

RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD

January 28, 2025

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

AGENDA

- I. Call to Order, *Beebe*
- II. *Minutes, Board of Directors, December 17, 2024, *Beebe*4
- III. Public Comment, *Beebe*
- IV. Employee Service Awards, *Wickens*
 - A. Five Years:
 - 1. Dwayne Coleman, Asst Group Home Manager, Churchill
 - 2. Tammy Miller, Nurse Manager, Crisis Stabilization
 - 3. Britton Pickeral, Asst Site Leader, Kings Hwy
 - 4. Agnes Sabumuremyi, DSP, Scottsdale Estates
 - B. Ten Years:
 - 1. Sarah Davis, Clinic Coordinator, King George
- V. Employee of the Quarter, *Wickens*
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IX. Report from the Executive Director, *Wickens*

X. Board Time

XI. Closed Session

XII. Adjournment

December 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 December 17, 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, Glenna Boerner, Greg Sokolowski, Bridgette Williams and Carol Walker. Not Present: Matthew Zurasky, Melissa White, Susan Gayle and Sarah Ritchie.

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

The Board of Directors approved the minutes from the October 15, 2024, meeting.

ACTION TAKEN: The Board approved the October 15, 2024 minutes

Moved by: Ms. Carol Walker

Seconded by: Ms. Glenna Boerner

III. MINUTES, BOARD OF DIRECTORS, November 19, 2024

The Board certified the action the committee took to enter closed session in the absence of a quorum during the November 19, 2024 meeting.

ACTION TAKEN: The Board approved the action to enter closed session.

Moved by: Ms. Claire Curcio

Seconded by: Ms. Carol Walker

The Board of Directors approved the minutes from the November 19, 2024, meeting.

ACTION TAKEN: The Board approved the November 19, 2024 minutes

Moved by: Mr. Ken Lapin

Seconded by: Ms. Shawn Kiger

IV. PUBLIC COMMENT

No Action Taken

V. SERVICE AWARDS

Mr. Joe Wickens recognized all employees with awards:

5 years

Deanna Barker, DSP, Kings Hwy

Emily Mooney, Developmental Services Support Coordinator

Crystal Vial, Physical Therapist, PEID

20 years

VI. BOARD CORE BEHAVIORS, Mr. Jacob Parcell

Mr. Parcell reminded the Board of the core board behaviors throughout the discussions.

VII. PROGRAM REPORTS

A. COMMUNITY SUPPORT SERVICES, Ms. Amy Jindra

1. **Program Update** - Ms. Jindra gave an overview of her programs: currently RAAI is working on two customized rate proposals for applications for DBHDS that will allow them to have a higher rate for reimbursement for services. For DD Residential, this is the first time they will have all their assistant managers and manager positions in group homes filled. Also, Steve Curtis has become a person-centered thinking trainer. It's a two-day training that provides tools and training on how to become more person-centered for non-clinical staff. They are waiting to hear back from WSAC, the committee that makes determinations about waiver allotments. They are anticipating about 30 additional waiver slots. Early intervention currently has 541 children enrolled in the program. They are working to schedule 16 assessments per week. Mental Health Residential Services – PSH has filled the new CTI case manager position. They also housed two new individuals in November, which brings the total to 62 individuals currently housed.
2. **Mental Health and Developmental Disabilities Residential Vacancies** – During the month of November, Mental Health and Developmental Disabilities Residential experienced changes in program enrollment and vacancies. Programs actively seek referrals from support coordination, case management, hospital liaisons and other community members. Ms. Jindra took the Board through the vacancy and referral movements for November.
3. **Sunshine Lady House Utilization** – Ms. Jindra shared that in November Sunshine served 27 individuals from RACSB catchment area and 6 individuals from outside the area, for a total of 131 bed days. She provided graphs illustrating the program goal and utilization by month. Sunshine Lady House received 48 referrals 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.
4. **Department of Rail and Transportation (DRPT) Grant** – Ms. Jindra shared that this was in last months packet but there was no quorum to approve it. The additional handout is a letter requesting approval in order to apply for additional vehicle grant. It explains the grant funding process.

The Board moved to approve the FY26 DRPT Section 5310 Grant Application.

ACTION TAKEN: The Board approved the FY26 DRPT Section 5310 Grant Application

Moved by: Mr. Shawn Kiger
Seconded by: Ms. Ken Lapin

B. CLINICAL SERVICES, Ms. Jacque Kobuchi

1. **Program Update** - Ms. Kobuchi gave highlights of her program. She stated that they do have a therapist that is based at the child advocacy center, Safe Harbor, that participates in the team- not sure everyone is aware of that. Safe Harbor has a grant and they are able to pay us fully right now for that position. Also, they have hired a new psychiatrist for medical services, he will start in July. This will allow us to provide more in-person services. With the case management team, Ramon Test, one of their adult mental health case managers, received the Spotsylvania Regional Behavioral Health Docket Team Member of the Year Award. The Fredericksburg Therapeutic Docket is coming in 2025. Ann Baker will be the administrator for that program.
2. **State Hospital Census Report** -Ms. Kobuchi shared that they have 40 individuals that are at state hospitals receiving treatment. There are a variety of hospitals where they are receiving treatment. Western State Hospital is our main hospital where we send people. There is one individual on the Extraordinary Barriers List.
3. **Emergency Custody Order (ECO)/ Temporary Detention Order (TDO) Report – October 2024.** Ms. Kobuchi stated that Emergency Services staff completed 190 emergency evaluations in November. Sixty-one individuals were assessed under an emergency custody order and sixty-nine total temporary detention orders were served of the 190 evaluations. Staff facilitated three admissions to the state hospital, which included 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. All seventeen 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 22 individuals in the month of November. 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 their goal is to eliminate all of the waitlists for outpatient treatment and to increase the access to same day access, eventually seeing all patients through same day access. Currently, Fredericksburg, King George, Caroline, the Children’s Clinic and the Spotsylvania Clinic do not have waitlists. Stafford is the only waitlist that remains. Ms. Kobuchi stated that Stafford currently has about fifty people on their waitlist, so the number is definitely coming down. They are also fully staffed now in Stafford, although it will take time to get the new therapists trained. Regardless, Ms. Kobuchi believes that, by January, they will not have a waitlist in Stafford. She added that all of the staff are taking the goal very seriously and she believes they will meet it. Ms. Beebe asked if the numbers

will be way down by January or completely down. Ms. Kobuchi said she is hoping they don't have a waitlist in Stafford the next time the Board meets.

C. COMPLIANCE, Ms. Stephanie Terrell

1. **Program Update** - Ms. Terrell spoke about the Commission on Accreditation of Rehabilitation Facilities (CARF) Corner. She said that in 2025, they will be working to get our CARF survey completed. She noted that the RACSB has been CARF certified since 1995. She will continue to put some updates in that corner regarding what to expect and how programs are preparing for the survey that is going to happen next year. Ms. Boerner asked if this was every year. Ms. Terrell said that re-accreditation occurs every three years. Ms. Terrell said the compliance team is having their first CARF Q-Tip this month to kick it off. Ms. Brandie Williams added that we started this back in 1995, before we were required to do so, based on our commitment to quality. With the first round of redesign through DMAS, they started requiring accreditation in order to bill Medicaid for certain services. So, what we started through our commitment to quality, we are now seeing the fruits of that effort as we do not have to scramble in order to continue to provide the services. We are ahead of the game with our accreditation. There are CSBs that have never pursued their accreditation and are now going to have to because Medicaid is requiring it.
2. **Quality Assurance Report** – Ms. Terrell said that they reviewed one program because Compliance staff were working on other projects in the month of November, normally they review four programs. For November, they reviewed Drug Court Services. Discrepancies noted were with Assessment, the Individual Service Plan, the Quarterly Review and the Progress Note areas of that program. 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 provided.
3. **October Licensing Report** – 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 moved to approve the October Licensing Report

ACTION TAKEN: The Board approved the October Licensing Report

Moved by: Mr. Ken Lapin

Seconded by: Ms. Carol Walker

4. **November Licensing Report** – Ms. Terrell said that for November they received approval for two Corrective Action Plans. 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. Corrective Action Plans were provided.

The Board moved to approve the November Licensing Report

ACTION TAKEN: The Board approved the November Licensing Report

Moved by: Ms. Claire Curcio

Seconded by: Ms. Carol Walker

D. COMMUNICATIONS, Ms. Amy Umble

1. **Program Update** - Ms. Umble said that the staff holiday party was last week with 270 employees and their guests attending. It was a great success.

E. PREVENTION, Ms. Michelle Wagaman

1. **Program Update** - Ms. Wagaman went through 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 their annual site visit with Keith Cartwright from DBHDS Office of Behavioral Health Wellness 3) Healthy Families hosted 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=wllf5CouaT4>
2. **Families Forward Impact Report** - Ms. Wagaman shared that Healthy Families is part of Impact Virginia which is part of Families Forward Virginia. She shared the First Quarter 2024-2025 Impact Report. It shows that home visiting works, this primary prevention has really positive outcomes that you can see the impact that having a home visitor for first time parents has a positive outcome on the child, as well as the parents.

F. FINANCE, Ms. Brandie Williams

1. **Program Update** – Ms. Williams introduced the new Finance Director, Ms. Sara Keeler, to the Board. She shared how pleased we are to welcome her to the team. Ms. Williams added that one of Ms. Keeler's first tasks will be to fill our newly vacant Accounting Coordinator position along with the Financial Analyst position. Ms. Williams then shared that the accounting program update is primarily about the gift of audits. The accounting department continues to receive multiple audit activities to complete. They have already completed the ICF audit, ICF Cost Report, and submitted all required documents for the overall agency audit. Additionally, DBHDS has informed the agency that they are going to do their multi-departmental site visit in January.
2. Ms. Williams reviewed the Summary of Investment and Health Insurance.
3. Ms. Williams reviewed the Fee Revenue Reimbursement and Collections.
4. Ms. Williams reviewed the Write-Off Report.
5. Ms. Williams reviewed Payroll Statistics.

Mr. Lapin asked if the significant reduction in overtime hours was due to increased management of it or increased staffing. Ms. Williams said it was due to increased staffing. Mr. Wickens added that it was also due to the hard work of Ms. Amy Jindra, CSS Director, making a very conscious effort to ensure her programs were not approving unnecessary overtime.

6. Ms. Williams reviewed the September Financial Summary.

The Board moved to approve the September Financial Summary

ACTION TAKEN: The Board approved the September Financial Summary

Moved by: Ms. Claire Curcio

Seconded by: Ms. Carol Walker

7. Ms. Williams reviewed the October Financial Summary.

The Board moved to approve the October Financial Summary

ACTION TAKEN: The Board approved the October Financial Summary

Moved by: Ms. Carol Walker

Seconded by: Mr. Ken Lapin

8. **Finance Policy and Procedure Update – Purchasing** Ms. Williams shared that RACSB maintains a Finance Policy and Procedures Manual to guide our fiscal process to 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 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. An update to the manual in order to align our policy with our practices in this area was provided for the Board’s review and approval.

The Board moved to approve the update to the Finance Policy and Procedures Manual.

ACTION TAKEN: The Board approved the update to the Finance Policy and Procedures Manual.

Moved by: Ms. Glenna Boerner

Seconded by: Mr. Greg Sokolowski

9. **Health Insurance Premium Holiday for Applicable Employees –** Ms. Williams shared that this is something the agency has not done before. She said that the RACSB 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 a significant increase in our Health Insurance Account balance. Our current balance as of November 2024 is \$3,717,371. Ms. Williams continued that 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 and “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.

Ms. Curcio asked what percentage of our employees participate in the health plans. Ms. Williams said about 80%. Mr. Lapin asked why just two pay periods if we have \$3.7 million. Ms. Williams said because she always commits to bring a very conservative option but she would be supportive for the will of the Board. Ms. Boerner asked if it stays at \$3.7 million. Ms. Williams said yes, minus whatever our claims are for that month. Mr. Parcell asked if it would be reasonable to extend to four pay periods. Ms. Williams said she believed that to be reasonable and something she would be comfortable with. Ms. Beebe asked if this affects coverage somehow, given many of the rules and regulations. Mr. Mestler said no. Ms. Curcio asked about the 20% of employees that are not going to get this, how are they going to react to this. Mr. Lapin said that the 80% who paid into it are the ones who built it up. It was agreed that the messaging around this would need to be transparent. Ms. Williams added that the whole idea is passing the cost savings onto to those who have paid into something.

Mr. Lapin asked if this was going to impact the higher graded positions more than the lower graded positions. Ms. Williams said no. Mr. Mestler added that it would not be disproportionate in who it affects.

Mr. Parcell asked how much roughly per pay period, per employee, would this be. Ms. Williams said for the basic family plan its \$355 a month, for an individual its \$150 a month.

Mr. Parcell made the motion to accept the premium holiday and to increase the request to four pay periods.

ACTION TAKEN: The Board approved the health insurance premium holiday for four pay periods.

Moved by: Ms. Glenna Boerner

Seconded by: Mr. Greg Sokolowski

G. HUMAN RESOURCES, Mr. Derrick Mestler

- 1. Program Update** – Mr. Mestler went over program highlights for November. HR continued their hiring trend, including two hard-to-fill positions. He mentioned the Finance Director new hire, Sara Keeler, along with the fact they

filled the last vacancy in his own department. The HR Specialist began last week and he is excited for her to start digging into the employment and new hire process to get more positions filled, especially the harder to fill positions. Last month they finished the Germanna Cohort Internship Program. We hired three of the interns from that class. They are now preparing for the next group that begins in January. Currently, there are twelve interns enrolled.

Mr. Mestler shared that the Spotsylvania Clinic received its National Health Service Corps (NHSC) site recertification. The NHSC's mission is to build healthy communities by supporting qualified health care providers dedicated to working in underserved areas. The 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.

2. **Applicant and Recruitment Update** – Mr. Mestler noted that we continue to see a good applicant flow. He noted that this is an area they will be diving more into with their new specialist. There are currently 44 open positions (34 full-time and 10 part-time). The Board was very pleased with the low number of open positions.
3. **Turnover Report** – Mr. Mestler shared that HR processed a total of ten employee separations for the month of November. Of the ten, eight separations were voluntary, two separations were involuntary. Mr. Mestler noted that he has been on the Veterans Health Administration Jobs USA website to check the Veterans Clinic activity in regards to hiring. They are posting more positions out there but currently of the sixty job positions posted, forty of them are remote and twenty of them are onsite. He said only two positions appear to be somewhat competitive with us, and they are two social worker positions- but they are very general social worker positions. Not all of the positions posted are open to the public. Many of them are for internal federal employees only.

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

1. **Program Update** – Ms. Williams shared that the data exchange transition is coming with a projected go-live date of March 1, 2025. This will be a huge modernization in the way we are getting data to and from DBHDS. We are very excited about it. WAMS changes from 4.0 is finally settling in. Team has worked through challenges in the design which were not apparent until after the go-live. Trac-IT we continue to test our extract for required data to upload to Trac-IT. RACSB started submitting Early Intervention Service level data through CCS 3 process.
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 919 tickets in the month of November and 1,978 Zoom meetings for 4,507 participants.
3. **State of the Workforce and Compensation Update FY2025** - Ms. Williams said that 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 the Workforce and Compensation no later than December 2024 in order to consider any mid-year Costs of Living adjustments. Ms. Williams took the Board through the provided graphs and covered Barriers and Threats to RACSB Workforce, Financial Position and Considerations, Living Wage Criteria, and Cost of Living Cost Projections. Ms. Williams said we still remain confident that we can fully fund and have some cushion at the end of the year of the changes that were made in July. We are looking forward to more information and data so we can predict that positive variance.

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

- A. Mr. Wickens spoke about the Strategic Plan and explained that the Executive Committee has made the decision to seek a consultant to assist us in focusing on the next three-year Strategic Plan. He said they have looked at five potential providers to assist them in this process and have narrowed it down to one that has Netsmart experience, and also comes from the CSB world. There will be more to follow in the coming months to involve meetings with the Board and with the management team.
- B. Mr. Wickens gave a reminder about the VACSB Legislative Conference to be held in Richmond January 21st, if you're interested, please let Diana know. The conference falls on the same day as the regularly scheduled Board of Director's meeting on January 21st - Mr. Wickens reminded the Board of the reschedule date for the Board of Director's meeting on January 28th.
- C. Mr. Wickens welcomed Ms. Sara Keeler to the team. He also recognized Ms. Williams for her hard work and outstanding efforts covering the Finance Director position and team over the past months. Thank you, Brandie!

IX. BOARD TIME

- A. Mr. Sokolowski said thank you for all that you do and he welcomed the new Finance Director. Looking forward to many great things in 2025.
- B. Ms. Bridgette Williams said that everyone is doing a great job and she welcomed the new Finance Director.
- C. Mr. Lapin said that we are very pleased to have the new Finance Director and to please pass along to her staff that we wish them a very Merry Christmas and happy holidays.
- D. Mr. Kiger thanked the staff for all that they do and he also welcomed the new Finance Director.
- E. Ms. Beebe introduced the Board to her granddaughter, Varion.
- F. Ms. Boerner said thanks to everybody and Merry Christmas.
- G. Ms. Walker shared that she ran into Marci Catlett, Superintendent of Fredericksburg City Schools, who made a point of coming up to Ms. Walker in a restaurant and saying what a great job Brandie had done when she talked to the community youth forum. Ms. Walker thanked Brandie. Ms. Walker also had an opportunity yesterday to meet some of our staff in action at work and it was a real blessing. She said thank you for that.

- H. Before Ms. Curcio could speak, Ms. Beebe shared that Ms. Curcio was on the front page of Sunday's newspaper. Ms. Curcio then said that it was for her church. She continued that she wanted to thank everyone, the older staff and the newer staff.
- I. Mr. Parcell said thank you for all of your hard work. He thinks there is a lot of tangible results from all of the hard work and it's great.

X. ADJOURNMENT

The meeting adjourned at 5:15 PM.

Board of Directors Chair

Executive Director

January 10, 2025

Dear Rachael,

Congratulations on your selection as Employee of the Quarter for the Second Quarter 2025 (covering the months October - December 2024). The following nominations were submitted on your behalf:

1. I would like to nominate Rachael Nieves for employee of the quarter. Rachael goes above and beyond to bring joy to all employees in any way she can. There is no limit to the creativity she brings to the table and the ideas she comes up with to keep employees spirits up and rally behind RACSB Admin being a team (HR, Payroll, Finance, and IT). She provides monthly calendar updates which always contain a picture or meme to make us laugh and they always follow a theme of what is happening at RACSB that month, even if it's just the season changing. Her monthly calendar updates recognize all Admin staff and their birthdays. It always has a warm welcome for new Admin staff when they start and a sincere good-bye when an employee is leaving. She keeps us informed about who will be out of the office. She is our information hub. Her monthly calendars identify key information for Admin employees from payroll information that is due, to board meetings dates, as well as key deadline dates for finance. Her monthly calendar also identifies the NEO week so we know to expect new faces in the building and to welcome them to RACSB. She brings such a joyous spirit to work with her every day, it is a treat to receive the new monthly calendar from her.

In addition to keeping up with the monthly updates for the Admin team, she keeps the room for the reimbursement and finance team festive. She finds a reason to celebrate all employees by including them in all the creative activities she comes up with and is always decorating the door they have to enter each day just to bring a smile to employees faces. I occasionally have to visit Suite 205 to bring finance documents to be filed and I look forward to walking that way. She is always placing creative things around their suite on the 2nd floor of Jackson Street including fun games for us to play when we need a small break from work. These fun games are always educational (she loves giving us little tidbits of information). She was our Google Assist/Siri when the 2024 Summer Olympics came around, I learned all kinds of interesting facts from the hallway decorations she put up. Her games also give all who walk that way an opportunity to get to know her team a little better. We have several conference rooms in that corner of the building which are always visited by our employees who work out in the field for meetings or trainings. The Halloween "get to know the employees" door decorations which allowed employees to play a game of matching up with personal facts with finance team members was challenging and fun.

She plans our Annual Administration Holiday Luncheon. She picks the date, reserves the room, she starts the sign-up list for the food that will be shared, and comes up with small gestures for us to show each other appreciation around the holidays.

Rachael makes a difference in the employees lives who work behind the scenes to help this organization thrive. Community, inclusion, and empathy drives who she is. Rachael is not required to spend additional time outside of work thinking of ways to bring her coworkers closer and making Jackson Street a joyous place to be. I think she should be recognized for the effort she puts into going above and beyond to not only do her work but also to make RACSB a place where employees are brought together for fellowship and to get to know the person sitting next to them 40 hours out of every week. I found myself conversing with employees I don't usually communicate with working on her giant Christmas crossword puzzle. It was awesome!! She is awesome!!

2. I want to nominate Rachael Nieves for the employee of the quarter. She coordinated the Annual Luncheon on December 6th. The time, planning, and effort she put in from the decorations, games, food, and prizes were outstanding.

A one-time salary supplement of \$500 will be added to your paycheck.

The Rappahannock Area Community Services Board thanks you for your outstanding level of service to the agency. Please join us to be recognized at 600 Jackson Street in Board Room 208 for the Board of Directors Meeting on January 28, 2025, at 3:00 PM. The recognition will come at the beginning of the meeting, and then you will be photographed.

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

Sincerely,



Joseph Wickens, Executive Director
Rappahannock Area Community Services Board

Cc: Derrick Mestler, Human Resources Director

Board Core Behaviors



Open and Honest
Communication



Ask
Tough Questions



Next Level
Decision Making



Community Support Services Program Updates

January 2025

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

RAAI is currently supporting 114 individuals and continuing to assess those on the waitlist of 36. Three individuals have start dates in the next 90 days. The second Community Engagement group has started out of the Massad branch YMCA. We continue to assess individuals to expand this service. The program has only 8 vacant DSP positions (2 full time and 6 part time). The reduced open positions allow RAAI to assess those on the waitlist quicker when referrals are received. The holidays were celebrated throughout the season at all our sites with parties and fun themed spirit days. Welcome to Brendan Rath, our new Horticulture DSP!

Developmental Disabilities (DD) Residential Services - Stephen Curtis

Individuals that reside in RACSB group homes enjoyed a Christmas party hosted by the Lion's Club this year on 12/9 complete with dinner and gifts for all. The Lion's Club has hosted this special event for individuals in our services for decades, and it is always a big hit and a great time for individuals to enjoy.

An individual chose to move into Leeland Road from Devon Drive effective 12/13. We continue to assess for all Group Home vacancies and have 2 individuals slated to move in January - 1 to the vacancy at Igo, and 1 to the vacancy at Ruffins Pond.

DD Residential celebrates going into the new year approaching roughly 12 staffing vacancies program wide. This time last year, we were looking at over 45 vacancies and struggling to push ahead. This past year, backed by amazing support from the Board, the Management team, and an investment in quality improvement, accountability, and training, we are in such a great position to redefine DD Residential. Targets for the upcoming year are to continue to ensure training goals are met, fill all resident vacancies, expand our SAP and SP programs, reduce medication errors, improve charting and HCBS compliance initiatives, and to work on retaining high quality staff. We are extremely grateful for the tools and resources we have been provided to improve quality of service delivery.



Developmental Disabilities Support Services - Jen Acors

In December, 30 FIS slots were distributed to RACSB. Staff are working to assist individuals who were awarded these slots connected with services.

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

There are currently 543 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 47 referrals in December. We have recently visited all pediatricians and daycares in the area, providing PE-ID pamphlets to each. There are currently 16 providers on staff.

Mental Health (MH) Residential Services - Nancy Price

Lafayette Boarding House filled one community bed in December.

A long-time resident of Lafayette Boarding House transitioned to an Assisted Living Facility in order to support increased medical needs. Jennifer Beall, LBH Manager, went above and beyond to identify this placement, coordinate tours for the individual and their family, and provide ongoing support during and after the transition.

MH Residential received 8 transitional referrals from state hospitals in December. Three individuals are in the process of completing passes, one individual is scheduled for the initial assessment and the other four referrals were withdrawn by the hospital due to various circumstances.

PSH Manager, Lori Weresnick, left RACSB in December. I am happy to announce that Laura Watson, current PSH Case Manager, has accepted the position of PSH Manager. Laura will transition into her new role on January 20.

Psychosocial Rehabilitation: Kenmore Club - Anna Loftis

Kenmore Club is having a relaxing January after the busy holiday season. We have planned trips to the NOVA Wild Zoo, ice skating, and some museums in Richmond, but are also planning on focusing on more small group activities that promote learning, and art groups to help prepare for the Art of Recovery. We are pleased that our vocational efforts have been so fruitful. We have six members who will begin college classes at Germanna this semester and will be



providing space to get their work done with staff support in the building. We are also looking ahead at planning our Super Bowl party next month, which is always a large turnout.

Sunshine Lady House (Crisis Stabilization) - Latroy Coleman

SLH received 31 prescreens in the month of December 2024. Four of the prescreens were not appropriate to crisis stabilization due to needing a higher level of care. Four of the prescreens were contacted for admittance but decided not to come to the program. The census continued to vary through the holiday season. Greater efforts towards outreach and coordination have been made to assist with improving the program census. Several obstacles have been identified to include doctor time for 24hr admittance as well as coordination from ED to SLH. The coordinator of ES and SLH are collaborating to address concerns that could potentially impact recommendations and services. In regards to the team, SLH has two vacant mental health specialist positions, one full time therapist position and a peer position. We are excited to have our newest mental health residential specialist on January 7, 2025! We are also welcoming two interns in January's NEO training.

Memorandum

To: Joe Wickens, Executive Director
From: Steve Curtis, DD Residential Coordinator
Date: December 20, 2024
Re: KOVAR Grant

On August 27th, 2024, Myers Drive submitted a grant application to the Virginia Knights of Columbus Charity, also known as KOVAR, requesting funds to replace a portable lift in the home and for subsidization for guest activities, typically paid for by families. Our purpose for the activity funding was to increase the level of enjoyable activities during stays in order to promote higher program utilization. Upon review of our grant application, a representative contacted us to inquire more about the requested funds for guest activities, and suggested that the board likely would not approve that portion of the grant. KOVAR seeks to fund more quantifiable and tangible use items within the scope of their mission to support individuals with intellectual disabilities. The representative invited us to consider other needs and update our request.

On December 20th, 2024, Myers Drive re-submitted a grant application to KOVAR to request funds to replace a portable lift in the home, and to replace furnishings in the home to help freshen the home's decor. Furnishings we are asking to replace via KOVAR funds include a sofa, loveseat, ottoman, a lounge chair, and 6 dining room chairs. This re-submitted grant will be reviewed on KOVAR's February 1st board meeting.

As a reminder, KOVAR's maximum award for a grant request is \$15,000, and we are eligible to apply every 18 months. Our last award provided furnishings that were distributed amongst 4 group homes. We became eligible once again in late August to re-apply.

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

We look forward to hearing back on our resubmittal and to sharing more about our services with KOVAR.

Memorandum

To: Joe Wickens, Executive Director

From: Steve Curtis, DD Residential Coordinator

Date: January 7th, 2025

Re: Myers Drive Respite Update

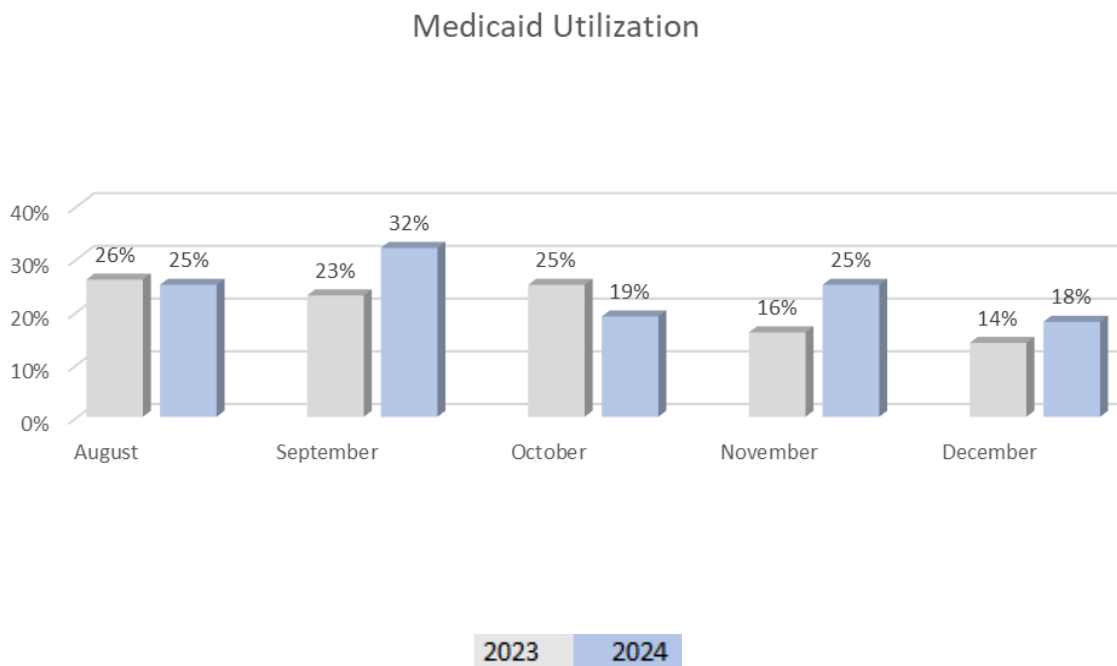
In December 2023, the Myers Respite team implemented improvement strategies to enhance the program's effectiveness, increase revenues, and manage expenses while also committing to offering valued services to individuals in our community. The following bullets highlight progress updates for each of the implemented strategies since they were last reviewed in late August 2024.

- To help mitigate expenses, staff will continue to be assigned to work in other programs during periods of low utilization and associated expenses will be allocated to those other programs.
 - From August 1st to December 30, 61.25 hours were worked and allocated to other programs. At this time, fewer hours are continuing to be allocated into other programs in part related to position freezes highlighted in the next bullet.
- Myers Respite program will freeze two vacant Direct Support Professional positions reducing expenses by approximately \$92,112.
 - A Full-time Direct Support Professional, and 1 Part-Time Direct Support Professional remain frozen since November 2023. In addition, a 2nd FT position that was vacated on March 28th, 2024 has remained frozen. These frozen positions equate to approximately \$142,840 annually in salary expenses.
- Myers staff will continue to pursue other opportunities to promote services in the community.
 - The KOVAR grant that was applied for on August 27th requesting monies for the purchase of a new portable lift for the home, as well as to supplement exciting community outing activities for guests at reduced costs required modification. Specifically, upon review of our grant application, a representative contacted us from KOVAR to inquire more about the requested funds for guest activities, and suggested that the board likely would not approve that portion of the grant. The representative invited us to consider other needs and update our grant request.

- On December 20th, 2024, Myers Drive re-submitted a grant application to KOVAR to request funds for a new portable lift in the home, and to replace furnishings in the home to help freshen the home's decor. Furnishings we are asking to replace via KOVAR funds include a sofa, loveseat, ottoman, a lounge chair, and 6 dining room chairs. This re-submitted grant will be reviewed at KOVAR's February 1st board meeting.
 - An open house was held on November 3rd from 1 to 4 PM to answer questions and provide tours to prospective guests and families. The Myers supervisor promoted the event and provided an overview of the referral process during meetings with support coordination teams leading up to the event. As a result of the open house, 11 families attended or reached out for information because they had heard about the event. All interested parties have been followed up with and are now involved in the assessment process for services. 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 when she heard about the open house. She was provided a tour with her colleagues on November 7th and provided with information to share back with her students/families.
 - A FAQ document was created both for the benefit of the open house, as well as to provide to support coordinators for distribution to families. We are working on a new program brochure update currently as well to accompany the FAQ.
- Support coordinators can in turn refer people on their caseloads to Myers whose families could benefit from the program
 - The Myers Drive Supervisor continues to be in contact with support coordinators to encourage referrals and keep them apprised of assessments regarding any individuals on their caseload. In the next month, the supervisor will speak to support coordination regarding individuals who recently received the new round of waivers in order to be able to begin reaching out to families to share information.
 - 8 individuals are currently being assessed to use Myers respite services (6 have the waiver; 2 are self-pay). Additionally, since August 1st, 5 individuals have been assessed, accepted, and began using the service (4 have the waiver; 1 is self-pay).
 - From December 1st 2023 – December 1st, 2024, Myers had an enrollment of 61 different people. By the end of January 2024, 49 individuals will be currently enrolled, 71% of which have the waiver.
 - The manager and her team will continue to reach out and invite guests to use their authorized waiver hours.

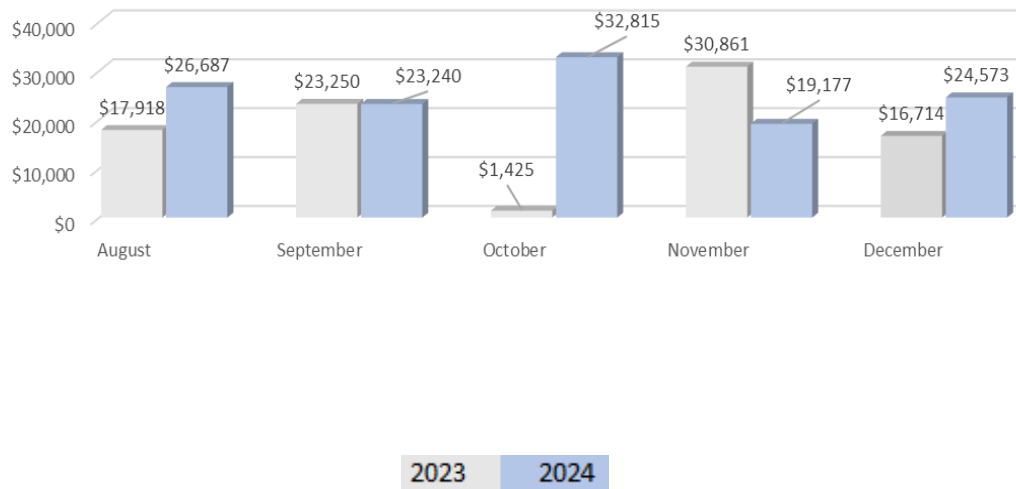
- The Respite team continues to track the available number of hours for all individuals that have the waiver benefit for the purposes of making invitation calls to maximize program utilization. The supervisor has also had conversations with families that have the waiver to discuss/pre-plan how they wish to break their hours across the year to maximize planning for utilization purposes.
- Myers is re-evaluating utilization and scheduling. The program proposes to manage scheduling to maximize participation before opening additional days.
 - To maximize daily usage of Respite, the management team continued outreach efforts to families inviting them to use the program, targeting a minimum of 3 people using the program on any given day. Management also continued to call families to fill slots with other guests each time a cancellation occurred. Overall monthly utilization (both waiver and private pay) has been as follows:
 - August – 26%
 - September – 38%
 - October – 20%
 - November - 26%
 - December – 18%
 - Being able to provide overnight care continues to be a distinguishing benefit of Myers Drive Respite. Myers served 23 different individuals for overnight stays in the program from August 1st through December 31st for a total of 164 overnights.
- Myers will evaluate the self-pay rate.
 - As a reminder, the new standard flat fee of \$11.44 per hour began at the beginning of May 2024 after notifying families of the change (formerly, RACSB's sliding scale's lowest rate was \$10/service with a monthly maximum of \$40).
 - From August 1 to December 31, 2024, 372.5 private pay hours were provided and equated to \$4261 in revenue.
 - Since the change in the private pay standard flat fee was introduced in May 2024, revenue generated has been \$19,410 for 1697 hours.
 - Of note, total private pay revenue from January 1 – December 31st, 2023 totaled \$7165 for 2945 service hours.
 - Also of note, total private pay hours provided in 2024 equated to 2801 hours. While this is a slight decrease in use for private pay individuals compared to 2023, overall, interest in using the service still remains for those families without the waiver for their loved one.

- In FY25 Myers will pursue a goal of 40% Medicaid utilization or the equivalent of 20,966 hours annually for a revenue of \$474,439.
 - Myers comparisons between FY23 and FY24 Medicaid utilization for August to December showed increases for September, November, and December. August was about even and we saw a dip in October.
 - See chart below for specific monthly breakdowns for guest Medicaid utilization.
 - Medicaid hours billed for August – December, 2023 equated to 4576.25 service hours, or 21% Medicaid utilization on average for the period. Medicaid hours billed for August – December, 2024 equated to 5247.50 service hours, or 24% Medicaid utilization on average for the period. When comparing the service hours for the period, we provided 15% more Medicaid hours from August through December 2024 than compared to 2023.



- For August 1st to December 31st, Medicaid revenue totaled \$126492, an overall increase this year as compared to 2023 (\$90209).
- Please remember when viewing the graph below that collections represented for each month generally reflect the billing hours from the previous month. Also of note, money received for rendered services can and does stagger in timing over the course of a year based upon when DMAS (Department of Medical Assistance Services) posts payments and/or verifies new authorizations during individualized plan years. Simply put, we can expect to see some variance between the time services are billed and revenue is realized from those rendered services.

Medicaid Billing



- Additional information/comparisons
 - FY23 ended with a revenue of \$211,785.54 leaving Myers Drive at a deficit of \$406,042. FY24 ended with a revenue of \$285,354.64 leaving Myers Drive at a deficit of \$390,073. Myers saw an increase of 35% in overall reimbursements during that period.
 - To date in FY25, revenue is \$123,763. Over the last couple of months, we have lost 5 guests who have moved into residential programs and 2 guests whose families have moved out of the area. Even with this change, interest continues to build in using the program and utilization hours are increasing as compared with last year.
 - Lastly, the Virginia Department of Medical Assistance Services (DMAS) is working to conduct a rate study for Developmental Disability (DD) Services and are asking that all providers complete and return the Provider Cost & Wage Surveys. The unique thing about the survey is that there is a separate survey included for providers that offer Center-Based Respite services. This is a valuable exercise to participate in for Myers Drive, as it will highlight to our payors the financial burdens we undertake to operate this valuable service. The surveys are due by January 31st.

At this time, we recommend that Myers Respite Home continue to operate and serve our community with our unique respite service. We will continue to focus in on the outlined strategies and targets above with the continued goal of increasing utilization, revenues, and opportunities to our guests and their families.

Title VI Plan and Procedures

**Rappahannock Area
Community Services Board
Specialized Transportation**



Adopted date

~~October 4, 2024~~ January 28, 2025

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I. INTRODUCTION

Title VI of the Civil Rights Act of 1964 prohibits discrimination on the basis of race, color, or national origin in programs and activities receiving Federal financial assistance. Specifically, Title VI provides that "no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance." (42 U.S.C. Section 2000d).

The Civil Rights Restoration Act of 1987 clarified the intent of Title VI to include all programs and activities of Federal-aid recipients, sub-recipients, and contractors whether those programs and activities are federally funded or not.

Recently, the Federal Transit Administration (FTA) has placed renewed emphasis on Title VI issues, including providing meaningful access to persons with Limited English Proficiency.

Recipients of public transportation funding from FTA and the Virginia Department of Rail and Public Transportation (DRPT) are required to develop policies, programs, and practices that ensure that federal and state transit dollars are used in a manner that is nondiscriminatory as required under Title VI.

This document details how **Rappahannock Area Community Services Board** incorporates nondiscrimination policies and practices in providing services to the public. **Rappahannock Area Community Services Board's** Title VI policies and procedures are documented in this plan and its appendices and attachments. This plan will be updated periodically (at least every three years) to incorporate changes and additional responsibilities that arise.

II. OVERVIEW OF SERVICES

The Rappahannock Area Community Services Board (~~RACSB~~) (~~RACSB~~) is committed to improving the quality of life for people experiencing mental health and substance use challenges, developmental disabilities residing in Planning District 16. RACSB also works to provide education and prevention services to improve the quality of life for community members with mental health, developmental disability and substance abuse problems and preventing the occurrence of these conditions. We do ~~Services are integrated this thru integrated~~ and community-based. RACSB seeks to provide a system of care that is responsive to individual needs and choices. ~~We~~ The Agency respects and promotes the dignity, rights, and full participation of all participants and their families. RACSB provides services in alignment with Title VI of the Civil Rights ACT of 1964.

RACSB's Specialized Transportation Program serves an essential function in many of its community-based services. The focus is to provide safe, efficient and reliable transportation service for individuals to and from agency sponsored programs and community locations. RACSB's Specialized Transportation serves individuals enrolled in various RACSB programs who due to specific needs require professional care while in transit. This manual is set forth to provide all RACSB vehicle operators in the agency with specific guidelines to help them perform their jobs professionally while promoting an atmosphere of mutual respect and caring among everyone involved in the transportation process.

III. POLICY STATEMENT AND AUTHORITIES

Title VI Policy Statement

Rappahannock Area Community Services Board is committed to ensuring that no person shall, on the grounds of race, color, national origin, as provided by Title VI of the Civil Rights Act of 1964 and the Civil Rights Restoration Act of 1987 (PL 100.259), be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity, whether those programs and activities are federally funded or not.

The **Rappahannock Area Community Services Board** Title VI Manager is responsible for initiating and monitoring Title VI activities, preparing required reports, and other responsibilities as required by Title 23 Code of Federal Regulations (CFR) Part 200, and Title 49 CFR Part 21.

Signature of Authorizing Official

Date

Authorities

Title VI of the 1964 Civil Rights Act provides that no person in the United States shall, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity receiving federal financial assistance (refer to 49 CFR Part 21). The Civil Rights Restoration Act of 1987 broadened the scope of Title VI coverage by expanding the definition of the terms “programs or activities” to include all programs or activities of Federal Aid recipients, sub recipients, and contractors, whether such programs and activities are federally assisted or not.

Additional authorities and citations include: Title VI of the Civil Rights Act of 1964 (42 U.S.C. Section 2000d); Federal Transit Laws, as amended (49 U.S.C. Chapter 53 et seq.); Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended (42 U.S.C. 4601, et seq.); Department of Justice regulation, 28 CFR part 42, Subpart F, “Coordination of Enforcement of Nondiscrimination in Federally-Assisted Programs” (December 1, 1976, unless otherwise noted); U.S. DOT regulation, 49 CFR part 21, “Nondiscrimination in Federally-Assisted Programs of the Department of Transportation—Effectuation of Title VI of the Civil Rights Act of 1964” (June 18, 1970, unless otherwise noted); Joint FTA/Federal Highway Administration (FHWA) regulation, 23 CFR part 771, “Environmental Impact and Related Procedures” (August 28, 1987); Joint FTA/FHWA regulation, 23 CFR part 450 and 49 CFR part 613, “Planning Assistance and Standards,” (October 28, 1993, unless otherwise noted); U.S. DOT Order 5610.2, “U.S. DOT Order on Environmental Justice to Address Environmental Justice in Minority Populations and Low-Income Populations,” (April 15, 1997); U.S. DOT Policy Guidance Concerning Recipients’ Responsibilities to Limited English Proficient Persons, (December 14, 2005), and Section 12 of FTA’s Master Agreement, FTA MA 13 (October 1, 2006).

IV. NONDISCRIMINATION ASSURANCE TO DRPT

In accordance with 49 CFR Section 21.7(a), every application for financial assistance from the Federal Transit Administration (FTA) must be accompanied by an assurance that the applicant will carry out the program in compliance with DOT's Title VI regulations. This requirement is fulfilled when the Virginia Department of Rail and Public Transportation (DRPT) submits its annual certifications and assurances to FTA. DRPT shall collect Title VI assurances from sub-recipients prior to passing through FTA funds.

As part of the Certifications and Assurances submitted to DRPT with the Annual Grant Application and all Federal Transit Administration grants submitted to the DRPTR Rappahannock Area Community Services Board submits a Nondiscrimination Assurance which addresses compliance with Title VI as well as nondiscrimination in hiring (EEO) and contracting (DBE), and nondiscrimination on the basis of disability (ADA).

In signing and submitting this assurance, Rappahannock Area Community Services Board confirms to DRPT the agency's commitment to nondiscrimination and compliance with federal and state requirements.

V. PLAN APPROVAL DOCUMENT

Add meeting minutes from board meeting

I hereby acknowledge the receipt of the Rappahannock Area Community Services Board Title VI Implementation Plan 2024 - 2026. I have reviewed and approve the Plan. I am committed to ensuring that no person is excluded from participation in, or denied the benefits of transit services on the basis of race, color, or national origin, as protected by Title VI according to Federal Transit Administration (FTA) Circular 4702.1B Title VI requirements and guidelines for FTA sub-recipients.

| | |
|-----------------------------------|------|
| Signature of Authorizing Official | DATE |
|-----------------------------------|------|

NAME, TITLE

Rappahannock Area Community Services Board

VI. ORGANIZATION AND TITLE VI PROGRAM RESPONSIBILITIES

The Rappahannock Area Community Services Board's Director of Compliance and Human Rights is responsible for ensuring implementation of the agency's Title VI program. Title VI program elements are interrelated and responsibilities may overlap. The specific areas of responsibility have been delineated below for purposes of clarity.

Overall Organization for Title VI

The Title VI Manager and staff are responsible for coordinating the overall administration of the Title VI program, plan, and assurances, including complaint handling, data collection and reporting, annual review and updates, and internal education. [RACSB's Compliance Department provides oversight related to the responsibilities of the Title VI Manager. Designees may be appointed to manage aspects of responsibilities detailed below.](#)

Detailed Responsibilities of the Title VI Manager

The Title VI Manager is charged with the responsibility for implementing, monitoring, and ensuring compliance with Title VI regulations. Title VI responsibilities are as follows:

1. Process the disposition of Title VI complaints received.
2. Collect statistical data (race, color or national origin) of participants in and beneficiaries of agency programs, (e.g., affected citizens, and impacted communities).
3. Conduct annual Title VI reviews of agency to determine the effectiveness of program activities at all levels.
4. Conduct Title VI reviews of construction contractors, consultant contractors, suppliers, and other recipients of federal-aid fund contracts administered through the agency.
5. Conduct training programs on Title VI and other related statutes for agency employees.
6. Prepare a yearly report of Title VI accomplishments and goals, as required.
7. Develop Title VI information for dissemination to the general public and, where appropriate, in languages other than English.
8. Identify and eliminate discrimination.
9. Establish procedures for promptly resolving deficiency status and writing the remedial action necessary, all within a period not to exceed 90 days.

General Title VI responsibilities of the agency

The Title VI Manager is responsible for substantiating that these elements of the plan are appropriately implemented and maintained, and for coordinating with those responsible for public outreach and involvement and service planning and delivery.

1. Data collection

To ensure that Title VI reporting requirements are met, Rappahannock Area Community Services Board's [Compliance Department](#) ~~Specialized Transportation~~ will maintain:

- A database or log of Title VI complaints received. The investigation of and response to each complaint is tracked within the database or log.
- A log of the public outreach and involvement activities undertaken to ensure that minority and low-income people had a meaningful access to these activities.

2. Annual Report and Updates [related to Transportation](#)

As a sub-recipient of FTA funds, Rappahannock Area Community Services Board Specialized Transportation is required to submit a Quarterly Report Form to DRPT that documents any Title VI complaints received during the preceding quarter and for each year. Rappahannock Area Community Services Board Specialized Transportation will also maintain and provide to DRPT an annual basis, the log of public outreach and involvement activities undertaken to ensure that minority and low-income people had a meaningful access to these activities.

Further, ~~we~~ [RACSB](#) will submit to DRPT updates to any of the following items since the previous submission, or a statement to the effect that these items have not been changed since the previous submission, indicating date:

- A copy of any compliance ~~review~~ report for reviews conducted in the last three years, along with the purpose or reason for the review, the name of the organization that performed the review, a summary of findings and recommendations, and a report on the status or disposition of the findings and recommendations
- Limited English Proficiency (LEP) plan
- procedures for tracking and investigating Title VI complaints
- A list of Title VI investigations, complaints or lawsuits filed with the agency since the last submission
- A copy of the agency notice to the public that it complies with Title VI and instructions on how to file a discrimination complaint

3. Annual review of Title VI program

Each year, in preparing for the Annual Report and Updates, the Title VI Manager will review the agency's Title VI program to assure implementation of the Title VI plan. In addition, they will review agency operational guidelines and publications, including those for contractors, to verify that Title VI language and provisions are incorporated, as appropriate.

4. Dissemination of information related to the Title VI program

Information on ~~our RACSB's implementation of~~ Title VI ~~program~~ will be disseminated to agency employees, contractors, and beneficiaries, as well as to the public, as described in the “public outreach and involvement” section of this document, and in other languages when needed according to the LEP plan as well as federal and State laws/regulations.

5. Resolution of complaints

Any individual may exercise his or her right to file a complaint if that person believes that he, she or any other program beneficiaries have been subjected to unequal treatment or discrimination in the receipt of benefits/services or prohibited by non-discrimination requirements. Individuals may file anonymous email complaints directly to RACSB's Compliance Department or may call them directly. For complaints related to transporting of individuals in services, Rappahannock Area Community Services Board RACSB's Specialized Transportation will report the complaint to DRPT within three business days (per DRPT requirements), and make a concerted effort to resolve complaints locally, using the agency's Title VI Complaint Procedures. All Title VI complaints and their resolution will be logged as described under Section 1. Data collection and reported annually (in addition to immediately) to DRPT.

6. Written policies and procedures

Our Title VI policies and procedures are documented in this plan and its appendices and attachments. This plan will be updated periodically to incorporate changes and additional responsibilities that arise. During the course of the Annual Title VI Program Review (item 3 above), the Title VI Manager will determine whether or not an update is needed.

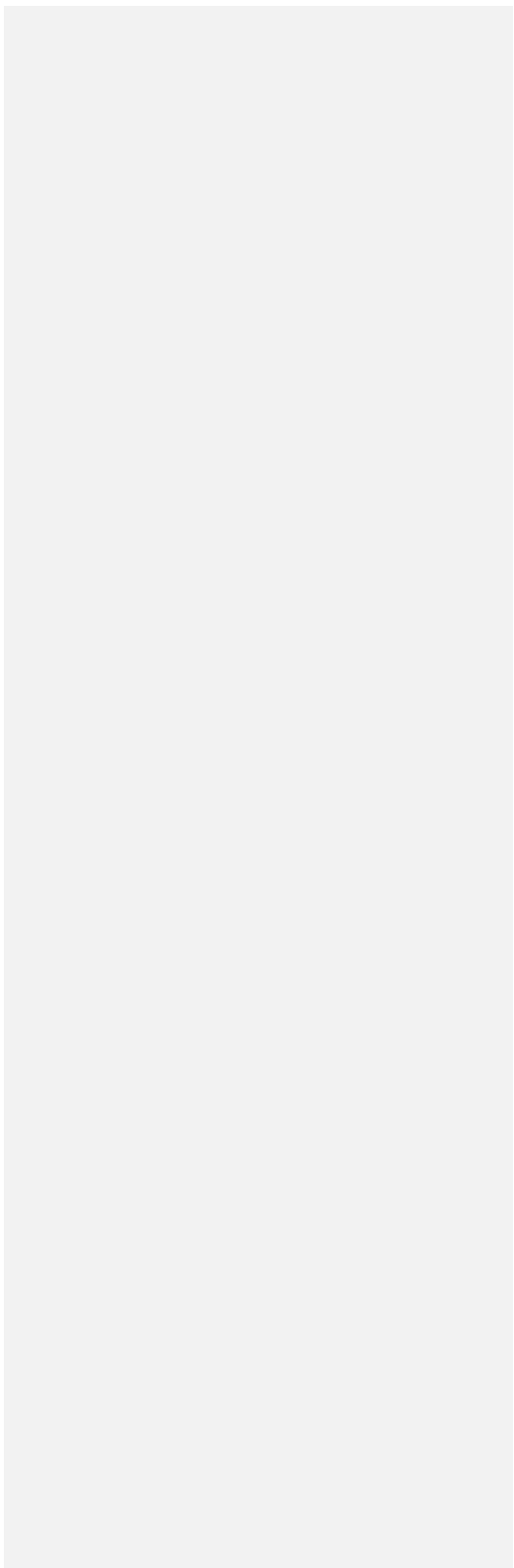
7. Internal education

~~Our RACSB~~ employees will receive training on Title VI policies and procedures upon hiring and upon promotion. This training will include requirements of Title VI, our obligations under Title VI (LEP requirements included), and required data that must be gathered and maintained. In addition, training will be provided when any Title VI-related policies or procedures change (agency-wide training), or when appropriate in resolving a complaint.

Title VI training is the responsibility of Director of Compliance and Human Rights.

8. Title VI clauses in contracts

In all federal procurements requiring a written contract or Purchase Order (PO), Rappahannock Area Community Services Board RACSB's service contracts, including those related to Specialized Transportation, ~~'s contract~~ PO will include appropriate non-discrimination clauses. The Title VI Manager will work with the Director of Finance or their designee who is/are responsible for procurement contracts and PO's to ensure appropriate non-discrimination clauses are included.



VII. PROCEDURES FOR NOTIFYING THE PUBLIC OF TITLE VI RIGHTS AND HOW TO FILE A COMPLAINT

~~Requirement to Provide a~~ Title VI Public Notice

Title 49 CFR Section 21.9(d) requires recipients to provide information to the public regarding the recipient's obligations under DOT's Title VI regulations and apprise members of the public of the protections against discrimination afforded to them by Title VI. At a minimum, Rappahannock Area Community Services Board Specialized Transportation shall disseminate this information to the public by posting a Title VI notice on the agency's website and in public areas of the agency's office(s).

~~Title VI of the Civil Rights Act of 1964 prohibits discrimination on the basis of race, color, or national origin in programs and activities receiving Federal financial assistance. Specifically, Title VI provides that "no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance" (42 U.S.C. Section 2000d).~~

~~Rappahannock Area Community Services Board Specialized Transportation is committed to ensuring that no person is excluded from participation in, or denied the benefits of its transportation services on the basis of race, color, or national origin, as protected by Title VI in Federal Transit Administration (FTA) Circular 4702.1B. If you feel you are being denied participation in or being denied benefits of the transit services provided by Rappahannock Area Community Services Board Specialized Transportation, or otherwise being discriminated against because of your race, color, national origin, gender, age, or disability, our contact information is:~~

SEE APPENDIX A-Title VI Notice to the Public
SEE APPENDIX B-Title VI Notice to the Public List of Locations

TITLE VI COMPLAINT PROCEDURES

~~Requirement to Develop~~ Title VI Complaint Procedures and Complaint Form.

In order to comply with the reporting requirements established in 49 CFR Section 21.9(b), ~~all recipients shall~~ RACSB has develop procedures for investigating and tracking Title VI complaints filed against them and make their procedures for filing a complaint available to members of the public. ~~Recipients Appendix C includes a Title VI complaint form as required by 49 CFR. must also develop a Title VI complaint form. The~~ The form and procedure for filing a complaint shall be available on ~~the recipient's~~ RACSB's website and at ~~their~~ its facilities. ~~any individual may exercise his or her right to file a complaint with Rappahannock Area Community Services Board Specialized Transportation if that person believes that he or she has been subjected to unequal treatment or discrimination in the receipt of benefits or services.~~

~~As related to Specialized Transportation and to comply with DRPT requirements. Any individual may exercise his or her right to file a complaint with Rappahannock Area Community Services Board Specialized Transportation if that person believes that he or she has been subjected to unequal treatment or discrimination in the receipt of benefits or services. We, RACSB will report the complaint to DRPT within three business days (per DRPT requirements), and make a concerted effort to resolve complaints locally, using the agency's Nondiscrimination Complaint Procedures. All Title VI complaints and their resolution will be logged and reported annually (in addition to immediately) to DRPT.~~

~~Instructions for filing Title VI complaints are posted on the agency's website and in the vehicles operated in passenger service, and agency facilities. RACSB also includes the statement below on the Specialized Transportation's brochure.~~

The following language is printed on ~~and on~~ posters on the interior of each vehicle operated in passenger service:

Rappahannock Area Community Services Board ~~Specialized Transportation~~ is committed to ensuring that no person is excluded from participation in, or denied the benefits of its transit services on the basis of race, color or national origin, as protected by Title VI of the Civil Rights Act of 1964.

For additional information on Rappahannock Area Community Services Board's ~~Specialized Transportation's~~ nondiscrimination policies and procedures, or to file a complaint, please visit the website at rappahannockareacsb.org or contact Stephanie Terrell, Director of Compliance and Human Rights at 600 Jackson Street, Fredericksburg, Virginia 22401.

~~Instructions for filing Title VI complaints are posted on the agency's website and in posters on the interior of each vehicle operated in passenger service and agency's~~

facilities, and are also included within Rappahannock Area Community Services Board Specialized Transportation's brochure.

SEE APPENDIX C – Title VI Complaint Form

Procedures for Handling and Reporting Investigations/Complaints and Lawsuits

Should any Title VI investigations be initiated by FTA or DRPT, or any Title VI lawsuits are filed against Rappahannock Area Community Services Board the agency will follow these procedures:

Procedures

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1. Any individual, group of individuals, or entity that believes they have been subjected to discrimination on the basis of race, color, or national origin may file a written complaint with the Title VI Manager. The complaint is to be filed in the following manner:
 - a. Using the Appendix C, Complaint form, the entity will submit their concern within 180 days of the alleged occurrence.
 - ~~a. A formal complaint must be filed within 180 calendar days of the alleged occurrence.~~
 - b. The complaint shall be in writing and signed by the complainant(s).
 - c. The complaint should include:
 - the complainant's name, address, and contact information
 - (i.e., telephone number, email address, etc.)
 - the date(s) of the alleged act of discrimination (if multiple days, include the date when the complainant(s) became aware of the alleged discrimination and the date on which the alleged discrimination was discontinued or the latest instance).
 - a description of the alleged act of discrimination
 - the location(s) of the alleged act of discrimination (include vehicle number if appropriate)
 - an explanation of why the complainant believes the act to have been discriminatory on the basis of race, color, and national origin
 - if known, the names and/or job titles of those individuals perceived as parties in the incident
 - contact information for any witnesses
 - indication of any related complaint activity (i.e., was the complaint also submitted to DRPT or FTA?)
 - d. The complaint shall be submitted to the Rappahannock Area Community Services Board Title VI Manager/Compliance Director at 600 Jackson Street, Fredericksburg Virginia, 22401 or sterrell@rappahannockareacsb.org.
 - e. Complaints received by any other employee of Rappahannock Area Community Services Board will be immediately forwarded to the Title VI Manager.
 - f. In the case where a complainant is unable or incapable of providing a written statement, a verbal complaint of discrimination may be made to the Title VI Manager. Under these circumstances, the complainant will be interviewed, and the Office of Consumer Affairs will assist the complainant in converting the verbal allegations to writing.

2. Upon receipt of the complaint, the Title VI Manager will immediately:
 - a. notify DRPT (no later than 3 business days from receipt)
 - b. notify the Rappahannock Area Community Services Board Authorizing Official
 - c. ensure that the complaint is entered in the complaint database
3. Within 3 business days of receipt of the complaint, the Title VI Manager will contact the complainant by telephone to set up an interview.
4. The complainant will be informed that they have a right to have a witness or representative present during the interview and can submit any documentation he/she perceives as relevant to proving his/her complaint.
5. If DRPT has assigned staff to assist with the investigation, the Title VI Manager will offer an opportunity to participate in the interview.
6. The alleged discriminatory service or program official will be given the opportunity to respond to all aspects of the complainant's allegations.
7. The Title VI Manager will determine, based on relevancy or duplication of evidence, which witnesses will be contacted and questioned.
8. The investigation may also include:
 - a. investigating contractor operating records, policies or procedures
 - b. reviewing routes, ~~schedules, and fare policies~~ schedules and schedules
 - c. reviewing operating policies and procedures
 - d. reviewing scheduling and dispatch records ~~transportation logs~~
 - ~~e.f.~~ reviewing facility and vehicle camera footage
 - e.f. observing behavior of the individual whose actions were cited in the complaint
9. All steps taken and findings in the investigation will be documented in writing and included in the complaint file.
10. The Title VI Manager will contact the complainant at the conclusion of the investigation, but prior to writing the final report, and give the complainant an opportunity to give a rebuttal statement at the end of the investigation process.
11. At the conclusion of the investigation and within 60 days of the interview with the complainant, the Title VI Manager will prepare a report that includes a narrative description of the incident, identification of persons interviewed, findings, and recommendations for disposition. This report will be provided to the Authorizing Official, DRPT, and, if appropriate, Rappahannock Area Community Services Board's legal counsel.
12. The Title VI Manager will send a letter to the complainant notifying them of the outcome of the investigation. If the complaint was substantiated, the letter will indicate the course of action that will be followed to correct the situation. If the complaint is determined to be unfounded, the letter will explain the reasoning, and refer the complainant to DRPT in the event the complainant wishes to appeal the determination. This letter will be copied to DRPT.
13. A complaint may be dismissed for the following reasons:
 - a. The complainant requests the withdrawal of the complaint.
 - b. An interview cannot be scheduled with the complainant after reasonable attempts.
 - c. The complainant fails to respond to repeated requests for additional information needed to process the complaint.
14. DRPT will serve as the appealing forum to a complainant that is not satisfied with the outcome of an investigation conducted by Rappahannock Area Community Services Board.

DRPT will analyze the facts of the case and will issue its conclusion to the appellant according to their procedures.

A person may also file a complaint directly with the Federal Transit Administration, Office of Civil Rights, Attention: Title VI Program Coordinator, East Building, 5th Floor – TCR, 1200 New Jersey Avenue SE, Washington, DC 20590.

Transportation-Related Title VI Investigations, Complaints, and Lawsuits

Record Keeping Requirement

Background

All recipients shall prepare and maintain a list of any of the following that allege discrimination on the basis of race, color, or national origin:

- Active investigations conducted by FTA and entities other than FTA;
- Lawsuits; and
- Complaints naming the recipient.

This list shall include the date that the transportation-related Title VI investigation, lawsuit, or complaint was filed; a summary of the allegation(s); the status of the investigation, lawsuit, or complaint; and actions taken by the recipient in response, or final findings related to the investigation, lawsuit, or complaint. This list shall be included in the Title VI Program submitted to DRPT every three years and information shall be provided to DRPT quarterly and annually.

SEE APPENDIX D – Investigations, Lawsuits, and Complaints Document

VIII. PUBLIC OUTREACH AND INVOLVEMENT

PUBLIC PARTICIPATION PLAN

Introduction

The Public Participation Plan (PPP) is a guide for ongoing public participation endeavors. Its purpose is to ensure that Rappahannock Area Community Services Board utilizes effective means of providing information and receiving public input on ~~transportation decisions~~service access and mitigating barriers for ~~from~~ low income, minority and limited English proficient (LEP) populations, as required by Title VI of the Civil Rights Act of 1964 and its implementing regulations.

Under federal regulations, ~~transit operators~~RACSB must take reasonable steps to ensure that Limited English Proficient (LEP) persons have meaningful access to their programs and activities. This means that ~~public participation~~health care services and related programming activities, including transportation opportunities, normally provided in English, should be accessible to persons who have a limited ability to speak, read, write, or understand English.

In addition to language access measures, other major components of the PPP include: public participation design factors; a range of public participation methods to provide information, to invite participation and/or to seek input; examples to demonstrate how population-appropriate outreach methods can be and were identified and utilized; and performance measures and objectives to ensure accountability and a means for improving over time.

-Rappahannock Area Community Services Board utilizes annual comprehensive plans, program participant surveys, community and state gap assessments, to address needs and mitigate barriers to access to care. ~~RACSB established implements a~~ public participation plans or processes that will determine how, ~~when, and how often~~ and when specific public participation activities should take place, and which specific measures are most appropriate.

Rappahannock Area Community Services Board ~~will make~~uses these determinations based on a demographic analysis of the population(s) affected, the type of ~~plan,~~ program, and/or service under consideration, and the resources available to seek community input. Efforts to involve minority and LEP populations in public participation activities may include both comprehensive measures, such as placing public notices ~~at all transit stations, stops in agency facilities,~~ and vehicles, as well as targeted measures to address linguistic, institutional, cultural, economic, historical, or other barriers that may prevent minority and LEP persons from effectively participating in our decision-making process.

SOME OF THOSE EFFECTIVE PUBLIC OUTREACH PRACTICES INCLUDE:

- a. Placing public notices at all transit stations, stops, RACSB facilities, and vehicles
- b. Posting information on the Agency's social media platforms and website
- ~~a-c.~~ Utilizing translation services

SEE APPENDIX E-Summary of Outreach Efforts

IX. LANGUAGE ASSISTANCE PLAN FOR PERSONS WITH LIMITED ENGLISH PROFICIENCY (LEP)

Introduction and Legal Basis

LEP is a term that defines any individual not proficient in the use of the English language. The establishment and operation of an LEP program meets objectives set forth in Title VI of the Civil Rights Act and Executive Order 13166, Improving Access to Services for Persons with Limited English Proficiency (LEP). This Executive Order requires federal agencies receiving financial assistance to address the needs of non-English speaking persons. The Executive Order also establishes compliance standards to ensure that the programs and activities that are provided by a transportation provider in English are accessible to LEP communities. This includes providing meaningful access to individuals who are limited in their use of English. The following LEP language implementation plan, developed by Rappahannock Area Community Services Board ~~is based~~aligns with FTA guidelines.

As required, Rappahannock Area Community Services Board developed a written LEP Plan (below). Using American Community Survey (ACS) Census data, Rappahannock Area Community Services Board has evaluated data to determine the extent of need for translation services of its vital documents and materials.

In order to assure access to services, RACSB makes intentional efforts to mitigate communication barriers by providing interpretative services in conjunction with RACSB programming. LEP persons can be a significant market for public transit, and reaching out to these individuals can help increase their utilization of transit. Therefore, it also makes good business sense to translate vital information into languages that the larger LEP populations in the community can understand.

Assessment of Needs and Resources

The need and resources for LEP language assistance were determined through a four-factor analysis as recommended by FTA guidance.

Factor 1: Assessment of the Number and Proportion of LEP Persons Likely to be Served or Encountered in the Eligible Service Population

The agency has reviewed census data on the number of individuals in its service area that have limited English Proficiency, as well as the languages they speak.

U.S. Census Data – American Community Survey (2018-2022)

Data from the U.S. Census Bureau’s American Community Survey (ACS) were obtained through www.census.gov by Rappahannock Area Community Services Board’s service area. The agency’s service area includes a total of 23,156 (6.30%) persons with Limited English Proficiency (those persons who indicated that they spoke English “less than very well,”).

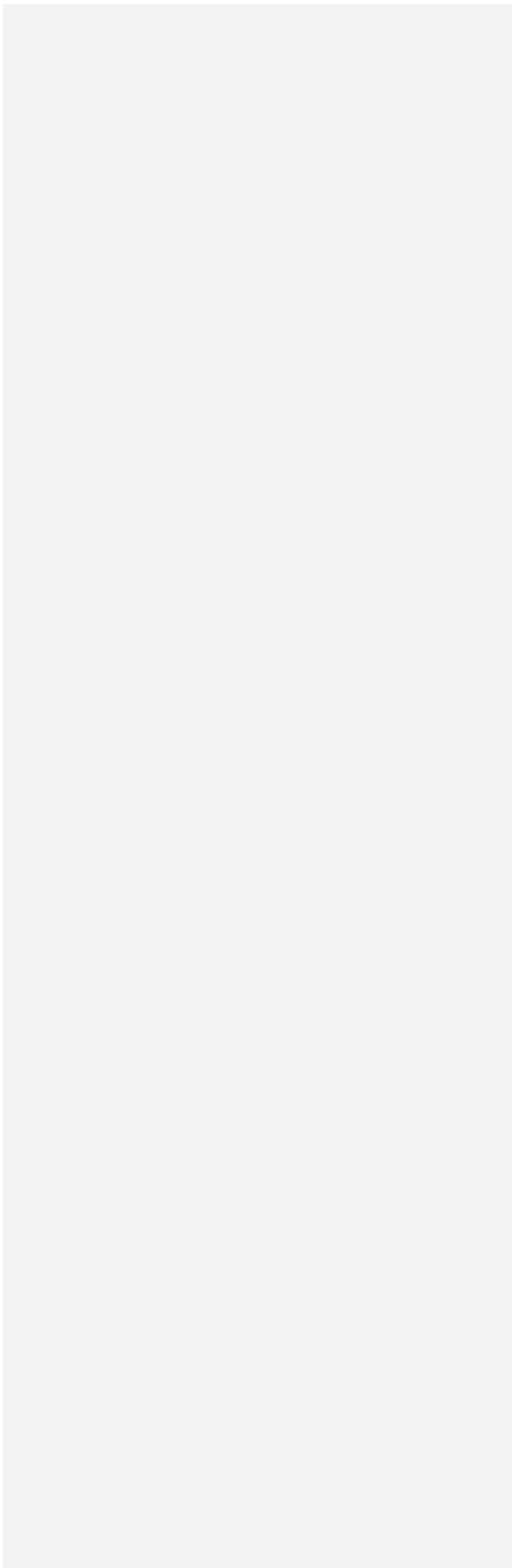
Information from the 2018-2022 ACS also provides more detail on the specific languages that are spoken by those who report that they speak English less than very well. Languages spoken at home by those with LEP are presented below. These data indicate the extent to which translations into other language are needed to meet the needs of LEP persons.

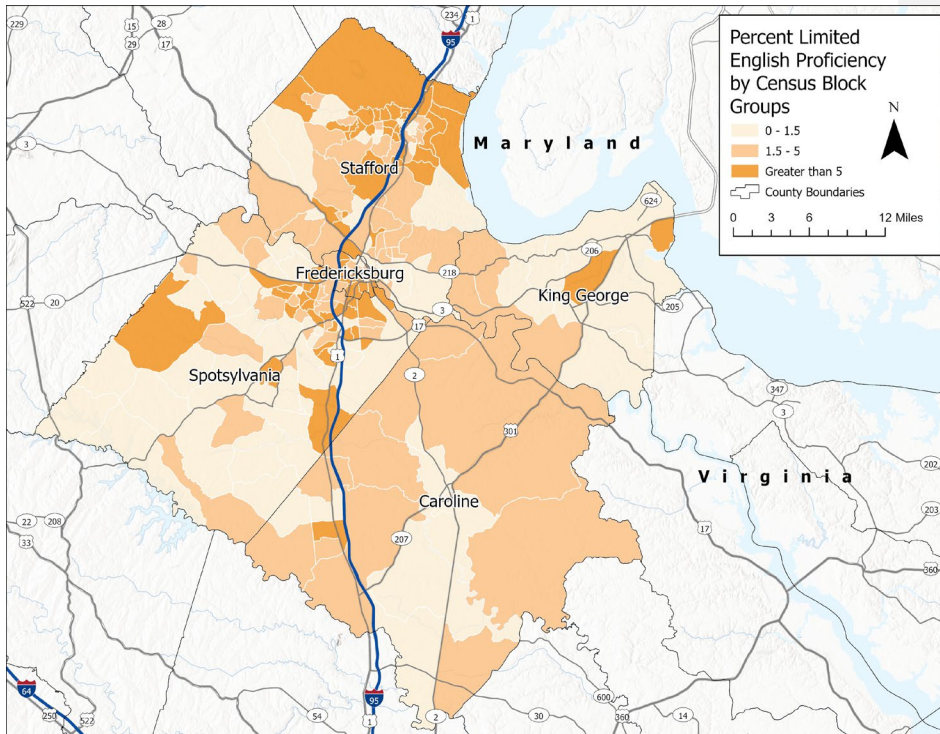
Table 1: Number of LEP Population

| Rappahannock Area CSB Service Area | | | |
|---|--------------------------|--|---|
| Language | Number of LEP Population | Percent of Service Area Population Speaking Language | Percent of LEP Population Speaking Language |
| Spanish | 13,164 | 3.58% | 56.85% |
| French, Haitian, or Cajun | 1,955 | 0.53% | 8.44% |
| German or other West Germanic languages | 35 | 0.01% | 0.15% |

| | | | |
|--|----------------|-------|--------|
| Russian, Polish, or other Slavic languages | 131 | 0.04% | 0.57% |
| Other Indo-European languages | 3,454 | 0.94% | 14.92% |
| Korean | 581 | 0.16% | 2.51% |
| Chinese (incl. Mandarin, Cantonese) | 333 | 0.09% | 1.44% |
| Vietnamese | 171 | 0.05% | 0.74% |
| Tagalog | 576 | 0.16% | 2.49% |
| Other Asian and Pacific Island languages | 696 | 0.19% | 3.01% |
| Arabic | 368 | 0.10% | 1.59% |
| Other and unspecified languages | 1,692 | 0.46% | 7.31% |
| Total LEP Population | 23,156 | 6.30% | |
| Total Service Area Population | 367,576 | | |

Figure 1: Percentage of LEP By Census Block Group





The most spoken language by persons in the LEP population is Spanish (13,164). Two other languages are spoken by more than 5% or 1,000 persons in the LEP population: Other Indo-European languages (3,454) and other unspecified languages (1,692). Figure 1 shows the percentage of LEP by Census Block Group. There are large populations of LEP in and north of Stafford, surrounding Fredericksburg, Spotsylvania and King George.

Factor 2: Assessment of Frequency with Which LEP Individuals Come Into Contact with the Transit Services or System

Rappahannock Area Community Services Board reviewed the relevant benefits, services, and information provided by the agency and determined the extent to which LEP persons have come into contact with these functions through *one or more of* the following channels:

- Contact with ~~transit vehicle operators~~ staff operating vehicles;
- ~~Contact with transit station managers~~;

- Calls to Rappahannock Area Community Services Board's Office of Consumer Affairs telephone line;
- Access to the agency's website;

We will continue to identify emerging populations as updated Census and American Community Survey data become available for our service area. In addition, when LEP persons contact our agency, we attempt to identify their language and keep records on contacts to accurately assess the frequency of contact.

Information from Community Organizations that Serve LEP Persons (Optional?)

To supplement the Census, education, and labor department data, Rappahannock Area Community Services Board conducted community outreach to the following organizations that work with LEP populations.

- *School systems;*
- *Community organizations;*
- *State and local governments;*
- *Religious organizations;*
- *Legal aid entities;*

Factor 3: Assessment of the Nature and Importance of the Transit Services to the LEP Population

Rappahannock Area Community Services Board provides the following programs, activities and services:

Rappahannock Area Community Services Board (RACSB) is comprised of a variety of services and programs meeting the support needs of persons living in Planning District 16 that have mental health, substance use, and/or developmental disability diagnoses. Carefully orchestrated transportation is an integral part of conducting our services and to linking people to needed resources in their community in order to help build better lives. [Individuals in RACSB services receive specialized care while in transit.](#) The following service descriptions characterize our service areas and how transportation plays its role in accomplishing these program missions:

Developmental Disability Day Programming:

RACSB provides licensed [Developmental Disability Day Programming](#) services for adults with developmental disabilities as mentioned. RACSB's Rappahannock Adult Activities, Inc. (RAAI) provides day support services to people with disabilities that offer socialization and engagement opportunities within the community. In these services RAAI focuses on integration by supporting individuals travel to and from a variety of community destinations, multiple times a day. RAAI creates connections with others, both through volunteering-volunteer opportunities and in participating participation in community activities amongst the general public. RAAI affords families a caring support structure for their loved ones to attend during the week. Participants benefit from social engagement, recreation, and skill building interventions

and activities while also working on independent living skills. For those who do not live in RACSB's residential facilities, RAAI relies on our Specialized Transportation program to get people to programming daily.

To be eligible for RACSB Developmental Day Services, an individual must meet the following criteria: a primary diagnosis of developmental disability, ~~must be~~ over 18 years of age, out of high school and live in Virginia with preference given to those residing in planning district 16. RAAI ~~Day Support~~ drove 200,767 miles within Planning District 16 during FY 2024 ~~accomplishing and working to support participants' efforts for working towards individual on-s~~ service goals ~~and engagement~~. The program provided 36,674 trips to approximately 114 individuals with disabilities.

Psychosocial Rehabilitation:

At RACSB, ~~The Kenmore Club Program~~ provides psychosocial rehabilitation ~~services~~ to adults over the age of 18 with ~~a diagnosis of serious mental illness who have experienced multiple hospitalizations, crisis stays, incarceration, or some other disruptive living situation due to their illness.~~ The program supports individuals' ~~recovery efforts to help them overpower mental health barriers~~ through ~~integrating them amongst their community~~ community integration and access to resources. ~~Kenmore Club provides transportation and support to health and wellness, recreation, prevocational, and vocational activities to accomplish personal goals and partake in healthy living/skill building activities.~~ In linking people to resources and achieving these goals, Kenmore Club staff drove 14,262 miles during FY2024, allowing 83 individuals to access 8,456 trips into their larger community to work on their goals and integration needs.

Developmental Disability Residential Services:

RACSB ~~Developmental Disability~~ Residential Services ~~provide daily living care and skill building activities in a residential setting for adults with developmental disabilities. are licensed by DBHDS and designed to provide training, supports and services for individuals that meet the diagnostic criteria of developmental disabilities.~~ The program's specific focus is for individuals to receive services in a ~~safe, home environment that is safe,~~ appropriate to their level of ~~care~~ need and properly staffed to provide required supports. ~~We~~ RACSB values inclusion, ~~and works~~ to support ~~folks in accessing~~ access and participating alongside other members of their community in all offerings, including work, leisure and business. During FY2024, RACSB Residential drove 173,345 miles and completed 28,191 trips in the provision of our support services to approximately 34 individuals.

Individuals referred to RACSB Residential services must meet the following minimum criteria to be considered for admission: a diagnosis of developmental disability, must be over 18 years of age if not living with family or legal guardian at time of application for admission, must have an expressed desire to live in the community, develop daily living skills, and to receive supports for their health and safety needs.

Based on past experience serving and communicating with LEP persons and interviews with community agencies, ~~as well as questionnaires or direct consultations with LEP persons (if applicable, e.g. through focus groups or individual interviews facilitated/interpreted by a community agency)~~, we RACSB understands learned that the following services/routes/programs are currently of particular importance LEP persons in the community.

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The following are the most critical services provided by Rappahannock Area Community Services Board for all customers, including LEP persons.

- Safety and security awareness instructions
- Emergency evacuation procedures
- ~~Transportation services for individuals in services~~ Public transit services, including reduced fare application process
- ~~ADA paratransit services (if your agency operates fixed route), including eligibility certification process~~
- Other paratransit services
- Services targeted ~~at to~~ low income persons

Factor 4: Assessment of the Resources Available to the Agency and Costs

Costs

The following language assistance measures currently being provided by Rappahannock Area Community Services Board

- ~~We RACSB are currently not providing translation of documents~~ provides documents in Spanish, but and verbal interpretations are always made available utilizing the Language Line Service

~~We anticipate that these activities and costs will remain the same based on the fact that we do not currently provide translation of documents due to the low number of LEP individuals in PD16. As stated previously interpretative services are always available using the Language Line Services.~~

Based on the analysis of demographic data and contact with community organizations and LEP persons, Rappahannock Area Community Services Board has determined that the following additional services are ideally needed to provide meaningful access:

- Our existing language assistance is sufficient to meet and even exceed demand.

Resources

RACSB allocates adequate funding to address language barriers for services. The available budget that could be currently be devoted to additional language assistance expenses is \$0.00. This amount is likely to be stable over time.

Rappahannock Area Community Services Board has also requested the following additional grant funding for language assistance. Consequently, the Agency does not seek additional funding for translation services alone.

In addition, in-kind assistance may be available through agency staff membersemployees.

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Feasible and Appropriate Language Assistance Measures

Based on the available resources, the following language assistance measures are feasible and appropriate for our agency at this time:

- Language Line Services for interpretation.

LEP Implementation Plan

Through the four-factor analysis, Rappahannock Area Community Services Board has determined that the following types of language assistance are most needed and feasible:

- ***Language Line Translation Services for telephone contacts.***

Staff Access to Language Assistance Services

Agency staff who come into contact with LEP persons can access language services by calling Language Line Services for assistance. All staff will be provided with a list of available language assistance services and additional information and referral resources (such as community organizations which can assist LEP persons). This list will be updated at least annually.

Responding to LEP Callers

Staff who answer calls from the public respond to LEP customers as follows: Contacting the Language Line Services for interaction and assistance.

Responding to Written Communications from LEP Persons

The following procedures are followed when responding to written communications from LEP persons: The recipient will utilize available resources to interpret the communication or will utilize Language Line Services to interact with the person inquiring.

Responding to LEP Individuals in Person

The following procedures are followed when an LEP person visits our customer service and administrative office: The Language Line will be contacted immediately to provide interpretation.

The following procedures are followed by operators when an LEP person has a question on board a Rappahannock Area Community Services Board vehicle: Referred to telephone assistance with Language Line Services.

Staff Training

As noted previously, all Rappahannock Area Community Services Board staff are provided with a list of available language assistance services and additional information and referral resources, updated annually.

All new hires receive training on assisting LEP persons as part of their sensitivity and customer service training. This includes:

- A summary of the ~~transit~~ agency's responsibilities under the DOT LEP Guidance;
- A summary of the agency's language assistance plan;
- A summary of the number and proportion of LEP persons in the agency's service area, the frequency of contact between the LEP population and the agency's programs and activities, and the importance of the programs and activities to the population;
- A description of the type of language assistance that the agency is currently providing and instructions on how agency staff can access these products and services; and
- A description of the agency's cultural sensitivity policies and practices.

Also, all staff who routinely come into contact with customers, as well as their supervisors and all management staff, receive annual refresher training on policies and procedures related to assisting LEP persons.

Providing Notice to LEP Persons

LEP persons are notified of the availability of language assistance through the following approaches:

- *Upon request when ~~interaction~~ interacting with agency staff.*

LEP persons will also be included in all community outreach efforts related to service and ~~fee~~ fare changes.

Monitoring/updating the plan

This plan will be updated on a periodic basis (at least every three years), based on feedback, updated demographic data, and resource availability.

As part of ongoing outreach to community organizations, Rappahannock Area Community Services Board will solicit feedback on the effectiveness of language assistance provided and unmet needs. In addition, we will conduct periodic review of census data and internal meetings will be used to determine if the adequacy and quality of the language assistance provided, and determine changes to LEP needs.

In preparing the triennial update of this plan, Rappahannock Area Community Services Board will conduct an internal assessment using the Language Assistance Monitoring Checklist provided in the FTA's "Implementing the Department of Transportation's Policy Guidance Concerning Recipients' Responsibilities to Limited English Proficient (LEP) Persons: A Handbook for Public Transportation Providers." ***[This checklist attached at the end of this sample plan.]***

Based on the feedback received from community members and agency employees, Rappahannock Area Community Services Board will make incremental changes to the type of written and oral language assistance provided as well as to their staff training and community outreach programs. The cost of proposed changes and the available resources will affect the enhancements that can be made, and therefore Rappahannock Area Community Services Board will attempt to identify the most cost-effective approaches.

As the community grows and new LEP groups emerge Rappahannock Area Community Services Board will strive to address the needs for additional language assistance.

X. MINORITY REPRESENTATION ON PLANNING AND ADVISORY BODIES

Title 49 CFR Section 21.5(b)(1)(vii) states that a recipient may not, on the grounds of race, color, or national origin, “deny a person the opportunity to participate as a member of a planning, advisory, or similar body which is an integral part of the program.”

~~Rappahannock Area Community Services Board Specialized Transportation RACSB's programs, including transportation services,~~ does not have a transit-related, non-elected planning boards, advisory councils or committees, or similar committees, the membership of which ~~we~~ the Agency selects.

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XI. MONITORING TITLE VI COMPLAINTS

As part of the complaint handling procedure, the Title VI Manager investigates possible inequities in service delivery for the route(s) or service(s) about which the complaint was filed. Depending on the nature of the complaint, the review examines span of service (days and hours), frequency, routing directness, ~~interconnectivity with other routes~~ and/or ~~fare-fee~~ policy. If inequities are discovered during this review, options for reducing the disparity are explored, and service ~~or~~ fare changes are planned if needed.

In addition to the investigation following an individual complaint, the Title VI Manager periodically reviews all complaints received to determine if there may be a pattern. At a minimum, this review is conducted as part of preparing the Annual Report and Update for submission to DRPT.

APPENDIX A - TITLE VI NOTICE TO THE PUBLIC

Title VI of the Civil Rights Act of 1964 prohibits discrimination on the basis of race, color, or national origin in programs and activities receiving Federal financial assistance. Specifically, Title VI provides that "no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance" (42 U.S.C. Section 2000d).

Rappahannock Area Community Services Board is committed to ensuring that no person is excluded from participation in, or denied the benefits of its transportation services on the basis of race, color, or national origin, as protected by Title VI in Federal Transit Administration (FTA) Circular 4702.1B. If you feel you are being denied participation in or being denied benefits of the transit services provided by Rappahannock Area Community Services Board Specialized Transportation, or otherwise being discriminated against because of your race, color, national origin, gender, age, or disability, our contact information is:

Name: Stephanie Terrell

Title: Director of Compliance and Human Rights

Agency Name: Rappahannock Area Community Services Board

Address: 600 Jackson Street

City, State Zip code Fredericksburg, Virginia 22401

Telephone Number 540-940-2328

Email address sterrell@rappahannockareacsb.org

APPENDIX B - TITLE VI NOTICE TO THE PUBLIC LIST OF LOCATIONS

RACSB Web Site www.Rappahannockareacsb.org

Rappahannock Adult Activities Inc. Locations [with subsequent vehicles to support service delivery.](#) ~~All Agency vehicles providing transportation to the individuals we support.~~

19254 Rogers Clark Blvd. Ruther Glen, VA 22546

8479 St. Anthony's Rd. King George, VA 22458

7424 Brock Rd. Spotsylvania, VA 22553

750 Kings Hwy Fredericksburg, VA 22405

15 Hope Rd. Stafford, VA 22554

~~All Agency vehicles providing transportation to the individuals we support.~~

_____ Kenmore Club [with subsequent vehicles to support service delivery.](#)

_____ 632 Kenmore Ave. Fredericksburg, VA 22401

~~All Agency vehicles providing transportation to the individuals we support.~~

_____ RACSB Residential Offices [with subsequent vehicles to support service delivery.](#)

_____ 10825 Tidewater Trail, Fredericksburg, VA 22408

~~All Residential transportation vehicles located at each program.~~

APPENDIX C - TITLE VI COMPLAINT FORM

| | | |
|--|------------------|------------|
| SECTION I | | |
| Address: | | |
| City : | State: | |
| Telephone (cell) | Telephone (work) | |
| Email Address: | | |
| Accessible Format Requirements? | Large Print | Audio Tape |
| | TDD | Other |
| SECTION II | | |
| Are you filing this complaint on your behalf? | Yes* | No |
| *If you answered "yes" to this question go to Section III. | | |
| If not, please supply the name and relationship of the person for whom you are complaining: | | |
| Please explain why you have filed for a third party: | | |
| Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party: | | Yes |
| | | No |
| SECTION III: | | |
| I believe the discrimination I experienced was based on (check all that apply): | | |
| <input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin | | |
| Date of Alleged Discrimination (Month, Date, Year): _____ Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form. | | |

| | | |
|--|-----|----|
| | | |
| | | |
| SECTION IV: | | |
| Have you previously filed a Title VI complaint with this agency? | Yes | No |
| SECTION V: | | |
| Have you filed this complaint with any other Federal, State or local agency, or with any Federal or State court? | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

APPENDIX D - INVESTIGATIONS, LAWSUITS AND COMPLAINTS DOCUMENT

APPENDIX D

Investigations, Lawsuits and Complaints Document

RACSB does not have any ongoing Title VI investigations, lawsuits or complaints.

List of Investigations, Lawsuits and Complaints

| | Date (Month, Day, Year) | Summary (include basis of complaint: race, color or national origin) | Status | Action(s) taken |
|-----------------------|-------------------------------|---|--------|--------------------|
| Investigations | | | | |
| 1. None | | | | |
| Lawsuits | | | | |
| 1. None | | | | |
| Complaints | | | | |
| 1. None | | | | |

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APPENDIX E - SUMMARY OF OUTREACH EFFORTS

- a. Rappahannock Area Community Services Board website.
www.rappahannockareacsb.org
- b. Rappahannock Area Community Services Board Facebook page
- c. Media releases through The Freelance Star and local radio stations.
- d. Rappahannock Adult Activities Inc Community Engagement Program:
 - i. Faith Based Organizations
 - ii. YMCA
 - iii. ~~Holiday~~ [Horticulture Activities and](#) Plant Sales

Title VI Plan and Procedures

**Rappahannock Area
Community Services Board
Specialized Transportation**



Adopted date

January 28, 2025

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I. INTRODUCTION

Title VI of the Civil Rights Act of 1964 prohibits discrimination on the basis of race, color, or national origin in programs and activities receiving Federal financial assistance. Specifically, Title VI provides that "no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance." (42 U.S.C. Section 2000d).

The Civil Rights Restoration Act of 1987 clarified the intent of Title VI to include all programs and activities of Federal-aid recipients, sub-recipients, and contractors whether those programs and activities are federally funded or not.

Recently, the Federal Transit Administration (FTA) has placed renewed emphasis on Title VI issues, including providing meaningful access to persons with Limited English Proficiency.

Recipients of public transportation funding from FTA and the Virginia Department of Rail and Public Transportation (DRPT) are required to develop policies, programs, and practices that ensure that federal and state transit dollars are used in a manner that is nondiscriminatory as required under Title VI.

This document details how **Rappahannock Area Community Services Board** incorporates nondiscrimination policies and practices in providing services to the public. **Rappahannock Area Community Services Board's** Title VI policies and procedures are documented in this plan and its appendices and attachments. This plan will be updated periodically (at least every three years) to incorporate changes and additional responsibilities that arise.

II. OVERVIEW OF SERVICES

The Rappahannock Area Community Services Board (RACSB) is committed to improving the quality of life for people experiencing mental health and substance use challenges, developmental disabilities residing in Planning District 16. RACSB also works to provide education and prevention services to improve the quality of life for community members. Services are integrated and community-based. RACSB seeks to provide a system of care that is responsive to individual needs and choices. The Agency respects and promotes the dignity, rights, and full participation of all participants and their families. RACSB provides services in alignment with Title VI of the Civil Rights ACT of 1964.

RACSB's Specialized Transportation Program serves an essential function in many of its community-based services. The focus is to provide safe, efficient and reliable transportation service for individuals to and from agency sponsored programs and community locations. RACSB's Specialized Transportation serves individuals enrolled in various RACSB programs who due to specific needs require professional care while in transit. This manual is set forth to provide all RACSB vehicle operators in the agency with specific guidelines to help them perform their jobs professionally while promoting an atmosphere of mutual respect and caring among everyone involved in the transportation process.

III. POLICY STATEMENT AND AUTHORITIES

Title VI Policy Statement

Rappahannock Area Community Services Board is committed to ensuring that no person shall, on the grounds of race, color, national origin, as provided by Title VI of the Civil Rights Act of 1964 and the Civil Rights Restoration Act of 1987 (PL 100.259), be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity, whether those programs and activities are federally funded or not.

The **Rappahannock Area Community Services Board** Title VI Manager is responsible for initiating and monitoring Title VI activities, preparing required reports, and other responsibilities as required by Title 23 Code of Federal Regulations (CFR) Part 200, and Title 49 CFR Part 21.

Signature of Authorizing Official

Date

Authorities

Title VI of the 1964 Civil Rights Act provides that no person in the United States shall, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity receiving federal financial assistance (refer to 49 CFR Part 21). The Civil Rights Restoration Act of 1987 broadened the scope of Title VI coverage by expanding the definition of the terms “programs or activities” to include all programs or activities of Federal Aid recipients, sub recipients, and contractors, whether such programs and activities are federally assisted or not.

Additional authorities and citations include: Title VI of the Civil Rights Act of 1964 (42 U.S.C. Section 2000d); Federal Transit Laws, as amended (49 U.S.C. Chapter 53 et seq.); Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended (42 U.S.C. 4601, et seq.); Department of Justice regulation, 28 CFR part 42, Subpart F, “Coordination of Enforcement of Nondiscrimination in Federally-Assisted Programs” (December 1, 1976, unless otherwise noted); U.S. DOT regulation, 49 CFR part 21, “Nondiscrimination in Federally-Assisted Programs of the Department of Transportation—Effectuation of Title VI of the Civil Rights Act of 1964” (June 18, 1970, unless otherwise noted); Joint FTA/Federal Highway Administration (FHWA) regulation, 23 CFR part 771, “Environmental Impact and Related Procedures” (August 28, 1987); Joint FTA/FHWA regulation, 23 CFR part 450 and 49 CFR part 613, “Planning Assistance and Standards,” (October 28, 1993, unless otherwise noted); U.S. DOT Order 5610.2, “U.S. DOT Order on Environmental Justice to Address Environmental Justice in Minority Populations and Low-Income Populations,” (April 15, 1997); U.S. DOT Policy Guidance Concerning Recipients’ Responsibilities to Limited English Proficient Persons, (December 14, 2005), and Section 12 of FTA’s Master Agreement, FTA MA 13 (October 1, 2006).

IV. NONDISCRIMINATION ASSURANCE TO DRPT

In accordance with 49 CFR Section 21.7(a), every application for financial assistance from the Federal Transit Administration (FTA) must be accompanied by an assurance that the applicant will carry out the program in compliance with DOT's Title VI regulations. This requirement is fulfilled when the Virginia Department of Rail and Public Transportation (DRPT) submits its annual certifications and assurances to FTA. DRPT shall collect Title VI assurances from sub-recipients prior to passing through FTA funds.

As part of the Certifications and Assurances submitted to DRPT with the Annual Grant Application and all Federal Transit Administration grants submitted to the DRPTR Rappahannock Area Community Services Board submits a Nondiscrimination Assurance which addresses compliance with Title VI as well as nondiscrimination in hiring (EEO) and contracting (DBE), and nondiscrimination on the basis of disability (ADA).

In signing and submitting this assurance, Rappahannock Area Community Services Board confirms to DRPT the agency's commitment to nondiscrimination and compliance with federal and state requirements.

V. PLAN APPROVAL DOCUMENT

Add meeting minutes from board meeting

I hereby acknowledge the receipt of the Rappahannock Area Community Services Board Title VI Implementation Plan 2024 - 2026. I have reviewed and approve the Plan. I am committed to ensuring that no person is excluded from participation in, or denied the benefits of transit services on the basis of race, color, or national origin, as protected by Title VI according to Federal Transit Administration (FTA) Circular 4702.1B Title VI requirements and guidelines for FTA sub-recipients.

Signature of Authorizing Official

DATE

NAME, TITLE

Rappahannock Area Community Services Board

VI. ORGANIZATION AND TITLE VI PROGRAM RESPONSIBILITIES

The Rappahannock Area Community Services Board's Director of Compliance and Human Rights is responsible for ensuring implementation of the agency's Title VI program. Title VI program elements are interrelated and responsibilities may overlap. The specific areas of responsibility have been delineated below for purposes of clarity.

Overall Organization for Title VI

The Title VI Manager and staff are responsible for coordinating the overall administration of the Title VI program, plan, and assurances, including complaint handling, data collection and reporting, annual review and updates, and internal education. RACSB's Compliance Department provides oversight related to the responsibilities of the Title VI Manager. Designees may be appointed to manage aspects of responsibilities detailed below.

Detailed Responsibilities of the Title VI Manager

The Title VI Manager is charged with the responsibility for implementing, monitoring, and ensuring compliance with Title VI regulations. Title VI responsibilities are as follows:

1. Process the disposition of Title VI complaints received.
2. Collect statistical data (race, color or national origin) of participants in and beneficiaries of agency programs, (e.g., affected citizens, and impacted communities).
3. Conduct annual Title VI reviews of agency to determine the effectiveness of program activities at all levels.
4. Conduct Title VI reviews of construction contractors, consultant contractors, suppliers, and other recipients of federal-aid fund contracts administered through the agency.
5. Conduct training programs on Title VI and other related statutes for agency employees.
6. Prepare a yearly report of Title VI accomplishments and goals, as required.
7. Develop Title VI information for dissemination to the general public and, where appropriate, in languages other than English.
8. Identify and eliminate discrimination.
9. Establish procedures for promptly resolving deficiency status and writing the remedial action necessary, all within a period not to exceed 90 days.

General Title VI responsibilities of the agency

The Title VI Manager is responsible for substantiating that these elements of the plan are appropriately implemented and maintained, and for coordinating with those responsible for public outreach and involvement and service planning and delivery.

1. Data collection

To ensure that Title VI reporting requirements are met, Rappahannock Area Community Services Board's Compliance Department will maintain:

- A database or log of Title VI complaints received. The investigation of and response to each complaint is tracked within the database or log.
- A log of the public outreach and involvement activities undertaken to ensure that minority and low-income people had a meaningful access to these activities.

2. Annual Report and Updates related to Transportation

As a sub-recipient of FTA funds, Rappahannock Area Community Services Board Specialized Transportation is required to submit a Quarterly Report Form to DRPT that documents any Title VI complaints received during the preceding quarter and for each year. Rappahannock Area Community Services Board Specialized Transportation will also maintain and provide to DRPT on an annual basis, the log of public outreach and involvement activities undertaken to ensure that minority and low-income people had a meaningful access to these activities.

Further, RACSB will submit to DRPT updates to any of the following items since the previous submission, or a statement to the effect that these items have not been changed since the previous submission, indicating date:

- A copy of any compliance report for reviews conducted in the last three years, along with the purpose or reason for the review, the name of the organization that performed the review, a summary of findings and recommendations, and a report on the status or disposition of the findings and recommendations
- Limited English Proficiency (LEP) plan
- procedures for tracking and investigating Title VI complaints
- A list of Title VI investigations, complaints or lawsuits filed with the agency since the last submission
- A copy of the agency notice to the public that it complies with Title VI and instructions on how to file a discrimination complaint

3. Annual review of Title VI program

Each year, in preparing for the Annual Report and Updates, the Title VI Manager will review the agency's Title VI program to assure implementation of the Title VI plan. In addition, they will review agency operational guidelines and publications, including those for contractors, to verify that Title VI language and provisions are incorporated, as appropriate.

4. Dissemination of information related to the Title VI program

Information on RACSB's implementation of Title VI will be disseminated to agency employees, contractors, and beneficiaries, as well as to the public, as described in the “public outreach and involvement” section of this document, and in other languages when needed according to the LEP plan as well as federal and State laws/regulations.

5. Resolution of complaints

Any individual may exercise his or her right to file a complaint if that person believes that he, she or any other program beneficiaries have been subjected to unequal treatment or discrimination in the receipt of benefits/services or prohibited by non-discrimination requirements. Individuals may file anonymous email complaints directly to RACSB's Compliance Department or may call them directly. For complaints related to transporting of individuals in services, RACSB's Specialized Transportation will report the complaint to DRPT within three business days (per DRPT requirements), and make a concerted effort to resolve complaints locally, using the agency's Title VI Complaint Procedures. All Title VI complaints and their resolution will be logged as described under Section 1. Data collection and reported annually (in addition to immediately) to DRPT.

6. Written policies and procedures

Our Title VI policies and procedures are documented in this plan and its appendices and attachments. This plan will be updated periodically to incorporate changes and additional responsibilities that arise. During the course of the Annual Title VI Program Review (item 3 above), the Title VI Manager will determine whether or not an update is needed.

7. Internal education

RACSB employees will receive training on Title VI policies and procedures upon hiring and upon promotion. This training will include requirements of Title VI, our obligations under Title VI (LEP requirements included), and required data that must be gathered and maintained. In addition, training will be provided when any Title VI-related policies or procedures change (agency-wide training), or when appropriate in resolving a complaint.

Title VI training is the responsibility of Director of Compliance and Human Rights.

8. Title VI clauses in contracts

In all federal procurements requiring a written contract or Purchase Order (PO), RACSB's service contracts, including those related to Specialized Transportation, will include appropriate non-discrimination clauses. The Title VI Manager will work with the Director of Finance or their designee who is/are responsible for procurement contracts and PO's to ensure appropriate non-discrimination clauses are included.

VII. PROCEDURES FOR NOTIFYING THE PUBLIC OF TITLE VI RIGHTS AND HOW TO FILE A COMPLAINT

Title VI Public Notice

Title 49 CFR Section 21.9(d) requires recipients to provide information to the public regarding the recipient's obligations under DOT's Title VI regulations and apprise members of the public of the protections against discrimination afforded to them by Title VI. At a minimum, Rappahannock Area Community Services Board Specialized Transportation shall disseminate this information to the public by posting a Title VI notice on the agency's website and in public areas of the agency's office(s).

SEE APPENDIX A-Title VI Notice to the Public

SEE APPENDIX B-Title VI Notice to the Public List of Locations

TITLE VI COMPLAINT PROCEDURES

Title VI Complaint Procedures and Complaint Form.

In order to comply with the reporting requirements established in 49 CFR Section 21.9(b), RACSB has procedures for investigating and tracking Title VI complaints filed against them and make their procedures for filing a complaint available to members of the public. Appendix C includes a Title VI complaint form as required by 49 CFR. The form and procedure for filing a complaint shall be available on RACSB's website and at its facilities. any individual may exercise his or her right to file a complaint with Rappahannock Area Community Services Board Specialized Transportation if that person believes that he or she has been subjected to unequal treatment or discrimination in the receipt of benefits or services.

As related to Specialized Transportation and to comply with DRPT requirements, RACSB will report the complaint to DRPT within three business days, and make a concerted effort to resolve complaints locally, using the agency's Nondiscrimination Complaint Procedures. All Title VI complaints and their resolution will be logged and reported annually (in addition to immediately) to DRPT.

Instructions for filing Title VI complaints are posted on the agency's website and in the vehicles operated in passenger service, and agency facilities. RACSB also includes the statement below on the Specialized Transportation's brochure.

The following language is printed on posters on the interior of each vehicle operated in passenger service:

Rappahannock Area Community Services Board is committed to ensuring that no person is excluded from participation in, or denied the benefits of its transit services on the basis of race, color or national origin, as protected by Title VI of the Civil Rights Act of 1964.

For additional information on Rappahannock Area Community Services Board's nondiscrimination policies and procedures, or to file a complaint, please visit the website at rappahannockareacsb.org or contact Stephanie Terrell, Director of Compliance and Human Rights at 600 Jackson Street, Fredericksburg, Virginia 22401.

SEE APPENDIX C – Title VI Complaint Form

Procedures for Handling and Reporting Investigations/Complaints and Lawsuits

Should any Title VI investigations be initiated by FTA or DRPT, or any Title VI lawsuits are filed against Rappahannock Area Community Services Board the agency will follow these procedures:

Procedures

1. Any individual, group of individuals, or entity that believes they have been subjected to discrimination on the basis of race, color, or national origin may file a written complaint with the Title VI Manager. The complaint is to be filed in the following manner:
 - a. Using the Appendix C, Complaint form, the entity will submit their concern within 180 days of the alleged occurrence.
 - b. The complaint shall be in writing and signed by the complainant(s).
 - c. The complaint should include:
 - the complainant's name, address, and contact information
 - (i.e., telephone number, email address, etc.)
 - the date(s) of the alleged act of discrimination (if multiple days, include the date when the complainant(s) became aware of the alleged discrimination and the date on which the alleged discrimination was discontinued or the latest instance).
 - a description of the alleged act of discrimination
 - the location(s) of the alleged act of discrimination (include vehicle number if appropriate)
 - an explanation of why the complainant believes the act to have been discriminatory on the basis of race, color, and national origin
 - if known, the names and/or job titles of those individuals perceived as parties in the incident
 - contact information for any witnesses
 - indication of any related complaint activity (i.e., was the complaint also submitted to DRPT or FTA?)
 - d. The complaint shall be submitted to the Rappahannock Area Community Services Board Compliance Director at 600 Jackson Street, Fredericksburg Virginia, 22401 or sterrell@rappahannockareacsb.org.
 - e. Complaints received by any other employee of Rappahannock Area Community Services Board will be immediately forwarded to the Title VI Manager.
 - f. In the case where a complainant is unable or incapable of providing a written statement, a verbal complaint of discrimination may be made to the Title VI Manager. Under these circumstances, the complainant will be interviewed, and the Office of Consumer Affairs will assist the complainant in converting the verbal allegations to writing.
2. Upon receipt of the complaint, the Title VI Manager will immediately:
 - a. notify DRPT (no later than 3 business days from receipt)
 - b. notify the Rappahannock Area Community Services Board Authorizing Official

- c. ensure that the complaint is entered in the complaint database
- 3. Within 3 business days of receipt of the complaint, the Title VI Manager will contact the complainant by telephone to set up an interview.
- 4. The complainant will be informed that they have a right to have a witness or representative present during the interview and can submit any documentation he/she perceives as relevant to proving his/her complaint.
- 5. If DRPT has assigned staff to assist with the investigation, the Title VI Manager will offer an opportunity to participate in the interview.
- 6. The alleged discriminatory service or program official will be given the opportunity to respond to all aspects of the complainant's allegations.
- 7. The Title VI Manager will determine, based on relevancy or duplication of evidence, which witnesses will be contacted and questioned.
- 8. The investigation may also include:
 - a. investigating contractor operating records, policies or procedures
 - b. reviewing routes and schedules
 - c. reviewing operating policies and procedures
 - d. reviewing scheduling and transportation logs
 - e. reviewing facility and vehicle camera footage
 - f. observing behavior of the individual whose actions were cited in the complaint
- 9. All steps taken and findings in the investigation will be documented in writing and included in the complaint file.
- 10. The Title VI Manager will contact the complainant at the conclusion of the investigation, but prior to writing the final report, and give the complainant an opportunity to give a rebuttal statement at the end of the investigation process.
- 11. At the conclusion of the investigation and within 60 days of the interview with the complainant, the Title VI Manager will prepare a report that includes a narrative description of the incident, identification of persons interviewed, findings, and recommendations for disposition. This report will be provided to the Authorizing Official, DRPT, and, if appropriate, Rappahannock Area Community Services Board's legal counsel.
- 12. The Title VI Manager will send a letter to the complainant notifying them of the outcome of the investigation. If the complaint was substantiated, the letter will indicate the course of action that will be followed to correct the situation. If the complaint is determined to be unfounded, the letter will explain the reasoning, and refer the complainant to DRPT in the event the complainant wishes to appeal the determination. This letter will be copied to DRPT.
- 13. A complaint may be dismissed for the following reasons:
 - a. The complainant requests the withdrawal of the complaint.
 - b. An interview cannot be scheduled with the complainant after reasonable attempts.
 - c. The complainant fails to respond to repeated requests for additional information needed to process the complaint.
- 14. DRPT will serve as the appealing forum to a complainant that is not satisfied with the outcome of an investigation conducted by Rappahannock Area Community Services Board. DRPT will analyze the facts of the case and will issue its conclusion to the appellant according to their procedures.

A person may also file a complaint directly with the Federal Transit Administration, Office of Civil Rights, Attention: Title VI Program Coordinator, East Building, 5th Floor – TCR, 1200 New Jersey Avenue SE, Washington, DC 20590.

Transportation-Related Title VI Investigations, Complaints, and Lawsuits Record Keeping Requirement

Background

All recipients shall prepare and maintain a list of any of the following that allege discrimination on the basis of race, color, or national origin:

- Active investigations conducted by FTA and entities other than FTA;
- Lawsuits; and
- Complaints naming the recipient.

This list shall include the date that the transportation-related Title VI investigation, lawsuit, or complaint was filed; a summary of the allegation(s); the status of the investigation, lawsuit, or complaint; and actions taken by the recipient in response, or final findings related to the investigation, lawsuit, or complaint. This list shall be included in the Title VI Program submitted to DRPT every three years and information shall be provided to DRPT quarterly and annually.

SEE APPENDIX D – Investigations, Lawsuits, and Complaints Document

VIII. PUBLIC OUTREACH AND INVOLVEMENT

PUBLIC PARTICIPATION PLAN

Introduction

The Public Participation Plan (PPP) is a guide for ongoing public participation endeavors. Its purpose is to ensure that Rappahannock Area Community Services Board utilizes effective means of providing information and receiving public input on service access and mitigating barriers for low income, minority and limited English proficient (LEP) populations, as required by Title VI of the Civil Rights Act of 1964 and its implementing regulations.

Under federal regulations, RACSB must take reasonable steps to ensure that Limited English Proficient (LEP) persons have meaningful access to their programs and activities. This means that health care services and related programming activities, including transportation, normally provided in English, should be accessible to persons who have a limited ability to speak, read, write, or understand English.

In addition to language access measures, other major components of the PPP include: public participation design factors; a range of public participation methods to provide information, to invite participation and/or to seek input; examples to demonstrate how population-appropriate outreach methods can be and were identified and utilized; and performance measures and objectives to ensure accountability and a means for improving over time.

Rappahannock Area Community Services Board utilizes annual comprehensive plans, program participant surveys, community and state gap assessments, to address needs and mitigate barriers to access to care. RACSB implements public participation plans or processes that will determine how and when specific public participation activities should take place, and which specific measures are most appropriate.

Rappahannock Area Community Services Board uses demographic analyses of the population(s) affected, the type of program, and/or service under consideration, and the resources available to seek community input. Efforts to involve minority and LEP populations in public participation activities may include both comprehensive measures, such as placing public notices in agency facilities and vehicles, as well as targeted measures to address linguistic, institutional, cultural, economic, historical, or other barriers that may prevent minority and LEP persons from effectively participating in our decision-making process.

SOME OF THOSE EFFECTIVE PUBLIC OUTREACH PRACTICES INCLUDE:

- a. Placing notices at RACSB facilities and vehicles
- b. Posting information on the Agency's social media platforms and website
- c. Utilizing translation services

SEE APPENDIX E-Summary of Outreach Efforts

IX. LANGUAGE ASSISTANCE PLAN FOR PERSONS WITH LIMITED ENGLISH PROFICIENCY (LEP)

Introduction and Legal Basis

LEP is a term that defines any individual not proficient in the use of the English language. The establishment and operation of an LEP program meets objectives set forth in Title VI of the Civil Rights Act and Executive Order 13166, Improving Access to Services for Persons with Limited English Proficiency (LEP). This Executive Order requires federal agencies receiving financial assistance to address the needs of non-English speaking persons. The Executive Order also establishes compliance standards to ensure that the programs and activities that are provided by a transportation provider in English are accessible to LEP communities. This includes providing meaningful access to individuals who are limited in their use of English. The following LEP language implementation plan, developed by Rappahannock Area Community Services Board aligns with FTA guidelines.

As required, Rappahannock Area Community Services Board developed a written LEP Plan (below). Using American Community Survey (ACS) Census data, Rappahannock Area Community Services Board has evaluated data to determine the extent of need for translation services of its vital documents and materials.

In order to assure access to services, RACSB makes intentional efforts to mitigate communication barriers by providing interpretative services in conjunction with RACSB programming.

Assessment of Needs and Resources

The need and resources for LEP language assistance were determined through a four-factor analysis as recommended by FTA guidance.

Factor 1: Assessment of the Number and Proportion of LEP Persons Likely to be Served or Encountered in the Eligible Service Population

The agency has reviewed census data on the number of individuals in its service area that have limited English Proficiency, as well as the languages they speak.

U.S. Census Data – American Community Survey (2018-2022)

Data from the U.S. Census Bureau’s American Community Survey (ACS) were obtained through www.census.gov by Rappahannock Area Community Services Board’s service area. The agency’s service area includes a total of 23,156 (6.30%) persons with Limited English Proficiency (those persons who indicated that they spoke English “less than very well,”).

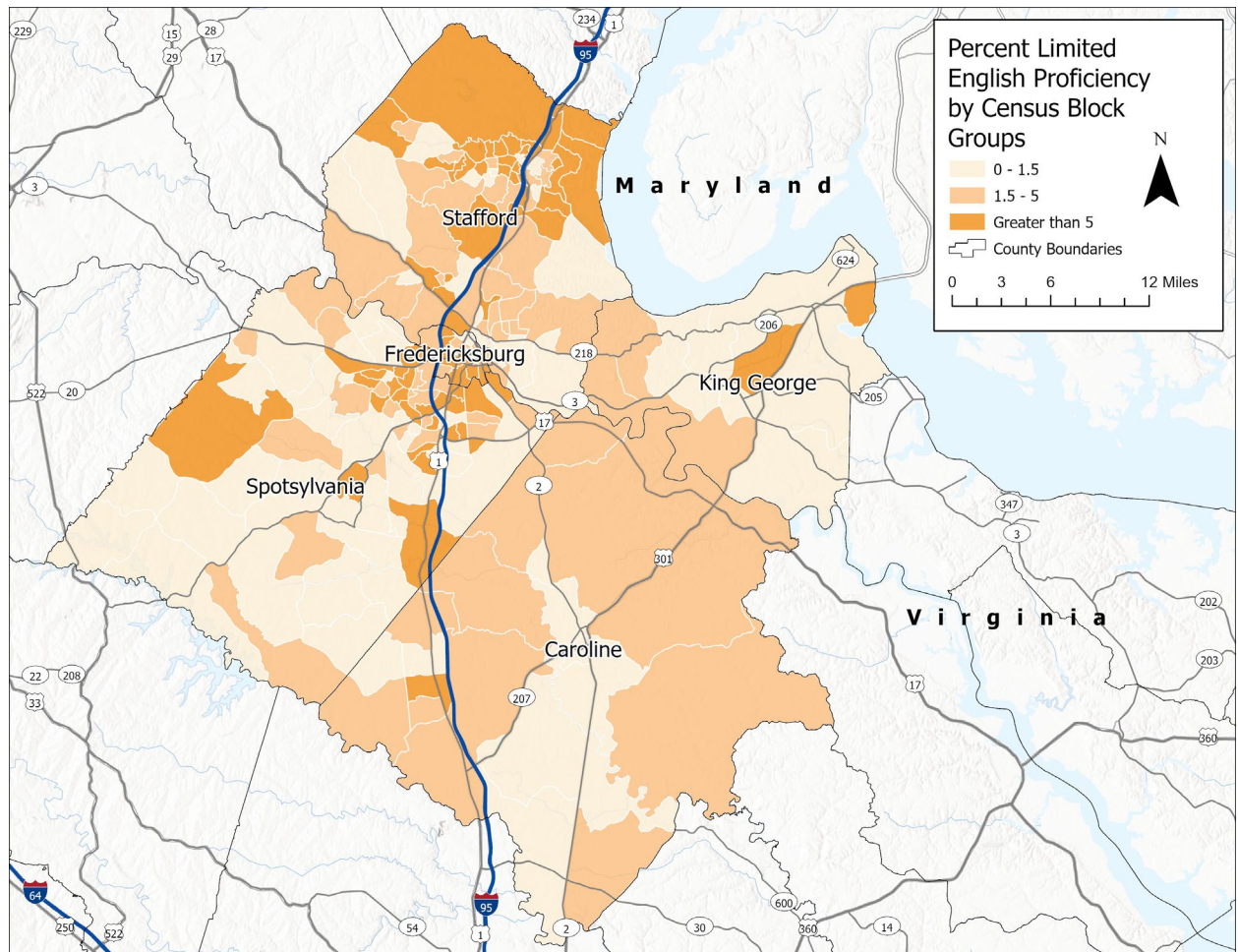
Information from the 2018-2022 ACS also provides more detail on the specific languages that are spoken by those who report that they speak English less than very well. Languages spoken at home by those with LEP are presented below. These data indicate the extent to which translations into other language are needed to meet the needs of LEP persons.

Table 1: Number of LEP Population

| Rappahannock Area CSB Service Area | | | |
|--|--------------------------|--|---|
| Language | Number of LEP Population | Percent of Service Area Population Speaking Language | Percent of LEP Population Speaking Language |
| Spanish | 13,164 | 3.58% | 56.85% |
| French, Haitian, or Cajun | 1,955 | 0.53% | 8.44% |
| German or other West Germanic languages | 35 | 0.01% | 0.15% |
| Russian, Polish, or other Slavic languages | 131 | 0.04% | 0.57% |
| Other Indo-European languages | 3,454 | 0.94% | 14.92% |
| Korean | 581 | 0.16% | 2.51% |
| Chinese (incl. Mandarin, Cantonese) | 333 | 0.09% | 1.44% |
| Vietnamese | 171 | 0.05% | 0.74% |
| Tagalog | 576 | 0.16% | 2.49% |

| | | | |
|--|----------------|-------|-------|
| Other Asian and Pacific Island languages | 696 | 0.19% | 3.01% |
| Arabic | 368 | 0.10% | 1.59% |
| Other and unspecified languages | 1,692 | 0.46% | 7.31% |
| Total LEP Population | 23,156 | 6.30% | |
| Total Service Area Population | 367,576 | | |

Figure 1: Percentage of LEP By Census Block Group



The most spoken language by persons in the LEP population is Spanish (13,164). Two other languages are spoken by more than 5% or 1,000 persons in the LEP population: Other Indo-European languages (3,454) and other unspecified languages (1,692). Figure 1 shows the percentage of LEP by Census Block Group. There are large populations of LEP in and north of Stafford, surrounding Fredericksburg, Spotsylvania and King George.

Factor 2: Assessment of Frequency with Which LEP Individuals Come Into Contact with the Transit Services or System

Rappahannock Area Community Services Board reviewed the relevant benefits, services, and information provided by the agency and determined the extent to which LEP persons have come into contact with these functions through *one or more* of the following channels:

- Contact with staff operating vehicles;
- Calls to Rappahannock Area Community Services Board's Office of Consumer Affairs telephone line;
- Access to the agency's website;

We will continue to identify emerging populations as updated Census and American Community Survey data become available for our service area. In addition, when LEP persons contact our agency, we attempt to identify their language and keep records on contacts to accurately assess the frequency of contact.

Information from Community Organizations that Serve LEP Persons

To supplement the Census, education, and labor department data, Rappahannock Area Community Services Board conducts community outreach to the following organizations that work with LEP populations.

- *School systems*
- *Community organizations*
- *State and local governments*
- *Religious organizations*
- *Legal aid entities*

Factor 3: Assessment of the Nature and Importance of the Transit Services to the LEP Population

Rappahannock Area Community Services Board provides the following programs, activities and services:

Rappahannock Area Community Services Board (RACSB) is comprised of a variety of services and programs meeting the support needs of persons living in Planning District 16 that have mental health, substance use, and/or developmental disability diagnoses. Carefully orchestrated transportation is an integral part of conducting our services and to linking people to needed resources in their community in order to help build better lives. Individuals in RACSB services receive specialized care while in transit. The following service descriptions characterize our service areas and how transportation plays its role in accomplishing these program missions:

Developmental Disability Day Programming:

RACSB provides licensed days services for adults with developmental disabilities. RACSB's Rappahannock Adult Activities, Inc. (RAAI) provides day support services that offer socialization and engagement opportunities within the community. RAAI focuses on integration by supporting travel to and from a variety of community destinations, multiple times a day. RAAI creates connections with others through volunteer opportunities and participation in community activities. RAAI affords families a caring support structure for their loved ones to attend during the week. Participants benefit from social engagement, recreation, and skill building interventions .

To be eligible for RACSB Developmental Day Services, an individual must meet the following criteria: a primary diagnosis of developmental disability, over 18 years of age, out of high school and live in Virginia with preference given to those residing in planning district 16. RAAI drove 200,767 miles within Planning District 16 during FY 2024 to support participants' efforts for working towards individual service goals. The program provided 36,674 trips to approximately 114 individuals with disabilities.

Psychosocial Rehabilitation:

At RACSB, the Kenmore Club provides psychosocial rehabilitation services to adults over the age of 18 with serious mental illness. The program supports individuals' recovery efforts through community integration and access to resources. Kenmore Club provides transportation and support to health and wellness, recreation, prevocational, and vocational activities. In linking people to resources and achieving these goals, Kenmore Club staff drove 14,262 miles during FY2024, allowing 83 individuals to access 8,456 trips into their larger community to work on their goals and integration needs.

Developmental Disability Residential Services:

RACSB Developmental Disability Residential Services provide daily living care and skill building activities in a residential setting for adults with developmental disabilities. The program's specific focus is for individuals to receive services in a safe, home environment, appropriate to their level of need and properly staffed to provide required supports. RACSB values inclusion, works to support access and participating alongside other members of their community in all offerings, including work, leisure and business. During FY2024, RACSB Residential drove 173,345 miles and completed 28,191 trips in the provision of our support services to approximately 34 individuals.

Individuals referred to RACSB Residential services must meet the following minimum criteria to be considered for admission: a diagnosis of developmental disability, must be over 18 years of age if not living with family or legal guardian at time of application for admission, must have an expressed desire to live in the community, develop daily living skills, and to receive supports for their health and safety needs.

Based on past experience serving and communicating with LEP persons and interviews with community agencies, **RACSB understands** that the following services/routes/programs are currently of particular importance LEP persons in the community.

The following are the most critical services provided by Rappahannock Area Community Services Board for all customers, including LEP persons.

- Safety and security awareness instructions
- Emergency evacuation procedures
- Transportation services for individuals in services
- Other paratransit services
- Services targeted to low income persons

Factor 4: Assessment of the Resources Available to the Agency and Costs

Costs

The following language assistance measures currently being provided by Rappahannock Area Community Services Board

- RACSB currently provides documents in Spanish and verbal interpretations are always made available utilizing the Language Line Service

Based on the analysis of demographic data and contact with community organizations and LEP persons, Rappahannock Area Community Services Board has determined that the following additional services are ideally needed to provide meaningful access:

- Our existing language assistance is sufficient to meet and even exceed demand.

Resources

RACSB allocates adequate funding to address language barriers for services. Consequently, the Agency does not seek additional funding for translation services alone.

In addition, in-kind assistance may be available through agency employees.

Feasible and Appropriate Language Assistance Measures

Based on the available resources, the following language assistance measures are feasible and appropriate for our agency at this time:

- Language Line Services for interpretation.

LEP Implementation Plan

Through the four-factor analysis, Rappahannock Area Community Services Board has determined that the following types of language assistance are most needed and feasible:

- ***Language Line Translation Services for telephone contacts.***

Staff Access to Language Assistance Services

Agency staff who come into contact with LEP persons can access language services by calling Language Line Services for assistance. All staff will be provided with a list of available language assistance services and additional information and referral resources (such as community organizations which can assist LEP persons). This list will be updated at least annually.

Responding to LEP Callers

Staff who answer calls from the public respond to LEP customers as follows: Contacting the Language Line Services for interaction and assistance.

Responding to Written Communications from LEP Persons

The following procedures are followed when responding to written communications from LEP persons: The recipient will utilize available resources to interpret the communication or will utilize Language Line Services to interact with the person inquiring.

Responding to LEP Individuals in Person

The following procedures are followed when an LEP person visits our customer service and administrative office: The Language Line will be contacted immediately to provide interpretation.

The following procedures are followed by operators when an LEP person has a question on board a Rappahannock Area Community Services Board vehicle: Referred to telephone assistance with Language Line Services.

Staff Training

As noted previously, all Rappahannock Area Community Services Board staff are provided with a list of available language assistance services and additional information and referral resources, updated annually.

All new hires receive training on assisting LEP persons as part of their sensitivity and customer service training. This includes:

- A summary of the agency's responsibilities under the DOT LEP Guidance;
- A summary of the agency's language assistance plan;
- A summary of the number and proportion of LEP persons in the agency's service area, the frequency of contact between the LEP population and the agency's programs and activities, and the importance of the programs and activities to the population;
- A description of the type of language assistance that the agency is currently providing and instructions on how agency staff can access these products and services; and
- A description of the agency's cultural sensitivity policies and practices.

Also, all staff who routinely come into contact with customers, as well as their supervisors and all management staff, receive annual refresher training on policies and procedures related to assisting LEP persons.

Providing Notice to LEP Persons

LEP persons are notified of the availability of language assistance through the following approaches:

- ***Upon request when interacting with agency staff.***

LEP persons will also be included in all community outreach efforts related to service and fee changes.

Monitoring/updating the plan

This plan will be updated on a periodic basis (at least every three years), based on feedback, updated demographic data, and resource availability.

As part of ongoing outreach to community organizations, Rappahannock Area Community Services Board will solicit feedback on the effectiveness of language assistance provided and unmet needs. In addition, we will conduct periodic review of census data and internal meetings will be used to determine if the adequacy and quality of the language assistance provided, and determine changes to LEP needs.

In preparing the triennial update of this plan, Rappahannock Area Community Services Board will conduct an internal assessment using the Language Assistance Monitoring Checklist provided in the FTA's "Implementing the Department of Transportation's Policy Guidance Concerning Recipients' Responsibilities to Limited English Proficient (LEP) Persons: A Handbook for Public Transportation Providers." ***[This checklist attached at the end of this sample plan.]***

Based on the feedback received from community members and agency employees, Rappahannock Area Community Services Board will make incremental changes to the type of written and oral language assistance provided as well as to their staff training and community outreach programs. The cost of proposed changes and the available resources will affect the enhancements that can be made, and therefore Rappahannock Area Community Services Board will attempt to identify the most cost-effective approaches.

As the community grows and new LEP groups emerge Rappahannock Area Community Services Board will strive to address the needs for additional language assistance.

X. MINORITY REPRESENTATION ON PLANNING AND ADVISORY BODIES

Title 49 CFR Section 21.5(b)(1)(vii) states that a recipient may not, on the grounds of race, color, or national origin, “deny a person the opportunity to participate as a member of a planning, advisory, or similar body which is an integral part of the program.”

RACSB's programs, including transportation services, does not have a transit-related, non-elected planning boards, advisory councils or committees, or similar committees, the membership of which the Agency selects.

XI. MONITORING TITLE VI COMPLAINTS

As part of the complaint handling procedure, the Title VI Manager investigates possible inequities in service delivery for the route(s) or service(s) about which the complaint was filed. Depending on the nature of the complaint, the review examines span of service (days and hours), frequency, routing directness, and/or fee policy. If inequities are discovered during this review, options for reducing the disparity are explored, and service are changes are planned if needed.

In addition to the investigation following an individual complaint, the Title VI Manager periodically reviews all complaints received to determine if there may be a pattern. At a minimum, this review is conducted as part of preparing the Annual Report and Update for submission to DRPT.

APPENDIX A - TITLE VI NOTICE TO THE PUBLIC

Title VI of the Civil Rights Act of 1964 prohibits discrimination on the basis of race, color, or national origin in programs and activities receiving Federal financial assistance. Specifically, Title VI provides that "no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance" (42 U.S.C. Section 2000d).

Rappahannock Area Community Services Board is committed to ensuring that no person is excluded from participation in, or denied the benefits of its transportation services on the basis of race, color, or national origin, as protected by Title VI in Federal Transit Administration (FTA) Circular 4702.1B. If you feel you are being denied participation in or being denied benefits of the transit services provided by Rappahannock Area Community Services Board Specialized Transportation, or otherwise being discriminated against because of your race, color, national origin, gender, age, or disability, our contact information is:

Name: Stephanie Terrell

Title: Director of Compliance and Human Rights

Agency Name: Rappahannock Area Community Services Board

Address: 600 Jackson Street

City, State Zip code Fredericksburg, Virginia 22401

Telephone Number 540-940-2328

Email address sterrell@rappahannockareacsb.org

APPENDIX B - TITLE VI NOTICE TO THE PUBLIC LIST OF LOCATIONS

RACSB Web Site www.Rappahannockareacsb.org

Rappahannock Adult Activities Inc. Locations with subsequent vehicles to support service delivery.

19254 Rogers Clark Blvd. Ruther Glen, VA 22546

8479 St. Anthony's Rd. King George, VA 22458

7424 Brock Rd. Spotsylvania, VA 22553

750 Kings Hwy Fredericksburg, VA 22405

15 Hope Rd. Stafford, VA 22554

Kenmore Club with subsequent vehicles to support service delivery.

632 Kenmore Ave. Fredericksburg, VA 22401

RACSB Residential Offices with subsequent vehicles to support service delivery.

10825 Tidewater Trail, Fredericksburg, VA 22408

APPENDIX C - TITLE VI COMPLAINT FORM

| | | |
|---|-------------|------------------|
| SECTION I | | |
| Address: | | |
| City : | | State: |
| Telephone (cell) | | Telephone (work) |
| Email Address: | | |
| Accessible Format Requirements? | Large Print | Audio Tape |
| | TDD | Other |
| SECTION II | | |
| Are you filing this complaint on your behalf? | Yes* | No |
| *If you answered "yes" to this question go to Section III. | | |
| If not, please supply the name and relationship of the person for whom you are complaining: | | |
| Please explain why you have filed for a third party: | | |
| Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party: | | Yes |
| | | No |
| SECTION III: | | |
| I believe the discrimination I experienced was based on (check all that apply): | | |
| () Race () Color () National Origin | | |
| Date of Alleged Discrimination (Month, Date, Year): _____ | | |
| Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form. | | |
| | | |
| | | |

SECTION IV:

Have you previously filed a Title VI complaint with this agency?

Yes

No

SECTION V:

Have you filed this complaint with any other Federal, State or local agency, or with any Federal or State court?

()
Yes

() No

APPENDIX D - INVESTIGATIONS, LAWSUITS AND COMPLAINTS DOCUMENT

APPENDIX D

Investigations, Lawsuits and Complaints Document

RACSB does not have any ongoing Title VI investigations, lawsuits or complaints.

List of Investigations, Lawsuits and Complaints

| | Date (Month, Day, Year) | Summary (include basis of complaint: race, color or national origin) | Status | Action(s) taken |
|-----------------------|-------------------------------|---|--------|--------------------|
| Investigations | | | | |
| 1. None | | | | |
| Lawsuits | | | | |
| 1. None | | | | |
| Complaints | | | | |
| 1. None | | | | |

APPENDIX E - SUMMARY OF OUTREACH EFFORTS

- a. Rappahannock Area Community Services Board website.
www.rappahannockareacsb.org
- b. Rappahannock Area Community Services Board Facebook page
- c. Media releases through The Freelance Star and local radio stations.
- d. Rappahannock Adult Activities Inc Community Engagement Program:
 - i. Faith Based Organizations
 - ii. YMCA
 - iii. Horticulture Activities and Plant Sales

Memorandum

To: Joe Wickens, Executive Director

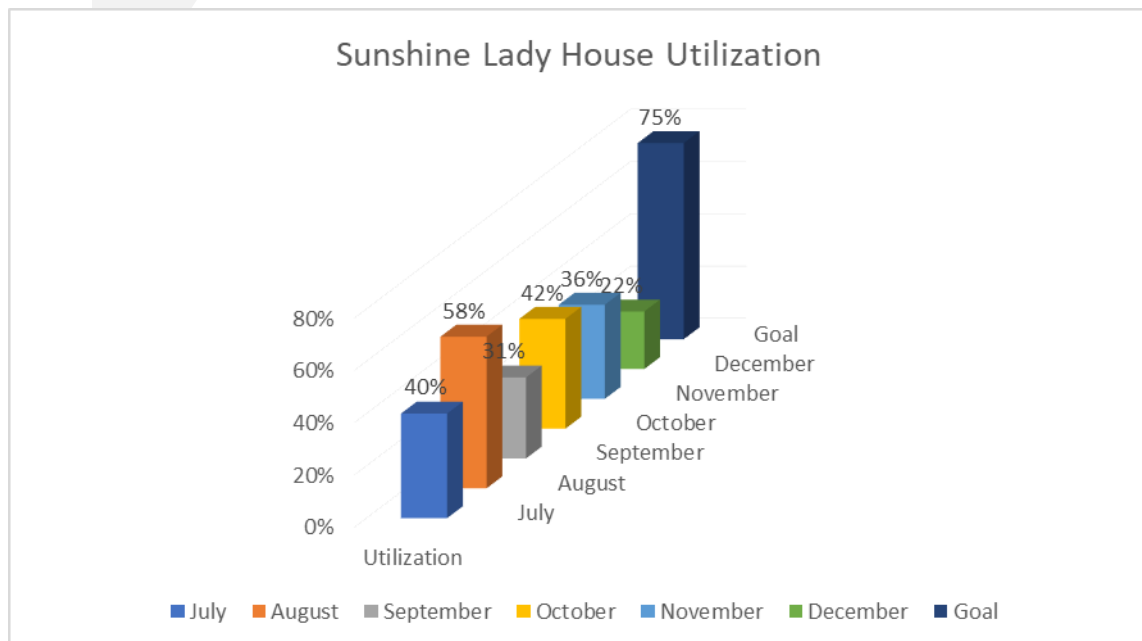
From: Amy Jindra, CSS Director

Date: January 16, 2025

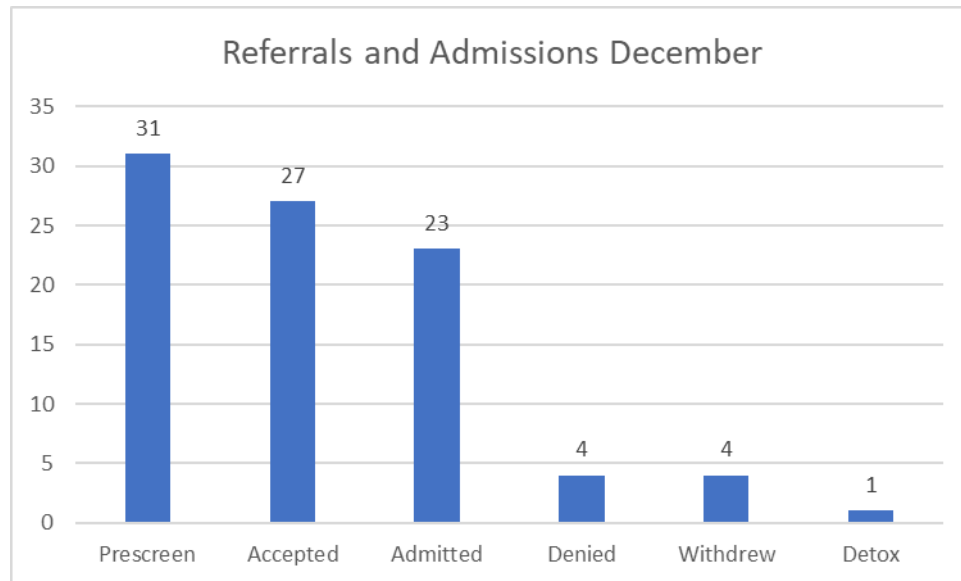
Re: Sunshine Lady House Utilization

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 December Sunshine served 22 individuals from RACSB catchment and 1 individual from outside of the area, for a total of 81 bed days. Below is a graph illustrating the program goal and utilization by month.



Sunshine Lady House received 31 prescreens and accepted 26 for admission. Of the 26 individuals accepted into the program, 23 chose to participate in services. Only 4 individuals were denied due to medical needs and behavioral concerns exceeding program limitations. The program served 1 individual for medically managed detox.



Memorandum

To: Joe Wickens, Executive Director

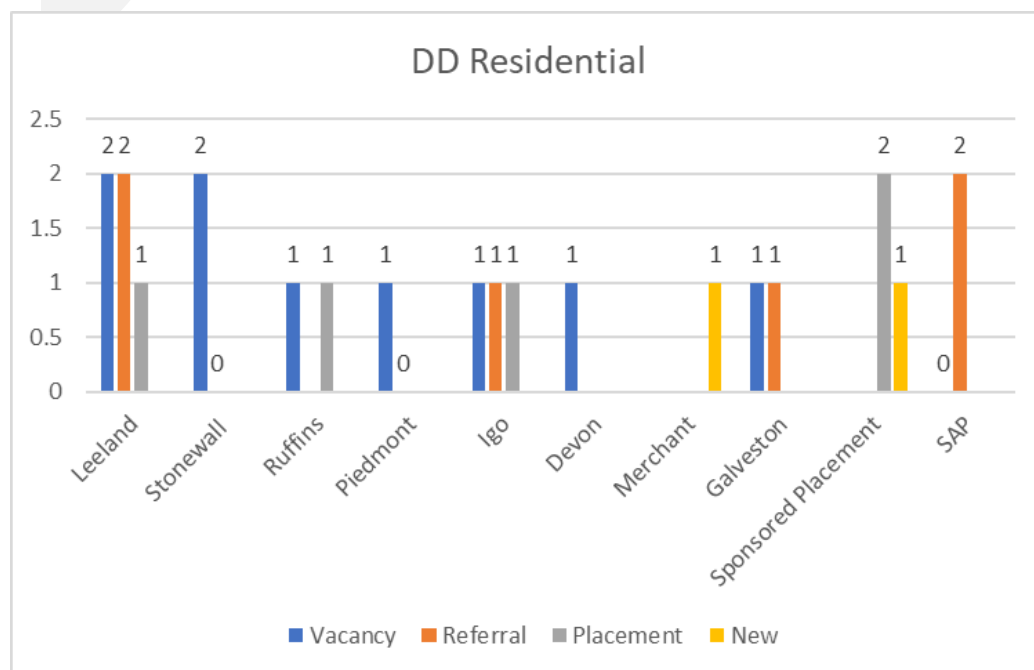
From: Amy Jindra, CSS Director

Date: January 16, 2025

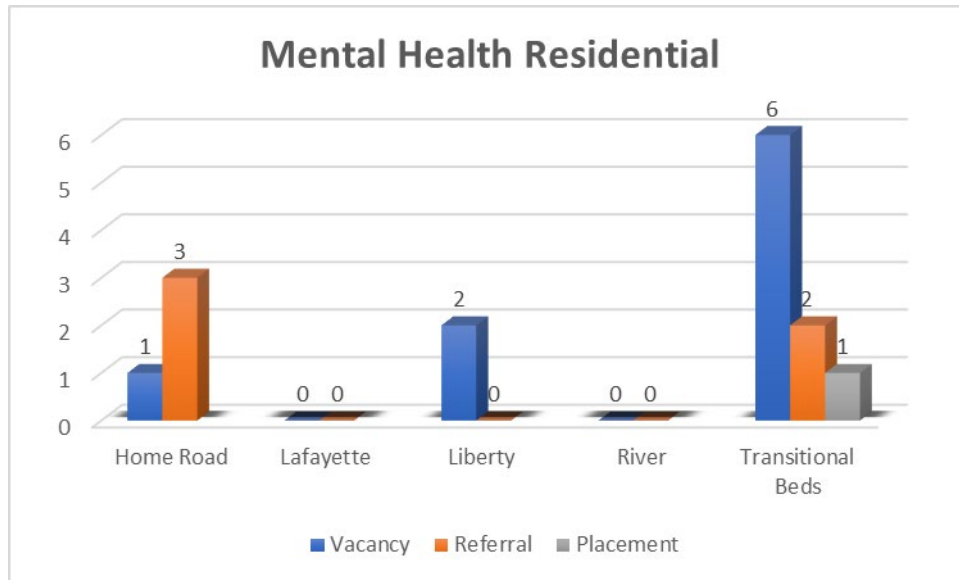
Re: Mental Health and Developmental Disabilities Residential Vacancies

During the month of December, 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.

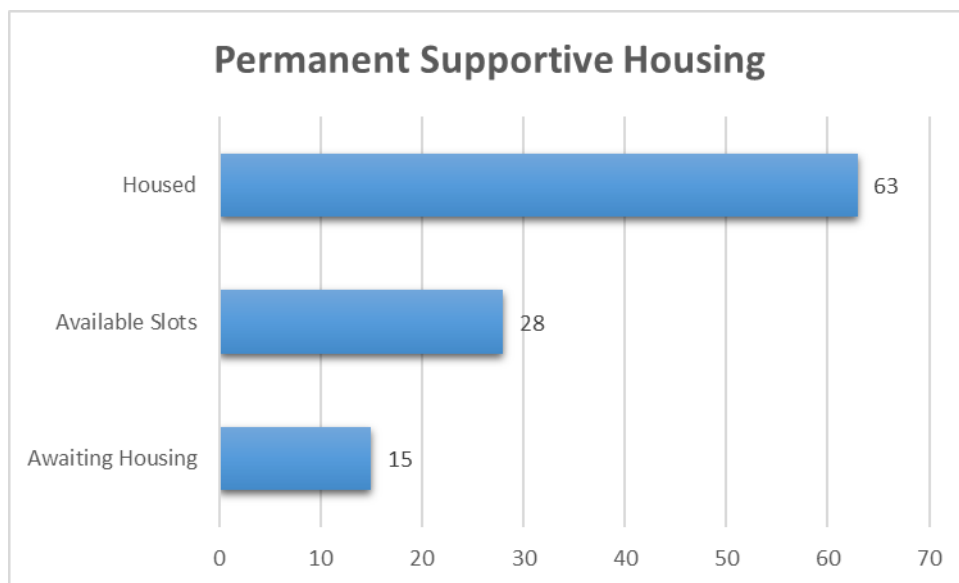
DD Residential anticipates a new move in at Ruffins, eliminating the program's remaining vacancy. An individual slated for the Igo Road vacancy needs additional medical assessment to determine if the program can provide adequate support or if the individual would be better served when a vacancy occurs at Ross ICF. DD Residential received 2 new referrals for Supported Apartment Services, a potential move in for Sponsored placement, and interest at both Leeland and Galveston. Merchant Square has a new move in to follow DBHDS licensing approval. The chart below includes current vacancies, referrals, and anticipated placements.



Mental Health Residential programs have 2 vacancies at Liberty, 1 community bed at Home Road, and all 6 transitional beds vacant. The program currently has an individual on pass for enrollment in one of Lafayette's transitional beds. The program is reviewing another referral for a transition bed and 3 other referrals for the community bed at Home Road.



Permanent Supportive Housing, PSH, provides housing and case management services for individuals with serious mental illness. The program currently has housed 63 individuals leaving 28 of the 91 slots available. PSH also has 15 individuals waiting for housing and 2 slots saved for state hospital discharges.



To: Joseph Wickens, Executive Director

From: Jacqueline Kobuchi, Director of Clinical Services

Date: 1/16/25

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

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Outpatient Services

Caroline Clinic - Nancy Love, LCSW

Caroline Clinic Staff completed 26 intakes during December. Seventeen were adults seen on the same day during Same Day Access and nine were scheduled intakes for children and adolescents. The co-ed substance abuse group continues to meet weekly and two individuals successfully completed treatment last month. We have one vacant Office Manager position and are actively recruiting. Clinicians at the Caroline Clinic participated in a training opportunity in December entitled Grief: A Simultaneously Unique, Yet Universal Experience.

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

During the month of December, the Fredericksburg Clinic completed 70 intake assessments for adults requesting outpatient services. Out of those 70 completed intakes, 45 of those assessments took place over ZOOM and 25 took place in person at the Fredericksburg Clinic. Fifty-three of those intakes were completed the same day the individual called in for services. The Children's Services Clinic completed 21 intakes for children and adolescents. We have been able to hire a new Child/Adolescent Therapist, which will allow greater availability to meet the needs of the individuals served in our area and they will begin at the end of January. We continue to interview for our Intake Therapist position at the Fredericksburg Clinic and hope to have this position filled by the end of January, as well. Both the Fredericksburg Clinic and Children's Services Clinic remained busy during this holiday season, and we welcomed the return of one of our Mental Health Therapists from maternity leave. Throughout the calendar year, the Fredericksburg Clinic completed 840 intakes to initiate outpatient services to individuals in our area and 545 of those intakes were completed the same day that the individual called in for services. The Children's Services Clinic scheduled 256 intakes.

King George Clinic - Sarah Davis, LPC

The King George Clinic continues to offer two weekly substance abuse groups. The groups continue to be well attended. Topics this month included Triggers, Stress Management, Pros/Cons, and Tree of Life. There were two graduates this month. The King George Clinic completed 17 Same Day Access intakes and four non-Same Day Access intakes in December. Staff attended trainings including: Grief: A Simultaneously Unique, Yet Universal Experience; Ethics Training; Care of Sexual and Gender Diverse Populations; and

Psychopharmacology Basics for Behavioral Health Professionals. A previous group participant reached out to the clinic this month and reported 18 months of sobriety!

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. Clinicians completed 41 diagnostic assessments this month. The Substance Use Therapist continues to facilitate a weekly group. The therapists also provide court ordered restoration services to adults and juveniles.

RACSB continues to employ a Child and Adolescent Therapist at Safe Harbor who provides therapy to children who have been victims of abuse. Services provided at Safe Harbor are free of charge to individuals. The therapist continues to participate in monthly Training for Adoption Competency to enhance skills serving children who do not reside with their biological parents.

The School-Based Therapist continues to provide therapy in Fredericksburg City schools. This program is designed to eliminate barriers to children needing mental health supports. The therapist engaged students virtually and in-person at RACSB clinics during the holiday break.

Stafford Clinic - Lindsay Steele, LCSW

During the month of December, the Stafford clinic met with clients in person, as well as virtually. Stafford clinicians completed 16 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 72 adult, children and adolescents on the waitlist. A full time adult therapist began with the clinic in December and there is one opening for a child and adolescent therapist. The co-ed substance use group continues to meet weekly and is run by Nikesha Harrison.

Medical Services - Jennifer Hitt, RN

Outpatient Medical continues to operate with Acute Care Clinic on hold to allow for the transfer of caseload from NP leaving the agency. Transfers should be close to complete by the end of February. A total of 64 outpatient medical diagnostic evaluations were completed for new patients in December.

Case Management - Adult - Patricia Newman

The Adult Mental Health Case Management program provides a variety of different services to individuals in our community through community-based case management, services to individuals who are experiencing housing instability as well as individuals who are hospitalized at one of our State Hospitals. During 2024, our team provided community-based services to 367 individuals, PATH (Projects for Assistance in Transition from

Homelessness) services to 89 individuals, as well as discharge planning services to 135 individuals while hospitalized at one of our state hospitals.

Child and Adolescent Support Services - Donna Andrus, MS

Child and Adolescent Case Management was relatively calm in the month of December. We often see fewer crises, referrals and placements during the Holiday time. We did have several kids in residential placements who were able to have either home passes or off-site passes with family as they work towards discharge. We also had several discharges from case management services due to completing services and moving out of our locality.

Substance Use Services - Eleni McNeil, LCSW

During the month of December, 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. One candidate was offered and accepted one of the peer recovery specialist roles and is scheduled to begin in January.

The SUD services coordinator and assistant coordinator continued to work towards implementing steps to bill for OBOT Care Coordination, with plans to start in January. Coordinator and Project LINK Program Manager began working with compliance to take steps towards billing for Project LINK case management services. Project LINK facilitated their annual Secret Santa event for their program participants, in cooperation with Fredericksburg Area Association of Realtors.

Those served in the month of December in Fredericksburg SUD programs are as follows: Project LINK: 44; OBOT: 81; ARTS Case Management: 40; SUD Outpatient (Fredericksburg): 57

Emergency Services - Natasha Randall, LCSW

In December, Emergency Services staff completed 151 emergency evaluations. Forty-five individuals were assessed under an emergency custody order and sixty total temporary detention orders were served of the 151 evaluations. Staff facilitated two admissions to Piedmont Geriatric Hospital. A total of twelve individuals were involuntarily hospitalized outside of our catchment area in December and all were able to utilize alternative transport. Emergency Services held a 40-hour CIT training in December, training local law enforcement to respond to behavioral health crises. Community Based Crisis Stabilization services have resumed, which was previously known as Child Mobile Crisis, with numerous referrals within the agency.

Specialty Dockets - Nicole Bassing, LCSW

During the month of December, Specialty Dockets continued to add new participants and celebrate some graduations. Recovery Court finished the month with 44 participants. Juvenile Recovery Court currently has three participants and celebrated one graduation this month. Behavioral Health Docket currently has ten participants and completed eligibility screens for three new potential participants. Veterans Docket welcomed one new participant this month and celebrated two graduations, leaving thirteen total participants remaining. The new Veterans and Family Therapist has begun taking new clients and providing services for several veterans or active-duty service members in the community.

Jail and Detention Services - Portia Bennett

Detention has a census of 32 residents. Our part-time therapist at the Detention Center has resigned and will depart mid-February. The Diversion Case Manager position located at the jail has been filled. Tricia Jackson will begin in late January. The SUD Therapist position at the jail is currently vacant with recruitment under way.

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: January 21, 2025

Current Census:

| State Hospital | New | Discharge | Civil | NGRI | Forensic | EBL | Total Census |
|---|-----|-----------|-------|------|----------|-----|--------------|
| Catawba Hospital | 1 | 1 | 2 | | | | 2 |
| Central State Hospital | 1 | | | | 2 | | 2 |
| Eastern State Hospital | | | | | 1 | | 1 |
| Northern Virginia Mental Health Institute | | 1 | 2 | | 1 | | 3 |
| Piedmont Geriatric Hospital | 2 | | 3 | | 3 | | 6 |
| Southern Virginia Mental Health Institute | | | | | 1 | | 1 |
| Southwestern Virginia Mental Health Institute | | | | | | | 0 |
| Western State Hospital | 1 | 4 | 2 | 10 | 10 | | 22 |
| Totals | 5 | 6 | 9 | 10 | 18 | | 37 |

Extraordinary Barriers List:

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

MEMORANDUM

To: Joe Wickens, Executive Director

From: Natasha Randall, Emergency Services Coordinator

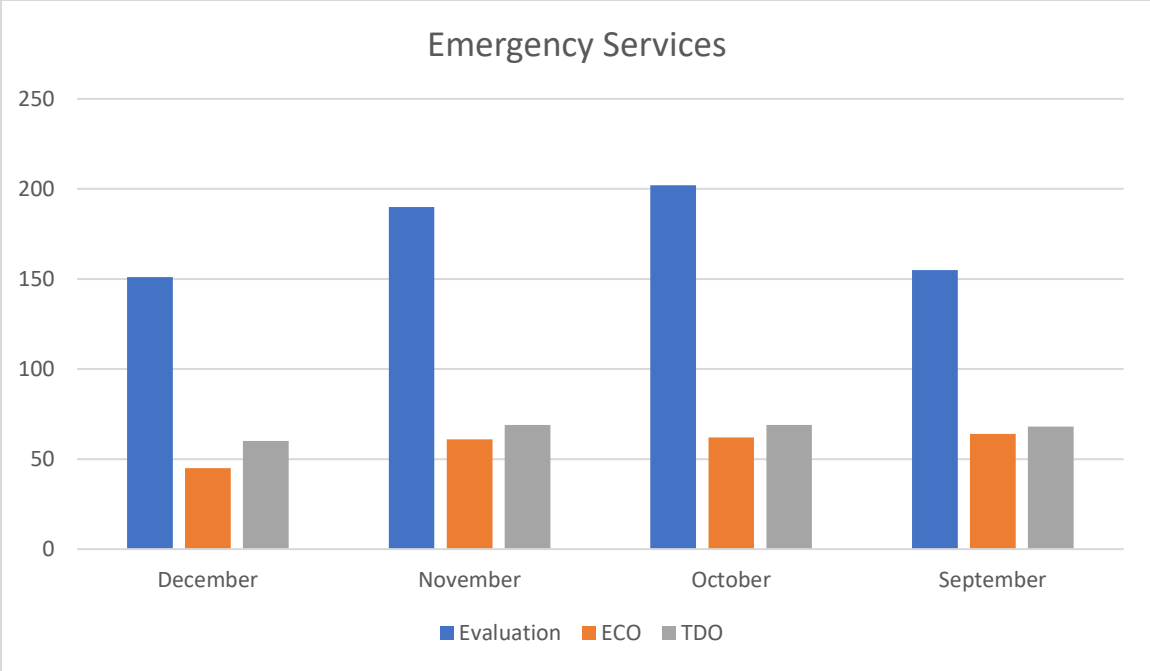
Date: January 6, 2024

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


In December, Emergency Services staff completed 151 emergency evaluations. Forty-five individuals were assessed under an emergency custody order and sixty total temporary detention orders were served of the 151 evaluations. Staff facilitated two admissions to Piedmont Geriatric Hospital.

A total of twelve individuals were involuntarily hospitalized outside of our catchment area in December. Twelve 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 | | December 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 | |
| 151 | 20 | 25 | 45 | 60 | 1 | 4 | 55 | 60 | 1 |

| FY '25 CSB/BHA Form (Revised: 07/10/2024) | | | | | | |
|---|--------------------------------------|--|---|---|--|---|
| CSB/BHA | Rappahannock Area Community Services | Reporting month | 10/1/2024, November 2024, December 2024 | | No Exceptions this month  | |
| | | | | | | |
| Date | Consumer Identifier | 1) Special Population Designation <small>(see definition)</small> | 1a) Describe "other" in your own words <small>(see definition)</small> | 2) "Last Resort" admission <small>(see definition)</small> | 3) No ECO, but "last resort" TDO to state hospital <small>(see definition)</small> | 4) Additional Relevant information or Discussion <small>(see definition)</small> |
| 12/19/2020 | 229747220 | Older Adult with Medical Acuity | | Yes | | dx of dementia with multiple medical problems |
| 12/26/2024 | 116944 | Older Adult with Medical Acuity | | Yes | | multiple bedsearchs denied at all private hospitals |

MEMORANDUM

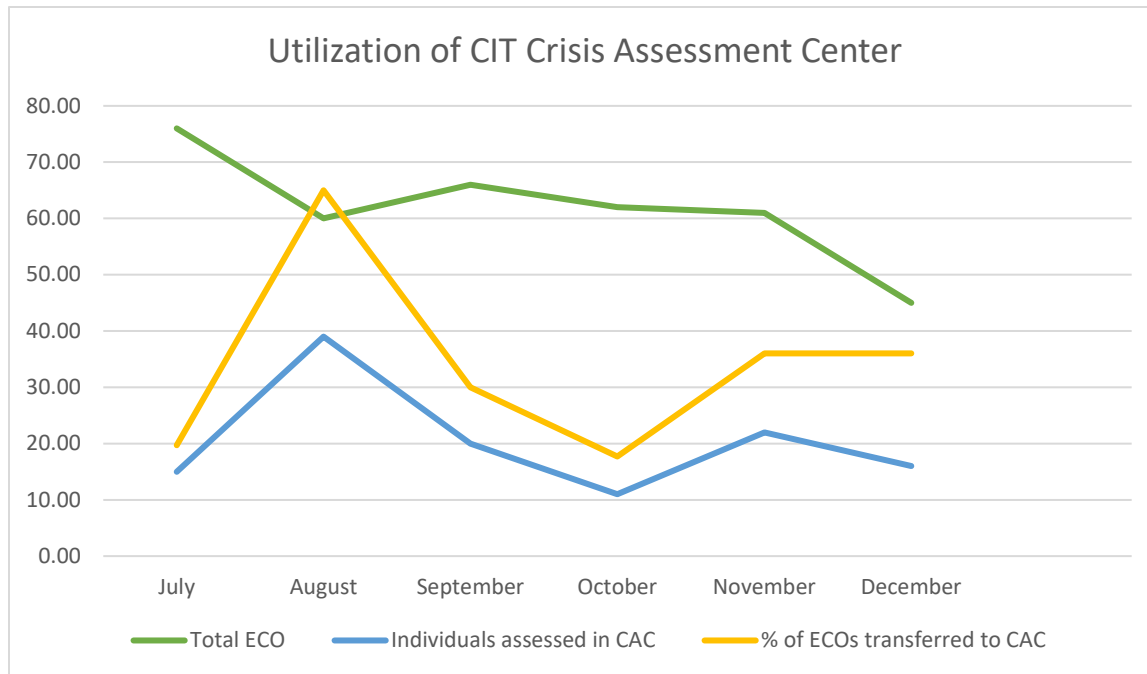
To: Joe Wickens, Executive Director
From: Ashlee Abney, Assistant Emergency Services Coordinator
Date: January 16, 2025
Re: CIT and Co-Response Report

The CIT Assessment Center served 16 individuals in the month of December 2024. The number of persons served by locality were the following: Fredericksburg 6; Caroline 1; King George 0; Spotsylvania 2; Stafford 7; 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:

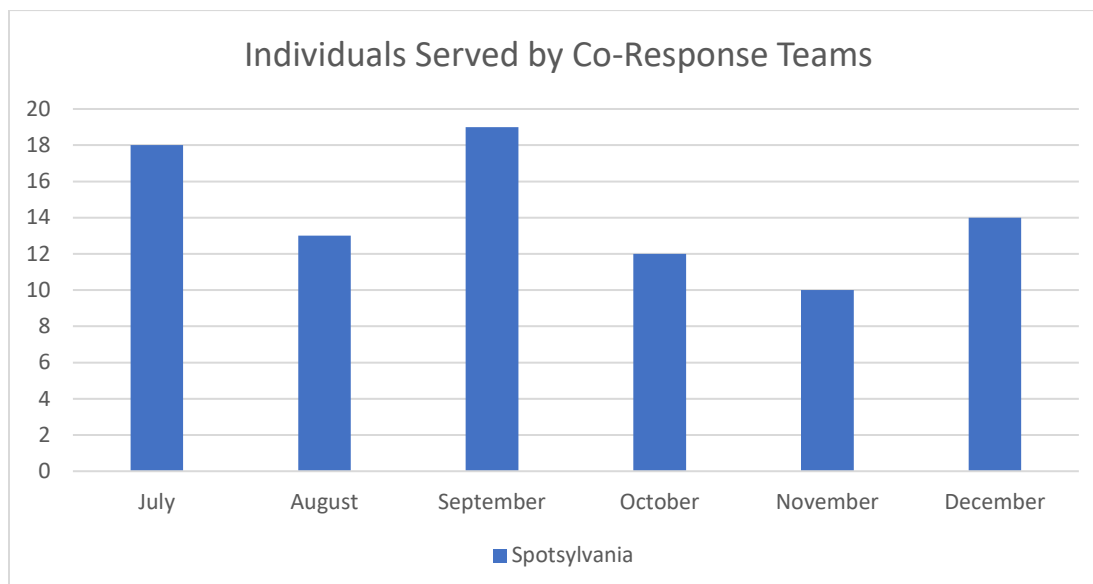
| <u>Locality</u> | <u>Total ECO</u> | <u>Custody Transfer to CAC</u> | <u>Appropriate for CAC if Capacity</u> |
|-----------------|------------------|------------------------------------|--|
| Caroline | 5 | 1 | 4 |
| Fredericksburg | 10 | 6 | 4 |
| King George | 1 | 0 | 1 |
| Spotsylvania | 9 | 2 | 7 |
| Stafford | 20 | 7 | 13 |
| Totals | 45 | 16 | 29 |

RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD



Co-Response

The Spotsylvania Co-Response Team served 14 individuals in December. The therapist for the Stafford position has been hired and will start in January. The therapist for the Fredericksburg team remains vacant.



RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD

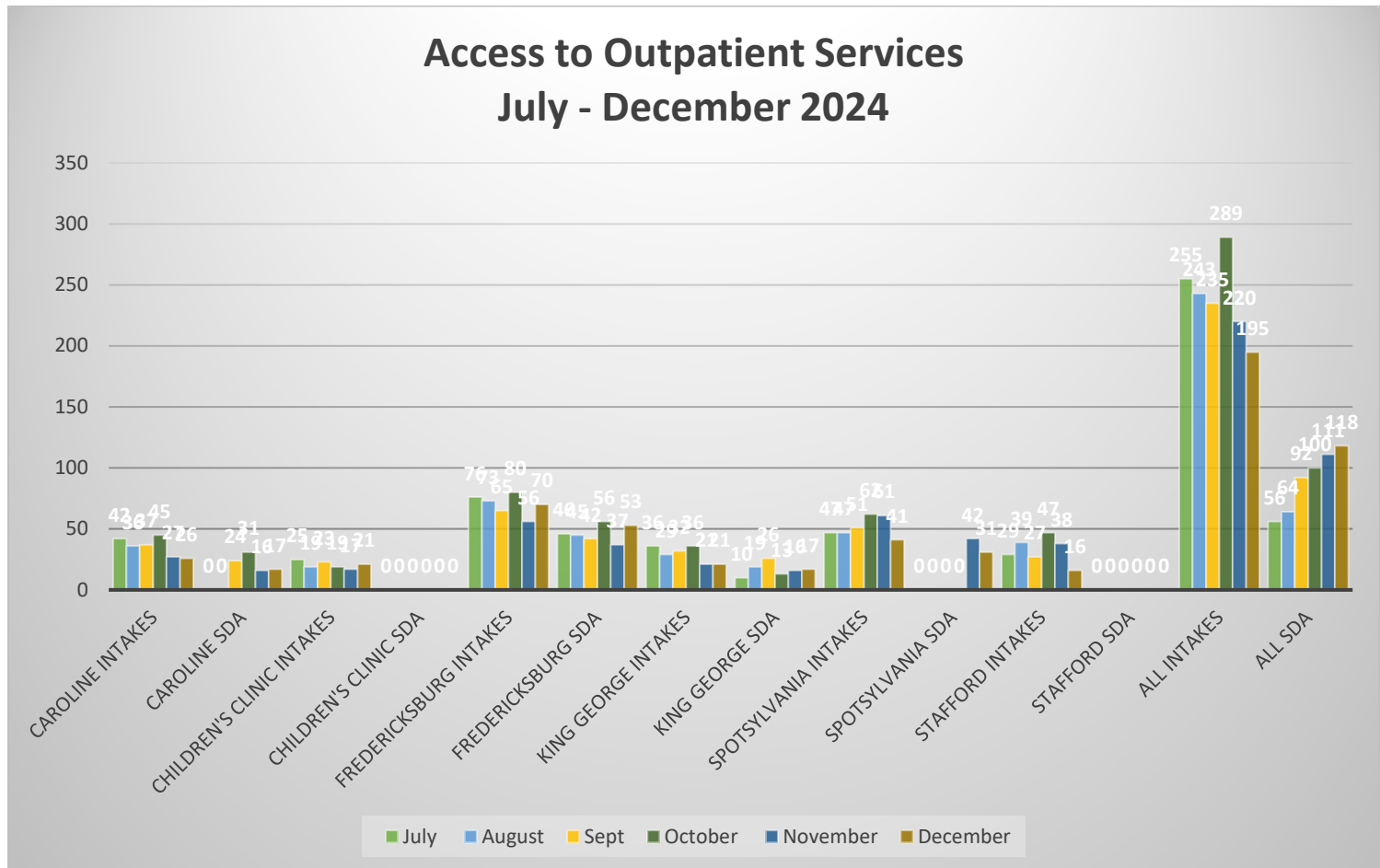
CIT Training

In December 2024, RACSB held a CIT 40-hour class and 24 attendees were newly trained in CIT; 1 Caroline County, 3 VA State, 5 Stafford County, 6 Spotsylvania County, 1 Northern Neck Regional Jail, 1 Orange County, 2 Ashland PD, 2 RRJ Staff, 1 RACSB ACT, 1 NAMI Representative, and 1 Quantico LE. A CIT 40-hour training will also be held February 3rd-7th.

MEMORANDUM

To: Joe Wickens, Executive Director
From: Jacqueline Kobuchi, LCSW, Director of Clinical Services
Date: January 16, 2025
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 72 individuals. Below is data on the number of intakes completed by clinic, and how many of those are completed through Same Day Access.



MEMORANDUM

To: Jacque Kobuchi, LCSW, Director of Clinical Services
From: Donna Andrus, Child and Adolescent Support Services Supervisor
Date: January 10, 2025
Re: C&A Case Management Residential Placement Quarterly Report

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. The Child and Adolescent Case Management team works with each of our localities to provide intensive case management for children placed out of the home through parental agreements and difficult to place foster care cases. When a child is placed out of the home through a parental agreement, the parent maintains custody of the child and enters into an agreement with the locality and RACSB to place the child out of the home for mental health treatment. Children placed in out-of-home placements have not been able to remain safe and have their mental health needs met in a community setting and need a higher level of care through an out-of-home placement for treatment. An out-of-home placement is only considered once community-based services have been exhausted and found not to be successful. We began tracking this data July 1, 2024.

Attached is the data for the Quarter, October 1, 2024 through December 31, 2024, for number of out-of-home placements, number of admissions this quarter, number of discharges this quarter, length of stay information and numbers per locality.

RAPPAHANNOCK AREA

COMMUNITY SERVICES BOARD

October 1, 2024 – December 31, 2024

Data on Child and Adolescent Case Management out of home placements

Total out-of-home placements this quarter: 22 (increase of 2 from 1st Quarter)

Number of admissions this quarter: 5

Number of discharges this quarter: 6

Length of Stays:

Over 3 years: 0

Over 1 year: 6

Under a year: 16

One month: 0

Numbers for each locality:

Caroline County: 1

King George: 2

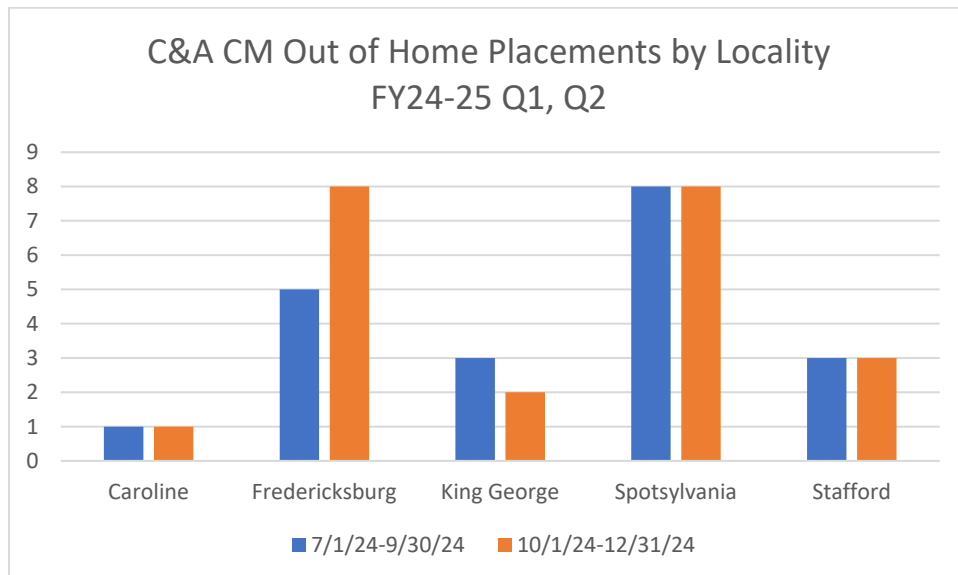
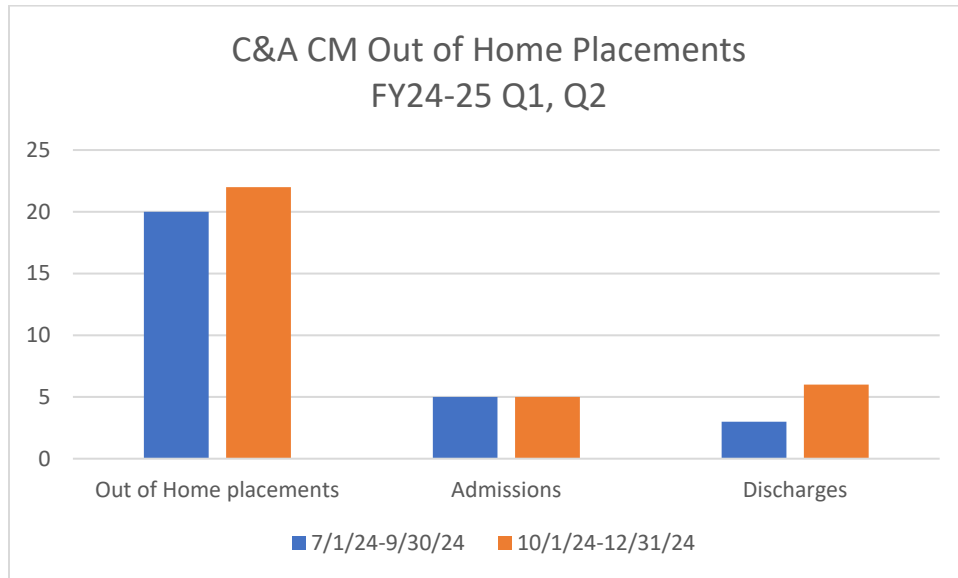
Stafford County: 3

Fredericksburg City: 8

Spotsylvania County: 8

RAPPAHANNOCK AREA

COMMUNITY SERVICES BOARD



MEMORANDUM

To: Jacque Kobuchi, LCSW, Director of Clinical Services

From: Nicole Bassing, Specialty Dockets Coordinator

Date: January 16, 2025

Re: Specialty Docket Graduation Rate Report, Quarter Two

During the reporting period of October 1 to December 31, 2024, the Specialty Dockets programs set the goal of 75% graduation rate for all programs.

The Adult Recovery Court program graduated eight participants and terminated three participants this quarter and had one unfortunate client death. This was a 67% graduation rate for the quarter.

The Juvenile Recovery Court Program graduated one participant this quarter and did not have any terminations. This was a 100% graduation rate for the quarter.

The Spotsylvania Behavioral Health Docket graduated one participant this quarter and did not have any terminations. This was a 100% graduation rate for the quarter.

The Rappahannock Veterans Docket graduated two participants this quarter and had one termination. This was a 67% graduation rate for the quarter.

Collectively between the four dockets there was a 83.5% graduation rate this quarter.

Adult Recovery Court (ARC):

Total Participants as of 12/31/24: 46

New Admissions to this quarter: 9

Graduations: 8

Terminations: 3

Deaths: 1

67% graduation rate for the quarter.

Juvenile Recovery Court (JRC):

Total Participants as of 12/31/24: 3

New Admissions this quarter: 0

Graduations: 1

Terminations: 0

100% graduation rate for the quarter.

Spotsylvania Behavioral Health Docket (SBHD):

Total Participants as of 9/30/24: 8

New admissions to Spotsylvania Behavioral Health Docket: 3

Graduations: 1

Terminations: 0

100% graduation rate for the quarter.

Rappahannock Veterans Docket (RVD):

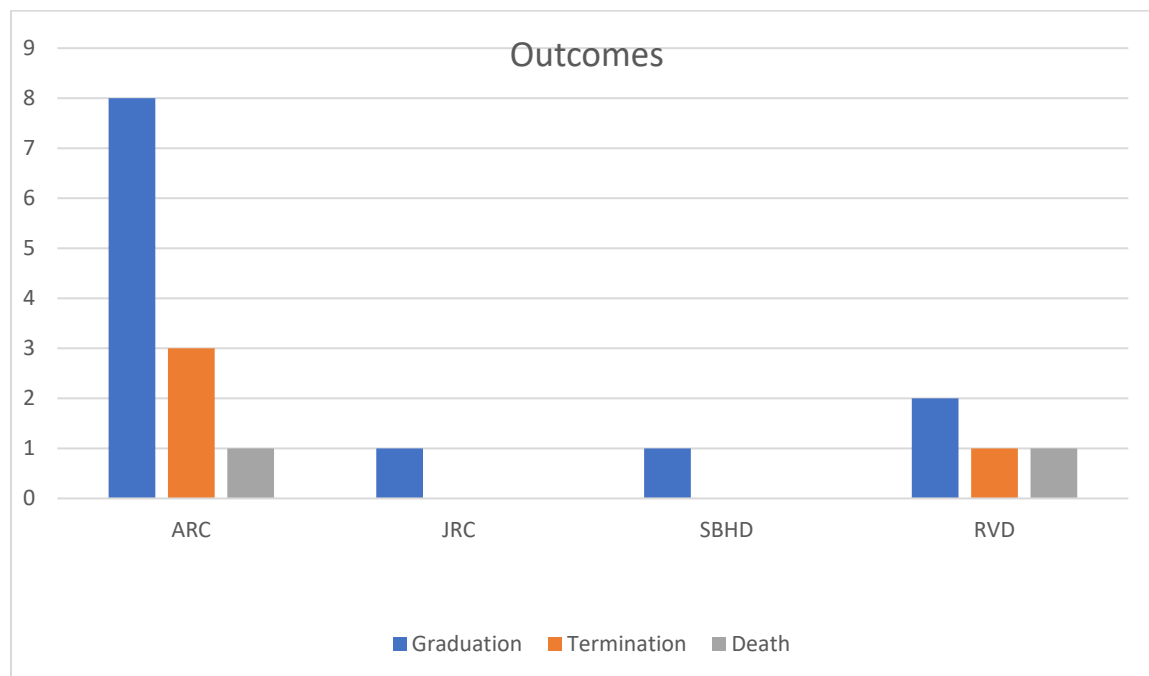
Total Participants as of 12/31/24: 13

New Admissions this quarter: 4

Graduations: 2

Terminations: 1

66% graduation rate for the quarter.



RACSB
Program Update Report
Compliance
December 2024

Incident Reports

- There were 211 incident reports entered into the Electronic Incident Report Tracker during the month of December. This was a decrease of 19 from November and a decrease of 97 from October. All incident reports submitted were triaged by the compliance team.
- The top three categories of reports submitted were Health Concerns (86 reports), Individual Served Safety (31 reports), and Individual Served Injury (21 reports).
- The compliance team entered 26 incident reports into the Department of Behavioral Health and Developmental Services (DBHDS) electronic incident reporting system (18-Level 2, 8-Level 3) during the month of December; an increase of one from the month of November (23-Level 2, 2-Level 3).
- There were zero (0) reports elevated to a care concern by DBHDS. These are reports that, based on the Office of Licensing's review of current serious incidents 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, providers are encouraged to take the opportunity to determine if systemic changes are needed such as revisions to policies or procedures and/or re-evaluating and updating risk management and/or quality improvement plan.
- DBHDS requires the completion 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 26 root cause analyses were requested and a total of 18 were due in the month of December. Zero (0) expanded root cause analyses were required in November.

Human Rights Investigations:

- There were no Human Rights Investigations initiated for the month of December. The Compliance team completed one investigation that was initiated in the month of November. That investigation was related to and substantiated for Neglect: Medication Related.

Internal Reviewers:

- Compliance team provided support and guidance to DD Residential Coordinator about the documentation process in regards to the ICFs.

- Compliance team provided support and guidance to Healthy Families on how to complete an incident report and critical incident reports.
- Compliance team provided support and guidance to DD Residential Coordinator about the RCA process and documentation.
- Compliance team provided support and guidance to Ross ICF Group Home about the RCA process.

External Reviewers:

- Compliance team received and responded to 2 Look-Behind Requests for 2 investigations from Cassie Purtlebaugh, Regional Advocate, DBHDS.
- Compliance team received and responded to 4 phone calls and emails from Brian Dempsey, Incident Management Specialist, DBHDS, requesting updates on Serious Incident Reports.
- Compliance team received and responded to an email from Sydnee Williams, Incident Management Specialist, DBHDS, requesting updates on a Serious Incident Report.
- Compliance team received and responded to a chart review, and audit request from the following: Episource (4 client charts). A total of 4 individuals medical records/documents audits were requested.

Complaint Synopsis

- Compliance team received 1 complaint in the month of December. This complaint did not result in a formal investigation. The complaint was categorized under Emergency Services.

Trainings/Meetings

- Compliance team met with Healthy Families on December 3, 2024. Compliance team provided Module Training covering an array of topics to include Human Rights, Incident Reporting, and Audit Processes.
- Compliance team participated in the Training Committee Meeting on December 6, 2024.
- Compliance team provided Discharge Planning Q-Tip training on December 6, 2024.
- Compliance team met with Ross ICF Group Home and provided guidance and training Incident Report and Human Rights during their monthly staff meeting/luncheon celebration on December 13, 2024.
- Compliance team participated in the 2025 DD Inspection Kickoff Training hosted by DBHDS on December 17, 2024 via zoom meeting.
- Compliance team met with ACT team leads to discuss the audit process and incident reporting on December 17, 2024.
- Compliance team provided Introduction to CARF Q-Tip training on December 18, 2024.
- Compliance team provided Discharge Planning Q-Tip training on December 19, 2024.

- Compliance team provided Consumer Orientation and Human Rights Form Q-Tip training on December 19, 2024.

Commission on Accreditation of Rehabilitation Facilities (CARF) Corner

RACSB Accredited Programs

- Case Management/Service Coordination: Integrated: AOD/MH (Adult)
- Case Management/Service Coordination: Integrated: AOD/MH (Children/Adolescent)
- Community Housing: Mental Health (Adult)
- Community Integration: Psychosocial Rehabilitation (Adult)
- Court Treatment: Integrated: AOD/MH (Adult)
- Court Treatment: Integrated: AOD/MH (Children and Adolescent)
- Crisis Stabilization: Integrated (Adult)
- Outpatient Treatment: Integrated (Adult)
- Outpatient Treatment: Integrated (Children and Adolescent)

There over 1500 CARF standards. Standards are separated into 6 sections.

- *Aspire to Excellence*
- *General Program Standards*
- *Core Treatment Program Standards*
- *Core Support Standards*
- *Specific Population Designation Standards*
- *Certified Community Behavioral Health Clinic Program Standards (CCBHC)*

MEMORANDUM

To: Joseph Wickens, Executive Director
From: Stephanie Terrell, Director of Compliance & Human Rights
Date: January 2025
Re: Quality Assurance Report

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

- Intellectual Disability Group Home - Myers Respite
- Developmental Services Support Coordination - Fredericksburg

Intellectual Disability Group Home - Myers Respite

There were three staff members responsible for the selected charts.

Findings for the ten open charts reviewed for Intellectual Disability Group Home services were as follows:

- Ten charts were reviewed for Documentation compliance:
 - **Discrepancies noted with Documentation:**
 - One chart was missing Authorized Representative paperwork.
- Ten charts were reviewed for Individual Service Plan compliance:
 - **No discrepancies noted with Individual Service Plan.**
- Ten charts were reviewed for Quarterly Review compliance:
 - **Discrepancies noted with Quarterly Reviews:**
 - One chart was missing a Quarterly Review.
- Ten charts were reviewed for Progress Note compliance:
 - **No discrepancies noted with Discharge.**
- Two charts were reviewed for Medical compliance:
 - **No discrepancies noted with Medical.**
- Two charts were reviewed for Discharge compliance:
 - **No discrepancies noted with Discharge.**

Comparative Information:

Myers score is currently a 97 on a 100-point scale.

Corrective Action Plan:

Correction(s) made to correct the current discrepancies.

Myers Respite Home – QA Audit: December 2024

1. Coaching has been completed with the program manager as of 12/16/2024 to ensure charting is complete moving forward.

2. Charting standards and expectations have been and will continue to be discussed through weekly DD Residential Supervisor meetings, supervision, offered training opportunities, and through periodic program audits of charting. (See notes in spreadsheet for corrections made and to be made to the charting.)
3. Charting and documentation expectations will continue to be reinforced through documented supervision and through the peer auditing and supervision processes to help ensure compliance.
4. Should there be further issues with meeting these expectations, progressive corrective action will be issued.
5. Oversight and corrective action will continue to be overseen by the DD Residential Coordinator and the DD Assistant Coordinators.

Developmental Services Support Coordination - Fredericksburg

There were four staff members responsible for the selected charts.

Findings for the ten open charts and two closed charts reviewed for Developmental Services Support Coordination - Fredericksburg were as follows:

- Ten charts were reviewed for Documentation compliance:
 - **Discrepancies noted with Documentation:**
 - Two charts were missing the DMAS-460 Form.
 - Two charts were missing Releases Of Information.
- Ten charts were reviewed for Individual Service Plan compliance:
 - **Discrepancies noted with Individual Service Plans:**
 - Two charts were missing signed Part IVs.
 - Two charts were missing signed Part Vs
 - Two charts had ISPs that were late.
- Ten charts were reviewed for Quarterly Review compliance:
 - **Discrepancies noted Quarterly Reviews:**
 - Two charts had Quarterly Reviews completed beyond the required due date.
- Ten charts were reviewed for Progress Note compliance:
 - **Discrepancies noted with Progress Notes:**
 - Seven charts had Notes that were beyond the required due date.
- Two charts were reviewed for Discharge compliance:
 - **No discrepancies noted with Discharge.**

Comparative Information:

In comparing the audit reviews of Developmental Services Support Coordination - Fredericksburg from the previous audits to the current audits, the average score decreased from 74 to 68 on a 100-point scale.

Corrective Action Plan:

1. Late notes
 - a. During monthly supervision's file reviews, Supervisor will discuss any late notes and corrective action will be taken as needed.
 - b. Late notes will also be discussed during January 16th training.
2. Part V late
 - a. Corrective action was given for staff who had late plan.

- b. My To Dos will be added to ALL support coordinators home screen in Avatar.
 - c. SCs will be required to do the ISP checklist to ensure no documents are missed when completing the ISP. A copy will be scanned to the supervisor when complete as well as uploaded in the chart and discussed in supervision when appropriate.
 - d. Part V will also be discussed during January 16th training.
 - e. Part V will also be discussed in monthly supervision's file review.
- 3. Late quarterly reports
 - a. Supervisors are now reviewing quarterly review dates and reviewing in supervision to help ensure they are completed timely.
 - b. Supervisors will verify dates quarterlies are completed using either the quarterly tracking report or having staff route quarterlies to them.
 - c. The use of "My To Dos" in Avatar will help address quarterlies left in draft.
 - d. Quarterlies and the use of the tracking report will be discussed during January 16th training.
- 4. Part IV and V not signed
 - a. Attempts to collect signatures for ISP documents will occur at least quarterly and documented on the Quarterly Review.
- 5. Virginia Informed Choice not located
 - a. SCs will be required to do the ISP checklist to ensure no documents are missed when completing the ISP. A copy will be scanned to the supervisor when complete as well as uploaded in the chart and discussed in supervision when appropriate.
 - b. Will also be part of monthly file review with supervisor.
- 6. Releases not located
 - a. SCs will be required to do the ISP checklist to ensure no documents are missed when completing the ISP. A copy will be scanned to the supervisor when complete as well as uploaded in the chart and discussed in supervision when appropriate.
 - b. Will also be part of monthly file review with supervisor.

The releases and one of the late Part V's were completed by a DSSC that has recently received corrective action for not completing documentation timely – the part V had been signed by signature pad but left in draft. The releases had been signed and not uploaded.

To better catch documents that may not be complete or indicate that forms with signatures are not returned, supervisors will ask that RACSB's compliance department to review the charts of staff who are ending employment soon after notification that the employee is leaving RACSB.

On January 16th a training is scheduled for the deficiencies listed above including timely note submission, quarterly review process, ISP checklist, etc. Training logs will be completed. In event a staff member is not present on January 16, 2025, they will receive this training no later than 1/31/25 with their supervisor or coordinator.

MEMORANDUM

To: Joe Wickens, Executive Director
From: Stephanie Terrell, Director of Compliance
Date: January 8, 2025
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 non-compliance.

Rappahannock Area Community Services Board (RACSB) received the seven licensing reports: one licensing report for Mental Health (MH) Center-Based Psychosocial Rehabilitation Services for Adults-Kenmore Club related to a licensing renewal inspection on two personnel records; one licensing report for Fredericksburg Substance Abuse Case Management related to a licensing renewal inspection on one personnel record; one licensing report for MH Residential Supervised Living Service for Adults-Home Roads Apartments related to a licensing renewal inspection on two personnel files and on two individual records; one licensing report for MH Support Services for Adults (Skill Building) related to a licensing renewal inspection on two individual records; one licensing report for MH Case Management Service for Adults related to a licensing renewal inspection on two personnel records; one licensing report for Fredericksburg Outpatient MH Clinic related to a licensing renewal inspection on two personnel files; one licensing report for Fredericksburg Developmental Disability (DD) Case Management related to a Human Rights Investigation concerning an allegation of Neglect: failure to provide a service necessary to the health, safety and welfare of the individual.

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

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

Page: 1 of 2

License #: 101-02-011

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 10-28-2024

Program Type/Facility Name: 02-011 Kenmore Club

| <u>Standard(s) Cited</u> | <u>Comp</u> | <u>Description of Noncompliance</u> | <u>Actions to be Taken</u> | <u>Planned Comp. Date</u> |
|---|-------------|--|--|---------------------------|
| 12VAC35-105-420. A. - Any person who assumes the responsibilities of any position as an employee or a contractor shall meet the minimum qualifications of that position as determined by job descriptions. | NS | Kenmore Club This regulation was NOT MET as evidenced by: During the course of the license renewal inspection two personnel records were reviewed. Employee #1's job description indicates that the employee shall have a QMHP certification or rehabilitate counselor and there is no verification in employee #1's file that verifies they are a QMHP or a rehabilitative counselor. The provider failed to maintain documentation that support the employee meets the minimum qualifications of their current position as determined by the job description. This citation is considered non-compliant system due to being previously cited on | PR) 11/27/2024 Employee #1 – verified license from VADHP, printed, put in employee HR file, and logged for tracking in HRIS – Dominion Checklists in place for all stages of employee movement in positions (New hires, transfers, promotions/demotions). Each employee with a status change will be reviewed to ensure minimum qualifications are being met. Protocols are being updated to run monthly report on licenses that will expire in the coming month, supervisors will be notified. Renewed licenses will be updated in system. Monthly auditing of 1% of current employee files to find deficiencies. HR coordinator will review status changes for current employees, HR specialist will review all new hire information to ensure minimum qualifications are being met for incoming employees. OLR) Accepted 11/27/2024 | 2/1/2025 |

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

Page: 2 of 2

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

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

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

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

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

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.

Ann Mays, Licensing Specialist

(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 #: **101-16-003**

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

Date of Inspection: **10-29-2024**

Program Type/Facility Name: **16-003 Fredericksburg SA Casemanagemt**

| <u>Standard(s) Cited</u> | <u>Comp</u> | <u>Description of Noncompliance</u> | <u>Actions to be Taken</u> | <u>Planned Comp. Date</u> |
|---|-------------|---|--|---------------------------|
| 12VAC35-105-430. A. (4) - Employee or contractor personnel records, whether hard-copy or electronic, shall include: 4. Results of any provider credentialing process including methods of verification of applicable professional licenses or certificates; | N | <p>Fredericksburg SA Casemanagemt</p> <p>This regulation was NOT MET as evidenced by:</p> <p>During the course of the renewal inspection, one personnel record was reviewed. Employee #1 had a CSAC verification in their record, but it expired on 6/30/24. The provider failed to maintain the results of any provider credentialing process including methods of verification of applicable professional licenses.</p> | <p>PR) 11/25/2024</p> <ul style="list-style-type: none"> Employee #1 - verified license from VADHP, printed, put in employee HR file, and logged for tracking in HRIS – Dominion Protocols are being updated to run a monthly report on licenses that will expire in the coming month, supervisors will be notified. Renewed licenses will be updated in system. Monthly auditing of 1% of current employee files to find deficiencies. HR Specialist will monitor monthly audits of expiring licenses. By what date will you have each planned corrective action completed (Ex. Date training completed or Date protocol implemented). <p>OLR) Accepted 11/25/2024</p> | 2/1/2025 |

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

Page: 2 of 2

License #: **101-16-003**

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

Date of Inspection: **10-29-2024**

Program Type/Facility Name: **16-003 Fredericksburg SA 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> |
|--------------------------|-------------|-------------------------------------|----------------------------|---------------------------|
|--------------------------|-------------|-------------------------------------|----------------------------|---------------------------|

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.

Ann Mays, Licensing Specialist

(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 6

License #: 101-01-012

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 10-29-2024

Program Type/Facility Name: 01-012 Home Rd. Apartments

| <u>Standard(s) Cited</u> | <u>Comp</u> | <u>Description of Noncompliance</u> | <u>Actions to be Taken</u> | <u>Planned Comp. Date</u> |
|---|-------------|---|--|---------------------------|
| 12VAC35-105-410. A. (1) - Each employee or contractor shall have a written job description that includes: 1. Job title; | N | Home Rd. Apartments This regulation was NOT MET as evidenced by: During the course of the license renewal inspection, two personnel files were reviewed. Employee #1 did not have a job description for their current position. Therefore, it could not be determined if the job description included the job title. | PR) 11/27/2024 Job description will be placed in her file. Checklists in place for all stages of employee movement in positions (New hires, transfers, promotions/demotions). Each employee with a status change will be reviewed to ensure job descriptions are placed in employee file. Monthly auditing of 1% of current employee files to find deficiencies. HR Specialists will review when applicable employment actions take place and monthly auditing of current files. OLR) Accepted 12/06/2024 | 2/1/2025 |
| 12VAC35-105-410. A. (2) - Each employee or contractor shall have a written job description that includes: 2. Duties and responsibilities required of the position; | N | Home Rd. Apartments This regulation was NOT MET as evidenced by: During the course of the license renewal inspection, two personnel files were reviewed. Employee #1 did not have a job description for their current position. Therefore, it could not be determined if the job description included the duties and responsibilities required of the position. | PR) 12/04/2024 Job description will be placed in her file. Checklists in place for all stages of employee movement in positions (New hires, transfers, promotions/demotions). Each employee with a status change will be reviewed to ensure job descriptions are placed in employee file. Monthly auditing of 1% of current employee files to find deficiencies. HR Specialists will review when applicable employment actions take place and monthly auditing of current files. OLR) Accepted 12/06/2024 | 2/1/2025 |

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

Page: 2 of 6

License #: 101-01-012

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 10-29-2024

Program Type/Facility Name: 01-012 Home Rd. Apartments

| <u>Standard(s) Cited</u> | <u>Comp</u> | <u>Description of Noncompliance</u> | <u>Actions to be Taken</u> | <u>Planned Comp. Date</u> |
|--|-------------|--|--|---------------------------|
| 12VAC35-105-410. A. (3) - Each employee or contractor shall have a written job description that includes: 3. Job title of the immediate supervisor; | N | Home Rd. Apartments This regulation was NOT MET as evidenced by: During the course of the license renewal inspection, two personnel files were reviewed. Employee #1 did not have a job description for their current position. Therefore, it could not be determined if the job description included the job title of the immediate supervisor. | PR) 12/04/2024 1. Job description will be placed in her file. 2. Checklists in place for all stages of employee movement in positions (New hires, transfers, promotions/demotions). Each employee with a status change will be reviewed to ensure job descriptions are placed in employee file. 3. Monthly auditing of 1% of current employee files to find deficiencies. 4. HR Specialists will review when applicable employment actions take place and monthly auditing of current files. OLR) Accepted 12/06/2024 | 2/1/2025 |
| 12VAC35-105-410. A. (4) - Each employee or contractor shall have a written job description that includes: 4. Minimum knowledge, skills, and abilities, experience or professional qualifications required for entry level as specified in 12VAC35-105-420. | N | Home Rd. Apartments This regulation was NOT MET as evidenced by: During the course of the license renewal inspection, two personnel files were reviewed. Employee #1 did not have a job description for their current position. Therefore, it could not be determined if the job description included the minimum knowledge skills and abilities, experiences or professional qualifications required. | PR) 12/04/2024 1. Job description will be placed in her file. 2. Checklists in place for all stages of employee movement in positions (New hires, transfers, promotions/demotions). Each employee with a status change will be reviewed to ensure job descriptions are placed in employee file. 3. Monthly auditing of 1% of current employee files to find deficiencies. 4. HR Specialists will review when applicable employment actions take place and monthly auditing of current files. OLR) Accepted 12/06/2024 | 2/1/2025 |

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

Page: 3 of 6

License #: 101-01-012

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 10-29-2024

Program Type/Facility Name: 01-012 Home Rd. Apartments

| <u>Standard(s) Cited</u> | <u>Comp</u> | <u>Description of Noncompliance</u> | <u>Actions to be Taken</u> | <u>Planned Comp. Date</u> |
|--|-------------|--|--|---------------------------|
| 12VAC35-105-420. A. - Any person who assumes the responsibilities of any position as an employee or a contractor shall meet the minimum qualifications of that position as determined by job descriptions. | NS | Home Rd. Apartments This regulation was NOT MET as evidenced by: During the course of the license renewal inspection, two personnel files were reviewed. Employee #1's file did not contain a job description of their current role. Therefore, it could not be determined if Employee #1 met the minimum qualifications of their current position as determined by the job description. This citation is considered non-compliant systemic due to being previously cited on 12/12/23. | PR) 12/06/2024 1. Job description will be placed in her file. 2. Checklists in place for all stages of employee movement in positions (New hires, transfers, promotions/demotions). Each employee with a status change will be reviewed to ensure job descriptions are placed in employee file. 3. Monthly auditing of 1% of current employee files to find deficiencies. 4. HR Specialists will review when applicable employment actions take place and monthly auditing of current files. OLR) Accepted 12/06/2024 | 2/1/2025 |
| 12VAC35-105-420. D. - Job descriptions shall include minimum knowledge, skills and abilities, professional qualifications and experience appropriate to the duties and responsibilities required of the position. | NS | Home Rd. Apartments This regulation was NOT MET as evidenced by: During the course of the license renewal inspection, two personnel files were reviewed. Employee #1's file did not contain a job description of their current role. Therefore, it could not be determined if Employee #1 had the minimum knowledge, skills, and abilities, professional qualifications and experience appropriate to the duties and responsibilities required of the position. This citation is considered non-compliant systemic due to being previously cited on 12/12/23. | PR) 12/04/2024 1. Job description will be placed in her file. 2. Checklists in place for all stages of employee movement in positions (New hires, transfers, promotions/demotions). Each employee with a status change will be reviewed to ensure job descriptions are placed in employee file. 3. Monthly auditing of 1% of current employee files to find deficiencies. 4. HR Specialists will review when applicable employment actions take place and monthly auditing of current files. OLR) Accepted 12/06/2024 | 2/1/2025 |

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

Page: 4 of 6

License #: 101-01-012

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 10-29-2024

Program Type/Facility Name: 01-012 Home Rd. Apartments

| <u>Standard(s) Cited</u> | <u>Comp</u> | <u>Description of Noncompliance</u> | <u>Actions to be Taken</u> | <u>Planned Comp. Date</u> |
|---|-------------|--|--|---------------------------|
| 12VAC35-105-430. A. (4) - Employee or contractor personnel records, whether hard-copy or electronic, shall include: 4. Results of any provider credentialing process including methods of verification of applicable professional licenses or certificates; | N | <p>Home Rd. Apartments</p> <p>This regulation was NOT MET as evidenced by:</p> <p>During the course of the license renewal inspection, two personnel files were reviewed. Employee #1 QMHP verification in the file expired on 6/30/24 and Employee #2 did not have any verification of QMHP status. The provider failed to maintain the result of the credentialing process including verification of applicable professional licenses.</p> | <p>PR) 12/04/2024</p> <ol style="list-style-type: none"> 1. Job description will be placed in her file. 2. Checklists in place for all stages of employee movement in positions (New hires, transfers, promotions/demotions). Each employee with a status change will be reviewed to ensure job descriptions are placed in employee file. 3. Monthly auditing of 1% of current employee files to find deficiencies. 4. HR Specialists will review when applicable employment actions take place and monthly auditing of current files. <p>OLR) Accepted 12/06/2024</p> | 2/1/2025 |

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

Page: 5 of 6

License #: 101-01-012

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 10-29-2024

Program Type/Facility Name: 01-012 Home Rd. Apartments

| <u>Standard(s) Cited</u> | <u>Comp</u> | <u>Description of Noncompliance</u> | <u>Actions to be Taken</u> | <u>Planned Comp. Date</u> |
|---|-------------|---|--|---------------------------|
| 12VAC35-105-665. B. - The ISP shall be signed and dated at a minimum by the person responsible for implementing the plan and the individual receiving services or the individual's authorized representative in order to document agreement. If the signature of the individual receiving services or the individual's authorized representative cannot be obtained, the provider shall document attempts to obtain the necessary signature and the reason why he was unable to obtain it. The ISP shall be distributed to the individual and others authorized to receive it. | N | Home Rd. Apartments This regulation was NOT MET as evidenced by: During the course of the license renewal inspection two individual records were reviewed. Individual #2 did not have an ISP signature page for the current ISP. The provider failed to have the ISP signed and dated by the individual receiving services. | PR) 12/06/2024 Although the ISP was reviewed with individual #2 at time of completion, it was submitted without a signature. The ISP will be signed by individual #2 and scanned into his EHR, effective 12/4/24. ISP's will be reviewed upon completion to ensure signatures are captured by individuals and staff. Staff will be instructed to notify the MH Residential Assistant Coordinator via email, once an ISP is completed. The assistant coordinator will review the ISP and verify that the signatures are present. In the event that a signature is missing, the responsible staff will immediately be notified and a wet signature will be obtained on the ISP and the signature page will be scanned into the to the chart. Charts are audited monthly by the MH Residential Assistant Coordinator, but all ISP's were reviewed in November to make sure they are signed. Moving forward, MH Residential Coordinator will review ISP's at the time they are completed. OLR) Accepted 12/06/2024 | 12/4/2024 |

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

Page: 6 of 6

License #: **101-01-012**

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

Date of Inspection: **10-29-2024**

Program Type/Facility Name: **01-012 Home Rd. Apartments**

| <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.

Ann Mays, Licensing Specialist

(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 #: 101-03-001

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 10-29-2024

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> |
|--|-------------|---|---|---------------------------|
| 12VAC35-105-650. A. - The provider shall implement a written assessment policy. The policy shall define how assessments will be conducted and documented. | N | <p>MH Support Services</p> <p>This regulation was NOT MET as evidenced by:</p> <p>During the course of the renewal inspection two individual records were reviewed. Individual #2 was enrolled into services on 7/17/24 and there is no assessment at this time and the addendum to the previous assessment does not address the need for this service or the change in medical necessity. Per the providers assessment policy, an assessment will be completed at the start of services but no later than the admission date or there will be an assessment update to describe how the provider will meet medical necessity criteria for services. The provider failed to implement their assessment policy.</p> | <p>PR) 12/06/2024</p> <p>The LMHP that completes the assessments for MHSB services, has been asked that if an individual is recommended for MH skill building services, that it be stated as such in the assessment. Individuals will not be enrolled in services until the assessment is completed and reviewed by the program manager. In the event that an individual is moving to a different level of care within residential services, an updated assessment will be completed and updated at the time of transition.</p> <p>Assessments will be scheduled in advance with the LMHP, to be completed on the date of move, or prior to enrollment if transitioning to a different program. The program manager will be responsible for scheduling the assessments and ensuring individuals are not enrolled until the assessments are complete, and reflect accurate needs for skill building services.</p> <p>MH Residential Assistant Coordinator conducts monthly internal audits, and will verify the need for MH skill building services is documented in the assessment. MH Residential Coordinator will require that the assessment is scheduled for the day of admission to the program, or is completed prior to transfer to a new program.</p> <p>OLR) Accepted 12/06/2024</p> | 12/4/2024 |

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

Page: 2 of 2

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

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

Date of Inspection: **10-29-2024**

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> |
|--------------------------|-------------|-------------------------------------|----------------------------|---------------------------|
|--------------------------|-------------|-------------------------------------|----------------------------|---------------------------|

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.

Ann Mays, Licensing Specialist

(Signature of Organization Representative)

Date

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

Page: 1 of 2

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

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

Date of Inspection: **11-06-2024**

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

| <u>Standard(s) Cited</u> | <u>Comp</u> | <u>Description of Noncompliance</u> | <u>Actions to be Taken</u> | <u>Planned Comp. Date</u> |
|---|-------------|---|--|---------------------------|
| 12VAC35-105-420. A. - Any person who assumes the responsibilities of any position as an employee or a contractor shall meet the minimum qualifications of that position as determined by job descriptions. | N | Frederickburg MH Casemanagemnt This regulation was NOT MET as evidenced by: During the course of the renewal inspection, two personnel records were reviewed. The job descriptions for Employees #1 and #2 indicate that the employee shall have a master's degree and both Employees #1 and #2 only have verification of a bachelor's degree. The provider failed to maintain the employee shall meet the minimum qualifications as determined by their job description. | PR) 11/27/2024 The job description in under review with the program. Checklists in place for all stages of employee movement in positions (New hires, transfers, promotions/demotions). Each employee with a status change will be reviewed to ensure minimum qualifications are being met. Protocols are being updated to run monthly report on licenses that will expire in the coming month, supervisors will be notified. Renewed licenses will be updated in system. Monthly auditing of 1% of current employee files to find deficiencies. HR coordinator will review status changes for current employees, HR specialist will review all new hire information to ensure minimum qualifications are being met for incoming employees. OLR) Accepted 11/27/2024 | 2/1/2025 |

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

Page: 2 of 2

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

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

Date of Inspection: **11-06-2024**

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

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

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.

Ann Mays, Licensing Specialist

(Signature of Organization Representative)

Date

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

Page: 1 of 2

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

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

Date of Inspection: **11-06-2024**

Program Type/Facility Name: **07-003 Fredericksburg Clinic**

| <u>Standard(s) Cited</u> | <u>Comp</u> | <u>Description of Noncompliance</u> | <u>Actions to be Taken</u> | <u>Planned Comp. Date</u> |
|---|-------------|--|---|---------------------------|
| 12VAC35-105-420. A. - Any person who assumes the responsibilities of any position as an employee or a contractor shall meet the minimum qualifications of that position as determined by job descriptions. | NS | <p>Fredericksburg Clinic</p> <p>This regulation was NOT MET as evidenced by:</p> <p>During the course of the license renewal inspection, two personnel files were reviewed. The job descriptions for both employee #1 & #2 requires an LMHP type. Employee #1 has verification of LPC verification, but this certification expired on 6/30/24. Employee #2 there is no verification of any type of licensure. The provider failed to have verification that the employee meets the minimum qualifications of the position as determined by the job description.</p> <p>This citation is considered non-compliant systemic due to being previously cited on 12/12/23.</p> | <p>PR) 11/25/2024</p> <ul style="list-style-type: none"> Employee #1 – verified license from VADHP, printed, put in employee HR file, and logged for tracking in HRIS – Dominion Employee #2 - verified license from VADHP, printed, put in employee HR file, and logged for tracking in HRIS – Dominion Checklists in place for all stages of employee movement in positions (New hires, transfers, promotions/demotions). Each employee with a status change will be reviewed to ensure minimum qualifications are being met. Protocols are being updated to run monthly report on licenses that will expire in the coming month, supervisors will be notified. Renewed licenses will be updated in system. Monthly auditing of 1% of current employee files to find deficiencies. HR coordinator will review status changes for current employees, HR specialist will review all new hire information to ensure minimum qualifications are being met for incoming employees. <p>OLR) Accepted 11/27/2024</p> | 2/1/2025 |

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

Page: 2 of 2

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

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

Date of Inspection: **11-06-2024**

Program Type/Facility Name: **07-003 Fredericksburg Clinic**

| <u>Standard(s) Cited</u> | <u>Comp</u> | <u>Description of Noncompliance</u> | <u>Actions to be Taken</u> | <u>Planned Comp. Date</u> |
|---|-------------|---|---|---------------------------|
| 12VAC35-105-430. A. (4) - Employee or contractor personnel records, whether hard-copy or electronic, shall include: 4. Results of any provider credentialing process including methods of verification of applicable professional licenses or certificates; | NS | <p>Fredericksburg Clinic</p> <p>This regulation was NOT MET as evidenced by:</p> <p>During the course of the license renewal inspection, two personnel files were reviewed. The job descriptions for both employee #1 & #2 requires an LMHP type. Employee #1 has verification of LPC verification, but this certification expired on 6/30/24. Employee #2 there is no verification of any type of licensure. The provider failed to maintain the results of credentialing of applicable professional licenses and certificates.</p> <p>This citation is considered non-compliant systemic due to being previously cited on 12/12/23.</p> | <p>PR) 11/25/2024</p> <ol style="list-style-type: none"> Employee #1 – verified license from VADHP, printed, put in employee HR file, and logged for tracking in HRIS – Dominion Employee #2- verified license from VADHP, printed, put in employee HR file, and logged for tracking in HRIS – Dominion Protocols are being updated to run monthly report on licenses that will expire in the coming month, supervisors will be notified. Renewed licenses will be updated in system. HR Specialist will monitor monthly audits of expiring licenses. <p>OLR) Accepted 11/27/2024</p> | 2/1/2025 |

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.

Ann Mays, Licensing Specialist

(Signature of Organization Representative)

Date

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

Page: 1 of 3

License #: 101-16-002

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 11-07-2024

Program Type/Facility Name: 16-002 Fredericksburg DD Case Mgmt

| <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 DD Case Mgmt This regulation was NOT MET as evidenced by: See OHR citation below. | | |
| 12VAC35-115-50. B. (2) - In receiving all services, each individual has the right to: 2. Be protected from harm including abuse, neglect, and exploitation. | N | Fredericksburg DD Case Mgmt This regulation was NOT MET as evidenced by: CHRIS#20240059/ Incident date: September 26, 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"> Employee #1's lack of follow through with ensuring appropriate services were put in place and lack of responsiveness to service requests that were made for Individual #1 by Individual #1's care team meets the regulatory definition of neglect. During the investigation, it was revealed that Employee #1 did not provide adequate | PR) 12/04/2024 Employee # 1 is no longer employed with RACSB. A new support coordinator has been assigned and is making linkages and referrals to supports/services that are needed. Regular team meetings with the residential provider, DBHDS, legal guardian and support coordination staff are currently happening. The provider is gathering the needed documentation to request a other SIS redetermination. Next team meeting scheduled for 10/5/24. SCs will be reminded of the importance of following up and documenting this follow up follow up when an individual has a new need, or need that changed in intensity. Follow up should include contact with individual/substitute decision maker, and potential providers once appropriate | 12/31/2024 |

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

Page: 2 of 3

License #: 101-16-002

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 11-07-2024

Program Type/Facility Name: 16-002 Fredericksburg DD Case Mgmt

| <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>supervision of Individual #1 and Individual #1's needs in that when Individual #1 was released from Entity #1 in September 2024, Employee #1 provided no follow-up in ensuring services such as Entity #2 was in place.</p> <ul style="list-style-type: none"> It appears that Entity #2 only provided one visit and Employee #1 neither followed up nor was aware that Individual #1 was without Entity #2 for at least 2 weeks after discharge from Entity #1 to address Diagnosis #1. Investigators also believe that Employee #1 was neglectful in that a Diagnosis #2 was requested in 2023, and Employee #1 provided no follow through in making that referral until September 2024. <p>Failure to provide a services necessary to the health, safety and welfare of the individual is a violation of 12VAC35-115-50 (B)(2).</p> | <p>releases are obtained. After referrals are made, SC will follow up with individual, care provider or substitute decision maker to ensure that the service that was linked is providing that service and will at least quarterly determine satisfaction with the services being provided.</p> <p>Support Coordination Supervisors will monitor service delivery during monthly supervision. By completing at least one file review each month to review documentation of risk, need and,quarterlies are up to date, and that risks are addressed</p> <p>Support coordinators will receive reminder/notification regarding ensuring the individual's plans are updated when a new need or risk is identified and that appropriate supports are in place.</p> <p>OHR/OLR) Accepted 12/04/2024</p> | |

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

Page: 3 of 3

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

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

Date of Inspection: **11-07-2024**

Program Type/Facility Name: **16-002 Fredericksburg DD Case Mgmt**

| <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

January 2025

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:

- Three blog posts
- 24 LinkedIn posts
- 39 Facebook posts
- 21 Tweets
- 28 Instagram posts
- 2025 Prevention trainings updated
- 2025 support groups updated

Statistics

- Facebook has 72 new fans this month
- Facebook posts reached 11,356 users
- Top Facebook posts were about Early Intervention holiday photo, inclement weather closing notice and a photo of admin staff in ugly holiday sweaters
- Instagram has 11 new followers
- Instagram post engagement was 7.93%
- Most popular Instagram posts: Early intervention team photo, Hope for the Holidays update, admin staff in ugly sweaters
- LinkedIn has 10 new fans
- LinkedIn engagement rate is 7.9%
- Most popular LinkedIn posts were Giving thanks for a 2024 of hope, admin staff in ugly sweaters, early intervention team photo
- Total audience growth for all social media platforms was 98 new fans and followers
- LinkedIn: 634 followers
- Twitter: 465 followers
- Instagram: 411 followers
- Facebook: 2,777 page fans
- RACSB is now on Threads! Our handle is @hope_starter

Spark:

The most visited pages were the home page, employee photo galleries, Caring for your Body and Mind (January's health post)

The employee handbook was the most frequently accessed document. Spark had 151 unique views and 1,557 site visits.

Website:

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

The site had 65,436 pageviews.

Competitive Analysis:

Facebook

- For Facebook, compared to industry averages for nonprofits: Audience growth rate is 1.73% while industry average is -2.65% Post engagement is 9.25% vs industry average of 1.82% Posting frequency is 1.31 posts per day vs. .39 posts per day.
- For Facebook compared with other CSBs: Fan growth 1.73% and Horizon Behavioral Health's is .66% and Region Ten CSB's is .24%. Our total number of fans is also higher than that of either CSB's Facebook page.
- For Instagram, compared to industry averages for nonprofit: Audience growth is 2.49% vs. -2.09% Post engagement rate is 8.12% vs 1.9% Post frequency is .9 per day compared to .62 per day
- For Instagram compared with Mary Washington Healthcare and Horizon Behavioral Health: Audience growth is 2.24% and MWHC's is 1.53% and Horizon's is -.41%
- For LinkedIn, compared to industry averages for nonprofit: Audience growth rate is 1.96% vs -1.09% Post engagement is 8.73% vs. 1.91% Post frequency is .83 posts per day compared to .29 posts per day



Internal Communications/Employee Engagement

ICEE Snapshot

Content Creation:

- Four news posts on Spark
- Three updated pages on Spark
- One new employee photogallery
- 16 Viva Engage posts
- One new Engage community
- One employee newsletter

Analytics:

- 151 unique Spark viewers
- 1,557 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; door decorating competition



Blog Post:

Tackling Winter Blues

Winter days can be dark and dreary, which isn't always ideal for mental health.

The season's frosty grip can leave us feeling sluggish, unmotivated and downright blue. Shorter days, colder temperatures and a lack of sunshine can wreak havoc on our mood.

Hibernating under heavy blankets seems tempting—and is a good short-term strategy. But we can do better than just muddling through winter. With a few small steps, we can make it a season to enjoy.

Here are some strategies to banish the winter blues and embrace a vibrant, joyful season:

Embrace the Light:

Harness the Power of Sunshine: Even a short walk on a sunny winter day can significantly boost your mood. Sunlight helps regulate your circadian rhythm, promoting better sleep and energy levels.

Light Therapy: If sunshine is scarce, consider light therapy. Specially designed lamps mimic natural sunlight, proven to be effective in treating Seasonal Affective Disorder.

Move Your Body, Boost Your Mood:

Regular physical activity is a natural antidepressant. Get your heart pumping with brisk walks, jogs, or indoor activities like dancing or yoga.

Embrace Winter Sports: Hit the slopes, go ice skating, or try snowshoeing.

Connect and Cultivate Warmth:

Socialize and Stay Connected: Don't let winter isolate you. Plan game nights, movie marathons, or cozy dinners with friends and family. Strong social connections are essential for emotional well-being.

Nurture Yourself: Pamper yourself with a warm bath, indulge in a cup of herbal tea, or light some cozy candles.

Prioritize activities that bring you comfort and relaxation.

Fuel Your Body, Nourish Your Mind:

Eat a Balanced Diet: Winter cravings for comfort food can be intense, but prioritize healthy choices. Include fruits, vegetables, and whole grains for sustained energy and a healthy mood.

Stay Hydrated: Dehydration can worsen fatigue and negatively impact your mood. Hot herbal teas are a cozy way to boost your water intake.

A Round-Up of Ways to Cope with Winter Blues:

We asked our HopeStarters how they banish winter blues and they suggested:

Use Christmas lights as the primary source of light as much as possible in the winter. The soft glow brings warmth and peace. (Tip: These lights aren't just for Christmas, so feel free to keep them around all winter.)

Snuggle with a pet.

Read.

Binge cheesy holiday movies with a super soft blanket.

Remember that even small amounts of exercise help.

Volunteer in the community.

Listen to music

Cook comfort foods.

Socialize with friends and family.

Plan things to do/accomplish in the upcoming months.

Find new ways of decorating or reorganizing.

Bake.

Go for a walk.

Decorate for the different holidays.

Go for coffee with a friend.

Start new craft projects.

Make tropical fruit salads for dessert.

Relax in front of a fire and catch up on a good book.

Be gentle with yourself. With stress and new things this season, take a break if you need it.

By incorporating these tips into your routine, you can transform your winter from a season of blues to a time of joy, connection, and self-care. So, bundle up, embrace the sunshine (or light therapy), and chase those winter blues away!



“Hope smiles from the
threshold of the year
to come, whispering,
‘It will be happier...’”

Lord Alfred Tennyson

hopestarter



MEDIA RELEASE

Rappahannock Area Community Services Board
600 Jackson Street, Fredericksburg, VA 22401
540-373-3223 Fax: 540-371-3753
www.rappahannockareacsb.org

FOR IMMEDIATE RELEASE
Dec. 10, Fredericksburg, VA

RACSB Joins 2024 Gift Responsibly Campaign to Raise Awareness of Youth Gambling Risks

Fredericksburg, Virginia – Early exposure to gambling increases the risks of developing a problem later in life. To raise awareness of this danger, Rappahannock Area Community Services Board has joined the 2024 Gift Responsibly Campaign.

The campaign is organized by the [National Council on Problem Gambling](#) (NCPG) and supported by [the North American Association of State and Provincial Lotteries](#) (NASPL). RACSB is committed to sharing information and promoting awareness throughout the holiday season.

Children are often introduced to gambling through lottery tickets or scratch-off games, by adults who are unaware of the associated risks.

“Grabbing a lottery scratch ticket might seem like a fun stocking stuffer, however gambling-related gifts of any sort are not appropriate for children under the age of 18,” said Michelle Wagaman, RACSB’s director of prevention services. “We partner with The Gift Responsibly Campaign as a reminder to our community that adults have a responsibility to role model legal and responsible gaming and gambling.”

About Rappahannock Area Community Services Board: Founded in 1970, the Rappahannock Area Community Services Board (RACSB) provides public mental health, developmental disability, substance abuse and prevention/early intervention services to the residents of the City of Fredericksburg and the counties of Caroline, King George, Spotsylvania and Stafford. To learn more, visit www.rappahannockareacsb.org.

About the National Council on Problem Gambling: The NCPG is neutral on legalized gambling. Based in Washington DC, it is the only national nonprofit that seeks to minimize the economic and social costs associated with gambling addiction. If someone you know may have a gambling problem, contact the National Problem Gambling Hotline, which offers hope and help without stigma or shame. Call or text 1-800-GAMBLER or visit www.1800gamblerchat.com. Help is always available and is free and confidential.

#

MEDIA RELEASE

Rappahannock Area Community Services Board
600 Jackson Street, Fredericksburg, VA 22401
540-373-3223 Fax: 540-371-3753
www.rappahannockareacsb.org

FOR IMMEDIATE RELEASE

December 11, 2024, Fredericksburg, VA
For more information, contact: Amy Umble, Communications Coordinator
540-940-2314 or aumble@rappahannockareacsb.org

Art Exhibit Seeks Work by Adults with Mental Illness

Deadline for Entries: March 1

Exhibition Dates: May 1-31

Fredericksburg, Virginia – Rappahannock Area Community Services Board seeks entries for its annual “Art of Recovery” exhibit. The art show features original artwork by adults with mental health challenges. The exhibit will open May 1 at the headquarters of Central Rappahannock Regional Library in Fredericksburg, Virginia.

The Art of Recovery provides a forum for artists living with mental illness to gain confidence in their abilities, address misconceptions surrounding mental illness and experience community support.

The RACSB is accepting original 2-Dimensional drawings, paintings, prints, and mixed media. Artwork should be submitted by March 1. Visit rappahannockareacsb.org for an entry form and display instructions.

Entries must be accompanied by a completed entry form, which is available at rappahannockareacsb.org/art-of-recovery.

For details or to submit artwork, contact Anna Loftis at 540-373-7737 or dl_artofrecovery@rappahannockareacsb.org.



Social Media Report **2024**

year in review

1,324 posts

246,158 impressions

875 post shares

6,899 reactions

4,217 followers

3,226 video views

334 comments

Top Facebook Posts

Rappahannock Area Community Services Board
Published by Hootsuite
February 21, 2024

It's hard to say goodbye, but we wish Babs Brown all the best as she embarks on her next great adventure... RETIREMENT! Babs coordinates our Sponsored Placement program and has held many roles here at RACSB. Join us in celebrating 20 years of hard work, dedication, and devotion to the individuals we serve. Cheers to new beginnings and a well-deserved break!
#RetirementParty #CheersToYou



Rappahannock Area Community Services Board
Published by Hootsuite
March 5, 2024

🎉 Congratulations to Julia Orrock, Reimbursement Technician and Chicken Mama Extraordinaire 🐔, for 35 years of service to RACSB! 🎶 1989 might be known for a Taylor Swift album, the fall of the Berlin Wall, the launch of Baywatch and the birth of the flip phone but to us, it will always be remembered for our exceptional new hire. 🌟👏



Rappahannock Area Community Services Board
Published by Hootsuite
November 27, 2024

🎉 Congratulations to Ramon Test, who was named the Team Member of 2024 for the Spotsylvania Regional Behavioral Health Docket! 🏆 Ramon is a mental health case manager who always goes above and beyond to help the people he serves—he truly is a HopeStarter in all the best ways. 🌟
#BehavioralHealthDocket #HopeStarter #WaytoGo




Top Instagram Posts

hope_starter
47w

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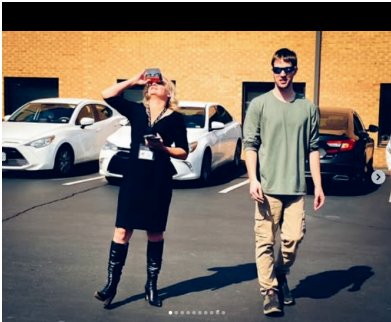
👍 Job well done, Babs! Enjoy every minute of retirement with those you love.

23 likes
February 21, 2024




hope_starter
40w

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hope_starter
38w

🎉 Thank you to every one who came out to our Garden Party last night! We had an amazing evening. 🌟👏



Top LinkedIn Posts

Rappahannock Area Community Services Board
519 followers
6mo

We're passionate about removing barriers to behavioral healthcare. So, we were excited to celebrate the signing of SB 403. Executive Director Joe Wickens joined other local community leaders, Governor Youngkin and Senator Tara Durant, who sponsored the bill. Learn more about the bill: <https://lnkd.in/gKJczXr>



Rappahannock Area Community Services Board
519 followers
1mo

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Prevention Services Program Updates

Michelle Wagaman, Director

mwagaman@rappahannockareacsb.org

540-374-3337, ext. 7520

Prevention Services Top 5 for January:

1. Our dashboard is ready and will be provided quarterly moving forward (and attached).
2. Save1Life coalition efforts recognized in recent Free Lance Star article.
3. DBHDS is providing each CSB with scholarships for the Creating Trauma Sensitive Schools Conference (virtual).
4. Gearing up for the annual Youth First Conference on February 15, 2025.
5. We've been invited to provide a project for the Ceili Leahy Senior Day of Service 2025 at James Monroe High School on April 4, 2025.

Substance Abuse Prevention

RACSB Prevention Services continues substance abuse prevention efforts specifically targeting youth. In response to the opioid epidemic and legalization of adult-use cannabis, our target demographics includes adults.

Youth Education/Evidence Based Curriculums – Jennifer Bateman, Prevention Specialist, continues this round of facilitation of the Second Step social emotional learning curriculum with St. Paul's and 4Seasons day care/preschool centers in King George County. Year 2 facilitation of the Second Step Bully Prevention curriculum for the elementary grade levels within Caroline County Public Schools is nearing completion at Lewis and Clark Elementary School.

Coalitions – The Community Collaborative for Youth and Families has set the quarterly meeting schedule for 2025: April 11; July 11; and October 10. Youth First is scheduled for February 14, 2025. The January meeting was cancelled due to the weather. 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. There will be a training hosted by DBHDS to review the revisions.

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 scheduled for 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.

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 or substance use problem and connect them to the appropriate care.

Adult Mental Health First Aid trainings 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 is scheduled for the following dates in 2025: March 3; May 22; June 17; October 7; and December 2 (from 8:30 a.m. to 5:00 p.m.). We are working with the Boys Scouts (Aquia District) to get their leaders trained.

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 is nearing completion on an evaluation survey to be utilized by Lock and Talk partners outside of community services boards so we can better track outcomes.

Coalitions – The subgroups formed to address focus areas of teens/young adults; older adults; and first responders/veterans continue to meet and develop goals. Lethal means safety packets were provided to local physician offices. The next coalition meeting will be held February 24, 2025 at 1:00 p.m. at River Club.

State Opioid Response (SOR)

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

Coalitions – The Opioid Workgroup meets monthly and is an interdisciplinary professional group. Meetings continued to scheduled and held with local medical providers as we work to increase knowledge and understanding of prevention and harm reduction strategies. A new website the Save 1 Life harm reduction initiative has launched: <https://www.save1lifefxbg.org/>

The posters have finally been installed on FXBGO! Buses. The Free Lance Star covered the unveiling with an article on December 20, 2024 (included).

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.

Virtual training dates for 2025: <https://www.signupgenius.com/go/5080F48A5A629A5FF2-54093052-opioid>

Additional Initiatives

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

The Virginia Lottery Gift Responsibly campaign social media posts had a combined reach of 903.

We now have slide decks for either a 15-minute overview or hour long training on responsible gaming and gambling.

ACEs Interface – RACSB Prevention Services offers in-person trainings for community members to learn more about the impact of adversity in childhood on brain development and how toxic stress can impact individual and community health.

This Understanding ACEs 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>

Additionally, RACSB will host two train-the-trainer cohorts in 2025. These are for individuals who would like to become ACE Interface presenters and share this information with their organizations/communities. The train-the-trainer is 2/5 days and will be held February 26-27-28 and August 27-28-29. Keith Cartwright from DBHDS will co-train with RACSB Master Trainers Amy Jindra and Michelle Wagaman.

To register: <https://www.signupgenius.com/go/RACSB-ACE-Presenter2025>

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) is scheduling for spring performances and hopes to return to the multicultural fair at the University of Mary Washington.

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.

December 2024

| LOCALITY | NUMBER OF REFERRALS | ASSESSMENTS | NUMBER OF FAMILIES RECEIVING HOME VISITS | NEW ENROLLEES YEAR-TO-DATE |
|--|---------------------|-------------|--|----------------------------|
| CAROLINE COUNTY | 1 | 1 | 3 | 1 |
| CITY OF FREDERICKSBURG | 3 | 3 | 35 | 4 |
| KING GEORGE COUNTY | 2 | 0 | 11 | 2 |
| SPOTSYLVANIA COUNTY | 10 | 7 | 74 | 28 |
| STAFFORD COUNTY | 4 | 4 | 38 | 14 |
| OUT OF AREA (REFERRED TO OTHER HF SITES) | 0 | 0 | 0 | 0 |
| TOTAL | 20 | 15 | 161 | 49 |

- Healthy Families Rappahannock Area hosted their annual holiday drive through event on December 12, 2024 at the River Club parking lot. A total of 115 families participated. Donations were received from Toys for Tots, Sunshine Volunteers, and CarMax to support the event.

- The program successfully hosted their annual technical assistance/quality assurance visit with Healthy Families Virginia on December 4-5, 2024.

Recent program outcomes for families served by Healthy Families Rappahannock Area:

Child Health

- 92% (71 of 77) of children received scheduled Well Care Visits
- 97% (92 of 95) immunization completion

Developmental Screening

- 100% (5 of 5) received scheduled developmental screen (ASQ)
- 100% (3 of 3) received scheduled Social Emotional Screening (ASQ SE)

Maternal Health

- 100% (5 of 5) received scheduled Postpartum Care
- 100% (2 of 2) linked to services for Positive Depression Screen

Positive Parenting Practices

- 86% (6 of 7) identify child as having a positive male role model

ALERT **FEATURED** **TOP STORY**

Coalition works to save lives from drug overdoses

Cathy Dyson

Dec 20, 2024



Barb Barlow and Gabrielle Henry of Mental Health America Fredericksburg Region check out posters on Fredericksburg Regional Transit buses. The posters encourage everyone to save a life by carrying Narcan.

Cathy Dyson

Cathy Dyson

An area coalition that focuses on ways to reduce deaths from drug overdoses is taking its message on the road.

The Save 1 Life initiative has partnered with Fredericksburg Regional Transit, also known as FXBGO!, to install posters on all 30 buses in the fleet. The campaign encourages everyone to carry Narcan, which temporarily reverses the effects of an opioid overdose.

The posters include a QR code which accesses the Save 1 Life website at **www.save1lifefxbg.org** and information on where to get free Narcan. Those interested also can call their local health department or the Rappahannock Area Health District at 540/899-4797.

The logic behind the campaign is simple, said Carmen Greiner, a therapist with Lighthouse Counseling of Fredericksburg and active member of the coalition.

People are also reading...

- 1 **Spotsylvania man convicted of a felony for trying to extort money from a county store clerk**

- 2 **High school student in Spotsylvania arrested for bringing guns onto school property**
 - 3 **Judge sentences Trump in hush money case but declines to impose any punishment**
 - 4 **Stafford officials start new year with old tensions**
 - 5 **5 Best Weight Loss Solutions of 2025: Your Guide to Achieving Lasting Results**
-

“We need this because people are still dying,” she said. “We’ve been working on this for years, and despite all of the things we’ve done in the community, we offer treatment, we offer outreach, we have programs in the jails, we have programs in the hospitals, we’re doing so many things and yet folks are still falling through the cracks.”

According to the Virginia Department of Health, 33 local residents went to emergency rooms in September for drug overdoses. They represent Fredericksburg and the counties of Caroline, Spotsylvania and Stafford. King George also is part of the Rappahannock Area Health District, but the recent numbers don’t include the county.

Figures from last year do, and show 275 local residents visited emergency departments for all types of drug overdoses in 2023. Of that total, 63 people died.

However, the death toll was much higher the year before, in 2022, when overdoses claimed 123 local residents. Statewide numbers have seen the same decline, particularly in deaths from opioids, said Michelle Wagaman, prevention services director with the Rappahannock Area Community Services Board.

“I believe the increased availability of Narcan/Naloxone is contributing to less fatalities,” she said. “If more people are trained to recognize and respond to a potential opioid overdose, and Narcan is available, we can save lives in our community.”

Narcan is a brand name of Naloxone, which blocks the effects of opiates on the brain and restores breathing. Naloxone works only if a person has opiates in his or her system.

Bus riders tend to check out ads on display during the trips, and the poster is “another resource at their fingertips,” said Melody Fowler, deputy director of FXBGO! Given the service’s ridership, there will be a lot of eyes on the ads; in FY 24, there were 332,441 individual trips taken on the regional transit system.

In addition, the posters represent a new approach an epidemic that’s killed more than half a million Americans since 1999.

“The Fredericksburg area is moving in a new direction where we realize if we’re gonna change the community and the narrative, we have to work together,” said Barb Barlow, executive director of Mental Health America Fredericksburg Region. “This group has for-profits, nonprofits, governmental entities, including schools, engaged and that’s what’s going to have to happen.”

Donors to the local branch of Mental Health America paid for the bus signs, and the organization recently changed its mission to include services for both mental health issues and substance abuse disorder. The two tend to occur together, Barlow said.

Likewise, agencies have been working since an initial town hall in 2017 to collaborate on ideas. The Save 1 Life approach, which started two years ago, focuses more on harm reduction strategies which are ways to keep people safe until they're ready to seek treatment, Greiner said.

"We come it at from an approach that says, you're not a bad person, we just want you not to die," she said.

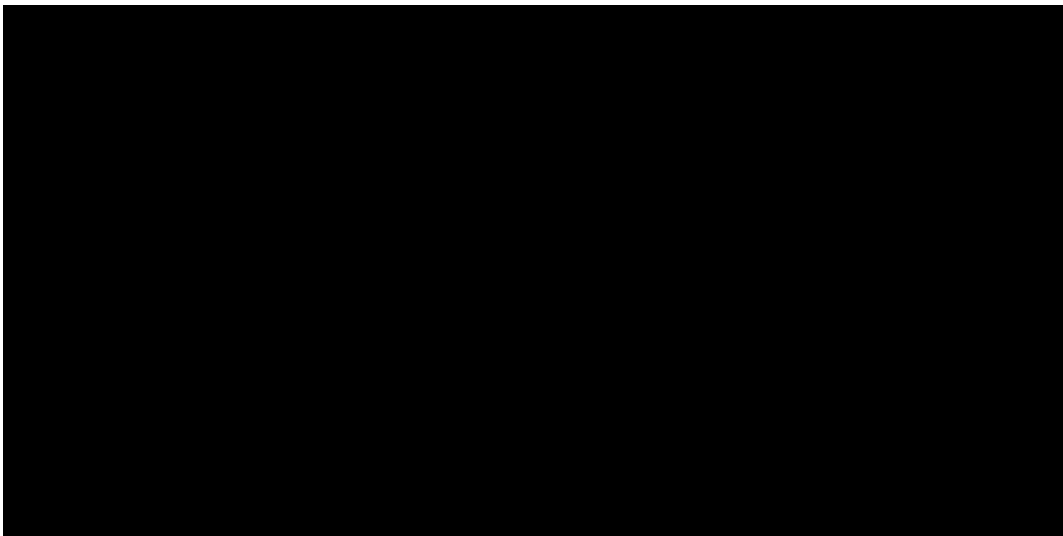
Harm reduction doesn't mean "anything goes" and does not condone, endorse or encourage drug use, according to the National Harm Reduction Coalition. Instead, it focuses on preventing death and other serious outcomes with strategies such as providing test strips to determine if there's fentanyl in drugs; medication assisted treatment such as methadone and suboxone; providing condoms to prevent spread of disease; and offering medication disposal kits, gun buy-backs and needle-exchange kits.

There's also a national service called the Never Use Alone hotline at 1-877/696-1996 which has someone available over the phone to help drug users establish a safety plan and get medical help, if needed.

"I'm really proud of the community coming together to come up with ways to help people rather than penalize people who are going through a tough time," said Sarah Buskirk, a former public defender in Fredericksburg who operates a sober-living home for women.

She looks at harm reduction strategies the same way she recognized the need for a place for women to live in a safe place as they recovered from addiction. She opened Her House, which stands for Homes Empowering Recovery, in Fredericksburg in August 2024.

"If you can give people just one more day, tomorrow could be the next day that they get better and choose to recover," she said. "If somebody overdoses, that day won't come."





Cathy Dyson: 540/374-5425

cdyson@freelancestar.com

Spreading the word, and safety

The Save 1 Life coalition plans to do more educational events in 2025 at local farmers markets and regional events.

The team also wants to provide Narcan, which reduces the effects of opioid overdose, in high-risk areas for drug use, including local hotels, said Darian Hugo of Brightview Health and a member of the Save 1 Life board.

"We'll continue doing things that are important for the community to keep everyone safe and knowledgeable," she said.

Since Save 1 Life formed in 2022, it has distributed 866 doses of Narcan; 656 medication disposal kits; 159 lockboxes for all types of drugs, including prescriptions; 96 kits to test drugs for potency; 34 first-aid kits; and 19 bottles for needle disposal.

Coalition members, who represent more than 20 businesses, nonprofits and state and federal agencies, have made presentations to 15 local agencies ranging from the Rappahannock Regional Jail Board Authority to the Moss Free Clinic; attended 12 community events; and spoken to four local government boards.

Save 1 Life also has received more than \$50,000 in donated services, supplies or grants from the community.

The team would like to purchase a van, staffed with volunteers who would travel the Rappahannock Area Health District to distribute kits, supplies and education, and in the process, foster relationships with people who use drugs. The estimated cost for the van is \$60,000.

More information on harm reduction strategies is available at 540/907-0121.

Popular in the Community

Rappahannock Area Community Services Board
Prevention Services Monthly Snapshot
FY 2025 (July 1, 2024 through June 30, 2025)

| | Initiative | Measures/Indicators | Quarter 1 | October 2024 | Noteworthy | November 2024 | Noteworthy | December 2024 | Noteworthy | Quarter 2 | Year to Date | FY 2024 |
|----------------------------|--|--|-----------|--------------|--|---------------|---|---------------|---|-----------|--------------|---------|
| Substance Abuse Prevention | Evidence-based Curriculums | Healthy Alternatives for Little Ones (HALO) | 0 | 0 | Resumes in 2025 | 0 | Resumes in 2025 | 0 | Resumes in 2025 | 0 | 0 | 36 |
| | | Second Step | 44 | 44 | St. Paul's Dayschool and Four Seasons Daycare | 44 | St. Paul's Dayschool and Four Seasons Daycare | | | 88 | 132 | 36 |
| | | Second Step - Bully Prevention | 571 | 345 | Bowling Green Elementary Round 1 and Round 2 (3rd, 4th, 5th) | 437 | Bowling Green Elementary Round 2- Lewis and Clark Elementary Round 1 (3rd, 4th, 5th) | 275 | Lewis and Clark Elementary Round 1 (3rd, 4th, 5th) | 1057 | 1628 | 2,048 |
| | | Too Good for Drugs | 24 | 0 | Resumes in 2025 | 0 | Resumes in 2025 | | Resumes in 2025 | 0 | 24 | 24 |
| | Tobacco Control | Merchant Education through CounterTools Initiative | 0 | 0 | | 0 | Still awaiting updated materials from DBHDS; 2 year process | | Still awaiting updated materials from DBHDS; 2 year process | 0 | 0 | 270 |
| | Tobacco/Vaping Prevention Education | Number of Trainings | 4 | 1 | Lotus Academy | 8 | Courtland HS and King George HS | 0 | | 9 | 13 | 51 |
| | | Number of Individuals Reached | 106 | 7 | | 378 | | 0 | | 385 | 491 | 1,961 |
| | Alcohol Prevention Education | Number of Trainings | 0 | 0 | | 6 | King George HS JROTC and nursing students | 0 | | 6 | 6 | 24 |
| | | Number of Individuals Reached | 0 | | | 140 | | 0 | | 140 | 140 | 1,115 |
| | Cannabis/Marijuana Prevention Education | Number of Trainings | 0 | 3 | King George JROTC | 3 | King George HS nursing students | 0 | | 6 | 6 | 24 |
| | | Number of Individuals Reached | 0 | 92 | | 70 | | 0 | | 162 | 162 | 1,362 |
| | Coalitions | The Community Collaborative for Youth and Families | | 16 | Quarterly meeting with training | n/a | preparing for Youth First | 0 | | | 36 | |
| | Rappahannock Area Kids on the Block | Number of Performances | 1 | 0 | n/a | 1 | Performed at the Healthy Families graduation celebration | | | 1 | 2 | 2 |
| | | Number of Individuals Reached | 120 | 0 | | 40 | | | | 40 | 160 | 300 |
| Suicide Prevention | Mental Health First Aid Training | Number of Adult MHFA Trainings | 8 | 2 | Bragg Hill Family Life Center, Stafford County Government | 2 | Corrections Officers, community (Spanish - | 0 | n/a | 4 | 12 | 27 |
| | | Number of Adult MHFA Participants | 177 | 42 | | 32 | | 0 | | 74 | 251 | 456 |
| | | Number of Youth MHFA Trainings | 1 | 1 | Community | 0 | Two scheduled for December | 2 | Community and Fredericksburg City Schools | 3 | 4 | 9 |
| | | Number of Youth MHFA Participants | 21 | 16 | | 0 | | 31 | | 47 | 68 | 153 |
| | | Total Number of Participants Trained | 198 | 58 | | 32 | | 31 | | 121 | 319 | 36 |
| | | Number of teenMHFA Implementations | 0 | 0 | | 6 | Very first implementation at Caroline High School for Ms. Camp's 10th grade PE/Health classes | | | 6 | 6 | n/a |
| | | Number of teenMHFA Participants | 0 | 0 | | 150 | | | | 150 | 150 | n/a |
| | ASIST (Applied Suicide Intervention Skills Training) | Number of Trainings | 1 | 0 | n/a | 1 | Participants were extremely engaged with the course. | 0 | | 1 | 2 | 3 |
| | | Number of Participants | 25 | 0 | | 13 | | 0 | | 13 | 38 | 51 |
| | safeTALK Training | Number of Trainings | 1 | 1 | n/a | 0 | Schedule quarterly | 0 | | 1 | 2 | 4 |
| | | Number of Participants | 12 | 8 | | 0 | | 0 | | 8 | 20 | 61 |
| | Lock and Talk/Means Safety | Medication Lock Boxes Distributed* | 44 | 8 | | 18 | HeadStart | 35 | CIT Training | 61 | 105 | 269 |
| | | Trigger Locks Distributed | 148 | 40 | | 25 | | 27 | CIT Training | 92 | 240 | 445 |
| | | Cable Locks Distributed | 200 | 50 | | 25 | | 27 | CIT Training | 102 | 302 | 722 |
| | The Gun Shop Project | Merchant Education | 0 | 0 | | 0 | | 0 | | 0 | 0 | 1 |
| | Coalitions | Suicide Prevention Coalition (CCYF subset) | Active | | | | | Active | Meeting held 12/16 | 45 | 45 | n/a |
| ss | Understanding Adverse Childhood Experiences Training | Number of Trainings | 2 | 0 | n/a | 0 | scheduled training cancelled due to low registrations | 2 | | 2 | 4 | 17 |
| | | Number of Participants | 109 | 0 | | 0 | | 35 | Chancellor HS staff; community | 35 | 144 | 330 |

Rappahannock Area Community Services Board

Prevention Services Monthly Snapshot

FY 2025 (July 1, 2024 through June 30, 2025)

| | Initiative | Measures/Indicators | Quarter 1 | October 2024 | Noteworthy | November 2024 | Noteworthy | December 2024 | Noteworthy | Quarter 2 | Year to Date | FY 2024 |
|---|---------------------------------|---|-----------|--------------|--|---------------|---|---------------|---|-----------|--------------|---------|
| Family Wellbeing | Community Resilience Initiative | Number of Trainings | 1 | 0 | n/a | 0 | n/a | 0 | n/a | 0 | 1 | 3 |
| | Course 1: Trauma Informed | Number of Participants | 10 | 0 | | 0 | | 0 | | 0 | 10 | 37 |
| | Community Resilience Initiative | Number of Trainings | 0 | 1 | n/a | 0 | n/a | 0 | n/a | 1 | 1 | 2 |
| | Course 2: Trauma Supportive | Number of Participants | 0 | 11 | | 0 | | 0 | | 11 | 11 | 27 |
| | Parenting Sessions | Number of Sessions | 0 | 1 | | 0 | n/a | 0 | n/a | 1 | 1 | 1 |
| | | Number of Adults Participants | 0 | 6 | *Self-care isn't Selfish* for Spotsy HeadStart | 0 | | 0 | | 6 | 6 | 31 |
| | | Number of Youth Participants | 0 | 0 | | 0 | | 0 | | 0 | 0 | - |
| State Opioid Response (SOR) | REVIVE!/Safe1Life Trainings | Number of Trainings | 24 | 13 | Clinical T4T; Out of Darkness Walk | 7 | UMW and Hidden in Plain Sight for PE-ID | 10 | Spotsy CTC health students trained and 1/4 picked up narcan | 30 | 54 | 130 |
| | | Number of Participants | 413 | 177 | | 92 | | 215 | | 484 | 897 | 1,713 |
| | Naloxone Distribution | Number of Boxes Distributed | 438 | 171 | | 90 | | 64 | | 325 | 763 | 1,664 |
| | | Number of Doses (2 doses per box) | 876 | 342 | | 180 | | 128 | | 650 | 1526 | 3,328 |
| | | Percent of those trained receiving Naloxone | 106% | 97% | | 98% | | 30% | | 67% | 85% | 97% |
| | Safe Storage/Disposal | Medication Deactivation Kits Distributed | 614 | 410 | | 419 | | 35 | | 864 | 1478 | 2,500 |
| | | Medication Lock Boxes Distributed* | 44 | 8 | | 18 | | 35 | | 61 | 105 | 269 |
| | Drug Take Backs | Operation Medicine Cabinet (October/April) | 0 | 1,635 lbs | | | | | | 1,635 lbs | 1,635 lbs | 2,808 |
| Prevention Problem Gambling | Coalitions | Opioid Workgroup/Save1LifeFXBG | 0 | active | website launched | active | | active | FXBGO! Posters | 36 | 36 | 32 |
| | Awareness/Education | Number Community Presentations | 4 | 0 | | 0 | | 0 | | 0 | 4 | - |
| | | Number of Individuals Reached | 70 | 0 | | 0 | | 0 | | 0 | 70 | - |
| | Social Media | Number of Posts | 0 | 0 | | 0 | | 15 | | 15 | 15 | - |
| | | Reach of Posts | 0 | 0 | | 0 | | 904 | | 904 | 904 | - |
| *Duplicate count as dual funded/purpose | | | | | | | | | | | | |

Finance Department December 2024 Program Updates

Staffing Changes and Opportunities:

There are currently two open positions in the Finance Department: Accounting Coordinator (currently posted) and Financial Analyst (currently on hold). We continue to appreciate our financial consultant, Kelly Young Marinoff, who will be working with Sara to help train her on our financial software and other items.

Reimbursement Department:

We are starting a new write off process internally that will allow us to see write off trends more clearly so we can address any issues quicker.

We are currently working out functionality issues with our new vendor and this caused our client bills that went out in November to be reflected as if they had been sent out in October. For this reason, there is a credit of \$4,858 under consumers for “claims aged 0 – 29 days”. The correction has been made and will be reflected when we report on December totals.

In the month of November, we adjusted services that were over one year old for three clients that had not met their spenddown. These adjustments were for ACT and MH Residential services. We continue to work with DSS to meet client spend down requirements. We are seeing progress, but we still expect this trend to continue as some clients may not receive retroactive coverage.

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 amount of days for this service as established by Medicaid.

In the month of November, we cleaned up claims aged over 90 days for ES and OP services that were not covered by the clients’ commercial insurance plan.

Accounting Department:

The Accounting Department has responded to record requests for the DBHDS Internal Audit and the required annual financial audit for the agency. Preparation is underway for the end of year annual financial audits of the HUD group homes and the agency’s mid-year regional reporting. Review of Accounts Payable records is in progress to file 1099s to required vendors.

Summary of Cash Investments

| Depository | | Rate | Comments |
|----------------------------------|----------------------|-------|--------------------|
| Atlantic Union Bank | | | |
| Checking | \$ 15,731,166 | 3.25% | |
| Investment Portfolio | | | |
| Cash Equivalents | 3,960,789 | | |
| Fixed Income | 4,987,280 | | |
| Total Investment | 8,948,069 | | |
| Total Atlantic Union Bank | \$ 24,679,235 | | |
| Other | | | |
| Local Gov. Investment Pool | \$ 35,956 | 4.62% | Avg. Monthly Yield |
| Total Investments | \$ 24,715,191 | | |

Health Insurance

| FY 2025 | Monthly Premiums | Additional Premium Contributions | Monthly Claims & Fees | Interest | Balance |
|-------------------|--------------------|----------------------------------|-----------------------|----------------|--------------------|
| Beginning Balance | | | | | \$3,029,016 |
| July | \$611,895 | | \$261,724 | \$1,355 | \$3,380,542 |
| August | \$171,712 | | \$322,228 | \$1,382 | \$3,231,408 |
| September | \$419,303 | | \$209,940 | \$1,341 | \$3,442,111 |
| October | \$205,620 | | \$311,924 | \$1,443 | \$3,337,250 |
| November | \$595,278 | | \$216,548 | \$1,391 | \$3,717,371 |
| December | \$215,650 | | \$330,102 | \$1,537 | \$3,604,456 |
| YTD Total | \$2,219,457 | \$0 | \$1,652,466 | \$8,448 | \$3,604,456 |

Other Post-Employment Benefit (OPEB)

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

| Historical Data | Average Monthly Claims | Monthly Average Difference from PY | Highest Month |
|-----------------|------------------------|------------------------------------|------------------|
| FY 2025 | \$275,411 | \$19,958 | \$330,102 |
| 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 |

Summary of Investments

| Asset Description | Shares/Face Value | Market Value | Total Cost | Unrealized Gain/Loss | Est. Income | Current Yield |
|---|------------------------|------------------------|------------------------|----------------------|----------------------|---------------|
| Fidelity IMM Gov Class I Fund #57 | \$ 168,317.24 | \$ 168,317.24 | \$ 168,317.24 | \$ - | \$ 7,345.00 | 4.36% |
| US Treasury Bill (02/06/2025) | \$ 1,000,000.00 | \$ 977,139.38 | \$ 976,436.87 | \$ 702.51 | \$ 18,770.62 | 1.92% |
| US Treasury Bill (03/27/2025) | \$ 400,000.00 | \$ 392,974.22 | \$ 392,732.11 | \$ 242.11 | \$ 3,121.78 | 0.79% |
| US Treasury Bill (05/15/2025) | \$ 1,000,000.00 | \$ 982,185.88 | \$ 981,747.13 | \$ 438.75 | \$ 2,574.12 | 0.26% |
| US Treasury Bill (06/12/2025) | \$ 1,000,000.00 | \$ 957,295.03 | \$ 953,972.50 | \$ 3,322.53 | \$ 24,224.97 | 2.54% |
| US Treasury Bill (08/07/2025) | \$ 500,000.00 | \$ 482,877.70 | \$ 483,455.62 | \$ (577.92) | \$ 4,872.30 | 1.01% |
| Total Cash Equivalents | \$ 4,068,317.24 | \$ 3,960,789.45 | \$ 3,956,661.47 | \$ 4,127.98 | \$ 60,908.79 | 1.54% |
| | | | | | | |
| US Treasury Note (04/30/2025) (est in 2020) | \$ 1,000,000.00 | \$ 987,390.00 | \$ 948,906.25 | \$ 38,483.75 | \$ 3,750.00 | 0.38% |
| US Treasury Note (10/15/2025) | \$ 1,000,000.00 | \$ 1,000,330.00 | \$ 1,005,781.25 | \$ (5,451.25) | \$ 42,500.00 | 4.25% |
| US Treasury Note (09/30/2025) | \$ 500,000.00 | \$ 502,650.00 | \$ 504,570.31 | \$ (1,920.31) | \$ 25,000.00 | 4.97% |
| US Treasury Note (10/15/2026) | \$ 500,000.00 | \$ 503,140.00 | \$ 506,738.28 | \$ (3,598.28) | \$ 23,125.00 | 4.60% |
| US Treasury Note (03/15/2027) | \$ 500,000.00 | \$ 499,950.00 | \$ 496,308.59 | \$ 3,641.41 | \$ 21,250.00 | 4.25% |
| US Treasury Note (04/30/2026) | \$ 500,000.00 | \$ 503,965.00 | \$ 499,023.44 | \$ 4,941.56 | \$ 24,375.00 | 4.84% |
| US Treasury Note (08/15/2027) | \$ 500,000.00 | \$ 493,730.00 | \$ 495,292.97 | \$ (1,562.97) | \$ 18,750.00 | 3.80% |
| US Treasury Note (8/31/2026) | \$ 500,000.00 | \$ 496,125.00 | \$ 495,195.31 | \$ 929.69 | \$ 18,750.00 | 3.78% |
| Total Fixed income | \$ 5,000,000.00 | \$ 4,987,280.00 | \$ 4,951,816.40 | \$ 35,463.60 | \$ 177,500.00 | 3.55% |
| | | | | | | |
| 12/31/2024 | | \$ 8,948,069.45 | \$ 8,908,477.87 | \$ 39,591.58 | \$ 238,408.79 | 2.30% |

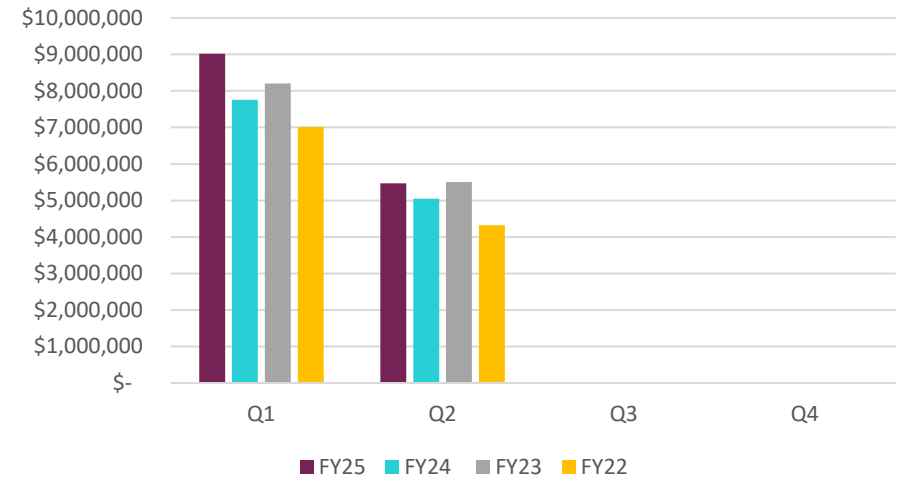
Fee Revenue Reimbursement- November 30, 2024

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

| AGED CLAIMS | | Current Month | | Prior Month | | Prior Year | |
|---------------------------------|--------------|---------------|-------------|-------------|-------------|------------|-------------|
| Total Claims Outstanding | Total | 100% | \$7,102,533 | 100% | \$6,332,152 | 100% | \$6,709,005 |
| | Consumers | 52% | \$3,667,706 | 57% | \$3,603,345 | 54% | \$3,605,852 |
| | 3rd Party | 48% | \$3,434,827 | 43% | \$2,728,807 | 46% | \$3,103,153 |
| Claims Aged 0-29 Days | Total | 45% | \$3,186,105 | 41% | \$2,565,525 | 45% | \$2,999,007 |
| | Consumers | 0% | -\$4,858 | 2% | \$114,235 | 1% | \$92,049 |
| | 3rd Party | 45% | \$3,190,963 | 39% | \$2,451,290 | 43% | \$2,906,958 |
| Claims Aged 30-59 Days | Total | 4% | \$271,150 | 2% | \$151,908 | 2% | \$157,185 |
| | Consumers | 3% | \$195,123 | 1% | \$41,494 | 1% | \$39,867 |
| | 3rd Party | 1% | \$76,027 | 2% | \$110,415 | 2% | \$117,318 |
| Claims Aged 60-89 Days | Total | 1% | \$104,383 | 2% | \$104,365 | 2% | \$114,086 |
| | Consumers | 1% | \$41,859 | 1% | \$64,685 | 0% | \$23,110 |
| | 3rd Party | 1% | \$62,524 | 1% | \$39,680 | 1% | \$90,976 |
| Claims Aged 90-119 Days | Total | 1% | \$84,935 | 1% | \$91,037 | 1% | \$79,825 |
| | Consumers | 1% | \$60,056 | 1% | \$52,396 | 1% | \$55,064 |
| | 3rd Party | 0% | \$24,879 | 1% | \$38,641 | 0% | \$24,761 |
| Claims Aged 120+ Days | Total | 49% | \$3,455,960 | 54% | \$3,419,317 | 50% | \$3,358,902 |
| | Consumers | 48% | \$3,375,526 | 53% | \$3,330,536 | 51% | \$3,395,762 |
| | 3rd Party | 1% | \$80,434 | 1% | \$88,781 | -1% | -\$36,860 |

| CLAIM COLLECTIONS | |
|----------------------------------|--------------|
| Current Year To Date Collections | \$14,488,481 |
| Prior Year To Date Collections | \$12,801,362 |
| \$ Change from Prior Year | \$1,687,119 |
| % Change from Prior Year | 13% |

Quarterly Fee Collections



Write-off Report

| Month: Nov 2024 | | |
|----------------------------|-------------------|-------------------|
| Write Off Code | Current YTD | Prior YTD |
| BAD ADDRESS | \$ 482 | \$ 40 |
| BANKRUPTCY | \$ - | \$ 20 |
| DECEASED | \$ - | \$ 20 |
| NO FINANCIAL AGREEMENT | \$ 2,826 | \$ 213 |
| SMALL BALANCE | \$ 30 | \$ 132 |
| FINANCIAL ASSISTANCE | \$ 164,358 | \$ 132,418 |
| NO SHOW | \$ 120 | \$ 60 |
| MAX UNITS/BENEFITS | \$ 42,370 | \$ 21,825 |
| PROVIDER NOT CREDENTIALLED | \$ 1,540 | \$ 2,571 |
| ROLL UP BILLING | \$ - | \$ 205 |
| DIAGNOSIS NOT COVERED | \$ 3,548 | \$ 320 |
| NON-COVERED SERVICE | \$ 12,147 | \$ 1,493 |
| SERVICES NOT AUTHORIZED | \$ 4,855 | \$ 11,144 |
| PAST BILLING DEADLINE | \$ 555 | \$ 65 |
| MCO DENIED AUTH | \$ 1,694 | \$ - |
| INCORRECT PAYER | \$ 4,169 | \$ 689 |
| NO PRIMARY EOB | \$ - | \$ 2,204 |
| SPENDDOWN NOT MET | \$ 31,663 | \$ - |
| TOTAL | \$ 270,357 | \$ 173,419 |

| Year to Date: July - Nov 2024 | | |
|-------------------------------|---------------------|---------------------|
| Write Off Code | Current YTD | Prior YTD |
| BAD ADDRESS | \$ 47,568 | \$ 70 |
| BANKRUPTCY | \$ - | \$ 386 |
| DECEASED | \$ 1,530 | \$ 120 |
| NO FINANCIAL AGREEMENT | \$ 19,837 | \$ 17,314 |
| SMALL BALANCE | \$ 351 | \$ 651 |
| UNCOLLECTABLE | \$ 2,100 | \$ 1,975 |
| FINANCIAL ASSISTANCE | \$ 936,729 | \$ 714,136 |
| NO SHOW | \$ 3,132 | \$ 4,178 |
| MAX UNITS/BENEFITS | \$ 200,599 | \$ 76,607 |
| PROVIDER NOT CREDENTIALLED | \$ 8,660 | \$ 51,275 |
| ROLL UP BILLING | \$ - | \$ 56,821 |
| DIAGNOSIS NOT COVERED | \$ 4,988 | \$ 640 |
| NON-COVERED SERVICE | \$ 40,598 | \$ 17,182 |
| SERVICES NOT AUTHORIZED | \$ 78,561 | \$ 67,492 |
| PAST BILLING DEADLINE | \$ 2,142 | \$ 16,529 |
| MCO DENIED AUTH | \$ 9,033 | \$ - |
| INCORRECT PAYER | \$ 16,962 | \$ 9,224 |
| NO PRIMARY EOB | \$ 1,345 | \$ 2,204 |
| SPENDDOWN NOT MET | \$ 192,775 | \$ 12,321 |
| TOTAL | \$ 1,566,910 | \$ 1,049,124 |

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 |
| 12/13/2024 | 30.5 | \$1,216.00 | \$39.87 | 36 | \$1,186.00 | \$32.94 | 66.5 | \$2,402.00 |
| 12/27/2024 | 43 | \$1,653.00 | \$38.44 | 52.75 | \$1,677.00 | \$31.79 | 95.75 | \$3,330.00 |
| 1/10/2025 | 31 | \$1,203.00 | \$38.81 | 14.75 | \$418.00 | \$28.34 | 45.75 | \$1,621.00 |
| Grand Total | 3124.88 | \$128,035.70 | \$40.55 | 1222.83 | \$42,642.17 | \$34.38 | 4347.71 | \$170,677.87 |

RACSB
FY 2025 FINANCIAL REPORT
Fiscal Year: July 1, 2024 through June 30, 2025
Report Period: July 1, 2024 through November 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 | 115,450 | 0.00% | (103,424) | -860% |
| OUTPATIENT (FED) | 3,194,943 | 1,802,223 | 56.41% | 3,194,943 | 1,721,618 | 53.89% | 80,605 | 4% |
| MEDICAL OUTPATIENT (R) (FED) | 4,910,714 | 1,642,137 | 33.44% | 4,910,714 | 1,993,989 | 40.60% | (351,853) | -21% |
| ACT NORTH (R) | 1,009,186 | 366,552 | 36.32% | 1,009,186 | 488,480 | 48.40% | (121,928) | -33% |
| ACT SOUTH (R) | 969,616 | 492,084 | 50.75% | 969,616 | 481,979 | 49.71% | 10,105 | 2% |
| CASE MANAGEMENT ADULT (FED) | 1,196,606 | 491,409 | 41.07% | 1,196,606 | 613,156 | 51.24% | (121,746) | -25% |
| CASE MANAGEMENT CHILD & ADOLESCENT (FED) | 929,321 | 416,424 | 44.81% | 929,321 | 506,769 | 54.53% | (90,344) | -22% |
| PSY REHAB & KENMORE EMP SER (R) (FED) | 776,442 | 296,759 | 38.22% | 776,442 | 400,892 | 51.63% | (104,133) | -35% |
| PERMANENT SUPPORTIVE HOUSING (R) | 3,265,491 | 3,977,818 | 121.81% | 3,265,491 | 1,023,767 | 31.35% | 2,954,052 | 74% |
| CRISIS STABILIZATION (R) | 2,789,414 | 1,499,279 | 53.75% | 2,789,414 | 1,188,164 | 42.60% | 311,115 | 21% |
| SUPERVISED RESIDENTIAL | 622,585 | 351,928 | 56.53% | 622,585 | 295,933 | 47.53% | 55,995 | 16% |
| SUPPORTED RESIDENTIAL | 869,009 | 427,414 | 49.18% | 869,009 | 525,206 | 60.44% | (97,791) | -23% |
| JAIL DIVERSION GRANT (R) | 94,043 | 52,832 | 56.18% | 94,043 | 49,993 | 53.16% | 2,840 | 5% |
| JAIL & DETENTION SERVICES | 675,354 | 272,825 | 40.40% | 675,354 | 336,313 | 49.80% | (63,488) | -23% |
| SUB-TOTAL | 21,302,725 | 12,101,711 | 57% | 21,302,725 | 9,741,708 | 46% | 2,360,004 | 20% |

DEVELOPMENTAL SERVICES

| PROGRAM | REVENUE | | | EXPENDITURES | | | ACTUAL VARIANCE | VARIANCE / REVENUE |
|------------------------------|-------------------|-------------------|---------------|-------------------|-------------------|---------------|--------------------|-----------------------|
| | BUDGET FY 2025 | ACTUAL YTD | % | BUDGET FY 2025 | ACTUAL YTD | % | | |
| CASE MANAGEMENT | 4,204,751 | 1,591,250 | 37.84% | 4,204,751 | 2,124,817 | 50.53% | (533,567) | -34% |
| DAY HEALTH & REHAB * | 5,313,080 | 2,150,722 | 40.48% | 5,313,080 | 2,722,096 | 51.23% | (571,374) | -27% |
| GROUP HOMES | 6,851,462 | 2,955,534 | 43.14% | 6,851,462 | 3,119,613 | 45.53% | (164,079) | -6% |
| RESPIRE GROUP HOME | 653,469 | 124,327 | 19.03% | 653,469 | 348,202 | 53.29% | (223,875) | -180% |
| INTERMEDIATE CARE FACILITIES | 4,788,336 | 2,448,032 | 51.12% | 4,788,336 | 2,424,051 | 50.62% | 23,981 | 1% |
| SUPERVISED APARTMENTS | 1,932,464 | 1,204,892 | 62.35% | 1,932,464 | 848,708 | 43.92% | 356,184 | 30% |
| SPONSORED PLACEMENTS | 1,943,190 | 1,034,246 | 53.22% | 1,943,190 | 1,087,774 | 55.98% | (53,528) | -5% |
| SUB-TOTAL | 25,686,752 | 11,509,004 | 44.81% | 25,686,752 | 12,675,262 | 49.35% | (1,166,258) | -10% |

(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 November 30, 2024
SUBSTANCE ABUSE

| PROGRAM | REVENUE | | | EXPENDITURES | | | ACTUAL VARIANCE | VARIANCE / REVENUE |
|-----------------------------|-------------------|------------------|------------|-------------------|------------------|------------|--------------------|-----------------------|
| | BUDGET FY 2025 | ACTUAL YTD | % | BUDGET FY 2025 | ACTUAL YTD | % | | |
| SA OUTPATIENT (R) (FED) | 1,544,604 | 535,527 | 34.67% | 1,544,604 | 610,197 | 39.51% | (74,670) | -14% |
| MAT PROGRAM (R) (FED) | 814,953 | 936,759 | 114.95% | 814,953 | 572,766 | 70.28% | 363,993 | 39% |
| CASE MANAGEMENT (R) (FED) | 239,631 | 101,634 | 42.41% | 239,631 | 69,165 | 28.86% | 32,469 | 32% |
| RESIDENTIAL (R) | 69,049 | 13,300 | 19.26% | 69,049 | 37,294 | 54.01% | (23,994) | -180% |
| PREVENTION (R) (FED) | 634,155 | 225,196 | 35.51% | 634,155 | 288,071 | 45.43% | (62,876) | -28% |
| LINK (R) (FED) | 274,980 | 102,349 | 37.22% | 274,980 | 132,662 | 48.24% | (30,313) | -30% |
| SUB-TOTAL | 3,577,371 | 1,914,765 | 54% | 2,032,767 | 1,710,156 | 84% | 279,279 | 15% |

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 | 1,125,150 | 55.90% | 2,012,744 | 842,572 | 41.86% | 282,578 | 25% |
| CHILD MOBILE CRISIS (R) | 376,212 | 21 | 0.01% | 376,212 | 118,080 | 31.39% | (118,059) | -562186% |
| CIT ASSESSMENT SITE (R) | 391,306 | 219,996 | 56.22% | 391,306 | 181,891 | 46.48% | 38,105 | 17% |
| CONSUMER MONITORING (R) (FED) | 133,656 | 42,242 | 31.60% | 133,656 | 183,074 | 136.97% | (140,833) | -333% |
| ASSESSMENT AND EVALUATION (R) | 448,026 | 193,419 | 43.17% | 448,026 | 193,553 | 43.20% | (134) | 0% |
| SUB-TOTAL | 3,361,944 | 1,580,828 | 47.02% | 3,361,944 | 1,519,169 | 45.19% | 61,658 | 4% |

ADMINISTRATION

| PROGRAM | REVENUE | | | EXPENDITURES | | | ACTUAL VARIANCE |
|-----------------------|-------------------|----------------|----------------|-------------------|----------------|----------------|--------------------|
| | BUDGET FY 2025 | ACTUAL YTD | % | BUDGET FY 2025 | ACTUAL YTD | % | |
| ADMINISTRATION (FED) | 470,080 | 593,290 | 126.21% | 470,080 | 593,519 | 126.26% | (229) |
| PROGRAM SUPPORT | 27,600 | 11,500 | 41.67% | 27,600 | 11,500 | 41.67% | 0 |
| SUB-TOTAL | 497,680 | 604,790 | 121.52% | 497,680 | 605,019 | 121.57% | (229) |
| 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 November 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 | 995,031 | 52.86% | 1,882,348 | 729,314 | 38.74% | 265,716 | 27% |
| INFANT CASE MANAGEMENT (R) | 998,791 | 347,532 | 34.80% | 998,791 | 474,599 | 47.52% | (127,067) | -37% |
| EARLY INTERVENTION (R) | 2,567,207 | 894,323 | 34.84% | 2,567,207 | 1,365,056 | 53.17% | (470,733) | -53% |
| TOTAL PART C | 5,448,346 | 2,236,886 | 41.06% | 5,448,346 | 2,568,969 | 47.15% | (332,083) | -15% |
| HEALTHY FAMILIES (R) | 141,386 | 92,096 | 65.14% | 141,386 | 19,090 | 13.50% | 73,006 | 79% |
| HEALTHY FAMILIES - MIECHV Grant (R) (REIM) | 340,846 | 208,385 | 61.14% | 340,846 | 200,017 | 58.68% | 8,369 | 4% |
| HEALTHY FAMILIES-TANF & CBCAP GRANT (R) (REIM) | 528,690 | 323,503 | 61.19% | 528,690 | 311,457 | 58.91% | 12,046 | 4% |
| TOTAL HEALTHY FAMILY | 1,010,921 | 623,985 | 61.72% | 1,010,921 | 530,564 | 52.48% | 93,421 | 15% |

(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 November 30, 2024

RECAP FY 2025 BALANCES

| | <u>REVENUE</u> | <u>EXPENDITURES</u> | <u>NET</u> | <u>NET / REVENUE</u> |
|-------------------------------|-------------------|---------------------|------------------|----------------------|
| MENTAL HEALTH | 12,101,711 | 9,785,434 | 2,316,277 | 19% |
| DEVELOPMENTAL SERVICES | 11,509,004 | 12,675,262 | (1,166,258) | -10% |
| SUBSTANCE ABUSE | 1,914,765 | 1,710,156 | 204,609 | 11% |
| SERVICES OUTSIDE PROGRAM AREA | 1,580,828 | 1,519,169 | 61,658 | 4% |
| ADMINISTRATION | 604,790 | 605,019 | (229) | 0% |
| FISCAL AGENT PROGRAMS | 2,860,871 | 3,099,533 | (238,662) | -8% |
| TOTAL | 30,571,969 | 29,394,574 | 1,177,395 | 4% |

RECAP FY 2024 BALANCES

| | <u>REVENUE</u> | <u>EXPENDITURES</u> | <u>NET</u> | <u>NET / REVENUE</u> |
|-------------------------------|-------------------|---------------------|------------------|----------------------|
| MENTAL HEALTH | 8,514,903 | 6,460,936 | 2,053,967 | 24% |
| DEVELOPMENTAL SERVICES | 9,995,726 | 8,483,916 | 1,511,810 | 15% |
| SUBSTANCE ABUSE | 934,588 | 1,360,756 | (426,168) | -46% |
| SERVICES OUTSIDE PROGRAM AREA | 1,348,459 | 881,768 | 466,691 | 35% |
| ADMINISTRATION | 352,559 | 352,559 | 0 | 0% |
| FISCAL AGENT PROGRAMS | 2,526,729 | 2,019,750 | 506,980 | 20% |
| TOTAL | 23,672,963 | 19,559,684 | 4,113,279 | 17% |

| | <u>\$ Change</u> | <u>% Change</u> |
|--------------------------------------|------------------|-----------------|
| Change in Revenue from Prior Year | \$ 6,899,006 | 29.14% |
| Change in Expense from Prior Year | \$ 9,834,890 | 50.28% |
| Change in Net Income from Prior Year | \$ (2,935,884) | -71.38% |

*Unaudited Report

RACSB
FY 2025 FINANCIAL REPORT
Fiscal Year: July 1, 2024 through June 30, 2025
Report Period: July 1, 2024 through December 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 | 126,450 | 0.00% | (114,424) | -951% |
| OUTPATIENT (FED) | 3,194,943 | 2,048,453 | 64.12% | 3,194,943 | 2,029,823 | 63.53% | 18,631 | 1% |
| MEDICAL OUTPATIENT (R) (FED) | 4,910,714 | 1,860,022 | 37.88% | 4,910,714 | 2,361,307 | 48.08% | (501,285) | -27% |
| ACT NORTH (R) | 1,009,186 | 446,124 | 44.21% | 1,009,186 | 572,270 | 56.71% | (126,147) | -28% |
| ACT SOUTH (R) | 969,616 | 579,487 | 59.76% | 969,616 | 555,375 | 57.28% | 24,111 | 4% |
| CASE MANAGEMENT ADULT (FED) | 1,196,606 | 608,987 | 50.89% | 1,196,606 | 723,072 | 60.43% | (114,085) | -19% |
| CASE MANAGEMENT CHILD & ADOLESCENT (FED) | 929,321 | 503,724 | 54.20% | 929,321 | 595,838 | 64.12% | (92,114) | -18% |
| PSY REHAB & KENMORE EMP SER (R) (FED) | 776,442 | 454,110 | 58.49% | 776,442 | 476,544 | 61.38% | (22,434) | -5% |
| PERMANENT SUPPORTIVE HOUSING (R) | 3,265,491 | 4,254,302 | 130.28% | 3,265,491 | 1,299,849 | 39.81% | 2,954,453 | 69% |
| CRISIS STABILIZATION (R) | 2,789,414 | 1,688,159 | 60.52% | 2,789,414 | 1,409,735 | 50.54% | 278,424 | 16% |
| SUPERVISED RESIDENTIAL | 622,585 | 388,183 | 62.35% | 622,585 | 346,520 | 55.66% | 41,664 | 11% |
| SUPPORTED RESIDENTIAL | 869,009 | 510,034 | 58.69% | 869,009 | 617,870 | 71.10% | (107,836) | -21% |
| JAIL DIVERSION GRANT (R) | 94,043 | 60,669 | 64.51% | 94,043 | 51,083 | 54.32% | 9,586 | 16% |
| JAIL & DETENTION SERVICES | 675,354 | 301,285 | 44.61% | 675,354 | 399,116 | 59.10% | (97,831) | -32% |
| SUB-TOTAL | 21,302,725 | 13,715,565 | 64% | 21,302,725 | 11,564,853 | 54% | 2,150,712 | 16% |

DEVELOPMENTAL SERVICES

| PROGRAM | REVENUE | | | EXPENDITURES | | | ACTUAL VARIANCE | VARIANCE / REVENUE |
|------------------------------|-------------------|-------------------|---------------|-------------------|-------------------|---------------|--------------------|-----------------------|
| | BUDGET FY 2025 | ACTUAL YTD | % | BUDGET FY 2025 | ACTUAL YTD | % | | |
| CASE MANAGEMENT | 4,204,751 | 1,930,424 | 45.91% | 4,204,751 | 2,526,734 | 60.09% | (596,310) | -31% |
| DAY HEALTH & REHAB * | 5,313,080 | 2,578,996 | 48.54% | 5,313,080 | 3,220,433 | 60.61% | (641,436) | -25% |
| GROUP HOMES | 6,851,462 | 3,636,979 | 53.08% | 6,851,462 | 3,703,239 | 54.05% | (66,259) | -2% |
| RESPIRE GROUP HOME | 653,469 | 152,317 | 23.31% | 653,469 | 403,885 | 61.81% | (251,568) | -165% |
| INTERMEDIATE CARE FACILITIES | 4,788,336 | 2,938,222 | 61.36% | 4,788,336 | 2,888,067 | 60.31% | 50,155 | 2% |
| SUPERVISED APARTMENTS | 1,932,464 | 1,538,716 | 79.62% | 1,932,464 | 1,009,663 | 52.25% | 529,053 | 34% |
| SPONSORED PLACEMENTS | 1,943,190 | 1,241,779 | 63.90% | 1,943,190 | 1,141,585 | 58.75% | 100,194 | 8% |
| SUB-TOTAL | 25,686,752 | 14,017,433 | 54.57% | 25,686,752 | 14,893,604 | 57.98% | (876,171) | -6% |

(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 December 31, 2024
SUBSTANCE ABUSE

| PROGRAM | REVENUE | | | EXPENDITURES | | | ACTUAL VARIANCE | VARIANCE / REVENUE |
|-----------------------------|-------------------|------------------|------------|-------------------|------------------|-------------|--------------------|-----------------------|
| | BUDGET FY 2025 | ACTUAL YTD | % | BUDGET FY 2025 | ACTUAL YTD | % | | |
| SA OUTPATIENT (R) (FED) | 1,544,604 | 662,736 | 42.91% | 1,544,604 | 715,721 | 46.34% | (52,985) | -8% |
| MAT PROGRAM (R) (FED) | 814,953 | 969,409 | 118.95% | 814,953 | 700,241 | 85.92% | 269,168 | 28% |
| CASE MANAGEMENT (R) (FED) | 239,631 | 127,721 | 53.30% | 239,631 | 81,223 | 33.90% | 46,498 | 36% |
| RESIDENTIAL (R) | 69,049 | 15,960 | 23.11% | 69,049 | 70,719 | 102.42% | (54,759) | -343% |
| PREVENTION (R) (FED) | 634,155 | 433,965 | 68.43% | 634,155 | 353,869 | 55.80% | 80,096 | 18% |
| LINK (R) (FED) | 274,980 | 137,079 | 49.85% | 274,980 | 157,712 | 57.35% | (20,633) | -15% |
| SUB-TOTAL | 3,577,371 | 2,346,870 | 66% | 2,032,767 | 2,079,485 | 102% | 320,370 | 14% |

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 | 1,273,367 | 63.27% | 2,012,744 | 989,646 | 49.17% | 283,722 | 22% |
| CHILD MOBILE CRISIS (R) | 376,212 | 5,015 | 1.33% | 376,212 | 142,619 | 37.91% | (137,604) | -2744% |
| CIT ASSESSMENT SITE (R) | 391,306 | 244,285 | 62.43% | 391,306 | 201,085 | 51.39% | 43,200 | 18% |
| CONSUMER MONITORING (R) (FED) | 133,656 | 42,242 | 31.60% | 133,656 | 229,198 | 171.48% | (186,957) | -443% |
| ASSESSMENT AND EVALUATION (R) | 448,026 | 249,027 | 55.58% | 448,026 | 225,342 | 50.30% | 23,685 | 10% |
| SUB-TOTAL | 3,361,944 | 1,813,936 | 53.95% | 3,361,944 | 1,787,890 | 53.18% | 26,047 | 1% |

ADMINISTRATION

| PROGRAM | REVENUE | | | EXPENDITURES | | | ACTUAL VARIANCE |
|-----------------------|-------------------|----------------|----------------|-------------------|----------------|----------------|--------------------|
| | BUDGET FY 2025 | ACTUAL YTD | % | BUDGET FY 2025 | ACTUAL YTD | % | |
| ADMINISTRATION (FED) | 470,080 | 649,215 | 138.11% | 470,080 | 649,444 | 138.16% | (229) |
| PROGRAM SUPPORT | 27,600 | 13,800 | 50.00% | 27,600 | 13,800 | 50.00% | 0 |
| SUB-TOTAL | 497,680 | 663,015 | 133.22% | 497,680 | 663,244 | 133.27% | (229) |
| 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 December 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 | 1,149,957 | 61.09% | 1,882,348 | 843,690 | 44.82% | 306,267 | 27% |
| INFANT CASE MANAGEMENT (R) | 998,791 | 393,412 | 39.39% | 998,791 | 565,108 | 56.58% | (171,696) | -44% |
| EARLY INTERVENTION (R) | 2,567,207 | 1,078,589 | 42.01% | 2,567,207 | 1,610,662 | 62.74% | (532,072) | -49% |
| TOTAL PART C | 5,448,346 | 2,621,959 | 48.12% | 5,448,346 | 3,019,459 | 55.42% | (397,501) | -15% |
| HEALTHY FAMILIES (R) | 141,386 | 107,820 | 76.26% | 141,386 | 26,045 | 18.42% | 81,775 | 76% |
| HEALTHY FAMILIES - MIECHV Grant (R) (REIM) | 340,846 | 216,364 | 63.48% | 340,846 | 237,794 | 69.77% | (21,430) | -10% |
| HEALTHY FAMILIES-TANF & CBCAP GRANT (R) (REIM) | 528,690 | 323,503 | 61.19% | 528,690 | 369,350 | 69.86% | (45,846) | -14% |
| TOTAL HEALTHY FAMILY | 1,010,921 | 647,687 | 64.07% | 1,010,921 | 633,189 | 62.63% | 14,498 | 2% |

(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 December 31, 2024

RECAP FY 2025 BALANCES

| | <u>REVENUE</u> | <u>EXPENDITURES</u> | <u>NET</u> | <u>NET / REVENUE</u> |
|-------------------------------|-------------------|---------------------|------------------|----------------------|
| MENTAL HEALTH | 13,715,565 | 11,608,580 | 2,106,986 | 15% |
| DEVELOPMENTAL SERVICES | 14,017,433 | 14,893,604 | (876,171) | -6% |
| SUBSTANCE ABUSE | 2,346,870 | 2,079,485 | 267,385 | 11% |
| SERVICES OUTSIDE PROGRAM AREA | 1,813,936 | 1,787,890 | 26,047 | 1% |
| ADMINISTRATION | 663,015 | 663,244 | (229) | 0% |
| FISCAL AGENT PROGRAMS | 3,269,646 | 3,652,648 | (383,002) | -12% |
| TOTAL | 35,826,465 | 34,685,451 | 1,141,015 | 3% |

RECAP FY 2024 BALANCES

| | <u>REVENUE</u> | <u>EXPENDITURES</u> | <u>NET</u> | <u>NET / REVENUE</u> |
|-------------------------------|-------------------|---------------------|------------------|----------------------|
| MENTAL HEALTH | 9,759,145 | 8,262,390 | 1,496,754 | 15% |
| DEVELOPMENTAL SERVICES | 11,737,625 | 10,666,341 | 1,071,284 | 9% |
| SUBSTANCE ABUSE | 1,482,538 | 1,689,440 | (206,902) | -14% |
| SERVICES OUTSIDE PROGRAM AREA | 1,583,801 | 1,136,481 | 447,320 | 28% |
| ADMINISTRATION | 355,680 | 355,680 | 0 | 0% |
| FISCAL AGENT PROGRAMS | 2,822,739 | 2,484,024 | 338,715 | 12% |
| TOTAL | 27,741,528 | 24,594,357 | 3,147,171 | 11% |

| | <u>\$ Change</u> | <u>% Change</u> |
|--------------------------------------|------------------|-----------------|
| Change in Revenue from Prior Year | \$ 8,084,937 | 29.14% |
| Change in Expense from Prior Year | \$ 10,091,095 | 41.03% |
| Change in Net Income from Prior Year | \$ (2,006,156) | -63.74% |

*Unaudited Report

RAPPAHANNOCK AREA

COMMUNITY SERVICES BOARD

MEMORANDUM

To: Joe Wickens, Executive Director

From: Sara Keeler, Director of Finance and Administration

Date: January 16, 2025

Re: Proposed revision to Employee Handbook and Financial Policy 7.11 Travel

Reimbursement rates for staff meals have remained unchanged for many years and no longer reflect the true cost staff are incurring within the scope of their duties on behalf of RACSB. The current policy states the rates will be made in accordance with the per diem rates established by RACSB. The current per diem rates are \$12 for Breakfast, \$14 for Lunch, and \$20 for Dinner.

Recommendation for Board Approval:

Revise the Employee Handbook policy to allow the per diem rates to adjust in accordance with the U.S. General Services Administration (GSA) established rates for our catchment area. This change would allow the rate to adjust with the GSA rate each year, removing the need to re-evaluate the rate for potential needed changes. The current GSA rates for our catchment area for 2025 are \$16 for Breakfast, \$19 for Lunch, and \$28 for Dinner. Further, this aligns with RACSB policy regarding mileage reimbursement which adjusts based on Internal Revenue Service rates.

7.11 TRAVEL AND MEAL REIMBURSEMENT

All employees who incur travel and/or meal expenses in the course of their employment must keep a detailed account record in order to be reimbursed for actual approved expenses. Employees are expected to exercise appropriate prudence in incurring travel expenses. Expenses judged by the Executive Director to be unreasonable may be disallowed.

Out of service area approved expenses incurred by employees in the course of their employment, including lodging, travel expenses, conference fees, and other reasonable and proper expenses will be reimbursed at the actual cost. Meals and mileage are reimbursed as set forth below.

Reimbursement for meals when purchased out of service area within the scope of duties will be made in accordance with the per diem rate established by ~~RACSB~~ **U.S. General Services Administration (GSA) for the catchment area of RACSB**, unless meals are provided by the presenter. **These rates can be found by visiting <https://www.gsa.gov>. This allowance will be periodically adjusted to reflect approved changes.** Generally, for one day trips, only lunch is reimbursable. Other meals are reimbursable only when overnight travel is involved.

Meals included with the registration fee of an event will not be additionally reimbursed. Meal charges required as part of an event with a fee separate from the registration will be reimbursed at cost, not to exceed the per diem rate. ~~No reimbursement will be made for meals purchased in the service area, unless training is outside of business hours and meals are not provided by the presenter.~~

Mileage allowance, at the rate established by the Internal Revenue Service, will be granted for use of private automobiles for travel, both out-of-service area and in the service area. This rate is also subject to periodic adjustments.

Mileage and travel expenses will be submitted for reimbursement through Company Mileage. Payment for approved expenses will be included in regular bi-weekly pay deposits.

Reimbursement requests for expenses incurred more than ninety (90) days prior to the date the request is submitted will not be paid.

All employees are expected to be prudent in incurring expenses for which they expect to be compensated.

HUMAN RESOURCES PROGRAM UPDATE- December 2024

While things tend to slow down during the December holidays, the HR team was kept busy! Some of our December highlights are below;

- Completed the Germanna BHT Intern selection process for the January 2025 cohort.
- Onboarded 14 new Hopestarters through the New Employee Orientation process.
- Made ~ 30 job offers for future orientations.
- Assisted the agency through mid-year evaluations.
- Attended a GoVA Region 6 workforce meeting.



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: January 16, 2025
Re: Inclement Weather Policy update

The Executive Leadership Team reviewed policy 7.4, Inclement Weather, and found that it needed to be updated. The goal of this update was to simplify the policy so that the process was clear and to make clear how employees would be compensated during a closure due to inclement weather.

I have attached the marked-up copy of the policy below, along with a clean copy of the proposed updated policy.

The Executive Leadership Team recommends that the Board of Directors approve the updated policy.

7.4 INCLEMENT WEATHER

During inclement weather, the decision to close any or all of Rappahannock Area Community Services Board (RACSB) programs and/or buildings shall be made by the Executive Director or their designee.

A. A. Weather event during the night or over a weekend: The Executive Director will make the determination on whether to close the offices and information on any closings or delayed openings will appear on submit the information to Fredericksburg.com, for inclusion on RACSB's website, RACSB's Facebook page, on the employee intranet and for broadcast on the radio station of WBQB (101.5).

Each employee will be responsible for referring to the aforementioned website or radio station in the evening or the following morning for an official announcement that the office will be closed on closing or delays due to the weather.

If there is no announcement stating that a program(s) of RACSB Rappahannock Area Community Services Board is closed, the office programs will be open and employees will be expected to report to work at their usual starting time. If an announcement is made that the agency has a delayed opening, the employees will be expected to report for work at the time indicated in the announcement.

Each succeeding day of a closure due to a weather event, the Executive Director will follow the same procedure as above. The Executive Director, or designee, will follow the same procedure each succeeding day of a weather event. If the office is officially open and an employee is still unable to get to work because of adverse weather conditions, the employee may charge the time absent to Annual/PTO leave, or if Annual/PTO leave is not available, to leave without pay.

Any employee unable to report to work due to adverse weather conditions must call his/her supervisor within thirty (30) minutes of the employee's normal beginning time for work.

B. Weather event during the workday: If a weather event begins during a workday, the Executive Director or his/her designee will make one of the following determinations:

Officially close the office (partial or full day). Employees who have the capability to telework will be expected to telework. In such circumstances where employees are NOT able to work or telework, the (full-time) employee will be required to charge the number of hours absent against paid leave balances.

C. Employee Compensation during inclement weather time policy: Hours that the agency program(s) of RACSB is are officially closed due to inclement weather will be counted as hours worked for all full-time employees and inclement weather leave may be used. Part-time, temporary, and non-graded PRN employees along with contractors and temporary support, will not be paid for the hours that the agency is closed.

If a program(s) of RACSB is officially open and an employee is still unable to get to work because of adverse weather conditions, the employee may charge the time absent to Annual or Family/Personal Leave or, if Annual or Family/Personal leave is not available, to Leave Without Pay.

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If a full-time employee is scheduled to be on leave (sick, family/personal, floating holiday or annual) on a day that the agency is officially closed, the employee will remain on the respective leave status for the number of hours scheduled to be on leave.

If the office is officially open and an employee is still unable to get to work because of adverse weather conditions, the employee may charge the time absent to Annual/PTO leave, or if Annual/PTO leave is not available, to leave without pay. Any employee unable to report to work due to adverse weather conditions must call his/her supervisor within thirty (30) minutes of the employee's normal beginning time for work.

CD. *Makeup days:* Should the agency be closed for more than three (3) full days within a fiscal year due to inclement weather, the decision to ~~makeup~~ make those days up will be at the discretion of the Executive Director. Potential makeup days shall include single-day holidays, s. Should ~~these~~ these be insufficient, Saturdays will be considered.

DE. *Emergency Services, 24-hour services, Maintenance, and Residential program employees crew:* On days when the agency is closed, the full-time Emergency Services therapists will be available to respond to mental health emergencies. The Emergency Services Coordinator will develop and maintain a schedule so that the shift between 8:00 a.m. and 7:00 p.m. is distributed equitably among all full-time Emergency Services therapists, and all involved therapists will remain aware of this schedule in anticipation of adverse weather. The regularly scheduled After-Hours Emergency Therapist will be responsible for responding to mental health emergencies that occur after 7:00 p.m., with the Coordinator providing assistance as needed. It shall be the responsibility of the Clinical Services Director to insure that the emergency crew is aDue to the nature of the services provided, all staff of these programs will report as scheduled even during inclement weather. During inclement weather events, employees should be prepared to stay onsite until relief arrives. available.

If a full-time employee is scheduled to be on leave (sick, family/personal, or annual) on a day that the agency is officially closed, the employee will remain on the respective leave status for the number of hours the office is closed or the number of hours scheduled to be on leave whichever is less.

EF. *Informing individuals receiving services:* It is the responsibility of the ~~respective impacted Division Directors~~ programs to inform the individuals receiving services in their programs, after notification/~~authorization~~ authorization of the Executive Director, of our inclement weather policy and program(s) and/or building(s) closures. The ~~respective impacted Division Director~~ programs will reschedule appointments and/or group meetings, which are canceled due to offices closing.

EG. *Notification of media:* No Community Services Board employee, other than the Executive Director or ~~his/her~~ their designee, shall inform the media (radio, newspaper, etc.) of closure due to inclement weather.

H. *County clinics:* County clinics will follow the same inclement weather procedure as the central office. Should extremely unusual circumstances occur and the Executive Director or his/her designee decide to close the county offices while the central office remains open, personnel normally assigned to the county clinics will report to work at the central office. Employees who have full-time responsibility at the county clinic involved will be granted leave for the period of time that the clinic is closed.

7.4 INCLEMENT WEATHER

During inclement weather, the decision to close any or all of Rappahannock Area Community Services Board (RACSB) programs and/or buildings shall be made by the Executive Director or their designee.

- A. Information on any closings or delayed openings will appear on Fredericksburg.com, RACSB's website, RACSB's Facebook page, and broadcast on the radio station WBQB (101.5).

Each employee will be responsible for referring to the aforementioned website or radio station in the evening or the following morning for an official announcement on closing or delays due to the weather.

If there is no announcement stating that a program(s) of RACSB is closed, programs will be open and employees will be expected to report to work at their usual starting time.

The Executive Director, or designee, will follow the same procedure each succeeding day of a weather event.

- B. *Employee Compensation during inclement weather:* Hours that program(s) of RACSB are officially closed due to inclement weather will be counted as hours worked for all full-time employees and inclement weather leave may be used. Part-time and PRN employees along with contractors and temporary support, will not be paid for the hours that the agency is closed.

If a program(s) of RACSB is officially open and an employee is still unable to get to work because of adverse weather conditions, the employee may charge the time absent to Annual or Family/Personal Leave or, if Annual or Family/Personal leave is not available, to Leave Without Pay.

If a full-time employee is scheduled to be on leave (sick, family/personal, floating holiday or annual) on a day that the agency is officially closed, the employee will remain on the respective leave status for the number of hours scheduled to be on leave.

- C. *Makeup days:* Should the agency be closed for more than three (3) full days within a fiscal year due to inclement weather, the decision to make those days up will be at the discretion of the Executive Director. Potential makeup days shall include single-day holidays, should these be insufficient, Saturdays will be considered.
- D. *Emergency Services, 24-hour services, Maintenance, and Residential program employees:* Due to the nature of the services provided, all staff of these programs will report as scheduled even during inclement weather. During inclement weather events, employees should be prepared to stay onsite until relief arrives.
- E. *Informing individuals receiving services:* It is the responsibility of the impacted programs to inform the individuals receiving services in their programs, after notification/authorization of the Executive Director, of our inclement weather policy and program(s) and/or building(s) closures. The impacted programs will reschedule appointments and/or group meetings.
- F. *Notification of media:* No Community Services Board employee, other than the Executive Director or their designee, shall inform the media (radio, newspaper, etc.) of closure due to inclement weather.

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: January 16, 2025

Re: Summary – December 2024 Applicant and Recruitment Update

For the month of December 2024, RACSB received 306 applications.

Of the applications received, 53 applicants listed the RACSB applicant portal as their recruitment source, 39 stated employee referrals as their recruitment source and 214 listed job boards as their recruitment source.

At the end of December, there are currently 34 open positions, 27 full-time and 7 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 December 2024.

APPLICANT DATA REPORT

RACSB FY 2025

| APPLICANT DATA | Jul-24 | Aug-24 | Sep-24 | Oct-24 | Nov-24 | Dec-24 | Jan-25 | Feb-25 | Mar-25 | Apr-25 | May-25 | Jun-25 |
|----------------------------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| Female | 727 | 338 | 373 | 402 | 340 | 150 | | | | | | |
| Male | 128 | 93 | 128 | 154 | 106 | 37 | | | | | | |
| Not Supplied | 372 | 294 | 299 | 313 | 258 | 119 | | | | | | |
| Total | 1227 | 725 | 800 | 869 | 704 | 306 | | | | | | |
| ETHNICITY | | | | | | | | | | | | |
| Caucasian | 254 | 140 | 155 | 172 | 128 | 40 | | | | | | |
| African American | 405 | 193 | 227 | 256 | 226 | 111 | | | | | | |
| Hispanic | 67 | 26 | 32 | 34 | 25 | 6 | | | | | | |
| Asian | 20 | 15 | 16 | 18 | 16 | 6 | | | | | | |
| American Indian | 2 | 2 | 0 | 0 | 4 | 1 | | | | | | |
| Native Hawaiian | 2 | 1 | 1 | 0 | 1 | 0 | | | | | | |
| Two or More Races | 63 | 44 | 51 | 49 | 27 | 16 | | | | | | |
| RECRUITMENT SOURCE | | | | | | | | | | | | |
| Newspaper Ads | | | | | | | | | | | | |
| RACSB Website | 192 | 138 | 171 | 130 | 143 | 53 | | | | | | |
| RACSB Intranet | | | | | | | | | | | | |
| Employee Referrals | 99 | 72 | 91 | 68 | 57 | 39 | | | | | | |
| Radio Ads | | | | | | | | | | | | |
| Job Boards | | | | | | | | | | | | |
| Indeed.com | 861 | 437 | 428 | 567 | 428 | 162 | | | | | | |
| VA Employment Commission | | | | | | | | | | | | |
| Monster.com | | | | | | | | | | | | |
| Other - | 48 | 53 | 75 | 72 | 57 | 47 | | | | | | |
| VA Peer Recovery Specialist Site | | | | | | | | | | | | |
| Colleges/Handshake | | | | | | | | | | | | |
| Facebook | | | | | | | | | | | | |
| Multi Site Search | | | | | | | | | | | | |
| NHSC | | | | | | | | | | | | |
| Linked In | | | | | | | | | | | | |
| Goodwill referral | | | | | | | | | | | | |
| Zip Recruiter | 27 | 25 | 35 | 32 | 19 | 5 | | | | | | |
| Job Fair | | | | | | | | | | | | |
| Total # of Applicants | 1227 | 725 | 800 | 869 | 704 | 306 | | | | | | |

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 | 3 | | | | | | | 26 |
| Full-time | 8 | 14 | 13 | 10 | 6 | 9 | | | | | | | 60 |
| Sub Total External Applicants Hired | 11 | 22 | 22 | 12 | 7 | 12 | | | | | | | 86 |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Internal Applicants Moved: | | | | | | | | | | | | | |
| Part-time to Full-time | | | | | 3 | 2 | | | | | | | 5 |
| PRN As Needed to Full-Time | | | | | | | | | | | | | 0 |
| Sub Total Internal Applicant Moves | 0 | 0 | 0 | 0 | 3 | 2 | | | | | | | 5 |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Total Positions Filled: | 11 | 22 | 22 | 12 | 10 | 14 | | | | | | | 91 |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Total Applications Received: | | | | | | | | | | | | | |
| Actual Total of Applicants: | 1227 | 725 | 800 | 869 | 704 | 306 | | | | | | | 4631 |
| Total External Offers Made: | 11 | 22 | 22 | 12 | 7 | 12 | | | | | | | 86 |
| Total Internal Offers Made: | 0 | 0 | 0 | 0 | 3 | 2 | | | | | | | 0 |

| Open Positions Report | | | 12/30/2024 | | | | |
|-----------------------|-----------------------------------|--------------|---|-----------------|---|-----------|-----------|
| <u>Date</u> | <u>Days position open</u> | <u>Job #</u> | <u>Job Title</u> | <u>Division</u> | <u>Department</u> | <u>FT</u> | <u>PT</u> |
| 12/20/2024 | 10 | 1383380 | Accounting Coordinator | Admin | Finance | 1 | |
| | | | | | 1 | | |
| 10/15/2024 | 76 | 1329539 | Vocational Specialist - ACT | CSS | FBG City CSS | 1 | |
| 8/26/2024 | 126 | 1053566 | Therapist | CSS | FBG City Mental Health Crisis Stabilization | 1 | |
| 8/22/2024 | 130 | 1284004 | ACT Team Coordinator III | CSS | FBG City Mental Health Residential | 1 | |
| 12/12/2024 | 18 | 1376335 | MH Specialist ACT | CSS | FBG City Mental Health Residential | 1 | |
| 10/24/2024 | 67 | 1337708 | MH Residential Counselor | CSS | FBG City Mental Health Residential | 1 | |
| 10/4/2024 | 87 | 1321621 | Peer Recovery Specialist - Crisis Stabilization | CSS | Crisis Stabilization | | 1 |
| 12/20/2024 | 10 | 1381440 | MH Residential Specialist Crisis Stabilization | CSS | Crisis Stabilization | 1 | |
| 12/20/2024 | 10 | 1381456 | MH Residential Specialist Crisis Stabilization | CSS | Crisis Stabilization | 1 | |
| 11/6/2024 | 54 | 1349372 | Developmental Services Support Coordinator - Stafford | CSS | Stafford County Community Support Services | 1 | |
| 11/21/2024 | 39 | 1360866 | Developmental Services Support Coordinator - River Club | CSS | FBG City CSS Services - ID/DD Support Coordination Services | 1 | |
| | | | | | 10 | | |
| 12/7/2023 | 389 | 1053800 | Peer, Family Support - Spotsylvania | Clinical | Spotsylvania Clinical Svcs Child & Adolescent Services | | 1 |
| 2/23/2024 | 311 | 1116531 | Therapist, Emergency Services Mobile Co-Response | Cinical | FBG City Clinical Svcs Emergency Svcs | 1 | |
| 10/21/2024 | 70 | 1334410 | Therapist, Emergency Services | Clinical | FBG City Clinical Svcs ES Coordinator | 1 | |
| 12/12/2024 | 18 | 1376325 | Therapist, Jail Based | Clinical | FBG City Clinical Svcs Substance Abuse Svcs | 1 | |
| 12/1/2022 | 760 | 1053679 | Therapist, SA - Probation and Parole | Clinical | FBG City Clinical Svcs Substance Abuse Svcs | 1 | |
| 7/25/2024 | 158 | 1259220 | Therapist, MHSA Outpatient | Clinical | FBG City Clinical Svcs Outpatient Svcs | 1 | |
| 5/6/2024 | 238 | 1126620 | Psychiatrist | Clinical | FBG City Clinical Svcs Outpatient Svcs | 1 | |
| 8/30/2024 | 122 | 1291460 | CSAC Mobile OBOT | Clinical | FBG City Clinical Svcs Substance Abuse Svcs | 1 | |
| 10/25/2024 | 66 | 1339656 | Peer Recovery Specialist | Clinical | FBG City Clinical Svcs Substance Abuse Svcs | 1 | |
| 1/3/2024 | 362 | 1076741 | Therapist, SA - Women's Services - Fredericksburg | Clinical | FBG City Clinical Svcs Substance Abuse Svcs | 1 | |
| | | | | | 10 | | |
| 11/8/2024 | 52 | 1351769 | Direct Support Professional - Day Support - Kings Highway | CSS | Stafford County CSS Day Health & Rehabilitation Services | 1 | |
| 12/3/2024 | 27 | 1368719 | Direct Support Professional - Day Support - Kings Highway | CSS | Stafford County CSS Day Health & Rehabilitation Services | 1 | |
| 11/8/2024 | 52 | 1351760 | Direct Support Professional - Day Support - Stafford | CSS | Stafford County CSS Day Health & Rehabilitation Services | | 1 |
| | | | | | 3 | | |
| 12/7/2024 | 23 | 1053889 | Nurse, LPN Wolfe Street | CSS | FBG City ID/DD Residential Services | 1 | |
| 12/7/2024 | 23 | 1053891 | Nurse, LPN Wolfe Street | CSS | FBG City ID/DD Residential Services | 1 | |
| 11/6/2024 | 54 | 1349488 | Direct support Professional - Residential ICF - Wolfe | CSS | FBG City ID/DD Residential Services | | 1 |
| 10/29/2024 | 62 | 1341975 | Direct Support Professional - Residential - Ross | CSS | Spotsylvania ID/DD Residential Services | 1 | |
| 12/17/2024 | 13 | 1380188 | Direct Support Professional - Residential - Churchill | CSS | Spotsylvania ID/DD Residential Services | | 1 |
| 12/20/2024 | 10 | 1381485 | Lead Direct Support Professional - Merchant Square | CSS | Spotsylvania ID/DD Residential Services | 1 | |
| 12/17/2024 | 13 | 1380169 | Direct Support Professional - Residential - Galveston | CSS | Stafford ID/DD Residential Services | | 1 |
| 10/17/2024 | 74 | 1332370 | Direct Support Professional - Residential - Piedmont | CSS | ID/DD Residential Services | 1 | |
| 10/25/2024 | 66 | 1339724 | Direct Support Professional - Residential - Piedmont | CSS | Caroline ID/DD Residential Services | | 1 |
| 9/11/2024 | 110 | 1270095 | Direct Support Professional - Residential - Igo | CSS | King George ID/DD Residential Services | 1 | |
| | | | | | 10 | | |
| Avg days open | 111.82 | | | | | 27 | 7 |
| | | | | | | | |
| | | | | | Total Open Positions: | 34 | |
| | | | | | | | |



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

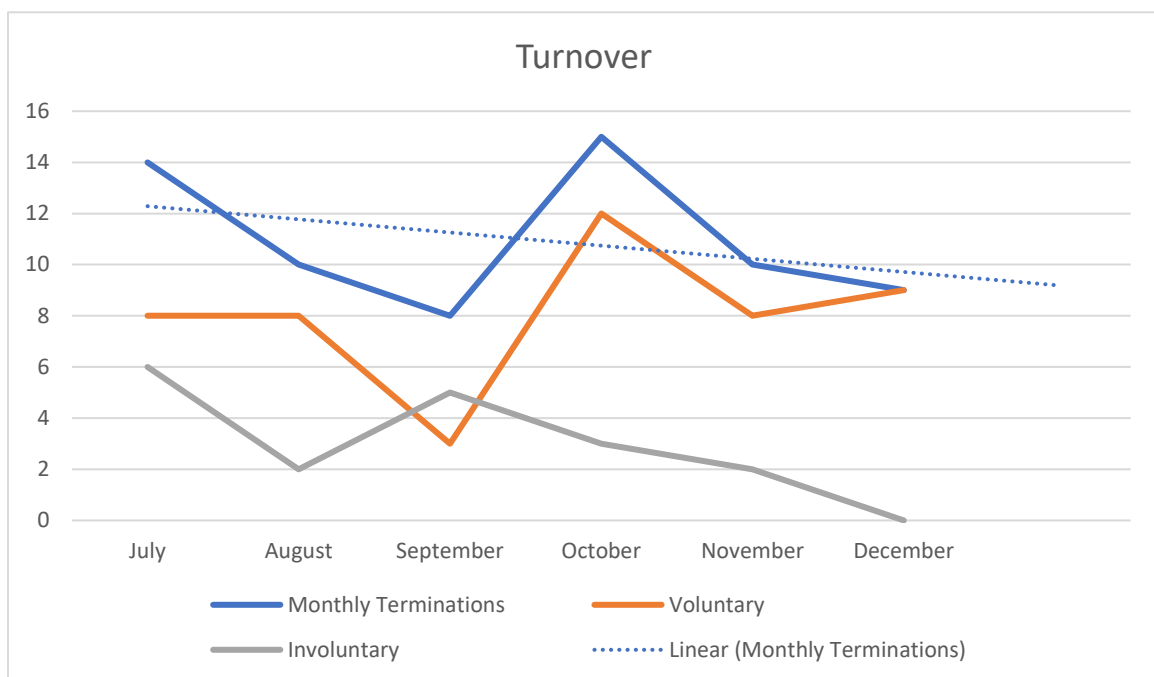
Date: January 16, 2025

Re: Summary – Turnover Report – December 2024

Human Resources processed nine (9) employee separations for December 2024. All nine (9) separations were voluntary.

Reasons for Separations

| | |
|-----------------------------|---|
| Resigned- Vol. | 7 |
| Resigned – Vol – Relocation | 1 |
| Resigned – Vol – Retirement | 1 |



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 | 571 | | | | | | |
| Monthly Terminations* | 14 | 10 | 8 | 15 | 10 | 9 | | | | | | |
| Turnover by Month | 2.45% | 1.75% | 1.36% | 2.56% | 1.75% | 1.58% | | | | | | |
| Cumulative Turnover YTD | 2.45% | 4.19% | 5.54% | 8.11% | 9.87% | 11.45% | | | | | | |
| Average % Turnover per Month YTD | 2.45% | 2.10% | 1.85% | 2.03% | 1.97% | 1.91% | | | | | | |

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

RACSB MONTHLY TURNOVER REPORT
Dec-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 | | 1 | | Resignation |
| | | | | |
| <i>Unit Totals</i> | 1 | 1 | 0 | |
| Community Support Services | | 6 | | Resignation |
| | | 1 | | Retirement |
| | | 1 | | Relocation |
| <i>Unit Totals</i> | 8 | 8 | 0 | |
| | | | | |
| Grand Totals for the Month | 9 | 9 | 0 | |

| | |
|-----------------------------------|--------|
| Total Average Number of Employees | 571 |
| Retention Rate | 98.42% |
| Turnover Rate | 1.58% |
| | |
| Total Separations | 9 |

RACSB DEPUTY EXECUTIVE DIRECTOR REPORT

December 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.
- Negotiated Contract for the Mobile Medication-Assisted Treatment vehicle and met with Stafford County representative for OAA project review.
- The Administrative Policy Committee which works to negotiate changes to the DBHDS Performance Contract has met every two weeks to discuss upcoming changes.
- Began weekly participation in legislation review through VACSB.
- Completed all mid-year performance evaluations under my supervision at that time.
- Attended Youth Mental Health Corps Convening
- Attended small VACSB group to meet with DMAS regarding re-design of Targeted Case Management Services

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 February in preparation for a go-live in March 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 |
| December 2024-777 | 2,096 | 4829 |

To: Joe Wickens, Executive Director

From: Brandie Williams, Deputy Executive Director

Re: New DBHDS Public Dashboard on CSB Data

Date: January 13, 2025

The Rappahannock Area Community Services Board is committed to using data-driven decision-making to improve performance, quality, and demonstrate the value of services. This report will provide an overview of the new DBHDS public dashboard on system-wide CSB data.



Welcome to the DBHDS Community Services Boards Performance Dashboard!

The CSB Performance Dashboard aggregates CSB context and performance data to inform executive-level analysis and decision-making.

Click any data category to explore related CSB performance data.



CSB Profile



Community Need



Finances

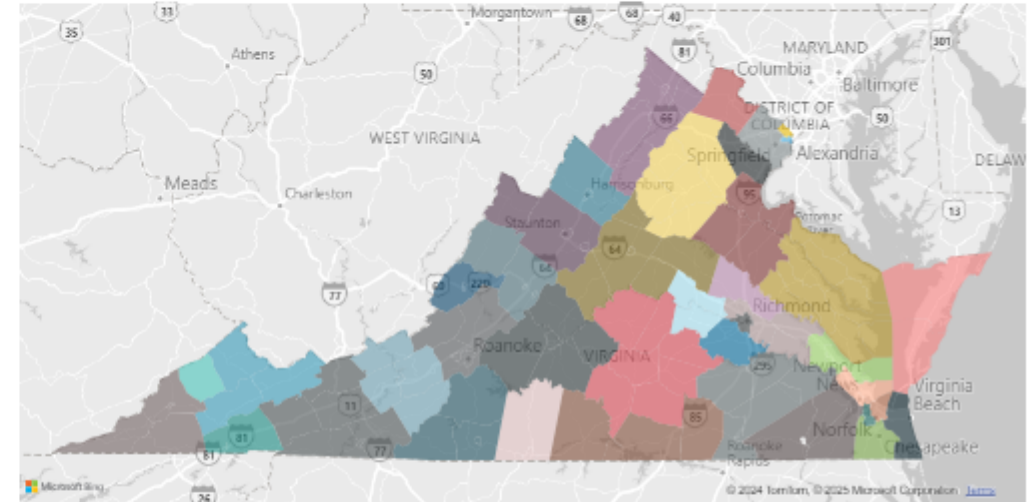


Operations



Program Outcomes

Map of Virginia by CSB Catchment Areas



CSB Background

Beginning in the late 1940s, DBHDS established and operated mental hygiene clinics across the state to provide local mental health services. Eventually, the Department transferred all of its clinics to CSBs. In 1968, the General Assembly enacted Chapter 10 of Title 37.1, the CSB enabling legislation. Arlington and Prince William Counties established the first two CSBs in 1968.

Today, 40 CSBs provide services to individuals in all 133 cities or counties in Virginia. Community Services Boards (CSBs) are by statute the single points of entry into publicly funded mental health, developmental disabilities, and substance use disorder services at numerous locations throughout the Commonwealth.

[Click to Access the Latest Virginia Code Language Regarding CSB Purpose and Services Provided](#)

Home

CSB Profile

Community Need

Finances

Operations

Program Outcomes

Data Filters

Region

All

CSB Peer Group

All

Budget Size

All

Operating / Locality, ...

All

Urban / Rural

All

CSB(s)

Rappahannock Area

☐ Prince William

☒ Rappahannock Area

☐ Region Ten

☐ Richmond

☐ Rockbridge Area

☐ Southside

☐ Valley

Reset Filters

More Information

Help

Overview

CSB Peer Groups

2023

Reporting Year

1

CSBs

73,930

Avg County / City Population (2023)

1,394

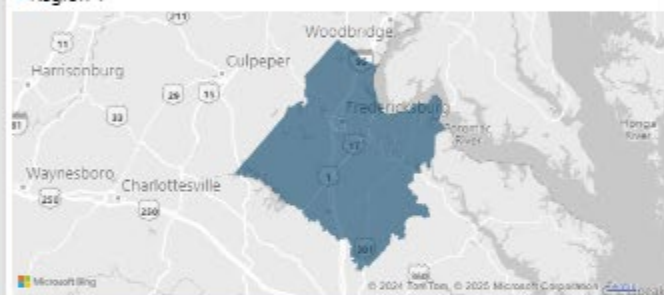
Avg Catchment Area Size (Sq Miles)

278

Avg Catchment Area Density

Regions

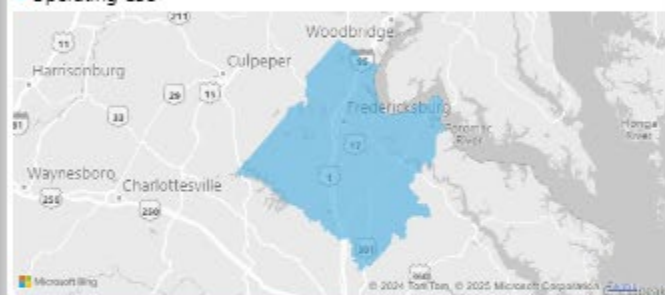
Region 1



Region 1

Organization Type

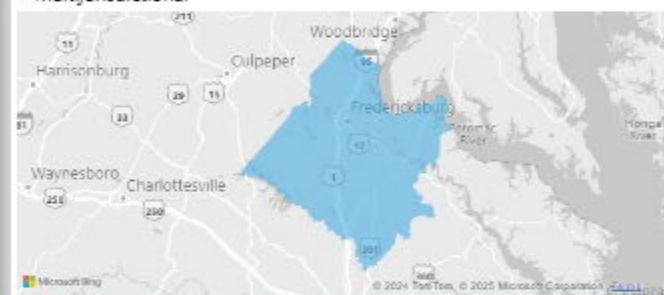
Operating CSB



Operating CSB

Jurisdiction

Multijurisdictional



Multijurisdictional

Budget Size

Large



Large

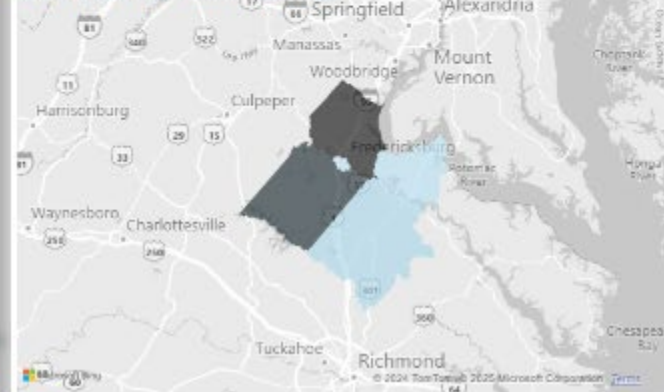
Urban / Rural Distinction

Urban



Urban

County / City Population (2023)



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Region

All

CSB Peer Group

All

Budget Size

All

Operating / Locality, ...

All

Urban / Rural

All

CSB(s)

Rappahannock Area

Reset Filters

More Information

Help

SDOH

79,180

Avg County / City Population (2023)

34

Avg Overdose Deaths per 100K (2022)

2.9%

Avg Unemployment Rate (2022)

\$100,675

Avg Median Household Income (2022)

9.9%

Avg Below Poverty Level (2022)

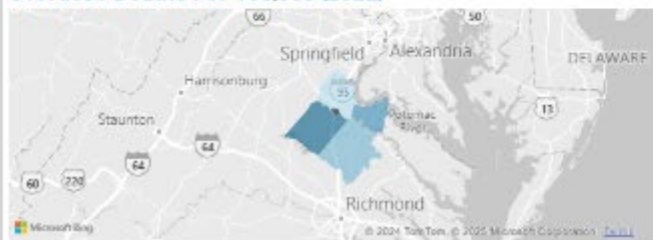
15.0%

Avg Below Poverty Level (Under 18) (2022)

County / City Population (2023)



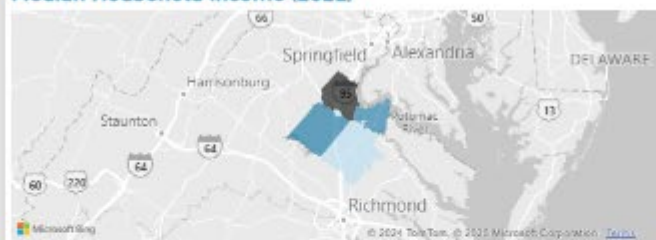
Overdose Deaths Per 100,000 (2022)



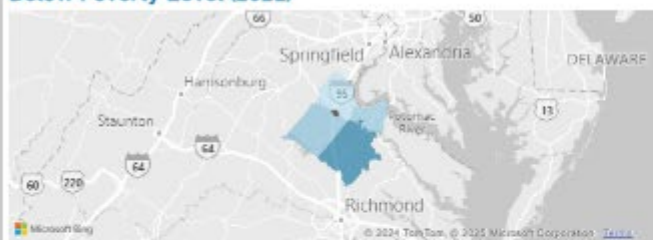
Unemployed Labor Force (2022)



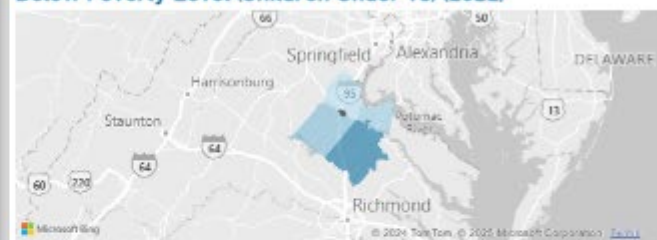
Median Household Income (2022)



Below Poverty Level (2022)



Below Poverty Level (Children Under 18) (2022)



| CSB | Total Catchment Area Population | Avg Overdose Deaths Per 100,000 | Avg Unemployed Labor Force | Avg Median Household Income | Avg Below Poverty Level | Avg Below Poverty Level (Under Age 18) |
|------|---------------------------------|---------------------------------|----------------------------|-----------------------------|-------------------------|--|
| 2015 | 351,469 | | 4.8% | \$73,589 | 9.7% | 13.2% |
| 2016 | 355,965 | | 4.1% | \$74,577 | 9.8% | 13.5% |
| 2017 | 360,597 | | 3.5% | \$77,478 | 9.3% | 13.0% |
| 2018 | 367,230 | 31.88 | 3.2% | \$81,483 | 8.1% | 10.4% |
| 2019 | 374,128 | 21.50 | 2.7% | \$84,951 | 8.2% | 10.5% |
| 2020 | 383,455 | 37.50 | 3.0% | \$87,460 | 8.0% | 10.5% |
| 2021 | 387,068 | 42.52 | 2.9% | \$93,842 | 8.8% | 11.9% |
| 2022 | 395,898 | 34.42 | 2.9% | \$100,675 | 9.9% | 15.0% |
| 2023 | 400,385 | 27.44 | | | | |

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CSB Profile

Community Need

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Data Filters

Fiscal Year

FY2024

Region

All

CSB Peer Group

All

Budget Size

All

Operating / Locality, ...

All

Urban / Rural

All

CSB(s)

Rappahannock Area

Revenue Source

All

Program

All

Reset Filters

More Information

Help

Revenue / Expend.

Local Revenue

Medicaid Revenue

* Indicates Regional Hub CSBs

\$52.1M

Revenue

\$47.5M

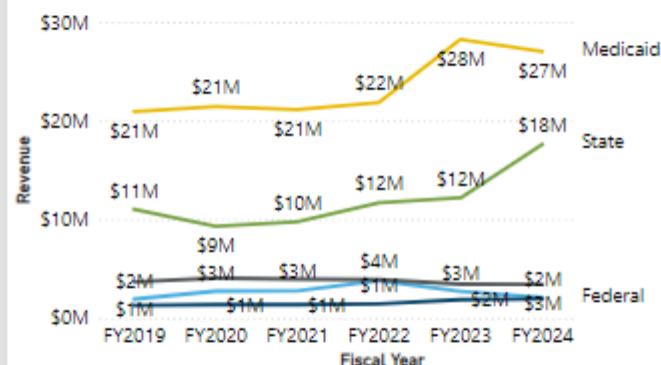
Expenditures

\$5M

Year-End Balance

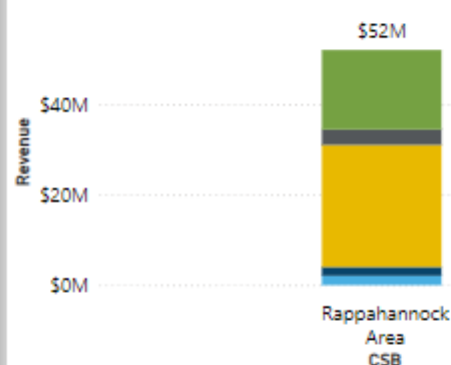
Revenue by Source

Source: Federal Local Medicaid Other State



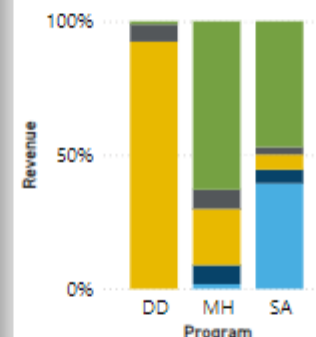
Revenue by CSB & Source

Source: Federal Local Medicaid Other State



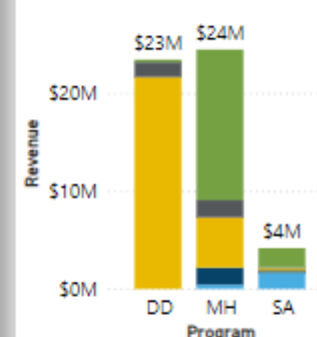
Revenue Breakdown by Program & Source

Source: Federal Local Medicaid



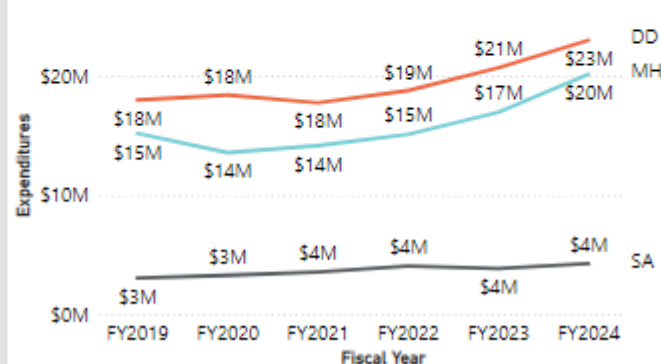
Revenue by Program & Source

Source: Federal Local Medicaid



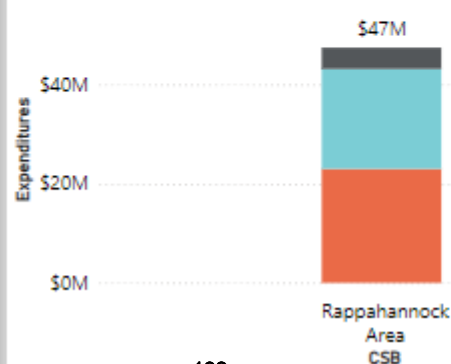
Expenditures by Program

Program: DD MH SA



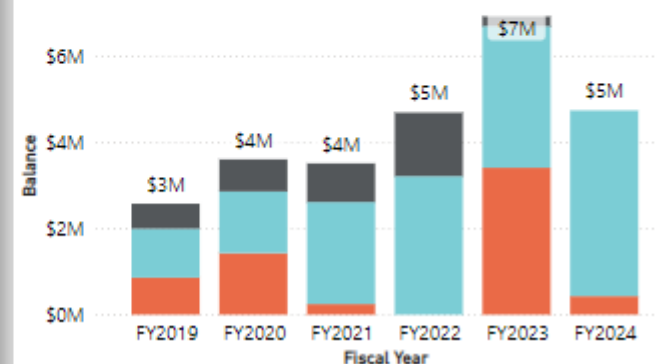
Expenditures by CSB & Program

Program: DD MH SA



Year-End Balance by Program

Program: DD MH SA



Local Revenue and Local Match

Community Services Boards (CSB) Performance Dashboard

CONFIDENTIAL | DBHDS and CSB Use Only

IN DEVELOPMENT | Dashboard and Data

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Fiscal Year

FY2024

Region

All

CSB Peer Group

All

Budget Size

All

Operating / Locality, ...

All

Urban / Rural

All

CSB(s)

Rappahannock Area

Program

All

Reset Filters

More Information

Help

Revenue / Expend.

Local Revenue

Medicaid Revenue

* Indicates Regional Hub CSBs

\$2.0M

Local Revenue

0.41

Avg VDOE Ability-to-Pay Index

11.0%

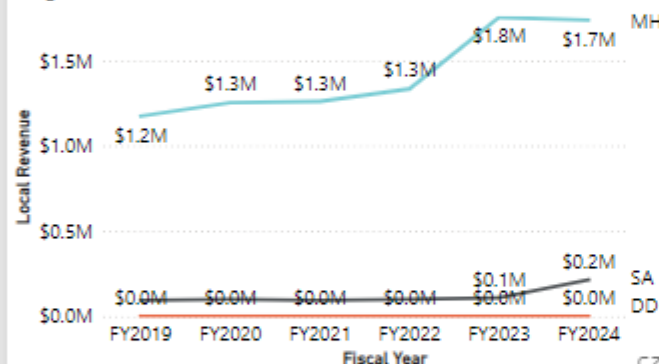
Avg Local Match

(Blank)

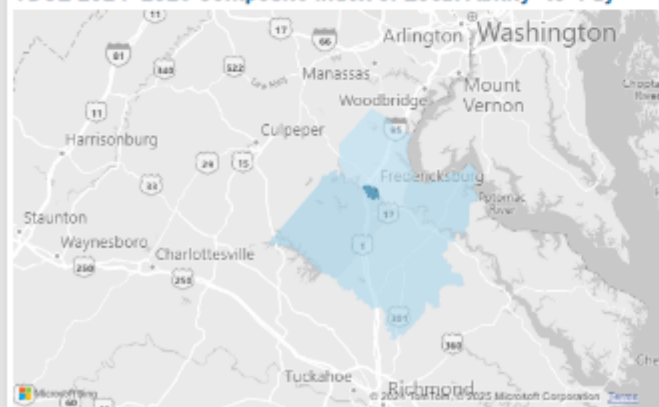
CSBs Under 10% Local Match

Local Revenue by Fiscal Year

Program ● DD ● MH ● SA

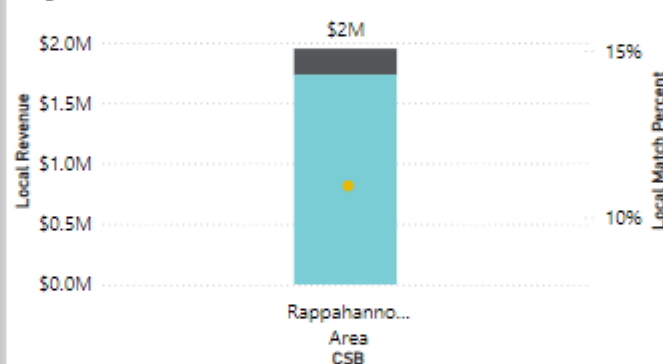


VDOE 2024-2026 Composite Index of Local Ability-to-Pay



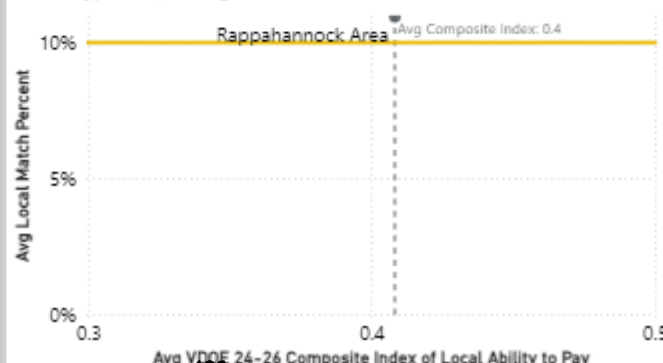
Local Revenue by CSB

Program ● DD ● MH ● SA ● Local Match Percent



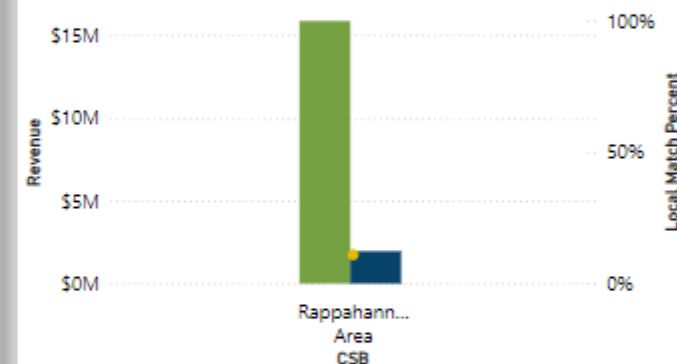
Local Ability-to-Pay & Local Match

Board Type ● Operating

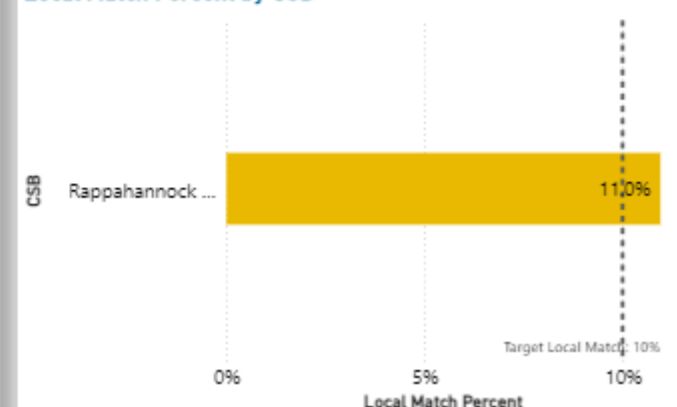


Local Revenue, State Revenue, & Local Match

● State Revenue ● Local Revenue ● Local Match Percent



Local Match Percent by CSB



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Fiscal Year

FY2024

Region

All

CSB Peer Group

All

Budget Size

All

Operating / Locality, ...

All

Urban / Rural

All

CSB(s)

Rappahannock Area

Program

All

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Revenue / Expend.

Local Revenue

Medicaid Revenue

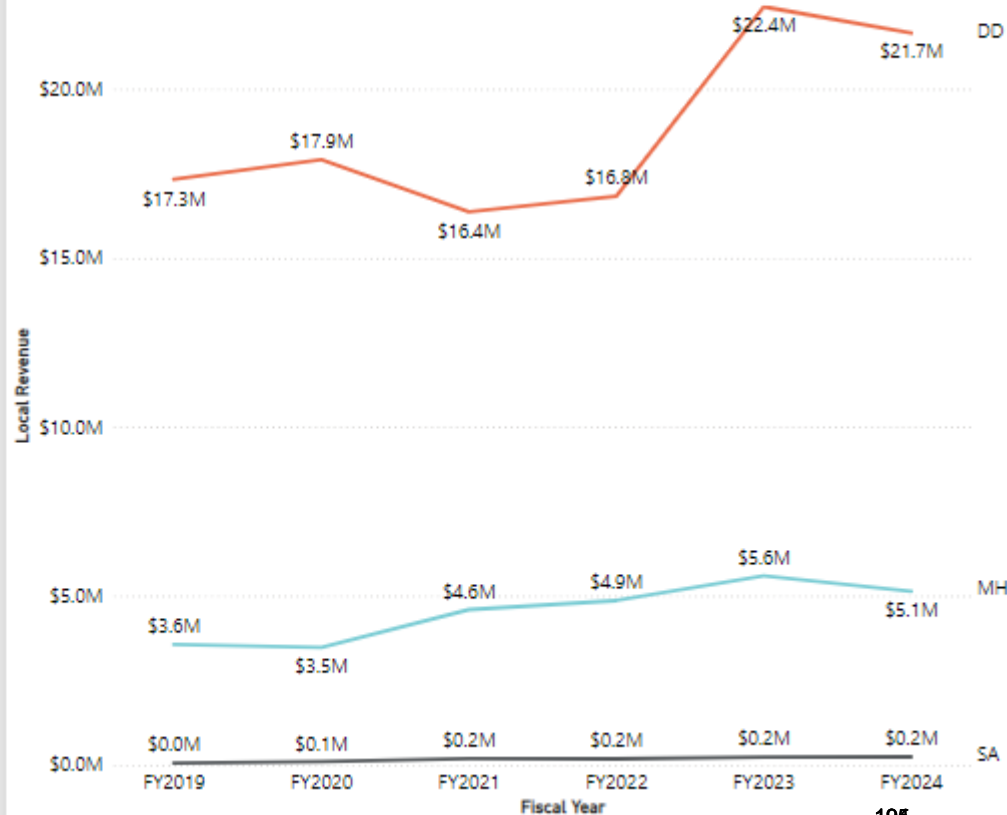
* Indicates Regional Hub CSBs

\$27.0M

Medicaid Revenue

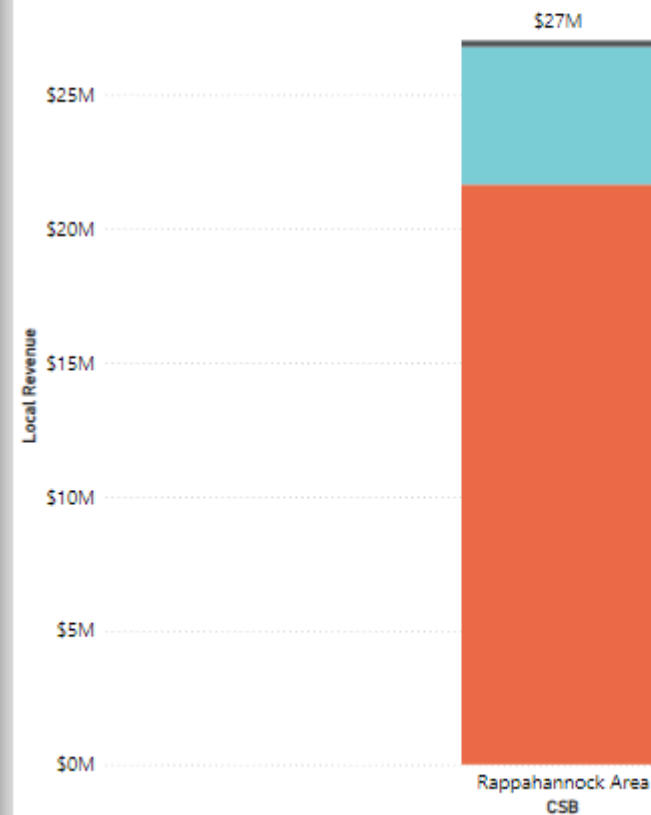
Medicaid Revenue by Fiscal Year

Program ● DD ● MH ● SA



Medicaid Revenue by CSB

Program ● DD ● MH ● SA



Workforce Vacancy and Turnover (by Fiscal Quarter YTD)

Community Services Boards (CSB) Performance Dashboard

CONFIDENTIAL | DBHDS and CSB Use Only

IN DEVELOPMENT | Dashboard and Data

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Budget Size

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Operating / Locality, ...

All

Urban / Rural

All

CSB(s)

Rappahannock Area

Position Category

All

CSB View

Quarterly View

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Workforce

Services Licensed

(Blank)

Vacancy & Turnover Fiscal Quarter

(Blank)

CSBs

(Blank)

Average of Vacancy Rate

(Blank)

Average Turnover Rate

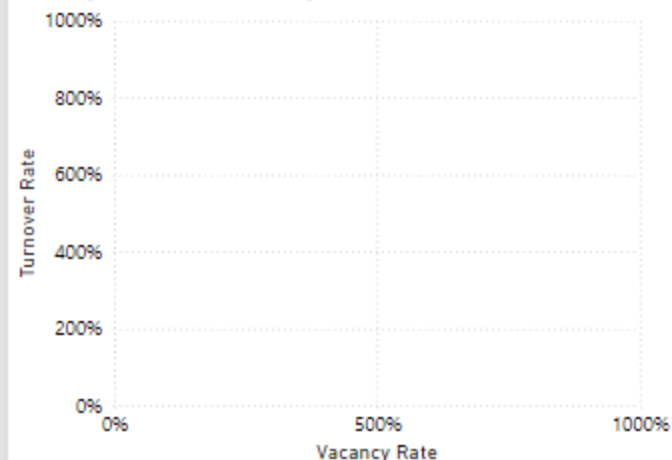
(Blank)

FY25 Q1 Average of Hourly Rate

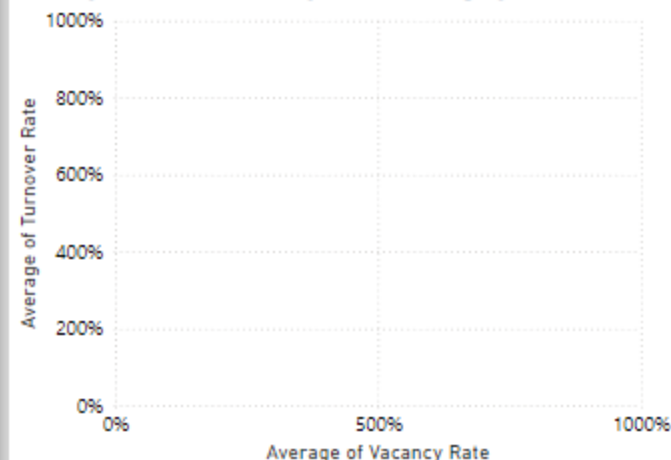
(Blank)

FY25 Q1 Positions Filled

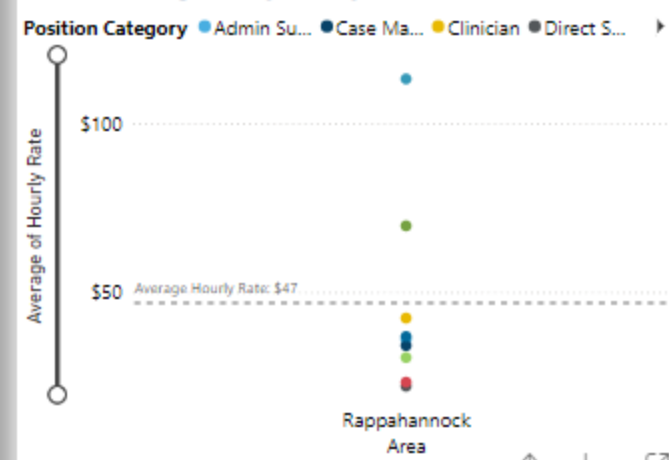
Vacancy & Turnover Rates by CSB



Vacancy & Turnover Rates by Position Category



FY25 Q1 Average Hourly Rate by CSB



| CSB | Vacancy Rate | Turnover Rate |
|-------|--------------|---------------|
| Total | | |

| Position | Vacancy Rate | Turnover Rate |
|----------|--------------|---------------|
| Total | | |

| Position Category | Average Hourly Rate | Total Staff |
|---|---------------------|-------------|
| <input type="checkbox"/> Admin Support | \$34 | 56 |
| <input type="checkbox"/> Admin Support Front-Line | \$26 | |
| <input type="checkbox"/> Admin Support Mid Mgmt | \$31 | |
| <input type="checkbox"/> Admin Support Overall | \$30 | 56 |
| <input type="checkbox"/> Admin Support Upper Mgmt | \$51 | |
| <input type="checkbox"/> Case Management | \$34 | 131 |
| <input type="checkbox"/> Case Management Front-Line | \$31 | |
| <input type="checkbox"/> Case Management Mid-Mgmt | \$37 | |
| <input type="checkbox"/> Case Management Overall | \$33 | 131 |
| Total | \$48 | 563 |

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All

Budget Size

All

Operating / Locality, ...

All

Urban / Rural

All

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Rappahannock Area

Measure

All

Status

All

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All data included on this page are from the DBHDS Behavioral Health (BH) Dashboard datasets.

STEP-VA measures are currently under development. Data collection and validation are ongoing for new measures. Measures that have consistently been met or exceeded are being retired, while new DLA-20 measures are being incorporated.

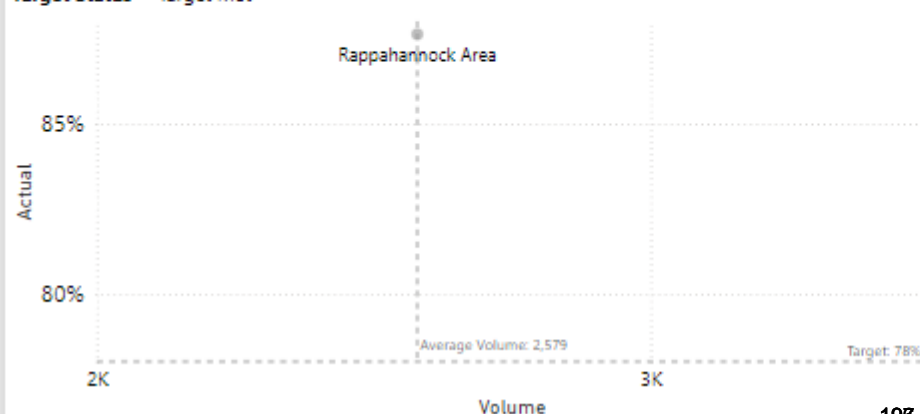
STEP-VA Measures In Development

| Measure | Average of Actual | Data Collection Status | Baseline Assessed | Target for Dashboard Integration |
|--------------------------------------|-------------------|------------------------|-------------------|----------------------------------|
| Same Day Access Appointments Offered | 91% | Complete | Complete | Complete |
| Same Day Access Appointments Kept | 84% | Complete | Complete | Complete |
| Primary Care Screen | 1% | In-Progress | In-Progress | 2025 |
| Crisis Measure 1 | 0% | In-Progress | In-Progress | 2025 |
| Crisis Measure 2 | 0% | In-Progress | In-Progress | 2025 |
| DLA-20 | 0% | In-Progress | In-Progress | 2025 |

Same Day Access Appointments Kept

Target Status ● Target Met

Click rows in table above to filter this scatterplot.



STEP-VA Measures - CSB Status

| CSB | Same Day Access Appointments Offered | Same Day Access Appointments Kept | Primary Care Screen | Primary Care Antipsych Rx | Crisis Measure 1 | Crisis Measure 2 | DLA-20 |
|-------------------|--------------------------------------|-----------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| Rappahannock Area | Target Met | Target Met | Data Collection In-Progress | Data Collection In-Progress | Data Collection In-Progress | Data Collection In-Progress | Data Collection In-Progress |

STEP-VA Measures - Targets & Actuals (Click Rows to Filter Other Visuals)

| Measure | Target | Actual (Average) | # of CSBs |
|--------------------------------------|--------|------------------|-----------|
| Same Day Access Appointments Offered | 86% | 91% | 1 |
| Same Day Access Appointments Kept | 70% | 84% | 1 |
| Primary Care Screen | | 1% | 1 |
| Primary Care Antipsych Rx | | | 1 |
| Crisis Measure 1 | | 0% | 1 |
| Crisis Measure 2 | | 0% | 1 |
| DLA-20 | | 0% | 1 |

Discharge Planning

Community Services Boards (CSB) Performance Dashboard

CONFIDENTIAL | DBHDS and CSB Use Only

IN DEVELOPMENT | Dashboard and Data

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All

CSB Peer Group

All

Budget Size

All

Operating / Locality, ...

All

Urban / Rural

All

CSB(s)

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Discharge Planning

Data represented in these metrics are from different reporting periods and do not reflect the most up to date data.

4

CSBs Meeting All Benchmarks

(Blank)

CSBs with 100k+ Population >10 with Beds

(Blank)

CSBs above 60 EBL day Average

(Blank)

Indiv. on EBL >100 Days

88%

Rate of 7 Day Follow Up

(Blank)

CSBs with >7% Readmission

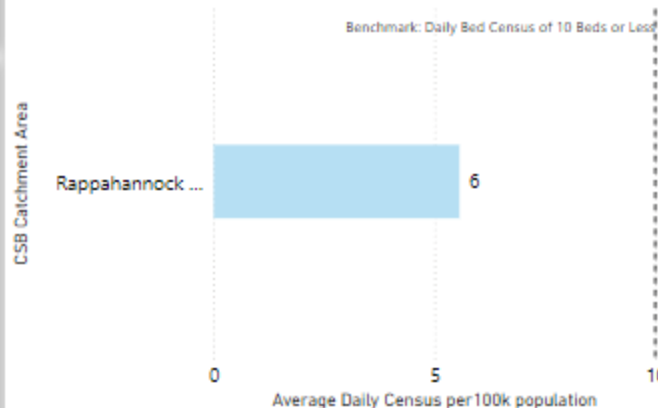
Benchmark Met

Benchmark Not Met

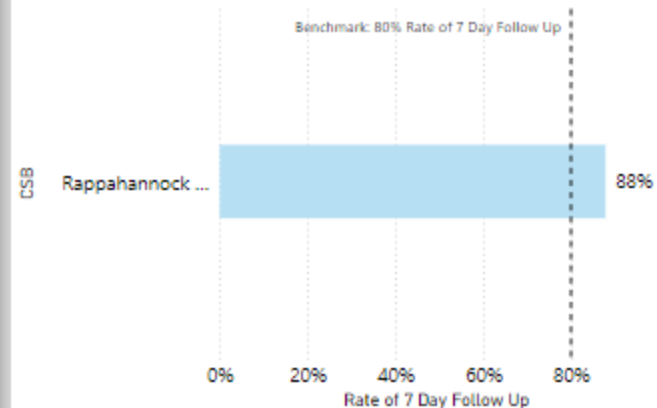
Discharge Planning Measures

| CSB | Average Daily Bed Census Per100K | Average EBL Days | 7 Day Follow Up Rate | Hospital Readmission Rate |
|-------------------|---|---------------------|----------------------------|---------------------------------|
| Rappahannock Area | 6 | 23 | 86% | 4% |

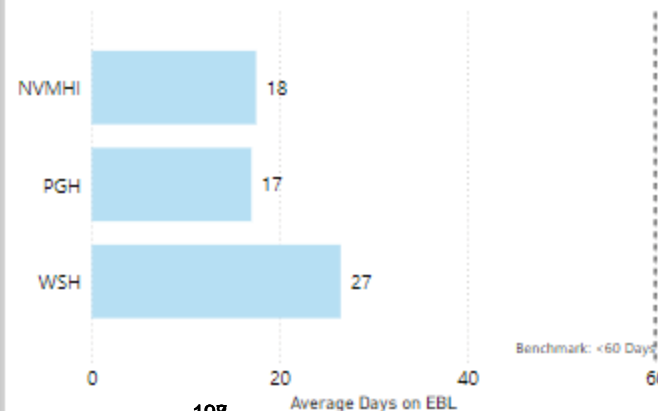
FY24 Average Daily Bed Census Per 100K Catchment Area Population



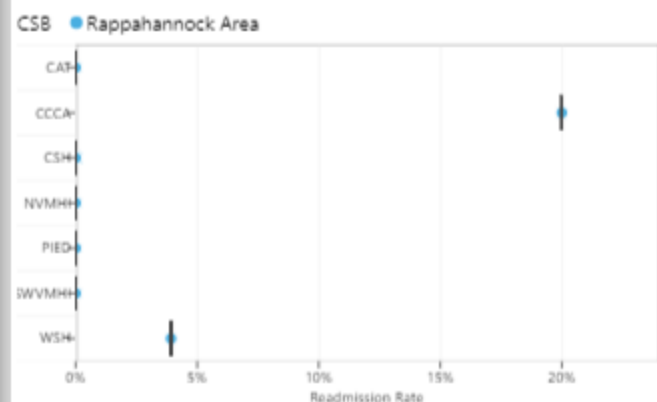
FY24 Rate of 7 Day Follow Up by CSB



Average Days on EBL by Facility (April - July 2024)



FY24 State Hospital Readmission (July 2023 - January 2024)



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Region 1

CSB Peer Group

All

Budget Size

All

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All

Urban / Rural

All

CSB(s)

All

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Data represented in these metrics are from different reporting periods and do not reflect the most up to date data.

4

CSBs Meeting All Benchmarks

2

CSBs with 100k+ Population > 10 with Beds

4

CSBs above 60 EBL day Average

14

Indiv. on EBL > 100 Days

83%

Rate of 7 Day Follow Up

1

CSBs with > 7% Readmission

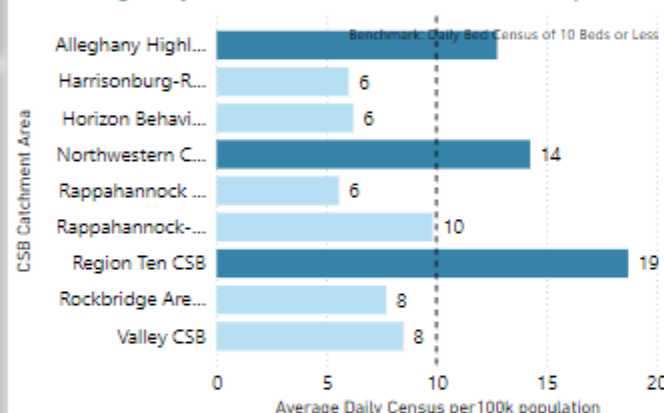
Benchmark Met

Benchmark Not Met

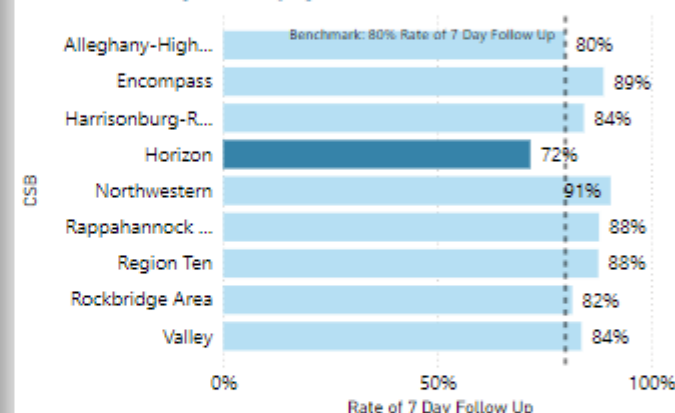
Discharge Planning Measures

| CSB | Average Daily Bed Census Per100K | Average EBL Days | 7 Day Follow Up Rate | Hospital Readmission Rate |
|-------------------------|---|---------------------|----------------------------|---------------------------------|
| Alleghany-Highlands | 13 | 27 | 80% | 10% |
| Encompass | 10 | 187 | 87% | 13% |
| Harrisonburg-Rockingham | 6 | 94 | 84% | 8% |
| Horizon | 6 | 45 | 86% | 4% |
| Northwestern | 14 | 60 | 88% | 4% |
| Rappahannock Area | 6 | 23 | 86% | 4% |
| Region Ten | 19 | 104 | 90% | 4% |
| Rockbridge Area | 8 | 41 | 81% | 0% |
| Valley | 8 | 27 | 83% | 12% |

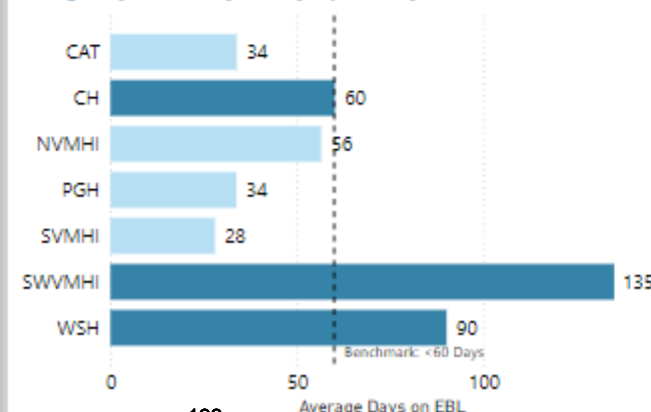
FY24 Average Daily Bed Census Per 100K Catchment Area Population



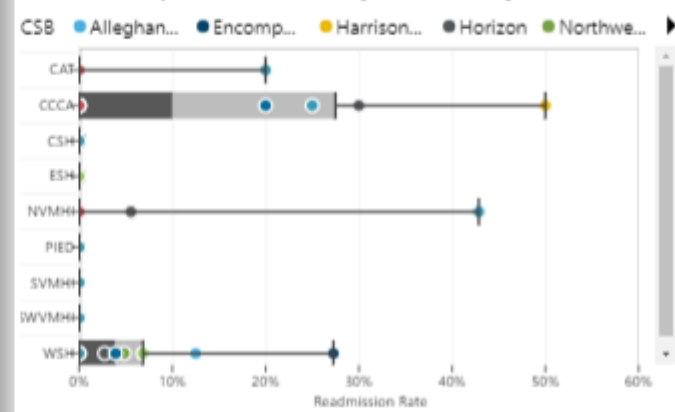
FY24 Rate of 7 Day Follow Up by CSB



Average Days on EBL by Facility (April - July 2024)



FY24 State Hospital Readmission (July 2023 - January 2024)



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All

☐ Region 1

☐ Region 2

☐ Region 3

☐ Region 4

☐ Region 5

All

Urban / Rural

All

CSB(s)

All

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Data represented in these metrics are from different reporting periods and do not reflect the most up to date data.

4

CSBs Meeting All Benchmarks

14

CSBs with 100k+ Population > 10 with Beds

27

CSBs above 60 EBL day Average

117

Indiv. on EBL > 100 Days

81%

Rate of 7 Day Follow Up

12

CSBs with > 7% Readmission

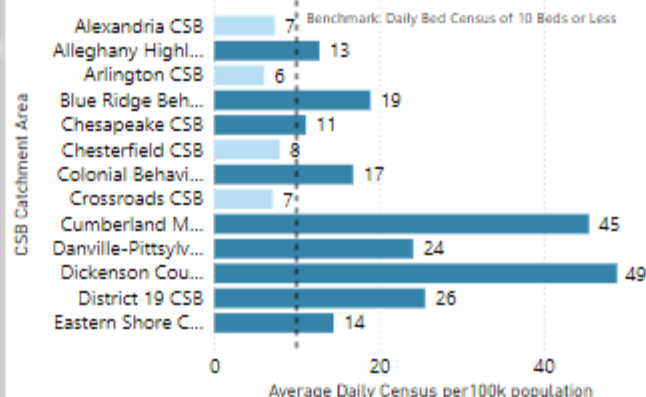
Benchmark Met

Benchmark Not Met

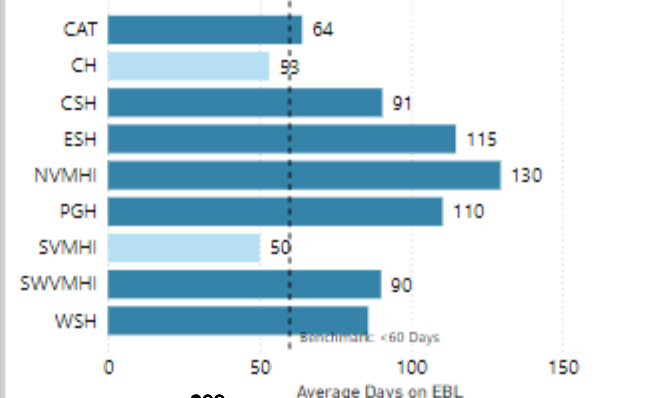
Discharge Planning Measures

| CSB | Average Daily Bed Census Per100K | Average EBL Days | 7 Day Follow Up Rate | Hospital Readmission Rate |
|--------------------------------|----------------------------------|------------------|----------------------|---------------------------|
| Rockingham | | | | |
| Henrico Area | 9 | 118 | 86% | 8% |
| Highlands | 30 | 86 | 85% | 12% |
| Horizon | 6 | 45 | 86% | 4% |
| Loudoun County | 3 | 190 | 92% | 8% |
| Middle Peninsula-Northern Neck | 15 | 31 | 78% | 5% |
| Mount Rogers | 40 | 67 | 94% | 10% |
| New River Valley | 26 | 115 | 74% | 9% |
| Norfolk | 13 | 77 | 88% | 7% |
| Northwestern | 14 | 60 | 88% | 4% |
| Piedmont | 13 | 49 | 95% | 6% |
| Planning District One | 26 | 103 | 80% | 5% |
| Portsmouth | 11 | 34 | 82% | 2% |
| Prince William | 7 | 116 | 90% | 2% |
| Rappahannock Area | 6 | 23 | 86% | 4% |
| Region Ten | 19 | 104 | 90% | 4% |
| Richmond | 24 | 121 | 90% | 2% |
| Rockbridge Area | 8 | 41 | 81% | 0% |
| Southside | 23 | 202 | 76% | 0% |
| Valley | 8 | 27 | 83% | 12% |
| Virginia Beach | 11 | 124 | 89% | 4% |
| Western Tidewater | 21 | 109 | 83% | 7% |

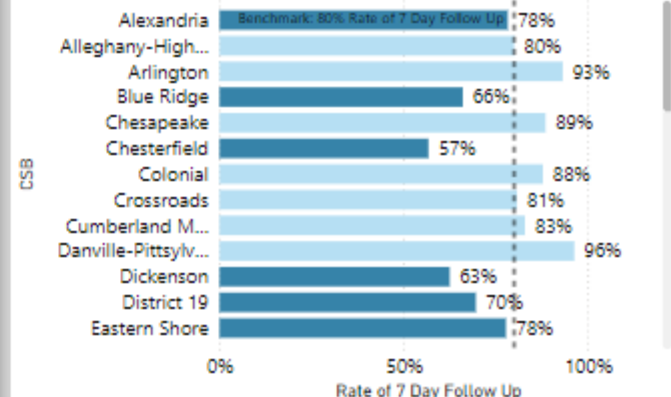
FY24 Average Daily Bed Census Per 100K Catchment Area Population



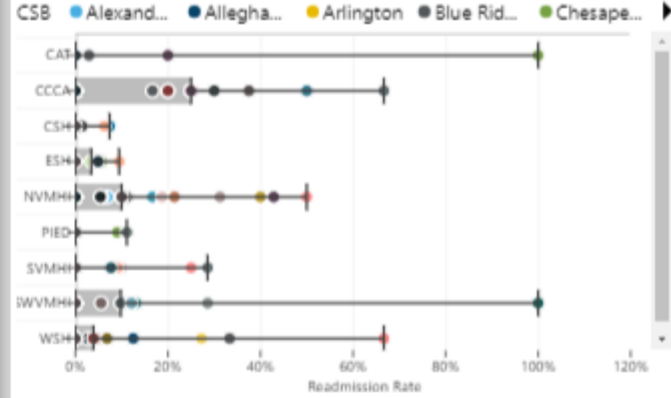
Average Days on EBL by Facility (April - July 2024)



FY24 Rate of 7 Day Follow Up by CSB



FY24 State Hospital Readmission (July 2023 - January 2024)



To: Joe Wickens, Executive Director

From: Brandie Williams, Deputy Executive Director

Re: Legislative Updates and Priorities

Date: January 13, 2025

The Rappahannock Area Community Services Board (RACSB) is committed to advocacy to improve performance, quality, and demonstrate the value of services. We recognize the impact that legislative activity at the federal, state, and local level impact the services we offer to the community. This report will provide specific information on current legislative or regulatory topics which impact RACSB.

Review of Virginia Association of Community Services Board's Legislative Initiatives:

Public Policy Actions:

- VACSB provides a unified public policy voice of CSB/BHAs and advocacy partners to the Governor, the General Assembly, DBHDS, DMAS, and other state agencies and local government organizations.
- VACSB builds relationships with legislators and advocates for positive legislation and resources for services.
- VACSB impacts state and federal policy and legislation through grass roots efforts and active participation with national associations, such as NACBHDD

Annual Conferences:

- Public Policy Conference:
Held each October, this conference features Virginia and National public policy issues through panels and presentations.
- Legislative Conference:
Held each January in Richmond, this conference provides knowledge and perspective for all members on current budget and legislative information and advocacy opportunities during the legislative session.

VACSB Public Policy Committee:

- This committee is comprised of varied CSB leadership and meets each Wednesday during Virginia's General Assembly Session to review each bill which impacts public behavioral health and developmental disabilities services.
- Produces an advocacy document each week during session which outlines these bills, the status, and VACSB position.
- Alison Standring, RACSB Part C System Manager and Brandie Williams, Deputy Executive Director, represents the agency on this committee ensuring a strong voice for our individuals and programs

Items of note from the Governor's Introduced Budget:

- \$35M for special conservators of the peace to receive custody of individuals at private hospitals
- \$1.5M to sustain the Adult Psychiatric Access line (this provides primary care doctors access to consultation and referral to assist their patients with behavioral health conditions)
- \$1.5M in increased support for Part C Early Intervention
- \$1.2M for 2 co-response teams
- \$1.2M to support the administrative costs of new DD Waiver slots (this funding is for DBHDS staff)
- \$1M to support the Youth Mental Health Matters initiative
- \$1.5M to address problem gambling
- Approximately \$800k to fund for 10 youth peer support specialists and associated training costs.
- Approximately 500\$K to allow children served in psychiatric residential treatment facilities (PRTF) to maintain their enrollment in managed care during their treatment. The payment for PRTF per diem payments and PRTF required services will be carved out of the managed care contract and paid as a fee-for-service benefit.
- Language and \$3M to implement the proposed 1115 Waiver (currently under review at CMS). The language authorizes coverage for services provided to Medicaid beneficiaries during short-term stays (not to exceed 60 days) for acute care in psychiatric hospitals or residential treatment settings that qualify as Institutes of Mental Disease through an 1115 serious mental illness (SMI) waiver. Resources are also provided to support the cost of implementing and overseeing services provided through the SMI waiver. Authority to reappropriate first year balances is also provided should program implementation costs run into 2026.
- Language and \$1.2M to implement the provision of covered services, including screenings, diagnostic services, and targeted case management, in the 30 days pre-release and immediately post-release to eligible incarcerated youth and young adults in accordance with section 5121 of the federal Consolidated Appropriations Act of 2023.
- \$52M to renovate, repair and upgrade state psychiatric facilities
- Language to allow the State Board of Behavioral Health and Developmental Services to promulgate emergency regulations related to peer recovery specialist-trainees.
- Language to allow funds provided for school-based mental health services to be used to make grants available to school divisions in addition to the current language directing the department to contract with Federally Qualified Health Centers (FQHCs) to establish school-based clinics to provide mental health and primary health care.



Virginia Association Of
Community Services Boards, Inc.

Making a Difference Together

VACSB Legislative Update **January 15, 2025**

This update is published weekly during the General Assembly Session. If you have questions or need information, please contact Ariel DeVoy at adevoy@vacsb.org.

(804) 330 - 3141

VACSB CLEARINGHOUSE BILL DESIGNATION

DESIGNATION

Actively Support

Support

Monitor

Oppose

Actively Oppose

ACTION

Advocacy by VACSB Reps

Published Statement

Online Tracking

Published Statement

Advocacy by VACSB Reps

| Bill | Catch line | Chief Patron | Committee | Last Action | Position | Date |
|------------------------|--|--------------|--|--|----------------------------------|-----------|
| HB1577 | Centralized local government reporting system; unfunded mandates on localities. | Williams | Counties, Cities and Towns | Assigned CCT sub: Subcommittee #3 | Monitor | 1/13/2025 |
| HB1578 | Office of the State Inspector General; behavioral health and developmental services; required reports. | Campbell | General Laws | Fiscal Impact Statement from Department of Planning and Budget | Monitor | 1/14/2025 |
| HB1596 | Department of Medical Assistance Services; state plan for medical assistance services; telemedicine services. | Clark | Health and Human Services | Assigned sub: Social Services | Pending; VACSB to seek amendment | 1/13/2025 |
| HB1636 | Civil immunity; health care professionals; professional programs related to career fatigue and wellness. | Hope | Health and Human Services | Fiscal Impact Statement from Department of Planning and Budget | Monitor | 1/15/2025 |
| HB1637 | Opioid antagonists; dispensing and administration by person acting on behalf of an organization. | Hope | Health and Human Services | Assigned sub: Health | Support; identical to SB 790 | 1/14/2025 |
| HB1641 | State plan for medical assistance services and health insurance; pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections and pediatric acute-onset neuropsychiatric syndrome. | Hope | Labor and Commerce | Subcommittee recommends reporting and referred to Appropriations (7-Y 0-N) | Monitor | 1/14/2025 |
| HB1649 | Board of Medicine; continuing education; unconscious bias and cultural competency. | Hayes | Referred to Committee on Health and Human Services | Assigned sub: Health Professions | Monitor; identical to SB 740 | 1/13/2025 |

| | | | | | | |
|-------------------------------|---|---------|--|--|------------------------------|-----------|
| <u>HB1651</u> | Social Services, Department of; applications for public assistance, immigration status inquiry. | Ballard | Referred to Committee on Health and Human Services | Assigned sub: Social Services | Monitor; identical to SB 772 | 1/13/2025 |
| <u>HB1710</u> | Department of Medical Assistance Services; reimbursement rates for Early Intervention Program for Infants and Toddlers with Disabilities; work group; report. | Gardner | Health and Human Services | Assigned sub: Social Services | Actively Support | 1/13/2025 |
| <u>HB1712</u> | Arrest of certain persons with or without a warrant not required. | Watts | Courts of Justice | Referred to Committee for Courts of Justice | Support | 1/4/2025 |
| <u>HB1713</u> | Jurisdiction of district courts in felony cases; specialty dockets; Behavioral Health Docket Act. | Watts | Courts of Justice | Fiscal Impact Statement from Department of Planning and Budget (HB1713) | Monitor | 1/11/2025 |
| <u>HB1728</u> | Child victims and witnesses using two-way closed-circuit television; standard. | Delaney | Courts of Justice | Subcommittee recommends reporting and referred to Appropriations (7-Y 0-N) | Support | 1/15/2025 |
| <u>HB1733</u> | Children; petitions for relief of care & custody, investigation by local dept. of social services. | Cole | Health and Human Services | Fiscal Impact Statement from Department of Planning and Budget | Monitor | 1/15/2025 |

| | | | | | | |
|-------------------------------|--|-----------|---------------------------|--|---------|-----------|
| <u>HB1753</u> | Department of Health; regulations; Centers for Medicare and Medicaid Services' final rule; Minimum Staffing Standards for Long-Term Care Facilities. | Watts | Health and Human Services | Assigned sub: Health | Monitor | 1/13/2025 |
| <u>HB1760</u> | Infant and Early Childhood Mental Health Act; report. | Gardner | Health and Human Services | Assigned sub: Behavioral Health | Monitor | 1/13/2025 |
| <u>HB1762</u> | Social Security Disability Insurance; DMAS to seek authorization to provide to certain individuals. | Morefield | Health and Human Services | Assigned sub: Social Services | Support | 1/13/2025 |
| <u>HB1763</u> | Virginia Freedom of Information Act; virtual meetings; advisory boards, commissions, and councils. | Martinez | General Laws | Fiscal Impact Statement from Department of Planning and Budget | Monitor | 1/15/2025 |
| <u>HB1765</u> | Health insurance; coverage for non-opioid prescription drugs. | Martinez | Labor and Commerce | Assigned L & C sub: Subcommittee #1 | Support | 1/13/2025 |
| <u>HB1772</u> | Autism Advisory Council; name change, membership, repeals sunset date. | Hope | Rules | Referred to Committee on Rules | Support | 1/5/2025 |
| <u>HB1800</u> | Persons with disabilities; rights to the full and free use of public playgrounds. | Cohen | General Laws | Assigned GL sub: Housing/Consumer Protection | Support | 1/13/2025 |
| <u>HB1805</u> | Individuals w/disabilities; postsecondary transition planning & services, documentation or evidence. | Cohen | Education | Referred to Committee on Education | Monitor | 1/6/2025 |

| | | | | | | |
|-------------------------------|---|----------|--|---|---|-----------|
| <u>HB1806</u> | Students with individualized education programs or Section 504 Plans; emergency protocol and guide. | Cohen | Education | Committee substitute printed 25104850D-H1 | Monitor | 1/15/2025 |
| <u>HB1811</u> | Medical Assistance Services, Dept. of; creating an income exemption for personal care assistants. | Campbell | Health and Human Services | Assigned sub: Social Services | Monitor | 1/13/2025 |
| <u>HB1816</u> | Commercial entity offering social media accounts; restricted hours for minors, civil liability. | Campbell | General Laws | Referred from General Laws and referred to Communications, Technology and Innovation (Voice Vote) | Monitor | 1/14/2025 |
| <u>HB1827</u> | Comprehensive plan; social determinants of health. | Simonds | Counties, Cities and Towns | Subcommittee recommends reporting (5-Y 3-N) | Monitor | 1/15/2025 |
| <u>HB1852</u> | Definition of 'family or household member.' | Arnold | Courts of Justice | Impact statement from VCSC (HB1852) | Pending input from Children's Council and VACSB | 1/8/2025 |
| <u>HB1861</u> | Department of Health Professions; health regulatory boards; regulations; licensure by endorsement. | Price | Health and Human Services | Fiscal Impact Statement from Department of Planning and Budget | Monitor | 1/15/2025 |
| <u>HB1877</u> | Barrier crimes; peer recovery specialists; screening requirements. | Callsen | Referred to Committee on Health and Human Services | Assigned sub: Behavioral Health | Support | 1/14/2025 |

| | | | | | | |
|-------------------------------|--|----------------|--|---|-----------------|-----------|
| <u>HB1880</u> | Public schools; enrollment of certain military children with disabilities; provision of special education services and accommodations. | Sewell | Reported from Education (21-Y 0-N) | Reported from Education (21-Y 0-N) | Support | 1/15/2025 |
| <u>HB1893</u> | State plan for medical assistance services; recovery residences; work group; report. | Seibold | Referred to Committee on Health and Human Services | Assigned sub: Behavioral Health | Monitor | 1/14/2025 |
| <u>HB1895</u> | Involuntary temporary detention orders; definition of 'psychiatric emergency department | Willett | Referred to Committee on Health and Human Services | Assigned sub: Behavioral Health | Monitor | 1/14/2025 |
| <u>HB1897</u> | Board of Social Work; Board of Counseling; master's social worker; scope of practice; regulations. | Willett | Referred to Committee on Health and Human Services | Assigned sub: Health Professions | Monitor | 1/14/2025 |
| <u>HB1906</u> | Local departments of social services and health districts; screening for unmet social needs. | Willett | Referred to Committee on Health and Human Services | Assigned sub: Social Services | Monitor | 1/14/2025 |
| <u>HB1923</u> | Health insurance; reimbursement for services rendered by certain practitioners, etc. | Ward | Referred to Committee on Labor and Commerce | Assigned L & C sub: Subcommittee #1 | Monitor | 1/14/2025 |
| <u>HB1928</u> | Minimum wage. | Ward | Referred to Committee on Labor and Commerce | Referred to Committee on Labor and Commerce | Monitor | 1/6/2025 |
| <u>HB1931</u> | Regional Older Adults Facility Team; central/eastern Va to establish. | LeVere Bolling | Referred to Committee on Health and Human Services | Assigned sub: Behavioral Health | Actively Oppose | 1/14/2025 |

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| HB1937 | Acute psychiatric bed registry; patient privacy and data security, etc. | Hope | Referred to Committee on Health and Human Services | Assigned sub: Behavioral Health | Monitor | 1/14/2025 |
| HB1945 | School boards; student access to telehealth services, policies. | Reaser | Reported from Education with amendment(s) and referred to Appropriations (13-Y 8-N) | Assigned Approps sub: Elementary & Secondary Education | Identical to HB919; monitor | 1/15/2025 |
| HB1946 | Retail tobacco products, etc., liquid nicotine, smoking by a person younger than 21 years of age. | Hope | Referred to Committee for Courts of Justice | Referred to Committee for Courts of Justice | Monitor | 1/6/2025 |
| HB1956 | Provider contracts; pharmacies allowed to refuse to fill certain prescriptions. | Wachsmann | Referred to Committee on Labor and Commerce | Assigned L & C sub: Subcommittee #1 | Pending | 1/14/2025 |
| HB1964 | Bright Futures program; established. | Tata | Referred to Committee on Health and Human Services | Assigned sub: Social Services | Support | 1/14/2025 |
| HB1972 | Early childhood care & education; statewide, unified, universally accessible, public-private system. | Gardner | Referred to Committee on Education | Assigned Educ sub: Early Childhood | Monitor | 1/13/2025 |
| HB2029 | Real property tax; exemption for elderly and disabled individuals. | Hernandez | Referred to Committee on Finance | Impact statement from TAX | Support | 1/14/2025 |
| HB2040 | Speech-language pathology assistants; licensure, qualifications, scope of practice. | Seibold | Referred to Committee on Health and Human Services | Assigned sub: Health Professions | Support | 1/14/2025 |

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| <u>HB2081</u> | Virginia Human Rights Act; unlawful discrimination. | Garrett | Referred to Committee on General Laws | Referred to Committee on General Laws | Monitor | 1/7/2025 |
| <u>HB2082</u> | Department of Medical Assistance Services; appeals of agency determinations. | Hope | Referred to Committee on Health and Human Services | Assigned sub: Health | Support | 1/14/2025 |
| <u>HB2085</u> | Health insurance; carrier business practices; method of payment for claims. | Shin | Referred to Committee on Labor and Commerce | Referred to Committee on Labor and Commerce | Support | 1/7/2025 |
| <u>HB2089</u> | Collective bargaining; individual home care providers. | Shin | Referred to Committee on Labor and Commerce | Assigned L & C sub: Subcommittee #2 | Identical to SB964; monitor | 1/14/2025 |
| <u>HB2099</u> | Health insurance; carrier contracts; required provisions regarding prior authorization for health care services; work group; report. | Maldonado | Referred to Committee on Labor and Commerce | Assigned L & C sub: Subcommittee #1 | Support | 1/14/2025 |
| <u>HB2102</u> | Department of Medical Assistance Services; presumptive eligibility for pregnant individuals; qualified entities; performance standards for qualified entities. | Feggans | Referred to Committee on Health and Human Services | Assigned sub: Social Services | Support | 1/14/2025 |
| <u>HB2116</u> | Driver's licenses, identification cards, and learner's permits; indication of non-apparent disability; indication of a disability that can impair communication. | Keys-Gamarra | Referred to Committee on Transportation | Assigned Trans sub: Department of Motor Vehicles | Support | 1/14/2025 |
| <u>HB2127</u> | Telework by local government employees. | Milde | Referred to Committee on Counties, Cities and Towns | Assigned CCT sub: Subcommittee #3 | Oppose | 1/15/2025 |

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| <u>HB2130</u> | Referral of juvenile for child in need of services or child in need of supervision determination; juvenile respondent in protective order proceeding. | Keys-Gamarra | Referred to Committee for Courts of Justice | Referred to Committee for Courts of Justice | Monitor | 1/7/2025 |
| <u>HB2160</u> | Department of Medical Assistance Services; 1915(c) Home and Community Based Waivers; program rule amendments; direct support professionals. | Carr | Referred to Committee on Health and Human Services | Assigned sub: Social Services | Support | 1/14/2025 |
| <u>HB2182</u> | Sage's Law; minor students experiencing gender incongruence; parental notification of certain requests and parental permission for certain plans required; parental care. | Freitas | | Fiscal Impact Statement from Department of Planning and Budget | Monitor | 1/9/2025 |
| <u>HB2198</u> | Prescribed pediatric extended care centers; licensure, regulation. | McQuinn | | Committee Referral Pending | Pending; VACSB to speak with patron | 1/7/2025 |
| <u>HB2230</u> | Emergency custody and involuntary admissions; transfer of custody to facility. | Cherry | | Committee Referral Pending | Monitor | 1/7/2025 |
| <u>HB2253</u> | Nursing homes; sanctions; civil penalty. | Wachsmann | | Committee Referral Pending | Monitor | 1/7/2025 |
| <u>HB2260</u> | Child in need of supervision; definition. | Delaney | | Committee Referral Pending | Pending input from C&F Council | 1/7/2025 |
| <u>HB2274</u> | Health benefit programs; discrimination; cause of action. | Ennis | | Committee Referral Pending | Pending input from VACSB | 1/8/2025 |

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| <u>HB2282</u> | Children's Services Act; state pool of funds. | Coyner | | Fiscal Impact Statement from Department of Planning and Budget | identical to SB801; pending input from C&F Council) | 1/13/2025 |
| <u>HB2285</u> | Study; Autism Advisory Council; establishment of an autism data dashboard in the Commonwealth; report. | Coyner | | Committee Referral Pending | Support | 1/8/2025 |
| <u>HB2289</u> | Zoning; recovery residences. | Coyner | | Fiscal Impact Statement from Department of Planning and Budget | Monitor | 1/14/2025 |
| <u>HB2290</u> | Behavioral health services; exchange of medical and mental health information and records; correctional facilities. | Coyner | | Committee Referral Pending | Oppose. identical to SB870. | 1/8/2025 |
| <u>HB2339</u> | Child in foster care; provision of certain documents; 16 years of age. | Batten | | Fiscal Impact Statement from Department of Planning and Budget | Monitor | 1/15/2025 |
| <u>HB2344</u> | Department of Behavioral Health and Developmental Services; Early Intervention Program for Infants and Toddlers with Disabilities; program extension. | Obenshain | | Committee Referral Pending | Monitor | 1/8/2025 |
| <u>HB2353</u> | Discharge plans; copies to public elementary and secondary schools. | Wilt | | Fiscal Impact Statement from Department of Planning and Budget | Actively Oppose; identical to SB1143 | 1/14/2025 |

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| <u>HB2391</u> | Certified registered nurse anesthetists; elimination of supervision requirement. | Sickles | | Committee Referral Pending | Pending; coordinated strategy with SB882 and SB739 | 1/8/2025 |
| <u>HB2399</u> | Parental access to minor's health records. | Scott, P.A. | | Fiscal Impact Statement from Department of Planning and Budget | Actively Oppose | 1/14/2025 |
| <u>HB2457</u> | State Board of Social Services; regulations; application for and use of foster care benefits. | Glass | | Committee Referral Pending | Support | 1/8/2025 |
| <u>HB2471</u> | Expansion of Medicaid services for students at public schools; certain platforms, surveys, and analyses. | Rasoul | | Committee Referral Pending | Monitor | 1/8/2025 |
| <u>HB2472</u> | Fingerprints, palm prints, and photographs of juveniles. | Batten | | Committee Referral Pending | Oppose | 1/8/2025 |
| <u>HB2473</u> | Board of Pharmacy; long-acting injectable or extended-release prescription drugs; correctional facilities. | Sickles | | Committee Referral Pending | Pending to MH/SUD Councils | 1/8/2025 |
| <u>HB2474</u> | School resource officers and school security officers; crisis intervention training. | Higgins | | Committee Referral Pending | Monitor | 1/8/2025 |
| <u>HB2485</u> | Cannabis control; retail market; penalties. | Krizek | | Committee Referral Pending | Monitor | 1/8/2025 |
| <u>HB2486</u> | Best interests of the child; custody; orders to return a minor child; violations of orders regarding motions to relocate. | Zehr | | Committee Referral Pending | Pending input from C&F Council | 1/8/2025 |

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| <u>HB2534</u> | Department of Medical Assistance Services; state plan for medical assistance services; crisis stabilization services for nonhospitalized individuals; emergency. | Sewell | | Committee Referral Pending | Monitor | 1/9/2025 |
| <u>HB2535</u> | Uniform Health Care Decisions Act. | Hope | | Impact statement from VCSC | Pending input from MH, SUD, DD Councils | 1/10/2025 |
| <u>HB2543</u> | Department of Education; model memorandum of understanding; counseling from school counselors by way of telehealth. | Laufer | | Committee Referral Pending | Monitor | 1/10/2025 |
| <u>HB2569</u> | Virginia State Crime Commission; Department of Behavioral Health and Developmental Services; persons with mental illness; petty crimes; study; report. | Leftwich | | Committee Referral Pending | Monitor | 1/12/2025 |
| <u>HB2605</u> | Medical Conscience Protection Act established. | Ware | | Committee Referral Pending | Monitor | 1/13/2025 |
| <u>HB2606</u> | Students with disabilities; due process hearings; certain verified statement required of complainant. | Ware | | Committee Referral Pending | Monitor | 1/13/2025 |
| <u>HB2647</u> | State correctional facilities; use of restorative housing or isolated confinement; restrictions. | Keys-Gamarra | | Committee Referral Pending | Monitor | 1/14/2025 |
| <u>HJ445</u> | Persons with disabilities; JLARC to study transportation options in rural areas. | Laufer | | Committee Referral Pending | Monitor | 1/7/2025 |

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| SB740 | Medicine, Board of; continuing education, unconscious bias and cultural competency. | Locke | Education and Health | Referred to Committee on Education and Health | Monitor; identical to HB 1649 | 9/25/2024 |
| SB746 | Felony homicide; certain drug offenses, penalty. | McDougle | Courts of Justice | Impact Statement from VCSC | Oppose | 1/7/2025 |
| SB747 | Juvenile and domestic relations district courts; mental health and social assessments. | Favola | Courts of Justice | Reported from Courts of Justice with substitute and rereferred to Finance and Appropriations (8-Y 5-N) | Monitor | 11/18/2024 |
| SB752 | Psychology, Board of; prescriptive authority for clinical psychologists, report. | Favola | Referred to Committee on Education and Health | Fiscal Impact Statement from Department of Planning and Budget | Monitor | 1/13/2025 |
| SB765 | Incapacitated persons; finding of mental incompetence. | Favola | Referred to Committee on Rehabilitation and Social Services | Referred to Committee on Rehabilitation and Social Services | Support | 12/16/2024 |
| SB768 | School-based mental and behavioral health services; DOE to survey local education agencies, report. | Favola | Referred to Committee on Education and Health | Referred to Committee on Education and Health | Monitor | 12/17/2024 |
| SB772 | Social Services, Department of; applications for public assistance, immigration status inquiry. | Sturtevant | Referred to Committee for Courts of Justice | Referred to Committee for Courts of Justice | Monitor; identical to HB 1651 | 12/23/2024 |

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| <u>SB773</u> | Foster care; housing services, housing plan, report. | Favola | Referred to Committee on Rehabilitation and Social Services | Referred to Committee on Rehabilitation and Social Services | Support | 12/23/2024 |
| <u>SB774</u> | Essential health benefits benchmark plan review; members of stakeholder work group. | Surovell | Referred to Committee on Rules | Fiscal Impact Statement from State Corporation Commission | Monitor | 1/10/2025 |
| <u>SB778</u> | Juveniles; adjudication of delinquency. | Locke | Reported from Courts of Justice with substitute (9-Y 5-N) | Reported from Courts of Justice with substitute (9-Y 5-N) | Monitor | 1/15/2025 |
| <u>SB790</u> | Opioid antagonists; dispensing and administration by person acting on behalf of an organization. | Head | Referred to Committee on Education and Health | Fiscal Impact Statement from Department of Planning and Budget | Support; identical to HB 1637 | 1/14/2025 |
| <u>SB801</u> | Children's Services Act; changes to state pool of funds. | Favola | Referred to Committee on Rehabilitation and Social Services | Fiscal Impact Statement from Department of Planning and Budget | Pending; VACSB to speak with patron; identical to HB2282 | 1/13/2025 |
| <u>SB819</u> | Community-based outpatient stabilization programs for voluntary treatment; referrals. | Favola | Referred to Committee on Rehabilitation and Social Services | Fiscal Impact Statement from Department of Planning and Budget | Monitor | 1/14/2025 |

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| <u>SB838</u> | Recovery residences; certification required penalty, report. | VanValkenburg | Referred to Committee on Education and Health | Fiscal Impact Statement from Department of Planning and Budget | Monitor | 1/15/2025 |
| <u>SB841</u> | Opioid treatment programs; dispensing, medications from mobile units. | Favola | Referred to Committee on Education and Health | Assigned Education sub: Health | Support | 1/14/2025 |
| <u>SB869</u> | Autism spectrum disorder or a developmental disability; custodial interrogation of person. | Favola | Referred to Committee for Courts of Justice | Referred to Committee for Courts of Justice | Support | 1/3/2025 |
| <u>SB870</u> | Behavioral health services; correctional facilities, exchange of medical/mental health information. | Favola | Referred to Committee on Rehabilitation and Social Services | Referred to Committee on Rehabilitation and Social Services | Oppose | 1/3/2025 |
| <u>SB964</u> | Collective bargaining; individual home care providers. | Carroll Foy | Referred to Committee on Commerce and Labor | Referred to Committee on Commerce and Labor | Monitor; identical to HB2089 | 1/6/2025 |
| <u>SB1013</u> | Neurocognitive disorder, etc.; affirmative defense to prosecution. | Boysko | Referred to Committee for Courts of Justice | Referred to Committee for Courts of Justice | Monitor | 1/7/2025 |
| <u>SB1037</u> | School boards; student access to telehealth services, policies. | Pekarsky | Referred to Committee on Education and Health | Assigned Education sub: Public Education | identical to HB1945, monitor | 1/16/2025 |

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| <u>SB1110</u> | Weapons; possession prohibited in a hospital that provides mental health services or developmental services; penalty. | Williams Graves | Referred to Committee for Courts of Justice | Impact statement from VCSC | Monitor | 1/10/2025 |
| <u>SB1143</u> | Discharge plans; copies to public elementary and secondary schools. | Obenshain | Referred to Committee on Education and Health | Fiscal Impact Statement from Department of Planning and Budget | Actively Oppose; identical to HB2353 | 1/14/2025 |
| <u>SB1232</u> | Autism Advisory Council; name change; membership; staffing; powers and duties. | Aird | Referred to Committee on Rules | Referred to Committee on Rules | Identical to HB1772; support | 1/8/2025 |
| <u>SB1293</u> | School board employees; health care professionals; professional development and continuing education; optional programs; children with autism spectrum disorder. | Stanley | Referred to Committee on Education and Health | Referred to Committee on Education and Health | Pending; VACSB to speak with patron | 1/8/2025 |
| <u>SB1304</u> | Department of Medical Assistance Services; state plan for medical assistance services; crisis stabilization services for nonhospitalized individuals; emergency. | McPike | Referred to Committee on Education and Health | Referred to Committee on Education and Health | Support | 1/9/2025 |
| <u>SB1345</u> | Commercial entity offering social media accounts; restricted hours for minors, civil liability. | Jordan | Referred to Committee for Courts of Justice | Referred to Committee for Courts of Justice | identical to HB1816, monitor | 1/13/2025 |
| <u>SB1372</u> | Petitions for relief of care and custody of a child; investigation by local department of social services; Office of the Childrens Ombudsman work group; report. | Suetterlein | Referred to Committee on Rules | Fiscal Impact Statement from Department of Planning and Budget | Monitor | 1/15/2025 |

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| <u>SB1377</u> | Department of Education; mental health first aid training program. | Hashmi | Referred to Committee on Education and Health | Referred to Committee on Education and Health | identical to SB1381; pending Prevention Council | 1/13/2025 |
| <u>SB1381</u> | Department of Education; mental health first aid training program. | Hashmi | Referred to Committee on Education and Health | Referred to Committee on Education and Health | identical to SB1377; pending Prevention Council | 1/13/2025 |
| <u>SB1405</u> | Raising question of competency to stand trial or plead; evaluation and determination of competency; second evaluation. | Diggs | Referred to Committee for Courts of Justice | Referred to Committee for Courts of Justice | Oppose | 1/14/2025 |

| <u>Bill</u> | Catch line | Chief Patron | Last Committee Event | Last Action | Position | Date |
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| <u>HB1731</u> | Services for sexual assault patients; provision of information for sexual assault patients; Task Force on Services for Survivors of Sexual Assault; work group; report. | Delaney | Referred from Courts of Justice and referred to Health and Human Services (Voice Vote) | Assigned sub: Behavioral Health | FYI | 1/14/2025 |
| <u>HB1921</u> | Employment; paid sick leave, civil penalties, effective date. | Ward | Referred to Committee on Labor and Commerce | Assigned L & C sub: Subcommittee #2 | FYI | 1/14/2025 |
| <u>HB1927</u> | Department of Medical Assistance Services; remote monitoring services for pregnant and postpartum patients; reimbursement. | LeVere Bolling | Referred to Committee on Health and Human Services | Assigned sub: Social Services | FYI | 1/14/2025 |

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| <u>HB1951</u> | Workers' compensation; post-traumatic stress, anxiety, or depressive disorders, dispatchers. | Wachsmann | Referred to Committee on Labor and Commerce | Assigned L & C sub: Subcommittee #2 | FYI | 1/14/2025 |
| <u>HB1954</u> | Public school funding and staffing; special education students; support services positions. | Rasoul | Referred to Committee on Appropriations | Assigned Approps sub: Elementary & Secondary Education | FYI | 1/13/2025 |
| <u>HB1973</u> | Affordable housing; preservation, definitions, civil penalty. | Bennett-Parker | Referred to Committee on General Laws | Fiscal Impact Statement from Department of Planning and Budget | FYI | 1/14/2025 |
| <u>HB1975</u> | Patient-initiated consultation; state plan for medical assistance. | Laufer | Referred to Committee on Health and Human Services | Assigned sub: Social Services | FYI | 1/14/2025 |
| <u>HB1976</u> | Maternal Health Monitoring Pilot Program; Department of Health to implement. | Laufer | Referred to Committee on Health and Human Services | | FYI | 1/14/2025 |
| <u>HB1978</u> | Assisted living facility administrators; study; Joint Commission on Health Care to study licensure. | Cohen | Referred to Committee on Rules | | FYI | 1/14/2025 |
| <u>HB2054</u> | Affordable housing; application for special use permit for assisted living facilities. | Reaser | Referred to Committee on Counties, Cities and Towns | | FYI | 1/14/2025 |
| <u>HB2055</u> | Student health and safety; responsibility to contact parent of student at imminent risk of suicide. | Reaser | Referred to Committee on Education | | FYI | 1/14/2025 |

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| <u>HB2083</u> | Virginia Health Benefit Exchange; special enrollment period for pregnancy. | Shin | Referred to Committee on Labor and Commerce | | FYI | 1/14/2025 |
| <u>HB2093</u> | Adult adoptee access to original birth certificate; contact preference form. | Walker | Referred to Committee on Health and Human Services | | FYI | 1/14/2025 |
| <u>HB2100</u> | Medicare supplement policies; annual open enrollment period. | Maldonado | Referred to Committee on Labor and Commerce | | FYI | 1/14/2025 |
| <u>HB2104</u> | Seizure rescue meds.; administration by certain school employees, possession by certain students. | Bennett-Parker | Referred to Committee on Education | | FYI | 1/14/2025 |
| <u>HB2106</u> | Health insurance; pharmacy override for enrollee with sickle cell disease; prohibited. | Wachsmann | Referred to Committee on Labor and Commerce | | FYI | 1/14/2025 |
| <u>HB2107</u> | Health insurance; pharmacies; freedom of choice; delivery of prescription drugs; penalties. | Wachsmann | Referred to Committee on Labor and Commerce | | FYI | 1/14/2025 |
| <u>HB2109</u> | Task Force on Maternal Health Data and Quality Measures; report. | Herring | Referred to Committee on Health and Human Services | | FYI | 1/14/2025 |
| <u>HB2153</u> | Faith and housing; comprehensive plan; zoning; Department of Housing and Community Development. | Carr | Referred to Committee on General Laws | | FYI | 1/14/2025 |

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| HB2187 | Children's Ombudsman; powers and duties. | Freitas | | Fiscal Impact Statement from Department of Planning and Budge | FYI | 1/10/2025 |
| HB2258 | Bureau of Insurance; step therapy protocols; study; report. | Delaney | | Committee Referral Pending | FYI | 1/14/2025 |
| HB2269 | Hospitals; reports of threats or acts of violence against health care providers. | Tran | | Committee Referral Pending | FYI | 1/14/2025 |
| HB2275 | Virginia Freedom of Information Act; civil penalties. | Ennis | | Committee Referral Pending | FYI | 1/14/2025 |
| HB2287 | Guidelines and policies on school-connected overdose; response and parental notification. | Coyner | | Committee Referral Pending | FYI | 1/14/2025 |
| HB2296 | Reckless exposure of illegal fentanyl to certain persons; penalty; arrest and prosecution when experiencing or reporting overdoses. | Earley | | Committee Referral Pending | FYI | 1/14/2025 |
| HB2307 | Prescription Monitoring Program; requirements of practitioners; pharmacy technicians; training programs. | Hodges | | Committee Referral Pending | FYI | 1/14/2025 |
| HB2366 | Secretary of Public Safety and Homeland Security and Secretary of Health and Human Resources; combat the sale of illicit cannabis products; work group; report. | Coyner | | Committee Referral Pending | FYI | 1/8/2025 |
| HB2372 | Joint Commission on Health Care; duty to study proposed health insurance mandates. | Sickles | | Committee Referral Pending | FYI | 1/14/2025 |

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| HB2393 | Human trafficking; issuance of writ of vacatur for victims. | Mundon King | | Committee Referral Pending | FYI | 1/14/2025 |
| HB2394 | Department of Medical Assistance Services; Medicaid; long-term services and supports; presumptive eligibility; sunset. | Sickles | | Committee Referral Pending | FYI | 1/14/2025 |
| HB2445 | Absentee voting in person; available beginning 14 days prior to election; hours of operation. | Scott, P.A. | | Committee Referral Pending | FYI | 1/14/2025 |
| HB2475 | Use of safety belt systems. | Keys-Gamarra | | Committee Referral Pending | FYI | 1/14/2025 |
| HB2478 | Elections; absentee voting; drop-off locations for return of absentee ballots; 24-hour video surveillance requirement. | Zehr | | Fiscal Impact Statement from Department of Planning and Budget | FYI | 1/15/2025 |
| HB2481 | Workers' compensation; injuries caused by repetitive and sustained physical stressors. | Krizek | | Committee Referral Pending | Identical to SB803; FYI | 1/14/2025 |
| HB2482 | Virginia Public Procurement Act; competitive sealed bidding; required criteria in invitations to bid for certain construction projects. | Krizek | | Committee Referral Pending | FYI | 1/14/2025 |
| HB2493 | Gaming; conduct of Texas Hold'em poker tournaments; fantasy contests; age restrictions. | Krizek | | Fiscal Impact Statement from Department of Planning and Budget | FYI | 1/14/2025 |

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| HB2538 | Public education; early childhood care and education; funding formula calculations; Early Childhood Care and Education Fund established; report. | Bulova | | Committee Referral Pending | FYI | 1/14/2025 |
| HB2539 | Department of Medical Assistance Services; state plan for medical assistance services; dental care services for pregnant women; report. | Mundon King | | Committee Referral Pending | identical to SB756; FYI | 1/14/2025 |
| HB2582 | Real property tax; permanent and total disability; definition. | Cordoza | | Committee Referral Pending | FYI | 1/14/2025 |
| HB2597 | Provisional licenses for assisted living facilities, adult day centers, or child welfare agencies; appeals. | Rasoul | | Committee Referral Pending | FYI | 1/14/2025 |
| HB2610 | Department of Medical Assistance Services; state pharmacy benefits manager. | Callsen | | Committee Referral Pending | FYI | 1/14/2025 |
| HB2617 | Commission on Women's Health established; report. | Mundon King | | Committee Referral Pending | FYI | 1/14/2025 |
| HB2649 | Prescription Monitoring Program; exemptions; licensed narcotic maintenance treatment programs. | Wachsmann | | Committee Referral Pending | FYI | 1/14/2025 |
| HB2655 | Behavioral health services; exchange of medical and mental health information and records; correctional facilities. | Williams | | Committee Referral Pending | FYI | 1/14/2025 |
| HJ441 | Study; Virginia Commission on Youth; policies to support student mental health in Virginia's elementary and secondary schools; report. | Martinez | | Committee Referral Pending | FYI | 1/14/2025 |

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| HJ442 | Study; tax policies enacted by the Commonwealth and its political subdivisions concerning affordable housing; report. | Orrock | | Committee Referral Pending | FYI | 1/14/2025 |
| SB885 | Office of the State Inspector General; behavioral health and developmental services; required reports. | Perry | Reported from General Laws and Technology (15-Y 0-N) | Committee Referral Pending | FYI | 1/14/2025 |
| SB937 | Administrative Process Act; issuance of provisional licenses, exemption from appeal. | Craig | Referred to Committee on Rehabilitation and Social Services | Committee Referral Pending | FYI | 1/14/2025 |
| SB980 | Certified community health workers; state plan amendment to provide reimbursement for services. | Hashmi | Referred to Committee on Rules | Committee Referral Pending | FYI | 1/14/2025 |
| SB1385 | Department of Emergency Management and the Department of Health to study the makeup and composition of the emergency management regions, state health regions, and local health districts; report. | Favola | Referred to Committee on Rules | Committee Referral Pending | FYI | 1/14/2025 |
| SB1393 | Department of Health; pregnancy mobile application. | Williams Graves | Referred to Committee on Education and Health | Committee Referral Pending | FYI | 1/14/2025 |
| SB1406 | Office of the Childrens Ombudsman; foster youths right to receive information. | Salim | Referred to Committee on General Laws and Technology | Committee Referral Pending | FYI | 1/14/2025 |

| Bill | Catch line | Chief Patron | Last Committee Event | Last Action | Position | Date |
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| HB1940 | International licensure and certification; regulations. | Willett | Referred to Committee on General Laws | | Drop | 1/6/2025 |
| HB1955 | Manufacturing, selling, giving, distributing, or possessing with intent to manufacture, sell, give, or distribute a controlled substance or an imitation controlled substance prohibited; penalties. | Gardner | Referred to Committee for Courts of Justice | | Drop | 1/8/2025 |
| HB1977 | Weapons; possession prohibited in a hospital that provides mental health or developmental services. | Hernandez | Referred to Committee for Courts of Justice | | Drop | 1/14/2025 |
| HB2053 | Baseline audit of education preparation programs; Department of Education to conduct. | Reaser | Referred to Committee on Education | | Drop | 1/7/2025 |
| HB2060 | Workers' compensation benefits; post-traumatic stress disorder, anxiety disorder, or depressive disorder incurred by law-enforcement officers and firefighters. | Krizek | Referred to Committee on Labor and Commerce | | Drop | 1/14/2025 |
| HB2064 | Firearm locking device; required for sale or transfer of firearm. | McClure | Referred to Committee on Public Safety | | Drop | 1/7/2025 |
| HB2075 | Sexual abuse of children; penalty. | Garrett | Referred to Committee for Courts of Justice | | Drop | 1/7/2025 |
| HB2079 | Board of Pharmacy; membership; emergency medical services agencies authorized to obtain controlled substance registration. | Thomas | Referred to Committee on General Laws | | Drop | 1/14/2025 |

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| <u>HB2088</u> | Virginia Forensic Nursing Advisory Council established; powers and duties of Criminal Justice Services Board; sexual assault forensic examiners; physical evidence recovery kits. | Shin | Referred to Committee on Health and Human Services | | Drop | 1/7/2025 |
| <u>HB2119</u> | Certificate of public need; establishes expedited application and review, medical deserts. | Walker | Referred to Committee on Health and Human Services | | Drop | 1/14/2025 |
| <u>HB2133</u> | Health insurance; coverage for breast examinations for high-risk individuals. | Keys-Gamarra | Referred to Committee on Labor and Commerce | | Drop | 1/7/2025 |
| <u>HB2167</u> | Charitable gaming; conduct of athletic event drawings; civil penalties. | Krizek | | Committee Referral Pending | Drop | 1/7/2025 |
| <u>HB2171</u> | Virginia Lottery; Internet gaming authorized, penalties. | Simon | | Committee Referral Pending | Drop | 1/7/2025 |
| <u>HB2325</u> | State Board of Local and Regional Jails; work group to review standards and regulations for pregnant and postpartum incarcerated persons in local and regional correctional facilities; report. | Simonds | | Committee Referral Pending | Drop | 1/8/2025 |
| <u>HB2354</u> | Transfer of certain incarcerated persons to Immigration and Customs Enforcement. | Wilt | | Committee Referral Pending | Drop | 1/8/2025 |
| <u>HB2389</u> | Sanctuary policies prohibited. | Higgins | | Committee Referral Pending | Drop | 1/8/2025 |

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| HB2448 | Interstate Massage Compact. | Glass | | Committee Referral Pending | Drop | 1/8/2025 |
| HB2488 | Local tax authority; nicotine vapor products. | Green | | Committee Referral Pending | Drop | 1/8/2025 |
| HB2498 | Virginia Gaming Commission; established. | Krizek | | Committee Referral Pending | Drop | 1/13/2025 |
| HB2615 | Access to minor's records; records contained in or made available through secure website. | Ennis | | Committee Referral Pending | Drop | 1/13/2025 |
| HB2616 | Regional emergency medical services councils. | Ennis | | Committee Referral Pending | Drop | 1/13/2025 |
| HB2641 | Statewide housing targets for localities. | Helmer | | Committee Referral Pending | Identical to SB975; drop | 1/14/2025 |
| HB2645 | Commission on Early Childhood Care and Education; members. | Feggans | | Committee Referral Pending | Drop | 1/7/2025 |
| HJ447 | Statewide food desert mapping tool; Virginia Commission to End Hunger to establish, report. | Anthony | | Committee Referral Pending | Drop | 1/7/2025 |
| SB975 | Statewide housing targets; requires localities to increase their total housing stock. | VanValkenburg | Referred to Committee on Local Government | | Identical to HB2641; drop | 1/7/2025 |
| SB981 | Certified community health workers; Department of Health to submit annual report. | Hashmi | Referred to Committee on Education and Health | | Drop | 1/7/2025 |

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| SB1011 | Affordable dwelling unit program; adds City of Falls Church to list. | Salim | | Reported from Local Government (12-Y 1-N) | Drop | 1/15/2025 |
| SB1164 | Office of Medicaid Financial Oversight established. | McDougle | Rereferred from General Laws and Technology to Finance and Appropriations (15-Y 0-N) | | Drop | 1/15/2025 |
| SB1334 | Juvenile and domestic relations district court; preliminary hearing; violent juvenile felony. | Marsden | Referred to Committee for Courts of Justice | | Drop | 1/13/2025 |
| SB1344 | Virginia Housing Trust Fund; creation and management. | Jordan | Referred to Committee on General Laws and Technology | | Drop | 1/13/2025 |
| SB1391 | Adding a member of the Department of Veterans Services to the Commission on Early Childhood Care and Education. | Srinivasan | Referred to Committee on Education and Health | | Drop | 1/13/2025 |