary of Cash Investments

| Depository | | Rate | Comments |
|----------------------------------|----------------------|-------|--------------------|
| Atlantic Union Bank | | | |
| Checking | \$ 14,843,805 | 4.25% | |
| Investment Portfolio | | | |
| Cash Equivalents | 3,414,716 | | |
| Fixed Income | 5,488,955 | | |
| Total Investment | 8,903,671 | | |
| Total Atlantic Union Bank | \$ 23,747,476 | | |
| Other | | | |
| Local Gov. Investment Pool | \$ 35,815 | 4.92% | Avg. Monthly Yield |
| Total Investments | \$ 23,783,292 | | |

Other Post-Employment Benefit (OPEB)

*OPEB data is not available this month due to the transition of our OPEB servicer and new platform.

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 |
| November | \$596,669 | | \$216,548 | \$1,391 | \$3,717,371 |
| YTD Total | \$2,010,719 | \$0 | \$1,322,364 | \$6,912 | \$3,717,371 |

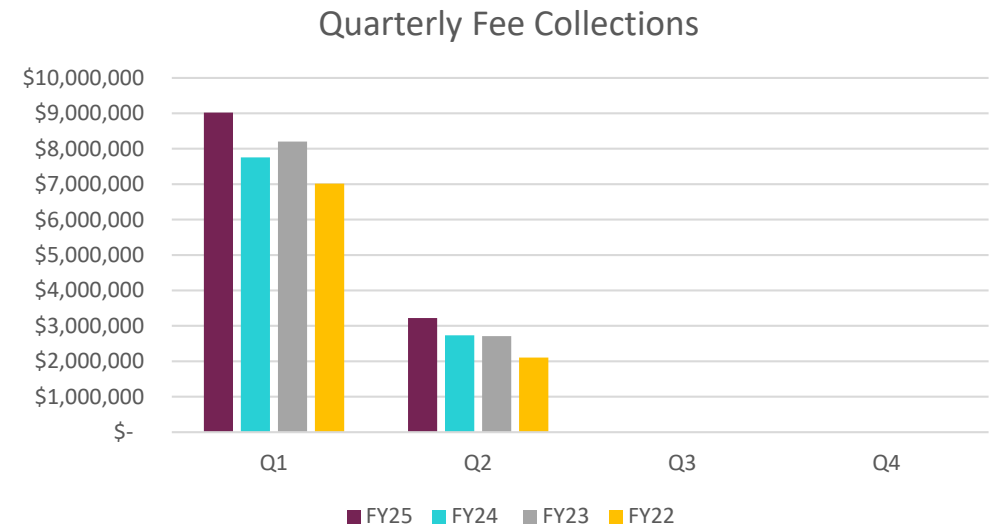
| Historical Data | Average Monthly Claims | Monthly Average Difference from PY | Highest Month |
|-----------------|------------------------|------------------------------------|------------------|
| FY 2025 | \$264,473 | \$9,178 | \$322,228 |
| FY 2024 | \$255,453 | \$41,076 | \$593,001 |
| FY 2023 | \$214,376 | (\$97,137) | \$284,428 |
| FY 2022 | \$311,513 | (\$24,129) | \$431,613 |
| FY 2021 | \$335,642 | \$14,641 | \$588,906 |

Fee Revenue Reimbursement- October 31, 2024

RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD
FEE REVENUE REIMBURSEMENT REPORT AS OF Oct 31, 2024

| AGED CLAIMS | | Current Month | | Prior Month | | Prior Year | |
|--------------------------|-----------|---------------|-------------|-------------|-------------|------------|-------------|
| Total Claims Outstanding | Total | 100% | \$6,332,152 | 100% | \$7,264,524 | 100% | \$6,609,145 |
| | Consumers | 57% | \$3,603,345 | 50% | \$3,608,652 | 54% | \$3,571,878 |
| | 3rd Party | 43% | \$2,728,807 | 50% | \$3,655,872 | 46% | \$3,037,268 |
| Claims Aged 0-29 Days | Total | 41% | \$2,565,525 | 49% | \$3,530,587 | 45% | \$2,998,402 |
| | Consumers | 2% | \$114,235 | 2% | \$143,898 | 1% | \$88,608 |
| | 3rd Party | 39% | \$2,451,290 | 47% | \$3,386,689 | 44% | \$2,909,794 |
| Claims Aged 30-59 Days | Total | 2% | \$151,908 | 2% | \$155,617 | 2% | \$144,261 |
| | Consumers | 1% | \$41,494 | 1% | \$68,052 | 0% | \$24,998 |
| | 3rd Party | 2% | \$110,415 | 1% | \$87,565 | 2% | \$119,263 |
| Claims Aged 60-89 Days | Total | 2% | \$104,365 | 2% | \$109,935 | 2% | \$101,626 |
| | Consumers | 1% | \$64,685 | 1% | \$57,888 | 1% | \$56,331 |
| | 3rd Party | 1% | \$39,680 | 1% | \$52,047 | 1% | \$45,295 |
| Claims Aged 90-119 Days | Total | 1% | \$91,037 | 1% | \$59,455 | 1% | \$38,028 |
| | Consumers | 1% | \$52,396 | 0% | \$31,636 | 1% | \$33,208 |
| | 3rd Party | 1% | \$38,641 | 0% | \$27,819 | 0% | \$4,820 |
| Claims Aged 120+ Days | Total | 54% | \$3,419,317 | 47% | \$3,408,929 | 50% | \$3,326,828 |
| | Consumers | 53% | \$3,330,536 | 46% | \$3,307,177 | 51% | \$3,368,732 |
| | 3rd Party | 1% | \$88,781 | 1% | \$101,753 | -1% | -\$41,904 |

| CLAIM COLLECTIONS | |
|----------------------------------|--------------|
| Current Year To Date Collections | \$12,240,203 |
| Prior Year To Date Collections | \$10,484,791 |
| \$ Change from Prior Year | \$1,755,412 |
| % Change from Prior Year | 17% |



Write-off Report

| Month: Oct 2024 | | |
|----------------------------|-------------------|-------------------|
| Write Off Code | Current YTD | Prior YTD |
| BAD ADDRESS | \$ 3,416 | \$ 30 |
| BANKRUPTCY | \$ - | \$ 120 |
| DECEASED | \$ 20 | \$ 10 |
| NO FINANCIAL AGREEMENT | \$ 735 | \$ 829 |
| SMALL BALANCE | \$ 35 | \$ 71 |
| UNCOLLECTABLE | \$ 1,626 | \$ 350 |
| FINANCIAL ASSISTANCE | \$ 184,314 | \$ 130,214 |
| NO SHOW | \$ 522 | \$ 432 |
| MAX UNITS/BENEFITS | \$ 88,175 | \$ 27,780 |
| PROVIDER NOT CREDENTIALLED | \$ 1,090 | \$ 3,684 |
| ROLL UP BILLING | \$ - | \$ 18,224 |
| DIAGNOSIS NOT COVERED | \$ 960 | \$ - |
| NON-COVERED SERVICE | \$ 5,931 | \$ 1,648 |
| SERVICES NOT AUTHORIZED | \$ 4,668 | \$ 10,089 |
| PAST BILLING DEADLINE | \$ - | \$ 94 |
| MCO DENIED AUTH | \$ 367 | \$ - |
| INCORRECT PAYER | \$ 2,484 | \$ 1,696 |
| SPENDDOWN NOT MET | \$ 44,565 | \$ 12,321 |
| TOTAL | \$ 338,907 | \$ 207,593 |

| Year to Date: July - Oct 2024 | | |
|-------------------------------|---------------------|-------------------|
| Write Off Code | Current YTD | Prior YTD |
| BAD ADDRESS | \$ 47,085 | \$ 30 |
| BANKRUPTCY | \$ - | \$ 366 |
| DECEASED | \$ 1,530 | \$ 100 |
| NO FINANCIAL AGREEMENT | \$ 17,011 | \$ 17,101 |
| SMALL BALANCE | \$ 321 | \$ 519 |
| UNCOLLECTABLE | \$ 2,100 | \$ 1,975 |
| FINANCIAL ASSISTANCE | \$ 772,371 | \$ 581,718 |
| NO SHOW | \$ 3,012 | \$ 4,118 |
| MAX UNITS/BENEFITS | \$ 158,229 | \$ 54,782 |
| PROVIDER NOT CREDENTIALLED | \$ 7,120 | \$ 48,704 |
| ROLL UP BILLING | \$ - | \$ 56,616 |
| DIAGNOSIS NOT COVERED | \$ 1,440 | \$ 320 |
| NON-COVERED SERVICE | \$ 28,452 | \$ 15,689 |
| SERVICES NOT AUTHORIZED | \$ 73,706 | \$ 56,347 |
| PAST BILLING DEADLINE | \$ 1,587 | \$ 16,464 |
| MCO DENIED AUTH | \$ 7,339 | \$ - |
| INCORRECT PAYER | \$ 12,793 | \$ 8,535 |
| NO PRIMARY EOB | \$ 1,345 | \$ - |
| SPENDDOWN NOT MET | \$ 161,112 | \$ 12,321 |
| TOTAL | \$ 1,296,554 | \$ 875,705 |

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 |
| 11/15/2024 | 99.5 | \$3,949.75 | \$39.70 | 39.75 | \$1,303.09 | \$32.78 | 139.25 | \$5,252.84 |
| 11/29/2024 | 58 | \$2,245.66 | \$38.72 | 31.5 | \$1,031.50 | \$32.75 | 89.5 | \$3,277.16 |
| Grand Total | 3020.38 | \$123,963.70 | \$40.55 | 1119.33 | \$39,361.17 | \$34.38 | 4139.71 | \$163,324.87 |

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

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 | 970,441 | 30.37% | 250,070 | 20% |
| MEDICAL OUTPATIENT (R) (FED) | 4,910,714 | 904,467 | 18.42% | 4,910,714 | 1,180,272 | 24.03% | (275,805) | -30% |
| ACT NORTH (R) | 1,009,186 | 222,770 | 22.07% | 1,009,186 | 275,038 | 27.25% | (52,268) | -23% |
| ACT SOUTH (R) | 969,616 | 299,745 | 30.91% | 969,616 | 282,703 | 29.16% | 17,043 | 6% |
| CASE MANAGEMENT ADULT (FED) | 1,196,606 | 300,216 | 25.09% | 1,196,606 | 349,318 | 29.19% | (49,103) | -16% |
| CASE MANAGEMENT CHILD & ADOLESCENT (FED) | 929,321 | 244,368 | 26.30% | 929,321 | 285,061 | 30.67% | (40,694) | -17% |
| PSY REHAB & KENMORE EMP SER (R) (FED) | 776,442 | 189,183 | 24.37% | 776,442 | 227,748 | 29.33% | (38,565) | -20% |
| PERMANENT SUPPORTIVE HOUSING (R) | 3,265,491 | 3,441,733 | 105.40% | 3,265,491 | 601,999 | 18.44% | 2,839,734 | 83% |
| CRISIS STABILIZATION (R) | 2,789,414 | 1,000,602 | 35.87% | 2,789,414 | 666,628 | 23.90% | 333,974 | 33% |
| SUPERVISED RESIDENTIAL | 622,585 | 103,662 | 16.65% | 622,585 | 165,046 | 26.51% | (61,384) | -59% |
| SUPPORTED RESIDENTIAL | 869,009 | 214,046 | 24.63% | 869,009 | 294,849 | 33.93% | (80,804) | -38% |
| 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 | 5,546,984 | 26% | 2,759,780 | 33% |

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 | 1,188,600 | 28.27% | (239,356) | -25% |
| DAY HEALTH & REHAB * | 5,313,080 | 1,322,468 | 24.89% | 5,313,080 | 1,538,815 | 28.96% | (216,347) | -16% |
| GROUP HOMES | 6,851,462 | 1,779,159 | 25.97% | 6,851,462 | 1,762,408 | 25.72% | 16,751 | 1% |
| RESPIRE GROUP HOME | 653,469 | 71,983 | 11.02% | 653,469 | 207,759 | 31.79% | (135,776) | -189% |
| INTERMEDIATE CARE FACILITIES | 4,788,336 | 1,998,114 | 41.73% | 4,788,336 | 1,403,806 | 29.32% | 594,309 | 30% |
| SUPERVISED APARTMENTS | 1,932,464 | 746,738 | 38.64% | 1,932,464 | 470,461 | 24.35% | 276,276 | 37% |
| SPONSORED PLACEMENTS | 1,943,190 | 598,058 | 30.78% | 1,943,190 | 691,046 | 35.56% | (92,989) | -16% |
| SUB-TOTAL | 25,686,752 | 7,465,764 | 29.06% | 25,686,752 | 7,262,895 | 28.27% | 202,869 | 3% |

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

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

| PROGRAM | REVENUE | | | EXPENDITURES | | | | VARIANCE / REVENUE |
|-----------------------------|-------------------|------------------|------------|-------------------|----------------|------------|--------------------|-----------------------|
| | BUDGET FY 2025 | ACTUAL YTD | % | BUDGET FY 2025 | ACTUAL YTD | % | | |
| | | | | | | | ACTUAL VARIANCE | |
| SA OUTPATIENT (R) (FED) | 1,544,604 | 292,729 | 18.95% | 1,544,604 | 348,126 | 22.54% | (55,397) | -19% |
| MAT PROGRAM (R) (FED) | 814,953 | 869,136 | 106.65% | 814,953 | 331,968 | 40.73% | 537,168 | 62% |
| CASE MANAGEMENT (R) (FED) | 239,631 | 47,087 | 19.65% | 239,631 | 40,007 | 16.70% | 7,080 | 15% |
| 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 | 166,515 | 26.26% | (60,208) | -57% |
| LINK (R) (FED) | 274,980 | 55,043 | 20.02% | 274,980 | 67,676 | 24.61% | (12,634) | -23% |
| SUB-TOTAL | 3,577,371 | 1,378,281 | 39% | 2,032,767 | 970,689 | 48% | 462,989 | 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 | 465,175 | 23.11% | 298,620 | 39% |
| CHILD MOBILE CRISIS (R) | 376,212 | 21 | 0.01% | 376,212 | 58,050 | 15.43% | (58,029) | -276329% |
| 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 | 114,154 | 25.48% | 1,515 | 1% |
| SUB-TOTAL | 3,361,944 | 1,384,946 | 41.19% | 3,361,944 | 846,899 | 25.19% | 538,047 | 39% |

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 | 220,687 | 46.95% | 0 |
| PROGRAM SUPPORT | 27,600 | 6,900 | 25.00% | 27,600 | 6,900 | 25.00% | 0 |
| SUB-TOTAL | 497,680 | 227,587 | 45.73% | 497,680 | 227,587 | 45.73% | 0 |
| ALLOCATED TO PROGRAMS | | | | 4,268,473 | 3,126,283 | 73.24% | |

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

RACSB
FY 2025 FINANCIAL REPORT
Fiscal Year: July 1, 2024 through June 30, 2025
Report Period: July 1, 2024 through September 30, 2024
FISCAL AGENT PROGRAMS
PART C AND HEALTHY FAMILY PROGRAMS

| PROGRAM | REVENUE | | | EXPENDITURES | | | ACTUAL VARIANCE | VARIANCE / REVENUE |
|--|-------------------|---------------|--------|-------------------|---------------|--------|--------------------|-----------------------|
| | BUDGET FY 2025 | ACTUAL YTD | % | BUDGET FY 2025 | ACTUAL YTD | % | | |
| INTERAGENCY COORDINATING COUNCIL (R) | 1,882,348 | 685,178 | 36.40% | 1,882,348 | 482,927 | 25.66% | 202,251 | 30% |
| INFANT CASE MANAGEMENT (R) | 998,791 | 237,216 | 23.75% | 998,791 | 246,684 | 24.70% | (9,467) | -4% |
| EARLY INTERVENTION (R) | 2,567,207 | 572,357 | 22.29% | 2,567,207 | 756,261 | 29.46% | (183,904) | -32% |
| TOTAL PART C | 5,448,346 | 1,494,752 | 27.43% | 5,448,346 | 1,485,872 | 27.27% | 8,880 | 1% |
| HEALTHY FAMILIES (R) | 141,386 | 60,126 | 42.53% | 141,386 | 12,218 | 8.64% | 47,908 | 80% |
| 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 | 295,166 | 29.20% | 120,691 | 29% |

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

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

RECAP FY 2025 BALANCES

| | REVENUE | EXPENDITURES | NET | NET / REVENUE |
|-------------------------------|------------|--------------|-----------|---------------|
| MENTAL HEALTH | 8,306,764 | 5,579,680 | 2,727,084 | 33% |
| DEVELOPMENTAL SERVICES | 7,465,764 | 7,262,895 | 202,869 | 3% |
| SUBSTANCE ABUSE | 1,378,281 | 970,689 | 407,591 | 30% |
| SERVICES OUTSIDE PROGRAM AREA | 1,384,946 | 846,899 | 538,047 | 39% |
| ADMINISTRATION | 227,587 | 227,587 | 0 | 0% |
| FISCAL AGENT PROGRAMS | 1,910,609 | 1,781,038 | 129,571 | 7% |
| TOTAL | 20,673,951 | 16,668,788 | 4,005,163 | 19% |

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 | \$ 4,688,669 | 39.14% |
| Change in Net Income from Prior Year | \$ 1,100,307 | 37.88% |

*Unaudited Report

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

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 | 87,550 | 0.00% | (75,524) | -628% |
| OUTPATIENT (FED) | 3,194,943 | 1,519,437 | 47.56% | 3,194,943 | 1,281,255 | 40.10% | 238,182 | 16% |
| MEDICAL OUTPATIENT (R) (FED) | 4,910,714 | 1,390,043 | 28.31% | 4,910,714 | 1,546,792 | 31.50% | (156,749) | -11% |
| ACT NORTH (R) | 1,009,186 | 292,537 | 28.99% | 1,009,186 | 367,537 | 36.42% | (75,000) | -26% |
| ACT SOUTH (R) | 969,616 | 402,598 | 41.52% | 969,616 | 374,124 | 38.58% | 28,474 | 7% |
| CASE MANAGEMENT ADULT (FED) | 1,196,606 | 397,907 | 33.25% | 1,196,606 | 460,653 | 38.50% | (62,746) | -16% |
| CASE MANAGEMENT CHILD & ADOLESCENT (FED) | 929,321 | 359,387 | 38.67% | 929,321 | 376,971 | 40.56% | (17,584) | -5% |
| PSY REHAB & KENMORE EMP SER (R) (FED) | 776,442 | 242,749 | 31.26% | 776,442 | 358,349 | 46.15% | (115,600) | -48% |
| PERMANENT SUPPORTIVE HOUSING (R) | 3,265,491 | 3,711,612 | 113.66% | 3,265,491 | 826,002 | 25.29% | 2,885,610 | 78% |
| CRISIS STABILIZATION (R) | 2,789,414 | 1,273,188 | 45.64% | 2,789,414 | 885,880 | 31.76% | 387,308 | 30% |
| SUPERVISED RESIDENTIAL | 622,585 | 127,625 | 20.50% | 622,585 | 222,057 | 35.67% | (94,432) | -74% |
| SUPPORTED RESIDENTIAL | 869,009 | 272,557 | 31.36% | 869,009 | 392,759 | 45.20% | (120,202) | -44% |
| JAIL DIVERSION GRANT (R) | 94,043 | 44,995 | 47.85% | 94,043 | 38,670 | 41.12% | 6,325 | 14% |
| JAIL & DETENTION SERVICES | 675,354 | 246,856 | 36.55% | 675,354 | 246,065 | 36.43% | 791 | 0% |
| SUB-TOTAL | 21,302,725 | 10,293,517 | 48% | 21,302,725 | 7,464,663 | 35% | 2,828,854 | 27% |

DEVELOPMENTAL SERVICES

| PROGRAM | REVENUE | | | EXPENDITURES | | | ACTUAL VARIANCE | VARIANCE / REVENUE |
|------------------------------|-------------------|---------------|--------|-------------------|---------------|--------|--------------------|-----------------------|
| | BUDGET FY 2025 | ACTUAL YTD | % | BUDGET FY 2025 | ACTUAL YTD | % | | |
| CASE MANAGEMENT | 4,204,751 | 1,285,542 | 30.57% | 4,204,751 | 1,569,968 | 37.34% | (284,426) | -22% |
| DAY HEALTH & REHAB * | 5,313,080 | 1,707,089 | 32.13% | 5,313,080 | 2,046,543 | 38.52% | (339,455) | -20% |
| GROUP HOMES | 6,851,462 | 2,630,891 | 38.40% | 6,851,462 | 2,331,929 | 34.04% | 298,962 | 11% |
| RESPIRE GROUP HOME | 653,469 | 105,150 | 16.09% | 653,469 | 267,313 | 40.91% | (162,163) | -154% |
| INTERMEDIATE CARE FACILITIES | 4,788,336 | 2,294,227 | 47.91% | 4,788,336 | 1,882,115 | 39.31% | 412,112 | 18% |
| SUPERVISED APARTMENTS | 1,932,464 | 1,087,199 | 56.26% | 1,932,464 | 628,260 | 32.51% | 458,939 | 42% |
| SPONSORED PLACEMENTS | 1,943,190 | 817,079 | 42.05% | 1,943,190 | 747,623 | 38.47% | 69,456 | 9% |
| SUB-TOTAL | 25,686,752 | 9,927,177 | 38.65% | 25,686,752 | 9,473,752 | 36.88% | 453,425 | 5% |

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

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

| PROGRAM | REVENUE | | | EXPENDITURES | | | | VARIANCE / REVENUE |
|-----------------------------|-------------------|---------------|---------|-------------------|---------------|--------|--------------------|-----------------------|
| | | | | | | | | |
| | BUDGET FY 2025 | ACTUAL YTD | % | BUDGET FY 2025 | ACTUAL YTD | % | ACTUAL VARIANCE | |
| SA OUTPATIENT (R) (FED) | 1,544,604 | 382,196 | 24.74% | 1,544,604 | 461,941 | 29.91% | (79,745) | -21% |
| MAT PROGRAM (R) (FED) | 814,953 | 900,438 | 110.49% | 814,953 | 435,782 | 53.47% | 464,656 | 52% |
| CASE MANAGEMENT (R) (FED) | 239,631 | 76,354 | 31.86% | 239,631 | 52,320 | 21.83% | 24,035 | 31% |
| RESIDENTIAL (R) | 69,049 | 10,640 | 15.41% | 69,049 | 25,910 | 37.52% | (15,270) | -144% |
| PREVENTION (R) (FED) | 634,155 | 152,379 | 24.03% | 634,155 | 227,921 | 35.94% | (75,542) | -50% |
| LINK (R) (FED) | 274,980 | 73,390 | 26.69% | 274,980 | 95,849 | 34.86% | (22,459) | -31% |
| SUB-TOTAL | 3,577,371 | 1,595,397 | 45% | 2,032,767 | 1,299,723 | 64% | 295,674 | 19% |

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 | 967,346 | 48.06% | 2,012,744 | 627,755 | 31.19% | 339,591 | 35% |
| CHILD MOBILE CRISIS (R) | 376,212 | 21 | 0.01% | 376,212 | 82,374 | 21.90% | (82,353) | -392157% |
| CIT ASSESSMENT SITE (R) | 391,306 | 495,688 | 126.68% | 391,306 | 169,917 | 43.42% | 325,771 | 66% |
| CONSUMER MONITORING (R) (FED) | 133,656 | 42,242 | 31.60% | 133,656 | 138,313 | 103.48% | (96,071) | -227% |
| ASSESSMENT AND EVALUATION (R) | 448,026 | 154,452 | 34.47% | 448,026 | 146,768 | 32.76% | 7,684 | 5% |
| SUB-TOTAL | 3,361,944 | 1,659,748 | 49.37% | 3,361,944 | 1,165,126 | 34.66% | 494,622 | 30% |

ADMINISTRATION

| PROGRAM | REVENUE | | | EXPENDITURES | | | ACTUAL VARIANCE |
|-----------------------|-------------------|---------------|--------|-------------------|---------------|--------|--------------------|
| | BUDGET FY 2025 | ACTUAL YTD | % | BUDGET FY 2025 | ACTUAL YTD | % | |
| ADMINISTRATION (FED) | 470,080 | 286,503 | 60.95% | 470,080 | 286,503 | 60.95% | 0 |
| PROGRAM SUPPORT | 27,600 | 9,200 | 33.33% | 27,600 | 9,200 | 33.33% | 0 |
| SUB-TOTAL | 497,680 | 295,703 | 59.42% | 497,680 | 295,703 | 59.42% | 0 |
| ALLOCATED TO PROGRAMS | | | | 4,268,473 | 3,126,283 | 73.24% | |

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

RACSB
FY 2025 FINANCIAL REPORT
Fiscal Year: July 1, 2024 through June 30, 2025
Report Period: July 1, 2024 through October 31, 2024
FISCAL AGENT PROGRAMS
PART C AND HEALTHY FAMILY PROGRAMS

| PROGRAM | REVENUE | | | EXPENDITURES | | | ACTUAL VARIANCE | VARIANCE / REVENUE |
|--|-------------------|---------------|--------|-------------------|---------------|--------|--------------------|-----------------------|
| | BUDGET FY 2025 | ACTUAL YTD | % | BUDGET FY 2025 | ACTUAL YTD | % | | |
| INTERAGENCY COORDINATING COUNCIL (R) | 1,882,348 | 840,104 | 44.63% | 1,882,348 | 606,986 | 32.25% | 233,119 | 28% |
| INFANT CASE MANAGEMENT (R) | 998,791 | 296,448 | 29.68% | 998,791 | 345,976 | 34.64% | (49,529) | -17% |
| EARLY INTERVENTION (R) | 2,567,207 | 734,254 | 28.60% | 2,567,207 | 1,011,311 | 39.39% | (277,057) | -38% |
| TOTAL PART C | 5,448,346 | 1,870,807 | 34.34% | 5,448,346 | 1,964,273 | 36.05% | (93,467) | -5% |
| HEALTHY FAMILIES (R) | 141,386 | 68,296 | 48.30% | 141,386 | 16,300 | 11.53% | 51,996 | 76% |
| HEALTHY FAMILIES - MIECHV Grant (R) (REIM) | 340,846 | 149,351 | 43.82% | 340,846 | 148,163 | 43.47% | 1,187 | 1% |
| HEALTHY FAMILIES-TANF & CBCAP GRANT (R) (REIM) | 528,690 | 323,503 | 61.19% | 528,690 | 229,014 | 43.32% | 94,489 | 29% |
| TOTAL HEALTHY FAMILY | 1,010,921 | 541,150 | 53.53% | 1,010,921 | 393,477 | 38.92% | 147,672 | 27% |

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

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

RECAP FY 2025 BALANCES

| | REVENUE | EXPENDITURES | NET | NET / REVENUE |
|-------------------------------|------------|--------------|-----------|---------------|
| MENTAL HEALTH | 10,293,517 | 7,502,799 | 2,790,718 | 27% |
| DEVELOPMENTAL SERVICES | 9,927,177 | 9,473,752 | 453,425 | 5% |
| SUBSTANCE ABUSE | 1,595,397 | 1,299,723 | 295,674 | 19% |
| SERVICES OUTSIDE PROGRAM AREA | 1,659,748 | 1,165,126 | 494,622 | 30% |
| ADMINISTRATION | 295,703 | 295,703 | 0 | 0% |
| FISCAL AGENT PROGRAMS | 2,411,956 | 2,357,751 | 54,206 | 2% |
| TOTAL | 26,183,499 | 22,094,853 | 4,088,646 | 16% |

RECAP FY 2024 BALANCES

| | REVENUE | EXPENDITURES | NET | NET / REVENUE |
|-------------------------------|------------|--------------|-----------|---------------|
| MENTAL HEALTH | 6,917,847 | 5,241,230 | 1,676,617 | 24% |
| DEVELOPMENTAL SERVICES | 8,189,434 | 6,922,906 | 1,266,528 | 15% |
| SUBSTANCE ABUSE | 746,452 | 1,123,958 | (377,507) | -51% |
| SERVICES OUTSIDE PROGRAM AREA | 1,129,335 | 714,626 | 414,709 | 37% |
| ADMINISTRATION | 334,522 | 334,080 | 442 | 0% |
| FISCAL AGENT PROGRAMS | 2,144,210 | 1,615,107 | 529,103 | 25% |
| TOTAL | 19,461,799 | 15,951,907 | 3,509,892 | 18% |

| | \$ Change | % Change |
|--------------------------------------|--------------|----------|
| Change in Revenue from Prior Year | \$ 6,721,700 | 34.54% |
| Change in Expense from Prior Year | \$ 6,142,947 | 38.51% |
| Change in Net Income from Prior Year | \$ 578,754 | 16.49% |

*Unaudited Report

To: Joseph Wickens, Executive Director

From: Brandie Williams, Deputy Executive Director

Re: Finance Policies and Procedures Update- Purchasing

Date: December 8, 2024

The Rappahannock Area Community Services Board maintains a Finance Policy and Procedures Manual to guide our fiscal process and ensure compliance. The Department of Behavioral Health and Developmental Services (DBHDS) conducted a follow-up internal audit of RACSB and identified an inconsistency in our policy for purchasing and our practice for approving requisitions. Over five years ago, RACSB began allowing coordinators to approve requisitions submitted by program management for amounts up to \$500. If the requisition is under that amount, no Director approval is needed. However, the Finance Policy and Procedures Manual was not updated to reflect that change in practice.

Please find the following requested update to the manual in order to align our policy with our practices in this area.

SECTION 2: PURCHASING

High quality goods and services shall be procured at reasonable costs. All procurement procedures shall be conducted in a fair, ethical and impartial manner with avoidance of any impropriety or appearance of impropriety. All qualified vendors shall have access to public business; and no offeror shall be arbitrarily or capriciously excluded.

No RACSB employee having official responsibility for a procurement transaction shall solicit, demand, or agree to accept from a bidder, offeror, contractor or subcontractor any payment, loan, subscription, advance, deposit of money, services or anything of more than nominal value, present or promised, unless consideration of substantially equal or greater value is exchanged.

RACSB will actively encourage the participation of women and minority owned businesses, and small businesses, in the procurement process. RACSB incorporates a list made available by the Department of Minority Business Enterprises, provided by DBHDS, and updated on a continual basis.

Documentation of procurement transactions shall be completed, maintained and available for review, and that documentation shall accurately and adequately reflect the procurement transaction.

No purchase shall be paid for in advance of receipt, unless the vendor requires prepayment.

APPROVAL

All purchases require advance approval through submission of a Purchase Order Request form (hereinafter referred to as a "requisition"), which is approved by the requester's immediate supervisor, signed by the program coordinator, director or assistant director in the director's absence and submitted to the Procurement Specialist. ~~The ID Residential Coordinator is authorized to approve requisitions for ID Residential Programs and the Prevention Coordinator is authorized to approve prevention related purchases~~Coordinators can approve requisitions up to \$500. Any requisitions above this amount require Director-level approval. The Procurement Specialist issues a pre-numbered Purchase Order in advance of the purchase in some cases.

Credit card purchases are subject to the advance approval process described in the above paragraph. Credit card security and accountability is the responsibility of the Procurement Specialist. Once a requisition is approved, the requester may sign out the appropriate credit card from the Procurement Specialist and make the approved purchase. The signed out card will be returned to the Procurement Specialist within 24 hours along with all receipts for purchases made. Purchases made via the Internet, telephone, or facsimile will be made by the Procurement Specialist. Visa card purchases will only be made when no other form of payment is available or feasible. Visa cards will not be checked out to

employees without the specific approval of the Executive Director or in his absence, the Director of Finance and Administration. In special cases where travel may be involved, the 24-hour rule may be waived.

In situations where maintenance items are needed more quickly than they could be obtained through the above outlined procedure, the Property Maintenance Technician is pre-authorized to make such purchases (up to a limit of \$100 dollars). The MH and ID Residential Services Coordinators are similarly authorized to make such purchases (up to a limit of \$25).

In extenuating circumstances, when the purchasing system is unable to accommodate the immediate need for an item, Division Directors may approve small purchases not to exceed \$50 to be made by the employee. The employee shall account for the purchase on the Employee Reimbursement form, and attach a receipt for reimbursement.

Purchases not expected to exceed \$5,000 can be made based on a single quote, if that quote appears to be fair and reasonable. Additional policies apply for purchases over \$5,000 in addition to the submission of a requisition form and issuance of a purchase order. The procurement method indicated below will apply to such purchases. Such purchases will be handled in accordance with the respective procurement method procedures detailed in the CSB Procurement Procedures Manual.

PURCHASES UP TO \$5,000

A single quote is acceptable.

PURCHASES FOR NON-PROFESSIONAL SERVICES BETWEEN \$5,000 UP TO AND INCLUDING \$100,000

Solicitation of four informal quotes or bids for purchases is required.

Pricing obtained from eVA vendors may be counted as quotes, and pricing obtained from catalogs, or electronic websites may be counted as quotes.

PURCHASES FOR NON-PROFESSIONAL SERVICES GREATER THAN \$100,000

The competitive process to be used is determined as follows:

Invitation for Bid

If the product or service can be adequately described and competition can be obtained based upon the specification or scope of work, the formal bidding process will be used (Invitation for Bid) as described in Chapter 6 of the State Agency Procurement and Surplus Property Manual.

Request for Proposals

If the product or service cannot be adequately described without being restrictive or other evaluation criteria are more important than cost, the competitive negotiation procurement method will be used (Request for Proposal) as described in Chapter 7 of the State Agency Procurement and Surplus Property Manual. This method may be used only to procure goods or non-professional services and should include a written determination, which explains why it is not practicable or fiscally advantageous to utilize the IFB procedure.

Construction

The formal Invitation for Bid process and related special requirements will apply for projects in excess of \$100,000 as described in the State Construction and Professional Services Manual.

PROFESSIONAL SERVICES

The competitive negotiation process (Request for Proposals) and related special procedures will be utilized for projects where the estimated value is \$30,000 or more. Professional services include work by an independent contractor within the scope of the practice of accounting, actuarial services, architecture, dentistry, land surveying, landscape architecture, law, medicine, optometry, pharmacy or professional engineering.

EMERGENCY SITUATIONS

If the emergency endangers life or property and its cost exceeds the single quote limit, obtain competition where feasible, and award a contract without competition where competition is not feasible. Awards of emergency procurements in excess of \$5,000 shall be posted for a period of ten (10) days after the procurement.

SOLE SOURCE

If only one brand or service is acceptable and only one source is practicably available, or only one provider of a specific service is located sufficiently close to the area in which the service is to be provided, a sole source determination may be written. Sole source determinations for procurements of \$5,000 or more should be posted.

(Appendix R – Procedures for Fixed Asset Management).

DEBARMENT

An individual or firm may be debarred (removed from the Vendor's List) from 90 days up to 3 years for any one of the following reasons: breach of contract; stated unwillingness or inability to honor a binding bid; falsifying or misrepresenting information; conferring upon any employee of RACSB with official responsibility in the procurement transaction any gift, gratuity, favor or advantage not available to all RACSB employees; any cause indicated that the individual or firm is not a responsible vendor; any determination by the Executive Director of the RACSB that a vendor has used abusive or obscene language or a threatening manner toward RACSB personnel during the performance of their duties or as a result of the performance of their duties; or by the consent of the firm or individual being debarred.

An individual or firm may be debarred for up to three years for any of the following reasons: conviction of any criminal offense involving public contracting; court judgment finding a violation of either federal or state antitrust laws; or conviction of any offenses indicating a lack of moral or business integrity.

DISPUTES

In the process of procuring goods and services, awarding contracts, and the performance of contracts, disputes may arise between RACSB and the contractor. RACSB has in place an administrative procedure to handle and resolve disputes as an alternative to forcing redress through legal channels. A bidder, offeror, or contractor need not use this procedure, and can opt instead to bring action involving a contract dispute with RACSB in the appropriate circuit court. If, however, the administrative procedure is invoked, the procedure shall be exhausted prior to initiating legal action concerning the procurement transaction, unless RACSB agrees otherwise.

In cases where the administrative procedure has been invoked, and it is determined that the decision or action of RACSB was arbitrary or capricious, the administration of an award or contract while in dispute, and the relief granted, will be in accordance with the provisions and specifications of the Virginia Public Procurement Act.

The vendor must invoke the administrative procedure within thirty days in the case of an ineligibility determination (vendor refused permission to participate in a public contract), and ten days in case involving denial of withdrawal of a bid and determinations of non-responsibility.

To appeal an award or a decision to award, the vendor must submit a written protest stating the reasons for the protest within ten days, and the RACSB must respond in writing within ten days of receipt of the written protest. Within ten days of the RACSB's response, the vendor may initiate the administrative procedure.

Administrative Procedure: To invoke the administrative procedure, the vendor must so notify the RACSB Executive Director, in writing, within the time frames established above. This written statement should detail the circumstances involved and the remedy sought. The Executive Director will schedule a hearing before an uninterested party. The disinterested party appointed to conduct the hearing shall not be an employee of the RACSB but should have some knowledge of public procurement practice.

Hearings shall be informal, although legal counsel may represent both sides, and each party shall be given time to state their positions. The proceedings will be recorded, and a record of the proceedings will be held for at least sixty days after the hearing. Witnesses may be permitted to testify; however, no oath is given and no witness can be forced to testify. A written decision containing findings of fact shall be issued within ten days of the hearing.

Vendors may seek judicial review of administrative hearings, provided the person who issued the administrative review decision takes action within thirty days of the receipt of a written decision.

Effect of an Appeal upon an Award or Decision to Award: An appeal has no effect upon a contract that has been awarded and accepted in good faith. An award need not be delayed for the period allowed a bidder or offeror to protest or appeal, but in the event of a timely protest or appeal, no further action to award the contract will be taken unless there is a written determination by RACSB that award of the contract is necessary to protect the public interest or unless that bid or offer would expire.

CONTRACTUAL CLAIMS

Contractual claims, whether for money or other relief, shall be submitted in writing to RACSB no later than 60 days after final payment. However, written notice of intent to file such a claim must be given to RACSB at the time the contested occurrence or work was begun. Nothing precludes RACSB from requiring submission of an invoice for final payment within a specific time frame upon completion and acceptance of the work performed.

A contractor may not institute legal action prior to receipt of RACSB's decision on the claim, unless RACSB fails to render a decision within 30 days. The decision of RACSB shall be final and conclusive unless the contractor, within six months of the date of the final decision on the claim, institutes legal action.

DEFAULTS

A vendor is in default when he/she fails to provide the contracted product or service; does not meet the time schedule specified in the contract; or does not provide or perform in the manner specified. A vendor shall not be held in default if failure to perform arises from any act of war, order of legal authority, strikes, acts of God, or other unavoidable causes not attributed to the fault or negligence of the vendor. The burden of proof rests with the vendor.

If efforts by the Procurement Specialist to resolve the problem through verbal communication fail, the Procurement Specialist shall notify the vendor in writing, that the contract is in default, specify a specific number of days within which the problem must be corrected, and indicate that the contract will be terminated and the vendor held liable for any excess costs incurred by procuring the goods or services from another source.

If the default is not corrected in the time specified, the contract will be terminated and awarded to another source, usually the next lowest responsive and responsible bidder. The defaulted vendor is notified in writing that he/she is required to pay the difference between his/her price and the new contract price, and that the vendor's firm will be removed from the bidder's list and not allowed to quote on other contracts with RACSB until repayment is made. If no additional cost results from the default action, the vendor shall be removed from the bidders' list for 60 days.

RECORDS

Vendor and contract files are maintained centrally at 600 Jackson Street, by the Procurement Specialist. All record keeping is in compliance with CPA recommendations.

CONTRACTS

RACSB provides standard contractual format with appropriate provisions for use in all contractual arrangements, including those for construction work and professional services. The provisions of the contract provide compliance with legal, regulative, and procedural matters and therefore must be a part of all agreements. In the event of the RACSB accepts the use of a vendors' terms and conditions, RACSB will require the vendor to sign an "Addendum to Vendor's Form".

Signatory authority in all contractual arrangements rests solely with the RACSB Executive Director and/or the RACSB Board Chairperson.

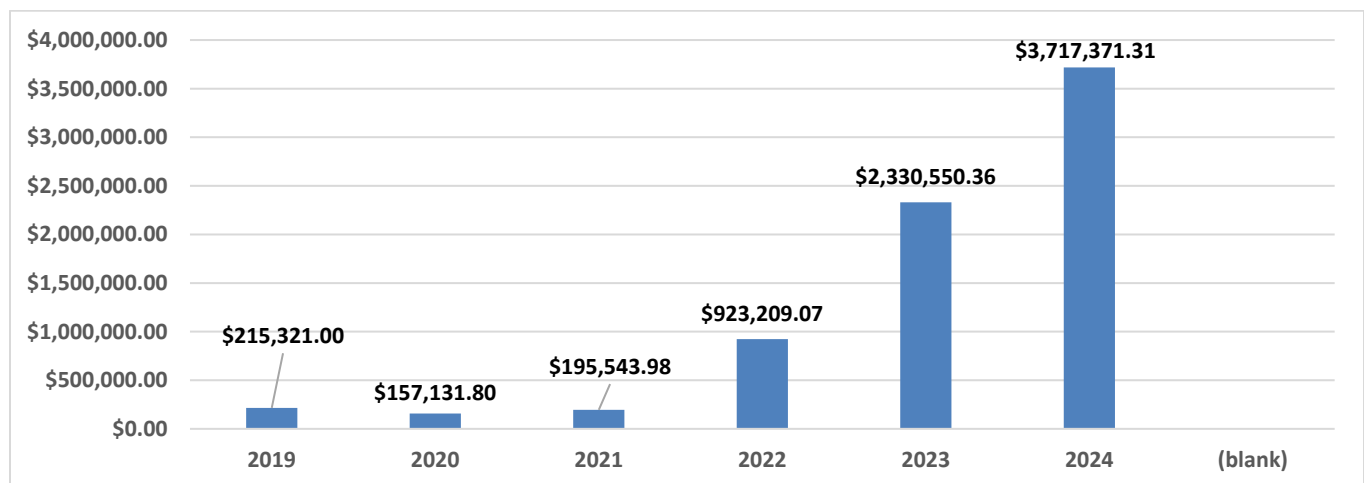
To: Joe Wickens, Executive Director

From: Brandie Williams, Deputy Executive Director

Re: Health Insurance Premium Holiday for Applicable Employees

Date: December 5, 2024

The Rappahannock Area Community Services Board operates a self-funded health insurance program through Anthem. Further, we contract with USI Insurance Services for benefits consulting. Through negotiation and consideration of positive claims history, RACSB has experienced reduced expense projections as well as significant increase in our Health Insurance Account balance. Our current balance as of November 2024 is \$3,717,371. Please see five-year trend of that balance below.



Recommendation for Employee Premium Holiday

Our USI Insurance Consultants have recommended we consider passing along some of the savings to employees through granting an “Employee Premium Holiday”. This would include the agency not deducting the employee’s contribution towards their health plan from their paycheck. For any applicable pay period, no additional contributions would be made to the Health Insurance Account. Once deposited in the Health Insurance Account, funds can only be used for the purposes of claims and related insurance administration expenses. We collect from employees and deposit approximately \$200,000 per payroll into the Health Insurance Account.

RACSB leadership recommends the Board consider granting an “Employee Premium Holiday” for the next two pay periods for those staff that are enrolled in a health insurance plan which requires an Employee premium contribution. Total estimated cost is \$400,000.

HUMAN RESOURCES PROGRAM UPDATE- November 2024

This November the HR Team is thankful for the ongoing support of the agency as we continue to grow and learn how to best support the organization! While we had one of our smaller orientations this month, four new HopeStarters joined the agency, we made some notable offers that were accepted. While securing a Finance Director, who will start in mid-December, is a big deal we were very excited to fill our HR Specialist position!

Our third Germanna/RACSB Behavioral Health Tech (BHT) internship wrapped up at the end of November. Seven students spent 15 weeks with different programs learning on the job skills as they pursued their BHT certification. We were able to hire 2 from this class. The next class starts January 2025.

Spotsylvania Clinic received its National Health Service Corps (NHSC) site recertification. The Caroline, Fredericksburg, King George and Stafford clinics were all recertified earlier this year. The NHSC's mission is to build healthy communities by supporting qualified health care providers dedicated to working in underserved areas. The National Health Service Corps (NHSC) supports more than 17,000 primary care medical, dental, and behavioral health providers through scholarships and loan repayment programs. By having this designation, we are able to provide access for our staff and future staff to grants and loan repayment programs.



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: December 4, 2024

Re: Summary – November 2024 Applicant and Recruitment Update

RACSB continues to receive a significant number of applications through the hiring portal. For the month of November 2024, RACSB received 704 applications.

Of the applications received, 143 applicants listed the RACSB applicant portal as their recruitment source, 57 stated employee referrals as their recruitment source and 504 listed job boards as their recruitment source.

At the end of November, there are currently 44 open positions, 34 full-time and 10 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 November 2024.

APPLICANT DATA REPORT
RACSB FY 2025

| <u>APPLICANT DATA</u> | <u>Jul-24</u> | <u>Aug-24</u> | <u>Sep-24</u> | <u>Oct-24</u> | <u>Nov-24</u> | <u>Dec-24</u> | <u>Jan-25</u> | <u>Feb-25</u> | <u>Mar-25</u> | <u>Apr-25</u> | <u>May-25</u> | <u>Jun-25</u> |
|----------------------------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| Female | 727 | 338 | 373 | 402 | 340 | | | | | | | |
| Male | 128 | 93 | 128 | 154 | 106 | | | | | | | |
| Not Supplied | 372 | 294 | 299 | 313 | 258 | | | | | | | |
| Total | 1227 | 725 | 800 | 869 | 704 | | | | | | | |
| <u>ETHNICITY</u> | | | | | | | | | | | | |
| Caucasian | 254 | 140 | 155 | 172 | 128 | | | | | | | |
| African American | 405 | 193 | 227 | 256 | 226 | | | | | | | |
| Hispanic | 67 | 26 | 32 | 34 | 25 | | | | | | | |
| Asian | 20 | 15 | 16 | 18 | 16 | | | | | | | |
| American Indian | 2 | 2 | 0 | 0 | 4 | | | | | | | |
| Native Hawaiian | 2 | 1 | 1 | 0 | 1 | | | | | | | |
| Two or More Races | 63 | 44 | 51 | 49 | 27 | | | | | | | |
| <u>RECRUITMENT SOURCE</u> | | | | | | | | | | | | |
| Newspaper Ads | | | | | | | | | | | | |
| RACSB Website | 192 | 138 | 171 | 130 | 143 | | | | | | | |
| RACSB Intranet | | | | | | | | | | | | |
| Employee Referrals | 99 | 72 | 91 | 68 | 57 | | | | | | | |
| Radio Ads | | | | | | | | | | | | |
| Job Boards | | | | | | | | | | | | |
| Indeed.com | 861 | 437 | 428 | 567 | 428 | | | | | | | |
| VA Employment Commission | | | | | | | | | | | | |
| Monster.com | | | | | | | | | | | | |
| Other - | 48 | 53 | 75 | 72 | 57 | | | | | | | |
| VA Peer Recovery Specialist Site | | | | | | | | | | | | |
| Colleges/Handshake | | | | | | | | | | | | |
| Facebook | | | | | | | | | | | | |
| Multi Site Search | | | | | | | | | | | | |
| NHSC | | | | | | | | | | | | |
| Linked In | | | | | | | | | | | | |
| Goodwill referral | | | | | | | | | | | | |
| Zip Recruiter | 27 | 25 | 35 | 32 | 19 | | | | | | | |
| Job Fair | | | | | | | | | | | | |
| Total # of Applicants | 1227 | 725 | 800 | 869 | 704 | | | | | | | |

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 | 1 | | | | | | | | 23 |
| Full-time | 8 | 14 | 13 | 10 | 6 | | | | | | | | 51 |
| Sub Total External Applicants Hired | 11 | 22 | 22 | 12 | 7 | 0 | | | | | | | 74 |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Internal Applicants Moved: | | | | | | | | | | | | | |
| Part-time to Full-time | | | | | 3 | | | | | | | | 3 |
| PRN As Needed to Full-Time | | | | | | | | | | | | | 0 |
| Sub Total Internal Applicant Moves | 0 | 0 | 0 | 0 | 3 | 0 | | | | | | | 3 |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Total Positions Filled: | 11 | 22 | 22 | 12 | 10 | 0 | | | | | | | 77 |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Total Applications Received: | | | | | | | | | | | | | |
| Actual Total of Applicants: | 1227 | 725 | 800 | 869 | 704 | | | | | | | | 4325 |
| Total External Offers Made: | 11 | 22 | 22 | 12 | 7 | 0 | | | | | | | 74 |
| Total Internal Offers Made: | 0 | 0 | 0 | 0 | 3 | 0 | | | | | | | 0 |

| Open Positions Report | | | 11/25/2024 | | | | |
|-----------------------|-----------------------------------|--------------|---|-----------------|--|-----------|-----------|
| <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> |
| 12/1/2023 | 360 | 1060699 | Financial Analyst | Admin | FBG City Admin Accounting | x | |
| | | | | | 1 | | |
| 10/15/2024 | 41 | 1329539 | Vocational Specialist - ACT | CSS | FBG City CSS | x | |
| 8/26/2024 | 91 | 1053566 | Therapist | CSS | FBG City Mental Health Crisis Stabilization | x | |
| 10/7/2024 | 49 | 1323294 | MH Residential Specialist | CSS | FBG City Mental Health Crisis Stabilization | x | |
| 8/22/2024 | 95 | 1284004 | ACT Team Coordinator III | CSS | FBG City Mental Health Residential | x | |
| 7/24/2024 | 124 | 1258307 | Critical Time Intervention Case Manager | CSS | FBG City Mental Health Residential | x | |
| 10/4/2024 | 52 | 1321621 | Peer Recovery Specialist - Crisis Stabilization | CSS | Crisis Stabilization | | x |
| 11/6/2024 | 19 | 1349372 | Developmental Services Support Coordinator - Stafford | CSS | Stafford County Community Support Services - | x | |
| 11/21/2024 | 4 | 1360866 | Developmental Services Support Coordinator - River Club | CSS | FBG City CSS Services - ID/DD Support Coordination Services | x | |
| | | | | | 8 | | |
| 12/7/2023 | 354 | 1053800 | Peer, Family Support - Spotsylvania | Clinical | Spotsylvania Clinical Svcs Child & Adolescent Services | | x |
| 2/23/2024 | 276 | 1116531 | Therapist, Emergency Services Mobile Co-Response | Cinical | FBG City Clinical Svcs Emergency Svcs | x | |
| 10/21/2024 | 35 | 1334410 | Therapist, Emergency Services | Clinical | FBG City Clinical Svcs ES Coordinator | x | |
| 11/15/2024 | 10 | 1356719 | Therapist, Child and Adolescent | Clinical | Stafford County Clinical Services - Outpatient | | |
| 12/1/2022 | 725 | 1053679 | Therapist, SA - Probation and Parole | Clinical | FBG City Clinical Svcs Substance Abuse Svcs | x | |
| 11/10/2024 | 15 | 1352003 | Case Manager - Diversion | Clinical | FBG City Clinical Svcs Jail Based/Diversion Svcs | x | |
| 7/25/2024 | 123 | 1259220 | Therapist, MHSA Outpatient | Clinical | FBG City Clinical Svcs Outpatient Svcs | x | |
| 5/6/2024 | 203 | 1126620 | Psychiatrist | Clinical | FBG City Clinical Svcs Outpatient Svcs | x | |
| 8/27/2024 | 90 | 1242531 | Office Manager I - Fredericksburg | Clinical | FBG City Clinical Svcs Outpatient Svcs | x | |
| 8/30/2024 | 87 | 1291460 | CSAC Mobile OBOT | Clinical | FBG City Clinical Svcs Substance Abuse Svcs | x | |
| 8/26/2024 | 91 | 1287248 | Peer Recovery Specialist | Clinical | FBG City Clinical Svcs Substance Abuse Svcs | x | |
| 10/25/2024 | 31 | 1339656 | Peer Recovery Specialist | Clinical | FBG City Clinical Svcs Substance Abuse Svcs | x | |
| 7/23/2021 | 1221 | 1053589 | Therapist, Office on Youth | Clinical | FBG City Clinical Svcs Substance Abuse Svcs | x | |
| 1/3/2024 | 327 | 1076741 | Therapist, SA - Women's Services - Fredericksburg | Clinical | FBG City Clinical Svcs Substance Abuse Svcs | x | |
| | | | | | 14 | | |
| 11/8/2024 | | 1351765 | Direct Support Professional - Day Support - Spotsylvania | CSS | Spotsylvania County CSS Day Health and Rehabilitation Services | x | |
| 9/20/2024 | 66 | 1309385 | Direct Support Professional - Day Support - Horticulture | CSS | Stafford County CSS Day Health & Rehabilitation Services | | x |
| 8/19/2024 | 98 | 1280496 | Direct Support Professional - Day Support - Kings Highway | CSS | Stafford County CSS Day Health & Rehabilitation Services | | x |
| 11/8/2024 | 17 | 1351769 | Direct Support Professional - Day Support - Kings Highway | CSS | Stafford County CSS Day Health & Rehabilitation Services | x | |
| 11/8/2024 | 17 | 1351760 | Direct Support Professional - Day Support - Stafford | CSS | Stafford County CSS Day Health & Rehabilitation Services | | x |
| 10/31/2024 | 25 | 1343982 | Direct Support Professional - Day Support - King George | CSS | King George County CSS Day Health & Rehabilitation Services | | x |
| | | | | | 6 | | |
| 10/17/2024 | 39 | 1332387 | Direct support Professional - Residential ICF - Wolfe | CSS | FBG City ID/DD Residential Services | x | |
| 11/6/2024 | 19 | 1349488 | Direct support Professional - Residential ICF - Wolfe | CSS | FBG City ID/DD Residential Services | | x |
| 8/16/2024 | 101 | 1273328 | Direct Support Professional - Residential ICF - Lucas | CSS | Spotsylvania ID/DD Residential Services | | x |
| 11/6/2024 | 19 | 1349481 | Direct Support Professional - Residential ICF - Lucas | CSS | Spotsylvania ID/DD Residential Services | x | |
| 11/6/2024 | 19 | 1349486 | Direct Support Professional - Residential ICF - Lucas | CSS | Spotsylvania ID/DD Residential Services | x | |
| 9/27/2024 | 59 | 1316492 | Direct Support Professional - Residential ICF - Lucas | CSS | ID/DD Residential Services | x | |
| 12/10/2023 | 351 | 1055526 | Direct Support Professional - Residential - Leeland | CSS | Stafford ID/DD Residential Services | | x |
| 11/6/2024 | 19 | 1349472 | Direct Support Professional - Residential - Leeland | CSS | Stafford ID/DD Residential Services | | x |
| 8/20/2024 | 97 | 1281492 | Direct Support Professional - Residential - Stonewall | CSS | Spotsylvania ID/DD Residential Services | x | |
| 10/25/2024 | 31 | 1339719 | Direct Support Professional - Residential - Devon | CSS | Caroline ID/DD Residential Services | x | |
| 10/29/2024 | 27 | 1341978 | Direct Support Professional - Residential - Devon | CSS | Caroline ID/DD Residential Services | x | |
| 10/29/2024 | 27 | 1341975 | Direct Support Professional - Residential - Ross | CSS | Spotsylvania ID/DD Residential Services | x | |
| 10/15/2024 | 41 | 1329543 | Direct Support Professional - Residential - Belmont/SAP | CSS | FBG City ID/DD Residential Services | x | |

| | | | | | | | |
|-----------------------|-----------------------------------|--------------|---|------------------|--|-----------|-----------|
| Open Positions Report | | | 11/25/2024 | | | | |
| <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> |
| 9/11/2024 | 75 | 1270095 | Direct Support Professional - Residential - Igo | CSS | King George ID/DD Residential Services | x | |
| | | | | | 14 | | |
| 11/21/2024 | 4 | 1360834 | Intern - Behavioral Health Technician | Clinical and CSS | | x | |
| Avg days open | 132.62 | | | | | 34 | 10 |
| | | | | | | | |
| | | | | | Total Open Positions: | 44 | |
| | | | | | | | |



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

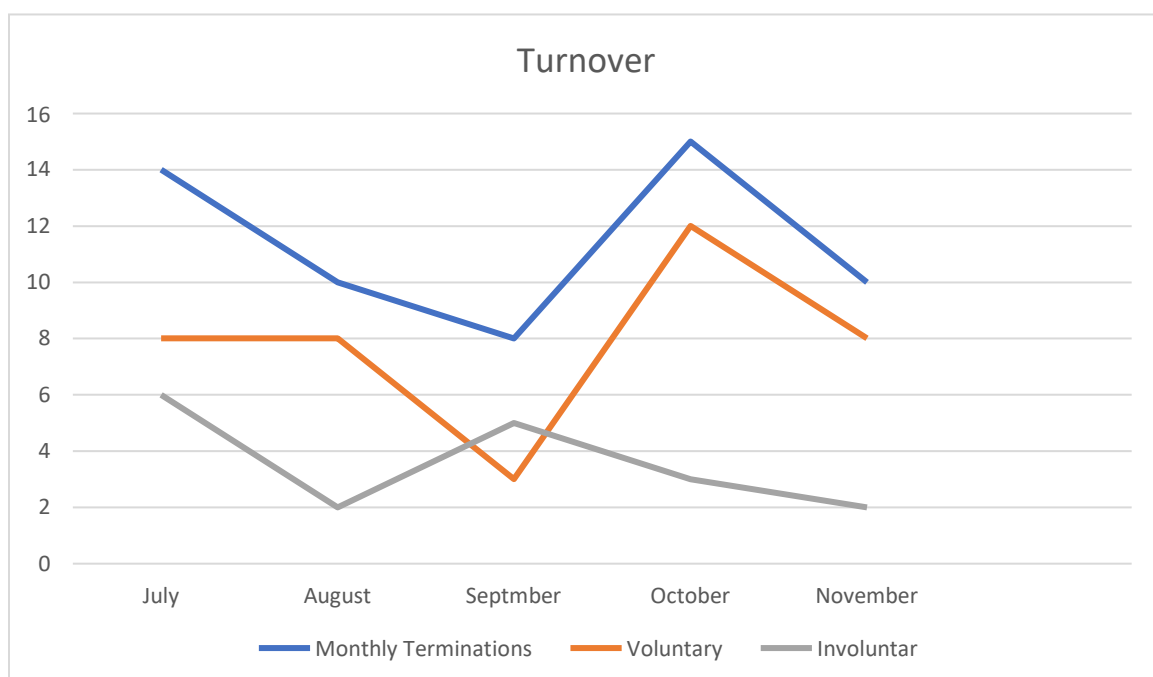
Date: December 5, 2024

Re: Summary – Turnover Report – November 2024

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

Reasons for Separations

| | |
|------------------------|---|
| Resigned- Vol. | 8 |
| For cause- Involuntary | 2 |



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 | 570 | | | | | | | |
| Monthly Terminations* | 14 | 10 | 8 | 15 | 10 | | | | | | | |
| Turnover by Month | 2.45% | 1.75% | 1.36% | 2.56% | 1.75% | | | | | | | |
| Cumulative Turnover YTD | 2.45% | 4.19% | 5.54% | 8.11% | 9.87% | | | | | | | |
| Average % Turnover per Month YTD | 2.45% | 2.10% | 1.85% | 2.03% | 1.97% | | | | | | | |

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

RACSB MONTHLY TURNOVER REPORT
Nov-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 |
| | | | | |
| <i>Unit Totals</i> | 2 | 2 | 0 | |
| Community Support Services | | 6 | | Resignation |
| | | | 2 | For cause |
| <i>Unit Totals</i> | 8 | 6 | 2 | |
| | | | | |
| Grand Totals for the Month | 10 | 8 | 2 | |

| | |
|-----------------------------------|--------|
| Total Average Number of Employees | 570 |
| Retention Rate | 98.25% |
| Turnover Rate | 1.75% |

| | |
|-------------------|----|
| Total Separations | 10 |
|-------------------|----|

RACSB DEPUTY EXECUTIVE DIRECTOR REPORT

November Monthly Updates

Opportunities for Partnership/Input:

- Led the FY2024 Financial Audit
- 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.
- The Administrative Policy Committee which works to negotiate changes to the DBHDS Performance Contract has re-started meeting every two weeks to discuss upcoming changes.
- Served on panel for the Fredericksburg City Public Schools' Superintendent Roundtable.
- Attended the Fredericksburg City Council Legislative Workgroup Session.

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 13th, 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.

Information Technology by the Numbers

| Information Technology Department Data | | |
|--|---------------|-------------------------|
| Number of IT Tickets Completed | Zoom Meetings | Total Zoom Participants |
| November 2024- 919 | 1,978 | 4,507 |

To: Joe Wickens, Executive Director
 From: Brandie Williams, Deputy Executive Director
 Subject: State of the Workforce and Compensation Update FY2025
 Date: December 5, 2024

During the June 2024 Board Meeting, the Board of Directors received an update on the state of the workforce, barriers to workforce, financial position, and potential classification and compensation recommendations. The Board of Directors approved the recommendations resulting in salary increases for FY2025. At that meeting, RACSB executive staff committed to providing an update on the State of Workforce and Compensation no later than December 2024 in order to consider any mid-year Costs of Living adjustments. Please find the requested update below

Overall Workforce Impact by Month for FY2025:

| Month | Rating | Notes |
|--------|-----------------------------|---|
| Jul-24 | Significantly Short-Staffed | Multiple programs have waitlists for services with individuals waiting over 60 days for service; Eligibility criteria for services may be restricted; Multiple Licensing Citations; Documentation and required trainings are not completed on time and/or accurately resulting in poor chart audit performance and potential for paybacks; Overtime hours are not less than 250 per pay period (Averaging around 500 per pay period); Vacancy Rate is less than 15%(9.5%); Average monthly turnover is not less than 2.0%(2.4%); Open positions are filled within 6-8 months (Average Days Position Open: 215 days; 7.1 months); |
| Aug-24 | Significantly Short-Staffed | Multiple programs have waitlists for services with individuals waiting over 60 days for service; Eligibility criteria for services may be restricted; Multiple Licensing Citations; Documentation and required trainings are not completed on time and/or accurately resulting in poor chart audit performance and potential for paybacks; Overtime hours are not less than 250 per pay period (Averaging around 550 per pay period); Vacancy Rate is less than 15%(10.35); Average monthly turnover is not less than 2.0%(3.8%); Open positions are filled within 6-8 months (Average Days Position Open: 189 days; 6.3 months); |

| | | |
|--------|---|---|
| Sep-24 | Significantly Short-Staffed | Multiple programs have waitlists for services with individuals waiting over 60 days for service; Eligibility criteria for services may be restricted; Multiple Licensing Citations; Documentation and required trainings are not completed on time and/or accurately resulting in poor chart audit performance and potential for paybacks; Overtime hours are not less than 250 per pay period(averaging 600 per pay period); Vacancy Rate is less than 15% (10.9%); Average monthly turnover is not less than 2.0%(5.1%); Open positions are filled within 6-8 months (Average Days Position Open: 179 days; 5.9 months); |
| Oct-24 | Significantly Short-Staffed/Minimumally Staffed | Fewer programs have waitlists for services with individuals waiting over 60 days for service; Eligibility criteria for services is less restricted than previous months (SDA); Multiple Licensing Citations; Documentation and required trainings are not completed on time and/or accurately resulting in poor chart audit performance and potential for paybacks; Overtime hours are not less than 250 per pay period (Averaging 251 per pay period); Vacancy Rate is less than 15%(9.6%); Average monthly turnover is not less than 2.0%(7.6%); Open positions are filled within 6-8 months (Average Days Position Open: 170 days; 5.6 months); |
| Nov-24 | Significantly Short-Staffed/Minimumally Staffed | Fewer programs have waitlists for services with individuals waiting over 60 days for service; Eligibility criteria for services is less restricted than previous months (SDA); Multiple Licensing Citations; Documentation and required trainings are not completed on time and/or accurately resulting in poor chart audit performance and potential for paybacks; Overtime hours are less than 250 per pay period (Averaging 103 per pay period); Vacancy Rate is less than 15%(9.6% this is measured quarterly); Average monthly turnover is not less than 2.0%(9.8%); Open positions are filled within 6-8 months (Average Days Position Open: 132 days; 4.4 months); |

Barriers and Threats to RACSB Workforce:

- Increased competition: There are two large competitors for our workforce moving into the area to include the VA Hospital (40-50 Behavioral Health Clinicians and approximately 250 non-clinical level behavioral health positions) will open March 2025 and the Kalahari Resorts Waterpark (1,400 positions).
- Maintenance versus Strategic Growth: RACSB has been focused on maintaining program at current levels for multiple years. Over the next two years, we will see an

influx in the number of positions and program capacity needs specifically for the DD population and to support the new Crisis Receiving Center.

Financial Position and Considerations:

As of the end of October, the Agency had a \$4,088,646 (\$2,885,610 is restricted) positive variance compared to \$3,509,892 (\$1,428,934 is restricted) last year. RACSB also received notification of two additional state fund sources awarded that has to be directed towards supporting CSB workforce/salary for a total of \$434,224 that was not expected at the beginning of the fiscal year. Neither of these funding sources are currently included in the current positive variance.

| Funding Source | Projected Amount |
|----------------------------------|-------------------------|
| Positive Variance | \$4,088,646 |
| Additional State Workforce Funds | \$255,134 |
| Additional State Salary Funds | \$179,090 |
| Total: | \$4,522,870 |

Living Wage Criteria:

The Living Wage Criteria and amounts have not been updated since date below, so the chart remains accurate at this time. RACSB's current entry level salary equates to \$24.00.

| Living Wage as of 2/14/2024 | |
|------------------------------------|----------------------------|
| Area | 1 Adult, 0 Children |
| Virginia | \$24.03 |
| Stafford | \$27.47 |
| Spotsylvania | \$26.46 |
| Fredericksburg | \$23.07 |
| King George | \$23.68 |
| Caroline | \$21.60 |
| PD-16 Average | \$24.46 |

Cost of Living Cost Projections

The RACSB typically provides a mid-year cost of living adjustment for staff which typically equates to between 1%-3% of salary, either as a salary adjustment or a one-time bonus/salary supplement. The Board of Directors requested cost information be provided in December 2024 related to moving to \$25 per hour as a base salary as this was considered in July. Cost information is provided below at 1%, 3%, and 5% (equates to the \$25 per hour).

| Cost Information | 1% | 3% | 5% |
|--------------------|---------------------|--------------------|--------------------|
| Total Cost: | \$339,591.53 | \$1,018,775 | \$1,697,958 |

Financial considerations should include that we have not had the first of two “three pay-period” months which will occur in November. In addition, we have hired more rapidly during the first quarter of this fiscal year than recent history increasing our salary expense. As salary is the largest expense, the full impact of the salary adjustments made in July is not yet known. While we remain confident that are able to fully fund the July increases, we are not confident in the exact amount of positive variance we will have at the end of the year until we are able to have more data.