

Rappahannock-Rapidan Community Services Board and Area Agency on Aging
Annual Report of Operations for Fiscal Year 2007

July 1, 2006 through June 30, 2007

Mission: 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, and social integration and are evaluated based on outcomes.

This report provides information on:

- Organizational accomplishments;
- Consolidated service and financial information;
- Corporate Compliance; and,
- Performance Analysis and Outcomes for 2007.

Organizational Accomplishments

1. **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.
 - a. Psychiatric Services
 - i. On May 21, 2007, Dr. Jennifer Oldham joined the RRCSB-AAA. Dr. Oldham, a Board-certified psychiatrist, joins Dr. Stephen Reiter and Nurse Practitioner Ashton Franklin in the delivery of psychiatric services.
 - ii. A consultation relationship was established with the UVA Department of Psychiatry. This provides consultation services to RRCSB-AAA medical staff and clinicians on best-practice treatment protocols for challenging cases in child and adolescent services.
 - b. Access Services
 - i. Emergency face to face evaluations increased by 12.5%. This continues a pattern observed over the past two years. The two year increase is 27%, from 1,058 to 1,344.
 - ii. Additional 2.5 full time equivalent staff under agency transformation initiative has strengthened services offered through access.
 - iii. Psychiatric acute care inpatient treatment was purchased for 25 persons. This accounted for 32 treatment admissions for 327 days of acute care service with an average length of stay of 10.2 days.
 - iv. 23 individuals with a primary diagnosis of substance abuse were diverted from admissions to Western State Hospital through the purchase of alternative services in a variety of community settings.

- v. Crisis stabilization services were provided for 16 persons, over 17 treatment episodes for a total of 162 days with an average length of stay of 9.5 days. This was a new service for Fiscal 2007 available due to regional planning and transformation funding.
- c. Substance Abuse Services
 - i. New treatment models were added to the service options including Motivational Enhancement Therapy and utilization of the Matrix Model at Boxwood and other outpatient service locations.
 - ii. The Boxwood Regional Recovery Center new facility planning continued in its development phase. The RRCSB-AAA Board approved the design plan moving the project into the final stage of construction documents.
 - iii. A model treatment program in collaboration with Fauquier County Schools identified as Seven Challenges is providing a key treatment linkage with the schools through the Fauquier Behavioral Healthcare Center in Warrenton.
- d. Outpatient Services
 - i. A model program, - HOPE - has received state recognition as a program for adolescents with substance use issues and their families. This has been a successful collaboration with other agencies in Orange County including the schools, social services and law enforcement.
 - ii. Parenting classes were successfully initiated in Culpeper County, specifically aimed at the needs of parents of children with serious emotional disturbances.
- e. Infant/Toddler Services
 - i. Since 2003, the program has grown from 127 infants served to 216.
 - ii. Even under growth pressures the program met Federal compliance requirements related to a 45-day timeline for evaluations.
 - iii. Improved utilization of educator staff resulted in a reduction in the need for specialized contractors.
 - iv. One of the program's case management staff was selected as a Practice Leader by the Autism Community.
- f. Teen Suicide Prevention Conference: Assessment and Treatment The Clinical Division planned and held this regional conference with national leaders presenting to over 140 community participants. The conference was very successful in bringing agencies together with parents and professionals, and plans are being made for future conferences.
- g. Teen Suicide Prevention Program: This is the second year of the Department of Health grant funded initiatives focused on teen suicide prevention. The RRCSB-AAA program has received statewide recognition as a model. In year two 5,032 adults and youth have been trained as "gatekeepers" using a best-practice program called SOS (Signs of Suicide). This training has included key stakeholders from all localities and focused media campaigns as well.

2. **Community Support** operations provide long term case management, rehabilitation and

residential supports for adults with mental illness and mental retardation, advocacy and case management supports for senior citizens, and in-home supports for seniors.

a. Residential Services

- i. In December the organization purchased a property for use as a 4-bedroom group home for adult with mental illness. Renovations included additions for full accessibility to one bedroom and a full bathroom on the first floor. This is the first group residence focused exclusively on adults with mental illness and will open in Fiscal 2008.
- ii. The Supported Living program was able to add staffing capacity to serve more adults with mental illness coming out of state hospitals.
- iii. The Section 8 Rental Assistance Program received a statewide award as a High Performer with a \$5,000 bonus payment.
- iv. A \$6,000 dollar supportive housing grant was awarded to help evaluate and study supportive housing needs in the region. This study will be used in future years to justify grant and funding applications for supportive housing and support services.
- v. Additional after-hours events were planned and implemented for individuals in the supported living program. These events provide both social and recreational outlets in the community for all consumers.
- vi. Maintaining adequate levels of trained staff continues to be a challenge for supported living and group residential programs. This year we are emphasizing opportunities for internal staff for career development and considering “under-filling” positions and then providing training to bring up to full qualifications.

b. Case Management

- i. In Senior Advocacy (Aging) case management in addition to providing primary services three new initiatives have enhanced service capability.
 1. Medication Assistance Program: Funded through a grant from the Virginia Healthcare Foundation, this program provides access to eligible seniors to obtain prescription medications through pharmaceutical companies.
 2. In collaboration with Aging Together and the Fauquier County Team, a volunteer transportation initiative has been successfully implemented. This service provides transit services for medically necessary appointments and critical errands.
 3. The agency was selected as a No Wrong Door Pilot project providing the opportunity to influence new, state-of-the-art consumer access and care software. This program is being developed as a model in Virginia for improved access to information and service planning for Virginia seniors and the agencies providing support.
- ii. In mental health case management a new emphasis has been placed on recovery. Through outside trainings and participation in an agency-held

conference, new concepts for service planning have been introduced. These new concepts focus on individual strengths, provide hope and foster independence from reliance on agency services in favor of building support in the community at large.

- iii. Liaison work with state mental health facilities was strengthened as a part of the agency transformation initiative. A new liaison position and intensive case management position were added. These positions work directly with state hospitals and arrange for discharge to appropriate community settings and needed support services. Overall utilization of state hospital beds has improved due to the efforts and discharge planning of case management staff.
- iv. In mental retardation case management records of services clearly demonstrated person-centered planning as acknowledged by a review from the Office of the Inspector General.
 - 1. 86.4% of families responding to the MR Family Satisfaction Survey reported they were satisfied with the service received. 100% reported that when they asked for assistance, case managers got what they needed in a timely manner.

c. Psychosocial Rehabilitation – Visions – Culpeper

- i. Beginning this year the program administered the Recovery Oriented Survey Instrument (ROSI) which measures satisfaction levels across various domains. A survey of the program and satisfaction among membership was also conducted using a national model accepted as a rehabilitation standard. Both tools resulted in an outcome of 80% satisfaction or better. Future surveys will utilize this as a baseline.
- ii. Visions continued review and preparations for CARF accreditation in Fiscal 2008.
- iii. Visions membership increased by 15% during Fiscal 2007.
- iv. Sixteen members rotated through five Transitional Employment positions gaining valuable work experience.
- v. Two customized community-based jobs have been successfully developed to meet specific member needs.
- vi. Members and staff participated in numerous community awareness and education events including the NAMI Walk, VOCAL Network, Virginia Association of Psychosocial Rehabilitation Providers conference and the RRCSB Recovery Model conference.

d. Bridges Rehabilitation Program: Warrenton and Orange

- i. Volunteer opportunities for program participants have been expanded to include: Headstart, adult rehabilitation and nursing facilities, Animal Shelters, landscaping of churches, Salvation Army store, and Fauquier County schools.
- ii. A People First chapter was begun in Orange. Both Orange and Fauquier offer monthly meetings for their respective People First chapter, s self-advocacy group for persons with disabilities.
- iii. Consumer Advisory Committees have been developed and meet each

- month. They focus on obtaining consumer input into the program around special events and daily activity opportunities.
- iv. A Bridges Carnival was held to raise funds for special events and was very successful.
 - v. A Consumer Handbook was completed and distributed to all consumers. It is also designed for use with new consumers of services. It was developed in a format that should be easier for the average Bridges consumer to understand.
- e. Bridges Employment Services
- i. A new Supported Employment service has been approved by the Department of Rehabilitative Services to provide Group Supported Employment and Situational Assessments. This will provide additional support and some funding for employment supports for Bridges consumers.
 - ii. Marketing of cleaning and custodial services began with new staff and marketing materials. This marketing has resulted in eight work sites providing employment opportunities for consumers.
 - iii. The Bridges commercial cleaning crew has been successful in obtaining two significant contracts for ongoing work.
- f. In-Home Services for Aging Consumers
- i. DayBreak, a new regional Adult Day Healthcare Center located in Culpeper prepared to open during the first month of the new fiscal year.
 - ii. Warrenton Adult Day Care Center obtained its license from the Virginia Department of Social Services.
 - iii. The Annual Bowl-for-Seniors event in Warrenton was a big success, raising over \$15,000 for adult day care and senior programs.
- g. Aging Together Partnership
- i. The RRCSB-AAA is the lead agency and fiscal agent for the Aging Together Partnership, a broad partnership of over 100 organizations focused on aging and long term care issues. To date, Aging Together has generated \$1,165,654 from public and private sources outside the region, and has mobilized an additional \$216,050 in cash match from local sources. Successes include:
 - 1. Community-based service expansions for adult day care and caregiver support.
 - 2. Increased volunteer and agency-based specialized transportation services and greater involvement in transportation planning for seniors.
 - 3. Healthcare initiatives including a medication assistance program and medical ID bracelets.
 - 4. Consolidated information sources for consumers and decision-makers including the SeniorNavigator database and consultations with local planners regarding issues facing older adults.
 - 5. Owing to the path forged by the Aging Together Partnership, the RRCSB-AAA was selected as a pilot site for Virginia's No Wrong

Door initiative which aims to establish Aging and Disability Resource Centers across Virginia.

6. Workforce development initiatives, including a Healthcare Institute, awards for outstanding health care professionals and further development of volunteer opportunities.
 7. The Aging Together Partnership has been recognized for its leadership:
 - a. In November 2006, Governor Tim Kaine presented Aging Together with Senior Navigator's Community Spirit Award.
 - b. The Virginia League of Social Services Executives recognized Aging Together with its Spirit of Collaboration Award.
 - c. The Commonwealth Council on Aging selected the Partnership for its Best Practices award in the areas of partnership and collaboration.
3. **Nutrition/Transportation** services operate five senior centers, home delivered meals, volunteer programs and a comprehensive transportation network for RRCSB-AAA services.
- a. Nutrition Programs
 - i. Overall participation levels in both congregate and home delivered meals increased by 10%.
 - ii. Fundraising initiatives coordinated between staff, volunteers and participants generated \$52,000, a 30% increase from the previous year .
 - iii. A Senior Center orientation handbook was developed and distributed to all programs.
 - b. Central Foodservice Operations
 - i. Production increased in response to growth demands from sites. This increase was supported without any increase in staff.
 - ii. Foodservice catering was increased with revised menus and a new price list. This activity is consistently getting high praise and has become a new source of supporting revenue for overall foodservice operations.
 - c. Retired Senior Volunteer Program (RSVP)
 - i. The number of active volunteers in the program increased by 12%
 - ii. 34,101 volunteer hours of service were performed at 60 volunteer stations. Successful outcomes included a positive community impact from projects such as the Culpeper Regional Hospital Thrift Store, St. Stephen's Church Food Closet, Adult Day Care Center, and two senior citizens assistance projects—the RSVP Volunteer Driver Program and administrative support for the Aging Together Partnership.
 - iii. The Volunteer Driver Program was expanded with the addition of VOLTRAN (Volunteer Transportation) in Fauquier County. Overall, RSVP provided 924 trips totaling 39,012 miles for seniors in need of transportation.

- iv. Collaboration with the Piedmont United Way Volunteer Center resulted in all RSVP stations being entered into the 1-800-Volunteer website. Additionally, the two agencies co-sponsored a well-attended Presidential Volunteer Service Award ceremony in April, 2007.
- d. Transit
 - i. The Department was successful in obtaining \$108,000 in competitive funding from the Department of Rail and Public Transportation for three, 14-passenger lift-equipped vehicles.
 - ii. Passenger miles for transit operations increased by 9%.
 - iii. Close management of fee revenues for eligible transit operations resulted in a 14% increase for this revenue source.
 - iv. A new, modern radio dispatch system was researched, specified and purchased. This new system resolved standing problems with significant communication gaps in transit / dispatch communication ability resulting in a safer, more effective transit dispatch and communication system.

4. Administrative Services Operations

- a. Workers Compensation: Twenty claims for benefits were made in Fiscal 2007, up from 18 in Fiscal 2006. Of these claims five (5) resulted from interactions with consumers, four (4) from slips and falls, six (6) from pulling or lifting, and five (5) were the result of other miscellaneous activities.
- b. Recruitment: Ninety-six positions were advertised for a total of \$91,241 for a per position recruitment cost of \$950.43, down from \$1,038 for Fiscal 2006. Several initiatives have been successfully launched this year to improve recruitment activity. These are increased online advertising for certain positions and a practice of leaving positions open until filled. Both of these have created improved applicant pools and greater hiring flexibility for supervisors.
- c. An Employee Appreciation Program was initiated with the funding of a Holiday Card and a \$30 gift card for all employees to a local grocery chain.
- d. All employees received a comprehensive compensation and benefits summary document providing details on actual compensation and the value of fringe benefits.
- e. Successful preparation for and implementation of Community Consumer Submission (v.3). This is a comprehensive data system used to document consumer service and demographic data to major funding sources.
- f. Preparation and distribution of individual-based client service reports for providers in key reimbursement areas of day rehabilitation services, case management and residential enabling more accurate monitoring of reimbursement activity.
- g. Leadership of agency Data Quality Workgroup with a focus on data integrity and problem solving in a collaborative manner.
- h. Significant improvements to overall physical appearance in outpatient clinics with new floors and paint for all three outpatient centers.

Services Provided

<u>Mental Health</u>		
<u>Service</u>	<u>Individuals Served</u>	<u>Service Amount</u>
Behavioral Healthcare Services - Outpatient and Emergency Services	3252	27200 hours of counseling, psychiatric evaluation and treatment for all ages.
Case Management	574	13532 hours of services to children and adults
Psychosocial Rehabilitation	72	35054 hours of services to adults with mental illness
Supported Living	34	8758 hours supporting adults in their own apartments
<u>Mental Retardation</u>		
<u>Service</u>	<u>Individuals Served</u>	<u>Service Amount</u>
Case Management	305	9360 hours supporting adults with mental retardation, 43 more persons than prior year
Supervised Living	43	14440 hours supporting adults in RRCSB-operated group homes.
Supported Living	30	8686 hours supporting adults with mental retardation in their own apartments.
Infant/Toddler	284	8335 hours of service to infants with developmental delays and their families. 3000 more hours and 20 more infants than prior year
Day Rehabilitation (Bridges)	94	102269 hours of habilitation services for adults with mental retardation.

<u>Substance Abuse</u>		
<u>Service</u>	<u>Individuals Served</u>	<u>Service Amount</u>
Behavioral Healthcare, Outpatient and Emergency	635	4045 hours of services for adults with primary substance abuse in need of evaluation and treatment - 117 more persons than prior year

<u>Substance Abuse</u>		
Case Management	391	654 hours providing support and linkage to services
Women's Programs	57	6403 hours of service to women in need of intensive day treatment services
Residential Treatment Boxwood	479	10680 bed days of services to the region for residential treatment

<u>Aging</u>		
<u>Service</u>	<u>Individuals Served</u>	<u>Service Amount</u>
Advocacy	1018	3132 contact hours for seniors seeking assistance and support. 95 more seniors from prior year
Adult Day Care	7	3870 hours of adult day care services
In-Home Personal Care	24	6752 hours supporting seniors in their homes
Senior Centers	389	24323 meals in center with the provision of socialization, recreational and educational programs
Home Delivered Meals	255	35553 hot and frozen meals delivered to senior in the region
Volunteer Services	366	39533 hours of volunteer services to RRCSB-AAA and the community at large
Transportation Services	1,579,620 Miles	Transport to and from RRCSB-AAA programs, 85,882 over prior year

Consolidated Financial Data¹

¹ Unaudited - Report consolidates information from both State and Federal fiscal years.

Revenue Sources

<u>Source</u>	<u>Amount</u>	<u>Comments</u>
State of Virginia	\$4,489,501	* See description of changes below
All Local Sources	1,101,292	
Fees for Services	6,891,767	
Federal Funds	1,998,034	
Other Sources	875,760	
Other Transfers	2,917,188	
Grand Total	\$18,273,542	

- Overall revenue up \$2,008,795 from Fiscal 2006. Major factors:
 - \$630,000 Mental Health Transformation Funding / Services
 - \$417,296 new reimbursement revenue
 - \$52,000 Teen Suicide Prevention Grant
 - \$151,000 State General Funds – DMHMRSAS
 - \$271,000 Robert Wood Johnson Foundation – Fiscal Agent
 - \$41,000 Transportation Revenue / Logisticare

Expenditures

<u>Source</u>	<u>Amount</u>	<u>Comments</u>
Personnel	\$11,505,271	\$931,291 over prior year, 3% COLA adjustment and increased health insurance
Staff Development	58,823	
Facility Expense	1,276,818	
Equipment / Supplies	1,495,294	
Travel / Transportation	607,522	
Professional Services	1,050,490	
Other	385,546	
Sub-Total	\$16,379,764	
Admin + Food Service	1,859,413	
Transportation	514,623	
Aging Services	45,587	
Sub-Total: Transfers	\$2,419,623	

<u>Source</u>	<u>Amount</u>	<u>Comments</u>
Grand Total	\$18,799,387	
Grand Total Revenues	\$18,273,542	
Grand Total Expenditures	\$18,799,387	
Revenues – Expenditures	(\$525,845)	

Corporate Compliance

1. Risk Management

- a. **Health and Safety:** During Fiscal 2007 staff reported 340 incidents through the RRCSB-AAA incident reporting processes for significant events. This is 37 fewer events than reported in Fiscal 2006. A Health and Safety Workgroup with representatives throughout the organization meets quarterly to review data and receive training. Reports and recommendations are provided to senior management and the Board of Directors every two months. In Fiscal 2007 the following initiatives have been identified as needs and completed.
 - i. Expanded new employee orientation with increased training in areas of health, safety and accessibility.
 - ii. Developed and implemented a new Community Based Services Safety Handbook
 - iii. Developed and implemented a new Vehicle Safety and Emergency Handbook
 - iv. Workplace Violence Prevention protocol developed with supporting materials, training and post-test.
 - v. Additional training and revised procedures for medication administration practices in one residential program where error rates were problematic.
- b. **Accessibility:** One accessibility complaint was received during the year regarding physical accessibility at one of our Behavioral Healthcare offices. Modifications were made to address the complaint. Other initiatives addressed regarding accessibility were:
 - i. Human Rights and certain program education materials were placed in plain language and picture formats.
 - ii. A guide instructing staff how to obtain interpreter services was developed and distributed to supervisors.
 - iii. A Senior Center Handbook was developed and distributed incorporating large print and plain language formats.
- c. **Reports to Regulatory Agencies:** Fourteen reports (0 – Serious Injuries, 14 – Deaths) were reported during Fiscal 2007. Four of the fourteen deaths were suspected suicides. These cases were reviewed by both QA and clinical staff.

The other ten reported deaths were from natural causes or accidents in the community.

2. Consumer Affairs and Human Rights

- a. Staff Training: Based on recommendations made last year, comprehensive Human Rights training was reintroduced to an expanded, multiple-day orientation session for all new employees. This year there have been 22 training events provided to 227 employees. The expanded orientation process covers critical areas for all new employees and is conducted by both QA and Human Resources for all new employees and interns in the agency. Specialized Human Rights training has also been provided to In-Home Services, residential services and Visions psychosocial rehabilitation program.
- b. Complaint Handling: In Fiscal 2007 two formal and four informal complaints were successfully handled. This represented a reduction from last year's report of thirteen informal and five formal complaints.
- c. Investigations: In Fiscal 2007 there were 48 allegations of abuse and neglect, 14 founded, 33 unfounded, and 1 undetermined. A significant number of these came from two programs; Remington group home – 18, and Orange Bridges – 14. A significant investigation at Remington resulted in program and staff changes. The investigation at Bridges brought about program changes for some consumers as all of the allegations were peer to peer in nature.
- d. Privacy: The agency Privacy Officer handled ten record subpoenas and twenty witness subpoenas this year continuing the upward trend for this activity over prior years. In addition, the Privacy Officer handled 27 non-routine requests for information either directly or in collaboration with other treatment providers.
- e. Referral Source, Stakeholder and Consumer Satisfaction
 - i. Senior Center and Home Delivered Meals satisfaction
 1. In January, 2007 volunteers at each of the five county Senior Centers administered a "Quality Assurance Questionnaire" to senior program participants. A total of 127 surveys were completed, representing 57% of the active program participants. In March, a similar survey was mailed to Home Delivered Meal recipients, with 67 responses.
 2. The Senior Center survey questions addressed the following factors: Feeling welcome, staff quality, appearance, transit, and meal quality. The Home Delivered Meals survey addressed courtesy, delivery time, preparation, variety, ability to eat, hot meal quality, frozen meal quality.
 3. The majority of the responses were in the "good" to "excellent" range.
 - ii. RRCSB-AAA Employee Survey
 1. A formal survey was conducted with all RRCSB-AAA employees. Results, supporting data and outcomes of the survey are being

reported and used in Fiscal 2008 and will be reported in next year's annual report. Results have been shared with all staff and the Board of Directors. Outcomes are being used by the Workforce Development group to address priorities and will be reported next year.

- iii. The Visions psychosocial program conducted two internal surveys using tested models. Results of both surveys demonstrated a high level of benefit and satisfaction from the program (80%).
 - iv. In Fiscal 2007 Mental Health, Mental Retardation and Aging case management completed 875 Quality of Life Surveys. This survey captures information in the areas of physical health, relationships, social life, living situation and overall life satisfaction. 82% reported agreement with being satisfied with life overall. A consistent positive correlation was found between overall life satisfaction and time in service.
3. Regulatory Compliance: One RRCSB-AAA residential program was placed in provisional licensing status following an internal investigation that was reported to the Department of Mental Health, Mental Retardation and Substance Abuse Services. Corrective measures were developed and implemented and full licensing status was reinstated. All other programs of the Board maintained full licensing status during Fiscal 2007.
4. Quality Record Reviews:
- a. 239 records were randomly pulled and screened with audit findings provided to direct staff and supervisors. Problem patterns were identified in the following areas:
 - i. Record assigned to providers who are no longer employed by the agency due to a failure to update the IT database.
 - ii. Record not located in designated location in the clinic and not properly signed out due to inconsistent record handling practices in outpatient programs.
 - iii. Record failed review due to no activity within required 90-day timeline.
 - iv. Record failed to have a primary staff assigned due to lack of information in IT database.
 - b. Based on the consistency of these findings and need for corrective actions, record review reports and collaboration for system corrections have been moved to the agenda of the Data Quality Workgroup. In addition to working on system solutions to these issues, the work group will also develop appropriate tie-in to reimbursement and the Organizational Compliance policy. These are work group tasks for Fiscal 2008.
5. Corporate Compliance Summary
- a. A formal Organizational Compliance policy was developed and approved in Fiscal 2007. The primary provisions of the policy and expectations of all employees have been communicated. Training on this policy has also been included in new employee orientation. The principle aim of the policy is meeting the requirements of the Deficit Reduction Act and assuring integrity between

services provided and services billed. The record review process is also being modified to address aspects of this policy.

Performance Analysis and Outcomes for 2007

1. Service level and budget projections for programs
 - a. An 85% goal was established to achieve overall performance for service delivery and fee (budget to actual). This overall performance goal was met by most major activities of the organization. Lower percentages in Aging are based on problems recruiting Personal Care Aides in certain parts of the locality.
 - i. Reimbursement performance:
 1. Mental Health: 91%
 2. Mental Retardation: 94%
 3. Substance Abuse: 107%
 4. Aging: 77%
 5. Transportation: 99%
 - ii. Service level performance:
 1. Mental Health: 84%
 2. Mental Retardation: 92%
 3. Substance Abuse: 114%
 4. Aging: 76%
 5. Transportation: NA
2. Community Integration – RRCSB residential programs strive to help consumers be involved in the life of their communities as much as possible. In FY 2006, 76% of consumers met the community integration goals they planned for the year, which represents a 4% increase over the last year. Consumers enjoyed a wider range of expanded choices in community integration opportunities, such as multiple options for recreational events and vacations.
3. Service wait time for Visions psychosocial program was identified as a priority at the beginning of the year. At year end wait time for the service had been reduced to no more than eight days, an improvement of 23 days over the previous average of 31.
4. Community Integration activities at the Bridges day programs were to occur on schedule no less than 80% of the time. In Fiscal 2007, Fauquier Bridges had a 95.83% success rate; Orange Bridges had a 91% success rate.
5. All Bridges consumers had a goal to attend no less than 3 Community Integration activities of their choice each month. In Fiscal 2007, Fauquier Bridges had a 92% success rate; Orange Bridges had a 79.7% success rate.
6. During Fiscal 2007 the agency continued developing a framework for an Outcomes Management System. The Outcomes Work Group finalized a standardized reporting format for outcomes measures. As planned, the initial steps in this process have been taken. Standardized outcomes reporting has been at least partially implemented in the two program slated for accreditation. Other programs have developed outcomes measures and made initial reports using the outcomes reporting forms.

Many of the individual programs of the RRCSB-AAA maintain individual annual reports that are available to interested parties. Additional information is available to any interested party by contacting:

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