RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD

May 20, 2025

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

AGENDA

I. Call to Order, *Beebe*

II. *Minutes, Board of Directors, April 15, 2025, *Beebe* 3

III. *Minutes, Strategic Plan Work Group Meeting, May 12, 2025, *Beebe* (handout)

IV. Public Comment, *Beebe*

V. Employee Service Awards, *Wickens*

A. Five Years:

1. Melinda Moore, Special Educator, PEID
2. Melissa Scott, MH Nurse RN, Outpatient, Fredericksburg

B. Twenty-Five Years:

1. Tiffany Williams, Asst. Group Home Manager, Merchant Sq.

VI. Board Core Behaviors, *Parcell*.....11

VII. Tour of Mobile Response Unit (MRU), *Sanders & McNeil*

VIII. Program Reports

A. Community Support Services

1. Program Update, *Jindra*.....12
2. DRPT Grant Award, Jindra 15
3. Sunshine Lady House Utilization, *Jindra*.....17
4. Residential Vacancies, *Jindra*.....19
5. Myers Drive Respite Update, *Jindra*.....21
6. Kovar Grant Update, Myers Drive, Jindra.....23
7. Ross Drive ICF Recertification Survey, *Jindra*.....24

B. Clinical Services

1. Program Update, *Kobuchi*.....26
2. State Hospital Census, *Kobuchi*.....29
3. ES ECO/TDO, *Kobuchi*.....31
4. ES Crisis Intervention Team and Co-Response, *Kobuchi*.....33

*Requires Board Approval

*Requires Board Approval

April 2025 Board of Directors Meeting Minutes

I. CALL TO ORDER

A meeting of the Board of Directors of the Rappahannock Area Community Services Board was held on April 15, 2025, at 600 Jackson Street and called to order by Chair, Nancy Beebe at 3:00 p.m. *Attendees included*: Claire Curcio, Jacob Parcell, Matthew Zurasky, Bridgette Williams, Shawn Kiger, Carol Walker, Greg Sokolowski and Ken Lapin. *Not Present*: Glenna Boerner, Susan Gayle, Sarah Ritchie, and Melissa White.

II. MINUTES, BOARD OF DIRECTORS, **March 18, 2025**

The Board of Directors approved the minutes from the March 18, 2025 meeting.

ACTION TAKEN: The Board approved the March 18, 2025 minutes.
Moved by: Mr. Matt Zurasky
Seconded by: Ms. Claire Curcio

III. MINUTES, BOARD OF DIRECTORS STRATEGIC PLAN WORK GROUP, **April 7, 2025**

The Board of Directors approved the minutes from the April 7, 2025 meeting.

ACTION TAKEN: The Board approved the April 7, 2025 minutes.
Moved by: Ms. Bridgette Williams
Seconded by: Mr. Jacob Parcell

IV. MINUTES, BOARD OF DIRECTORS STRATEGIC PLAN WORK GROUP, **April 14, 2025**

The Board of Directors approved the minutes from the April 14, 2025 meeting.

ACTION TAKEN: The Board approved the April 14, 2025 minutes.
Moved by: Mr. Ken Lapin
Seconded by: Ms. Bridgette Williams

V. PUBLIC COMMENT

No Action Taken

VI. SERVICE AWARDS

Mr. Joe Wickens recognized all employees with awards:

5 years

Stacey Broughton, Developmental Services Support Coordinator
(not in attendance)

30 years

Sherrie Johnson, Licensed Child & Adolescent Therapist

VII. Employee Recently Licensed, Kristyn Hunter, Child & Adolescent Therapist, Spotsylvania Clinic

VIII. Employee of the Quarter, Brandon Ashby, Direct Support Professional, RAAI, Kings Highway

IX. BOARD CORE BEHAVIORS, *Mr. Jacob Parcell*

Mr. Parcell asked the Board to keep the core behaviors in mind throughout the discussions.

X. PRESENTATION: BENEFITS RENEWAL - THE USI ONE ADVANTAGE: Mr. Scott Flora and Mr. Greg Snow from USI gave an overview of the agency's health and dental plans and contributions. The made the following recommendations:

A. Renew Anthem self-funded program with no change to contributions. Remove 4th tier of prescription drug program and have all prescriptions fall into on of the three copay tiers.
B. Renew the Symetra stop loss reinsurance at current level of $125,000 specific and 120% aggregate level.
C. Renew the Delta Dental self-funded dental program with no change to benefits or contributions. Add Special Health Care Needs benefit at no additional cost.

XI. PROGRAM REPORTS

A. COMMUNITY SUPPORT SERVICES, *Ms. Amy Jindra, Mr. Steve Curtis & Ms. Allison Standring*

1. **Myers Respite Update** – Mr. Curtis went over some of the challenges for Myers Drive over the last quarter, January through March, to include weather and attrition. They also lost their program supervisor in March, who went to work for DBHDS. Overall, the Myers Respite team continues to implement improvement strategies to enhance the program's effectiveness, increase revenues, and manage expenses while also committing to offering valued services to individuals in our community.
2. **Part C Midyear** – Ms. Standring took the Board through our Part C Mid-Year Fiscal Report for State Fiscal Year 2025.
   Although the program is operating at a deficit, DBHDS required the local system to change report to reflect that revenue from other programs were being used to cover the deficit, resulting in a balanced-budget report. RACSB wanted to ensure that the Board of Directors had transparency with the report.
   Mr. Zurasky said it might be a good idea for the Board to have some examples of how DBHDS has recreated the program when a CSB has pulled out as the local lead agency, this way we can assess what that impact would be to our community. He said he is certainly not proposing we stop this service; he would just like to see what it might look like without us. We need to be able to present data around the return on investment of the service if we were to ask localities or other funding sources for additional financial support. Mr. Wickens clarified that this is just an information gathering exercise. Mr. Zurasky confirmed. Mr. Zurasky also wanted to know if we could quantify the increased costs specific to the requirements related to Trac-It. Ms. Beebe asked when we could expect the information to be presented to the Board. **Mr. Wickens said we are evaluating every program but that we could get this specific information on Early Intervention to the Board by June.**

3. **Sunshine Lady House** – Ms. Jindra said they received 44 prescreens for the month of March and the acceptance rate was 80%. One individual was declined due to recent violent behavior. There were eight individuals who, due to their initial medical assessments, Rappahannock Creative Health Care referred them out for additional medical clearance. They had no individuals participate in medically-managed detox this month.
4. **Mental Health and Developmental Disabilities Residential Vacancies** – Ms. Jindra shared that during the month of March, Mental Health and Developmental Disabilities Residential programs experienced changes in program enrollment and vacancies. Programs actively seek referrals from support coordination, case management, hospital liaisons and other community members. Permanent Supportive Housing has a total of 91 available placements. Currently, the program has housed 67 formerly homeless individuals.
5. **B101.5 Radio Kindness Grant** – Ms. Jindra announced that the RAAI program was selected as the first recipient of $25,000 as part of the Centennial Broadcasting $100K of Kindness Initiative.

B. CLINICAL SERVICES, *Ms. Jacque Kobuchi, Ms. Donna Andrus*

1. **Program Update** - Ms. Kobuchi gave highlights of her programs. She said that several programs noted success stories and compliments they received this past month.
2. **State Hospital Census Report** -Ms. Kobuchi shared that there are currently two individuals on the Extraordinary Barriers List. They have 37 individuals that are at state hospitals receiving treatment.
3. **Emergency Custody Order (ECO)/ Temporary Detention Order (TDO) Report – March 2025**. Ms. Kobuchi stated that Emergency Services staff completed 195 emergency evaluations in March. Fifty-seven individuals were assessed under an emergency custody order and sixty-four total temporary detention orders were served. Staff facilitated two admissions to Western State Hospital. A total of five individuals were involuntarily hospitalized outside of our catchment area in March. The alternative transportation contract ended on 3/15/25. Data reports submitted.
4. **CIT and Co-Response Report**- Ms. Kobuchi reported that the CIT Assessment Center served 17 individuals in the month of March. She took the Board through a chart indicating the number of Emergency Custody orders by locality, those that were able to be transferred into CAC custody, and those who could have used the assessment center if there was additional capacity. The Co-Response Team served 20 individuals in March. The therapist for the Fredericksburg team remains vacant. Stafford therapist position has been filled. RACSB held a Train the Trainer Class and 5 attendees were newly certified as CIT Instructors.
5. **Outpatient Waitlist and Same Day Access** – Ms. Kobuchi stated that all waitlists were resolved in the month of March and all clinics are providing intakes through Same Day Access. Data report submitted showing a gradual incline in Same Day Access for the month of March.
6. **C&A Case Management Residential Placement Quarterly Report** – Ms. Andrus presented third quarter data for the number of out of home placements, number of admissions, number of discharges, length of stay information and number of cases per locality.

C. COMPLIANCE, *Ms. Stephanie Terrell*

1. **Program Update** - Ms. Terrell provided her program update to the Board for March 2025.
2. **Quality Assurance Report** –Ms. Terrell stated the Quality Assurance staff completed chart reviews for the following programs: *Substance Abuse Case Management (SACM) Fredericksburg*: Discrepancies noted with Assessments, Quarterly Reviews, Progress Notes; the average score increased from 93 to 94 on a 100-point scale. *Substance Abuse Outpatient (SAOP) King George:* Discrepancies noted with Individual Service Plans, Quarterly Reviews, Progress Notes, average score increased from 64 to 68 on a 100-point scale. *Rappahannock Adult Activities, Inc (RAAI) Kings Hwy:* Discrepancies noted with Individual Service Plans, the average score increased from 92 to 99 on a 100-point scale.
3. **Licensing Reports** – Ms. Terrell said we received two licensing reports. One report related to late reporting of a serious incident into the DBHDS Computerized Human Rights Information System (CHRIS) at Spotsylvania Mental Health Outpatient Clinic and the other related to a human rights allegation at Stonewall Estates Group Home. Submitted Corrective Action Plans provided additional details regarding the citation and RACSB's response.

   The Board moved to approve the Licensing Reports
   ACTION TAKEN: The Board approved the Licensing Reports
   Moved by: Mr. Ken Lapin
   Seconded by: Ms. Claire Curcio

D. COMMUNICATIONS, *Ms. Amy Umble*

1. **Program Update** – Ms. Umble referred to her program update and had one correction to make under "Community Engagement". Jen Acors did not give the presentation on Medicaid Waivers at the Fredericksburg Area Transition Counsel Event, it was Tameika Bradley. Ms. Umble also highlighted the upcoming events at RAAI as well as the Art of Recovery.

E. PREVENTION, *Ms. Michelle Wagaman*

1. **Program Update** – Ms. Wagaman referred to her update and said they delayed implementation of teenMHFA at James Monroe High School given the events of last week. They are moving forward with the implementation of Caroline High School teenMHFA as well. April is Child Abuse Prevention Month so Healthy Families is hosting a diaper drive along with some other events. Next Friday, there is a live jazz performance at Hillcrest United Methodist Church, all of the funds raised go to Healthy Families.
2. **Prevention Dashboard** - Ms. Wagaman provided the prevention dashboard for FY2025.

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

F. FINANCE, *Ms. Sara Keeler*

1. **Program Update** – Ms. Keeler provided her program update.
2. Ms. Keeler reviewed the Summary of Cash Investments and Health Insurance.
3. Ms. Keeler reviewed the Summary of Investments.
4. Ms. Keeler reviewed the Fee Revenue Reimbursement and Collections.
5. Ms. Keeler reviewed the Write-Off Report.
6. Ms. Keeler reviewed the Payroll Statistics.
7. Ms. Keeler reviewed the Financial Summary.

The Board moved to approve the financial summary.
ACTION TAKEN: The Board approved the financial summary.
Moved by: Mr. Matthew Zurasky
Seconded by: Ms. Susan Gayle

G. HUMAN RESOURCES, *Ms. Katherine Grove*

1. **Program Update** – Ms. Grove briefly reviewed the program highlights.
2. **Applicant and Recruitment Update –** Ms. Grove noted that for the month of March, RACSB received 382 applications. Of the applications, 76 applicants listed the RACSB applicant portal as their recruitment source, 42 stated employee referrals as their recruitment source and 264 listed job boards as their recruitment source. At the end of March, there were 28 open positions, 23 full-time, 5 part-time. Mr. Zurasky asked that of the 382 applications were they all applying for the same position. Ms. Grove said no, it was spread out amongst the 28 positions. Mr. Zurasky then asked if we were getting the right number of applicants for those positions. Ms. Grove said we are getting a good number of applicants for those positions. Ms. Brandie Williams added that HR has been good about providing the leadership team with that information by position of how many applications each position has had in the last thirty days. HR is also trying to start teasing out, of those, how many were actually qualified to apply for the job. The HR department provides this information to Executive Team each week.
3. **Turnover Report** – Ms. Grove shared that HR processed a total of 10 employee separations for the month of March. Of the separations, 7 were voluntary and 3 were involuntary. Ms. Bridgette Williams asked the reason why the staff resigned. Ms. Grove said most of them went onto other job opportunities.
4. **Benefits Recommendations for FY2026 –** Ms. Williams took the Board through the comprehensive benefits package for employees that has been reevaluated. Each year, the Executive Leadership Team evaluates benefit experience and offerings to expand and strengthen our benefit portfolio. RACSB leadership made recommendations for the Board of Directors' consideration regarding the pharmacy plan adjustment, dental plan additional special health care benefit, voluntary plan additions, Roth investments, employee assistance program increase of visits, YMCA Benefit, and Tickets at Work discount program. One exception to the report included in original package was the recommendation to pursue voluntary life insurance with Colonial Life and not CHUBB as indicated. CHUBB was unable to adjust broker commission to meet

the expectation of the RFP.

The Board moved to approve the Benefits Recommendations for FY2026
ACTION TAKEN: The Board approved the Benefits Recommendations
Moved: Ms. Claire Curcio
Seconded: Ms. Carol Walker

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

1. **Program Update** – Ms. Williams shared that they are moving forward with the work on the new data exchange. Netsmart continues to have challenges in meeting both DBHDS and CSB expectations. They have not yet executed the required design exceptions document and have continued to bring up barriers to timely implementation. Ms. Williams is working very closely with DBHDS to address these concerns. Netsmart has been identified as the only vendor at risk for the project.
2. **Legislative Updates and Priorities–** Ms. Williams said that this update is given because much of what we do is impacted by changes in regulations and political decisions. Normally, this time of year she gives her wrap up presentation for the year because the General Assembly session is over and typically, we have ideas about the budget. This year, you will be receiving legislative updates every month due to the frequency of changes occurring that we need to keep an eye. We need to make sure there is transparency on impacts to our agency. She then presented on the Governor's Action on legislation of interest; Items of note from the Governor's Budget actions; Impacts of recent Federal-level actions; and Future impacts of potential Federal-level actions.
3. **Strategic Plan Update –** Ms. Williams took the Board through the Step 2: Stakeholder Input and SWOT Analysis Presentation. She thanked the Board members who have participated thus far in the planning meetings and said she looked forward to the next steps and reviewed the strategic plan project outline and timeline. She said that the planning committee will now shift to Step 3 to developing out and focusing on what are our key strategic performance areas and our key strategic overarching goals. Mr. Zurasky said interactions with our governments needs to be added to the weaknesses section. Ms. Williams confirmed that was important and that it would be added to the discussion.
4. **Individuals Served by Locality** –Data was submitted for Mental Health, Intellectual Disability, and Substance Abuse Services for Individuals Served by Locality between July 1, 2024 – March 27, 2025 in order to provide a level of transparency to various other localities and to prevent on-going ad hoc requests.

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

A. Mr. Wickens shared a draft Community Outreach Funding Agreement for the Board's review. It covers the desire of the city to have persons knowledgeable with respect to available homeless services in the area to provide outreach to the homeless persons, especially those experiencing behavioral health concerns within the area, in an effort to meet goals of the city and reduce the number of unhoused persons in the area.

RACSB is willing to partner with the city to provide a community outreach case manager that will be funded by the city. Ms. Curcio asked about the two people we already have working at Micah. Ms. Jindra said this position would not be limited to the SMI population. Mr. Parcell said that under Position Objectives under Exhibit A the sentence should read: *Provide navigation to individuals experiencing homelessness to enable them to access stable housing,* ***mental health services and substance use services.*** Ms. Beebe asked who the position would report to. Mr. Wickens said the position would report to Community Support Services under Permanent Supportive Housing (PSH). They will be the RACSB's permanent employee. Ms. Jindra added that we do not want to hire someone we cannot continue to fund and should the city pivot, Permanent Supportive Housing has the funding to absorb this position, if needed.

Mr. Lapin suggested to add Mr. Parcell's additions of mental health services and substance use services to the second bullet point instead of the first. Mr. Parcell agreed. Ms. Jindra said she would add developmental disabilities as well to the text.

The Board moved to approve the Community Outreach Funding Agreement with the above-mentioned edits.

ACTION TAKEN: The Board approved the Community Outreach Funding Agreement
Moved: Ms. Claire Curcio
Seconded: Mr. Jacob Parcell

XIII. BOARD TIME

A. Mr. Parcell, thank you for the reports, and for the hard work on the strategic plan work group, thank you for engaging the Board, good results so far.
B. Ms. Curcio said thank you for involving us in this strategic planning process and for the strength of the leadership team.
C. Ms. Walker, thank you, I appreciate your transparency, you're looking ahead, being realistic about our situation federally and statewide, and appreciate the realism.
D. Mr. Kiger, thank you for all that you do, I'm looking forward to this new position for the homeless that can make a big difference.
E. Ms. Beebe said thank you, and that this new position could go to the other jurisdictions too.
F. Mr. Zurasky thank you for the reports and for digging deeper into the financial reports, and appreciate the recommendations for the health coverage, and also, I do recognize the stress of the staff and we are trying to do what we can for that.
G. Mr. Lapin thank you for all that you do.
H. Mr. Sokolowski, I believe the staff we have are second to none here in the state, so thank you.

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

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

It was moved by Mr. Lapin and seconded by Mr. Zurasky that the Board of

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

The motion was unanimously approved.

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

A roll call vote was conducted:

Claire Curcio – Voted Aye
Nancy Beebe – Voted Aye
Shawn Kiger – Voted Aye
Greg Sokolowski – Voted Aye
Jacob Parcell – Voted Aye
Matthew Zurasky – Voted Aye
Ken Lapin – Voted Aye
Carol Walker – Voted Aye
Bridgette Williams_ Had to leave prior to certification

The motion was unanimously approved.

XV. ADJOURNMENT

The meeting adjourned at 7:19 PM.

_____ _____

Board of Directors Chair Executive Director

Board Core Behaviors

Open and Honest
Communication

Ask
Tough Questions

Next Level
Decision Making

Community Support Services Program Updates

May 2025

Assertive Community Treatment (ACT) - Sarah McClelland

On Tuesday, April 22, specific members of the ACT team met with Delegate Joshua Cole to discuss challenges with Medicaid Spend Down processes and procedures in an effort to best serve our individuals that are just over the Medicaid income limits. This discussion was well received by the staff and Joshua Cole listened intently to our concerns regarding the systemic barriers to assisting our seriously mentally ill population.

The entire ACT staff enjoyed the company-wide RACSB in-service held on Wednesday, April 23 at Salem Fields Church. We heard Joe Wickens speak to the entire agency and enjoyed various speakers and topics throughout the day. The weather was beautiful and it was nice to sit outside with one another for lunch.

Perhaps the biggest accomplishment this month involved assisting an individual from moving out of a motel where he had been living permanently in deplorable conditions for quite some time to an apartment. This was done with collaboration of the Permanent Supportive Housing program. This was a huge success and the individual is much happier in his new home.

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

We are currently supporting 113 individuals. Four additional individuals have start dates set in the next 60 days and 3 individuals are ending their assessment period and moving from 3 days a week up to 5. We currently have 12 positions frozen that have been vacated by staff and transferred 4 staff internally to other RAAI locations to better balance staffing ratios. RAAI closed for RACSB Inservice and all our staff were able to attend; enjoying the wide variety of sessions available. Plant Sale and spring workshops continue to see increased traffic due to the publicity from B101.5 as part of the grant we are receiving. Luncheon 5/1 to receive check for RAAI Horticulture. RAAI hosted a RACSB employee engagement event 4/10 to make Hopestarter T shirts for employees.

Developmental Disabilities (DD) Residential Services - Stephen Curtis

As of the end of April, Leeland Road Group Home is officially filled to capacity. The last individual moved in on the 25th. Ross Drive also accepted an individual who moved in on April 11th. We continue to follow up with tours and assessments, reaching back out to families and support coordinators no later than a day or 2 of receipt of information that someone might be interested. We have a potential candidate for Stonewall and one for Piedmont that are currently undergoing assessment that we are hoping to be able to transition in within a month or less.

DD Residential continues to work on eliminating overtime, and has made great strides in the last 2 months by reducing the need by less than a quarter of what was being needed prior. Filling staffing vacancies, establishing expectations for dependability amongst all staff, and

salaried team members going the extra mile in planning/scheduling/creating greater efficiencies have all contributed to our success.

The DD Residential team is working with individuals on the "One Page Description", a Person-Centered Thinking tool, that is designed to learn more and get insights onto what is important to and for a person. Utilizing this discovery tool has yielded surprises to staff in learning more about individuals that they did not realize before. The intention of this exercise is to enhance the overall customer service experience of the people receiving our supports.

Myers Drive was awarded a KOVAR grant for furniture and a new portable lift in April.

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

There are currently 520 children enrolled in the program receiving a combination of services to include service coordination, speech therapy, physical therapy, occupational therapy and educational developmental services. We are scheduling 16 consistent assessments per week. We had 92 referrals in April. There are currently 15 providers on staff. We have an additional contracted Educator who is working a few hours a week and will leave us August 1. PE-ID has no open positions at this time.

Mental Health (MH) Residential Services - Nancy Price

Lafayette enrolled one individual in April and accepted another individual, who is scheduled to move into Lafayette on May 11. One resident from Lafayette also transitioned into his own apartment with Permanent Supporting Housing in April. There is currently one community vacancy at Lafayette at this time, with another resident scheduled to complete a pass to Liberty Street in May. We are currently in the process of completing assessments for the vacancy.

2 vacant transitional beds remain at Home Road. One individual from WSH completed passes and was scheduled to discharge to Home Road in April, but chose to live in a different locality. There are 2 active transitional referrals that are being assessed for Home Road.

Two individuals were housed with PSH in April. There are currently 85 individuals enrolled in PSH, 68 of which are currently housed and 17 individuals who are in the process of being housed. PSH is funded for 91 units. Per DBHDS guidance, we have paused accepting referrals, with the exception of state hospital or jail referrals, to allow the housing team to focus on housing those 17 individuals who have been accepted and need to be housed.

PSH collaborated with Micah, Louisan's Hope House and Empowerhouse, to host a Landlord Appreciation breakfast on April 17. The event allowed us to highlight the amazing landlords and community partners that we work with in PSH. In addition to landlords, we also recognized the RACSB accounting team and Cliff Ward's team at State Farm, who are integral parts in supporting the PSH program.

Psychosocial Rehabilitation: Kenmore Club - Anna Loftis

The opening night of the Art of Recovery was great. We had wonderful musical performances by local talent, including the band Trash Rocket. We brought in around $283 so far, which goes directly to all of the artists. The art will continue to be on display for the whole month, and the library staff will facilitate sales. I would encourage everyone to check out the wonderful displays and continue to make purchases until May 30. Other events planned for May include attending the free Arts and Music Festival in Williamsburg, and potentially going fishing.

Sunshine Lady House (Crisis Stabilization) - Latroy Coleman

SLH received 56 prescreens in the month of April 2025. Fifty-two guests were accepted into the program. Of the 52 accepted, only 42 admitted to the program. Five of the prescreens were denied due to medical concerns. Warmer weather has allowed guests and staff to participate with outdoor activities, such as walks and eating on the patio. Each month staff recognizes one of their peers for the outstanding work they do with guests. During staff meeting, this individual is recognized for “having the magic” and holds the house wand until the next staff meeting.

Company Name

Memo

To: Joe Wickens, Executive Director

From: Clark Thomas, Transportation Supervisor

cc: Amy Jindra, CSS Director

Date: April 29, 2025

Re: DRPT grant award

In January 2025, Clark Thomas, RACSB Transportation Supervisor, applied for Department of Rail and Public Transportation (DPRT) grant funding for five wheelchair accessible minivans. The FY 2026 FTA 5310 Grant Application requires local match of 10% of the award. In April RACSB received notification of approval for the requested funds. The agency was awarded funding for five new Chrysler Modified Minivans with Ramp (5 passengers) vans. Each van award is $77,304. RACSB pays the local matching funds of 10% per van or $7,730.40. Total 10% RACSB match is $38,652.00. The total matching funds are invoiced during the July/August 2025 timeframe. RACSB anticipates delivery in the fall of 2026. Total grant award is $386,520. The vans are assigned to Rappahannock Adult Activities Inc (RAAI) to support Community Engagement programming.

Attached is the DRPT van flyer with an image of the minivan.

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Modified Minivan with Ramp (5 Passengers)

High Roof Van with Lift (9 Passengers)

Body on Chassis Vehicle with Lift (14-, 15-, and 19-passenger; can be customized to include more wheelchair tie downs and reduce overall passenger count)

Memorandum

To: Joe Wickens, Executive Director

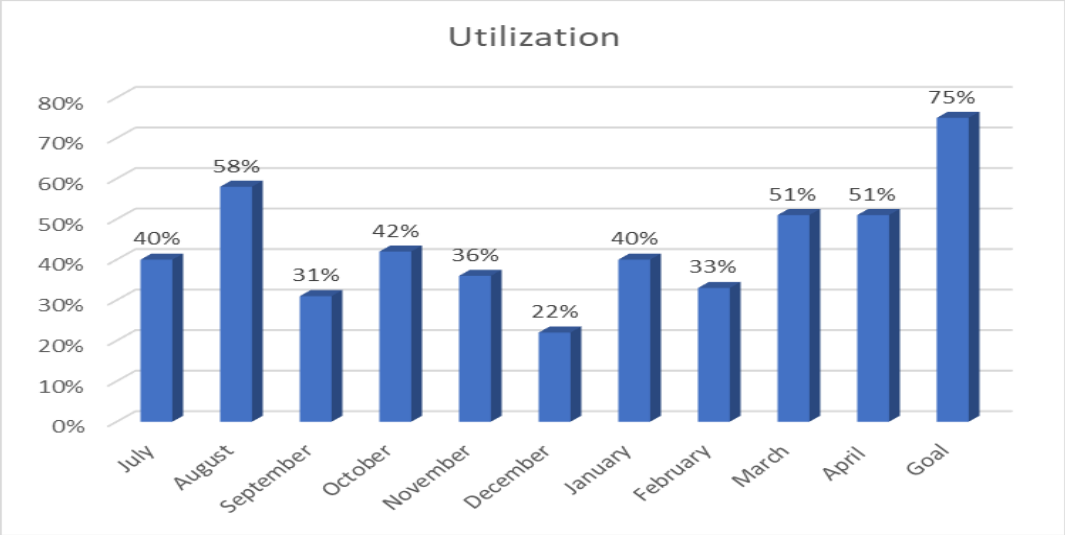
From: Amy Jindra, CSS Director

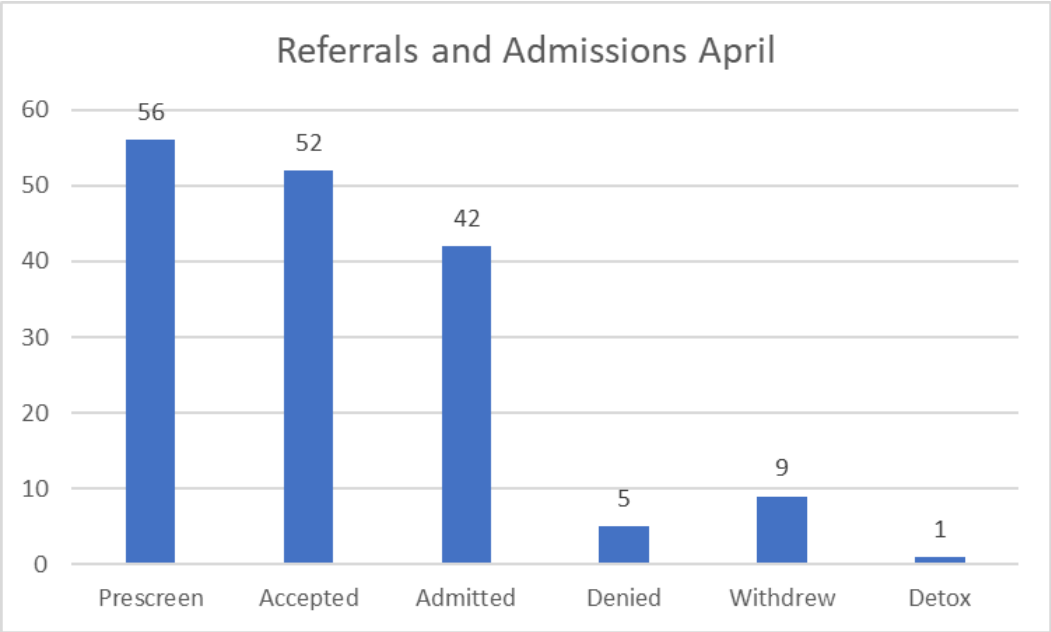
Date: May 11, 2025

Re: Sunshine Lady House Utilization

Sunshine Lady House for Wellness and Recovery, is a 12 bed, adult residential crisis stabilization unit. The program provides 24/7 access to services for individuals experiencing a psychiatric crisis. Services include medication management, therapy, peer support, nursing, restorative skill development, crisis interventions, coordination of care, and group support. The program strives to maintain a utilization rate of 75%.

Sunshine received a total of 56 prescreens during the month of April. The program accepted 52 for an acceptance rate of 93%. Of the referrals, 4 individuals needed further medical care prior to admitting to the program. Sunshine Lady House declined 1 prescreen for admission due to current violent and impulsive behaviors. In total, the program served 42 individuals for 183 days or 51% utilization. The program served 1 individual under medically managed detox for a total of 4 bed days. Sunshine received 10 of the 56 referrals from outside RACSB's catchment and admitted 3 for 17 of the 183 bed days.




Referrals and Admissions April
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Detox

Memorandum

To: Joe Wickens, Executive Director

From: Amy Jindra, CSS Director

Date: May 11, 2025

Re: Mental Health and Developmental Disabilities Residential Vacancies

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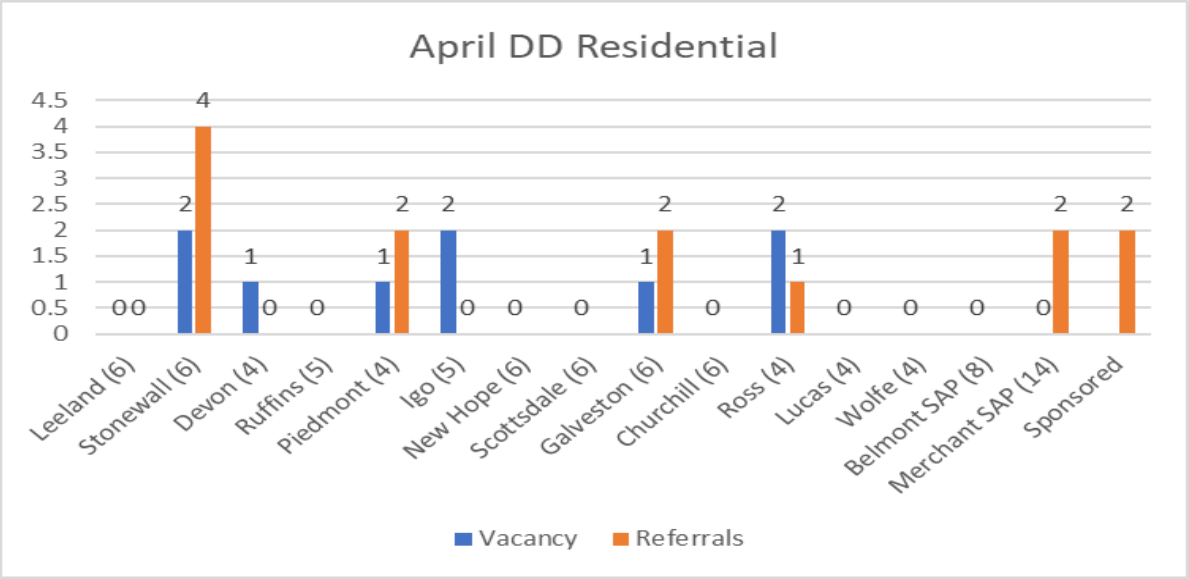
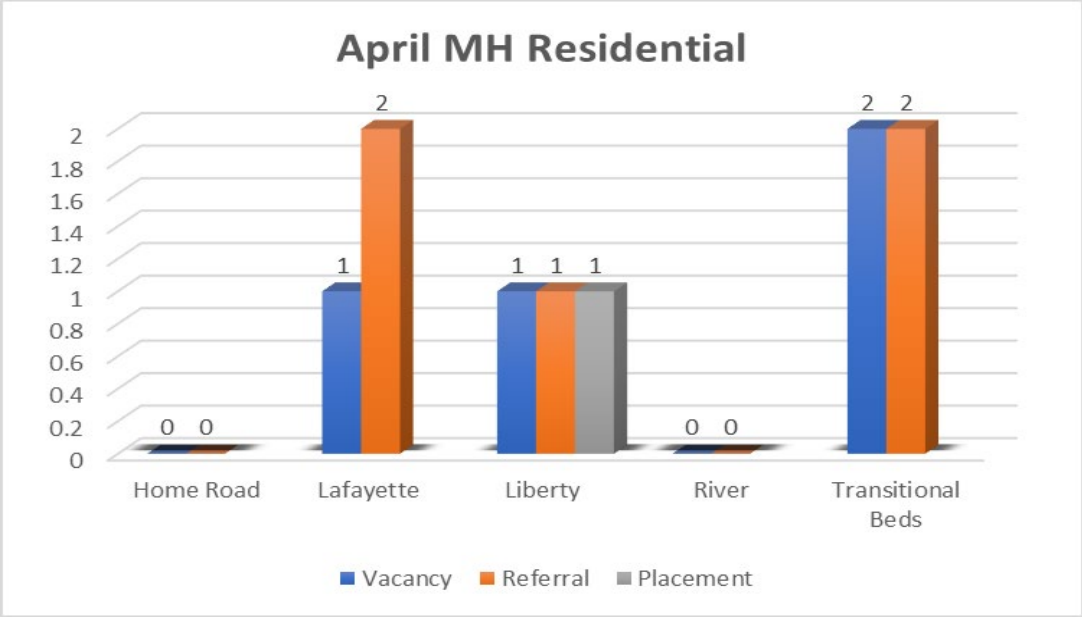
During the month of April, Mental Health and Developmental Disabilities Residential programs experienced changes in program enrollment and vacancies. Programs actively seek referrals from support coordination, case management, hospital liaisons and other community members.

DD Residential continues to work diligently to fill vacancies. During April, Leeland Group Home's last vacancy was filled. The program is currently assessing 9 individuals for the 9 current vacancies. Some of the individuals are touring multiple programs to determine the best fit.

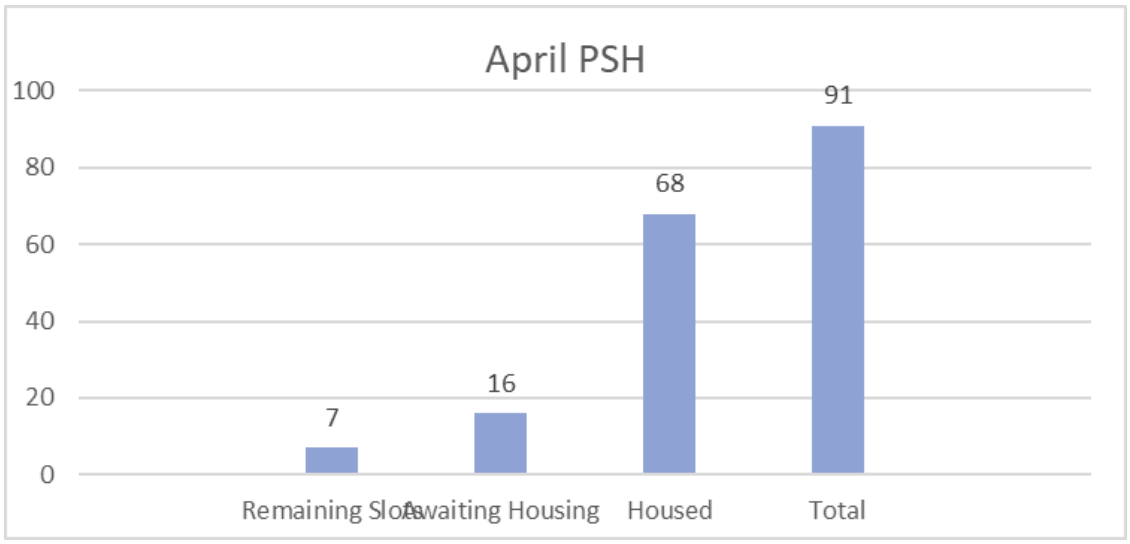


Mental Health Residential saw movement in Lafayette Boarding house, with 1 individual moving out and another moving into the program. Additionally, Lafayette anticipates another individual moving into the program in mid May. Only 2 transitional beds remain of the 6. Also, in

May, an individual is moving from Lafayette to Liberty. MH Residential currently has 4 total vacancies and 5 referrals.



Permanent Supportive Housing (PSH) provides housing and case management services for individuals with serious mental illness with a current history of homelessness. PSH moved 2 individuals into apartments in April. The program has 16 individuals that meet criteria and awaiting housing. The program has current capacity for 91 individuals with a total of 68 individuals housed.



Memorandum

To: Joe Wickens, Executive Director

From: Steve Curtis, DD Residential Coordinator

Date: May 5th, 2025

Re: Myers Drive Respite Update

In December 2023, the Myers Respite team implemented improvement strategies to enhance the program's effectiveness, increase revenues, and manage expenses while also committing to offering valued services to individuals in our community. Despite best efforts at maximizing services and efficiencies, freezing positions, and increasing the private pay rate, Myer's FY24 ended with an overall loss of $391,191. FY25 is projected to end with a deficit of $433,620.

Because we value the mission of Myers, and while taking into account that our current track is not financially sustainable, I would like to propose an alternative arrangement for Myers to help lower the deficit while still being able to fulfill respite services. I would like to propose that we pursue a flexible license with DBHDS for the Myers program, the purpose of which would be to accommodate 4 permanent individuals there in Group Home services, while utilizing the remaining 2 beds for continuing guest respite services.

In terms of revenue, our goal would be to fill 2 permanent beds for a full year and the other 2 permanent beds for at least 6 months of the year apiece, while at the same time offering 2 beds for the full year exclusively to respite guests. Hitting this target would generate $494,434 in revenue (including private pay approximations). The FY25 estimated total revenue projection is currently $275,036 with current operations. (Of note, filling the 4 permanent beds quicker and filling those beds with a combination of individuals that may require more intensive supports would increase the revenue projections, as daily rates are based on individualized acuity).

To accommodate this proposed shift in residential modality would require conforming Myers staffing to that of our typical 6-bed group homes. This would include adding back at $125,748 annually for 2 positions were previously frozen. Also, adjustment to leadership would result in an increase in salary expenses from present point in time by $4,791.01 for FY26.

Achieving these targets for FY26 overall, considering all projected expenses for the program would put the program at a loss at FY26 end of approximately $230,473 in contrast to our projected June 30th, 2025 deficit of $433,620. By FY27 (and we will set a goal to achieve this sooner), adding another full year of permanent group home services would lower the annual deficit by another

approximate $130,000. (Group home revenue for one person for a year equates to approximately $130,000).

Overall, shifting our model while maintaining our mission will still fulfill our commitment to offering our variety of residential services in our community. It remains true that there are few center-based respite choices for families of adults with developmental disabilities in Virginia. I believe this proposed approach to Myers is an insightful way to help continue to meet such a critical need in our community, while at the same time maintaining fiscal sustainability.

Memorandum

To: Joe Wickens, Executive Director

From: Steve Curtis, DD Residential Coordinator

Date: April 18, 2025

Re: KOVAR Grant update, Myers Drive

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

On December 20th, 2024, Myers Drive re-submitted a grant application to KOVAR to request funds to replace a portable lift in the home, and to replace furnishings in the home to help freshen the home's decor. Furnishings we are asking to replace via KOVAR funds include a sofa, loveseat, ottoman, a lounge chair, and 6 dining room chairs. This re-submitted grant was reviewed and approved during KOVAR's April 2025 board meeting. Total funding for the grant award totaled $10,818. We are in process of placing orders for the lift and furniture.

KOVAR has been a loyal supporter of RACSB programs for decades. As a reminder, KOVAR's maximum award for a grant request is $15,000, and we are eligible to apply every 18 months. We will pursue grant opportunities with them again for DD Residential in August 2026 provided the opportunity is still available.

Memorandum

To: Joe Wickens, Executive Director

From: Steve Curtis, DD Residential Coordinator

Date: May 5, 2025

Re: Ross Drive ICF Recertification Survey

On April 23rd to April 25th, 2025, the Virginia Department of Health (VDH) conducted an on-site visit (survey) at Ross Drive Intermediate Care Facility (ICF). One medical facility inspector (surveyor) conducted the survey focusing on a sampling of the following from each program: Observation of 2 individuals, the supports provided to these 2 individuals, and the individuals' charts. Additionally, the surveyor reviewed a closed chart for an individual. The survey was conducted as an annual requirement for the program's recertification as an ICF.

The surveyor's findings were included in a program report which we received by email on May 1st. The report contained deficiencies listed by federal regulations (W-tags and E-tags) that did not meet standards. Out of the 401 total regulations that the programs are surveyed for, 7 deficiencies were noted for Ross Drive ICF.

- W111: Facility staff failed to ensure the clinical record was accurate for one of the individuals in the survey sample.
    - The "Specialized Supervision Chart", a data sheet that is supposed to be completed daily for an individual, was not completed (left blank) for January 29th, 2025.
- W153: Facility staff failed to keep an individual free from neglect for one of three individuals in the survey sample.
    - Staff went to awaken an individual and found him deceased. Because she did not implement CPR after calling 911, this was cited as neglect.
- W159: The QIDP (Qualified Intellectual Disabilities Professional) failed to coordinate and monitor the individuals' active treatment program for one of three individuals in the sample.
    - The QIDP bears the responsibility of staff actions for this tag. On 2 dates, staff did not document evidence in the data collection sheet or in a progress note that they had supported an individual with his communication goal.
- W249: Facility staff failed to implement the ISP (Individualized Service Plan) for one of three individuals in the survey sample.
    - This tag was cited as a direct result of tag W159 in which support staff missed documenting their supports regarding the individual's communication goal.

- W331: Facility staff failed to provide nursing services in accordance with an individual's needs for one of three individuals in the survey sample.
    - This tag was cited as a direct result of tag W153 in which staff did not implement CPR after finding an individual deceased and calling 911.
- W445: The facility failed to conduct fire drills for each shift quarterly.
    - Specifically, in reviewing drills from February 2022 through March 2025, the June 2023 fire drill was unable to be located.
- W455: The program failed to follow infection control practices for one of three individuals in the survey. Specifically:
    - The surveyor suggested that the Bi-PAP mask for an individual should not be left out to air dry on the individual's night stand after being cleaned; it was suggested that the equipment needs to be covered after cleaning.

Noted deficiencies are being corrected and a plan of correction was submitted to VDH on May 5, 2025. The plan was approved on that same day by VDH.

RAPPAHANNOCK AREA
COMMUNITY SERVICES BOARD

To: Joseph Wickens, Executive Director

From: Jacqueline Kobuchi, Director of Clinical Services

Date: 5/1/25

Re: Program Updates Report to RACSB Board of Directors for the May Board Meeting

Outpatient Services

Caroline Clinic - Nancy Love, LCSW

Caroline Clinic staff completed 48 intakes during April. Twenty-three intakes took place on the same day the individual requested services and 25 were scheduled. The Substance Use Therapist continues to facilitate a co-ed weekly group that has grown with recent increase in referrals for substance use assessments and services. Staff also continue to dispense Narcan to at-risk individuals. The Clinic Coordinator attended the Caroline Public Schools Health and Wellness Fair last month to help inform Caroline families of RACSB services. Two Caroline staff attended Prosper training to help prevent, assess and treat individuals in crisis.

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

During the month of April, the Fredericksburg Clinic completed 89 intake assessments for individuals requesting outpatient services. 49 of those assessments took place over ZOOM and 40 took place in person at the Fredericksburg Clinic. Out of the 89 intakes, 61 of those intakes were seen the same day they called to schedule. The Children's Services Clinic completed 24 intakes with children and adolescents. Clinicians at both clinics are exploring how to integrate group treatment successfully for individuals receiving services. One of our Child/Adolescent Therapists celebrated her 30 year anniversary as a RACSB employee during this past month. Our Mental Health Peer Recovery Specialist coordinated with Cindy Hadge with The Wildflower Alliance to give a presentation to clinicians, case managers, and peer recovery specialists and shared her lived experience, as well as additional ways to support individuals who hear voices. Our Mental Health Peer Support Specialist also coordinated an event in the community for members of the Hearing Voices Group to speak with Cindy Hadge and hear her lived experience. These opportunities were beneficial not only to the individuals served, but to the staff providing support and treatment as it highlighted the power of connection and the benefits of peer support.

King George Clinic - Sarah Davis, LPC

The King George Clinic continues to offer two weekly Substance Use Treatment Groups. During April, there were two individuals from group who successfully completed their treatment. Group topics included The Ripple Effect of Addiction, Roadmap to Recovery, Vulnerability, Stigmas/Myths, Addiction 101, and Connection. The King George Clinic completed 19 Same Day Access intakes and seven intakes that were scheduled during the month of April. Staff attended the following trainings during the month of April: Parenting While Black 2025; Screening, Brief Intervention, and Referral for Treatment for Adolescents; and Prosper Training. One King George Therapist shared the following success from this month: A client and parent stated that therapy has "made a world of difference" in client's behaviors and safety.

Spotsylvania Clinic - Katie Barnes, LPC

The Spotsylvania Clinic Therapists completed 53 intakes during the month of April. Forty one of those intakes were completed through Same Day Access which is an increase from last month. The clinic continues to offer two Substance Use groups each week. Three individuals successfully graduated this month! RACSB continues to employee a Child and Adolescent Therapist who provides Trauma Focused Cognitive Behavioral Therapy to children who have disclosed abuse through Forensic Interviews at Safe Harbor Child Advocacy Center. The School-Based Therapist continues to provide therapy in Fredericksburg City schools. This program is designed to eliminate barriers to children needing mental health supports, as therapy is now available at school. The therapist is partnering with families and school staff to offer services during the summer months. Five therapists attended the Prosper training to enhance suicide prevention skills due to the ongoing acuity of clients served.

Stafford Clinic - Lindsay Steele, LCSW

During the month of April, the Stafford clinic met with clients in person, as well as virtually. The clinic has continued to offer same day access on Tuesdays, Wednesdays and Thursdays. Stafford clinicians completed 38 intakes for adults and children, 14 of these intakes were completed through same day access. A new clinician began on April 25th and will see children and adults. Throughout the month, clinicians attended several trainings including ASAM, PROSPER, Trauma and Grief Component Therapy, Hearing Voices, and continuing with EMDR. Staff enjoyed trainings offered at the in-service.

Medical Services - Jennifer Hitt, RN

In the month of April, 104 new patient evaluations were completed for MHOP Medical. The Acute Care Clinic has resumed with limited hours per week. Linda Church, RN, retired as of April 30th and Jennifer Rosenberg, RN, will retire on May 23rd after almost eight years of service with RACSB.

Case Management - Adult - Patricia Newman

Mental Health case managers provide a wide variety of supports and assistance to the individuals that we serve. The case managers often assist individuals in applying for benefits, employment and housing as well as link the individual with services, help to obtain medications, schedule and attend PCP appointments and attend court, just to share a few tasks. We like to celebrate the wins and recently one individual who is supported by one of our case managers was able to increase his independence by meeting a few of his goals. The individual was able to get their Driver's License reinstated, which allows them to navigate in the community without relying on others. Their case manager assisted them in developing a resume and they were successful in finding employment. It is so exciting to be able to witness and support individuals in regaining their independence.

Child and Adolescent Support Services - Donna Andrus, MS

Case management saw an increase in admissions in the month of April with several referrals including some for sibling groups. We are working on increasing caseload capacity. We currently have three kids at CCCA ready to discharge but facing challenges with finding placements and getting services set up. Two are in foster care with significantly challenging behaviors and DSS has had a difficult time finding residential placements.

Emergency Services - Natasha Randall, LCSW

For the month of April, Emergency Services was able to collaborate with Spotsylvania Sherriff's Department to provide outreach and grief counseling for Spotsylvania residents affected by a traumatic experience within the community.

Specialty Dockets - Nicole Bassing, LCSW

During the month of April Specialty Dockets continued to add new participants and celebrate graduations throughout all programs. Adult Recovery Court added five new participants in April and finished the month with 44 participants total. We celebrated two graduations this month and had one termination. Juvenile Recovery Court currently has two participants. Behavioral Health Docket celebrated our largest graduation to date with four participants graduating on April 10th and we ended the month with eight participants. Veterans Docket has a total of 13 participants at this time after celebrating one graduation this month. Application has been completed for the new Fredericksburg Therapeutic Docket and the team is awaiting approval by the Supreme Court to begin taking on clients in this program.

Jail and Detention Services - Portia Bennett

Please note the following updates at the jail and detention center. Detention has a census of 43 residents. Currently, there are no Central Admission and Placement (CAP) residents, eight Individual Bed Placement (IBP) residents, and six residents in the Post Dispositional (Post D) program. There are currently three vacancies, the MH Therapist position, the SA Therapist position and the part-time Detention based Therapist position.

MEMORANDUM

TO: Joe Wickens, Executive Director

FROM: Patricia Newman – Mental Health Case Management Supervisor
Elizabeth Wells – Lead State Hospital Liaison & NGRI Coordinator
Chanda Bernal – Adult Mental Health Case Manager

PC: Brandie Williams – Deputy Executive Director
Jacqueline Kobuchi, LCSW – Clinical Services Director
Amy Jindra – Community Support Services Director
Nancy Price – MH Residential Coordinator
Sarah McClelland - ACT Coordinator
Jennifer Acors – Coordinator Developmental Services Support Coordination

SUBJECT: State Hospital Census Report

DATE: May 20, 2025

Current Census:

State Hospital	New	Discharge	Civil	NGRI	Forensic	EBL	Total Census
Catawba Hospital			1				1
Central State Hospital	1		1	1			2
Eastern State Hospital	2	2			1		1
Northern Virginia Mental Health Institute		1					0
Piedmont Geriatric Hospital	1		3		1		4
Southern Virginia Mental Health Institute							0
Southwestern Virginia Mental Health Institute		1					0
Western State Hospital	6	4	5	9	11	2	25
Totals	10	8	10	10	13	2	34

Extraordinary Barriers List:

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

Western State Hospital

Individual #1: Was placed on the EBL 12/12/2024. Barriers to discharge include working through the Developmental Disability (DD) Waiver process, identifying and being accepted to a group home as well as working through the guardianship process. This individual previously resided in the community with family but will be best supported in a group home setting at time of discharge. Public guardianship is also being pursued at this time. This individual will discharge to a group home once the waiver and guardianship is in place and they are accepted to a group home.

Individual #2: Was placed on the EBL 4/22/2024. Barriers to discharge include working through the Not Guilty by Reason of Insanity process. This individual has been participating in passes to the community with Region Ten CSB. They have struggled at times to follow the rules while in the community on passes, delaying their progress. Their Conditional Release Plan (CRP) has been developed and submitted for review. They will discharge once the CRP has gone through the entire approval process and is also approved by the Court.

RAPPAHANNOCK AREA
COMMUNITY SERVICES BOARD

MEMORANDUM

To: Joe Wickens, Executive Director

From: Natasha Randall, Emergency Services Coordinator

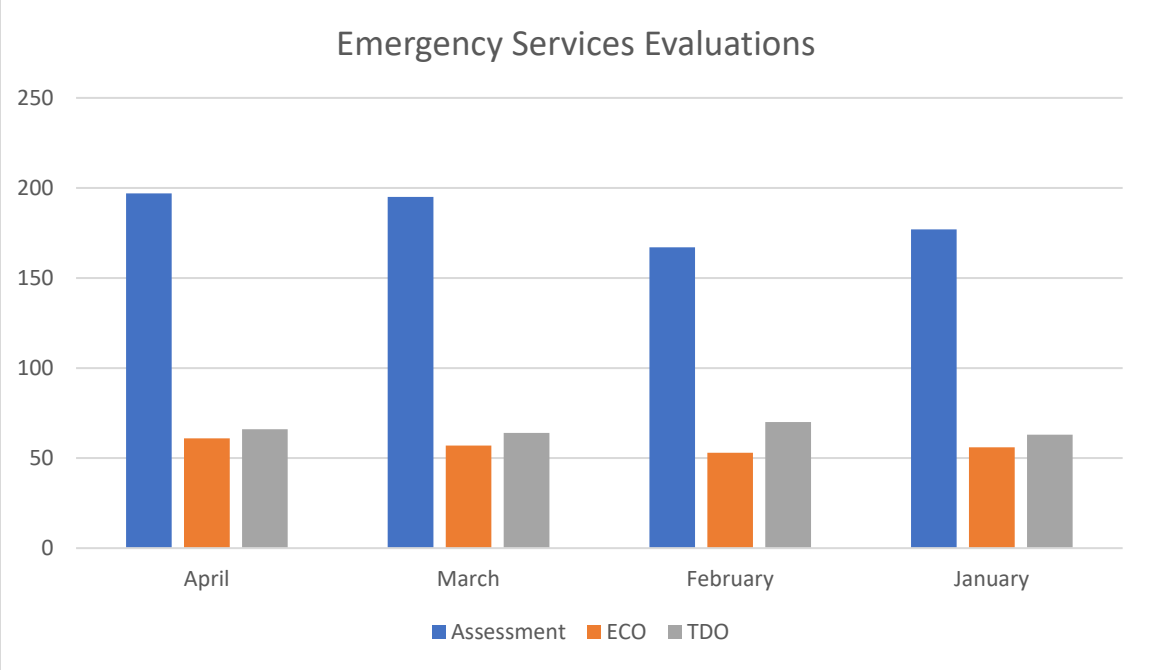
Date: May 1, 2025

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

In March, Emergency Services staff completed 197 emergency evaluations. Sixty-one individuals were assessed under an emergency custody orders and sixty-six total temporary detention orders were served of the 197 evaluations. Staff facilitated one admission to Western State hospital and one admission to Northern Virginia Mental Health Institute.

A total of eight individuals were involuntarily hospitalized outside of our catchment area in April.

Please see the attached data reports.



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

CSB/BHA	Rappahannock Area Community Services Board	Month	April 2025

1) Number of Emergency Evaluations	2) Number of ECOs			3) Number of Civil TDOs Issued	4) Number of Civil TDOs Executed				5) Number of Criminal TDOs Executed
	Magistrate Issued	Law Enforcement Initiated	Total		Minor	Older Adult	Adult	Total	
197	31	30	61	66	4	2	60	66	1

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

CSB/BHA	Rappahannock Area Community Services	Reporting month	April 2025		No Exceptions this month →	

Date	Consumer Identifier	1) Special Population Designation (see definition)	1a) Describe "other" in your own words (see definition)	2) "Last Resort" admission (see definition)	3) No ECO, but "last resort" TDO to state hospital (see definition)	4) Additional Relevant Information or Discussion (see definition)
4/15/2025	107145	Adult (18-64) with ID or DD and Medical Acuity		Yes		Western State
4/17/2025	97999	Adult (18-64) with Medical Acuity		yes		NVMHI

RAPPAHANNOCK AREA
COMMUNITY SERVICES BOARD

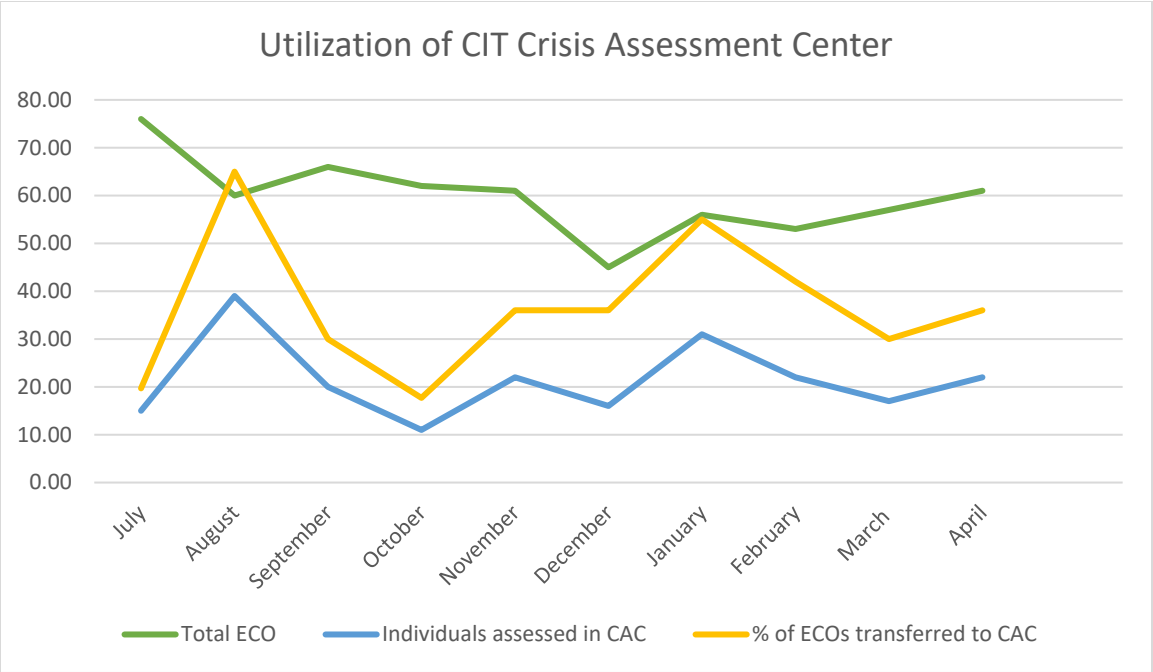
MEMORANDUM

To: Joe Wickens, Executive Director
From: Ashlee Abney, Assistant Emergency Services Coordinator
Date: May 3, 2025
Re: CIT and Co-Response Report

The CIT Assessment Center served 28 individuals in the month of April 2025. The number of persons served by locality were the following: Fredericksburg 6; Caroline 4; King George 0; Spotsylvania 7; Stafford 10; and 1 from other jurisdictions.

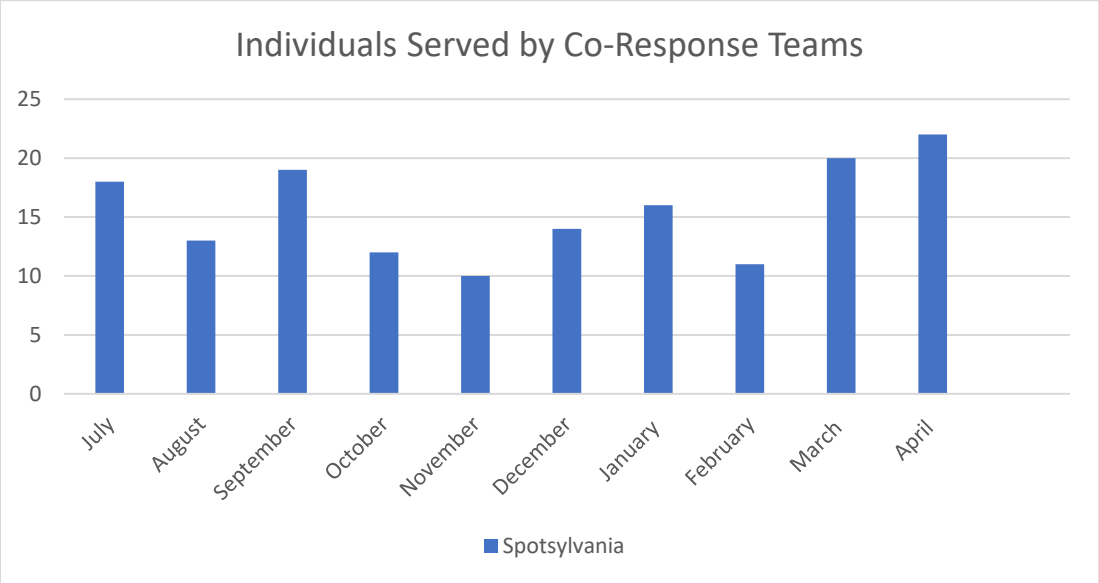
The chart below indicates the number of Emergency Custody orders by locality, those that were able to be transferred into CAC custody, and those who could have use the assessment center if there was additional capacity:

Locality	Total ECO	Custody Transfer to CAC	Appropriate for CAC if Capacity
Caroline	6	4	2
Fredericksburg	17	6	11
King George	4	0	4
Spotsylvania	17	7	10
Stafford	17	10	7
Totals	**61**	**27**	**34**



Co-Response

The Spotsylvania Co-Response Team served 22 individuals in April. The therapist for the Fredericksburg team remains vacant. Stafford therapist position has been filled.



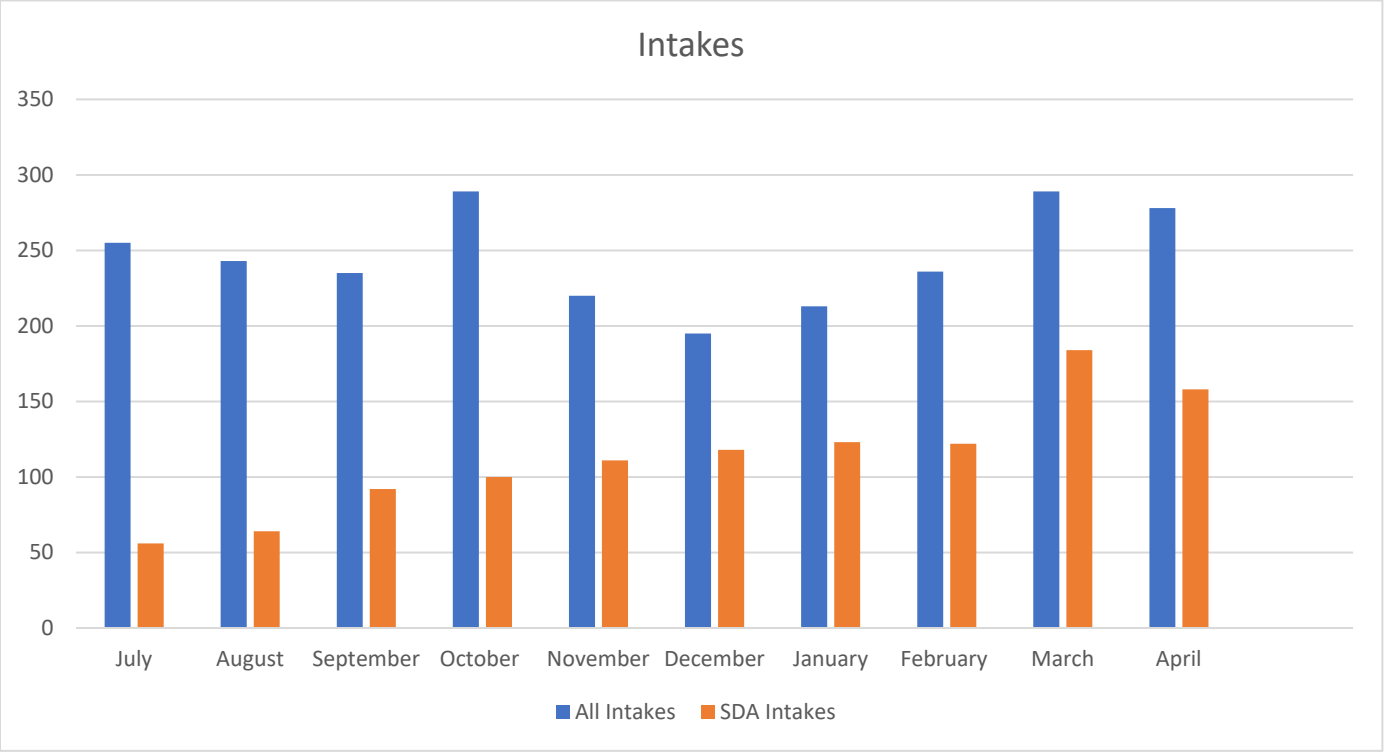
CIT Training

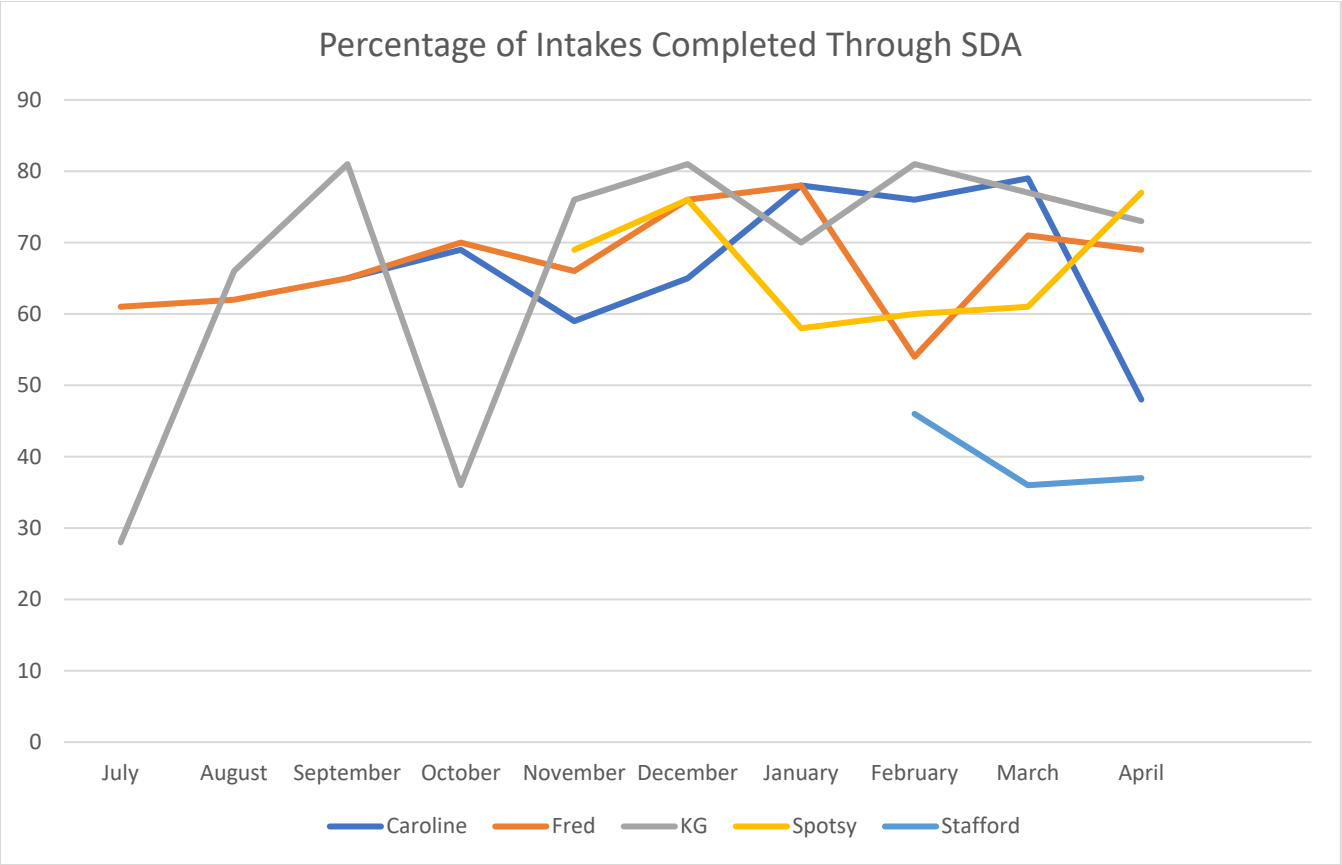
In April 2025, new Stafford County Co-Responder for RACSB CIRT was trained weekly on the CIRT model on community crisis response, in collaboration with Spotsylvania Sheriff Department BHU.

MEMORANDUM

To: Joe Wickens, Executive Director
From: Jacqueline Kobuchi, LCSW, Director of Clinical Services
Date: May 9, 2025
Re: Outpatient Waitlist and Same Day Access

The outpatient clinics have a goal to eliminate all waitlists and increase intake assessments provided through Same Day Access during FY25. In early February, all waitlists were resolved and all clinics are providing intakes through Same Day Access. Below is data on the number of intakes completed by clinic, and how many of those are completed through Same Day Access.




Percentage of Intakes Completed Through SDA
90
80
70
60
50
40
30
20
10
0
July
August
September
October
November
December
January
February
March
April
Caroline
Fred
KG
Spotsy
Stafford

RACSB
Program Update Report
Compliance
April 2025

Incident Reports

- There were 282 Incident Reports entered into the Electronic Incident Report Tracker during the month of April. This is a decrease of 22 from March; an increase of 30 from February; and a decrease of 16 for the month of January. All incident reports submitted were triaged by the compliance team.
- The top three categories of reports submitted were Health Concerns (112 reports), Individual Served Injury (34 reports), and Individual Served Safety (26 reports).
- The compliance team entered 33 incident reports into the Department of Behavioral and Developmental Services (DBHDS) electronic incident reporting system (26-Level 2, 7-Level 3) during the month of April; and a decrease of 9 from the month of March (36-Level 2, 6-Level 3).
- There were two reports elevated to a care concern by DBHDS related to a bowel obstruction and a urinary tract infection. These are reports that, based on the Office of Licensing's review of current serious incident as well as a review of other recent incidents related to this individual, the Office of Licensing recommends the provider consider the need to re-evaluate the individual's needs as well as review the current individual support plan. DBHDS recommends provider review the results of root-cause analysis completed on behalf of this individual. In addition, take the opportunity to determine if systemic changes such as revisions to policies or procedures and/or re-evaluating and updating risk management and/or quality improvement plan.
- DBHDS requires the completion of a root cause analysis for selected incident reports. The root cause analysis must be conducted within 30 days of staff's discovery of the incident. The compliance team requested specific programs, based on submitted incident report, to complete the required root cause analysis. A total of 29 root cause analyses were requested in the month of April and 33 were due for the month of April. One expanded root cause analysis was requested in April.

Human Rights Investigations:

- The compliance team conducted three Human Rights investigations. These investigations consisted of allegations of (1) physical and verbal abuse; allegations of (1) neglect; and allegations of (1) physical abuse. The first investigation was substantiated for sound therapeutic practices, substantiated for verbal abuse, and unsubstantiated for physical abuse. The second investigation was substantiated for neglect. The third investigation was unsubstantiated for physical abuse.

Internal Reviewers:

- Compliance team provided guidance to the Specialty Dockets Coordinator on the development of policy and procedures for her department on April 1, 2025.
- Compliance team provided guidance to all RACSB Coordinators regarding Seclusion and Restraint reporting on April 1, 2025.
- Compliance team forwarded a care concern to the DD Residential Coordinator regarding Urinary Tract Infections on April 4, 2025.

- Compliance team met with Ruffins Drive Group Home to conduct an incident report assessment and go over how to properly report and the expectations of reporting on April 4, 2025.
- Compliance team followed up with the Sponsored Placement Supervisor regarding an incident report involving an injury to a resident's head on April 7, 2025.
- Compliance team provided guidance to the Igo Group Home Manager in reference to appending discharge summary in the individual's health record on April 11, 2025.
- Compliance team provided guidance to the Spotsylvania Mental Health Outpatient Clinic Coordinator on incident reporting on April 14, 2025.
- Compliance team provided guidance to the RAAI Assistant Site Lead regarding incident reporting on April 15, 2025.
- Compliance team notified all RACSB Service Coordinators of the revised Critical Incident Report (CIR) form on April 15, 2025.
- Compliance team met with Ruffins Drive Group Home to conduct an incident report assessment and go over how to properly report and the expectations of reporting on April 16, 2025.
- Compliance team met with Lafayette Boarding House Supervisor to conduct an incident report assessment and go over how to properly report and the expectations of reporting on April 17, 2025.
- Compliance team provided guidance on incident reporting to the Churchill Group Home Assistant Group Home Manager on 4/17/2025.
- Compliance team met the Coordinator of Developmental Services Support Coordination (DSSC) on 4/21/25 to discuss audits.
- Compliance team provided guidance to RAAI Kings Highway Lead Specialist regarding the restriction process with the Local Human Rights Committee (LHRC) on April 24, 2025.
- Compliance team provided guidance regarding Med request to the Coordinator DSSC on April 24, 2025.
- Compliance team provided guidance to the ACT Coordinator regarding the completion of RCAs on April 24, 2025.
- Compliance team provided guidance to the ES Coordinator regarding a temporary detention order (TDO) on April 24, 2025.
- Compliance team provided guidance to Wolfe Street ICF Group Home regarding incident reporting on 4/26/2025 & 4/28/2025.
- Compliance team provided guidance to Churchill Group Home regarding incident reporting on 4/26/2025 & 4/28/2025.
- Compliance team visited Igo Group Home and met with the group home manager to provide guidance on bruising and to meet with an individual on April 28, 2025.
- Compliance team member provided guidance on incident reporting to Myers Respite Group Home on April 30, 2025.

External Reviewers:

- Compliance team received a care concern from Carrie Browder, Registered Nurse Care Consultant, DBHDS, on April 3, 2025 related to Urinary Tract Infections.
- Compliance team received a request from Whitney Keitt, Fredericksburg City Adult Protective Services (APS), regarding an active investigation on April 3, 2025.
- Compliance team received and responded to chart review an audit request from Optum Health Insurance. A total of 22 individuals medical records/documents audits were requested.

- Compliance team received a care concern from Carrie Browder, Registered Nurse Care Consultant, DBHDS, on April 17, 2025 related to Bowel Obstruction. Ms. Browder also reached out to the compliance team regarding contact with Lucas ICF.
- Compliance team received a request from Debbie Little, DBHDS, regarding a serious incident report on April 18, 2025.
- Compliance team received 9 phone calls and emails throughout the month of April from Brian Dempsey, DBHDS Incident Management Specialist, regarding serious incident reports.

Complaint Call Synopsis

- Compliance team received seven (7) complaints in the month of March. Compliance team responded to all 7 complaints. The complaints were categorized as 1- Psychosocial Rehabilitation (Kenmore Club), 2-DD Residential, 1-Child and Adolescent Support Services Case Management, 1-ID/DD Case Management, 1-Medication Line, and 1-MH Outpatient Fredericksburg. One (1) of these complaints involving DD Residential resulted in a formal Human Rights investigation.

Special Projects

- Pre-Program Audits
    - Compliance Specialist reviewed 34 quarterlies and 10 Individual Service Plans (ISPs) for ID/DD Residential Programs during the month of April. Feedback related to any discrepancies noted was provided to the group home supervisor and assistant coordinator.

Trainings/Meetings

- Compliance team provided Human Rights Training to the RAAI day support and ICF Day Support staff on April 8th.
- Compliance team provided ID/DD Modules training on April 9th & 10th, 2025.
- Compliance team attended and participated in the Local Human Rights Committee to support RACSB staff who successfully presented restriction requests on 3 individuals on April 10, 2025.
- Compliance team attended and participated in the DBHDS Supported Decision Making in Virginia training on April 15, 2025.
- Compliance team provided a Health Alert related to Pressure Sores Q-Tip training on April 16, 2025.
- Compliance team attended a team meeting and provided guidance to Galveston Group Home and Support Coordination on how to handle cases involving the handling of guardianship issues on April 17, 2025.
- Compliance team attended and participated in the RACSB In Service training event on April 23, 2025.
- Compliance team hosted and participated in the Health and Safety Committee Meeting on April 24, 2025.
- Compliance team provided a Policy Pro Q-tip training on April 24, 2025.
- Compliance team attended and participated in the Ruffins Group Home staff meeting on April 28, 2025.
- Compliance team attended and participated in Peer Documentation training on April 30, 2025.

MEMORANDUM

To: Joe Wickens, Executive Director

From: Stephanie Terrell, Director of Compliance

Date: April 29, 2025

Re: Licensing Reports

The Department of Behavioral Health and Developmental Services' (DBHDS), Office of Licensing issues licensing reports for areas in which the Department finds agencies in non-compliance with applicable regulations. The licensing report includes the regulatory code which applies to the non-compliance and a description of the non-compliance. The agency must respond to the licensing report by providing a corrective action plan (CAP) to address the areas of noncompliance.

Rappahannock Area Community Services Board (RACSB) received approval of one licensing report related to a human rights allegation at Rappahannock Adult Activities Inc. (RAAI) ICF Day Support-King's Highway.

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

License #: **101-02-008**
Organization Name: **Rappahannock Area Community Services Board**

Date of Inspection: **04-04-2025**
Program Type/Facility Name: **02-008 Fredericksburg**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-105-150. (4) - The provider including its employees, contractors, students, and volunteers shall comply with: 4. Section 37.2-400 of the Code of Virginia and related human rights regulations adopted by the state board;	N	Fredericksburg This regulation was NOT MET as evidenced by: See OHR citation below.		
12VAC35-115-50. B. (2) - In receiving all services, each individual has the right to: 2. Be protected from harm including abuse, neglect, and exploitation.	N	Fredericksburg This regulation was NOT MET as evidenced by: "Neglect" means failure by a person, program, or facility operated, licensed, or funded by the department, excluding those operated by the Department of Corrections, responsible for providing services to do so, including nourishment, treatment, care, goods, or services necessary to the health, safety, or welfare of an individual receiving care or treatment for mental illness, intellectual disability, or substance abuse During an internal investigation, the provider determined the following: • Individual 1's ISP Goal #8 states: "[Individual 1] prefers to use [Individual #1's] toilet chair instead of [Individual #1's] briefs. Staff will give [Individual 1] multiple opportunities to use the bathroom throughout the day. Staff will listen to [Individual 1's] cues to indicate that [Individual #1] may need to use the bathroom more often than these allotted times. [Individual 1] will often grunt distressfully when [Individual #1] needs to use the bathroom." • During a community outing, Individual 1 was not	PR) 04/17/2025 PR: Upon receipt of the citation, a plan was put into place to rectify citations of neglect moving forward with the following corrective measures. All staff will be re-trained on the medical emergency and DNR policy, including performing CPR for unresponsive individuals. Additionally, staff will be retrained on properly documenting bowel tracking documents, and following established policy if and when an individual requires medical oversight due to not having consistent bowel movements. Additionally, staff will be retrained on overnight bed check tracking documents. All staff will sign off on an attestation of understanding and agreement to abide by all aspects of these established protocols to ensure that proper supervision and supports are provided to	04/08/2025 00:00:00

License #: **101-02-008**
Organization Name: **Rappahannock Area Community Services Board**

Date of Inspection: **04-04-2025**
Program Type/Facility Name: **02-008 Fredericksburg**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
		supported with personal hygiene per Individual #1's Plan of Supports, whereby there were approaches used that were not person centered.	ensure the health, safety, and welfare of all individuals. This reorientation training of all Ross staff will occur on 4/22/2025. Any staff member unable to attend this retraining will be trained separately no later than 4/30/2025. Systematically, Human Resources will continue to conduct mandated background checks and ensure at onboarding that no barrier crimes are present in the past of any potential employee to help ensure supports of all individuals are free of neglectful behavior. All RACSB staff, volunteers, and contractors will be required to undergo an annual Human Rights training to help ensure continued promotion and support of meeting needs of residents. Newly hired staff will be assigned this course upon hire during the week of their agency orientation. Program leaders will monitor staff and continue to ensure all Human Rights regulation violations are immediately reported to RACSB's Office of Consumer Affairs. They will likewise ensure best person-centered practices are being followed by staff through direct and indirect	

License #: **101-02-008**
Organization Name: **Rappahannock Area Community Services Board**

Date of Inspection: **04-04-2025**
Program Type/Facility Name: **02-008 Fredericksburg**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
			supervision (viewing cameras, ongoing discussion of person-centered plans and practices, conducting random direct supervision of staff working with individuals). Additionally, staff will be held accountable for following established protocols and policies for medical emergencies and all facets of health and safety. The Compliance team will monitor incident reports and any allegations or reports of human rights violations on a daily basis to help ensure systematically that incidents of this nature are identified and mitigated quickly. Any staff member found in violation the Code of Virginia and any related human rights regulations adopted by the state board will face corrective action. OHR/OLR) Not Accepted 04/18/2025OHR Response 4/18/25: The corrective action does not correlate with the citation. Provider, please review and correct the response to this citation. PR) 04/25/2025 PR)4/25/2025 Staff responsible was terminated on 4/2/25 Individuals #1 support team was retrained in	

License #: **101-02-008**
Organization Name: **Rappahannock Area Community Services Board**

Date of Inspection: **04-04-2025**
Program Type/Facility Name: **02-008 Fredericksburg**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
			Human Rights and accurate reporting on 4/8/25 ICF Site leader will monitor staff's supports of individual #1 thorough monthly supervision OHR/OLR) Accepted 04/25/2025OH Response: After consultation with the provider it was determined that the original response to the CAP entered 4/17/25 was inadvertently entered from another CAP. The newly entered response is accepted for this CAP.	

General Comments / Recommendations:

I understand it is my right to request a conference with the reviewer and the reviewer's supervisor should I desire further discussion of these findings. By my signature on the Corrective Action Plan, I pledge that the actions to be taken will be completed as identified by the date indicated.

Cassie Purtlebaugh, Human Rights	(Signature of Organization Representative)	Date

C = Substantial Compliance, N = Non Compliance, NS = Non Compliance Systemic, ND = Non Determined

Prevention Services Program Updates

Michelle Wagaman, Director
mwagaman@rappahannockareacsb.org
540-374-3337, ext. 7520

Prevention Services Top 5 for May:

1. May is Mental Health Month. Lock and Talk Virginia launched our new awareness campaign, "Together for Tomorrow."
2. teenMHFA is wrapping up at Caroline High School and James Monroe High School.
3. May is a busy month with tabling – Mental Health America of Fredericksburg's Annual Walk; Spotsylvania County Public School and Fredericksburg City Public Schools Mental Health Resource Fairs; Fredericksburg City Employee Health Fair; and more.
4. On May 6, 2025, DBHDS Office of Behavioral Health Wellness is hosting a day long Spring Evaluation Planning Workshop. CSBs will update outcomes, create a new data entry plan for FY 2026, and revise our logic models. This is a new format for this process. Historically, it's several meetings in August and September.
5. "The Wellness Shelf" book club in collaboration with the Rappahannock Area YMCA starts May 8, 2025. We're at capacity with a wait list. The first book is "What Happened to You" Conversations on Trauma, Resilience, and Healing" by Dr. Bruce Perry and Oprah Winfrey.

Substance Abuse Prevention

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

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

Coalitions – The Community Collaborative for Youth and Families has set the quarterly meeting schedule for 2025: July 11; and October 10. Trainings are being planned for the remaining meetings. To learn more: https://www.thecommunitycollaborative.org/

Tobacco Control – The Prevention Services Team has scheduled dates to complete the new cycle of the merchant education by June 30, 2026.

Alcohol and Vaping Prevention Education – Jennifer Bateman, Prevention Specialist, is wrapping up facilitation for the 2024-2025 academic year. She presented to students at King George High School, Courtland High School, Chancellor High School, and Riverbend High School.

Suicide Prevention Initiatives

RACSB Prevention Services takes an active role in suicide prevention initiatives including:

ASIST (Applied Suicide Intervention Skills Training) – This Living Works curriculum is a 2-day interactive workshop in suicide first aid. Participants learn how to recognize when someone may have thoughts of suicide and to work with the individual to create a plan that will support their immediate safety. LivingWorks has updated their trainer portal and facilitation guidance. Our training scheduled for June 4-5 is nearing registration capacity.

The training will be held on the following dates in 2025: June 4-5; July 29-30; and October 24-24.

To register: https://www.signupgenius.com/go/RACSB-ASIST-Training2025

Mental Health First Aid – This 8-hour course teaches adults how to identify, understand, and respond to signs of mental health and substance use disorders. The training introduces common mental health challenges and gives participants the skills to reach out and provide initial support to someone who may be developing a mental health of substance use problem and connect them to the appropriate care.

Adult Mental Health First Aid trainings will be held on the remaining dates in 2025: June 10; September 4; and December 9 (from 8:30 a.m. to 5:00 p.m.).

Mental Health First Aid in Spanish trainings are scheduled for the remaining dates in 2025: August 19; and November 13. The training scheduled for May 8th was cancelled due to instructor conflict and low registrations.

Youth Mental Health First Aid training is scheduled for the remaining dates in 2025: May 22; June 17; October 7; and December 2 (from 8:30 a.m. to 5:00 p.m.).

To register for Adult Mental Health First Aid Training:
https://www.signupgenius.com/go/RACSB-MHFA-Training2025

To register for Adult Mental Health First Aid in Spanish Training:
https://www.signupgenius.com/go/RACSB-MHFA-Spanish2025

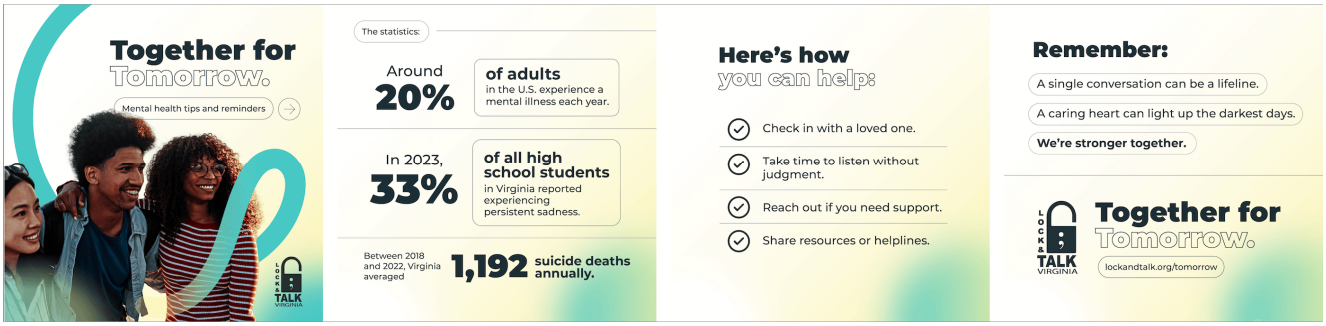
To register for Youth Mental Health First Aid Training:
https://www.signupgenius.com/go/RACSB-YouthMHFA-Training2025

safeTALK – This 3-hour suicide alertness training encourages participants to learn how to prevent suicide by recognizing signs, engaging the individual, and connecting them to community resources for additional support.

safeTALK is scheduled for these remaining dates in 2025: July 22 (9:00 a.m. to noon); September 23 (9:00 a.m. to noon); and November 17 (1:00 p.m. to 4:00 p.m.). The training scheduled for April 24 was cancelled due to last minute participant cancellations. We no longer had the minimum number of participants required to host the coruse.

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

Lock and Talk Virginia – The new awareness campaign for May as Mental Health Month has launched. The theme is "Together for Tomorrow." The new adolescent campaign is having some final tweaks based on feedback from youth coalition members.



Coalitions – The subgroups formed to address focus areas of teens/young adults; older adults; and first responders/veterans continue to meet and develop goals. The next coalition meeting will be held April 28, 2025 at 1:00 p.m. at River Club. We will be hosting a training on lethal means safety discussions with DBHDS on July 23, 2025.

State Opioid Response (SOR)

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

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

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

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

Additional Initiatives

Responsible Gaming and Gambling – Michelle Wagaman is serving on a DBHDS committee that is creating a statewide awareness campaign. A school curriculum is also in development.

RACSB is a member of the Virginia Council on Problem Gambling. To learn about this organization, please visit www.vcpg.net.

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

The Understanding ACEs training will be held on the remaining dates in 2025: June 11 (2:00 p.m. to 5:00 p.m.); August 5 (9:00 a.m. to noon); September 9 (9:00 a.m. to noon); and October 28 (9:00 a.m. to noon).

To register: https://www.signupgenius.com/go/RACSB-ACEs-Training2025

We have added a virtual training on collaboration with other CSBs. This is scheduled for May 28, 2025 at 9:00 a.m. To register: https://us02web.zoom.us/meeting/register/VwlPDoeMRp-Syvc6S9RY7g

The next train-the-trainer will be held August 27-28-29, 2025. Keith Cartwright from DBHDS will co-train with RACSB Master Trainers Amy Jindra and Michelle Wagaman. The August cohort already has 15 individuals registered.

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

RACSB Prevention is part of the Trauma Informed Care Workgroup under the Criminal Justice Reform Alliance. We are partnering with the Rappahannock YMCA to host a book club, "The Wellness Shelf" starting in May. The first book will be "What Happened to You? Conversation on Trauma, Resilience and Healing" by Dr. Bruce Perry and Oprah Winfrey. The club will meet on Thursday evenings at 5:00 p.m. beginning May 8, 2025. The deadline to register is April 21, 2025. Registration is being coordinated by the YMCA. RACSB Prevention is providing complimentary copies of the book to the first 20 that register.

Community Resilience Initiative –Course 1 Trauma Informed and Course 2 Trauma Supportive are each 6-hour courses that cover brain science, the individual experiences and ways to build individual and community resilience. (Course 1 is a pre-requisite for Course 2). The training is held from 9:00 a.m. to 4:00 p.m.

In 2025, we will host Course 1 on April 22; July 31; and September 25. Course 2 will be held May 13 and December 4.

To register: https://www.signupgenius.com/go/RACSB-CRI-Training2025

Activate Your Wellness – DBHDS initiative that is primarily a social norms campaign with social media, print materials, and short videos. RACSB continues utilizing this content for "Wellness Wednesday" posts.

Rappahannock Area Kids on the Block

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

Healthy Families Rappahannock Area

HFRA helps parents **IDENTIFY** the best version of themselves, **PARTNERS** with parents with success in parenting, and **EMPOWERS** parents to raise healthy children.

April 2025

LOCALITY	NUMBER OF REFERRALS	ASSESSMENTS	NUMBER OF FAMILIES RECEIVING HOME VISITS	NEW ENROLLEES YEAR-TO-DATE
CAROLINE COUNTY	1	0	5	1
CITY OF FREDERICKSBURG	2	2	37	8
KING GEORGE COUNTY	2	2	7	2
SPOTSYLVANIA COUNTY	8	8	55	36
STAFFORD COUNTY	6	6	47	19
OUT OF AREA (REFERRED TO OTHER HF SITES)	0	0	0	0
TOTAL	**19**	**18**	**151**	**66**

- Worked with The Community Foundation to Create a video starting May 1st for the Women and Girls Fund Live Ballot– *The Motherhood Bridge*
- Hosted Little Caesars Fundraiser which collected $220
- Received donations: *From the Little Hands Virginia* (Diapers, Double Stroller, Playpen, and High Chair*, Mary Washington Hospital (baby clothes, diapers), & Community Threads* (blankets).
- Conducted a Chair Zumba for the residents at Jubilation 55+ Community. Collected $50 plus diapers, wipes and books.
- Collected donations for our Mother's Day Basket give away on May 14th
- Participated in the Jazz & Mission series collected $830 in donations
- Melodie Jennings, Program Manager, is now a certified Peer Reviewer for Healthy Families America.
- Started our electronic donation capability with Zeffy: https://www.zeffy.com/donation-form/together-we-grow-2

OUTCOMES
4th Quarter (April 2025)

Child Health

- 91% (77 of 85) of children received scheduled Well Care Visits
- 97% (100 of 103) immunization completion

Developmental Screening

- 100% (7 of 7) received scheduled developmental screen (ASQ)
- 100% (4 of 4) received scheduled Social Emotional Screening (ASQ SE)
- 100% (1 of 1) received developmental screening referral for (ASQ)

Maternal Health

- 100% (1 of 1 received scheduled Postpartum Care

Positive Parenting Practices

- 100% (5 of 5) Positive Child Interaction Observation
- 85% (11 of 13) identify Positive Male Role Models

May 2025

Healthy Families Rappahannock Area Newsletter

It Takes a Village

*Fredericksburg, VA

At Healthy Families, we believe in the simple truth that it takes a village to raise a child. Every day, our team works hand-in-hand with parents, offering the guidance, education, and resources they need to build safe, nurturing homes. But behind every success story is a community of generous donors who make this vital work possible.

Your giving is more than charity—it's a direct investment in stronger families, healthier children, and brighter futures. When you support Healthy Families, you become part of that village, ensuring no parent has to walk the journey alone. Together, we are creating a community where every family has the opportunity to thrive.

Thank you for believing in the power of giving....Thank you for being part of the village.

Village Shoutouts

This month was filled with incredible people spreading love and showing what it truly means to care for their village. Special thanks to:

- **Jazz & a Mission**
- **Little Hands Virginia**
- **Mary Washington Hospital**
- **Jubilation 55+ Community**
- **Community Threads**
- **HFRA Parent Ambassadors**

Be A Part of the Village

Scan to Donate

www.healthyfamiliesrappahannock.org

hopestarter | RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD

May 2025

From Support to Strength: Ernest and Portia's Story

In early 2023, Ernest and Portia arrived in the U.S. from Ghana, full of hope—and just 7.5 months pregnant with twins. With no family nearby and Ernest working full-time as an ER nurse, they were grateful to find a strong support system through Healthy Families.

Recognizing their needs, Healthy Families partnered with Spotswood Church to provide essential items like cribs, diaper bags, and baby clothes as they prepared for the twins' arrival. Fittingly, the twins were born on Ernest's birthday—February 23, 2023—a day full of new beginnings.

While caring for the twins at home, Portia pursued a certificate in CompTia Security+, demonstrating remarkable determination. Healthy Families connected her with Goodwill's Job Help program to support her career goals and helped her engage with a virtual moms' group focused on reducing isolation and promoting wellness.

Throughout it all, Ernest and Portia remained focused on building a future. Their dedication paid off in February 2025 when they proudly closed on their first home.

This is what resilience looks like—and why Healthy Families is honored to walk alongside families like Ernest and Portia's every step of the way.

Scan to Donate

www.healthyfamiliesrappahannock.org

What's Happening This Month

May 2025

Saturday May 3, 2025 - Maternal Mental Health 5K @ Old Mill Park 10am -1 pm

Wednesday May 14, 2025 - Mother's Day Playgroup (10am - 11am, Riverfront Park & 1pm-2pm Hillcrest UMC) Mother's Day Basket Raffle will take place 1 pm

Saturday May 17, 2025 - HFRA Mother's Baby Shower Hosted by Fredericksburg Area Alumnae Chapter Delta Sigma Theta Sorority, Inc 12 pm to 2 pm @ River Club, 10825 Tidewater Trail Fredericksburg VA 22408

Thursday May 22, 2025 - Women & Girls Fund Live Ballot for HFRA's project "The Motherhood Bridge" 4:30 pm - 6:30 pm

Thursday May 29 2025 - *HFRA Board Meeting* **In-Person** @ the Riverclub 6pm-8pm

We're always looking to grow our impact through meaningful community partnerships. If your organization shares our commitment to supporting families and building stronger communities, we'd love to explore opportunities to work together.

Scan to Donate

CONTACT US

hfra@rappahannocareacsb.org

540-374-3366

www.healthyfamiliesrappahannock.org

Finance Department
April 2025 Program Updates

Staffing Changes and Opportunities:

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

Reimbursement Department:

We started a thorough review of our consumer balances in effort to clean up balances over ten years old and to ensure accuracy of outstanding accounts. This will increase write off amounts for various categories, with the largest increase in "Uncollectable" category. We are applying a process that deems a balance as uncollectable if the balance is over five years old, the client is closed to services, and no payments have been made on the account. We do expect this trend to continue until our review of all outstanding consumer balances is complete.

In the month March, there were an increase in adjustments for "Max Units/Benefits" due to several residential clients reaching their maximum allowed days Medicaid will pay per year. March also had an increase in adjustments for "Spenddown not met" due to clients balances not reaching allowable limits prior to their services aging past the allowable billing of one year.

Our focus is to continue to clean our consumer balances and collect on all claims aged over 120 days.

Accounting Department:

The Accounting Department, in collaboration with program staff, had an on-site audit by the Social Security for our Representative Payee services in April. We are awaiting any finding from this audit. Additionally, the department finalized with external auditors on the annual financial audits for the HUD group homes and is in the process of finalizing the audited financial statements for RACSB and RCS, Inc. Ongoing efforts are also focused on assisting program staff with projecting revenue and expenses for FY25, as well as budgeting for FY26. All program meetings have been held to discuss first round budget revenue and expense requests/expectations. Work also continues to address outstanding grant reimbursement requests through Web Grants.

Summary of Cash Investments

Depository			Rate	Comments
Atlantic Union Bank				
Checking	$	12,969,921	3.25%	
Investment Portfolio				
Cash Equivalents		4,135,057		
Fixed Income		5,053,521		
Total Investment	$	9,188,578		
Total Atlantic Union Bank	$	22,158,498		
Other				
Local Gov. Investment Pool		36,486	4.43%	Avg. Monthly Yield
Total Investments	**$**	**22,194,984**		

Other Post-Employment Benefit (OPEB)

	Cost Basis	Cost Variance From Inception	Market Basis	Market Variance From Inception
Initial Contribution	$ 954,620		$ 954,620	
FY 2024 Year-End Balance	**$ 2,131,014**	**$ 1,176,394**	**$ 4,489,220**	**$ 3,534,600**
Balance at 09/30/2024	$ 2,132,565	$ 1,177,945	$ 4,358,454	$ 3,403,834
Balance at 10/31/2024	$ 2,131,983	$ 1,177,363	$ 4,270,641	$ 3,316,021
Balance at 11/30/2024	$ 2,131,983	$ 1,177,363	$ 4,403,710	$ 3,449,090
Balance at 12/31/2024	$ 2,131,983	$ 1,177,363	$ 4,334,837	$ 3,380,217
Balance at 1/31/2025	$ 2,131,455	$ 1,176,835	$ 4,392,771	$ 3,438,151
Unrealized Gain/(Loss)			$ (18,332)	
Balance at 2/28/2025	$ 2,131,455	$ 1,176,835	$ 4,374,439	$ 3,419,819
Unrealized Gain/(Loss)			$ (101,910)	
Balance at 3/31/2025	$ 2,131,455	$ 1,176,835	$ 4,272,529	$ 3,317,909

Health Insurance

FY 2025	Monthly Premiums	Additional Premium Contributions	Monthly Claims & Fees	Interest	Balance
Beginning Balance					$3,029,016
July	$611,895		$261,724	$1,355	$3,380,542
August	$171,712		$322,228	$1,382	$3,231,408
September	$419,303		$209,940	$1,341	$3,442,111
October	$205,620		$311,924	$1,443	$3,337,250
November	$595,278		$216,548	$1,391	$3,717,371
December	$215,650		$330,102	$1,537	$3,604,456
January	$555,814		$261,380	$1,586	$3,900,475
February	$382,424		$380,808	$1,494	$3,903,585
March	$382,738		$292,163	$1,645	$3,995,804
April	$3,361		$331,179	$1,568	$3,669,553
YTD Total	**$3,543,793**	**$0**	**$2,917,996**	**$14,741**	**$3,669,553**

Historical Data	Average Monthly Claims	Monthly Average Difference from PY	Highest Month
FY 2025	**$291,800**	**$36,347**	**$380,808**
FY 2024	**$255,453**	**$41,076**	**$593,001**
FY 2023	**$214,376**	**($97,137)**	**$284,428**
FY 2022	**$311,513**	**($24,129)**	**$431,613**
FY 2021	**$335,642**	**$14,641**	**$588,906**

Summary of Investments

Asset Description	Shares/Face Value	Market Value	Total Cost	Unrealized Gain/Loss	Est. Income	Yield to Maturity	Yield to Cost
Fidelity IMM Gov Class I Fund #57	$ 177,781.56	$ 177,781.56	$ 177,781.56	$ -	$ 7,537.94	4.24%	N/A
US Treasury Bill (05/15/2025)	$ 1,000,000.00	$ 998,370.00	$ 981,747.13	$ 16,622.87	$ 18,252.87	3.99%	4.34%
US Treasury Bill (06/12/2025)	$ 1,000,000.00	$ 995,070.00	$ 953,972.50	$ 41,097.50	$ 46,027.50	4.22%	5.09%
US Treasury Bill (07/03/2025)	$ 500,000.00	$ 496,335.00	$ 494,964.27	$ 1,370.73	$ 5,035.73	4.23%	4.28%
US Treasury Bill (08/07/2025)	$ 500,000.00	$ 494,320.00	$ 483,455.62	$ 10,864.38	$ 16,544.38	4.24%	4.00%
US Treasury Bill (12/26/2025)	$ 500,000.00	$ 487,195.00	$ 487,100.00	$ 95.00	$ 12,900.00	4.00%	4.00%
US Treasury Bill (01/22/2026)	$ 500,000.00	$ 485,985.00	$ 484,805.21	$ 1,179.79	$ 15,194.79	3.91%	3.91%
Total Cash Equivalents	**$ 4,177,781.56**	**$ 4,135,056.56**	**$ 4,063,826.29**	**$ 71,230.27**	**$ 121,493.21**		
US Treasury Note (10/15/2025)	$ 1,000,000.00	$ 1,002,403.01	$ 1,005,781.25	$ (3,378.24)	$ 42,500.00	4.16%	4.06%
US Treasury Note (09/30/2025)	$ 500,000.00	$ 503,708.29	$ 504,570.31	$ (862.02)	$ 25,000.00	4.24%	4.50%
US Treasury Note (10/15/2026)	$ 500,000.00	$ 507,373.70	$ 506,738.28	$ 635.42	$ 23,125.00	3.75%	4.15%
US Treasury Note (06/15/2026)	$ 500,000.00	$ 509,316.44	$ 500,917.97	$ 8,398.47	$ 20,625.00	3.87%	4.00%
US Treasury Note(01/31/2027)	$ 500,000.00	$ 509,020.62	$ 503,027.34	$ 5,993.28	$ 20,625.00	3.69%	3.79%
US Treasury Note (03/15/2027)	$ 500,000.00	$ 508,336.30	$ 496,308.59	$ 12,027.71	$ 21,250.00	3.66%	4.57%
US Treasury Note (04/30/2026)	$ 500,000.00	$ 504,710.00	$ 499,023.44	$ 5,686.56	$ 24,375.00	3.95%	5.04%
US Treasury Note (08/15/2027)	$ 500,000.00	$ 505,612.74	$ 495,292.97	$ 10,319.77	$ 18,750.00	3.63%	4.15%
US Treasury Note (8/31/2026)	$ 500,000.00	$ 503,039.93	$ 495,195.31	$ 7,844.62	$ 18,750.00	3.79%	4.36%
Total Fixed income	**$ 5,000,000.00**	**$ 5,053,521.03**	**$ 5,006,855.46**	**$ 46,665.57**	**$ 215,000.00**	**3.98%**	**4.32%**
3/31/2025		**$ 9,188,577.59**	**$ 9,070,681.75**	**$ 117,895.84**	**$ 336,493.21**	**3.98%**	**4.32%**

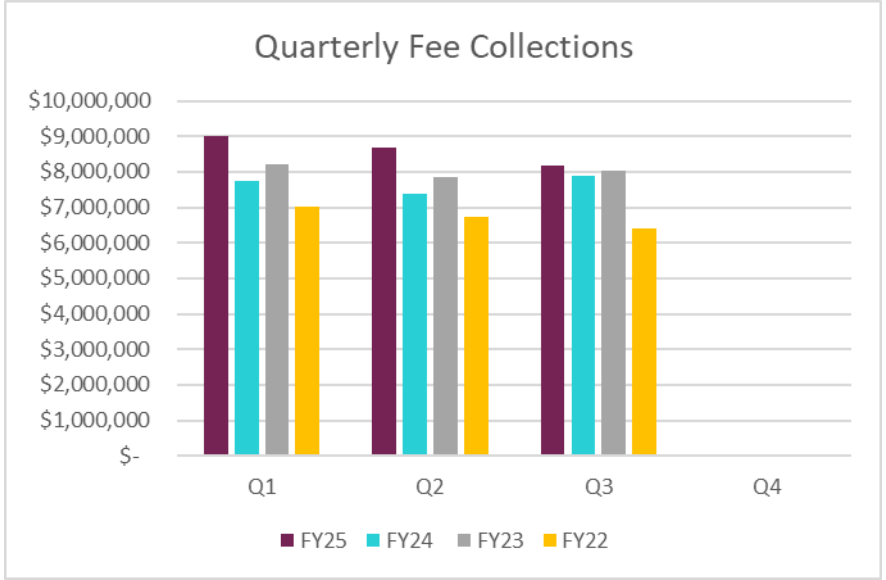
Fee Revenue Reimbursement- March 31, 2025

RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD

FEE REVENUE REIMBURSEMENT REPORT AS OF March 31, 2025

AGED CLAIMS		Current Month		Prior Month		Prior Year	
Total Claims Outstanding	**Total**	100%	$3,956,196	100%	$5,966,411	100%	$6,374,394
	Consumers	55%	$2,160,948	65%	$3,876,841	48%	$3,067,650
	3rd Party	45%	$1,795,249	35%	$2,089,570	52%	$3,306,744
Claims Aged 0-29 Days	**Total**	39%	$1,561,774	29%	$1,739,808	61%	$3,880,087
	Consumers	2%	$61,205	2%	$65,600	9%	$583,993
	3rd Party	38%	$1,500,569	42%	$1,674,209	52%	$3,296,094
Claims Aged 30-59 Days	**Total**	4%	$153,411	3%	$207,969	2%	$129,864
	Consumers	2%	$63,862	2%	$93,759	1%	$89,659
	3rd Party	2%	$89,549	3%	$114,210	1%	$40,205
Claims Aged 60-89 Days	**Total**	2%	$67,358	3%	$189,745	1%	$69,263
	Consumers	0%	$5,623	2%	$62,641	0%	$29,603
	3rd Party	2%	$61,735	3%	$127,104	1%	$39,660
Claims Aged 90-119 Days	**Total**	4%	$153,269	1%	$65,837	0%	$22,862
	Consumers	3%	$124,165	0%	$3,882	0%	$14,012
	3rd Party	1%	$29,103	2%	$61,955	0%	$8,849
Claims Aged 120+ Days	**Total**	51%	$2,020,385	63%	$3,763,051	36%	$2,272,318
	Consumers	48%	$1,906,093	92%	$3,650,958	37%	$2,350,383
	3rd Party	3%	$114,291	3%	$112,093	1%	$67,416

CLAIM COLLECTIONS	
Current Year To Date Collections	$25,883,861
Prior Year To Date Collections	$23,027,423
$ Change from Prior Year	$2,856,438
% Change from Prior Year	12%



Write-off Report

Month: March 2025		
Write Off Code	Current MTD	Prior MTD
BAD ADDRESS	$ -	$ 104,481
DECEASED	$ 1,626	$ 510
NO FINANCIAL AGREEMENT	$ 12,002	$ 7,261
SMALL BALANCE	$ 154	$ 260
UNCOLLECTABLE	$ 20,640	$ 484
FINANCIAL ASSISTANCE	$ 265,491	$ 160,417
NO SHOW	$ 240	$ 2,746
MAX UNITS/BENEFITS	$ 63,163	$ 10,803
PROVIDER NOT CREDENTIALED	$ 520	$ 25,491
DIAGNOSIS NOT COVERED	$ 160	$ 160
NON-COVERED SERVICE	$ 605	$ 14,278
SERVICES NOT AUTHORIZED	$ 21,357	$ 8,319
PAST BILLING DEADLINE	$ 59	$ 75
INCORRECT PAYER	$ 914	$ 9,034
INVALID MEMBER ID	$ -	$ 652
SPENDDOWN NOT MET	$ 77,709	$ 11,858
TOTAL	**$ 464,639**	**$ 356,829**

Year to Date: July - March 2025		
Write Off Code	Current YTD	Prior YTD
BAD ADDRESS	$ 49,264	$ 107,193
BANKRUPTCY	$ 250	$ 1,041
DECEASED	$ 3,155	$ 1,339
NO FINANCIAL AGREEMENT	$ 76,693	$ 31,031
SMALL BALANCE	$ 669	$ 1,285
UNCOLLECTABLE	$ 23,282	$ 2,682
FINANCIAL ASSISTANCE	$ 1,643,656	$ 1,308,158
NO SHOW	$ 4,332	$ 7,674
MAX UNITS/BENEFITS	$ 382,205	$ 119,438
PROVIDER NOT CREDENTIALED	$ 15,630	$ 85,604
ROLL UP BILLING	$ -	$ 56,821
DIAGNOSIS NOT COVERED	$ 5,468	$ 1,355
NON-COVERED SERVICE	$ 54,109	$ 41,386
SERVICES NOT AUTHORIZED	$ 129,160	$ 112,012
PAST BILLING DEADLINE	$ 4,211	$ 17,384
MCO DENIED AUTH	$ 9,989	$ 1,102
INCORRECT PAYER	$ 21,529	$ 26,541
INVALID MEMBER ID	$ -	$ 1,958
INVALID POS/CPT/MODIFIER	$ 100	$ -
NO PRIMARY EOB	$ 3,015	$ 2,269
SPENDDOWN NOT MET	$ 362,645	$ 33,005
STATE FUNDS EXHAUSTED	$ 19,150	$ -
TOTAL	**$ 2,808,512**	**$ 1,959,278**

Payroll Statistics

Pay Date	Overtime Hours	Overtime Cost	Average Cost per hour-Overtime	2P Hours	2P Cost	Average Cost per hour-2p	Total Hours	Total Costs
7/12/2024	399.5	$16,004.36	$40.06	153.33	$5,252.26	$34.25	552.83	$21,256.62
7/26/2024	377	$15,298.75	$40.58	164.25	$5,893.46	$35.88	541.25	$21,192.21
8/9/2024	475.01	$19,669.66	$41.41	124.5	$4,445.08	$35.70	599.51	$24,114.74
8/23/2024	333.67	$13,727.68	$41.14	210	$6,984.26	$33.26	543.67	$20,711.94
9/6/2024	568	$23,632.36	$41.61	89.5	$3,949.93	$44.13	657.5	$27,582.29
9/20/2024	501.7	$20,914.43	$41.69	112	$3,835.53	$34.25	613.7	$24,749.96
10/4/2024	323.5	$13,263.41	$41.00	130	$4,755.90	$36.58	453.5	$18,019.31
10/18/2024	266.25	$10,848.84	$40.75	131.5	$4,480.69	$34.07	397.75	$15,329.53
11/1/2024	334.25	$14,201.24	$42.49	118	$4,086.40	$34.63	452.25	$18,287.64
11/15/2024	382.5	$14,954.05	$39.10	87.75	$3,095.69	$35.28	470.25	$18,049.74
11/29/2024	369.25	$14,188.19	$38.42	105.75	$3,868.96	$36.59	475	$18,057.15
12/13/2024	227.75	$8,892.61	$39.05	116.5	$4,171.76	$35.81	344.25	$13,064.37
12/27/2024	275.25	$10,882.21	$39.54	136	$4,381.10	$32.21	411.25	$15,263.31
1/10/2025	331.75	$12,638.27	$38.10	115.5	$3,929.20	$34.02	447.25	$16,567.47
1/24/2025	306.25	$13,068.75	$42.67	93.85	$3,515.85	$37.46	400.1	$16,584.60
2/7/2025	130.75	$5,275.67	$40.35	103.25	$3,602.89	$34.89	234	$8,878.56
2/21/2025	210.75	$8,522.45	$40.44	91.07	$3,470.15	$38.10	301.82	$11,992.60
3/7/2025	168	$6,667.80	$39.69	86.25	$3,149.33	$36.51	254.25	$9,817.13
3/21/2025	118.25	$4,991.23	$42.21	59.75	$2,408.30	$40.31	178	$7,399.53
4/4/2025	80.25	$3,493.22	$43.53	93	$3,383.63	$36.38	173.25	$6,876.85
4/18/2025	82.25	$3,298.41	$40.10	39.75	$1,674.56	$42.13	122	$4,972.97
5/2/2025	126.5	$5,179.88	$40.95	53.35	$2,031.05	$38.07	179.85	$7,210.93
Grand Total	**6388.38**	**$259,613.47**	**$40.64**	**2414.85**	**$86,365.98**	**$35.76**	**8803.23**	**$345,979.45**

RACSB
FY 2025 FINANCIAL REPORT
Fiscal Year: July 1, 2024 through June 30, 2025
Report Period: July 1, 2024 through March 31, 2025

MENTAL HEALTH

PROGRAM	REVENUE			EXPENDITURES			ACTUAL VARIANCE	VARIANCE / REVENUE
	BUDGET FY 2025	ACTUAL YTD	%	BUDGET FY 2025	ACTUAL YTD	%		
INPATIENT	0	12,026	0.00%	0	179,150	0.00%	(167,124)	-1390%
OUTPATIENT (FED)	3,194,943	2,839,134	88.86%	3,194,943	2,989,828	93.58%	(150,694)	-5%
MEDICAL OUTPATIENT (R) (FED)	4,910,714	3,185,303	64.86%	4,910,714	3,459,193	70.44%	(273,890)	-9%
ACT NORTH (R)	1,009,186	675,689	66.95%	1,009,186	830,878	82.33%	(155,189)	-23%
ACT SOUTH (R)	969,616	846,163	87.27%	969,616	795,078	82.00%	51,085	6%
CASE MANAGEMENT ADULT (FED)	1,196,606	1,020,506	85.28%	1,196,606	1,061,341	88.70%	(40,835)	-4%
CASE MANAGEMENT CHILD & ADOLESCENT (FED)	929,321	684,154	73.62%	929,321	873,243	93.97%	(189,089)	-28%
PSY REHAB & KENMORE EMP SER (R) (FED)	776,442	621,208	80.01%	776,442	697,986	89.90%	(76,778)	-12%
PERMANENT SUPPORTIVE HOUSING (R)	3,265,491	4,959,682	151.88%	3,265,491	2,047,147	62.69%	2,912,535	59%
CRISIS STABILIZATION (R)	2,789,414	2,059,824	73.84%	2,789,414	2,116,313	75.87%	(56,489)	-3%
SUPERVISED RESIDENTIAL	622,585	508,488	81.67%	622,585	503,962	80.95%	4,525	1%
SUPPORTED RESIDENTIAL	869,009	691,043	79.52%	869,009	919,488	105.81%	(228,445)	-33%
JAIL DIVERSION GRANT (R)	94,043	84,180	89.51%	94,043	54,257	57.69%	29,923	36%
JAIL & DETENTION SERVICES	675,354	450,322	66.68%	675,354	564,813	83.63%	(114,491)	-25%
SUB-TOTAL	**21,302,725**	**18,637,722**	**87%**	**21,302,725**	**17,092,678**	**80%**	**1,545,044**	**8%**

DEVELOPMENTAL SERVICES

PROGRAM	REVENUE			EXPENDITURES			ACTUAL VARIANCE	VARIANCE / REVENUE
	BUDGET FY 2025	ACTUAL YTD	%	BUDGET FY 2025	ACTUAL YTD	%		
CASE MANAGEMENT	4,204,751	2,883,949	68.59%	4,204,751	3,712,110	88.28%	(828,162)	-29%
DAY HEALTH & REHAB *	5,313,080	3,817,913	71.86%	5,313,080	4,728,216	88.99%	(910,304)	-24%
GROUP HOMES	6,851,462	5,390,989	78.68%	6,851,462	5,431,381	79.27%	(40,391)	-1%
RESPITE GROUP HOME	653,469	200,534	30.69%	653,469	549,490	84.09%	(348,956)	-174%
INTERMEDIATE CARE FACILITIES	4,788,336	3,715,530	77.60%	4,788,336	4,226,023	88.26%	(510,493)	-14%
SUPERVISED APARTMENTS	1,932,464	2,303,633	119.21%	1,932,464	1,495,339	77.38%	808,295	35%
SPONSORED PLACEMENTS	1,943,190	1,914,515	98.52%	1,943,190	1,740,090	89.55%	174,425	9%
SUB-TOTAL	**25,686,752**	**20,227,062**	**78.75%**	**25,686,752**	**21,882,649**	**85.19%**	**(1,655,586)**	**-8%**

(R) Restricted Funding within program
(FED) Federal Reimbursement process within program

RACSB
FY 2025 FINANCIAL REPORT
Fiscal Year: July 1, 2024 through June 30, 2025
Report Period: July 1, 2024 through March 31, 2025
SUBSTANCE ABUSE

PROGRAM	REVENUE			EXPENDITURES				
	BUDGET FY 2025	ACTUAL YTD	%	BUDGET FY 2025	ACTUAL YTD	%	ACTUAL VARIANCE	VARIANCE / REVENUE
SA OUTPATIENT (R) (FED)	1,544,604	1,150,303	74.47%	1,544,604	1,054,162	68.25%	96,141	8%
MAT PROGRAM (R) (FED)	814,953	1,055,006	129.46%	814,953	1,363,546	167.32%	(308,540)	-29%
CASE MANAGEMENT (R) (FED)	239,631	190,421	79.46%	239,631	118,122	49.29%	72,298	38%
RESIDENTIAL (R)	69,049	23,940	34.67%	69,049	82,227	119.09%	(58,287)	-243%
PREVENTION (R) (FED)	634,155	355,679	56.09%	634,155	498,792	78.65%	(143,113)	-40%
LINK (R) (FED)	274,980	202,483	73.64%	274,980	234,168	85.16%	(31,685)	-16%
SUB-TOTAL	**3,577,371**	**2,977,831**	**83%**	**2,032,767**	**3,351,017**	**165%**	**(469,326)**	**-16%**

SERVICES OUTSIDE PROGRAM AREA

PROGRAM	REVENUE			EXPENDITURES				
	BUDGET FY 2025	ACTUAL YTD	%	BUDGET FY 2025	ACTUAL YTD	%	ACTUAL Variance	VARIANCE / REVENUE
EMERGENCY SERVICES (R)	2,012,744	1,860,453	92.43%	2,012,744	1,472,202	73.14%	388,251	21%
CHILD MOBILE CRISIS (R)	376,212	282,691	75.14%	376,212	204,741	54.42%	77,949	28%
CIT ASSESSMENT SITE (R)	391,306	344,653	88.08%	391,306	295,369	75.48%	49,283	14%
CONSUMER MONITORING (R) (FED)	133,656	50,420	37.72%	133,656	339,261	253.83%	(288,841)	-573%
ASSESSMENT AND EVALUATION (R)	448,026	359,227	80.18%	448,026	325,992	72.76%	33,235	9%
SUB-TOTAL	**3,361,944**	**2,897,443**	**86.18%**	**3,361,944**	**2,637,565**	**78.45%**	**259,878**	**9%**

ADMINISTRATION

PROGRAM	REVENUE			EXPENDITURES			
	BUDGET FY 2025	ACTUAL YTD	%	BUDGET FY 2025	ACTUAL YTD	%	ACTUAL VARIANCE
ADMINISTRATION (FED)	470,080	781,255	166.20%	470,080	781,255	166.20%	0
PROGRAM SUPPORT	27,600	20,700	75.00%	27,600	20,700	75.00%	0
SUB-TOTAL	**497,680**	**801,955**	**161.14%**	**497,680**	**801,955**	**161.14%**	**0**
ALLOCATED TO PROGRAMS				4,268,473	3,126,283	73.24%	

(R) Restricted Funding within program
(FED) Federal Reimbursement process within program

RACSB
FY 2025 FINANCIAL REPORT
Fiscal Year: July 1, 2024 through June 30, 2025
Report Period: July 1, 2024 through March 31, 2025
FISCAL AGENT PROGRAMS
PART C AND HEALTHY FAMILY PROGRAMS

PROGRAM	REVENUE			EXPENDITURES			ACTUAL VARIANCE	VARIANCE / REVENUE
	BUDGET FY 2025	ACTUAL YTD	%	BUDGET FY 2025	ACTUAL YTD	%		
INTERAGENCY COORDINATING COUNCIL (R)	1,882,348	1,614,736	85.78%	1,882,348	1,217,508	64.68%	397,228	25%
INFANT CASE MANAGEMENT (R)	998,791	595,043	59.58%	998,791	841,736	84.28%	(246,693)	-41%
EARLY INTERVENTION (R)	2,567,207	1,533,289	59.73%	2,567,207	2,338,107	91.08%	(804,818)	-52%
TOTAL PART C	**5,448,346**	**3,743,068**	**68.70%**	**5,448,346**	**4,397,351**	**80.71%**	**(654,283)**	**-17%**
HEALTHY FAMILIES (R)	141,386	143,918	101.79%	141,386	49,424	34.96%	94,493	66%
HEALTHY FAMILIES - MIECHV Grant (R) (REIM)	340,846	378,125	110.94%	340,846	343,438	100.76%	34,687	9%
HEALTHY FAMILIES-TANF & CBCAP GRANT (R) (REIM)	528,690	473,231	89.51%	528,690	531,849	100.60%	(58,617)	-12%
TOTAL HEALTHY FAMILY	**1,010,921**	**995,274**	**98.45%**	**1,010,921**	**924,711**	**91.47%**	**70,563**	**7%**

(R) Restricted Funding within program
(FED) Federal Reimbursement process within program

RACSB
FY 2025 FINANCIAL REPORT
Fiscal Year: July 1, 2024 through June 30, 2025
Report Period: July 1, 2024 through March 31, 2025

RECAP FY 2025 BALANCES

	REVENUE	EXPENDITURES	NET	NET / REVENUE
MENTAL HEALTH	18,637,722	17,152,235	1,485,488	8%
DEVELOPMENTAL SERVICES	20,227,062	21,882,649	(1,655,586)	-8%
SUBSTANCE ABUSE	2,977,831	3,351,017	(373,185)	-13%
SERVICES OUTSIDE PROGRAM AREA	2,897,443	2,637,565	259,878	9%
ADMINISTRATION	801,955	801,955	0	0%
FISCAL AGENT PROGRAMS	4,738,342	5,322,062	(583,720)	-12%
TOTAL	**50,280,356**	**51,147,482**	**(867,125)**	**-2%**

RECAP FY 2024 BALANCES

	REVENUE	EXPENDITURES	NET	NET / REVENUE
MENTAL HEALTH	14,950,557	12,805,225	2,145,332	14%
DEVELOPMENTAL SERVICES	17,872,816	16,368,100	1,504,716	8%
SUBSTANCE ABUSE	2,264,140	2,667,354	(403,214)	-18%
SERVICES OUTSIDE PROGRAM AREA	3,002,877	1,792,399	1,210,478	40%
ADMINISTRATION	456,363	456,363	0	0%
FISCAL AGENT PROGRAMS	4,308,527	4,102,719	205,808	5%
TOTAL	**42,855,280**	**38,192,160**	**4,663,120**	11%

	$ Change	% Change
Change in Revenue from Prior Year	$ 7,425,077	17.33%
Change in Expense from Prior Year	$ 12,955,323	33.92%
Change in Net Income from Prior Year	$ (5,530,245)	-118.60%

*Unaudited Report

HUMAN RESOURCES PROGRAM UPDATE- April 2025

Benefits

- Prepared open enrollment communication strategy. The strategy includes multiple forms of communication with staff and the use of third-party benefit coaches. A similar approach was used successfully last year.

Training & Compliance

- Held agency wide in-service day, 4/23/25, in which 349 staff attended. Received feedback from 200 Hopestarters, 4.5/5 overall rating of the event.
- Facilitated in-person training to 106 staff.
- Initiated 33 chart audits, with an average compliance rating of 95% at initial audit.
- Overall, we have an audit on file for 38% of our workforce's employee files.
- Utilized Relias to create a new and improved tracking tool for DSP and DSP Supervisor annual competencies.

Office of Human Resources

600 Jackson Street ▪ Fredericksburg, VA 22401 ▪ 540-373-3223

RappahannockAreaCSB.org

MEMORANDUM

To: Joe Wickens, Executive Director

From: Derrick Mestler, Human Resources Director

Date: May 7, 2025

Re: Summary – April 2025 Applicant and Recruitment Update

For April 2025, RACSB received 199 applications.

Of the applications received, 42 applicants listed the RACSB applicant portal as their recruitment source, 15 stated employee referrals as their recruitment source, and 142 listed job boards as their recruitment source.

As of the end of April, 9 positions, 5 full-time and 4 part-time, were actively being recruited for.

A summary is attached, indicating the number of external applicants hired, internal applicants promoted, and the total number of applicants who applied for positions in April 2025.

APPLICANT DATA REPORT

RACSB FY 2025

APPLICANT DATA	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25
Female	727	338	373	402	340	150	331	341	195	96		
Male	128	93	128	154	106	37	78	99	41	27		
Not Supplied	372	294	299	313	258	119	153	189	146	76		
Total	**1227**	725	800	869	704	306	562	629	382	199		
ETHNICITY												
Caucasian	254	140	155	172	128	40	149	177	76	39		
African American	405	193	227	256	226	111	173	180	108	68		
Hispanic	67	26	32	34	25	6	3	0	9	3		
Asian	20	15	16	18	16	6	5	2	0	3		
American Indian	2	2	0	0	4	1	3	1	0	1		
Native Hawaiian	2	1	1	0	1	0	2	0	0	0		
Two or More Races	63	44	51	49	27	16	1	32	13	6		
RECRUITMENT SOURCE												
Newspaper Ads												
RACSB Website	192	138	171	130	143	53	79	79	76	42		
RACSB Intranet												
Employee Referrals	99	72	91	68	57	39	30	31	42	15		
Radio Ads												
Job Boards												
Indeed.com	861	437	428	567	428	162	412	455	231	118		
VA Employment Commission												
Monster.com												
Other -	48	53	75	72	57	47	25	55	28	16		
VA Peer Recovery Specialist Site												
Colleges/Handshake												
Facebook												
Multi Site Search												
NHSC												
Linked In												
Goodwill referral												
Zip Recruiter	27	25	35	32	19	5	16	9	5	8		
Job Fair												
Total # of Applicants	1227	725	800	869	704	306	562	629	382	199		

RECRUITMENT REPORT FY 2025

MONTHLY RECRUITMENT	***JULY***	***AUGUST***	***SEPTEMBER***	***OCTOBER***	***NOVEMBER***	***DECEMBER***	***JANUARY***	***FEBRUARY***	***MARCH***	***APRIL***	***MAY***	***JUNE***	***TOTAL YTD***
External Applicants Hired:													
Part-time	3	8	9	2	1	3	8	2	1	0			37
Full-time	8	14	13	10	6	9	16	10	3	8			97
Sub Total External Applicants Hired	**11**	**22**	**22**	**12**	**7**	**12**	**24**	**12**	**4**	**8**			110
Internal Applicants Moved:													
Part-time to Full-time	0	0	0	0	3	2	2	2	0	0			9
PRN As Needed to Full-Time	0	0	0	0	0	0	0	0	0	0			0
Sub Total Internal Applicant Moves	**0**	**0**	**0**	**0**	**3**	**2**	**2**	**2**	**0**	**0**			7
Total Positions Filled:	**11**	**22**	**22**	**12**	**10**	**14**	**26**	**14**	**4**	**8**			117
Total Applications Received:													
Actual Total of Applicants:	**1227**	**725**	**800**	**869**	**704**	**196**	**562**	**629**	**382**	**199**			6293
Total External Offers Made:	**11**	**22**	**22**	**12**	**7**	**12**	**24**	**12**	**4**	**8**			110
Total Internal Offers Made:	**0**	**0**	**0**	**0**	**3**	**2**	**2**	**2**	**0**	**0**			7

Vacancy Report as of 04/30/2025

4/30/2025							
Actively Recruiting to hire							
Original Date Listed	**Days Open**	**Original Job#**	**Job Title**	**Division**	**Location (was Department)**	**FT**	**PT**
12/20/2024	131	1383380	Accounting Coordinator (Accounting Manager in ads)	Admin	Fredericksburg City Administrative - Accounting	1	
					1		
12/12/2024	139	1376325	Therapist, Jail Based	Clinical	Stafford County Clinical Services - Jail Based/Diversion Services	1	
2/5/2025	84	1421071	Office Associate II	Clinical	Spotsylvania County Clinical Services	1	
2/26/2025	63	1437975	Nurse, Mobile OBOT	Clinical	Fredericksburg City Clinical Services - SA Services	1	
2/26/2025	63	1437967	Psychiatric Nurse Practitioner, OBOT	Clinical	Fredericksburg City Clinical Services - SA Services	1	
					4		
4/15/2025	15	1478260	DIRECT SUPPORT PROFESSIONAL - KINGS HIGHWAY	CSS	Stafford County CSS - Day Health & Rehabilitation Services		1
4/15/2025	15	1478256	DIRECT SUPPORT PROFESSIONAL - RAAI KINGS HIGHWAY	CSS	Stafford County CSS - Day Health & Rehabilitation Services		1
11/8/2024	173	1430680	DIRECT SUPPORT PROFESSIONAL - DAY SUPPORT - KINGS HWY	CSS	Stafford County CSS - Day Health & Rehabilitation Services		1
1/9/2025	111	1396071	DIRECT SUPPORT PROFESSIONAL - DAY SUPPORT - KINGS HWY	CSS	Stafford County CSS - Day Health & Rehabilitation Services		1
					4		
Avg days open	**88.22**					**5**	**4**
					Total Positions in Recruitment	**9**	

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

MEMORANDUM

To: Joe Wickens, Executive Director

From: Derrick Mestler, Human Resources Director

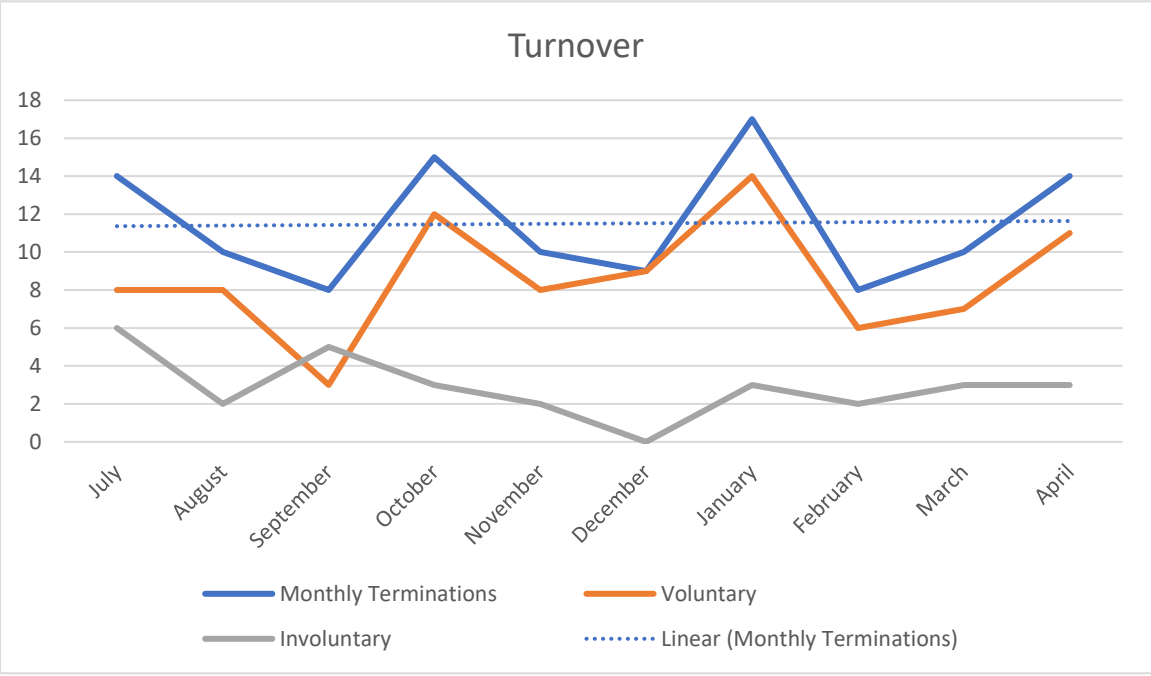
Date: May 7, 2025

Re: Summary – Turnover Report – April 2025

Human Resources processed fourteen (14) employee separations in April 2025. Eleven (11) were voluntary, and three (3) were involuntary.

Reasons for Separations

Resigned- Vol.	11
Involuntary	3



RACSB Turnover FY '25

Employees	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25
Average Headcount	572	573	587	586	570	571	579	585	583	576		
Monthly Terminations*	14	10	8	15	10	9	17	8	10	14		
Turnover by Month	2.45%	1.75%	1.36%	2.56%	1.75%	1.58%	2.94%	1.37%	1.72%	2.43%		
Cumulative Turnover YTD	2.45%	4.19%	5.54%	8.11%	9.87%	11.45%	14.39%	15.75%	17.46%	19.89%		
Average % Turnover per Month YTD	2.45%	2.10%	1.85%	2.03%	1.97%	1.91%	2.06%	1.97%	1.94%	1.99%		

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

RACSB MONTHLY TURNOVER REPORT
Apr-25

ORGANIZATIONAL UNIT	NUMBER OF TERMS	VOLUNTARY	INVOLUNTARY	EXPLANATION
Administrative				
Unit Totals	**0**	**0**	**0**	
Clinical Services		3		Resignation (1 return to school, 2 unknown)
		1		Retirement
Unit Totals	**4**	**4**	**0**	
Community Support Services		7		Resignation (4 other employment, 3 unknown)
			3	For cause
Unit Totals	**10**	**7**	**3**	
Prevention				
Unit Totals	**0**	**0**	**0**	
Grand Totals for the Month	**14**	**11**	**3**	

Total Average Number of Employees	**576**
Retention Rate	**97.57%**
Turnover Rate	**2.43%**

Total Separations	**14**

RACSB DEPUTY EXECUTIVE DIRECTOR REPORT
Monthly Updates

Opportunities for Partnership/Input:

- Participated Senator Durant's Community Mental Health Forum.
- Met minimum of three times a week regarding transition to new statewide data exchange. RACSB and Netsmart began testing the last week of January. Please see detailed information below on the status of this project.
- The Administrative Policy Committee which works to negotiate changes to the DBHDS Performance Contract has met every two weeks to discuss upcoming changes. We have started approving sections to send for review by VACSB Executive Directors. We continue to work through revisions suggested by different program departments within DBHDS.
- Ongoing participation at least once a week on the VACSB CCBHC Steering Committee and selected as chair for the Data and Outcomes sub-work group for this project.
- Attended the Mary Washington Hospital Community Mental Health Forum.
- Supported budget meetings with programs across the agency.
- Supported the strategic plan activities and workgroup meetings.
- Presented with Craig Camidge, DBHDS, on the Data Modernization Program at the May VACSB conference.
- Participated in a focus group with Behavioral Health Commission and RACSB staff around STEP-VA implementation.

Community Consumer Submission 3

DBHDS staff and CSB staff continue to meet weekly about the CCS 3 replacement project. Rappahannock Area Community Services Board continues to be the lead Netsmart Community Services Board, for those that use MyAvatar. We started testing the last week in January in preparation for a go-live in March 2025. However, Netsmart failed to deliver a solution which contained all the required elements required to go-live as planned. As of May 1, 2025, they have not executed the required Design Exceptions Document with DBHDS and RACSB which will provide the documentation of any exceptions to the standard specifications which have been approved by all parties. As a result, RACSB has not established a new go-live date. This represents a high risk for our successful transition to the required data exchange for state reporting by June 30, 2025. If not fully transitioned by that date, RACSB will be out of compliance with our DBHDS Performance Contract.

Information Technology Department Data		
Number of IT Tickets Completed	**Zoom Meetings**	**Total Zoom Participants**
April 2025- 1,107	2,335	5,191

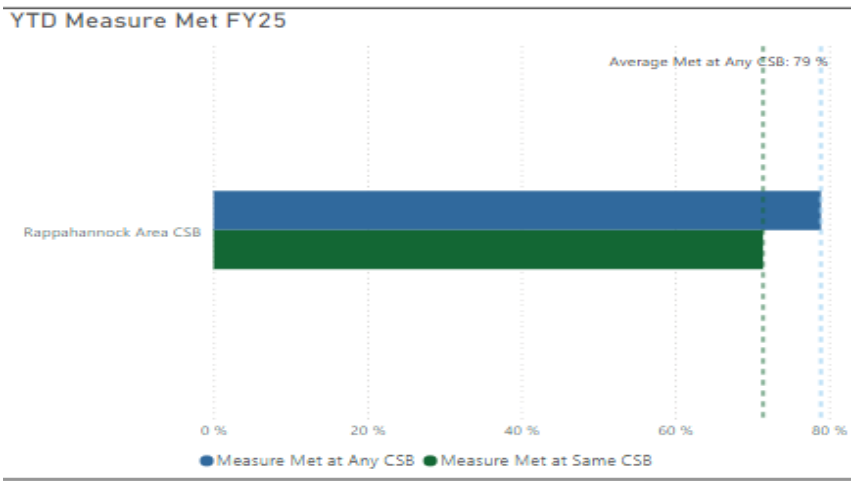
Combined Dashboards Data Report- May 5th, 2025

Dashboard Report				
Measure	**Month of Measure**	**State Target**	**State Average**	**RACSB**
Same Day Access-Appointment Offered	Jan 2025	86%	76.40%	93.50%
Same Day Access-Appointment Kept	Dec 2024	70%	79.10%	80.00%
SUD Engagement	Feb 2025	50%	54.20%	60.50%
Universal Adult Columbia Screenings		86%	78.00%	*Not reported /Technical Error
Universal Child/Adolescent Columbia Screenings		86%	78.50%	*Not reported /Technical Error
DLA-Adult	FY2024 Q2-Q4	35%		38.80%
DLA-Child	FY2024 Q2-Q4	35%		54.20%
Percent Receiving Face to Face Case Management Services ECM		90%	N/A	*Not reported /Technical Error
Percent Receiving In-home Case Management Services ECM		90%	N/A	*Not reported /Technical Error
Percent Receiving Targeted Case Management	FY2025Q2	90%	N/A	97.10%

*Significant discrepancies in the services sent and received by DBHDS for these measures. The IT teams is working to identify the issue and resolve the technical error.

In Development: Continuity of Care

Percent of individuals for whom the CSB is the identified case management CSB who keep a Face-to-face (non-emergency) mental health outpatient service appointment within seven calendar days after discharge from state hospital.



To: Joe Wickens, Executive Director

From: Brandie Williams, Deputy Executive Director

Re: Award for STEP-VA Enhancement funds

Date: May 5, 2025

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

STEP 1: Same Day Access
STEP 2: Primary Care Screening
STEP 3: Outpatient Services
STEP 8: Psychiatric Rehabilitation – Supported Employment for SMI

The Rappahannock Area Community Services Board applied for $215,656 to enhance Coordination of Care through Same Day Access and Outpatient Services steps of STEP-VA.

DBHDS has awarded full funding for this application.

To: Joe Wickens, Executive Director

From: Brandie Williams, Deputy Executive Director

Re: Legislative Updates and Priorities

Date: May 6, 2025

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

DBHDS Funding Actions:

- DBHDS sent notice on Monday, May 5, 2025 of reallocation of certain STEP-VA funds starting July 1, 2025. They provided a list of indicators involved in the decision-making and highlighted three key indicators: well-being score, adult and child uninsured rates, and rurality.
- DHBDS states "the impact of applying these new percentages across any given funding stream is evaluated. It can be demonstrated that these new percentages are successful at moving funds to CSBs which are insufficiently funded based on the indicators used in this version".
- The new percentages were applied to the Same Day Access, Psychiatric Rehabilitation, and Case Management STEP-VA Funding streams.
- RACSB lost a total of $28,355 of funding in this process.

Governor's Action on legislation of interest:

- Signed the vicarious liability bills in to law

Items of note from the Governor's Budget actions:

- Removes most proposed rate increases for expansion of Medicaid services to ensure adequate revenue reserves and future cost avoidance. 3% increase for select ID/DD services remained in the budget.
- Provides funding to support on-boarding of new support coordination in a one-time amount of $8,700,000.
- Additional Marcus Alert Funding to support eight additional Marcus Alert sites and develop co-response programs between law enforcement officers and clinicians.

Impacts of recent Federal-level actions:

- On April 2025, Department of Health and Human Services 2026 Discretionary Budget Passback document was leaked to the public. It included the following which could impact RACSB.
    - **Programs eliminated:**
        - Adverse Childhood Experiences (ACEs)
        - Autism and Other Disorders
        - Mental Health Awareness Training
        - Infant and Early Childhood Mental Health
        - Children and Family Programs
        - Interagency Task Force of Trauma Informed Care

- MH System Transformation and Health Reform
- Crisis Response Grants
- Criminal and Juvenile Justice Programs (MH)
- Homeless Prevention Programs
- Assertive Community Treatment for Individual with SMI
- Strategic Prevention Framework (SUD)
- Pregnant and Post-partum Women (SUD)
- Improving Access to Overdose Treatment
- Criminal Justice Activities (SUD)
- Overdose Prevention (Naloxone) and First Responder Training (Naloxone)
- Peer Support Assistance Center
- Emergency Department Alternatives to Opioids
- Comprehensive Opioid Recovery Centers
- Screening, Brief Intervention, and Referral to Treatment
- Children and Families (SUD)
- Treatment, Recovery, and Workforce Support
- Building Communities of Recovery
- Treatment Systems for Homelessness
- Youth Prevention and Recovery Initiative
- Certified Community Behavioral Health Centers (CCBHCs)
- Mental and Behavioral Health Education and Training
- Behavioral Health Workforce Education and Training
- State Councils on Developmental Disabilities
- Developmental Disabilities Protection and Advocacy

Future impacts of potential Federal-level actions:

- On May 2, 2025, the FY2026 Discretionary Budget Request was released by the White House and included the following reductions in programs which could impact RACSB
    - Special Education Simplified Funding Program: Consolidates 7 IDEA programs
    - HRSA Consolidations: Education and training; Workforce Development Programs; Maternal and Child Health Programs
    - Center for Disease Control and Prevention (CDC) Programs: Merges and reduces funding around Infections disease, Opioids, Viral Hepatitis, Sexually Transmitted Infections, and Tuberculosis.
    - Substance Abuse and Mental Health Services Administration Elimination: Eliminates Mental Health Programs of Regional and National Significance, Substance Use Prevention Programs of Regional and National Significance, and Substance Use Treatment Programs of Regional and National Significance.
    - HUD State Rental Assistance Block Grant (Tenant-Based Rental Assistance, Public Housing, Housing for the Elderly, and Housing for Persons with Disabilities): Transition to state-based formula grant and significant terminations of Federal Regulations. However, funding is significantly reduced by -$26,718,000,000.
    - Eliminates Job Corps
    - Impact to Medicaid is still unknown at time of report but significant cuts remain likely.