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# September 2022 Program Planning and Evaluation Committee Meeting Minutes

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## Call to order

A meeting of the Program Planning and Evaluation Committee of Rappahannock Area Community Services Board was held at 600 Jackson Street on **October 11, 2022**. Attendees included Susan Muerdler, Nancy Beebe, Matt Zurasky, Glenna Boerner, Ken Lapin, Jacob Parcell, Melissa White, Susan Gayle, Joe Wickens, Jacque Kobuchi, Amy Jindra, Brandie Williams, Stephanie Terrell, Amy Umble, Tina Cleveland, Hosanna Gifford, Steve Curtis, Patricia Newman, and Joel Zurasky.

## Myers Drive Quarterly Report

Steve Curtis presented the Myers Drive Quarterly report, stating that 22 different individuals were provided respite supports at Myers Drive Respite Home between July 1, 2022 and September 30, 2022. Total revenue for the time period was \$34,235. Nancy Beebe asked if any of the staff are nurses. Steve said generally no, though some individuals may require nursing support through the night. Matt Zurasky noted that when Myers was closed for the pandemic, families hired in-home assistance, and some of those families haven't yet returned to the program. Ken Lapin asked how more people are being drawn to the service. Steve Curtis said that they are notifying families and taking referrals.

## Extraordinary Barriers List – September 2022

Patricia Newman gave a brief overview of her program then reviewed the cases of four individuals on the Extraordinary Barriers List.

The first individual's barriers to discharge include approval for funding for placement. This individual requires assistance from staff to complete all activities of daily living. They have been accepted to The Heritage Inn Assisted Living Facility and discharge is projected for the second week of October, provided that funding is approved. Questions have been raised about the facility recommending memory care placement for a trial period, which has held up the DAP approval process.

The second individual's barriers to discharge include identifying and being accepted to the most appropriate housing or residential program. This individual has a diagnosis of serious mental illness and their personality traits of impulsivity and reactivity place them at greater risk to others. This individual has a history of hospitalizations as well as incarcerations and is a registered sex offender. They were also recently charged with a misdemeanor offense while hospitalized in response to groping a female staff member and not immediately releasing her. This individual continues to lack insight into

The third individual's barriers to discharge include identifying and being accepted to a housing program that will offer this individual the supports necessary to be successful in the community. This individual has a mental health diagnosis, has experienced numerous hospitalizations as well as has resided in a variety of different settings in the community. Once in the community, this individual often seeks out drugs which have a negative impact on their mental health, resulting in decompensation and typically readmission to the hospital. This individual has been accepted to a transitional housing program and will discharge once a bed is available.

The fourth individual's barriers to discharge include failed discharge attempt to previous placement, and lack of identification of new placement that can support this individual's behavioral needs. This individual has a diagnosis of mental illness, as well as multiple co-morbid medical concerns. Some of the behavioral concerns result in refusal of medical treatment, which is a concern for placements. This individual is also not ambulatory. Assisted Living Facility placement has been recommended at this time. This individual has symptoms at baseline, and ongoing baseline behaviors which make finding a placement that can employ appropriate interventions to redirect these behaviors, important. Once an appropriate placement has been identified, discharge will proceed promptly.

### Independent Assessment Certification and Coordination Team Update

Jacque Kobuchi told the Committee that RACSB received 13 IACCT referrals in September and completed 11 assessments. Four referrals were initial assessments and nine were re-authorizations. Three were from Spotsylvania, one from Stafford, four from Caroline, two from King George, and three from the City of Fredericksburg.

### Information Technology/Electronic Health Record Update

Brandie Williams said that the information technology department closed 1,095 help tickets in September.

The first FY23 Community Consumer Submission was submitted to the state September 14, 2022. CCS Data for July and August 2022 was submitted to the state on September 28, 2022.

WaMS integration is currently being affected by an intermittent communication issue where files being sent between Avatar and WaMS are timing out before all the data can be exchanged. This is causing staff to directly enter some Service Plans. DBHDS, Netsmart, and WaMS are working to see if a solution can be found.

The go-live date for the new Trac-It program, a state-wide data platform/electronic health record for Part C, was June 27, 2022. We have prepared to support multifactor authentication requiring an app which will be used to access Trac-It beginning on October 17, 2022. This is a change that is being required by DBHDS IT Security. Matt Zurasky expressed concern that this was a step backwards. Brandie Williams stated that we don't have a choice in the matter, and she continues to be vocal about Trac-It issues. Matt Zurasky asked if a letter from the Board would be helpful. Joe Wickens said that so far our pushback has been successful, but if things reach a point where that is no longer the case, it may be useful. Matt Zurasky suggested we draft a list of all the programs we are mandated to integrate and use to demonstrate the difficulty of the requirements.

RACSB continues to utilize Zoom with 2,589 video meetings held with a total of 7,592 participants in September.

We are working with Netsmart to implement a new piece of networking equipment to allow for more efficient networking speeds when staff access Avatar and run Avatar reports. A new group of Bells users have volunteered to start implementation, now both PEID and ACT teams are in the process of onboarding to the platform. Both teams have identified test users and started to input test notes into Bells. CareQuality kickoff was August 4, 2022. This project will allow for a more seamless transition when RACSB gets new clients transferred from other facilities within the CareQuality Network (including Mary Washington Hospital). The system can query patients on the CareQuality Network to get some of their records from other participating organizations.

Joe Wickens asked Brandie Williams to update the Committee regarding other Community Services Boards and Avatar. Brandie stated that other CSBs have begun transitioning to Avatar, with which we are assisting. Nancy Beebe complimented Brandie on the fact that we often seem to be on the cutting edge of what CSBs use.

There have been no moves or new facilities during September 2022. A Request for Proposal (RFP) is on eVA (Virginia's Statewide procurement system) for security camera replacement and maintenance has been posted with responses due back on October 13, 2022.

One of our two IT Technicians re

