

**RAPPAHANNOCK AREA COMMUNITY  
SERVICES BOARD**

**February 18, 2025**

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

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XIII. Adjournment

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# January 2025 Board of Directors Meeting Minutes

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## I. CALL TO ORDER

A meeting of the Board of Directors of the Rappahannock Area Community Services Board was held on January 28, 2025, 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, Ken Lapin, Greg Sokolowski, Bridgette Williams, Carol Walker, Matthew Zurasky, Melissa White, Susan Gayle and Sarah Ritchie. Not Present: Glenna Boerner and Shawn Kiger.

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

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

**ACTION TAKEN:** The Board approved the December 17, 2024 minutes

Moved by: Ms. Carol Walker

Seconded by: Ms. Claire Curcio

## III. PUBLIC COMMENT

No Action Taken

## IV. SERVICE AWARDS

Mr. Joe Wickens recognized all employees with awards:

### 5 years

**Dwayne Coleman**, Asst Group Home Manager, Churchill

**Tammy Miller**, Nurse Manager, Crisis Stabilization

**Britton Pickeral**, Assistant Site Leader, Kings Hwy

**Agnes Sabumuremyi**, DSP, Scottsdale Estates

### 10 years

**Sarah Davis**, Clinic Coordinator, King George

V. **Employee of the 2<sup>nd</sup> Quarter** – Rachael Nieves – *announcement to be made next month when she is available to attend meeting.*

## VI. BOARD CORE BEHAVIORS, Mr. Jacob Parcell

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

## VII. PRESENTATION, RAAI Program, Ms. Lacey Fisher

Ms. Fisher gave the Board a detailed overview of the services provided by RAAI ID/DD Day Support programming along with some of the challenges they face as a program. She covered the four different services they cover under their license: Group Day, Community Engagement,

Customized Rate and ICF services. Mr. Parcell asked where they chart individual's information. Ms. Fisher said that it is all inside the electronic health system, myAvatar. Mr. Parcell then asked what the biggest challenge for the program is. Ms. Fisher said funding. Given the kind of services they provide, they need more staff.

Mr. Wickens commented that Ms. Fisher did a good job of packing a lot of information into the presentation in a short period. She has done an incredible job of keeping the RAAI program operational, despite the deficits. He stated she has done everything from cutting costs to increasing revenue. A special thanks was given to Ms. Fisher.

## VIII. PROGRAM REPORTS

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

1. **Program Update** – Ms. Jindra also thanked Ms. Fisher for her presentation. She noted that within the DD Residential program update she wanted to send along a special thank you to the Lions Club for hosting a Christmas party for the individuals. It was a great success.
2. **KOVAR Grant** – Mr. Curtis said that a KOVAR representative had gotten back to them regarding the Myers Drive grant application and they told them to look at something more tangible in their application request. The program adjusted and resubmitted the application to align with the request for review. The grant will be reviewed at KOVAR's February 1<sup>st</sup> Board meeting.
3. **Myers Drive Respite Update** – Mr. Curtis went over progress updates since last reviewed with the Board in late August 2024. He gave highlights saying that keeping the two staffing positions frozen has been effective. He also noted that the open house they hosted was very successful, they had eleven families stop by along with Stafford County Schools. He suggested doing another open house in the Spring. He stated that September was a good month for Myers. Overall, for the five months in the cycle, three of the five months hit higher targets than they previously had. He said that they are getting returns on the private pay individuals despite the rate increase because people are continuing to use the service.

Mr. Curtis said that their efforts to implement improvement strategies to enhance the program's effectiveness, increase revenues, and manage expenses are working. They are seeing it in their numbers, but inevitably they lose people to programs and also people move out of the area. Mr. Wickens reminded the Board that a vacancy in one of our group homes is \$140,000 annually and that Myers is a way for individuals to prepare to transition to a group home – inevitably alleviating vacancies.

Ms. Beebe asked if the 164 overnights from August was an increase. Mr. Curtis confirmed that it was.

4. **Title VI Policy Update** – Ms. Jindra stated this update was from last October's discussion during Board where it was agreed that there would be an updated version of the policy by January Board meeting. All edits have been made to the document and a copy of the tracked changes document along with a final version was submitted for the Board's review.

The Board moved to approve the Title VI Policy Update.

**ACTION TAKEN: The Board approved the Title VI Policy Update**

Moved by: Mr. Matthew Zurasky  
Seconded by: Ms. Bridgette Williams

5. **Sunshine Lady House Utilization** – Ms. Jindra shared that in December Sunshine served 22 individuals from RACSB catchment and 1 individual from outside the area, for a total of 81 bed days. 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.
6. **Mental Health and Developmental Disabilities Residential Vacancies** - Ms. Jindra covered residential vacancies for the month of December. She said they are doing some shifting and some moving in and out. For DD Residential, they are going to have Leeland filled. Charts were provided for DD Residential, Mental Health Residential and Permanent Supportive Housing indicating vacancies and placements.

Ms. Bridgette Williams asked about Permanent Supportive Housing and if we pay a percentage of the individual's housing. Ms. Jindra said that the PSH program is designed to permanently provide support for continued housing and that it is individually based. If an individual has an income, they are expected to pay a portion, but the program will pay to assist them if they need help.

#### B. CLINICAL SERVICES, *Ms. Jacque Kobuchi*

1. **Program Update** - Ms. Kobuchi gave highlights of her programs. She said that they filled several staffing positions in the month of December. She stated that the veterans lead therapist now has a caseload seeing veterans and their family members. The program has also been doing some coordination with the new Veterans Clinic to be able to help them manage their crises with ECOs and TDOs. Ms. Kobuchi also noted that the Fredericksburg Area Association of Realtors provided Christmas presents to Project Link members in December. This was a great success.
2. **State Hospital Census Report** -Ms. Kobuchi shared that there is currently no one on the Extraordinary Barriers List. They have 37 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.
3. **Emergency Custody Order (ECO)/ Temporary Detention Order (TDO) Report – December 2024**. Ms. Kobuchi stated that Emergency Services staff completed 151 emergency evaluations in December. 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. Data reports were submitted.

4. **CIT and Co-Response Report-** Ms. Kobuchi reported that the CIT Assessment Center served 16 individuals in the month of December. 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 that they have had a goal over the past several months to eliminate all of their wait lists and increase assessments through same day access. Stafford Clinic still has a waitlist but is down to 48 individuals on the waitlist. They did have someone unexpectedly go out early on maternity leave and one of the new therapists chose not to continue in their position therefore, they do have vacancies at the Stafford Clinic. This week they are starting same day access, so they will be bringing people in as they continue to decrease Stafford’s waitlist.
6. **C&A Case Management Residential Placement Quarterly Report** - Ms. Kobuchi reported that for the second quarter there are 22 children and/or adolescents that are in out-of-home placements which was an increase of two children from the first quarter. They had five admissions and six discharges.
7. **Specialty Docket Graduation Rate Report, Quarter Two** – Ms. Kobuchi reported that specialty dockets had a goal of 75% graduation rate and they are currently collectively, between all four dockets, at 83.5% graduation rate. She said they continue to work with Fredericksburg City developing a behavioral health docket.

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

1. **Program Update** - Ms. Terrell shared with the Board that in December they began doing real time audits. She said that most of their audits for charts are done after the documentation has been added to charts. In this instance, for residential services, they are doing some auditing prior to the information being finalized into the chart. They are looking at quarterlies and plans because of documentation issues in the past. For the month of December, they have one utilization specialist doing the auditing. This specialist has reviewed 26 quarterlies and 2 individual service plans during the month of December. This will continue for six months and then they will see how documentation is after that time.
2. **Quality Assurance Report** – Ms. Terrell said that they reviewed 2 programs; Intellectual Disability Group Home-Myers Respite and Developmental Services Support Coordination-Fredericksburg. For Myers there were discrepancies with the Documentation and Quarterly Reviews. For Developmental Services Support Coordination-Fredericksburg there were discrepancies with Documentation, Individual Service Plans, Quarterly Reviews and Progress Notes. Corrective Action Plans were identified for each of the discrepancies.
3. **Licensing Reports** – Ms. Terrell said we received 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. Corrective Action Plans were provided and reviewed for each of the citations along with RACSB's response.

The Board moved to approve the Licensing Reports

**ACTION TAKEN: The Board approved the Licensing Reports**

Moved by: Ms. Claire Curcio

Seconded by: Ms. Carol Walker

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

1. **Program Update** - Ms. Umble shared that she gave the Board the latest issues of the employee newsletter, the RACSB's Annual Report, and VACSB's Annual Report. She also shared that the RAAI Valentine's Day flower bouquet sale is now available on the RACSB website.

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

1. **Program Update** - Ms. Wagaman shared that January was filled with trainings. She said that the Save One Life Coalition – a two-year project to get bus signs posted on Fred buses – has finally happened, raising awareness of the life saving medicine Narcan. The Youth First event is coming up which involves school staff, nonprofits, providers, and several hundred staff from the community. Prevention will be there as a sponsor and hopes to bring back the best vendor award. Ms. Wagaman added that DBHDS is providing CSBs with some scholarships for the Creating Trauma-Sensitive Schools conference. There is an in person three-day conference in Atlanta and also a two-day virtual conference. They have been able to partner with their local school divisions and a few other community partners to provide scholarships for the virtual component.
2. **Prevention Dashboard** - Ms. Wagaman shared that she plans to share the prevention dashboard data quarterly with the Board. This dashboard looks at their data, their strategies, what prevention departments are going to do to address some of the substance misuse, suicide rates etc.

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



1. **Program Update** – Ms. Brandie Williams announced that she wanted to update the Board on the events over the last fifteen hours given the announcement of the Presidential Executive Order. She shared that there was an Executive Order that paused federal funding, federal assistance, federal grants, and scholarships. She said that currently everyone is trying to figure out what this means for their organization. She said that for the RACSB federal funding makes up about 8-9% of the budget. This means that there will be a pause in disbursing money for federal funds after 5pm today. This has an immediate impact on many of our programs. Such as, substance abuse programs, PEID program, Healthy Families program, and many of the Prevention activities.

Ms. Williams provided an overview of report from DBHDS on their plans including federal funding and pivot of state funds as needed. State funds represent about 25% of RACSB's budget. Medicaid represents about 68% of the budget. Currently, with the Executive Order, Medicaid is still the biggest unknown. Although it is state-operated, it relies heavily on federal dollars.

Mr. Lapin asked if we will have to shut down the prevention programs if we don't get funding. Mr. Wickens said he didn't know at this time. Mr. Zurasky asked if we are informing our Senators and Representatives letting them know what impact this has on us, or are we waiting for DBHDS to do that. Mr. Wickens said things were moving fast at the moment, but it was a good question. He said that most likely CSBs will step up if DBHDS does not.

Ms. Brandie Williams reminded the Board that we have six months of operating expenses in reserve, so we have some time to pivot if the situation calls for it.

Ms. Curcio asked for a fact sheet to be sent to the Board, when things were slightly more stable, so they know what to say to their state representatives when they write to them. Ms. Brandie Williams confirmed she would do so as more was revealed.

2. Ms. Williams provided the November Financial Summary.

The Board moved to approve the November Financial Summary

**ACTION TAKEN: The Board approved the November Financial Summary**

Moved by: Mr. Matthew Zurasky

Seconded by: Ms. Bridgette Williams

3. Ms. Williams reviewed the December Financial Summary.

The Board moved to approve the December Financial Summary

**ACTION TAKEN: The Board approved the December Financial Summary**

Moved by: Mr. Matthew Zurasky

Seconded by: Ms. Bridgette Williams

4. **Meal Reimbursement Proposed Revision to Policy** - Ms. Williams stated 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 the RACSB. It was recommended to 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. The current GSA rates for our catchment area for 2025 are \$16 for Breakfast, \$19 for Lunch, and \$28 for Dinner. 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 Board moved to approve the revision to Employee Handbook and Financial Policy 7.11 Travel.

**ACTION TAKEN: The Board approved the revision to Employee Handbook and Financial Policy 7.11 Travel**

Moved by: Ms. Carol Walker

Seconded by: Mr. Matthew Zurasky

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

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

- 1. Program Update** – Mr. Mestler went over program highlights for December. HR had a bit of a slow down during December, although they still hired 30 employees and onboarded 14. A big project for the agency, that HR assisted in, was getting through the mid-year evaluations, all of them were turned in for 100% compliance.
- 1. Inclement Weather Policy Update** – Mr. Mestler said that the executive leadership team reviewed the policy 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. The executive leadership team recommended that the Board of Directors approve the updated policy.

Ms. Curcio asked a question about 7.4 B paragraph three, regarding *if a full-time employee is scheduled to be on leave 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*. Ms. Curcio stated that she didn't think she would like that if she were an employee, she perhaps could understand it from a bookkeeping perspective but didn't think it was fair otherwise. Ms. Brandie Williams said historically the policy specifically referenced medical leave and disability. Ms. Curcio said that if she was an employee, and she was on vacation and there is no work that day, it doesn't seem like she should be charged a vacation day. It was discussed amongst the group and agreed that Mr. Mestler would adjust the wording in the policy that specifies this is only for staff on medical disability leave.

Mr. Zurasky asked about paragraph A. and said that he would list RACSB's website and Facebook page first. He then asked if we send text alerts to employees regarding inclement weather updates. Ms. Kobuchi said they are working on that. Currently, they don't have the capability to do that. Ms. Jindra

added that we do send internal text messages to coordinators who in turn send to program managers who notify employees. Ms. Brandie Williams said that we are hoping to manage the text alerts through the client portal but we need to be very mindful of protected health information when we are implementing it. Mr. Zurasky said that currently we have a system where the employee has to pull the information as opposed to the information being pushed to them. That needs to change. Mr. Wickens said the practice is antiquated and they are looking at making changes.

The Board moved to approve the updated Inclement Weather Policy with the aforementioned revisions

**ACTION TAKEN:** The Board approved the updated Inclement Weather Policy with the aforementioned revisions

Moved by: Ms. Claire Curcio

Seconded by: Mr. Matthew Zurasky

- 2. Applicant and Recruitment Update** – Mr. Mestler noted that for the month of December, RACSB received 306 applications. Of the applications, 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 were 34 open positions, 27 full-time, 7 part-time.

Mr. Parcell asked about the open Psychiatrist position and whether one position had already been filled. Mr. Mestler confirmed that they had filled two positions and both doctors start in June. Ms. Kobuchi said they have left the Psychiatrist position open on the open position list to see what other candidates they might get.

- 3. Turnover Report** – Mr. Mestler shared that HR processed a total of nine employee separations for the month of December. All the separations were voluntary.

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

- 1. Program Update** – Ms. Williams said that March 1<sup>st</sup> is the Go Live date for the transition to the new statewide data exchange. This has been a two-year project with DBHDS and we are excited. It moves our data and state reporting to a modern process. Kudos to IT for the hard work on this project. She announced that we have procured our Mobile MAT Vehicle and we anticipate having it customized within 90 days. In addition, the Administrative Policy Committee, which works to negotiate changes to the DBHDS Performance Contract, has met every two weeks to discuss upcoming changes.
- 2. New DBHDS Public Dashboard**– Ms. Williams provided the new DBHDS Public Dashboard that aggregates CSB context and performance data to inform executive-level analysis and decision-making. The main objective of the dashboard is to have some public accountability for meeting different outcomes from CSBs and is part of the Commissioner’s strategic plan.

**3. Legislative Priorities Report** - Ms. Williams gave an update of the 2025 legislative updates and priorities. She spoke of the Public Policy Committee that she is on that meets monthly to review all of the bills to maintain updates on them. She gave kudos to Alison Standing for her work on that Committee. She included items of note from the Governor's Introduced Budget. She then drew attention to bills related to CSBs that we need to keep an eye on. The first one is HB1730 and SB894 which is around liability for agencies who serve vulnerable individuals. If this law went into effect, it would change the burden of proof to assumed guilty unless we are able to prove beyond a reasonable doubt that we did everything we could to prevent negligent activity.

Ms. Williams noted that HB1827 is another bill of interest for RACSB. It would require localities to include and support access to social determinates of health in their comprehensive plan.

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

- A. Mr. Wickens shared that we are hosting an all staff *In Service Day*, February 12, 2025. It will be held at Salem Fields Community Church. We will have all the staff in one location for a day. It will be a great event.
- B. Mr. Wickens updated the Board regarding the DOJ settlement stating that a federal judge signed a permanent injunction to end the settlement. This is a big deal for the entire system because we have been dealing with this for over 12 years. There is an independent reviewer that will follow it for the next two years. Mr. Lapin said he knows they terminated the lawsuit but they still had some conditions. Mr. Wickens said the conditions are that we keep moving forward, and the independent reviewer is going to make sure that we continue to follow those steps.

**X. BOARD TIME**

- A. Mr. Parcell said thank you for everything, a lot of hard work, we appreciate it.
- B. Ms. Ritchie said she agreed and thank you for the transparency.
- C. Ms. Curcio said thank you because it looks like we get better and better each month when she reads the reports.
- D. Ms. Walker said she's glad we raised the rates for travel especially since our competition is right down the street, that is going to be critical to our survival as well. Thank you for looking out for us and for your staff.
- E. Mr. Lapin thank you for everything you're doing in this relatively tumultuous time we have right now.
- F. Ms. Beebe thank you, you all do a great job.
- G. Ms. Gayle, thank you.
- H. Ms. White, thank you.
- I. Ms. Williams, thank you.
- J. Mr. Zurasky, I appreciate all the work you do. I think the next six weeks are going to be stressful on everyone so be aware of that, take the time to take a deep breath. Just know that the Board is behind you. We are a strong organization and we're actually well positioned during this tumultuous time.
- K. Mr. Sokolowski, I'm impressed with Brandie and the way she voices her passion for the work she does. Thank you.

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

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

- CRC Update

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

The motion was unanimously approved.

Upon reconvening, Ms. Beebe called for a certification from all members that, to the best of their knowledge, the Board discussed only matters lawfully exempted from statutory open meeting requirements of the Freedom of Information Act; and only public business matters identified in the motion to convene the closed meeting.

A roll call vote was conducted:

Bridgette Williams – Voted Aye  
Claire Curcio – Voted Aye  
Nancy Beebe – Voted Aye  
Melissa White – Voted Aye  
Carol Walker – Voted Aye  
Ken Lapin – Voted Aye

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

The motion was unanimously approved.

**XII. ADJOURNMENT**

The meeting adjourned at 6:02 PM.

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Board of Directors Chair

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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](mailto: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



Rappahannock Area Community Services Board  
**Executive Committee Meeting Minutes**

Thursday, February 6, 2025 at 4:00 p.m.  
600 Jackson Street, Board Room 208, Fredericksburg, VA

**Attendees:** Joseph Wickens, Nancy Beebe (Chair), Jacob Parcell (Vice Chair), Matt Zurasky (Secretary), Ken Lapin

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**MINUTES**

**Call to Order – Nancy Beebe / Chair**

A meeting of the Executive Committee of the Rappahannock Area Community Services Board was held at 600 Jackson Street on February 6, 2025.

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

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

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

The motion was unanimously approved.

Upon reconvening, Ms. Beebe called for a certification from all members that, to the best of their knowledge, the Board discussed only matters lawfully exempted from statutory open meeting requirements of the Freedom of Information Act; and only public business matters identified in the motion to convene the closed meeting.

A roll call vote was conducted:

Nancy Beebe – Voted Aye	Jacob Parcell – Voted Aye
Matt Zurasky – Voted Aye	Ken Lapin – Voted Aye

The motion was unanimously approved.

**II. ADJOURNMENT**

The meeting adjourned at 5:17 PM.

## **Community Support Services Program Updates**

**February 2025**

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

We are currently supporting 112 individuals and continuing to assess those on the waitlist of 30. This quarter, we are focusing on individuals desiring Community Engagement services based out of the YMCA and anticipate starting 2 new groups in the next 30-60 days. Spring planting has begun in our greenhouses and our Valentine's Day Flower sale is underway.

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

A longtime individual of one of our ICF programs passed away in January due to medical complications. Staff will attend his services in early February.

We are down to approximately 10 staffing vacancies and teams are working to eliminate instances of overtime across all DD Residential services. We have seen a correlating drop in OT in the past couple of months attributed to hiring efforts, streamlined onboarding processes, and newer staff settling into their positions/expectations.

RACSB's Person Centered Coaches team met together on 1/31 to strategize, discuss challenges, discuss successes, chat about PCT tools, and to commit to sharing practices back at their programs. We will again meet on 2/13 with other regional coaches as we work to broaden the scope of best practices within our services. Person Centered Thinking is a series of beliefs and best practices to help support people to better lives. In human services, it's essentially our form of offering the best customer service experience for the people we support.

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

There are currently 519 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 86 referrals in January. There are currently 16 providers on staff.

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

Lafayette Boarding House provided overnight trial passes for 2 individuals and filled one transitional bed in January.

Home Road filled one transitional bed in January. Another individual is on pass for a community bed and is expected to be admitted by February 3.

PSH housing locator, Cybil Usual, assisted 5 individuals to apply and get approved for housing. Two individuals moved into housing in January, while 3 are scheduled for February. Not including the 3 individuals that will move in February, there are currently 63 individuals housed with PSH.

Laura Watson was promoted from PSH Case Manager to PSH Manager, effective January 20.

Jonathan Reese was praised by an Anthem Care Coordinator that works with the residents of Liberty Street and River Place. Jonathan's supervisors received the following email: I just wanted to give some praise for Johnathan Reese. We have worked on 2 members of mine together over the past year and he is ALWAYS on top of what the member needs and is an amazing advocate for his clients. I hope his admin is aware of the time and thought he puts into his clients. He is forward thinking, he is true professional and a delight to work with.

## Psychosocial Rehabilitation: Kenmore Club - Anna Loftis

Kenmore Club had a successful January. We went ice skating, visited the zoo, and went to the Air and Space Museum. We have a lot of activities planned for February. Of course, the Annual Super Bowl Party, which is expected to have a very large turn-out, will be on Sunday the 9<sup>th</sup>. It remains our largest attended weekend program. We also have a Valentine's Day party planned, as well as model car building. We are continuing to promote the Art of Recovery and started a Study Hall group to provide dedicated time for the members who are enrolled in college to work on their classes.

Sunshine Lady House (Crisis Stabilization) - Latroy Coleman

SLH received 54 prescreens in the month of January 2025. Thirty- seven guests were admitted to the program. We served 3 guests in the detox program. We continue to receive prescreens from outside of our catchment area. SLH and ES continue to enhance collaboration. SLH has met with ES to discuss policy and procedures as it pertains to TDO admissions. The fulltime therapist position has been filled. She began NEO on 2/3/2025. We are excited to expand our clinical supports. Currently, we have two mental health residential positions and one part time peer position vacant. We continue to review applications as they come in and interview viable options.

# Memorandum

**To:** Joe Wickens, Executive Director

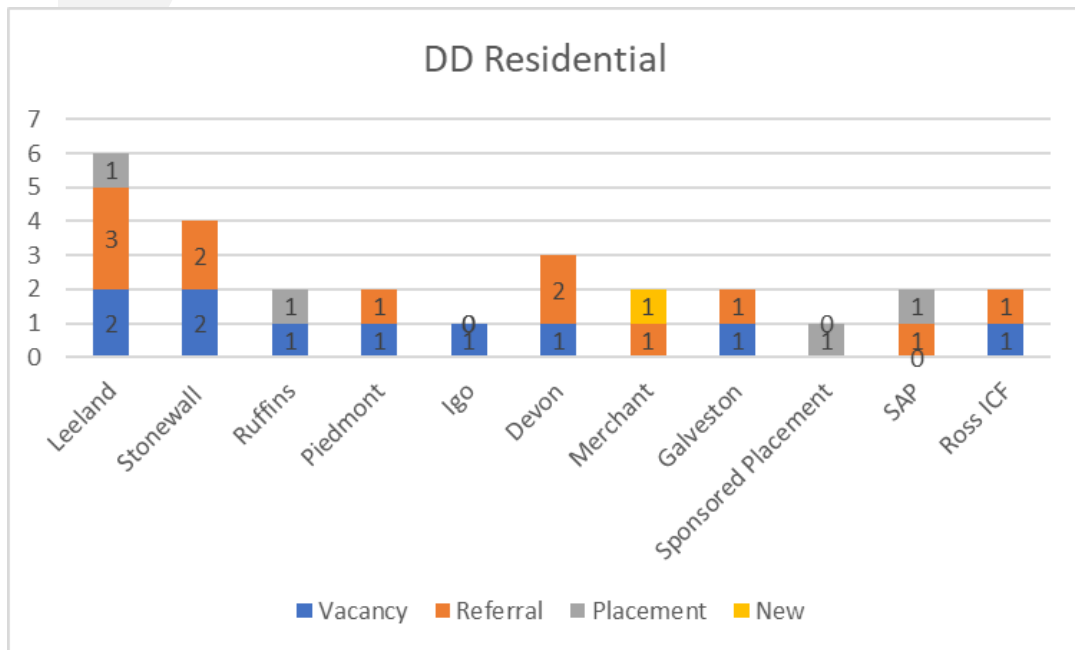
**From:** Amy Jindra, CSS Director

**Date:** February 6, 2025

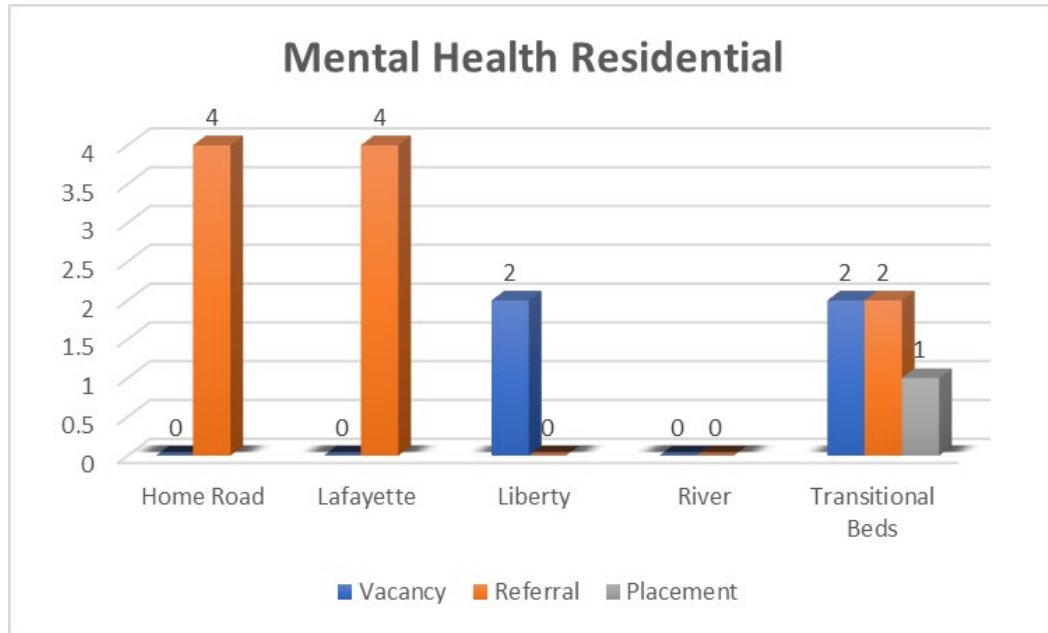
**Re:** Mental Health and Developmental Disabilities Residential Vacancies

During the month of January, 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 is currently evaluating 13 individuals for various settings. Of the 13 individuals, 4 are current residents seeking placement changes due to level of care needs. The remaining 9 individuals are from outside of residential services. The program has February move in dates for 4 of the 13 individuals. Myers will provide assessment placement for 2 other individuals. The chart below includes current vacancies, referrals, and anticipated placements. Unfortunately, a long time resident of Ross ICF passed away on January 29.



In January, Mental Health Residential supported 5 individuals in moving into housing. PSH found apartments for 2 individuals. Of the 5, 2 individuals moved into transitional beds, 1 at Lafayette Boarding and 1 at Home Road. The remaining individual moved into Home Road's last community bed. MH Residential anticipates another individual moving into a transitional bed once the DAP and conditional release plan is approved. The program is assessing 4 other individuals for residential placements should a community bed at Lafayette or Home Road become available.



Permanent Supportive Housing, PSH, provides housing and case management services for individuals with serious mental illness. PSH anticipates 3 individuals moving into apartments in February. They have 14 other individuals that meet criteria and are awaiting housing.

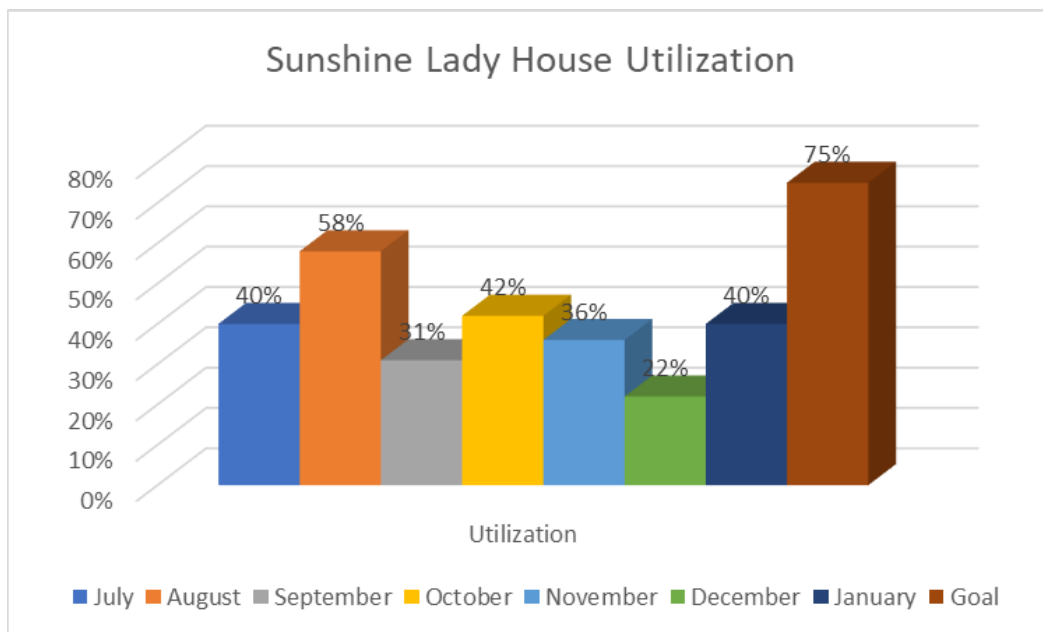


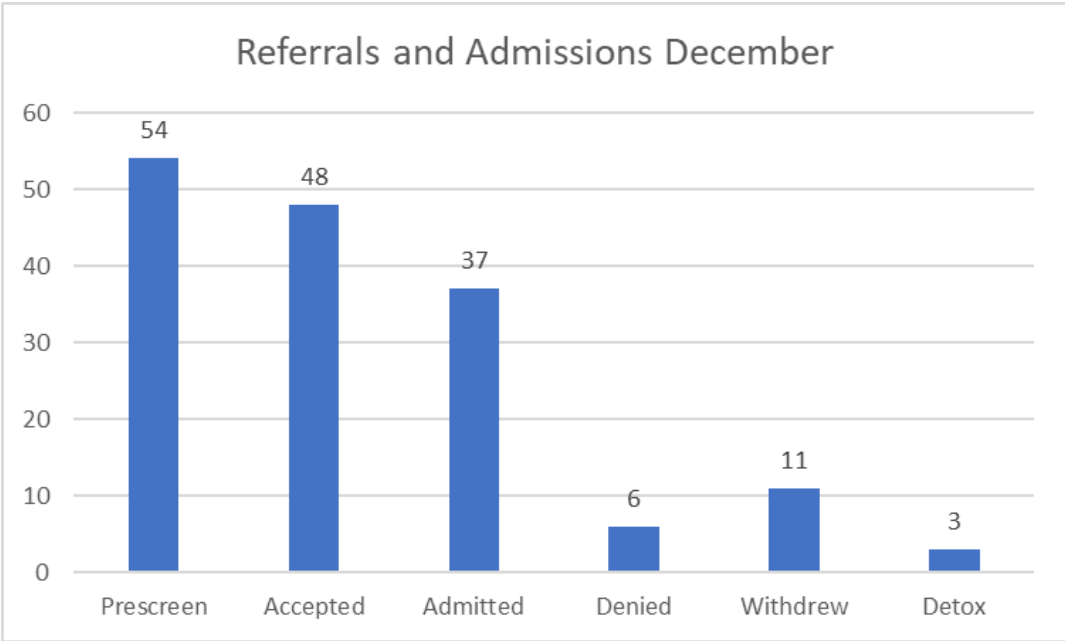
# Memorandum

**To:** Joe Wickens, Executive Director  
**From:** Amy Jindra, CSS Director  
**Date:** February 6, 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 January, Sunshine received 54 prescreens. The program accepted 48 individuals and served 37. Of those served, 3 individuals participated in detox services. The program supported 3 individuals from Region 10 and 1 from Encompass. The program utilized 11 days for medically managed detox and 137 days for crisis stabilization services for a total of 146 days. Only 6 individuals were denied due to medical needs and behavioral concerns exceeding program limitations.







To: Joseph Wickens, Executive Director

From: Jacqueline Kobuchi, Director of Clinical Services

Date: 2/6/25

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

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## Outpatient Services

### Caroline Clinic - Nancy Love, LCSW

Clinicians completed 36 intakes during January. Twenty-eight were completed via Same Day Access and eight were scheduled intakes. We continue to offer services in-person as well as virtually. An applicant has been selected for Office Manager who was promoted from the Fredericksburg clinic and will begin in February. Clinic Coordinator maintains collaboration with District 41 Hanover Probation and Parole to improve referral process and to best support the individuals we serve. Staff participated in training last month on trauma-informed therapy.

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

During the month of January, the Fredericksburg Clinic completed 60 intake assessments for individuals requesting outpatient services and two of those intakes were for children/adolescents utilizing Same Day Access. 38 of those assessments took place over ZOOM and 24 took place in person at the Fredericksburg Clinic. Out of the 60 intakes, 47 of those intakes were scheduled utilizing Same Day Access. The Children's Services Clinic completed 12 intakes on children and adolescents. Our new Child/Adolescent Therapist has started at the Children's Services Clinic and we also welcomed a Germanna Behavioral Health Tech Intern at the end of January to our team. We have been able to hire an Intake Therapist at the Fredericksburg Clinic and they will begin mid-February.

### King George Clinic - Sarah Davis, LPC

The King George Clinic continues to offer two weekly substance abuse groups. This month there was one successful group graduate. Group topics included Coping skills/Habits, Relapse Prevention Plans, Connection, Stigmas, and Narcan Education. The King George Clinic dispensed 7 Narcan kits this month. King George staff completed sixteen Same Day Access intakes and 7 non-Same Day Access intakes. All King George staff attended a training entitled *Ethics: Personal Values in the CSB*. Another staff member attended a training entitled *The Neurobiological Impact of Substance Use on the Developing Adolescent Brain*.

King George staff would like to highlight a recent success story regarding a client who presented to treatment with significant challenges in interpersonal relationships/communication, anger responses, and challenges with transitions. This individual discharged successfully with improvements in relationships, growth in coping skills, and increases in self-confidence. The staff member received positive feedback from the parents and the client regarding their therapy experience.

### Spotsylvania Clinic - Katie Barnes, LPC

The Spotsylvania Therapists continue to provide outpatient therapy to individuals ages five and up struggling with mental health and substance use concerns. Therapists completed 55 intakes during the month of January. Thirty two of those intakes were completed through Same Day Access. The Substance Use Therapist continues to provide weekly

group therapy with anticipation of adding an additional group. Two therapists participated in the Human Trafficking Awareness event sponsored by Spotsylvania County Schools.

RACSB continues to employ a Child and Adolescent Therapist who provides Trauma Focused Cognitive Behavioral Therapy to children who have disclosed abuse through Forensic Interviews at Safe Harbor Child Advocacy Center. Services provided at Safe Harbor are free of charge to victims. The therapist continues to participate in monthly Training for Adoption Competency to enhance her skills serving children who do not reside with their biological parents.

The School-Based Therapist continues to provide therapy in Fredericksburg City. This program is designed to eliminate barriers to children needing mental health supports, as therapy is now available at school. The therapist serves students at Hugh Mercer Elementary, Walker Grant Middle, and James Monroe High School.

### **Stafford Clinic - Lindsay Steele, LCSW**

During the month of January, the Stafford clinic met with clients in person, as well as virtually. Stafford clinicians completed 27 intakes for adults and children. The Stafford clinic reinstated same day access on 02/04/2025. Same day access will be offered Tuesdays, Wednesdays and Thursdays each week. There are currently 18 people remaining on a waitlist and we are working to get them scheduled. Calls are made weekly to each person on the waitlist. There is currently a child/adolescent therapist position open and interviews are being completed. The co-ed substance use group continues to meet weekly and is run by Nikesha Harrison. Group topics have included relapse prevention and self-reflection.

### **Medical Services - Jennifer Hitt, RN**

In the month of January, Outpatient Medical completed 86 psychiatric assessments for new patients. Caseload transfer from departed nurse practitioner should be near completion by the end of February. An outpatient nurse completed her RN to BSN program and graduated in January.

### **Case Management - Adult - Patricia Newman**

During the month of January 2025, the Adult Mental Health Case Management team enrolled 14 individuals in services. The first few months after enrollment tend to be the busiest as the case manager is working to link the individual with necessary services, helping them to apply for benefits and connecting them with appropriate resources. Many individuals are discharging from the hospital or may even be in crisis when they first enroll in case management services. Our goal is to provide the supports necessary for as long as needed until the individual is connected to appropriate services, their desired goals are met, and they are able to independently maintain active engagement in services.

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

Child and Adolescent Case Management continues to receive referrals with an increase in recent referrals from Stafford County. There have been no new admissions to CCCA and no new admissions to residential placements in the month of January. Staff will be attending the Youth First Conference in February which is a local vendor fair and conference that

brings together child serving agencies in our locality. Several staff will also be attending virtually the Creating Trauma Sensitive School Conference.

### Substance Use Services - Eleni McNeil, LCSW

During the month of January, interviews continued for substance use treatment vacancies. Vacancies include a CSAC and a SUD therapist for District 21 Probation and Parole. A peer recovery specialist for the mobile Office-based opioid treatment clinic started in January. An offer for an outpatient peer recovery specialist and women's substance use therapist were both extended and accepted, with anticipated starts in February.

Community outreach for the month included meeting with staff at District 21 Probation and Parole, SheShed Recovery House, Spotsylvania Department of Social Services, Rappahannock Regional Jail, and Pinnacle.

We began billing for care coordination in the office based opioid treatment program to increase sustainability of the program. Project LINK plans to initiate billing for services rendered in February 2025 to improve sustainability as well.

Those served in the month of January in Fredericksburg SUD programs is as follows: Project LINK-48; OBOT-82; ARTS Case Management-47; SUD Outpatient (Fredericksburg)-64

### Emergency Services - Natasha Randall, LCSW

In the month of January, Emergency Services had two new staff members join the team. We have a new Co-Response Therapist by the name of Hannah Smith who will be working with Stafford County Sherriff's Department. Rachael Caito is currently being trained to provide Community Based Crisis Stabilization for children.

### Specialty Dockets - Nicole Bassing, LCSW

During the month of January Specialty Dockets continued to add new participants and celebrate graduations throughout all programs. Adult Recovery Court finished the month with 39 participants. We welcomed one participant this month, had three graduations and two terminations from the program. Juvenile Recovery Court welcomed a new participant this month for a total of four participants. Behavioral Health Docket welcomed two new participants this month for a total of eleven. Veterans Docket welcomed one new participant this month and celebrated one graduation for a total of thirteen. The application has been completed for the new Fredericksburg Therapeutic Docket and the team is awaiting approval by the Supreme Court to begin serving individuals in this program.

### Jail and Detention Services - Portia Bennett

Please note the following updates at the jail and detention center. Detention has a census of 32 residents. Currently, there are three Central Admission and Placement (CAP) residents, eight Individual Bed Placement (IBP) residents, and seven residents in the Post Dispositional (Post D) program. There are two vacancies, the SA Therapist position and the part-time Detention based Therapist position.

**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: February 18, 2025

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**Current Census:**

State Hospital	New	Discharge	Civil	NGRI	Forensic	EBL	Total Census
Catawba Hospital			1				1
Central State Hospital					1		1
Eastern State Hospital					1		1
Northern Virginia Mental Health Institute	1	2	1		1		2
Piedmont Geriatric Hospital	3	2	4		1		5
Southern Virginia Mental Health Institute					1		1
Southwestern Virginia Mental Health Institute							0
Western State Hospital	3	6	2	10	13	1	25
Totals	7	10	8	10	18	1	36

**Extraordinary Barriers List:**

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

## **Western State Hospital**

Individual #1: Was placed on the EBL 12/5/2024. Barriers to discharge include working through the process to qualify for and be awarded a Developmental Disability (DD) Waiver. This individual previously resided in the community with family. They are not able to return to their previous living arrangements and will benefit from a supervised setting such as a group home. At this time their treatment team is working to gather records and obtain a DD Waiver. This individual will discharge to a group home once the waiver is in place and they are accepted to a group home.

## MEMORANDUM

**To:** Joe Wickens, Executive Director

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

**Date:** February 4, 2025

**Re:** Emergency Custody Order (ECO)/Temporary Detention Order (TDO) Report –January 2025

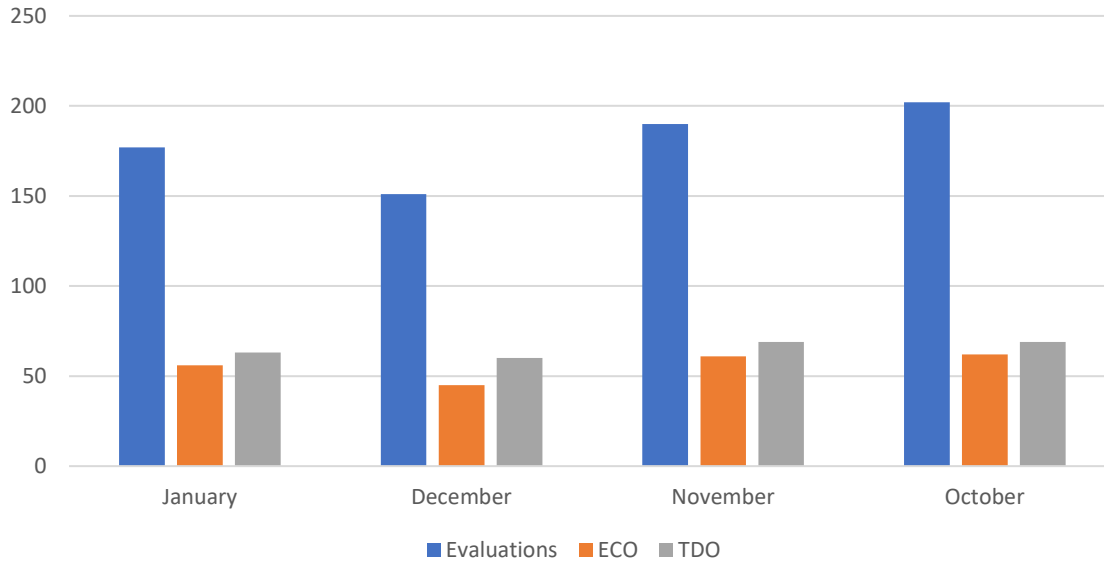
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In January, Emergency Services staff completed 177 emergency evaluations. Fifty-six individuals were assessed under an emergency custody orders and sixty-three total temporary detention orders were served of the 177 evaluations. Staff facilitated two admissions to Piedmont Geriatric Hospital.

A total of sixteen individuals were involuntarily hospitalized outside of our catchment area in January. Fifteen individuals were able to utilize alternative transport, but one could not due to requiring oxygen.

Please see the attached data reports.

## Emergency Services Assessments



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

<b>CSB/BHA</b>	Rappahannock Area Community Services Board			<b>Month</b>	January 2025				
<b>1) Number of Emergency Evaluations</b>	<b>2) Number of ECOs</b>			<b>3) Number of Civil TDOs Issued</b>	<b>4) Number of Civil TDOs Executed</b>				<b>5) Number of Criminal TDOs Executed</b>
	Magistrate Issued	Law Enforcement Initiated	Total		Minor	Older Adult	Adult	Total	
177	27	29	56	63	2	1	60	63	1

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

<b>CSB/BHA</b>	Rappahannock Area Community Services	<b>Reporting month</b>	Jan-25		<b>No Exceptions this month</b> →	
<b>Date</b>	<b>Consumer Identifier</b>	<b>1) Special Population Designation</b> <small>(see definition)</small>	<b>1a) Describe "other" in your own words</b> <small>(see definition)</small>	<b>2) "Last Resort" admission</b> <small>(see definition)</small>	<b>3) No ECO, but "last resort" TDO to state hospital</b> <small>(see definition)</small>	<b>4) Additional Relevant Information or Discussion</b> <small>(see definition)</small>
1/9/2025	117246	Older Adult with Medical Acuity		Yes		due to aggression client was only accepted to WSH post commitment
1/30/2025	117246	Older Adult with Medical Acuity		Yes		dx of dementia with multiple medical problems

**MEMORANDUM**

**To:** Joe Wickens, Executive Director  
**From:** Ashlee Abney, Assistant Emergency Services Coordinator  
**Date:** February 4, 2025  
**Re:** CIT and Co-Response Report

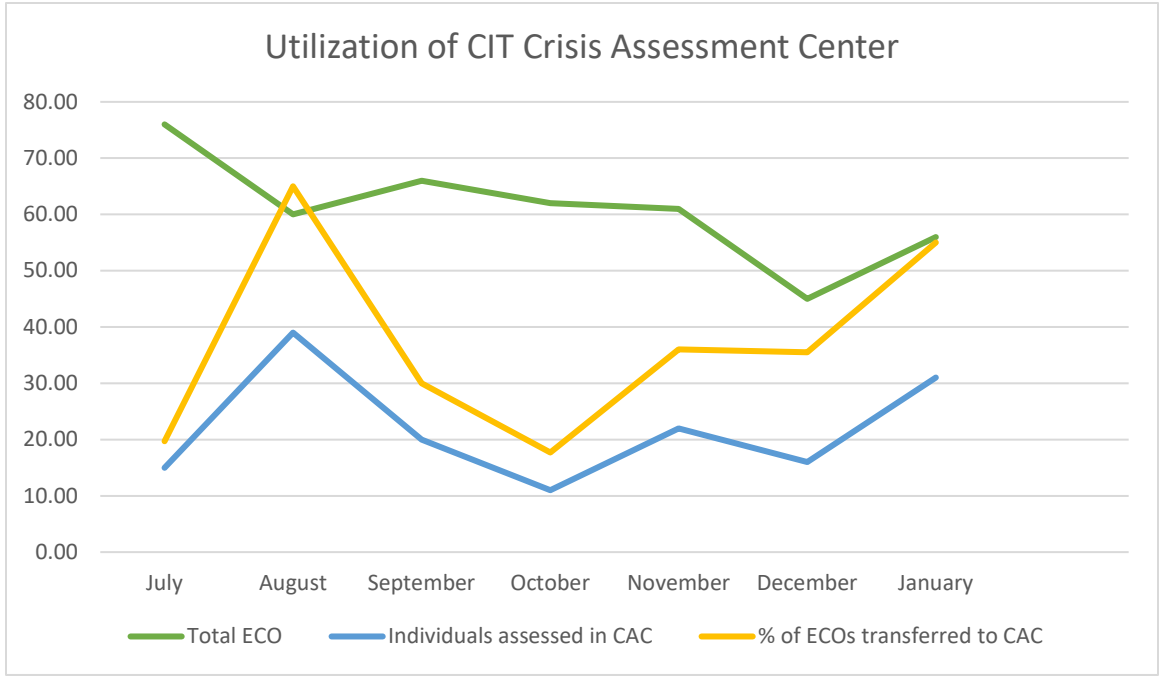
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The CIT Assessment Center served 31 individuals in the month of January 2025. The number of persons served by locality were the following: Fredericksburg 8; Caroline 3; King George 3; Spotsylvania 8; Stafford 9; and 0 from other jurisdictions.

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:

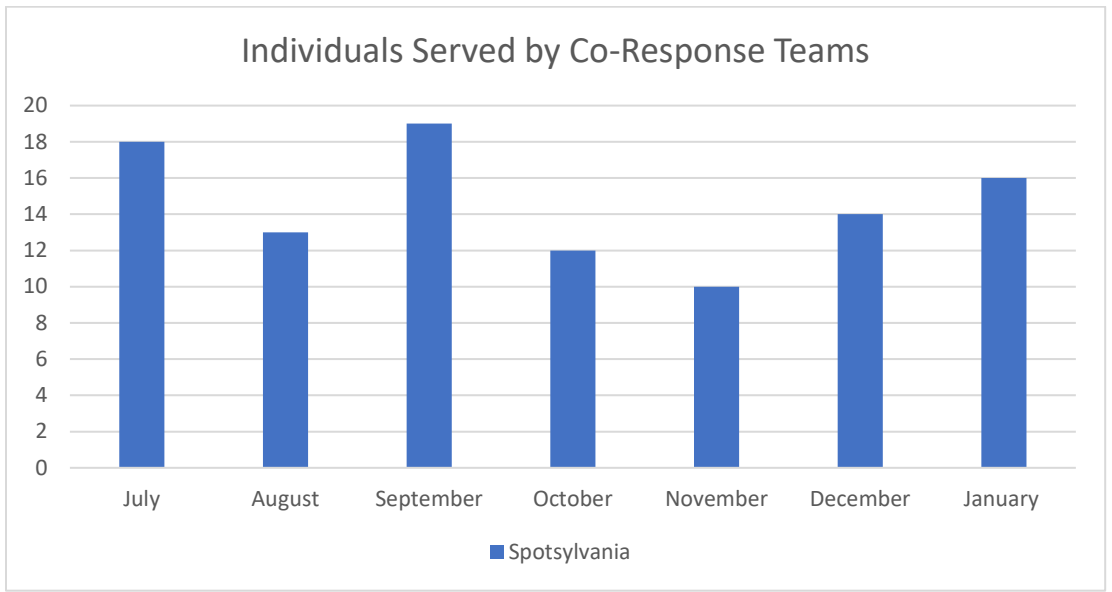
<u>Locality</u>	<u>Total ECO</u>	<u>Custody Transfer to CAC</u>	<u>Appropriate for CAC if Capacity</u>
<b>Caroline</b>	4	3	1
<b>Fredericksburg</b>	14	8	6
<b>King George</b>	3	3	0
<b>Spotsylvania</b>	10	8	2
<b>Stafford</b>	25	9	16
<b>Totals</b>	<b>56</b>	<b>31</b>	<b>25</b>





**Co-Response**

The Spotsylvania Co-Response Team served 16 individuals in January. The therapist for the Fredericksburg team remains vacant. Stafford therapist position has been filled and the new therapist is in training.



CIT Training

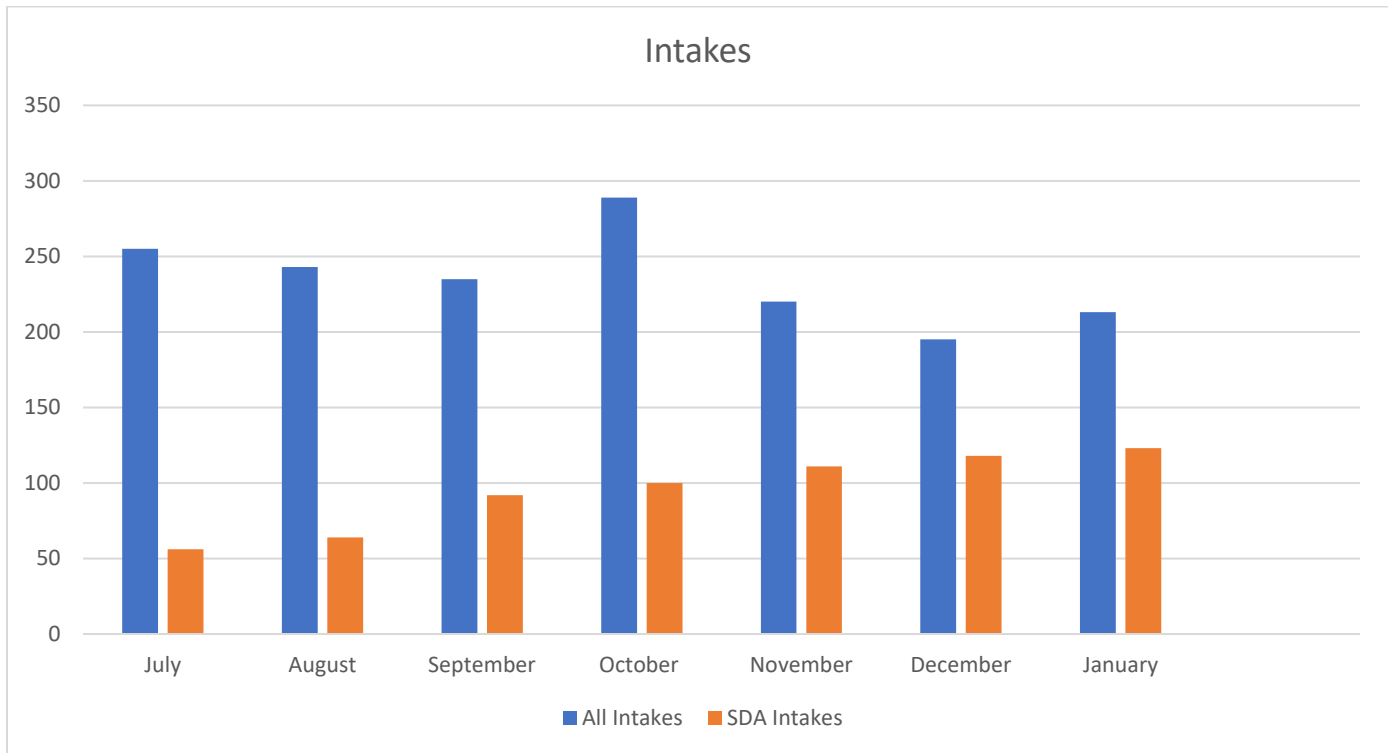
In January 2025, two RACSB Co-Response Staff participated in DBHDS Mobile Crisis Responder (MCR) 48hr Training to support staff in obtaining additional knowledge necessary for mobile crisis response.

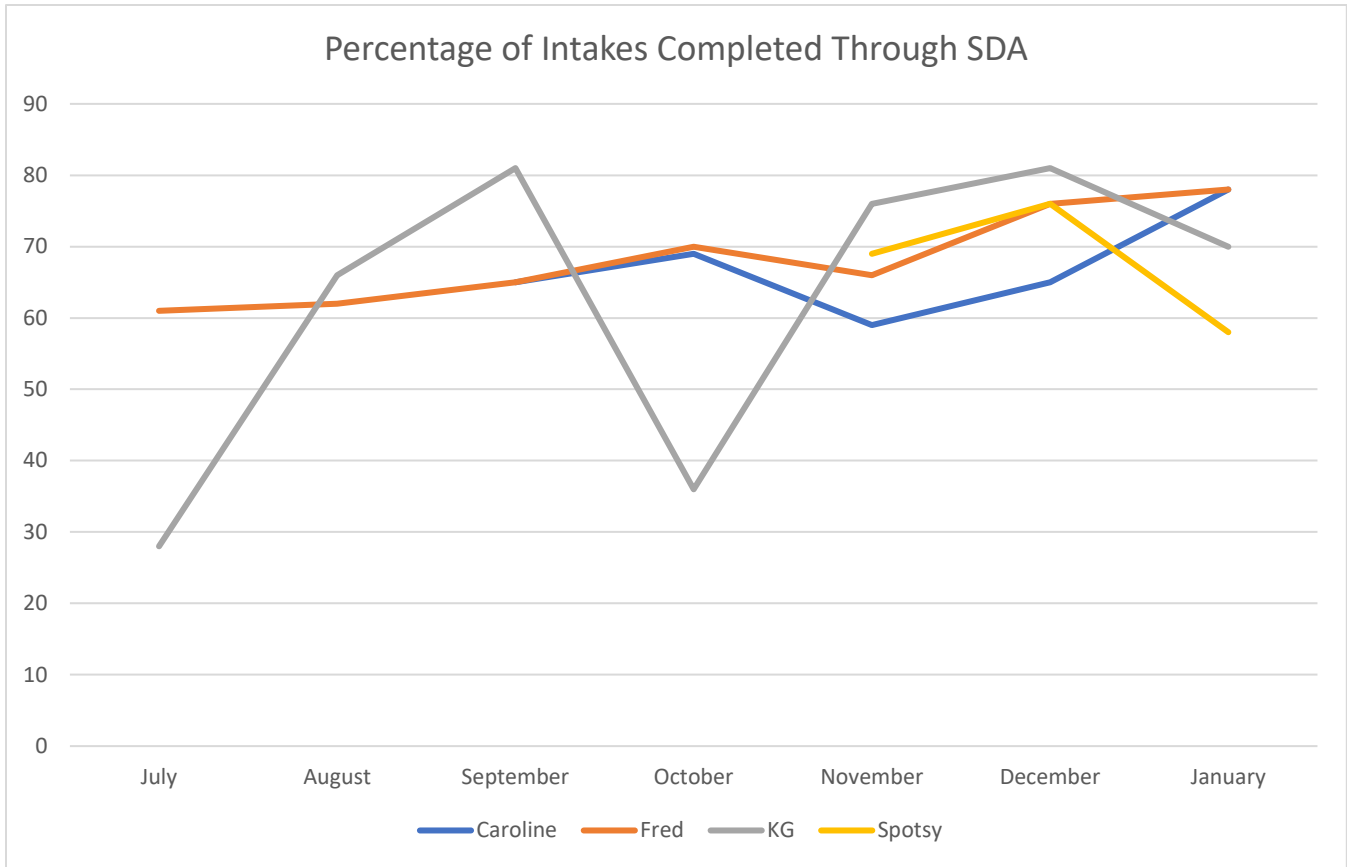
**MEMORANDUM**

**To:** Joe Wickens, Executive Director  
**From:** Jacqueline Kobuchi, LCSW, Director of Clinical Services  
**Date:** February 6, 2025  
**Re:** Outpatient Waitlist and Same Day Access

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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 small waitlist of 18 individuals and reinstated Same Day Access on 2/4/25. Below is data on the number of intakes completed by clinic, and how many of those are completed through Same Day Access.





RACSB  
Program Update Report  
Compliance  
January 2025

**Incident Reports**

- There were 298 incident reports entered into the Electronic Incident Report Tracker during the month of January. This is an increase of 87 from December and a decrease of 68 from November. All incident reports submitted were triaged by the compliance team.
- The top three categories of reports submitted were Health Concerns (130 reports), Individual Served Injury (55 reports), and Individual Served Safety (29 reports).
- The compliance team entered 42 incident reports into the Department of Behavioral Health and Developmental Services (DBHDS) electronic incident reporting system (35-Level 2, 7-Level 3) during the month of January; an increase of 16 from the month of December (18-Level 2, 8-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 incident as well as a review of other recent incidents related to this individual, the Office of Licensing recommends the provider consider the need to re-evaluate the individual's needs as well as review the current individual support plan. DBHDS recommends provider review the results of root-cause analyses completed on behalf of this individual. In addition, providers are encouraged to take the opportunity to determine if systemic changes such as revisions to policies or procedures and/or re-evaluating and updating risk management and/or quality improvement plan.
- DBHDS requires the 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 38 root cause analyses were requested for the month of January, 31 were due for the month of January, and 28 were completed respectively for the month of January. Four (4) expanded root cause analyses were required in January.

**Human Rights Investigations:**

- The compliance team initiated one Human Rights investigation. This investigation is related to a Physical Abuse allegation. The investigation is currently pending.

**Internal Reviewers:**

- Compliance team met with RAAI to discuss and review audit results on January 8, 2025.
- Compliance team met with ACT to discuss and review audit results and also conducted a facility inspection on January 8, 2025.

- Compliance team met with Medication Assisted Treatment (MAT) program to review, provide, guidance on and to discuss the audit process on January 16, 2025.
- Compliance team met with MH Outpatient Caroline Clinic to review and to discuss audits on January 21, 2025.

### **External Reviewers:**

- Compliance team participated in a Look-Behind Debriefing meeting which took place on January 7, 2025 with Cassie Purtlebaugh, Regional Advocate, DBHDS, to go over the results of the December 2024 Look-Behind.
- Compliance team received and responded to 13 phone calls and emails from Brian Dempsey, Incident Management Specialist, DBHDS, requesting updates on Serious Incident Reports.
- Compliance team received and responded to Cassie Purtlebaugh, Regional Advocate, DBHDS, request of Verification of Investigation Training request of the entire Compliance team.
- Compliance team received and responded to a chart review and audit request from the following: Centers for Medicare & Medicaid Services (CMS) (2 client charts) and Datavant (3 client charts). A total of 5 individuals medical records/documents audits were requested.

### **Complaint Synopsis**

- Compliance team received four complaints in the month of January. This complaint did not result in a formal investigation. The complaint was categorized under (1)-MH Case Management Services, and (3)-Psychosocial Rehabilitation Services.

### **Trainings/Meetings**

- Compliance team provided Audits and Paybacks Q-Tip training on January 15, 2025.
- Compliance team attended and participated in the DBHDS Supportive Decision-Making training on January 21, 2025.
- Compliance team attended and participated in the Policy Pro Kick off Meeting on January 17, 2025.
- Compliance team attended and participated in the January Region 3 Nurses Meeting regarding Seizure Disorders on January 17, 2025.
- Compliance team attended and participated in the DBHDS Provider PREP training on January 28, 2025.
- Compliance team attended and participated in the DBHDS Provider Roundtable Meeting on January 29, 2025.
- Compliance team participated in DBHDS Crisis Intervention-Supporting a Person with IDD in Crisis training on January 26, 2025.
- Compliance team met with Person Centered Training (PCT) Coaches Meeting on January 28, 2025.

## MEMORANDUM

**To:** Joseph Wickens, Executive Director  
**From:** Stephanie Terrell, Director of Compliance  
**Date:** February 5, 2024  
**Re:** 2<sup>nd</sup> Quarter FY 2025 Incident Report Review

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The 2nd quarter incident summary report provides an overview of incident reports submitted by Rappahannock Area Community Services Board (RACSB) staff during the months of October 1, 2024 through December 31, 2024. The purpose of the report is to communicate information about trends, remain vigilant for emerging issues, and use data to plan, prioritize and implement preventative and proactive initiatives.

The population covered includes all people receiving services by the RACSB, which includes Mental Health (MH), Substance Use (SU), Developmental/Intellectual Disability (DD), and Prevention Services. RACSB provided services to 7574 individuals, unduplicated by service area, from October 1, 2024 through December 31, 2024

Compliance Staff received and triaged 714 Incident Reports from October 1, 2024 through December 31, 2024 (an overall decrease of 61 reports from last quarter). Of those 714 incident reports received, 68 incidents were reported to Department of Behavior Health and Developmental Services (DBHDS) through the Computerized Human Rights Information System (CHRIS), (47 Level 2, 16 Level 3, 5 Abuse/Neglect/Exploitation (ANE)).

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

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

### **DBHDS categories of serious incidents**

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

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

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

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

- Aggressive Behavior –Physical - hit, slap, push, shove, pull hair, spit, bite, intimidate, demean, threaten, curse etc...
- Aggressive Behavior –Verbal - yelling, screaming, intimidate, demean, threaten, curse etc...
- Individual Safety - situations that may cause a safety risk for individuals served involving physical environment or structures (faulty equipment, smoking.)
- Individual Injury - situations that may cause a safety risk for individuals served involving minor injury such as a scraped knee
- Health Concerns - individual served exhibiting health concerns, i.e. possible seizure activity, sick, sudden weight +/-, etc.
- Elopement/Wandering - unexpectedly leaving program/premises with possible risk to safety
- Biohazardous Accident - needle stick or instance requiring testing of individual served or staff
- Infection Control - lack of infection control and use of universal precautions in relation to risk of non-life-threatening communicable diseases i.e. Flu, Lice... etc...
- Exposure to Communicable Diseases - instance of exposure due to lack of infection control and/or use of universal precautions in relation to risky communicable diseases i.e. TB, HIV/AIDS, HEP A, B, C or MRSA...
- Vehicle Accident - Accident of RACSB or personal vehicle while delivering services. This requires additional paperwork and follow up to protocol contact Human Resources & Supervisor
- Peer-on-Peer - means a physical act, verbal threat, or demeaning expression by an individual against or to another individual that causes physical or emotional harm to that individual. Examples include hitting, kicking, scratching, and other threatening behavior.
- Property Damage - damage to property
- Weapon Use/Possession - Weapons are not allowed in any RACSB facility. Knives, carpet knives, swords, guns etc...
- Staff Injury - injury to staff- ensure proper HR forms are completed
- Use of Seclusion/Restraint - if emergency intervention required to deescalate threatening behavior
- Med Non-Compliance - not following medication regime- staff attempt evident- non-compliance
- Med Error- Staff additionally to complete med error report. error has been made in administering a medication to an individual (wrong- med, individual, route, dose, time)
- Possession of Illicit/Licit Substance - possession of illegal or non-prescribed drug –possible intent of abuse
- Sexual Assault - is an act in which a person intentionally sexually touches another person without that person's consent, or coerces or physically forces a person to engage in a sexual act against their will

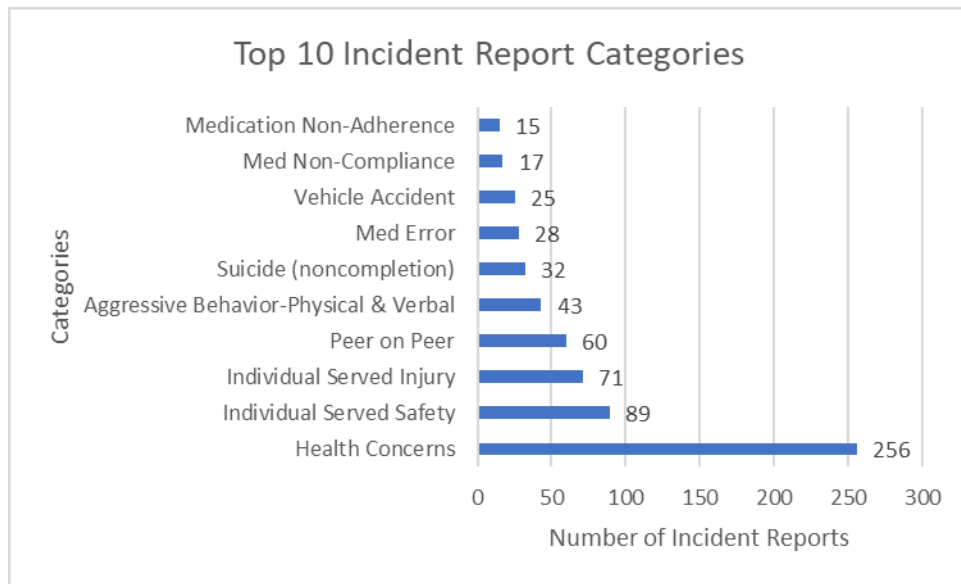


- Suicide/Suicide Attempt - is the act of intentionally causing one's own death/ is the act of intentionally unsuccessfully trying to cause one's own death
- Sentinel Events - An unexpected occurrence involving death or serious physical or psychological injury or the risk thereof- warrants immediate investigation and response
- Other – incident which does not fit into a category above

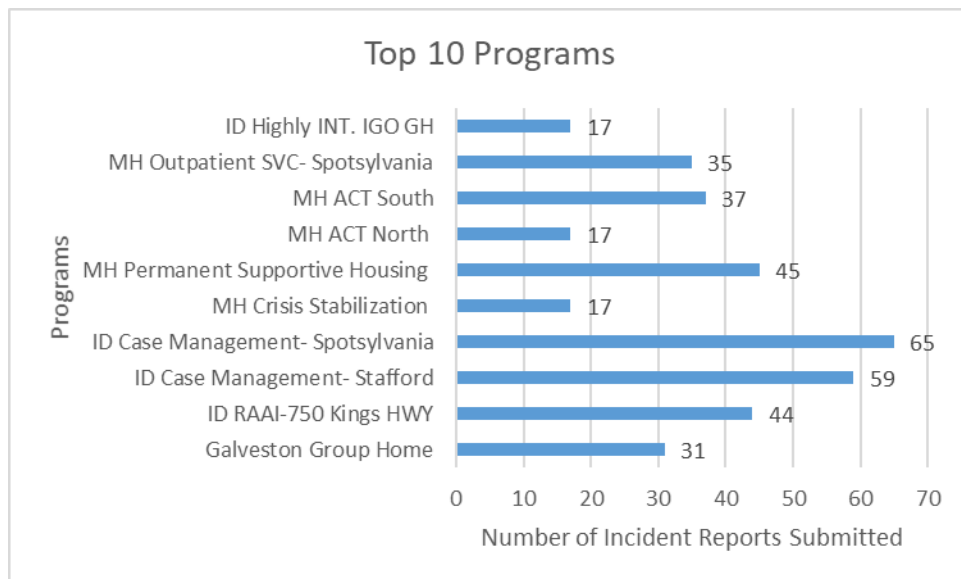
<b>Incident Report Categories</b>	<b>All RACSB Programs</b>	<b>*All RACSB Programs except SC, CM, OP Programs</b>
Accidental Overdose	0	0
Aggressive Behavior - Physical	25	13
Aggressive Behavior - Verbal	18	8
Bio Hazardous Accident	0	0
Elopement/Wandering	8	4
Exposure to Communicable Diseases	0	0
Health Concerns	256	124
Individual Served Injury	71	43
Individual Served Safety	89	29
Infection Control	0	0
Med Error	28	24
Med Non-Compliance	17	16
Medication Non-Adherence	15	15
Medication Poor Adherence	14	14
Missing Person	5	0
Other	0	0
Peer on Peer	60	57
Possession of Illicit/Licit Substances	3	3
Property Damage	13	9
Sentinel Event (death)	6	1
Self-Injurious Behavior (SIB)	14	5
Sexual Assault	2	0
Staff Injury	12	6
Suicide (non-completion)	32	3
Use of Seclusion/Restraint	1	0
Vehicle Accident	25	16
Weapon Use/Possession	0	0
<b>Total</b>	<b>714</b>	<b>390</b>

The table above depicts the total number of incident reports submitted across all RACSB Locations from October 1, 2024 through December 31, 2024.

\*CM=Case Management, SC=Support Coordination, OP=Outpatient Programs\*



The chart above depicts the top ten categories with the highest occurrences across all RACSB Programs reported October 1, 2024 through December 31, 2024.



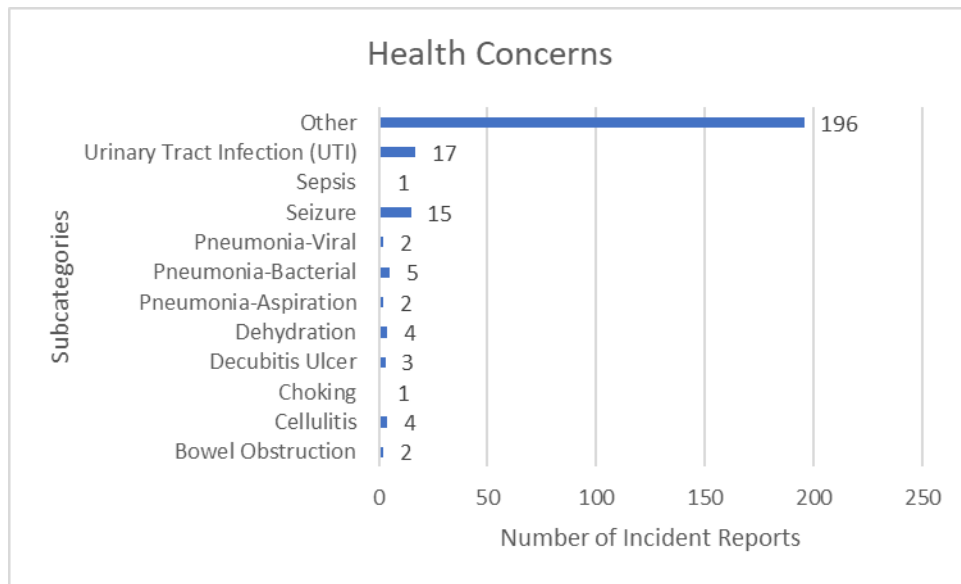
The chart above depicts the top ten programs that submitted the highest of number of incident reports across all RACSB programs during the time period of October 1, 2024 through December 31, 2024.

Approximately 35% of the incident reports received noted health concerns. When compared to previous quarters, Health Concerns continue to be the category with the highest number of incidents. This can be contributed to all health-related conditions, such as colds, flu, sepsis, seizures, pneumonia, decubitus ulcer, choking, cellulitis, minor cuts, scratches, scrapes, vomiting, or diarrhea.

RACSB DD Residential Services submitted 49 of 256 Health Concern reports. ID Supervised Services Sponsored Placement submitted the highest number of Health Concern related incidents (ten). Reports submitted by this program were related to headaches, bronchopneumonia, Urinary Tract Infection (UTI), skin rashes, fall, buzzing in ears, coughing, and ankle pain. Review of reports showed one trend related to UTI for one individual. MH Residential Services submitted 36 of the 256 Health Concern reports. Both Permanent Supportive Housing (23) and Home Road Supervised Apartment Program (ten) submitted the highest number of reports. Review of reports for Permanent Supportive Housing (PSH) showed trends in five different trends involving five different individuals; one individual experienced two incidents of shortness of breath (SOB) and chest pains which resulted in hospital

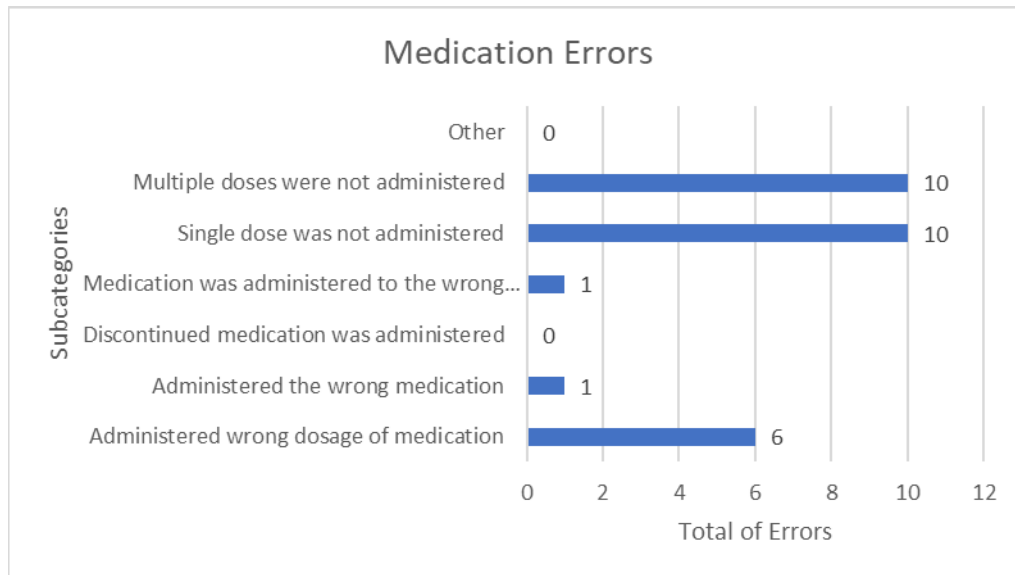
visits, one individual experienced two incidents of blood pressure and blood sugar issues which resulted in hospital visits, one individual experienced two incidents of chest pains and blood pressure issues that resulted in hospital visits, one individual experienced two incidents of mental health crisis which resulted in psychiatric hospitalizations, and lastly, one individual experienced two incidents of chest pains, shortness of breath which resulted in hospital visits. Review of reports for Home Road showed a trend involving 1 individual related to kidney and urinary issues that have led to visits to urgent care and the hospital to evaluation and treatment. For all of these events from both programs, RACSB staff continue to support the individuals and encourage them to follow through with any treatment and follow up recommendations made by medical and psychiatric professionals.

A review of the Health Concerns showed trends for subcategories of Seizure, UTI, and Other. The ID Prevention Early Intervention-Fredericksburg reported, on two separate occasions, one individual experienced a seizure during services. Immediate attention and first aid were provided by the caregiver while the RACSB staff provided support. Several instances of UTI were reported by ID Supervised Sponsored Placement involving three different individuals and their individual experiences with UTIs which involved medical and medication interventions. Lastly, the Other category showed 13 different individuals that experienced two to three incidents of urgent care visits, hospitalizations, and psychiatric hospitalizations for incidents. These reports came from ROSS ICF Group Home (1), ID Case Management-Caroline (1), DD Case Management-Stafford (1), DD Case Management-Fredericksburg (1), MH Crisis Stabilization (1), PSH (5), MH ACT program (2), and MH Outpatient-Fredericksburg (1). Specifically, one individual from Ross ICF Group Home experienced two hospitalizations due to Congestive Heart Failure (CHF) and SOB; one individual from ID Case Management-Caroline experienced two hospitalizations due to an overall deterioration in her health, one individual from DD Case Management-Stafford experienced having to seek medical treatment for an ear infection, one individual from DD Case Management experienced having to be hospitalized on three occasions due to heart related issues-atrial fibrillation (afib), one individual from MH Crisis Stabilization experienced two incidents of dizziness and a fall which led to one hospitalization and for one of those instances she declined treatment to go to the hospital, one individual from PSH experienced being hospitalized on three occasions for psychiatric treatment due to mental health issues, one individual from PSH had two incidents of blood pressure and blood sugar issues which led to two hospitalizations, one individual from PSH had three incidents that included mental health issues and SOB which resulted in hospitalization for medical evaluation and psychiatric treatment, one individual from PSH had two incidents of cardiac issues which led to two hospitalizations, one individual from PSH had chest pains and blood pressure issues which led to two hospital visits, one individual from MH ACT had 3 incidents of back pain which led to three hospital visits, one individual from MH ACT had two mental health incidents which led to two hospital visits for psychiatric evaluation and treatment, one individual from MH Outpatient-Fredericksburg experienced two incidents of chest pains and blood pressure issues that led to two hospital visits. These 13 individuals each received immediate and professional medical and/or psychiatric care when they experienced their individual health concerns. RACSB staff supported these individuals and encouraged each of them to follow through with the medical and psychiatric recommendations provided to them. RACSB staff provided extra supports when and if it was needed.



The chart above depicts the number of incidents submitted across all RACSB programs for the subcategories listed under the Health Concerns category during the time period of October 1, 2024 through December 31, 2024.

A total of 28 medication errors occurred during the 2nd quarter. Of those 28 medication errors, 19 were reported from DD Residential Services, five were reported from ID Case Management Services, two were reported from MH Residential Services, one was reported from MH Crisis Stabilization, and one was reported from MH ACT.



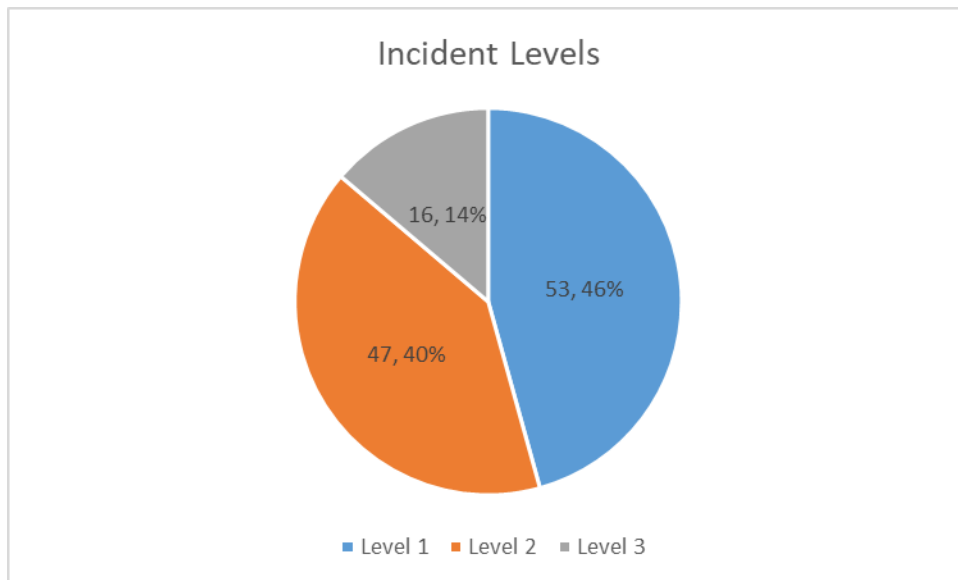
The chart above depicts the number of errors in each medication error subcategory across all RACSB programs during the time period of October 1, 2024 through December 31, 2024.

Medication errors occurred in the following programs;

- 5 ID Highly Intellectual Devon Group Home
- 4 Lucas Street ICF Group Home
- 4 ID Case Management Stafford
- 3 ID Highly Intellectual Stonewall Group Home
- 2 Galveston Group Home
- 1 Churchill Group Home

- 1 ID Supervised Apartments-Brittany Commons
- 1 ID Supervised Services Sponsored Placement
- 1 ID Highly Intellectual New Home Group Home
- 1 Wolfe Street ICF
- 1 ID Case Management Fredericksburg
- 1 MH Lafayette Boarding House
- 1 MH Supervised Apartment Tran
- 1 MH Crisis Stabilization
- 1 MH ACT

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



The chart above depicts the total number of incident reports categorized by Incident Levels 1, 2, and 3 across all RACSB programs during the time period of October 1, 2024 through December 31, 2024.

There was a total of 53 incidents categorized as a level I. Of the 53 incidents categorized as a level 1, many were the result of minor or superficial cuts, scratches, or bruises, which required first aid. 30 of the reported incidents occurred in DD Residential Services, nine MH Residential Services, five from RAAI Day Support, three from MH Day Support Rehabilitation Kenmore Club, two from MH Crisis Stabilization, two from MH ACT, one from SA Outpatient Medication Assistance Team (MAT), and one from ID Case Management-Caroline:

- EMS assessment without transport for excessive exhaustion and falls
- Urgent care visits for:
  - Urinary Tract Infection (UTI)
  - Abdominal pain
  - Choking
  - Abnormal, pain or bruising on feet
  - Infection
  - General feeling of illness
  - Fever
  - Seizure
  - Sinus discomfort

- Light headed
- First Aid administered for a minor burns, sores, cuts, and scrapes.
- Falls requiring first aide and/or urgent care visits.

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

There were 47 incidents classified as a Level 2. Root Cause Analyses were conducted for all Level 2 Incidents. Of the 47 Level 2 reports, 14 were from DD Residential Services, 11 were from MH Crisis Stabilization, nine were from MH Residential Services, seven were from MH ACT, three MH Outpatient Medical-Fredericksburg, one was from MH Outpatient Services-Caroline, one was from in ID RAAI-Stafford, and one was from DD Case Management Spotsylvania. 33 of the Level 2 were reported as Health Concerns; 11 were from DD Residential Services, five were from MH Residential, nine were from MH Crisis Stabilization, six were from MH ACT, and two were from MH Outpatient-Fredericksburg. Four were reported as Individual Served Injury; three from DD Residential and one from MH ACT. Three were reported as Individual Served Safety; one was from MH Outpatient Services-Fredericksburg, one was from MH Crisis Stabilization, and one was from ID RAAI-Stafford. Three were reported as Suicide (noncompletion) (ideations/or thoughts); one from MH Outpatient Services-Caroline and two from from MH Residential Services. Two were reported as Elopement/Wandering; one from DD Case Management-Spotsylvania and one from MH Residential Services. Lastly, two of the Level 2 reports was related to Aggressive Behaviors; one from MH Residential Services and one from MH Crisis Stabilization. Based on review of the Level 2 there is a trend with an Individual at a DD Residential program regarding health concerns that resulted in hospital admissions.

There were 16 incidents classified as Level 3. Root Cause Analyses were conducted for Level 3 Incidents. Of the 16 Level three reports, five were death reports, one from ID Case Management-Stafford, one from ID Case Management-Spotsylvania, one from MH Permanent Supportive Housing, one from MH Case Management-Spotsylvania, and one from MH Case Management-Fredericksburg. None of the DD individuals were receiving DD Residential services. 10 of the Level 3 reports were suicide (noncompletion); one from MH Outpatient Services-Spotsylvania, one from MH Outpatient-King George, two from MH Outpatient Services-Caroline, two from MH Emergency Services-Stafford, two from MH Emergency Services-Spotsylvania, and two from MH Emergency Services-Caroline. Lastly, of the Level 3 reports one was reported as Self Injurious Behavior (SIB) from MH Outpatient-Spotsylvania. There were no trends or patterns found for Level 3 reports.

There were 60 incident reports submitted for peer-on-peer incidents. Peer on peer incidents require an incident report be completed for each individual involved if the incident occurs during provision of service or if both/all of individuals involved receive RACSB Case Management/Support Coordination Services. No serious injuries resulted from the incidents reported. There does not appear to be a trend as each incident involved an isolated situation. In addition, staff immediately redirected and resolved the concerns.

### **Program actions as a result of Incident Reports**

1. Action plans for aggressive behavior included recommendations for behavior plans, assisting the individual in learning and using coping skills during times when they become upset, review and revision of individual's service plan, and continuance of using interventions that are currently in the individual's service plan.
2. Action plans for health concerns varied based on the concern. RACSB staff contact 911 in cases of medical emergencies. Ad-hoc medical appointments will continue to be made by RACSB staff to address health concerns for those individuals residing in RACSB residential programs. In

addition, for RACSB non-residential programs staff will continue to assist individuals and family members with health concerns that are identified during program hours. RACSB utilizes CDC precautions and program contingency plans during active cases of COVID-19.

3. For those incidents which involve individuals that do not reside in RACSB residential programs, Support Coordinators and Case Managers monitor health concerns and document in case notes.
4. Root cause analyses were conducted on all incidents that fell into the Level 2 or Level 3 category. Findings of root cause analysis resulted in programs revising individual service plans, behavior plans, ad-hoc reviews of program files, policy and procedure revisions, staff training, and personnel action.

## MEMORANDUM

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

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

- Rappahannock Adult Activities, Inc. (RAAI): Kings Highway
- Substance Abuse Outpatient (SAOP): Caroline
- Assertive Community Treatment (ACT)

### **Rappahannock Adult Activities, Inc. (RAAI): Kings Highway**

There were two staff members responsible for the selected charts.

Findings for the ten open charts and two closed charts reviewed for Rappahannock Adult Activities, Inc. (RAAI): King Highway were as follows:

- Ten charts were reviewed for Documentation compliance:
  - **Discrepancies noted with Documentation:**
    - One chart was missing the Service Authorization For Services.
    - Two charts were missing Program Agreements.
    - 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 Guardian / Authorized Representative signatures.
    - One chart was missing the Schedule of Supports.
- Ten charts were reviewed for Quarterly Review compliance:
  - **No discrepancies noted with Quarterly Reviews.**
- Ten charts were reviewed for Progress Note compliance:
  - **No discrepancies noted with Progress Notes.**
- Ten 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:**

In comparing the audit reviews of Rappahannock Adult Activities, Inc. (RAAI): Kings Highway charts from the previous audits to the current audits, the average score increased from 91 to 92 on a 100-point scale.



### **Corrective Action Plan:**

- All missing information was either located in the chart, requested from the SC, or sent home for signature.
- To reduce likelihood of this happening again, lead specialists will continue to attend trainings on plan changes and participate in peer chart reviews. Staff responsible for items not in the chart at the time of the audit will receive corrective action.
- Staff responsible will receive corrective action by 1/24/25.
- Assistant Coordinator will re-review missing items in the chart by 1/24/25 to ensure completion.

## **Substance Abuse Outpatient - Caroline**

There were two staff members responsible for the selected charts.

Findings for the eight open charts and two closed charts reviewed for Substance Abuse Outpatient - Caroline were as follows:

- Eight charts were reviewed for Assessment compliance:
  - **No discrepancies noted with Assessments.**
- Eight charts were reviewed for Individual Service Plan compliance:
  - **Discrepancies noted with Individual Service Plans:**
    - Two charts contained plans that were finalized more than six days late.
- Eight charts were reviewed for Quarterly Review compliance:
  - **No discrepancies noted with Quarterly Reviews.**
- Eight charts were reviewed for Progress Note compliance:
  - **No discrepancies noted with progress notes.**
- Eight charts were reviewed for General Documentation compliance:
  - **Discrepancies noted with General Documentation:**
    - One chart was missing a release.
- Two charts were reviewed for Discharge compliance:
  - **No discrepancies noted with Discharge.**

### **Comparative Information:**

Substance Abuse Outpatient - Caroline received a 95 on a 100-point scale.

### **Corrective Action Plan - SA Outpatient Audit 1/2025**

1. Clinic Coordinator will educate clinicians about signing and finalizing ISPs the same day as client sign. Coordinator will ensure that clinicians complete and sign ISP within 30 days of assessment by reviewing at least two charts per week starting on 1/22/25 and will continue until charts are in compliance.
2. Clinic Coordinator will encourage clinicians to complete QR as close as possible within 90 days of plan date. If completed early clinician will know that next QR will need to be within 90 days. Coordinator will review at least two charts per week starting on 1/22/25 to ensure clinician has completed timely quarterlyies.
3. Clinic Coordinator will review two to four charts by 1/30/25 and if charts aren't in compliance, she will audit three more. She will keep Director of Clinical Services informed of results.

## Assertive Community Treatment (ACT)

There were two staff members responsible for the selected charts.

Findings for the ten open charts and two closed charts reviewed for Assertive Community Treatment were as follows:

- Ten charts were reviewed for Assessment compliance:
  - **No discrepancies noted with Assessments.**
- Ten charts were reviewed for Individual Service Plan compliance:
  - **No discrepancies noted with Assessments.**
- Ten charts were reviewed for Quarterly Review compliance:
  - **No discrepancies noted with Quarterly Reviews.**
- Ten charts were reviewed for Progress Note compliance:
  - **Discrepancies noted with Progress Notes:**
    - One chart contained copied and pasted notes.
- Ten charts were reviewed for General Documentation compliance:
  - **No discrepancies noted with Documentation.**
- Ten charts were reviewed for Medical Documentation compliance:
  - **Discrepancies noted with Medical Documentation:**
    - Three charts were missing current prescriptions.
- Two charts were reviewed for Discharge compliance:
  - **No discrepancies noted with Discharge.**

### **Comparative Information:**

In comparing the audit reviews of Assertive Community Treatment charts from the previous audits to the current audits, the average score increased from 78 to 96 on a 100-point scale.

### **Corrective Action Plan - ACT**

Moving forward immediately, ACT Nurse Manager, and ACT South Nurse will coordinate with ACT South Administration Specialist at the beginning of every month with a checklist for every client to ensure that all Medication Administration Records (MARS), and active prescriptions are uploaded to AVATAR from the previous month. ACT South Administrative Specialist will email a copy of the completed check list to both ACT South Team Lead, and ACT Nurse Manager to ensure all MARS, and prescriptions have been uploaded.

Moving forward immediately, ACT Nurse Manager will coordinate with ACT Psychiatrist to make sure that all medications are accurate with infoscriber after meeting with clients. As of 1/16/2025, information in infoscriber matches current medications.

As of 1/16/2025 and moving forward immediately, staff have been informed not to copy and paste any notes. They have been instructed to make sure to document specific interactions. ACT South Team Lead will continue to monitor to make sure that notes are not being copied and pasted by staff.

# Communications Update

February 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:

- Two blog posts
- 24 LinkedIn posts
- 54 Facebook posts
- 22 Tweets
- 44 Instagram posts

Statistics

- Facebook has 47 new fans this month
- Facebook posts reached 15,389 users
- Top Facebook posts were about HopeStarter of the Quarter, RAAI visiting Bowling Green Fire Station and the Valentines Flower Sale
- Instagram has 11 new followers
- Instagram post engagement was 6.49%
- Most popular Instagram posts: RAAI visiting Bowling Green Fire Department, HopeStarter of the Quarter, wellness resources
- LinkedIn engagement rate is 5.47%
- Most popular LinkedIn posts were HopeStarter of the Quarter, RAAI visiting Bowling Green Fire Department, Valentines Flower Sale
- LinkedIn posts with highest engagement rates: Black History Month, Valentines Flower Sale, Art of Recovery call for submissions
- Total audience growth for all social media platforms was 98 new fans and followers
- LinkedIn: 642 followers
- Twitter: 467 followers
- Instagram: 408 followers
- Facebook: 2,783 page fans
- RACSB is now on Threads! Our handle is @hope\_starter

Spark:

The most visited pages were the home page, employee photo

galleries, and Frequently Asked Questions. The secret pal signup form was the most frequently accessed document.

Spark had 190 unique views and 1,918 site visits.

Website:

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

The site had 77,934 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 .49% vs. .19% Post engagement rate is 6.59% vs 1.83% Post frequency is 1.19 per day compared to .63 per day
- For Instagram compared with Mary Washington Healthcare and Horizon Behavioral Health: Audience growth is .49% and MWHC's is 1.03% and Horizon's is .83%
- For LinkedIn, compared to industry averages for nonprofit: Audience growth rate is 1.76% vs .43% Post engagement is 8.13% vs. 1.91% Post frequency is .76 posts per day compared to .3 posts per day



# Internal Communications/Employee Engagement

## ICEE Snapshot

### Content Creation:

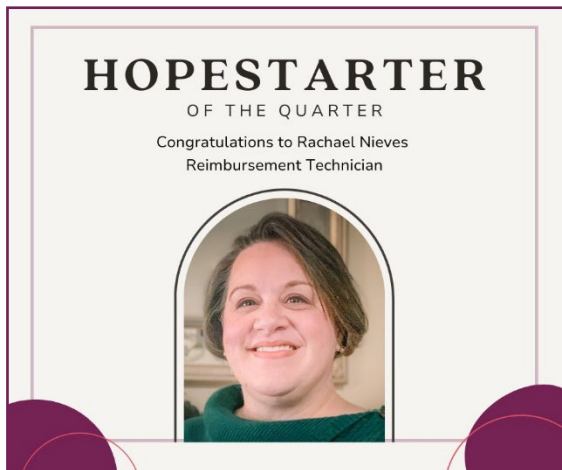
- Three news posts on Spark
- Two updated pages on Spark
- 14 Viva Engage posts
- One employee newsletter

### Analytics:

- 190 unique Spark viewers
- 1,918 Spark visits

### Employee Engagement

- The Internal Communications/Employee Engagement Committee met one time
- Engagement activities for this month were Secret Pal Reveal, Merch-Making, spirit day



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Blog Post:

## Recognizing Pioneers: Black History Month and Mental Health

February is Black History Month, a time to celebrate the rich tapestry of Black contributions to society, making this a good time to acknowledge achievements and progress in the behavioral healthcare field.

Often-overlooked pioneers paved the way for mental health awareness and treatment in the Black community. They also made important strides in our understanding of Alzheimer's disease, childhood development, and the psychological impacts of racism. These pioneers faced immense challenges—fighting both systemic racism and cultural stigma surrounding mental health—but persevered to make groundbreaking advancements.

Their stories inspire us—and remind us that we still have a ways to go in addressing mental health disparities.

Francis Sumner (1895-1954) is often called the “Father of Black Psychology” for being the first African American to receive a Ph.D. in psychology from Clark University on June 14, 1920. He taught college for more than three decades and helped start the psychology department at Howard University. A prolific writer and researcher, Sumner had more than 45 publications and more than 2,000 abstracts, focusing on psychology and religion, justice administration, color and vision, and education.

Dr. Solomon Carter Fuller (1872-1953) was a neurologist, psychiatrist, pathologist, and professor whose research led to a greater understanding of Alzheimer's disease. He received his MD from Boston University School of Medicine and later studied at the Royal Psychiatric Hospital at the University of Munich, where he worked with Alois Alzheimer. He discovered biomarkers for the study of Alzheimer's disease and also studied the pathology of alcoholism. His discoveries continue to guide modern research.

Inez Beverly Prosser (1895-1934) is celebrated as the first African American woman to earn a Ph.D. in psychology. Her dissertation focused on the effects of racism on the mental health and development of Black children. Her research challenged the contemporary notions that segregation benefited Black students emotionally and was used in the landmark *Brown v. Board of Education* U.S. Supreme Court case in 1954—a case which challenged the notions of “separate but equal” and led to the desegregation of American schools. Her views on segregated education were complex, and she thought that Black students could thrive in segregated schools if they were well-resourced.

Ruth Winifred Howard (1900-1997) received her Ph.D. in psychology and child development from the University of Minnesota in 1934. She is known for being the first Black woman to receive a Ph.D. in psychology from a school of psychology. She worked with children with disabilities and co-directed the Center for Psychological Services with her husband, Albert Beckham.

Mamie Phipps Clark (1917-1983) and Kenneth Clark (1914-2005): This dynamic husband-and-wife team of psychologists conducted groundbreaking research on the effects of segregation and discrimination on the self-esteem of Black children. Their famous “doll studies,” which demonstrated the damaging effects of racial bias on young children, were instrumental in the Supreme Court's landmark decision in *Brown v. Board of Education*. Their work powerfully illustrated the psychological toll of racism and its impact on mental well-being and has been recreated in modern times. In 1946, they opened the Northside Center for Child Development in a one-room basement

apartment in Harlem. Together, the Clarks devoted their entire lives to improving the mental health of Black people.

Dr. Joseph L. White (1922-2017): Often called the “godfather of Black psychology,” Dr. White was a tireless advocate for culturally relevant mental health care for Black individuals. He challenged the Eurocentric biases prevalent in psychology and emphasized the importance of understanding the unique experiences and cultural context of Black individuals when addressing their mental health needs. He played a crucial role in the founding of the Association of Black Psychologists, a vital organization that continues to champion culturally competent mental health care.

These pioneers, and many others, faced unimaginable hurdles, yet their dedication and resilience paved the way for progress in mental health within the Black community. Their work showcased the importance of culturally sensitive behavioral healthcare.

Their contributions made a difference and created progress in terms of mental health equity, but we know the fight is not finished. Disparities in access to care, cultural stigma, and the ongoing impact of systemic racism still pose significant challenges.

As we honor the legacy of these pioneers, we also commit to dismantling the barriers that prevent health equity access so that everyone can get the behavioral health care they need.

Learn more:

What I learned when I recreated the famous ‘doll test’ that looked at how Black kids see race

Black-white doll test still making an impact through children’s center in Harlem years later

8 Black Psychologists Who Made History

Plessy v. Ferguson

Brown v. Board of Education

Additional resources:

Black Mental Health Alliance

Uphold 31:8

Caroline Therapist Focused on Mental Health of Black Men (Fredericksburg.com)

988 Lifeline: Black Mental Health

Therapy for Black Girls

Boris Lawrence Henson Foundation

National Queer & Trans Therapists of Color Network

Tips for Self-Care for Black Families

Reimagining Resilience and Celebrating Black Joy

We Need to Talk About Black Therapist Burnout (Forbes.com)

The Loveland Foundation

# Prevention Services Program Updates

**Michelle Wagaman, Director**

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540-374-3337, ext. 7520

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

1. More than 50 local school professionals will be attending the virtual portion of the Creating Trauma Sensitive Schools Conference on February 20-21. This is due to scholarships from DBHDS.
2. Region 1 CSB Prevention teams held a planning retreat on February 7, 2025.
3. The annual Youth First Conference was held February 14, 2025.
4. DBHDS provided information on a new Prevention Strategic Framework for 2025 – 2030. This will impact the strategies and initiatives RACSB Prevention Services implement in the future.

## **Substance Abuse Prevention**

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

**Youth Education/Evidence Based Curriculum** – Jennifer Bateman, Prevention Specialist, continues this round of facilitation of the Second Step social emotional learning curriculum with St. Paul’s and 4Seasons day care/preschool centers in King George County. Year 2 facilitation of the Second Step Bully Prevention curriculum for the elementary grade levels within Caroline County Public Schools is nearing completion at Lewis and Clark Elementary School. It has been delayed by weather closing and other school priorities.

**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. To learn more: <https://www.thecommunitycollaborative.org/>

**Tobacco Control** – The Prevention Services Team continues to wait for updated materials from DBHDS prior to resuming the merchant education. Additionally, the store audit has been 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 is scheduled for King George High School, Courtland High School and Chancellor 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. LivingWorks has updated their trainer portal and facilitation guidance.

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.

In January 2025, we returned to the University of Mary Washington to train resident life staff and we facilitated two (2) trainings at the Rappahannock Regional Criminal Justice Academy for recruits.

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.).

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: 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.).

The training scheduled for February 5 was cancelled due to low registrations.



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

**Lock and Talk Virginia** – Region is preparing for May as mental health month campaigns. We are also responding to the proposed changes to the prevention strategic framework as it relates to Lock and Talk initiatives. Presented on this initiative as part of CIT week.

**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. To learn more about the Save 1 Life harm reduction initiative: <https://www.save1lifefxbg.org/>

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

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

We now have slide decks for either a 15-minute overview or hour long training on responsible gaming and gambling. The overview will be facilitated as part of the March 2025 Board of Directors meeting.

**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>

RACSB is hosting 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. The February cohort has 22 individuals registered currently.

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 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 have resumed using this content for “Wellness Wednesday” posts.

### Rappahannock Area Kids on the Block

Rappahannock Area Kids on the Block (RAKOB) is scheduling for spring performances and will be returning to the multicultural fair at the University of Mary Washington on April 5, 2025.

### 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.

#### January 2025

LOCALITY	NUMBER OF REFERRALS	ASSESSMENTS	NUMBER OF FAMILIES RECEIVING HOME VISITS	NEW ENROLLEES YEAR-TO-DATE
CAROLINE COUNTY	7	2	3	1
CITY OF FREDERICKSBURG	6	3	34	6
KING GEORGE COUNTY	3	1	10	2
SPOTSYLVANIA COUNTY	13	9	75	32
STAFFORD COUNTY	5	3	35	14
OUT OF AREA (REFERRED TO OTHER HF SITES)	0	0	0	0
<b>TOTAL</b>	<b>34</b>	<b>18</b>	<b>157</b>	<b>55</b>

- Healthy Families Rappahannock Area received a \$5,000 donation from Strong Tower Church.
- Staff attended Advocacy Day supporting Families Forward on January 22, 2025.
- The program received donations from Ellies Elves and Greater Fredericksburg Chapter of Jack and Jill, Inc. in support of families currently participating.
- Monthly newsletter follows.



# HEALTHY FAMILIES RAPPAHANNOCK AREA NEWSLETTER

FEBRUARY EDITION



## Honoring

## Black History Month



During Black History Month, we take time to honor the incredible contributions, resilience, and achievements of individuals who have shaped our history, culture, and future. We celebrate the leaders, innovators, and trailblazers whose courage and dedication have paved the way for progress in every facet of society. Their stories inspire us to continue advocating for equality, justice, and opportunity for all. We are deeply thankful for the strength, wisdom, and perseverance that uplift our communities, and we remain committed to fostering a future that honors and builds upon this powerful legacy.



## Advocacy Day in Richmond



Thank you to **Marta, Laurie** and **Carley** for joining Families Forward Virginia and advocates from across the Commonwealth for Advocacy Day at the Virginia General Assembly. Over 180 advocacy packets were distributed to in hopes of highlighting the importance of home visiting programs. (\*Early Impact Virginia)

## Community Hero Shout outs

- Strong Tower Church
- Spotswood Church
- Fredericksburg DSS
- Greater Fredericksburg Chapter of Jack and Jill, Inc.
- Ellie's Elves
- Project Linus



**DONATIONS HAVE THE  
POWER TO CHANGE LIVES!!**

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



# HEALTHY FAMILIES RAPPAHANNOCK AREA NEWSLETTER

FEBRUARY EDITION

## Success Story

Rosy, a determined young mother-to-be, enrolled in the Healthy Families program with one clear and powerful goal: to earn her GED before her baby arrived. At that time, Rosy was pregnant and facing the challenges that come with preparing for motherhood. Yet, her determination to create a better future for herself and her child fueled her drive to achieve her goal.

Despite all the demands of pregnancy, Rosy committed herself to studying for her GED. Whether it was in the quiet moments of the night or during peaceful afternoons, Rosy balanced her studies with self-care and preparation for her baby. Her persistence paid off—she successfully completed her GED just before her baby was born.

Rosy's journey didn't stop there. Her next goal was to obtain her driver's permit, and even with the demands of motherhood, she made time to study. Rosy was focused and resourceful, studying whenever she could, and it wasn't long before she passed the test. With each goal she accomplished, Rosy's confidence grew, and she continued to push forward with the support of Healthy Families.

Through hard work, self-discipline, and an unwavering commitment to her family, Rosy has shown that with perseverance, anything is possible.

We Are So Proud of You, Rosy!



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



# HEALTHY FAMILIES RAPPAHANNOCK AREA NEWSLETTER

JANUARY EDITION

## February Event Calendar

SUN	MON	TUE	WED	THU	FRI	SAT
						1
2	3	4	5	6	7	8
9	10	11	12 RACSB In-Service Day	13	14 Happy Valentines Day	15
16	17 office CLOSED	18	19 	20	21	22
23	24	25	26	27	28	

COME JOIN US  
HEALTHY FAMILIES TEAM

### DATES TO REMEMBER:

- **March 12th** - Dr. Seuss theme Playgroup (Choices and Spotswood Baptist)
- **March 27th** - HFRA Board Meeting (Virtual)
- **April 9th** - Safety in Our Community Playgroup (Heritage Park Community Center)
- **April Events for Child Abuse Prevention Month are being planned now (Zumba , Little Caesars Pizza Drive, Pinwheel Picture)**
- **May 17th** - Baby Shower sponsored by Delta Sigma Theta Sorority

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

**Finance Department  
January 2025 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 has been working with Sara to help train her on our financial software and other items.

**Reimbursement Department:**

We are starting a new project for our consumer self-pay balances aged over 180 days in effort to reduce the outstanding balance and more accurately track the amount submitted to our tax debt setoff vendor. This project is expected to take over a month due to the large outstanding balance.

In the month of December, we adjusted services for residential clients whose authorization had been exhausted. Medicaid limits payment to 344 days out of the year, resulting in adjustments for “Max Units Benefits”. There was an erroneous increase in adjustments for non-Covered Services for clients receiving Crisis Stabilization services that were adjusted by mistake. These will be corrected and will be reflected in January reports.

**Accounting Department:**

The Accounting Department completed an onsite internal audit by DBHDS. Preliminary conversation indicates no major findings, but we are still awaiting official communication of the results. Annual 1099 reporting to required vendors and the IRS was also completed in January.

The Accounting Department has also responded to requests for the annual financial audits of the HUD group homes and continues to work with our external auditors to finalize the RACSB and RCS, Inc. audited financials. Preparation is underway for the agency’s mid-year regional reporting, and catch-up of grant reimbursement requests through Web Grants is in progress.

# Summary of Cash Investments

Depository		Rate	Comments
<b>Atlantic Union Bank</b>			
Checking	\$ 14,013,122	3.25%	
<b>Investment Portfolio</b>			
Cash Equivalents	3,959,183		
Fixed Income	4,991,325		
Total Investment	8,950,508		
<b>Total Atlantic Union Bank</b>	<b>\$ 22,963,629</b>		
<b>Other</b>			
Local Gov. Investment Pool	\$ 35,956	4.62%	Avg. Monthly Yield
<b>Total Investments</b>	<b>\$ 22,999,585</b>		

# Health Insurance

FY 2025	Monthly Premiums	Additional Premium Contributions	Monthly Claims & Fees	Interest	Balance
Beginning Balance					
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
January	\$555,814		\$261,380	\$1,586	\$3,900,475
<b>YTD Total</b>	<b>\$2,775,271</b>	<b>\$0</b>	<b>\$1,913,846</b>	<b>\$10,034</b>	<b>\$3,900,475</b>

## 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
<b>FY 2025</b>	<b>\$273,407</b>	<b>\$17,954</b>	<b>\$330,102</b>
<b>FY 2024</b>	<b>\$255,453</b>	<b>\$41,076</b>	<b>\$593,001</b>
<b>FY 2023</b>	<b>\$214,376</b>	<b>(\$97,137)</b>	<b>\$284,428</b>
<b>FY 2022</b>	<b>\$311,513</b>	<b>(\$24,129)</b>	<b>\$431,613</b>
<b>FY 2021</b>	<b>\$335,642</b>	<b>\$14,641</b>	<b>\$588,906</b>

# 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	\$ 167,919.41	\$ 167,919.41	\$ 167,919.41	\$ -	\$ 7,183.00	4.28%
US Treasury Bill (02/06/2025)	\$ 1,000,000.00	\$ 976,752.50	\$ 976,436.87	\$ 315.63	\$ 22,897.50	2.35%
US Treasury Bill (03/27/2025)	\$ 400,000.00	\$ 392,926.11	\$ 392,732.11	\$ 194.00	\$ 4,633.89	1.18%
US Treasury Bill (05/15/2025)	\$ 1,000,000.00	\$ 982,078.71	\$ 981,747.13	\$ 331.58	\$ 6,201.29	0.63%
US Treasury Bill (06/12/2025)	\$ 1,000,000.00	\$ 956,662.95	\$ 953,972.50	\$ 2,690.45	\$ 28,397.05	2.98%
US Treasury Bill (08/07/2025)	\$ 500,000.00	\$ 482,842.90	\$ 483,455.62	\$ (612.72)	\$ 6,532.10	1.35%
<b>Total Cash Equivalents</b>	<b>\$ 4,067,919.41</b>	<b>\$ 3,959,182.58</b>	<b>\$ 3,956,263.64</b>	<b>\$ 2,918.94</b>	<b>\$ 75,844.83</b>	<b>1.92%</b>
US Treasury Note (04/30/2025) (est in 2020)	\$ 1,000,000.00	\$ 990,740.00	\$ 948,906.25	\$ 41,833.75	\$ 3,750.00	0.38%
US Treasury Note (10/15/2025)	\$ 1,000,000.00	\$ 999,840.00	\$ 1,005,781.25	\$ (5,941.25)	\$ 42,500.00	4.25%
US Treasury Note (09/30/2025)	\$ 500,000.00	\$ 502,240.00	\$ 504,570.31	\$ (2,330.31)	\$ 25,000.00	4.98%
US Treasury Note (10/15/2026)	\$ 500,000.00	\$ 503,310.00	\$ 506,738.28	\$ (3,428.28)	\$ 23,125.00	4.59%
US Treasury Note (03/15/2027)	\$ 500,000.00	\$ 500,375.00	\$ 496,308.59	\$ 4,066.41	\$ 21,250.00	4.25%
US Treasury Note (04/30/2026)	\$ 500,000.00	\$ 503,870.00	\$ 499,023.44	\$ 4,846.56	\$ 24,375.00	4.84%
US Treasury Note (08/15/2027)	\$ 500,000.00	\$ 494,385.00	\$ 495,292.97	\$ (907.97)	\$ 18,750.00	3.79%
US Treasury Note (8/31/2026)	\$ 500,000.00	\$ 496,565.00	\$ 495,195.31	\$ 1,369.69	\$ 18,750.00	3.78%
<b>Total Fixed income</b>	<b>\$ 5,000,000.00</b>	<b>\$ 4,991,325.00</b>	<b>\$ 4,951,816.40</b>	<b>\$ 39,508.60</b>	<b>\$ 177,500.00</b>	<b>3.55%</b>
<b>1/31/2025</b>		<b>\$ 8,950,507.58</b>	<b>\$ 8,908,080.04</b>	<b>\$ 42,427.54</b>	<b>\$ 253,344.83</b>	<b>2.30%</b>



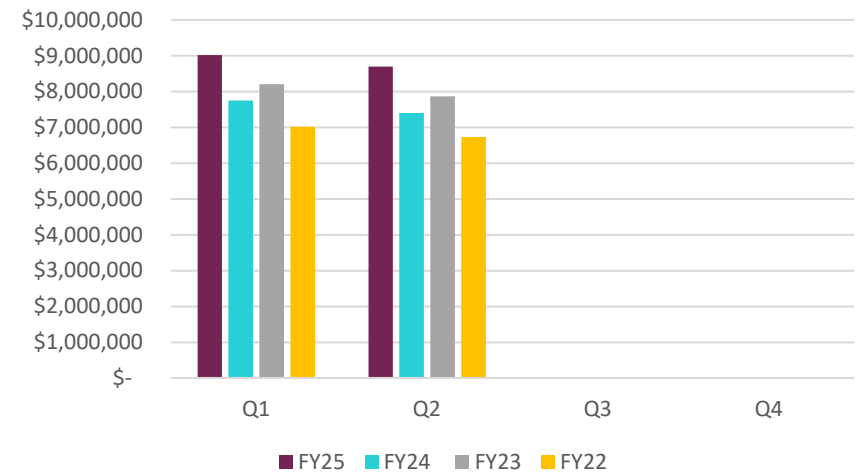
# Fee Revenue Reimbursement- December 31, 2024

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

AGED CLAIMS		Current Month		Prior Month		Prior Year	
<b>Total Claims Outstanding</b>	<b>Total</b>	100%	\$6,594,831	100%	\$7,102,533	100%	\$6,865,946
	Consumers	56%	\$3,722,809	52%	\$3,667,706	53%	\$3,618,838
	3rd Party	44%	\$2,872,022	48%	\$3,434,827	47%	\$3,247,109
<b>Claims Aged 0-29 Days</b>	<b>Total</b>	40%	\$2,666,658	45%	\$3,186,105	46%	\$3,138,486
	Consumers	1%	\$56,678	0%	-\$4,858	1%	\$77,459
	3rd Party	40%	\$2,609,980	48%	\$3,190,963	45%	\$3,061,028
<b>Claims Aged 30-59 Days</b>	<b>Total</b>	1%	\$95,068	4%	\$271,150	2%	\$121,925
	Consumers	0%	\$5,785	3%	\$195,123	1%	\$41,559
	3rd Party	1%	\$89,283	1%	\$76,027	1%	\$80,366
<b>Claims Aged 60-89 Days</b>	<b>Total</b>	4%	\$231,594	1%	\$104,383	1%	\$91,563
	Consumers	3%	\$184,040	1%	\$41,859	1%	\$34,525
	3rd Party	1%	\$47,554	1%	\$62,524	1%	\$57,038
<b>Claims Aged 90-119 Days</b>	<b>Total</b>	1%	\$92,579	1%	\$84,935	1%	\$69,228
	Consumers	1%	\$42,017	1%	\$60,056	0%	\$21,407
	3rd Party	1%	\$50,563	0%	\$24,879	1%	\$47,821
<b>Claims Aged 120+ Days</b>	<b>Total</b>	53%	\$3,508,933	49%	\$3,455,960	50%	\$3,444,744
	Consumers	52%	\$3,434,290	51%	\$3,375,526	50%	\$3,443,888
	3rd Party	1%	\$74,643	1%	\$80,434	0%	\$856

CLAIM COLLECTIONS	
Current Year To Date Collections	\$17,715,470
Prior Year To Date Collections	\$15,150,804
\$ Change from Prior Year	\$2,564,666
% Change from Prior Year	17%

Quarterly Fee Collections



# Write-off Report

Month: Dec 2024		
Write Off Code	Current YTD	Prior YTD
BANKRUPTCY	\$ -	\$ 52
DECEASED	\$ -	\$ 235
NO FINANCIAL AGREEMENT	\$ 2,347	\$ 4,609
SMALL BALANCE	\$ 20	\$ 121
UNCOLLECTABLE	\$ -	\$ 129
FINANCIAL ASSISTANCE	\$ 147,821	\$ 115,958
NO SHOW	\$ 80	\$ 160
MAX UNITS/BENEFITS	\$ 58,230	\$ 2,642
PROVIDER NOT CREDENTIALLED	\$ 810	\$ 1,425
DIAGNOSIS NOT COVERED	\$ -	\$ 395
NON-COVERED SERVICE	\$ 46,749	\$ 3,823
SERVICES NOT AUTHORIZED	\$ 11,992	\$ 7,703
PAST BILLING DEADLINE	\$ -	\$ 780
INCORRECT PAYER	\$ 1,694	\$ 1,956
NO PRIMARY EOB	\$ 1,173	\$ -
SPENDDOWN NOT MET	\$ 3,230	\$ -
<b>TOTAL</b>	<b>\$ 274,145</b>	<b>\$ 139,989</b>

Year to Date: July - Dec 2024		
Write Off Code	Current YTD	Prior YTD
BAD ADDRESS	\$ 47,568	\$ 70
BANKRUPTCY	\$ -	\$ 438
DECEASED	\$ 1,530	\$ 355
NO FINANCIAL AGREEMENT	\$ 22,184	\$ 21,924
SMALL BALANCE	\$ 371	\$ 772
UNCOLLECTABLE	\$ 2,100	\$ 2,104
FINANCIAL ASSISTANCE	\$ 1,084,550	\$ 830,094
NO SHOW	\$ 3,212	\$ 4,338
MAX UNITS/BENEFITS	\$ 258,828	\$ 79,250
PROVIDER NOT CREDENTIALLED	\$ 9,470	\$ 52,700
ROLL UP BILLING	\$ -	\$ 56,821
DIAGNOSIS NOT COVERED	\$ 4,988	\$ 1,035
NON-COVERED SERVICE	\$ 87,348	\$ 21,005
SERVICES NOT AUTHORIZED	\$ 90,553	\$ 75,195
PAST BILLING DEADLINE	\$ 2,142	\$ 17,309
MCO DENIED AUTH	\$ 9,033	\$ -
INCORRECT PAYER	\$ 18,656	\$ 11,179
NO PRIMARY EOB	\$ 2,518	\$ 2,204
SPENDDOWN NOT MET	\$ 196,005	\$ 12,321
<b>TOTAL</b>	<b>\$ 1,841,056</b>	<b>\$ 1,189,113</b>

# Payroll Statistics

Pay Date	Overtime Hours	Overtime Cost	Average Cost per hour-Overtime	2P Hours	2P Cost	Average Cost per hour-2p	Total Hours	Total Costs
7/12/2024	399.5	\$16,004.36	\$40.06	153.33	\$5,252.26	\$34.25	552.83	\$21,256.62
7/26/2024	377	\$15,298.75	\$40.58	164.25	\$5,893.46	\$35.88	541.25	\$21,192.21
8/9/2024	475.01	\$19,669.66	\$41.41	124.5	\$4,445.08	\$35.70	599.51	\$24,114.74
8/23/2024	333.67	\$13,727.68	\$41.14	210	\$6,984.26	\$33.26	543.67	\$20,711.94
9/6/2024	568	\$23,632.36	\$41.61	89.5	\$3,949.93	\$44.13	657.5	\$27,582.29
9/20/2024	501.7	\$20,914.43	\$41.69	112	\$3,835.53	\$34.25	613.7	\$24,749.96
10/4/2024	323.5	\$13,263.41	\$41.00	130	\$4,755.90	\$36.58	453.5	\$18,019.31
10/18/2024	266.25	\$10,848.84	\$40.75	131.5	\$4,480.69	\$34.07	397.75	\$15,329.53
11/1/2024	334.25	\$14,201.24	\$42.49	118	\$4,086.40	\$34.63	452.25	\$18,287.64
11/15/2024	382.5	\$14,954.05	\$39.10	87.75	\$3,095.69	\$35.28	470.25	\$18,049.74
11/29/2024	369.25	\$14,188.19	\$38.42	105.75	\$3,868.96	\$36.59	475	\$18,057.15
12/13/2024	227.75	\$8,892.61	\$39.05	116.5	\$4,171.76	\$35.81	344.25	\$13,064.37
12/27/2024	275.25	\$10,882.21	\$39.54	136	\$4,381.10	\$32.21	411.25	\$15,263.31
1/10/2025	331.75	\$12,638.27	\$38.10	115.5	\$3,929.20	\$34.02	447.25	\$16,567.47
1/24/2025	306.25	\$13,068.75	\$42.67	93.85	\$3,515.85	\$37.46	400.1	\$16,584.60
2/7/2025	130.75	\$5,275.67	\$40.35	103.25	\$3,602.89	\$34.89	234	\$8,878.56
<b>Grand Total</b>	<b>5602.38</b>	<b>\$227,460.48</b>	<b>\$40.60</b>	<b>1991.68</b>	<b>\$70,248.96</b>	<b>\$35.27</b>	<b>7594.06</b>	<b>\$297,709.44</b>

**RAPPAHANNOCK AREA**  
COMMUNITY SERVICES BOARD

MEMORANDUM

To: Joe Wickens, Executive Director

From: Sara Keeler, Director of Finance and Administration

Date: February 7, 2025

Re: Proposed revision to Financial Policies and Procedures

During our recent DBHDS financial review, we learned we should include in our policy a procedure to evaluate all contractors and subaward recipients with a checklist of criteria if any federal funds will be used to pay for their services. We are recommending language changes to the contract section of Section 2: Purchasing and to the administrative requirements section of Section 8: Contract Agencies in the financial policies and procedures to comply with this requirement.

Recommendation for the Board for Approval:

Section 2: PURCHASING – CONTRACTS section

RACSB provides standard contractual format with appropriate provisions for use in all contractual arrangements, including those for construction work and professional services. The provisions of the contract provide compliance with legal, regulatory, and procedural matters and therefore must be a part of all agreements. In the event of the RACSB accepts the use of a vendors' terms and conditions, RACSB will require the vendor to incorporate any legal, regulatory, and procedurally required language into their template prior to execution. **If any federal funds will be used to fund the contract, RACSB will use a checklist to determine all federal guidelines have been followed.**

In addition, each contract will include a designated contract administrator by RACSB agency position. This person will be responsible for the monitoring, execution, and renewal of the contract.

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

Section 8: CONTRACT AGENCIES – ADMINISTRATIVE REQUIREMENTS section

Contract agencies that receive state generated and federal block grant funds from community services boards must meet applicable administrative requirements. **If any federal funds will be used to fund the contract, RACSB will use a checklist to determine all federal guidelines have been followed.**

**Bonding and Insurance:** The contract agency is expected to take reasonable precautions to protect itself against losses through a comprehensive program of bonding and insurance coverage.

**Record Retention:** The contract agency must retain all financial records for five years after audit.

Agency's Income: All revenue generated or received by the contract agency of the services in its contract with the RACSB must be used for the agency. These revenues, applicable to programs provided for the RACSB, should be included on the revenue portion of the required reports. Sources not listed on the reports should be included on the respective "Other" lines with a description of source.

Financial Reporting: The contract agency shall send RACSB the information about the services in its contract with RACSB necessary to complete the quarterly CSB Performance Report in time to meet the reporting deadlines specified in Exhibit C of the Performance Contract. HIPAA compliance is required by the contract agency. This information should include the following:

Category or sub-category of core services provided

Units of service provided

Number of individual/s receiving services served

Static capacity

Individual/s receiving services characteristics

Revenues

Expenditures

Grant closeout procedures: Grant closeout procedures, as mandated by DBHDS, are to be followed when it is anticipated that the contract agency is to be terminated.

Procurement standards: Refer to the CSB Procurement Procedures Manual, published by DBHDS.

Audit reports: Contract agencies must obtain an annual audit in accordance with generally accepted auditing standards and all applicable administrative requirements. Audit requirements vary depending on the level of federal funding involved. The Executive Director or designee is responsible for filing copies of such audits with DBHDS.

## HUMAN RESOURCES PROGRAM UPDATE- January 2025

### Payroll

- Voya Transition – RACSB has been working with MissionSquare Retirement, VRS and Voya since August 2024 to transition our recordkeeper effective 1/1/25. We have successfully transitioned by meeting all deadlines for requested information, setting up financial data for payment and have completed 2 employee/employer contribution payments in the month of January. With Voya our voluntary deferral changes will no longer be handled quarterly but monthly. We have successfully processed our feedback file for January 2025. Pulling down changes, auditing the data received and making the necessary updates employee requested in our Dominion Payroll system.
- VRS Hybrid Adjustment Credits – During the month of December and January we were able to successfully book \$97,475.68 to our liability account processing refunds we received from VRS for FY20 – FY24.
- Calendar Year Close Out for Payroll – With a deadline of January 6<sup>th</sup>, we were able to provide Dominion Payroll with all data needed to make payroll adjustments for the end of the calendar year. We ensured employees who paid back bonuses and/or salary overpayments had the correct wage adjustments completed to ensure accurate W2's were issued. These end of the year adjustments also resulted in a tax credit to our agency totaling \$1,861.05 from the IRS and \$252.84 from VA Withholding.
- W2's – We received 165 paper 2024 W2's for termed employees and employees who have not opted into electronic consent. All W2's were mailed on 1/23/25, meeting the IRS deadline of January 31<sup>st</sup>.

### Employee Relations

- Implemented third party FMLA administrator (Absence Tracker through Isolved).

## Recruitment

- We had 43 job offers accepted.
- Facilitated 34 new employees through orientation.
- Completed analysis of Requisition through Orientation Current state.
- Fully assessed iSolved and Dominion software capabilities.
- Developed draft of Requisition through Orientation Future state.
- Started documentation to present “definitions” for candidate’s status and assessed iSolved training for hiring managers.
- Created updated offer document templates for iSolved/Dominion team in order to start sending offers digitally and accepting digital signatures.
- Created and presented additional documentation requests for requisitions and job ads.
- Completed assessment and troubleshooting of 2<sup>nd</sup> phase of automation and developed implementation plan for next 2 weeks (includes integration between iSolved and Dominion to pull candidates over to Dominion as new hires, which includes auto-generated employee ID#’s and starting onboarding at the point of job offer) – this project eliminates most of the paper “packet” we currently hand back and forth.
- Developed and launched “job listing refresh” cycle with oldest roles – went well! New roles are set to expire in 60 days to assist the implementation of the new process. The goal is to not have open roles listed more than 60 days.
- Automated employee onboarding (including many background checks and documents) created and ready for testing.
- Automated transfer of candidates from iSolved ATS over to Dominion set up and ready to test.

## Training & Compliance

- Provided in person training to 129 staff.
- Initiated 42 chart audits, with an average compliance rating of 92% at initial audit.
- Completed 33 final review chart audits (a re-audit after following up for missing items), with an average compliance rating of 99%.
- Implemented status change audit process.

**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: February 6, 2025

Re: Summary – January 2025 Applicant and Recruitment Update

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For the month of January 2025, RACSB received 562 applications.

Of the applications received, 79 applicants listed the RACSB applicant portal as their recruitment source, 30 stated employee referrals as their recruitment source and 453 listed job boards as their recruitment source.

At the end of January, there are currently 37 open positions, 26 full-time and 11 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 January 2025.



APPLICANT DATA REPORT

RACSB FY 2025

<b>APPLICANT DATA</b>	<b>Jul-24</b>	<b>Aug-24</b>	<b>Sep-24</b>	<b>Oct-24</b>	<b>Nov-24</b>	<b>Dec-24</b>	<b>Jan-25</b>	<b>Feb-25</b>	<b>Mar-25</b>	<b>Apr-25</b>	<b>May-25</b>	<b>Jun-25</b>
Female	727	338	373	402	340	150	331					
Male	128	93	128	154	106	37	78					
Not Supplied	372	294	299	313	258	119	153					
<b>Total</b>	<b>1227</b>	<b>725</b>	<b>800</b>	<b>869</b>	<b>704</b>	<b>306</b>	<b>562</b>					
<b>ETHNICITY</b>												
Caucasian	254	140	155	172	128	40	149					
African American	405	193	227	256	226	111	173					
Hispanic	67	26	32	34	25	6	3					
Asian	20	15	16	18	16	6	5					
American Indian	2	2	0	0	4	1	3					
Native Hawaiian	2	1	1	0	1	0	2					
Two or More Races	63	44	51	49	27	16	1					
<b>RECRUITMENT SOURCE</b>												
Newspaper Ads												
RACSB Website	192	138	171	130	143	53	79					
RACSB Intranet												
Employee Referrals	99	72	91	68	57	39	30					
Radio Ads												
Job Boards												
Indeed.com	861	437	428	567	428	162	412					
VA Employment Commission												
Monster.com												
Other -	48	53	75	72	57	47	25					
VA Peer Recovery Specialist Site												
Colleges/Handshake												
Facebook												
Multi Site Search												
NHSC												
Linked In												
Goodwill referral												
Zip Recruiter	27	25	35	32	19	5	16					
Job Fair												
<b>Total # of Applicants</b>	<b>1227</b>	<b>725</b>	<b>800</b>	<b>869</b>	<b>704</b>	<b>306</b>	<b>562</b>					

1/31/2025									
Original Date Listed	Days Open	Original Job #	Job Title	RU	Division	Location (was Department)	FT	PT	
12/20/2024	42	1383380	Accounting Coordinator	1000	Admin	Fredericksburg City Administrative - Accounting	1		
							1		
1/22/2025	9	1409685	Property Maintenance Technician	1100	Admin	Fredericksburg City Administrative - Property Management	1		
							1		
1/10/2025	21	1397320	Permanent Supportive Housing Case Manager	2760	CSS	Fredericksburg City CSS - MH Residential Services	1		
10/15/2024	108	1329539	Vocational Specialist - ACT South	2372	CSS	Fredericksburg City CSS - Assertive Community Treatment	1		
10/24/2024	99	1337708	MH Residential Counselor	2778	CSS	Fredericksburg City CSS - MH Residential Services	1		
10/4/2024	119	1321621	Peer Recovery Specialist - Crisis Stabilization	2770	CSS	Fredericksburg City CSS - MH Crisis Stabilization Program		1	
12/20/2024	42	1381440	MH Residential Specialist Crisis Stabilization	2770	CSS	Fredericksburg City CSS - MH Crisis Stabilization Program	1		
12/20/2024	42	1381456	MH Residential Specialist Crisis Stabilization	2770	CSS	Fredericksburg City CSS - MH Crisis Stabilization Program	1		
11/21/2024	71	1360866	Developmental Services Support Coordinator - River Club	3300	CSS	Fredericksburg City CSS - ID/DD Support Coordination Services	1		
1/30/2025	1	1415928	Developmental Services Support Coordinator	3300	CSS	Stafford County CSS - ID/DD Support Coordination Services	1		
							7		
2/23/2024	343	1116531	Therapist, Emergency Services Mobile Co-Response		Cinical	Fredericksburg City Clinical Services - Emergency Services	1		
10/21/2024	102	1334410	Therapist, Emergency Services	2000/4000	Clinical	Fredericksburg City Clinical Services - ES Coordinator	1		
1/13/2025	18	1400706	Therapist, Child and Adolescent	2250	Clinical	Stafford County Clinical Services - Outpatient Services	1		
12/12/2024	50	1376325	Therapist, Jail Based	5200	Clinical	Stafford County Clinical Services - Jail Based/Diversion Services	1		
12/7/2023	421	1053679	Therapist, SA - Probation and Parole	4220	Clinical	Fredericksburg City Clinical Services - SA Services	1		
3/6/2024	331	1126620	Psychiatrist		Clinical	Fredericksburg City Clinical Services - Outpatient Services	1		
8/30/2024	154	1291460	CSAC Mobile OBOT	4261	Clinical	Fredericksburg City Clinical Services - SA Services	1		
							7		
11/8/2024	84	1351769	Direct Support Professional - Day Support - Kings Highway	3652	CSS	Stafford County CSS - Day Health & Rehabilitation Services	1		
9/17/2024	136	1306060	Direct Support Professional - Day Support - Kings Highway	3652	CSS	Stafford County CSS - Day Health & Rehabilitation Services		1	
12/3/2024	59	1368719	Direct Support Professional - Day Support - Kings Highway	3652	CSS	Stafford County CSS - Day Health & Rehabilitation Services	1		
1/9/2025	22	1396066	Direct Support Professional - Day Support - Kings Highway	3652	CSS	Stafford County CSS - Day Health & Rehabilitation Services		1	
1/9/2025	22	1396071	Direct Support Professional - Day Support - Kings Highway	3652	CSS	Stafford County CSS - Day Health & Rehabilitation Services		1	
7/17/2024	198	1252834	Direct Support Professional - Day Support - Spotsylvania	3654	CSS	Spotsylvania County CSS - Day Health & Rehabilitation Services		1	
10/31/2024	92	1343986	Direct Support Professional - Day Support - Stafford	3655	CSS	Stafford County CSS - Day Health & Rehabilitation Services		1	
11/8/2024	84	1351760	Direct Support Professional - Day Support - Stafford	3655	CSS	Stafford County CSS - Day Health & Rehabilitation Services		1	
1/30/2025	1	1415933	Direct Support Professional - Day Support - ICF	3656	CSS	Stafford County CSS Day Health & Rehabilitation Services	1		
							8		
12/7/2023	421	1053889	Nurse, LPN Wolfe Street	2770	CSS	Fredericksburg City - ID/DD Residential Services	1		
12/7/2023	421	1053891	Nurse, LPN Wolfe Street	2770	CSS	Fredericksburg City - ID/DD Residential Services	1		
1/24/2025	7	1411850	Direct support Professional - Residential ICF - Lucas	3793	CSS	Spotsylvania County CSS - ID/DD Residential Services	1		
1/10/2025	21	1397206	Direct Support Professional - Residential - Churchill	3791	CSS	Spotsylvania County CSS - ID/DD Residential Services	1		
12/18/2024	44	1381485	Lead Direct Support Professional - Merchant Square	3784	CSS	Spotsylvania County CSS - ID/DD Residential Services	1		
12/17/2024	45	1380169	Direct Support Professional - Residential - Galveston	3790	CSS	Stafford County - ID/DD Residential Services		1	
1/13/2025	18	1400721	DD Residential Specialist (Sponsored Placement Program)	3783	CSS	Spotsylvania County CSS - ID/DD Residential Services	1		
10/17/2024	106	1332370	Direct Support Professional - Residential - Piedmont	3776	CSS	Spotsylvania County CSS - ID/DD Residential Services		1	
1/7/2024	390	1075218	Direct Support Professional - Residential - Devon	3774	CSS	Caroline County CSS - ID/DD Residential Services		1	
9/27/2024	126	1316495	Direct Support Professional - Residential ICF - Lucas	3793	CSS	Spotsylvania County CSS - ID/DD Residential Services	1		
1/8/2025	23	1236419	Direct Support Professional - Residential - Belmont	3781	CSS	Fredericksburg City CSS - ID/DD Residential Services		1	
<b>Avg days open</b>	<b>116.03</b>						<b>11</b>	<b>26</b>	
								<b>11</b>	
Total Open Positions:							<b>37</b>		

**RECRUITMENT REPORT FY 2025**

<b>MONTHLY RECRUITMENT</b>	<b>JULY</b>	<b>AUGUST</b>	<b>SEPTEMBER</b>	<b>OCTOBER</b>	<b>NOVEMBER</b>	<b>DECEMBER</b>	<b>JANUARY</b>	<b>FEBRUARY</b>	<b>MARCH</b>	<b>APRIL</b>	<b>MAY</b>	<b>JUNE</b>	<b>TOTAL YTD</b>
External Applicants Hired:													
PRN													
Part-time	3	8	9	2	1	3	8						34
Full-time	8	14	13	10	6	9	16						76
<b>Sub Total External Applicants Hired</b>	<b>11</b>	<b>22</b>	<b>22</b>	<b>12</b>	<b>7</b>	<b>12</b>	<b>24</b>						<b>110</b>
Internal Applicants Moved:													
Part-time to Full-time					3	2	2						7
PRN As Needed to Full-Time													0
<b>Sub Total Internal Applicant Moves</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>2</b>	<b>2</b>						<b>7</b>
<b>Total Positions Filled:</b>	<b>11</b>	<b>22</b>	<b>22</b>	<b>12</b>	<b>10</b>	<b>14</b>	<b>26</b>						<b>117</b>
<b>Total Applications Received:</b>													
<b>Actual Total of Applicants:</b>	<b>1227</b>	<b>725</b>	<b>800</b>	<b>869</b>	<b>704</b>	<b>196</b>	<b>562</b>						<b>5083</b>
<b>Total External Offers Made:</b>	<b>11</b>	<b>22</b>	<b>22</b>	<b>12</b>	<b>7</b>	<b>12</b>	<b>24</b>						<b>110</b>
<b>Total Internal Offers Made:</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>2</b>	<b>2</b>						<b>7</b>

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

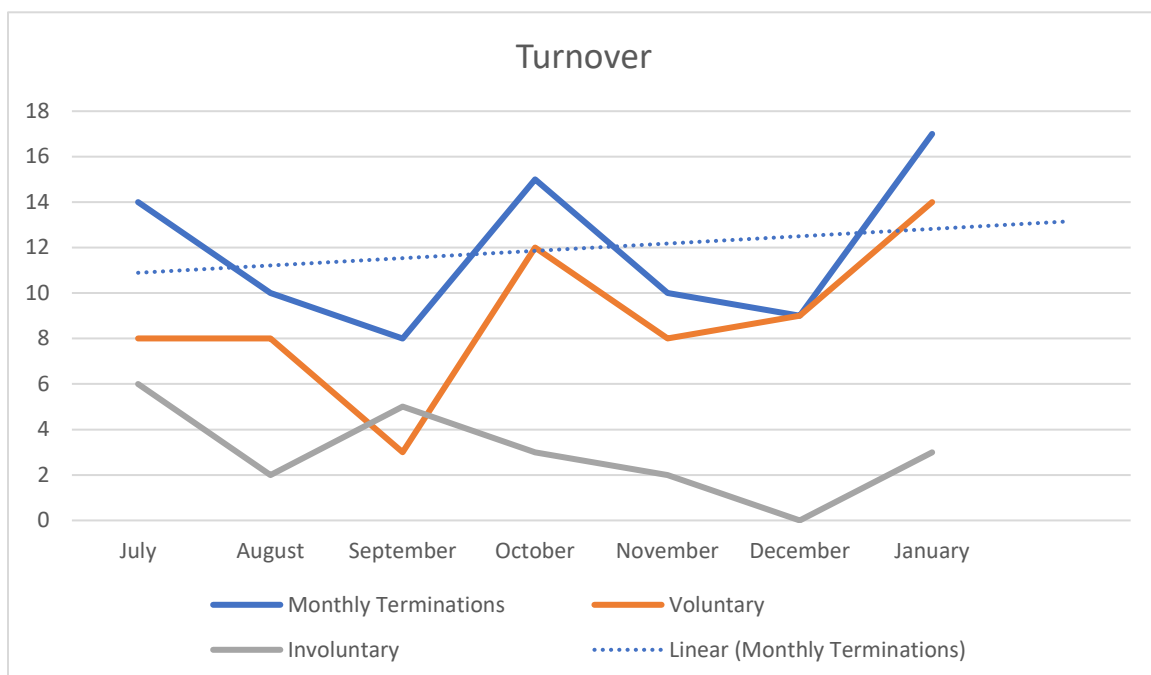
## MEMORANDUM

To: Joe Wickens, Executive Director  
From: Derrick Mestler, Human Resources Director  
Date: February 6, 2025  
Re: Summary – Turnover Report – January 2025

Human Resources processed seventeen (17) employee separations for January 2025. Of the seventeen, fourteen (14) separations were voluntary, three (3) were involuntary.

### Reasons for Separations

Resigned- Vol.	14
Involuntary	3



RACSB MONTHLY TURNOVER REPORT  
Jan-25

<u>ORGANIZATIONAL UNIT</u>	<u>NUMBER OF TERMS</u>	<u>VOLUNTARY</u>	<u>INVOLUNTARY</u>	<u>EXPLANATION</u>
Administrative		2		Resignation
			1	Reduction in force
<i>Unit Totals</i>	<b>3</b>	<b>2</b>	<b>1</b>	
Clinical Services		3		Resignation
			1	For cause
<i>Unit Totals</i>	<b>4</b>	<b>3</b>	<b>1</b>	
Community Support Services		9		Resignation
			1	For cause
<i>Unit Totals</i>	<b>10</b>	<b>9</b>	<b>1</b>	
<b>Grand Totals for the Month</b>	<b>17</b>	<b>14</b>	<b>3</b>	

Total Average Number of Employees	579
Retention Rate	97.06%
Turnover Rate	2.94%

Total Separations	17
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**RACSB Turnover FY '25**

<u>Employees</u>	<u>Jul-24</u>	<u>Aug-24</u>	<u>Sep-24</u>	<u>Oct-24</u>	<u>Nov-24</u>	<u>Dec-24</u>	<u>Jan-25</u>	<u>Feb-25</u>	<u>Mar-25</u>	<u>Apr-25</u>	<u>May-25</u>	<u>Jun-25</u>
<b>Average Headcount</b>	572	573	587	586	570	571	579					
<b>Monthly Terminations*</b>	14	10	8	15	10	9	17					
<b>Turnover by Month</b>	2.45%	1.75%	1.36%	2.56%	1.75%	1.58%	2.94%					
<b>Cumulative Turnover YTD</b>	2.45%	4.19%	5.54%	8.11%	9.87%	11.45%	14.39%					
<b>Average % Turnover per Month YTD</b>	2.45%	2.10%	1.85%	2.03%	1.97%	1.91%	2.06%					

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

To: Joe Wickens, Executive Director

From: Derrick Mestler, Human Resources Director

Re: DBHDS Workforce Reporting Overview

Date: February 6, 2025

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

	Q1 YTD			Q2 YTD		
	Vacancy Rate	YTD Vacancy Rate	Turnover Rate	Vacancy Rate	YTD Vacancy Rate	Turnover Rate
<b>Administrative Support</b>	5.3%	5.3%	3.2%	6.4%	6.1%	5.2%
<b>Case Manager</b>	8.1%	6.8%	1.6%	10.2%	8.2%	4.9%
<b>Clinician</b>	15.0%	16.2%	2.4%	15.0%	15.0%	7.7%
<b>Direct Service Provider</b>	10.1%	11.1%	11.4%	9.5%	10.5%	20.4%
<b>Executive Leadership</b>	0.0%	0.0%	10.0%	0.0%	0.0%	10.3%
<b>Nursing</b>	13.3%	17.4%	11.0%	4.4%	13.0%	15.4%
<b>Other</b>	14.3%	0.0%	0.0%	7.1%	0.0%	0.0%
<b>Peer</b>	7.4%	0.0%	0.0%	17.9%	7.7%	8.3%
<b>Prescriber</b>	34.8%	33.3%	0.0%	43.5%	33.3%	14.0%
<b>Overall</b>	9.8%	9.8%	5.1%	10.4%	10.1%	10.1%

## **RACSB DEPUTY EXECUTIVE DIRECTOR REPORT**

### **January Monthly Updates**

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

- Participated in the DBHDS Incident Management System Replacement committee leading the replacement of the CHRIS and CONNECT data systems. I submitted the name for the new system which was selected.
- Met minimum of three times a week regarding transition to new statewide data exchange. RACSB and Netsmart began testing the last week of January. RACSB is scheduled to go-live on March 1, 2025.
- The Administrative Policy Committee which works to negotiate changes to the DBHDS Performance Contract has met every two weeks to discuss upcoming changes. We have started approving sections to send for review by VACSB Executive Directors.
- Began weekly participation in legislation review through VACSB.
- Participated in a select workgroup designed to respond effectively to the DBHDS report to General Assembly on the Cost Report for STEP-VA.
- Supported contract negotiations for the new Policy Pro module addition to Relias Learning Management System.
- Supported the on-site DBHDS multi-departmental site visit and the separate on-site DBHDS Federal Funding Finance Audit.
- Attended the VACSB Legislative Conference and Board meeting.
- Attended the annual in-person VACSB CFO retreat held at Valley CSB.
- Supported on-boarding and training of RACSB's new Finance Director.

#### **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. We started testing the last week in January in preparation for a go-live in March 2025.

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

Specifications for WaMS 4.0 were released on March 13<sup>th</sup>, 2024. DBHDS has delayed implementation of the new Individual Service Plan (4.0) due to an error in their system. New plan went live this month. Team has worked through challenges in the design which were not apparent until after go-live. The IT team continues to work through glitches in the integration.

#### **Trac-IT Early Intervention Data System**

We continue to test our extract for required data to upload to TRAC-IT. RACSB started submitting Early Intervention Service level data through the CCS 3 process. Team meets monthly with DBHDS to support error processing and prepare for new data exchange. Met with DBHDS staff to prepare for the transition to new data exchange and requirements to report via that mechanism.



To: Joe Wickens, Executive Director  
 From: Brandie Williams, Deputy Executive Director  
 Subject: DBHDS Dashboard Report  
 Date: February 7, 2025

Dashboard Report				
Measure	Month of Measure	State Target	State Average	RACSB
Same Day Access-Appointment Offered	Nov 2025	86%	77.40%	91.70%
Same Day Access-Appointment Kept	Nov 2025	70%	61.80%	56.10%
SUD Engagement	Jan 2025	50%	36.90%	39.30%
Universal Adult Columbia Screenings	Oct 2024	86%	79.10%	61.86%
Universal Child/Adolescent Columbia Screenings	Oct 2024	86%	79.80%	60.47%
DLA-Adult	FY2024 Q2-Q4	35%		38.80%
DLA-Child	FY2024 Q2-Q4	35%		54.20%

Percent Receiving Face to Face Case Management Services ECM	Nov 2025	90%	N/A	88.17%
Percent Receiving In-home Case Management Services ECM	Nov 2025	90%	N/A	82.44%
Percent Receiving Targeted Case Management	FY2025Q1	90%	N/A	96.70%

To: Joe Wickens, Executive Director

From: Brandie Williams, Deputy Executive Director Re: Legislative Updates and Priorities

Date: February 6, 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.

**Budget Items/Updates:**

Highlights from the House report include:

- The entire \$8.7M that VACSB requested to assist CSBs with onboarding support coordinators
- \$8M for prevention services
- \$500k for substance use disorder rate increases
- \$500k for problem gambling and support services
- \$3.6M to expand Marcus Alert programs
- The entire \$1.5M that VACSB requested to fund outpatient competency restorations Highlights from the Senate report

include:

- \$16M in substance use disorder rate increases (the VACSB request was for approximately \$17M)
- Language directing DMAS to apply for a waiver to cover behavioral health services in jails
- \$7.8M to fund Marcus Alert programs



# Virginia Association Of Community Services Boards, Inc.

*Making a Difference Together*

## **VACSB Legislative Update** **February 5, 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](mailto:adevoy@vacsb.org).*

(804) 330 - 3141

### **VACSB CLEARINGHOUSE BILL DESIGNATION**

#### **DESIGNATION**

**Actively Support**

**Support**

**Monitor**

**Oppose**

**Actively Oppose**

#### **ACTION**

**Advocacy by VACSBReps**

**Published Statement**

**Online Tracking**

**Published Statement**

**Advocacy by VACSBReps**

<b>Billno</b>	<b>Catch line</b>	<b>Chief Patron</b>	<b>Committee</b>	<b>Last Event</b>	<b>Position</b>	<b>Date</b>
<a href="#"><u>HB1578</u></a>	Office of the State Inspector General; behavioral health and developmental services; required reports.	Campbell	General Laws	Reported from General Laws and Technology (13-Y 0-N)	Monitor	2/5/2025
<a href="#"><u>HB1636</u></a>	Civil immunity; health care professionals; professional programs related to career fatigue and wellness.	Hope	Education and Health	Referred to Committee on Education and Health	Monitor	1/28/2025
<a href="#"><u>HB1637</u></a>	Opioid antagonists; dispensing and administration by person acting on behalf of an organization.	Hope	Education and Health	Referred to Committee on Education and Health	Support; identical to SB 790	1/30/2025
<a href="#"><u>HB1641</u></a>	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	Passed House (99-Y 0-N)	Monitor	2/4/2025
<a href="#"><u>HB1649</u></a>	Board of Medicine; continuing education; unconscious bias and cultural competency.	Hayes	Education and Health	Referred to Committee on Education and Health	Monitor; identical to SB 740	1/30/2025
<a href="#"><u>HB1712</u></a>	Arrest of certain persons with or without a warrant not required.	Watts	Courts of Justice	Referred to Committee for Courts of Justice	Support	2/5/2025
<a href="#"><u>HB1713</u></a>	Jurisdiction of district courts in felony cases; specialty dockets; Behavioral Health Docket Act.	Watts	Courts of Justice	Referred to Committee for Courts of Justice	Monitor	2/5/2025
<a href="#"><u>HB1728</u></a>	Child victims and witnesses using two-way closed-circuit television; standard.	Delaney	Courts of Justice	Referred to Committee for Courts of Justice	Support	1/29/2025

<a href="#">HB1730</a>	Civil actions; liability of employer or principal for criminal sexual assault by employee or agent.	Delaney	Courts of Justice	Referred to Committee for Courts of Justice	Actively Oppose; identical to SB894	2/5/2025
<a href="#">HB1733</a>	Children; petitions for relief of care & custody, investigation by local dept. of social services.	Cole	Courts of Justice	Referred to Committee for Courts of Justice	Monitor	1/31/2025
<a href="#">HB1760</a>	Infant and Early Childhood Mental Health Act; report.	Gardner	Health and Human Services	Referred to Committee on Education and Health	Monitor	2/5/2025
<a href="#">HB1800</a>	Persons with disabilities; rights to the full and free use of public playgrounds.	Cohen	General Laws	Reported from General Laws and Technology (15-Y 0-N)	Support	2/5/2025
<a href="#">HB1805</a>	Individuals w/disabilities; postsecondary transition planning & services, documentation or evidence.	Cohen	Education	Referred to Committee on Education and Health	Monitor	2/5/2025
<a href="#">HB1806</a>	Students with individualized education programs or Section 504 Plans; emergency protocol and guide.	Cohen	Education	Fiscal Impact Statement from Department of Planning and Budget	Monitor	1/23/2025
<a href="#">HB1827</a>	Comprehensive plan; social determinants of health.	Simonds	Local Government	Referred to Committee on Local Government	Monitor	1/24/2025
<a href="#">HB1861</a>	Department of Health Professions; health regulatory boards; regulations; licensure by endorsement.	Price	Education and Health	Referred to Committee on Education and Health	Monitor	2/4/2025

<a href="#"><u>HB1877</u></a>	Barrier crimes; peer recovery specialists; screening requirements.	Callsen	Referred to Committee on Health and Human Services	Referred to Committee on Education and Health	Actively Support	2/4/2025
<a href="#"><u>HB1880</u></a>	Public schools; enrollment of certain military children with disabilities; provision of special education services and accommodations.	Sewell	Education and Health	Assigned Education sub: Public Education	Support	2/6/2025
<a href="#"><u>HB1895</u></a>	Involuntary temporary detention orders; definition of 'psychiatric emergency department	Willett	Education and Health	Referred to Committee on Education and Health	Monitor	2/5/2025
<a href="#"><u>HB1897</u></a>	Board of Social Work; Board of Counseling; master's social worker; scope of practice; regulations.	Willett	Health and Human Services	Referred to Committee on Education and Health	Monitor	2/4/2025
<a href="#"><u>HB1923</u></a>	Health insurance; reimbursement for services rendered by certain practitioners, etc.	Ward	Labor and Commerce	Referred to Committee on Commerce and Labor	Monitor	2/5/2025
<a href="#"><u>HB1928</u></a>	Minimum wage.	Ward	Labor and Commerce	Referred to Committee on Commerce and Labor	Monitor	1/31/2025
<a href="#"><u>HB1937</u></a>	Acute psychiatric bed registry; patient privacy and data security, etc.	Hope	Education and Health	Referred to Committee on Education and Health	Monitor; identical to SB1439	2/4/2025
<a href="#"><u>HB1945</u></a>	School boards; student access to telehealth services, policies.	Reaser	Education	Assigned Education sub: Public Education	Monitor; identical to SB1037	2/6/2025

<a href="#"><u>HB1946</u></a>	Retail tobacco products, etc., liquid nicotine, smoking by a person younger than 21 years of age.	Hope	Courts of Justice	Read third time and passed House (91-Y 7-N)	Monitor	2/4/2025
<a href="#"><u>HB1947</u></a>	Department of Education; survey of local education agencies on school-based mental and behavioral health services; report.	Seibold	Education	Referred to Committee on Education and Health	Monitor; identical to SB768	1/29/2025
<a href="#"><u>HB1964</u></a>	Bright Futures program; established.	Tata	Health and Human Services	Passed House (99-Y 0-N)	Support	2/4/2025
<a href="#"><u>HB1972</u></a>	Early childhood care & education; statewide, unified, universally accessible, public-private system.	Gardner	Education	Read third time and passed House (51-Y 47-N)	Monitor	2/4/2025
<a href="#"><u>HB2029</u></a>	Real property tax; exemption for elderly and disabled individuals.	Hernandez	Finance	Reported from Finance and Appropriations (12-Y 0-N)	Support	2/5/2025
<a href="#"><u>HB2040</u></a>	Speech-language pathology assistants; licensure, qualifications, scope of practice.	Seibold	Health and Human Services	Referred to Committee on Education and Health	Support	2/4/2025
<a href="#"><u>HB2082</u></a>	Department of Medical Assistance Services; appeals of agency determinations.	Hope	Education and Health	Referred to Committee on Education and Health	Support	2/5/2025
<a href="#"><u>HB2085</u></a>	Health insurance; carrier business practices; method of payment for claims.	Shin	Commerce and Labor	Fiscal Impact Statement from Department of Planning and Budget	Support	1/29/2025
<a href="#"><u>HB2089</u></a>	Collective bargaining; individual home care providers.	Shin	Labor and Commerce	Referred to Committee on Commerce and Labor	Identical to SB964; monitor	2/5/2025



<a href="#"><u>HB2099</u></a>	Health insurance; carrier contracts; required provisions regarding prior authorization for health care services; work group; report.	Maldonado	Labor and Commerce	Fiscal Impact Statement from State Corporation Commission	Support	1/30/2025
<a href="#"><u>HB2102</u></a>	Department of Medical Assistance Services; presumptive eligibility for pregnant individuals; qualified entities; performance standards for qualified entities.	Feggans	Health and Human Services	Referred to Committee on Education and Health	Support	2/5/2025
<a href="#"><u>HB2116</u></a>	Driver's licenses, identification cards, and learner's permits; indication of non-apparent disability; indication of a disability that can impair communication.	Keys-Gamarra	Transportation	Referred to Committee on Transportation	Support	1/30/2025
<a href="#"><u>HB2130</u></a>	Referral of juvenile for child in need of services or child in need of supervision determination; juvenile respondent in protective order proceeding.	Keys-Gamarra	Courts of Justice	Referred to Committee for Courts of Justice	Monitor	2/5/2025
<a href="#"><u>HB2160</u></a>	Department of Medical Assistance Services; 1915(c) Home and Community Based Waivers; program rule amendments; direct support professionals.	Carr	Health and Human Services	Referred to Committee on Education and Health	Support	2/5/2025
<a href="#"><u>HB2253</u></a>	Nursing homes; sanctions; civil penalty.	Wachsmann	Health and Human Services	Referred to Committee on Education and Health	Monitor; identical to SB1383	2/5/2025
<a href="#"><u>HB2260</u></a>	Child in need of supervision; definition.	Delaney	Courts of Justice	Referred to Committee for Courts of Justice	Monitor	2/5/2025

<a href="#"><u>HB2457</u></a>	State Board of Social Services; regulations; application for and use of foster care benefits.	Glass	Rehabilitation and Social Services	Referred to Committee on Rehabilitation and Social Services	Support	2/4/2025
<a href="#"><u>HB2471</u></a>	Expansion of Medicaid services for students at public schools; certain platforms, surveys, and analyses.	Rasoul	Education	Assigned Education sub: Public Education	Monitor	2/6/2025
<a href="#"><u>HB2472</u></a>	Fingerprints, palm prints, and photographs of juveniles.	Batten	Courts of Justice	Passed House (51-Y 46-N)	Oppose	2/4/2025
<a href="#"><u>HB2485</u></a>	Cannabis control; retail market; penalties.	Krizek	General Laws	Read third time and passed House (53-Y 46-N)	Monitor	2/4/2025
<a href="#"><u>HB2534</u></a>	Department of Medical Assistance Services; state plan for medical assistance services; crisis stabilization services for nonhospitalized individuals; emergency.	Sewell	Health and Human Services	Referred to Committee on Education and Health	Support; identical to SB1304	2/4/2025
<a href="#"><u>HB2543</u></a>	Department of Education; model memorandum of understanding; counseling from school counselors by way of telehealth.	Laufer	Education and Health	Referred to Committee on Education and Health	Monitor	1/30/2025
<a href="#"><u>HB2606</u></a>	Students with disabilities; due process hearings; certain verified statement required of complainant.	Ware	Education	Referred to Committee on Education and Health	Monitor	2/5/2025
<a href="#"><u>HB2637</u></a>	Mental health first aid training program; Department of Education, et. al., to develop.	LeVere Bolling	Health and Human Services	Referred to Committee on Education and Health	Monitor; identical to SB1377 and SB1381	2/5/2025

<a href="#">HB2647</a>	State correctional facilities; use of restorative housing or isolated confinement; restrictions.	Keys-Gamarra	Public Safety	Referred to Committee on Rehabilitation and Social Services	Monitor; identical to SB1409	2/5/2025
<a href="#">HB2657</a>	Involuntary manslaughter; certain drug offenses.	Thomas	Courts of Justice	Referred to Committee for Courts of Justice	Oppose; identical to SB746	2/5/2025
<a href="#">HB2714</a>	Department of Behavioral Health and Developmental Services; Department of Medical Assistance Services; developmental disability waivers; reallocation of unused waiver slots.	Wilt	Health and Human Services	Fiscal Impact Statement from Department of Planning and Budget	Monitor	2/4/2025
<a href="#">HB2738</a>	Health insurance; coverage for mental health and substance abuse disorders; generally accepted standards of care.	Sickles	Labor and Commerce	Read third time and passed House (79-Y 19-N)	Monitor	2/4/2025
<a href="#">HB2746</a>	Incapacitated persons; finding of mental incompetence.	Tran	Courts of Justice	Read third time and passed House (59-Y 39-N)	Support; identical to SB765	2/4/2025
<a href="#">HB2754</a>	Behavioral health services; correctional facilities, exchange of medical/mental health information.	Singh	Education and Health	Referred to Committee on Education and Health	Monitor; incorporated HB2290, HB2655, and HB2752; identical to SB870	2/4/2025
<a href="#">SB740</a>	Medicine, Board of; continuing education, unconscious bias and cultural competency.	Locke	Education and Health	Referred to Committee on Health and Human Services	Monitor; identical to HB 1649	2/3/2025
<a href="#">SB746</a>	Felony homicide; certain drug offenses, penalty.	McDougle	Courts of Justice	Read third time and passed Senate (33-Y 6-N)	Oppose; identical to HB2657	2/4/2025

<a href="#"><u>SB747</u></a>	Juvenile and domestic relations district courts; mental health and social assessments.	Favola	Courts of Justice	Referred to Committee for Courts of Justice	Monitor	2/4/2025
<a href="#"><u>SB752</u></a>	Psychology, Board of; prescriptive authority for clinical psychologists, report.	Favola	Education and Health	Assigned sub: Health Professions	Monitor	2/4/2025
<a href="#"><u>SB765</u></a>	Incapacitated persons; finding of mental incompetence.	Favola	Rehabilitation and Social Services	Read third time and passed Senate (39-Y 0-N 1-A)	Support; identical to HB2746	2/4/2025
<a href="#"><u>SB768</u></a>	School-based mental and behavioral health services; DOE to survey local education agencies, report.	Favola	Rules	Referred to Committee on Rules	Monitor; identical to HB1947	2/5/2025
<a href="#"><u>SB773</u></a>	Foster care; housing services, housing plan, report.	Favola	Rehabilitation and Social Services	Referred to Committee on Health and Human Services	Support	2/5/2025
<a href="#"><u>SB774</u></a>	Essential health benefits benchmark plan review; members of stakeholder work group.	Surovell	Labor and Commerce	Assigned L & C sub: Subcommittee #1	Monitor	2/4/2025
<a href="#"><u>SB778</u></a>	Juveniles; adjudication of delinquency.	Locke	Courts of Justice	Subcommittee recommends reporting (5-Y 3-N)	Monitor	2/5/2025
<a href="#"><u>SB819</u></a>	Community-based outpatient stabilization programs for voluntary treatment; referrals.	Favola	Rehabilitation and Social Services	Referred to Committee on Health and Human Services	Monitor	2/6/2025
<a href="#"><u>SB838</u></a>	Recovery residences; certification required penalty, report.	VanValkenburg	Health and Human Services	Referred to Committee on Health and Human Services	Monitor	2/5/2025
<a href="#"><u>SB841</u></a>	Opioid treatment programs; dispensing, medications from mobile units.	Favola	Education and Health	Referred to Committee on Health and Human Services	Support	2/5/2025

<a href="#"><u>SB869</u></a>	Autism spectrum disorder or a developmental disability; custodial interrogation of person.	Favola	Courts of Justice	Read third time and passed Senate (40-Y 0-N)	Support	2/4/2025
<a href="#"><u>SB870</u></a>	Behavioral health services; correctional facilities, exchange of medical/mental health information.	Favola	Rehabilitation and Social Services	Passed Senate (40-Y 0-N)	Monitor; identical to HB2754 (incorporated HB2290, HB2655, HB2752)	2/4/2025
<a href="#"><u>SB894</u></a>	Civil actions; liability of employer or principal for criminal sexual assault by employee or agent.	Perry	Courts of Justice	Reported from Courts of Justice with amendment(s) (17-Y4-N 1-A)	Actively Oppose; identical to HB1730	2/5/2025
<a href="#"><u>SB1013</u></a>	Neurocognitive disorder, etc.; affirmative defense to prosecution.	Boysko	Courts of Justice	Read third time and passed Senate (23-Y 17-N)	Monitor	2/4/2025
<a href="#"><u>SB1037</u></a>	School boards; student access to telehealth services, policies.	Pekarsky	Education and Health	Referred to Committee on Education	identical to HB1945, monitor	2/6/2025
<a href="#"><u>SB1038</u></a>	Telehealth visits for patients with disabilities; best practice educational training.	Pekarsky	Health and Human Services	Assigned sub: Behavioral Health	Monitor	2/4/2025
<a href="#"><u>SB1110</u></a>	Weapons; possession prohibited in a hospital that provides mental health services or developmental services; penalty.	Williams Graves	Courts of Justice	Referred to Committee on Public Safety	Monitor	2/4/2025
<a href="#"><u>SB1143</u></a>	Discharge plans; copies to public elementary and secondary schools.	Obenshain	Education and Health	Referred to Committee on Education	Actively Oppose; identical to HB2353	2/5/2025

<a href="#"><u>SB1304</u></a>	Department of Medical Assistance Services; state plan for medical assistance services; crisis stabilization services for nonhospitalized individuals; emergency.	McPike	Education and Health	Referred to Committee on Health and Human Services	Support; identical to HB 2534	2/6/2025
<a href="#"><u>SB1372</u></a>	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	Rules	Reported from Courts of Justice (22-Y0-N)	Monitor	2/5/2025
<a href="#"><u>SB1377</u></a>	Department of Education; mental health first aid training program.	Hashmi	Health and Human Services	Referred to Committee on Health and Human Services	Monitor; identical to SB1381 and HB2637	2/6/2025
<a href="#"><u>SB1383</u></a>	Nursing homes; sanctions; civil penalty.	Aird	Education and Health	Read third time and passed Senate (40-Y 0-N)	Monitor; identical to HB2253	2/4/2025
<a href="#"><u>SB1409</u></a>	Restorative housing and isolated confinement; restrictions on use.	Bagby	Public Safety	Referred to Committee on Public Safety	Monitor; identical to HB2647	2/5/2025
<a href="#"><u>SB1439</u></a>	Acute psychiatric bed registry; Bed Registry Advisory Council; patient privacy and data security; Virginia Freedom of Information Act exemption.	Durant	Education and Health	Read third time and passed Senate (37-Y 0-N)	Monitor; identical to HB1937	2/4/2025

<b>Dead Bills</b>						
<b>Billno</b>	<b>Catch line</b>	<b>Chief Patron</b>	<b>Committee</b>	<b>Last Event</b>	<b>Position</b>	<b>Date</b>
<a href="#"><u>HB1577</u></a>	Centralized local government reporting system; unfunded mandates on localities.	Williams	Counties, Cities and Towns	Left in Counties, Cities and Towns	Monitor	2/4/2025

<a href="#"><u>HB1651</u></a>	Social Services, Department of; applications for public assistance, immigration status inquiry.	Ballard	Health and Human Services	Left in Health and Human Services	Monitor; identical to SB 772	2/5/2025
<a href="#"><u>HB1772</u></a>	Autism Advisory Council; name change, membership, repeals sunset date.	Hope	Appropriations	Left in Appropriations	Monitor; identical to SB1232	2/4/2025
<a href="#"><u>HB1852</u></a>	Definition of 'family or household member.'	Arnold	Courts of Justice	Left in Courts of Justice	Monitor	2/4/2025
<a href="#"><u>HB2081</u></a>	Virginia Human Rights Act; unlawful discrimination.	Garrett	General Laws	Left in General Laws	Monitor	2/5/2025
<a href="#"><u>HB2182</u></a>	Sage's Law; minor students experiencing gender incongruence; parental notification of certain requests and parental permission for certain plans required; parental care.	Freitas	Education	Left in Education	Monitor	2/4/2025
<a href="#"><u>HB2230</u></a>	Emergency custody and involuntary admissions; transfer of custody to facility.	Cherry	Public Safety	Left in Public Safety	Monitor	2/5/2025
<a href="#"><u>HB2274</u></a>	Health benefit programs; discrimination; cause of action.	Ennis	Labor and Commerce	Left in Labor and Commerce	Pending; VACSB to speak with patron	2/5/2025
<a href="#"><u>HB2285</u></a>	Study; Autism Advisory Council; establishment of an autism data dashboard in the Commonwealth; report.	Coyner	Rules	Left in Rules	Support	2/4/2025
<a href="#"><u>HB2289</u></a>	Zoning; recovery residences.	Coyner	Counties, Cities and Towns	Left in Counties, Cities and Towns	Monitor	2/4/2025
<a href="#"><u>HB2391</u></a>	Certified registered nurse anesthetists; elimination of supervision requirement.	Sickles	Health and Human Services	Left in Health and Human Services	Pending; similar to SB739	2/5/2025

<a href="#"><u>HB2399</u></a>	Parental access to minor's health records.	Scott, P.A.	Health and Human Services	Left in Appropriations	Monitor	2/4/2025
<a href="#"><u>HB2474</u></a>	School resource officers and school security officers; crisis intervention training.	Higgins	Public Safety	Left in Public Safety	Monitor	2/5/2025
<a href="#"><u>HB2569</u></a>	Virginia State Crime Commission; Department of Behavioral Health and Developmental Services; persons with mental illness; petty crimes; study; report.	Leftwich	Rules	Left in Rules	Monitor	2/4/2025
<a href="#"><u>HB2605</u></a>	Medical Conscience Protection Act established.	Ware	Health and Human Services	Left in Health and Human Services	Monitor	2/5/2025
<a href="#"><u>HB2719</u></a>	Adding court ordered outpatient mental health treatment as a prohibition to ownership of a firearm.	Cordoza	Public Safety	Left in Public Safety	Pending; VACSB to speak with patron	2/5/2025
<a href="#"><u>HJ445</u></a>	Persons with disabilities; JLARC to study transportation options in rural areas.	Laufer	Rules	Left in Rules	Monitor	2/5/2025
<a href="#"><u>SB772</u></a>	Social Services, Department of; applications for public assistance, immigration status inquiry.	Sturtevant	Courts of Justice	Passed by indefinitely in Courts of Justice (9-Y6-N)	Monitor; identical to HB 1651	2/3/2025
<a href="#"><u>SB1232</u></a>	Autism Advisory Council; name change; membership; staffing; powers and duties.	Aird	Rules	Left in Finance and Appropriations	Identical to HB1772; monitor	2/5/2025
<a href="#"><u>SB1381</u></a>	Department of Education; mental health first aid training program.	Hashmi	Education and Health	Stricken at request of Patron in Education and Health (15-Y 0-N)	Monitor; identical to SB1377 and HB2637	1/30/2025



To: Joe Wickens, Executive Director

From: Brandie Williams, Deputy Executive Director

Re: Application for STEP-VA Enhancement funds

Date: February 7, 2025

DBHDS Office of Adult Community Behavioral Health Services announced a new funding opportunity for Community Services Boards and Behavioral Health Authorities. Boards were able to submit proposals for how the funds can be used to enhance or improve implementation of the following components of STEP VA with a particular focus on Care Coordination tied to the activities below:

STEP 1: Same Day Access

STEP 2: Primary Care Screening

STEP 3: Outpatient Services

STEP 8: Psychiatric Rehabilitation – Supported Employment for SMI

The Rappahannock Area Community Services Board applied for \$215,656 to enhance Coordination of Care through Same Day Access and Outpatient Services steps of STEP-VA. The Same Day Access and Care Coordination Re-Imagining Project would simultaneously address both the Same Day Access and Outpatient Services steps of STEP-VA with specific attention to Care Coordination for certain populations to ensure access to needed services, both internal and external to RACSB.

This project takes a three-pronged approach through focused Same Day Access Care Coordination and ongoing centralized scheduling, reducing the paperwork on clinicians, and no-show management geared to supporting increased coordination of care and access for the special populations above. The four project-funded FTE's will work in these three areas to maximize the time available for direct services by clinicians and increase availability for services. In 2018, MTM made a variety of recommendations which required additional funding including the addition of clinical positions as well as the addition of the administrative support positions outlined below. Due to restricted levels of funding, RACSB had to choose which positions to add and which strategies to prioritize. At that time, we prioritized the clinical positions and were unable to fund the care coordination and administrative support positions. Therefore, prioritizing SDA Care Coordination and administrative support positions included in this project, allows us to quickly fill the openings and increase the availability of the clinicians we do have immediately. The positions will complete screenings and any indicated follow-up referrals, with a focus on social determinants of health and health screenings for a minimum of 2,700 individuals annually.