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# Rappahannock-Rapidan Community Services Board and Area Agency on Aging



Fiscal Year 2008  
Annual Report



*The RRCSB-AAA has been accredited for a period of three years for its overall business practices, Community Employment Services, and Psychosocial Rehabilitation for Adults.*

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## FROM THE EXECUTIVE DIRECTOR AND BOARD CHAIR

Our mission at the Rappahannock-Rapidan Community Services Board and Area Agency on Aging (RRCSB-AAA) is to improve the quality of life for individuals and families served by providing comprehensive mental health, mental retardation, substance abuse, and aging services that are consumer-focused, community-based, promote dignity, choice, social integration, and are evaluated based on outcomes.

As we summarize our year we recognize significant accomplishments and continuing challenges. Some of our programs received national recognition this year with accreditation. Others, like our lead role in an Aging Together Partnership and our Teen Suicide Prevention program have been recognized as models in Virginia and throughout the nation due to their success. We are proud of this success but continue to face challenges related to demands for certain critical services in outpatient, case management, and residential care.

We are pleased to provide this information to you, our stakeholders. We emphasize input from the individuals we serve and those people who have an interest and relationship to our services. The Board this year has met with a number of key community stakeholders in their efforts to complete a strategic planning activity that will be completed in Fiscal 2009. We hope you find this information useful and informative.

Brian Duncan  
*Executive Director*

William Tidball  
*Chair, Madison County Appointee*

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# Our Organization at a Glance

## Clinical Services

Clinical Services operations provide outpatient mental health assessment, counseling and psychiatric services, outpatient and residential substance abuse services, and early intervention services for infants and toddlers.



## Community Support Services

Community Support operations provide long-term case management, rehabilitation, and residential supports for adults with mental illness and intellectual disabilities; advocacy and case management supports for senior citizens; and in-home supports for seniors.

## Nutrition and Transportation Services

Nutrition/Transportation services operate five senior centers, home delivered meals, volunteer programs, and a comprehensive transportation network for RRCSB-AAA services.



## Quality Improvement

Quality Improvement represents activities aimed at maintaining appropriate regulatory compliance, record standards, and quality programs in all aspects of agency operations.



## Administrative Services

Administrative Services Operations represent the business processes to meet varied requirements and to support agency programs.



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# Organizational Accomplishments

## Clinical Services

Clinical Services operations provide outpatient mental health assessment, counseling and psychiatric services, outpatient and residential substance abuse services, and early intervention services for infants and toddlers.

### Emergency Services

- Increased Emergency Service Provider Units as reported by Community Consumer Submission from 4,789 (FY 2007) to 6,020 (FY 2008) for a total increase of 26%.
- Increased Emergency Services financial receipts to \$82,363 for FY 2008. This exceeded initial budget of \$49,929 for a total increase of 69%.
- Implemented procedures to improve timely response to law enforcement custody evaluations across five counties by ensuring prompt first- and second-call emergency services clinician engagement to all law enforcement requests for emergency evaluation.
- Implemented an Emergency Services Activity Log that is distributed daily to communicate to Clinical and Community Support staff the emergency services that are provided to their clients and to enable improved data collection and reporting to regional and state bodies.

### Access Services

- Implemented Access Waiting List Monitoring Program in which a letter of confirmation and instructions is sent to each person scheduled for intake, and a telephone follow-up and reminder call is made for each person scheduled more than two weeks out for intake. This program has resulted in clients arriving better prepared for intakes and is hoped to bring about a decrease in no shows for intakes.

### Crisis Intervention Services

- Fully implemented Crisis Intervention Program to provide immediate counseling for up to 30 days to persons who are in crisis. Referrals to this program come from:
  - Access screenings for new inquirers for services.
  - Active clients being served under Targeted Case Management or Psychiatric Assessment and Support (PAS) programs who are not assigned to an outpatient therapist.
  - Persons seen by emergency services who require immediate follow-up counseling.

### Regional and State Programs

#### Local Inpatient Purchase of Services (LIPOS)

- Continued to participate in LIPOS program to treat persons who lack mental health insurance coverage and are under civil commitment in local hospitals rather than at Western State Hospital.
- Served 28 persons over 31 treatment episodes for total of 229 bed days with average length of stay 7.3 days.

#### Substance Abuse Diversion

- Served 23 individuals over 24 treatment episodes through purchase of 149 days of local residential treatment and related services. Average length of stay was 7.5 days per admission.
- Leveraged \$35,243 under this Substance Abuse Diversion program to serve these 23 individuals for an average cost of \$227 per day of service or treatment event.

#### Regional Crisis Stabilization Facilities

- Continued steady use of Rappahannock Area CSB Crisis Stabilization Program in Fredericksburg, Virginia, where 18 persons from RRCSB-AAA were served over 21 admissions.
- Total utilization of 193 bed days for an average length of stay of 9.2 days.
- Continued utilization of HPR 1 Wellness and Recovery Center operated by Region Ten CSB in Charlottesville, Virginia, where 8 persons from RRCSB-AAA were served over 8 admissions.
- Total utilization of 48 bed days for an average length of stay of 6 days.

## Clinical Services (continued)

### Outpatient Services—Mental Health

#### Mental Health Outpatient Program Improvements

Mental Health (MH) Outpatient Program sees more clients while decreasing wait time to enter treatment. In order to decrease the wait time from initial contact to intake time, each MH clinician was asked to increase the number of weekly intakes. This initiative resulted in a 24% increase of MH intakes over last year and an approximate 25% decrease in wait time to enter the MH Outpatient program.

#### Wellness and Recovery Groups

A work group consisting of Phyllis Ryan, Coordinator of MH Outpatient Services; Jane Spivey, PAS Clinician; Mary McNeil, MH Clinician; and John Waldeck, Director of Clinical Services implemented a new initial group treatment curriculum called Wellness and Recovery Program.

The Wellness and Recovery Program addresses basic life skills that all individuals need in order to interact with themselves, their families, the environment, and society. The program is developed for individuals who are in need of coping skills, combined with daily strengthening and support. Individuals who struggle with low self-esteem, emotional instability, and unstable relationships may benefit from this program.

The Wellness and Recovery Program is based on evidence-based programs called **Wellness and Recovery Action Plan** developed by Mary Ellen Copeland, PhD, and Dialectical Behavioral Therapy (DBT). The program is a structured system for monitoring uncomfortable and distressing symptoms, and through planned responses, reducing, modifying, or eliminating those symptoms. This life enrichment program focused on helping individuals build lives they actually want to live by teaching those skills to resolve challenges and crises by supporting and encouraging positive and healthy choices.

Topics included the following: Empowerment and Responsibility; The Importance of Education; Developing Wellness Recovery Action Plan; Taking Preventative Action Early; Diet, Light and Exercise; Changing Negative Thoughts to Positive; Taking Responsibility for Wellness; Stress Reduction and Relaxation Methods; Building Self-Esteem and Self-Confidence; and Developing and Keeping Support System.

Plans are underway to hire a Wellness and Recovery Clinician to implement and expand this program in each of the Behavioral Healthcare Clinics.

#### HOPE Program



Fiscal 2008 marked the second year for the HOPE Program—an adolescent substance abuse group held in the Orange Clinic.

During the first two years, HOPE has served over 40 youth from Orange, Madison, and Culpeper counties. The HOPE Program is supported by various community agencies represented in the Family Assessment and Planning Team (FAPT) and Community Planning and Management Team (CPMT) including, but not limited to, the Department of Social Services, the Department of Juvenile Justice, the public school system, and The Office on Youth. We strongly believe that community support is an integral component in the treatment of youth who have a substance use or co-occurring disorder.

## Clinical Services (continued)

### Substance Abuse Services

#### Wait Time Reductions, Increase of Consumer Services

Under the leadership of Jackie Dare, Coordinator of Substance Abuse (SA) Services, and Paul Regan, Coordinator of Access and Emergency Services, staff established a new SA Flat Fee Intake Program to enable Access staff to schedule all persons requesting a SA services intake on their initial access call. These efforts have resulted in:

- Increase in the number of SA intakes and subsequent services scheduled and provided.
- 71% increase in the number of clients served in FY 2008 as compared to FY 2007.
- Increase in SA self-pay receipts by 95% over initial FY 2008 budget (final receipts of \$70,768 compared to initial FY 2008 budget of \$36,206).
- Increase in reports of satisfaction with both the scheduling of intakes and the intake process by a variety of SA Stakeholders including probation offices.
- SA wait time for intake services dropped from an average of 28 days in FY 2007 to 14 days in FY 2008.

#### Evidence-based Programs

SA staff implemented matrix model program materials and acu-detox program into existing treatment system.

Acu-detox or Acupuncture is now offered in each of the Behavioral Healthcare Programs. This innovative treatment approach is offered free as a complementary therapy to enhance traditional substance abuse treatment.

Matrix Model is a structured, cognitive-behavioral substance abuse curriculum. Although the model was developed to address the rampant methamphetamine problem on the west coast, outcome studies have found it to be highly effective with the general substance abusing population.

#### Boxwood Recovery Center

The Boxwood program served 451 individuals providing 10,263 bed days of service. The program continues to have a high utilization pattern and serves as the only residential treatment program of its type in this part of Virginia. Program enhancements were introduced based on needs being presented by the individuals being served and referral sources. These enhancements include shorter lengths of stay, improved programs for co-occurring disabilities, and the introduction of best-practice motivational enhancement programs.

Planning activities continued for the new facility to replace the existing site with hopes that construction of the replacement program will begin in Fiscal 2009.

#### Development of an Alumni Association

Sigmund Gundmundsson, SA Tech at Boxwood developed the "Alumni Association." The premise behind the Association is to have individuals in successful recovery "carry the message back" to the residents that recovery is possible. Alumni has helped to establish a "Boxwood Music Program." This program helps to reintroduce musical abilities that were lost to drugs and alcohol abuse.

#### Substance Abuse Stakeholder Group

Over the past year, community SA referral sources have been meeting to explore creating an innovative and coordinated approach to substance abuse treatment in the community. The group consisting of Judges, Social Services directors and staff, Juvenile and Adult probation, school systems, Community Services Board managers and staff and other interested individuals have met together quarterly to explore our SA system of care in the southern part of Region 9. We have explored our present continuum of services and have heard presentations from Drug and Family Court from Charlottesville led by Judge Berry, Option Program, HOPE Program, Boxwood Program, RRCSB-AAA SA Outpatient Program, Chrysalis, Alliance Therapy Center, National Counseling Center, and Family Focus. The group has also explored what an optimal service continuum would look like and is in the process of locating gaps in our present services array. Our goal is to work closely with public/private services to better meet client and stakeholder needs.

#### Consumer Success Story

"Thank you so much. Without you, I truly would not be where I am today. Possibly not even here. Your tough love approach was just what I needed. I never have been good at taking the easy road. Although I now can say I love myself, it has been years since I could say that. I was good at school in track and I remember being scared to jump at first, I just knew I was going to trip and fall flat on my face. Thanks to you, I am not scared to jump over the hurdles. With genuine thanks and love."

## Clinical Services (continued)

### Teen Suicide Prevention Grant

#### Gatekeeper Training

Gatekeeper training has been well established in our communities and schools. A total of 4,598 adults and youth were trained in suicide prevention during the third year of this grant. A total of 11,556 adults and youth were trained during this entire grant. Presentations are already set for participating schools in our five county area to train incoming students and other key adults in the communities.

#### Media Initiatives

Articles have continued to appear in local papers that included information on our prevention efforts. The National Suicide Prevention Lifeline has also been provided at all trainings.

#### Referral Services

Policies of schools and agencies related to handling suicidal individuals continue to be reviewed at all Question, Persuade, Refer (QPR) presentations to ensure agency and school personnel know how to proceed in situations involving suicidal youth.

A local suicide prevention conference was held on March 19, 2008. Presenters at this conference were from the University of Virginia's Department of Psychiatry. The focus of the conference was on recognizing suicidal youth. Private therapists were in attendance along with school representatives and other agency representatives who work with youth in the five county area. Approximately 208 individuals were in attendance. A similar conference was held on March 21, 2007 in Culpeper. Our goal is to continue these conferences each year.

#### Other Pertinent Activities Related to the Grant

Healthy Choices groups continued in the schools during the second year of this grant. These groups give youth the opportunity to address and resolve issues that put them at risk of suicide.

Other presentations such as Resiliency and Recognizing Mental Health Issues continued to be presented to individuals and community agencies. A handout on Building Resilience in Youth was created and was used as a handout at QPR trainings.

Suicide prevention training has begun at the Germanna Community College in Orange and Lord Fairfax Community College in Fauquier. Counselors and faculty have been trained and an upcoming training is set for October 2008 for students at Lord Fairfax.

#### Coalitions

The Healthy Culpeper Prevention Coalition continued to meet and work on suicide prevention initiatives as well as other teen-related issues in the community. Alan Rasmussen continued as chairman of this coalition. This coalition originally formed in 2004 to address teen depression and suicide after the Culpeper community lost four youth to suicide in 2003. This coalition has also received a grant to address underage alcohol use in the Culpeper community.

The Community Alliance for Drug Rehabilitation and Education (CADRE) continued to function as a coalition in Fauquier County to address teen issues in the community. John Waldeck continued as a member, as well as Barry Marks who works as a prevention specialist under the grant.

The Orange Community Partners is a group of key individuals and professionals in the community that meet to address teen issues in the Orange community. This group formalized itself as a prevention coalition with Ruth Ann Paisley serving as Chairperson of the group and Alan Rasmussen being elected as Vice-Chair. A grant to address underage alcohol use in Orange has been submitted for consideration.

The Mental Health Association Advisory Board to Fauquier Schools continued to meet regularly to address teen issues in the schools and community. This group continues to be instrumental in gaining access to the schools for presentations and bringing community agencies together on the issues of depression, suicide, and mental health. John Waldeck, Alan Rasmussen, Barry Marks, and Paul Reagan (Emergency Services Coordinator for the RRCSB-AAA) are members of this community group.



## Clinical Services (continued)

### Teen Suicide Prevention Grant (continued)

#### Orange County Prevention Camp

The Orange County Prevention Fun Camp was held from July 28 through August 1 at Orange Presbyterian Church on Main Street. This camp was sponsored by the Orange County Department of Social Services and the Office on Youth, in collaboration with RRCSB-AAA, Orange County Family Assessment and Planning Team, and the Orange County public school system. This is the third time this camp has been held in Orange County over the last four years.

#### Teen Suicide Prevention Success Story

My name is Amanda Evans and I am a Guidance Counselor at Taylor Middle School. In the Fall of 2006, I was afforded the opportunity to attend a workshop led by Mr. Alan Rasmussen. At that time, Mr. Rasmussen discussed Partnership opportunities with Fauquier County Public Schools. Following his presentation, I invited Alan to our school to provide Suicide Prevention Training (QPR) to our staff as well as prevention training (Signs of Suicide) to our student body. During the last three years, Alan has addressed our student body with tremendous success. Throughout the year, students in need of support are effectively identified and referred in a timely manner to our guidance department.

Roughly two weeks ago, a student referred a peer who expressed that he was intending to take his own life that evening. We were informed of his intent and we were able to intervene on his behalf. I feel confident that the work we are doing is making a difference. I am aware that we cannot reach all students at all times but if we reach one student we have succeeded. Throughout the last three years, we have seen a tremendous increase in student referrals to the guidance department. I attribute a great deal of this to our work with your department.

In closing, I hope that you are aware that you are truly making a difference in the lives of young people. Thank you for your incredible support. I hope this program continues to grow and we continue to reach as many students and staff members as possible.

Thank you again,

Amanda Evans  
Taylor Middle School

## Clinical Services (continued)

### Infant & Toddler Connection of Rappahannock Rapidan

ITC has established a monthly play group at the Culpeper Public Library and has partnered with the library to coordinate the timing of this event to blend with the library's Itsy Bitsy Baby Story time. This partnership is expected to raise public awareness of ITC, encourage ITC families to utilize the public library to support their child's development, promote early literacy, and develop a life long love of reading.

#### Infant & Toddler Connection Success Story



On April 7th, 2005, I gave birth to two tiny, beautiful baby boys, Adam and Caden. Ten days later, their father left to serve our county in Ar Ramadi, Iraq for fourteen months. From that point on life was a bit of a struggle, the boys, from the start were different, they cried a lot, slept little. Well, I guess that sounds pretty normal for newborns but as time went on, little changed. We moved four times in the year after my husband's return but finally settled here in Elkwood, VA. Approaching the age of two the boys were still very much behind in their developmental milestones.

**Thankfully someone suggested that we contact the Infant & Toddler Connection and get them evaluated.** After being found eligible for services they began working with a speech therapist, Courtland Meyer,

once a week. ITC recommended we take them to see Dr. Blackman at the Kluge Children's Hospital in Charlottesville, who recommended a blood test for Fragile X Syndrome. In September 2007 we got the results from the blood test and the diagnosis was indeed Fragile X Syndrome. Fragile X Syndrome is a genetic disorder that causes a mutation on the X chromosome. It causes developmental delay and autistic like characteristics. That is the simplest explanation. For more in depth information on this condition visit the National Fragile X Foundation website at [www.nfx.org](http://www.nfx.org). You will find their pictures in the photo gallery. The recommendation was that they start preschool as soon as possible. That October they began Preschool two days a week for four hours a day. This past September they began their second year of preschool, full days, Monday through Friday, in an intensive preschool instruction program with low student to teacher ratio. They are making much progress, through preschool and simply growing older. I'd say they act like your typical two year old, at three and a half years old. They don't talk yet. They finally started sleeping through the night about six months ago but still wake in the early morning hours sometimes and easily awake if there is a loud noise. They've been sleeping to the sound of rain coming from their wonderful sound machine since birth. They still mouth, throw and spin toys. They love to chew, on anything, especially their shoes, which I don't encourage obviously. They love to watch Blue's Clues, Mickey Mouse Clubhouse and Baby Einstein. They love to be outside, play in the dirt, swing, and go down the slide. They eat like teenage boys! Caden will sign "thank you," and they both sign "more." They love to roll or throw a ball back and forth but not usually to each other. Every day they interact more with their big sister, Shyla, which she thoroughly enjoys after waiting so long for it! They are gorgeous, happy little boys and we are so lucky to have them in our lives!

— Nancy Soper

# Community Support

Community Support operations provide long-term case management, rehabilitation, and residential supports for adults with mental illness and intellectual disabilities; advocacy and case management supports for senior citizens; and in-home supports for seniors.

## Visions—Psychosocial Rehabilitation Program

- Visions achieved a three-year Commission for the Accreditation of Rehabilitation Facilities (CARF) accreditation.



- The Visions Advisory Council supported renovation to the building that resulted in a “living room” atmosphere through installation of a faux fireplace in the meeting room.
- Visions continued to support a Peer Support Counselor through transformation funding. Three members have had the opportunity to serve as paid Peer Counselors throughout FY 2008.
- Visions supported 6 Transitional Employment Positions (TEPs). 17 club members rotated through these TEPs during the year.
- Visions provided supports for 13 members to work in independent, competitive employment positions in the community.
- Visions provided supports for 5 members in community volunteer positions.
- Visions developed an additional volunteer driver position, staffed by a Visions member.
- Visions staff Sheila Morris received a Work Incentives Specialist Advocate (WISA) certification, which has enabled members to maintain benefits while working competitively in the community.
- Visions supported 3 members who are taking educational/vocational classes.
- Visions’ member-run kitchen prepared and served 7,182 lunches during FY 2008. 6,359 of those lunches were USDA Child and Adult Care Food Program (CACFP) approved and reimbursed.
- Members and staff participated in multiple community awareness and educational activities: Virginia Psychiatric Rehabilitation Association (VAPRA) Conference, Person Centered Training, Recovery Training, National Alliance on Mental Illness (NAMI) meetings, Virginia Organization for Consumers Asserting Leadership (VOCAL) Network meetings, and Advisory Council meetings.
- With staff coordination, members began using the Americans with Disabilities Act (ADA) van in the community for transportation to and from work, and for transportation to and from medical appointments.

## Residential Services

- Guinn Lane Group Home opened in October of 2007 and was fully occupied by the end of November 2007. The program supported four seriously mentally ill consumers who came to the program from Western State Hospital. None of these individuals were re-hospitalized during the remainder of the year.
- Group home capacity for persons with intellectual disabilities was expanded by adding a fourth bed at the Foxcroft Group Home.
- Consumer moves created vacancies at Foxcroft and Liberty Group Homes. Both of these vacancies were filled during this fiscal year.
- The Locust Grove Group Home HUD 811 project moved forward during FY 2008.
- All activities for the Supportive Housing Grant were completed.
- The Section 8 Rental Assistance Program earned a High Performer award for the second year in a row.



## Community Support (continued)

### Case Management Services

- *Protective Money Management Program*—Newly initiated program this year recruits and trains community volunteers to provide representative payee services to the elderly and disabled populations served by the RRCSB-AAA.
- *Medication Assistance Program*—The Medication Assistance Program provided \$826,591 worth of vital prescription medications to 363 uninsured individuals during the past year.
- *Virginia's No Wrong Door Project*—The RRCSB-AAA became a pilot site for Virginia's No Wrong Door project that eventually will increase effectiveness of information sharing and referrals across public and private agencies serving older Virginians.
- *Money Follows the Person (MFP)*—State initiative will provide additional Mental Retardation (MR) Waiver slots and expanded services to the elderly and disabled (E/D) waiver, tech waiver, and AIDS waiver for individuals who live in MR facilities, Intermediate Care Facility for the Mentally Retarded (ICF-MR) and Nursing Homes, but prefer to live in the community. RRCSB-AAA is assessing facility residents for possible inclusion in the MFP program.

### In-Home Services and Adult Day Care

- Opened new regional adult day healthcare program, DayBreak, located in Culpeper, which served 14 families during the first year of operation.
- Increased enrollment at Warrenton Adult Day Care Program, serving a total of 10 families.
- Received \$100,000 grant from the Virginia Department for the Aging for outreach, transportation, and family supports to help increase participation in the two adult day care programs from families living in the outlying counties.

# Community Support (continued)

## Bridges—Day Support and Employment Programs

The biggest accomplishment for the Bridges Day Support Program during this fiscal year was the successful accreditation by CARF for Community Employment Services. The effort was for the Supported Employment program; however, the effort did require a great deal of collaboration between all aspects of the programs and many of the staff. There continues to be a large connection between the Day Support programs and the Employment services. Almost all consumers who are part of the Employment services also receive Day Support services.

### *Day Support*

- Renovations to the Fauquier Bridges site were completed and include the installation of new cabinets in the Art room and kitchen, new floor tiles installed in the Art room, a dividing wall in the large activity area for separation of groups, a accessible shower stall, and painting of all walls.
- Both programs organized and successfully operated a carnival that provided numerous fun activities and raised around \$500 for the programs.
- Orange Bridges organized a Prom for the Orange Bridges' and Visions' consumers. They received donations for special occasion clothing including dresses and suits.
- A Senior Group was organized at Orange Bridges to meet the changing needs and wants of an older population of consumers at Orange Bridges. The group hopes to provide social, community, and educational opportunities that will engage the senior citizens.
- A collaborative endeavor by Orange Bridges and the disAbility Resource Center of Fredericksburg brought the Equipment Connection to the Orange Bridges' site. The Equipment Connection provides free durable medical goods for persons in need. This includes accepting donated equipment, which is repaired and cleaned for others use. A consumer of Visions is working at the Equipment Connection in Orange.
- The Consumer Advisory groups and People First organization continue to meet at Fauquier and Orange Bridges.
- Volunteer opportunities continue at both sites.

### *Employment Services*

- The Supported Employment program was initiated and was able to achieve accreditation with CARF under Community Employment Services.
- An agreement between Rappahannock Goodwill and Bridges is enabling three consumers from the Fauquier Bridges program to work at the Culpeper Goodwill retail store three days a week. This is a prevocational opportunity.
- A Supported Employment enclave has started at the Warrenton Hampton Inn providing laundry and housekeeping services. Four consumers work three days a week and are Hampton Inn employees.
- Four consumers from Fauquier Bridges began work at Blue Moon alpaca ranch in Fauquier County. This is a prevocational opportunity.
- The Document Destruction business has picked up two new contracts for service. They continue to provide services for RRCSB-AAA.
- Chores for Senior's services continue to be provided.
- The Bridges commercial cleaning crew has contracts for two new businesses: Orange Roofing, and Locust Grove Baptist Church.
- A Supported Employment consumer has begun working at the Gordonsville Food Lion independent of on-site staff support.
- Ten consumers have become clients of Department of Rehabilitative Services (DRS). There was an additional funding source through DRS for two of the consumers who currently pay an adjusted self-pay rate.

## Nutrition/Transportation

Nutrition/Transportation services operate five senior centers, home delivered meals, volunteer programs, and a comprehensive transportation network for RRCSB-AAA services.

### Nutrition Programs—Senior Centers

- The Senior Centers (congregate meal programs) served 4% more individuals compared to FY 2007; this is the fourth consecutive year of increased participation regionally.
- Fundraising by staff, volunteers, and participants working together was highly successful—over \$69,000—for socialization and recreation activities; this represents a 30% increase from the previous fiscal year. Additionally, new initiatives for aging services included our first regional Bowl-for-Seniors event, which netted over \$12,000, as well as an ongoing program with Arby's Restaurant in Culpeper donating 15% of lunch proceeds for one day each month.
- Significant renovations were made to the Orange Senior Center as the result of a local fundraising campaign combined with the hard work and generosity of volunteers, community businesses, and Board members. These improvements included site clearing, new tile, windows, ceiling fans, and an HVAC system.
- Medication Management Programs at the Senior Centers were provided to an additional 40 individuals this year, representing a 30% increase in units of service from FY 2007.



### Retired Senior Volunteer Program (RSVP)

- The number of active volunteers increased by 21%, compared to FY 2007, for a total of 443.
- 44,272 volunteer hours of service were performed at 52 volunteer stations; this represents a 30% increase in service hours from last year.
- The Volunteer Driver Project added the “Care-A-Van” program, which is an agency-owned wheelchair accessible minivan utilized in all five counties to provide medical transportation; 24 volunteers were recruited and trained in wheelchair and passenger assistance techniques. Overall, RSVP provided 980 trips totaling 36,159 miles for seniors in need of medical transportation.
- The Protective Money Management Program was successfully launched, in conjunction with the Community Support Services Division, to recruit and train volunteer representative payees according to an established AARP protocol.



### Central Food Service Operations

- A complete revision of the congregate meal plan to improve quality and comply with revised standards in the Older Americans Act was accomplished through a team effort that included new software utilization and consumer input.



### Transit

- A successful Virginia Department of Rail and Public Transportation (DRPT) Section 5310 grant application resulted in an award of \$135,200 for 4 lift-equipped vans.
- Several training initiatives were undertaken this year, including “commentary drive” instruction from the Virginia Association of Counties (VaCO) insurance representative; safety training for all Transit Operators provided by the Manager for the Virginia Department of General Services, Office of Fleet Management

Services; and Passenger Assistance and Safety (PASS) instructor certification for the Transit Supervisor and one Transit Operator. Each of these initiatives enhances our abilities to meet regulatory requirements with internal resources and broaden agency-wide training opportunities.

- As a Logisticare (Medicaid Transportation) provider, our agency realized a \$102,000 increase in reimbursement over FY 2007, exceeding our FY 2008 target by 40%.
- Collaboration with our Human Resources department resulted in the successful implementation of a comprehensive Agency Driver Qualification Policy, effective March 12, 2008.

# Administrative Services Operations

Administrative Services Operations represent the business processes to meet varied requirements and to support agency programs.

## Accomplishments

- Completion of website detailing agency operations and upcoming events.
- Three-year accreditation of business functions from CARF.
- Completed transition of all agency training files for employees to Human Resources.
- Direct Deposit payroll for all employees.
- Increase in clinic front office collections by \$38,000 over prior year.
- Improved efficiency in billing processes through system modifications allowing two months to be open at the same time.
- Cultural Competency plan developed, approved, and implemented.
- Successful audit and year-end close with small fund balance reserves.
- Capital improvement to main office building initiated.

## Worker's Compensation

The agency reported twenty-one (21) claims for benefits in FY 2008 as compared to 20 in FY 2007 and 18 in FY 2006. Workers Compensation premiums were \$178,000, significantly down from \$234,176 in the prior year. The agency continues to have an effective working relationship with our Workers Compensation carrier in claims management assuring timely response to employee needs and efficient management of claims resulting in continued reduced cost in this area.

## Recruitment

This year we saw our recruitment cost increase significantly from \$950 per-position to \$1804 per position (\$157,000/year). This resulted in the placement of 87 new employees in positions. We are actively studying this issue for the best, most effective use of recruitment dollars between print media and online sources.

## Workforce Development Team

During FY 2008, the workforce development team was involved in developing and recommending strategies to recruit, train, develop, and retain staff by establishing and/or modifying systems, structures, and policies. One of the main projects this work team undertook was the development of the RRCSB-AAA Cultural Competence and Diversity Plan. One of the goals already accomplished was the assessment of the diversity of the organization's environment.

Training is one of the primary goals of this work group and during FY 2008 different training programs were implemented. Two on-line, web-based training programs are being used by direct support staff—one is the College of Direct Support program, which has different modules regarding direct client care, and the other is the Prevention Link on-line defensive driving program. Other training programs that took place during FY 2008 were the quarterly supervisory training, which included finishing the Love Them or Lose Them series about how to retain the good employees, a diversity training, and a performance expectations training. These trainings are above and beyond the normal professional development that all employees are expected to receive from their supervisors or from other outside sources.

Besides making training available for staff, the workforce development team also identified training required by each classification that exists in the organization. This work group also recommended that agency trainers for required trainings (CPR, First Aid, Mandt, Medication Administration, and Passenger Assistance Safety & Sensitivity) receive an annual incentive if they meet established criteria.

Recruitment and retention are other main goals of this work group. Towards the end of FY 2008 and to assist in formulating recruitment and retention strategies, a sub-group was established. A proposed policy regarding referral bonus was accepted by the workforce team and it will go to the Board for review.

# Quality Improvement

**Quality Improvement:** Activities aimed at maintaining appropriate regulatory compliance, record standards, and quality programs in all aspects of agency operations.

## Risk Management

### Health and Safety

During FY 2008 staff reported 363 incidents through the agency incident reporting process. This represents an increase over the prior year (340 incidents). All new employees are trained in correct incident reporting and subsequent data is analyzed for patterns and/or training needs. A Health and Safety Workgroup provides policy oversight and recommends changes to the senior executive team. In FY 2008 the following are noted as significant accomplishments:

- Protocol for Violent Behavior Drills implemented in July 2007 with all supervisors. Protocol includes post-testing.
- Outside reviews of risk issues related to buildings were conducted for two facilities resulting in safety recommendations and improvements.
- Agency emergency preparedness and response plan was updated in March 2008 and a section on mental health emergencies was added.
- Fall Assessment Forms were introduced with information on fall risk factors. These lead to evaluation and inclusion of fall risk and prevention activities in individual plans of care.
- Overall agency Health and Safety procedures and practices received a three-year accreditation certification from the Commission for the Accreditation of Rehabilitation Facilities. This was the highest standard that could be achieved through this peer-review process.

### Reports to Regulatory Agencies

During FY 2008 a total of 28 reports were made to the agency licensing agency, Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS). Of these, 11 were serious injuries and 17 were deaths. All serious injuries and deaths are reviewed and investigated. Most deaths are from natural causes. When death is by suicide the case is reviewed by clinical staff to determine appropriateness of the level of care being provided. Residential programs also report medication errors. The agency follows a strict protocol for training staff and reporting medication errors in residential programs. Error patterns are reviewed and followed up on by program supervisors.

### Accessibility

- An “image assessment” was completed at program sites to review agency facilities and literature. Feedback from this assessment is being used to make recommendations for changes to be reflective of relevant cultural demographics in the service area.
- An additional curb cut was created at the entrance to the Culpeper Senior Center to provide for easier, more barrier-free entrance and exit from the building.
- A standardized process for the handling of accessibility complaints was developed and shared with staff.
- A standardized process for how to obtain language interpreters was developed and shared with relevant staff.
- The agency Human Rights booklet was made available in plain language format.

# Quality Improvement (continued)

## Consumer Affairs and Human Rights

### Staff Training

This year marked the first full year implementing the program in which all new employees were provided the full Human Rights and Privacy training. This has allowed for more consistency and assurance of staff knowledge prior to beginning assigned duties. Twelve new employee training events were held this year for 91 individuals.

### Complaint Handling

Nine informal and four formal complaints were handled this year. Each complaint was resolved in a satisfactory manner and no complaint patterns in any program were identified. Complaint types are summarized and reviewed with the Local Human Rights Committee on quarterly basis.

### Investigations

There were 23 allegations of abuse and neglect, one founded. This is down considerably from the prior year due in large measure to corrective actions taken in the previous year in one residential program. Allegations of abuse and neglect are immediately reported and investigated. Afterwards, they are reported to senior management and the Board.

### Privacy

The agency Privacy Officer is responsible for seeing that client privacy is protected and that authorizations to release confidential information are properly prepared and consistent with law. This year the Privacy Officer handled 12 record subpoenas and 15 witness subpoenas. Additionally, 18 non-routine requests for information were handled by the Privacy Officer. These involve consultation with staff and legal counsel regarding the validity of request for the release of client information.

## Corporate Compliance Summary

In FY 2007 the agency implemented its first Organizational Compliance program. The program is designed to conduct self-assessments in critical areas of billing activity. The program also prescribes corrective measures along with process improvements to improve the overall integrity of service delivery, billing and documentation. In FY 2008 reviews were conducted in the program providing case management services to children with serious emotional disturbance. As a result of this review, internal errors were identified and corrected along with their supporting processes. Where the agency identified overpayments due to these errors financial paybacks were calculated and returned to payer sources.

External reviews by payer sources were also conducted in both supported residential and day support services. In one case documentation did not support the level of service being paid for through the Medicaid program. All other reviews demonstrated good documentation of services provided. Quality Improvement staff worked with program managers and direct staff to improve processes and documentation in response to consumer needs and payer source requirements.

## Quality Record Reviews

### Quantitative and Qualitative Chart Reviews— Case Manager Services

- Quantitative Chart Reviews for Mental Health and Mental Retardation Programs were completed by Case Managers as a part of their clients' Annual Consumer Plan Process. Because these cases receive targeted case management, the goal is to have 100% completion rate.
- Qualitative Reviews were completed by Case Manager's Supervisors at a rate of 2 per caseload per month. The goal is to have 30% of the total number of Case Management cases completed.
- Both types of Chart Reviews were completed for those clients that received targeted or ongoing Case Management Services. These charts require specific documentation to be in compliance with regulatory guidelines put forth by convening authorities like Medicaid, CARF, Office of Licensing, Area Agency on Aging, etc.

### Mental Health Record System Improvements— Outpatient Services

During FY 2008, much emphasis from Quality Assurance (QA) and Clinical Services Staff was directed to improve charting in order to better meet agency standards, state licensure requirements, and Medicaid regulations. The results were improved chart review scores, increased numbers of annual reviews, as well as increased Medicaid-compliant charts. The new improved Quality Charting System includes QA Reviews of random Medicaid selected charts, management chart reviews from the MH Outpatient and SA Coordinator, who audited 524 charts and quarterly Peer Chart Reviews by all clinical staff in the Behavioral Healthcare Clinics. The average score of the chart reviews over the year was 92% completion rate.

### Aging Together Partnership

Aging Together Partnership, a broad consortium of over 100 organizations and individuals in the 5 counties of the Rappahannock Rapidan region working collaboratively to help our localities prepare for an unprecedented growth in the older population and to assure that local residents will have the services and supports they need as they age.

The RRCSB-AAA continues to be the lead agency and fiscal agent for the Aging Together Partnership. During the past year, the RRCSB-AAA has assumed on-going operation of two projects that grew out of the partnership's effort, regional Adult Day Healthcare (DayBreak) and the Medication Assistance Program, and has agreed to supervise the new Mobility Specialist position included in the award of New Freedom funds mentioned below. Successes include the following:

#### Rural Transportation Enhancement

##### *Volunteer Transportation Networks*

- Two of Aging Together's county teams (the Rappahannock Eldercare Coalition and the Fauquier Senior Care Network) have developed and supported successful Volunteer Driver networks to help older persons who don't drive get to medical appointments, etc.
- Aging Together was awarded a total of \$25,000 from the Virginia Department for the Aging and the Department of Rail and Public Transportation to help the county teams strengthen and expand such networks throughout the region.

##### *Human Services Mobility Plan*

- Collaboration with the Rappahannock Rapidan Regional Commission to develop a consolidated Human Services Mobility Plan that will position this region to secure additional federal and state transportation funding. To date, the project has been awarded \$53,000 in federal New Freedom funds to begin implementing the Mobility Plan.

##### *Health, Wellness and Caregiver Supports*

- Medical ID bracelets
  - Based on a need reported by local rescue squads, Aging Together's Health and Wellness workgroup has secured funds to support a medical ID bracelet distribution.
- Caregiver Training Series
  - Each of the five county teams, supported by the regional Caregivers workgroup, organized and offered a caregiver training series in their community. A total of over 90 caregivers participated in the trainings. The series were so well received that each of the teams is planning a second training in 2009.

##### *Information for Consumers and for Decision Makers*

- Data and consultation for local government
  - Aging Together has been asked by several localities to provide information related to planning efforts that will affect older adults.
- Senior Navigator database of all local and state resources
  - Aging Together has assured local providers get detailed local resource information posted on the state's Senior Navigator website, which will also be the source for print guides to services.

##### *Volunteer Development*

- Aging Together coordinated a major campaign with the Piedmont United Way and the Retired Senior Volunteer Program to recruit volunteers of all ages to help support new and existing aging services in the region.



##### *Legal Services Development*

- Aging Together and Rappahannock Legal Services partnered and were awarded a grant from the American Bar Association to provide information to local attorneys on elderlaw issues and to provide information to older consumers on legal issues and resources.

##### *General Assembly Funding*

The Virginia General Assembly allocated funds for each of the next two years to Aging Together to continue its work as a model of collaboration to improve the long-term care system in our communities.

##### *National and State Recognition for the Aging Together Partnership in Past Year*

- Virginia League of Social Services Executives *Spirit of Collaboration Award*
- Commonwealth Council on Aging *Best Practices Award*
- Named National Program Champion by the Administration on Aging

# Consolidated Financial Data

## Revenue Sources

Source	Amount
State of Virginia	4,608,695
All Local Sources	1,324,145
Fees for Services	7,997,416
Federal Funds	2,009,033
Other Sources	928,625
Other Transfers	3,003,839
<b>Grand Total Revenues *</b>	<b>19,871,753</b>

### Financial Highlights

- First time in three years year closed with a small surplus
- No funding provided for Cost-of-Living-Increase for employees
- Over 1.2 million in new fees

## Expenditures

Source	Amount
Personnel	12,135,908
Staff Development	66,127
Facility Expense	1,039,940
Equipment/Supplies	1,490,148
Travel/Transportation	686,590
Professional Services	1,134,988
Other	444,783
<b>Sub-Total</b>	<b>16,998,484</b>
Admin + Food Service	1,888,583
Transportation	512,585
Aging Services	54,303
<b>Sub-Total: Transfers</b>	<b>2,455,471</b>
<b>Grand Total Expenses</b>	<b>19,453,955</b>
<b>Revenues – Expenses</b>	<b>417,798</b>

NOTE: *Unaudited. Report consolidates information from both State and Federal fiscal years.*

## Community Support

### Visions—Psychosocial Rehabilitation Program

Visions continues to track the following outcome measures: Efficiency (Billable Units), Efficiency (Chart compliance), Access (Wait time to receive services), Effectiveness (percentage of community integration goals met), Satisfaction (Recovery Oriented Systems Indicators [ROSI] and International Association of Psychosocial Rehabilitation [IAPRSR] Toolkit).

- **Efficiency:** Visions met the units of service and revenue targets for FY 2008 as established in RRCSB-AAA performance contract.  
Charts were no less than 93% in compliance. Chart reviews are based on a 50 point scale. For each item not complete/correct, one point is deducted. The percentage correct is calculated from this formula.
- **Access:** The average wait time to receive services for FY 2008 was 11.25 days. The target is 10 days.
- **Effectiveness:** 61% of community integration goals were met by members by close of FY 2008. The target is 65%.
- **Satisfaction:** Visions completed the member-administered ROSI survey in February 2008. The survey measured a 70% satisfaction among club members. Members were also surveyed using the IAPRSR Toolkit Satisfaction Survey, and preliminary results indicate an 80% satisfaction among members using that tool. Results are being analyzed and specifics from this survey will be released in FY 2009. The kit was administered late in the year due to preparations for the CARF survey. In FY 2009, the Toolkit will be administered during the expected time period of February.

### Residential Services

Community integration continues to be a focus for residential services. During FY 2008 a variety of opportunities were provided for consumers. More focus was placed on free or inexpensive activities and the number of group activity opportunities was increased.

78% of consumers for whom data was submitted met their community integrations goals for FY 2008. This represents a 2% increase over FY 2007.

### Bridges—Day Support and Employment Programs

#### Day Support Program

- **Satisfaction:** The goal was to determine the overall satisfaction of consumers for the Bridges Day Support program. The target was an 80% satisfaction level.  
55 people completed the satisfaction survey with assistance or by themselves: Fauquier Bridges, 27; Orange Bridges, 28. The overall satisfaction percentage was 84%: 77% at Fauquier; 90% at Orange.
- **Access:** The goal was that 80% of the consumers would have access to community integration opportunities that meet their wants and needs. Each consumer should have been able to participate in at least 3 community activities a month of their choice that were interactive in nature and that lasted for at least one hour.  
The overall success rate for both Fauquier and Orange Bridges was 77%. Fauquier had an overall rate of 84%, Orange an overall rate of 70%. Orange Bridges did have three consumers who missed several months of attendance due to health and/or personal reasons. If these factors are considered, the overall rate was 75%.
- **Efficiency:** The goal was for scheduled community integration activities to occur on schedule at least 80% of the time. This measures the program's ability to provide services that stakeholders can depend upon.  
The overall success rate for Fauquier and Orange Bridges was 89%. Fauquier had an overall rate of 87%. Orange had an overall rate of 93%.

## Community Support (continued)

### Bridges—Day Support and Employment Programs (continued)

#### Supported Employment Program

- **Access:** The goal is to determine the baseline wait time for an individual expressing an interest in working with the Supported Employment program.  
Of the 28 consumers on the waitlist, 13 were successfully placed in an enclave or work crew. The average wait time for those placed has been 6 months for those individuals who were not already part of an enclave or work crew in October 2007.
- **Efficiency:** The goal is that consumers will work an average of at least 8 paid hours a week in a Supported Employment enclave or work crew.  
The average percentage of consumers who worked at least 8 hours a week in a Supported Employment position was 74%. Factors that caused individuals not to work at least 8 paid hours a week included family illnesses, personal injury not related to the work site, store remodeling, and in one case lack of motivation. The average paid work time of consumers was 9 hours a week.
- **Effectiveness:** The goal is to have 75% of the Supported Employment Program consumers working at a job site that matches their interests and career goals.  
10 out of 13 consumers (77%) are working at jobs that match their interests.
- **Satisfaction:** The goal is to have stakeholders of the program indicate an 80% satisfaction level.

Number of surveys distributed: 25

Satisfaction Percentages:	
Family/caregivers:	80%
Employers:	100%
Case Managers:	73%
DRS:	100%
Consumers:	87.5%
Overall:	86%

### Case Management

#### Effectiveness of All Case Management Programs

- Impact services have on the quality of life for clients receiving Mental Health, Mental Retardation, and Aging Case Management Services—FY 2008 goals were to complete 800 client surveys.
- Quality of Life Surveys—41 surveys were completed. Level of satisfaction was captured in 5 areas (i.e., physical health, relationships, social life, living situation, and overall life satisfaction). Client time in services ranged from less than 3 months to 3 years and more.
- Clients (80%) reported agreement with being satisfied with their lives overall.
- Though outcomes for individual life areas fluctuated (i.e., physical health, relationships, social life, living situation), they reflected a consistently positive correlation with clients experiencing increased satisfaction in each life area as their time in services increased.

#### Efficiency of All Case Management Programs

- Mental Retardation and Mental Health Case Management Services Efficiency measure was the amount of Face to Face or Direct Client Time (DCT) with clients.
- The goal for FY 2008 was to have an average of 18% Face to Face or DCT. Actual DCT for FY 2008 was 17%. (Administrative responsibilities of Case Management continue to be an obstacle to increasing this measure.)
- Senior Advocacy Case Management measure was the number of clients receiving Case Management Services. The goal for FY 2008 was to add an average of 10 clients per quarter to the program. Actual client increase per quarter was 6.

## Nutrition and Transportation Services

### 2008 Senior Center and Home Delivered Meals Satisfaction Survey



During April and May of 2008 volunteers from the Aging Advisory Council administered a “Quality Assurance Questionnaire” to program participants at each of the five county Senior Centers. A total of 154 surveys were completed, representing 59% of the current program participants. On April 9 a similar survey was mailed to 148 Home Delivered Meal recipients, who were given until the end of May to respond; 36 responses were returned.

The majority of responses and comments were positive (80%). The need for facility improvement/expansion is a prominent issue for three counties; meal quality and selection was cited in four counties; increasing a widely varied assortment of favorite center activities was requested in all five counties. The home delivered meal surveys did indicate that we need to follow up on improving the quality and variety of frozen meals. All stakeholders received a summary report as well as a letter of response to the survey results.

## Mental Health

Service	Individuals Served	Service Amount
<b>Behavioral Healthcare Services: Outpatient and Emergency Services</b>	3442	190 increase in individuals served. 28,211 hours of counseling, psychiatric evaluation and treatment of all ages.
<b>Case Management</b>	551	12,995 hours of services to adults and children
<b>Psychosocial Rehabilitation</b>	77	40,371 hours of services to adult with mental illness
<b>Supported Living</b>	34	7,680 hours supporting individuals in their own homes, this includes providing for one four bedroom group home with full time (24 hour) staffing.

## Mental Retardation

Service	Individuals Served	Service Amount
<b>Case Management</b>	351	46 increase in individuals served. 10,842 hours of services supporting adults with mental retardation. Last year the number had grown by the same amount.
<b>Supervised Living</b>	41	24 hour care and habilitation services for adults living in RRCSB-operated group homes.
<b>Supported Living</b>	30	8,300 hours supporting adults with mental retardation living in their own apartments.
<b>Infant/Toddler</b>	249	7,156 hours of services to infants with developmental delays and their families.
<b>Day Rehabilitation (Bridges)</b>	94	10,842 hours of habilitation and employment services for adults with mental retardation.

## Substance Abuse

Service	Individuals Served	Service Amount
<b>Behavioral Healthcare, Outpatient and Emergency</b>	553	4,842 hours of services for adults with primary substance use disorders.
<b>Case Management</b>	512	121 more individuals served, due in part to service re-design and in part due to new demands.
<b>Residential Treatment Boxwood</b>	451	10,263 bed days of service to adults seeking residential treatment for substance use disorders.

## Aging

Service	Individuals Served	Service Amount
<b>Advocacy</b>	1,085	67 more individuals than prior year receiving assistance and support in obtaining needed services.
<b>Adult Day Care</b>	24	17 more than prior year and opening of new (second) center in Culpeper County.
<b>In-Home Personal Care</b>	23	5,855 hours supporting senior in their homes.
<b>Senior Centers</b>	435	29 more individuals than prior year and continuing to grow. 27,257 meals provided.
<b>Home Delivered Meals</b>	254	33,490 hot and frozen meals delivered to seniors in the region.
<b>Volunteer Services</b>	479	44,400 hours of volunteer services. Increase of 77 individuals over prior year.
<b>Transportation Services</b>	674	Transport to and from RRCSB-AAA programs; 66,964 one-way trips, totaling 1.2 million passenger miles.

## BOARD MEMBERS

*Our Board is composed of three members from each of the five localities that we serve (Orange, Fauquier, Culpeper, Rappahannock, and Madison Counties) along with the Executive Director and the five Senior Management Team members.*

### **Culpeper County**

Ms. Carole Bouthilet  
Mrs. Judy Shulick  
Mr. Richard Goff

### **Fauquier County**

Mr. Douglas Harpole  
Mrs. Ingerid Refour, PhD, *Vice Chair*  
Mr. Conway Porter

### **Orange County**

Mrs. Linda Treakle, *Secretary*  
Mr. Keith O'Connor  
Mrs. Jean O'Toole

### **Executive Director**

Mr. Brian Duncan  
P.O. Box 1568  
Culpeper, Virginia 22701  
(540) 825-3100 (ext. 3145)  
[rrcsb@rrcsb.org](mailto:rrcsb@rrcsb.org)

### **Senior Management Team**

John Waldeck, *Director*, Clinical Services (ext. 3008)  
Sallie Morgan, *Director*, Community Support Services (ext. 3437)  
Ray Parks, *Director*, Nutrition and Transit Services (ext. 3331)  
Anna McFalls, *Director*, Finance and Administrative Services (ext. 3144)  
Jim Bernat, *Manager*, Quality Improvement (ext. 3016)

### **Madison County**

Mr. William Tidball, *Board Chair*  
Mr. Kim Beach  
Mrs. Beth Roireau

### **Rappahannock County**

Mrs. Roberta Anderson  
Mrs. Dorothy Butler  
Mrs. Helen Williams