RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD

June 17, 2025

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

AGENDA

I. Call to Order, *Beebe*

II. *Minutes, Board of Directors, May 20, 2025, *Beebe* 4
III. *Minutes, Strategic Plan Work Group Meeting, June 2, 2025, *Beebe*.....11
IV. *Executive Committee Meeting Minutes, June 2, 2025, *Beebe*.....12
V. *Minutes, Strategic Plan Work Group Meeting, June 16, 2025, *Beebe* (handout)

VI. Public Comment, *Beebe*

VII. Employee Service Awards, *Wickens*
- A. Five Years:
  1. Melissa Dannemiller, Licensed Outpatient Therapist, Spotsylvania
  2. Suzanne Haskell, Coordinator, Early Intervention
  3. Brittany Makufka, Licensed Outpatient Therapist, Fredericksburg
- B. Ten Years:
  1. Stephanie Terrell, Director of Compliance

VIII. Employee Recently Licensed, Portia Bennett, Licensed Professional Counselor, *Wickens*

IX. Board Core Behaviors, *Parcell*.....13

X. Presentation: Fiscal Year 2026 Operating Budget, *Keeler*.....14

XI. Program Reports
- A. Community Support Services
  1. Program Update, *Jindra*.....30
  2. Sunshine Lady House Utilization, *Jindra*.....32
  3. Residential Vacancies, *Jindra*.....34

- B. Clinical Services
  1. Program Update, *Kobuchi*.....36

XII. Report from the Executive Director, *Wickens*

XIII. Appointment of Officers, *Beebe*

XIV. Board Time

XV. Closed Session

XVI. Adjournment

May 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 May 20, 2025, at 600 Jackson Street and called to order by Vice Chair, Jacob Parcell at 3:00 p.m. *Attendees included*: Claire Curcio, Matthew Zurasky, Bridgette Williams, Carol Walker, Ken Lapin and Nancy Beebe. *Not Present*: Glenna Boerner, Susan Gayle, Sarah Ritchie, Shawn Kiger, Greg Sokolowski and Melissa White.

II. MINUTES, BOARD OF DIRECTORS, **April 15, 2025**

The Board of Directors approved the minutes from the April 15, 2025 meeting.

ACTION TAKEN: The Board approved the April 15, 2025 minutes.
Moved by: Ms. Bridgette Williams
Seconded by: Ms. Carol Walker

III. MINUTES, BOARD OF DIRECTORS STRATEGIC PLAN WORK GROUP, **May 12, 2025**

The Board of Directors approved the minutes from the May 12, 2025 meeting.

ACTION TAKEN: The Board approved the May 12, 2025 minutes.
Moved by: Mr. Ken Lapin
Seconded by: Ms. Claire Curcio

IV. MINUTES, BOARD OF DIRECTORS STRATEGIC PLAN WORK GROUP, **May 19, 2025**

The Board of Directors approved the minutes from the May 19, 2025 meeting.

ACTION TAKEN: The Board approved the May 19, 2025 minutes.
Moved by: Mr. Ken Lapin
Seconded by: Ms. Claire Curcio

V. PUBLIC COMMENT

No Action Taken

VI. SERVICE AWARDS

Mr. Joe Wickens recognized all employees with awards:

5 years

Melinda Moore, Special Educator, PEID

Melissa Scott, MH Nurse RN, Outpatient, Fredericksburg, (not in attendance)

25 years

Tiffany Williams, Asst. Group Home Manager, Merchant Square (not in attendance)

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

VIII. BOARD TOUR -MOBILE RECOVERY UNIT: Ms. Eleni McNeil and Ms. Brittani Saunders gave the Board a tour of the Opioid Abatement Authority-funded Mobile Recovery Unit.

IX. PROGRAM REPORTS

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

1. **Program Update** – Ms. Jindra provided her program update to the Board for their review and said she had nothing else to add.
2. **DRPT Grant Award** – Ms. Jindra shared that RACSB received grant funding for five wheelchair accessible minivans. We are responsible for 10% match for the vans. Total grant award is $386,520. The vans are assigned to Rappahannock Adult Activities Inc. (RAAI) to support Community Engagement programming.
3. **Sunshine Lady House** – Ms. Jindra said they received 56 prescreens for the month of April and the acceptance rate was 93%. 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 of 51% utilization.
4. **Mental Health and Developmental Disabilities Residential Vacancies** – Ms. Jindra shared that 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. Permanent Supportive Housing has a total of 91 available placements. Currently, the program has housed 68 formerly homeless individuals.
5. **Myers Drive Respite** – Mr. Curtis shared with the Board a proposal of an alternative arrangement for Myers to help lower the deficit while still being able to provide respite services. He proposed pursuing 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. He noted that 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. Mr. Curtis said they already have three prospects they believe would move in today to the permanent beds at Myers.

   Mr. Parcell asked what would prevent those three people now, because we have some capacity in other residential homes now. Mr. Curtis said it has to do with the staff at Myers and the family and individuals know and love the staff at Myers. They have made it a home away from home for people. The other thing is that it would be a quick turnaround. Mr. Parcell asked if the two remaining beds would be able to serve the number of people that are looking for respite services. Mr. Curtis confirmed it would. Ms. Jindra said it might compel higher utilization and they will have to book it a little differently.

   Mr. Zurasky asked what are the chances of the getting the flexible license from DBHDS. Ms. Jindra said the chances are good, they have communicated with the licensing specialist who gave the green light. Mr. Zurasky asked if we should do this for all of our homes. Ms. Jindra said that HUD does not allow us to do that. Mr. Zurasky asked about the day respite and whether or not that program could

continue. Mr. Curtis said they will have to look at staffing and patterns not only at Myers but across residential to look to sustain the capacity for day respite. They have a very adaptable staff to accommodate the needs.

Mr. Lapin shared that in all the years we have been talking about respite, he has never thought of this angle and he applauds both Steve and Amy for the really good solution to the financial difficulty that we've had with respite services. He hopes it works.

Ms. Bridgette Williams asked how much is respite really used. She would like to know how the program plans to accommodate periods where there is overflow in need. Ms. Jindra said that they identified that their utilization is less than 40% in general. Mr. Zurasky asked for clarification if that is for overnights or in general. Ms. Jindra said in general. Mr. Curtis said that historically holidays periods of significantly lower utilization. Ms. Bridgette Williams asked what the charge is going to be per bed. Ms. Jindra said that there is a waiver rate, the rates are set. Ms. Bridgette Williams said it sounds like this proposal is going to help them make up for the deficit they have been getting all along and the paperwork. Mr. Curtis said they are trying to balance the budget.

The Board moved to approve the proposal to pursue the flexible license with DBHDS to accommodate 4 permanent beds at Myers, while utilizing the remaining 2 beds for continuing guest respite services
ACTION TAKEN: The Board approved the proposal for Myers Drive
Moved: Ms. Claire Curcio
Seconded: Ms. Bridgette Williams

6. **KOVAR Grant Update, Myers Drive** – Mr. Curtis said Myers Drive received the grant for KOVAR. Total funding for the grant award totaled $10,818. They are in the process of placing orders for a portable lift and furniture for the home.
7. **Ross Drive ICF Recertification Survey**- Mr. Curtis shared that on April 23rd to April 25th the Virginia Department of Health conducted an on-site visit (survey) at Ross Drive Intermediate Care Facility. The survey was conducted as an annual requirement for the program's recertification as an ICF. Out of the 401 total regulations that the programs are surveyed for, 7 deficiencies were noted for Ross Drive ICF. Mr. Curtis took the Board through the 7 deficiencies.

ACTION

Mr. Parcell noted that his only ask would be that for deficiency W153, and the discussion point about possibly changing the current policy around this, it should also be brought to the attention of the medical director and our legal counsel.

B. CLINICAL SERVICES, *Ms. Jacque Kobuchi*

1. **Program Update** - Ms. Kobuchi gave highlights of her programs and said there were lots of community involvement and trainings this month.
2. **State Hospital Census Report** -Ms. Kobuchi shared that there are currently two individuals on the Extraordinary Barriers List. They have 34 individuals that are at state hospitals receiving treatment.
3. **Emergency Custody Order (ECO)/ Temporary Detention Order (TDO) Report – April 2025**. Ms. Kobuchi stated that Emergency Services staff completed 197 emergency evaluations in April. Sixty-one individuals were assessed under an emergency custody order and sixty-six total temporary

detention orders were served. 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. Data reports submitted.

4. **CIT and Co-Response Report**- Ms. Kobuchi reported that the CIT Assessment Center served 28 individuals in the month of April. 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 22 individuals in April. The therapist for the Fredericksburg team remains vacant. In April, 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.
5. **Outpatient Waitlist and Same Day Access** – Ms. Kobuchi stated that all waitlists were resolved in the month of April and all clinics are providing intakes through Same Day Access. A good number of their appointments are for children. Data report submitted showing a gradual incline in Same Day Access for the month of April. Caroline had a slight decline.

C. COMPLIANCE, *Ms. Ruth Peters*

1. **Program Update** – Ms. Peters had nothing further to add to the update.
2. **Licensing Report** – Ms. Peters said we received one licensing report relating to a human rights allegation of neglect in April at Rappahannock Adult Activities Inc. (RAAI) ICF Day Support King's Hwy. This allegation was investigated by the compliance department and was substantiated for neglect. A submitted Corrective Action Plan provided additional details regarding the citation and RACSB's response.

   The Board moved to approve the Licensing Report
   ACTION TAKEN: The Board approved the Licensing Report
   Moved by: Ms. Carol Walker
   Seconded by: Ms. Bridgette Williams

D. PREVENTION, *Ms. Michelle Wagaman*

1. **Program Update** – Ms. Wagaman provided her program update.

E. FINANCE, *Ms. Sara Keeler*

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

F. HUMAN RESOURCES, *Mr. Derrick Mestler*

1. **Program Update** – Mr. Mestler provided his program update touching on open enrollment that is now underway and the all staff in-service day that took place which 349 employees attended.
2. **Applicant and Recruitment Update –** Mr. Mestler noted that for the month of April, RACSB received 199 applications. Of the applications, 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. At the end of April, there were 9 open positions, 5 full-time, 4 part-time.
3. **Turnover Report** – Mr. Mestler shared that HR processed a total of 14 employee separations for the month of April. Of the separations, 11 were voluntary and 3 were involuntary. Ms. Bridgette Williams asked about the ones who said they went for other employment did they give any other details. Mr. Mestler said no.
4. **4.4 Holiday & 6.1 Benefits Program Policy Memo – Recommended Change –** Mr. Mestler took the Board through the memo recommending the following changes to our holiday policy to align it with our current business practices effective July 1, 2025:

   1. Removing language regarding part-time employees being eligible for holiday pay.
   2. Adding language that clarifies that full-time employees have a choice of either holiday pay or a floating holiday when they work on a holiday. Correcting the timeframe during which a floating holiday can be used. These reflect current practice.
   3. Adding language that clarifies that approved leave is approved in advance in accordance with the requirements of their program. Removing the language of any amount of unpaid leave negates holiday pay. These reflect current practice.

   The Board moved to approve the holiday and benefit program policy change
   ACTION TAKEN: The Board approved the holiday and benefit program policy change
   Moved: Mr. Ken Lapin
   Seconded: Ms. Claire Curcio

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

1. **Program Update** – Ms. Williams shared that Netsmart is currently in a place where they are going to be able to meet the data exchange requirements and the Go Live date is June 30th. They have finalized the exceptions document after

significant effort to insist on meeting the requirements without significant administrative impact on our service providers

2. **Combined Dashboard Data Report** – Ms. Williams reviewed the data report and noted there were significant discrepancies in the services sent and received by DBHDS for some of the measures. The IT teams are working with Netsmart to identify the issue and resolve the technical error.
3. **Award for STEP-VA Enhancement funds**- Ms. Williams shared that we applied for extra funds for Step-VA in the amount of $215,656, and we got full award for that funding.
4. **Legislative Updates and Priorities–** Ms. Williams provided an overview of the legislative updates and priorities. She focused on DBHDS funding actions, the governor's action on legislation of interest, items of note from the governor's budget actions, impacts of recent federal-level actions (programs eliminated), and, future impacts of potential federal-level actions.
5. **Strategic Plan Update –** Ms. Williams took the Board through Step 3: Strategic Priorities and Objectives of the Strategic Plan. She said that the objective of Step 3 was to gather information from workgroup members around priority areas, incorporate responses from a targeted stakeholder survey, employee survey, and community inputs review, use the information to narrow 3-5 top strategic priorities, and then define strategic goals for each strategic priority which was accomplished. The next steps include defining specific Key Performance Indicators (KPI)/Actions; making each action time-specific and map out across three-year plan; assign lead for each KPI/Action; develop out governance and accountability of plan; and develop out evaluation and continuous improvement.

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

a. Deferred to Closed Session

XI. APPOINTMENT OF OFFICERS, Mr. Parcell

Mr. Parcell said it was time to nominate officers of the Board. He opened it up for general nominations from the full Board:

Chairman Nomination
Jacob Parcell, Chairman
Nominated by: Nancy Beebe
Seconded by: Mr. Zurasky

Vice Chairman Nomination
Matt Zurasky, Vice Chairman
Nominated by: Ms. Carol Walker
Seconded by: Ms. Claire Curcio

Secretary Nomination
Claire Curcio, Secretary
Nominated by: Ms. Nancy Beebe
Seconded by: Mr. Matt Zurasky

XII. BOARD TIME

A. Ms. Curcio said thank you for all of your work and I'm impressed at all the work being done on the strategic plan.
B. Ms. Walker thank you for all of your work on the strategic plan and thank you Brandie and everybody else who participated.
C. Mr. Lapin as always thank you for what you do.
D. Ms. Williams thank you for what you do.
E. Mr. Zurasky we are all still impressed with all the work that goes into all of our programs and seeing the mobile unit today was cool and exciting. Being able to go and address community concerns in the community is important.
F. Ms. Beebe you all do a great job and I love you all.
G. Mr. Parcell thank you all for all the great reports, a lot of great progress, I think also our Monday meetings we've had a lot of good discussions, it has been good to see thank you.

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

Mr. Parcell requested a motion for a closed meeting. Matters to be discussed:
- CRC Update

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

The motion was unanimously approved.

Upon reconvening, Mr. Parcell 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
Bridgette Williams – Voted Aye
Jacob Parcell – Voted Aye
Matthew Zurasky – Voted Aye
Ken Lapin – Voted Aye

XIV. ADJOURNMENT

The meeting adjourned at 5:33 PM.

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Board of Directors Chair Executive Director

June 2, 2025 Board of Directors
Strategic Plan Work Group

I. Work Group

A work group of the Board of Directors of the Rappahannock Area Community Services Board was called to order on June 2, 2025, at 600 Jackson Street at 8:30 a.m. *Attendees included*: Carol Walker, Claire Curcio, Nancy Beebe, Jacob Parcell and Matt Zurasky. *Other attendees included*: RACSB management team, Joseph Wickens and Brandie Williams.

II. KFF Virginia Mental Health Fact Sheet

Ms. Brandie Williams took the group through the KFF Virginia Mental Health Fact Sheet to discuss prevalence and other key data factors around behavioral health in Virginia. She presented estimated numbers to start defining unmet need for our planning district using population estimates from the Weldon Cooper Center combined with prevalence rates from SAMHSA.

III. Defining Key Priority Initiatives

Ms. Williams provided group worksheets for each priority area which reviewed mission alignment statements, identified strategic goals, and the information from our SWOT analysis which applied to each priority area. The workgroup used this information to start working through defining KPIs for each priority area. The focus of this meeting was on Priority 1: Access to Services.

IV. Wrap Up- Ms. Williams provided a summary of the discussion around Priority 1. She will follow-up with Amy Jindra to identify a service area within the I/DD programming to consider expansion as a key priority initiative. Workgroup members will bring 1-3 KPIs for the remaining priority areas to discuss at the next meeting. The next in person meeting will be June 16, 2025.

V. Adjournment

The meeting adjourned at 9:51 AM.

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Board of Directors Chair Executive Director

Rappahannock Area Community Services Board

Executive Committee Meeting Minutes

Monday, June 2, 2025 at 10:00 a.m.

600 Jackson Street, Board Room 208, Fredericksburg, VA

Attendees: *Executive Committee:* Nancy Beebe, Jacob Parcell, Matt Zurasky, Claire Curcio, Carol Walker and *Staff Members:* Joseph Wickens, Brandie Williams, Jacque Kobuchi, Michelle Wagaman, Derrick Mestler, Sara Keeler, and Amy Umble

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MINUTES

Call to Order – Nancy Beebe

A meeting of the Executive Committee of the Rappahannock Area Community Services Board was held at 600 Jackson Street on June 2, 2025

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

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

- CRC update

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

The motion was unanimously approved.

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

A roll call vote was conducted:

Nancy Beebe – Voted Aye	Jacob Parcell – Voted Aye
Matt Zurasky – Voted Aye	Carol Walker – Voted Aye
Claire Curcio – Voted Aye	

The motion was unanimously approved.

II. ADJOURNMENT

The meeting adjourned at 10:25 AM.

Board Core Behaviors

Open and Honest
Communication

Ask
Tough Questions

Next Level
Decision Making

RACSB
Fiscal Year 2026
Operating Budget

JUNE 17, 2025

Budget Challenges and Changes

Initial "Round 1" Budget Deficit	(5,670,003)
Measures taken to close deficit	
Net positions eliminated (salary & fringe) - includes eliminations and additions	2,902,879
Health Insurance Holiday = 4 months	1,418,404
Vacancy Rate applied to salaries = 1.066%	553,208
Estimate for cost settlement adjustment for ICFs	(750,000)
New funding	
One time additional funding for DD Case Management	1,000,000
One time additional funding for Step VA	215,656
Community Outreach (City of Fredericksburg)	112,574
Remaining deficit closed with other changes	**(217,282)**

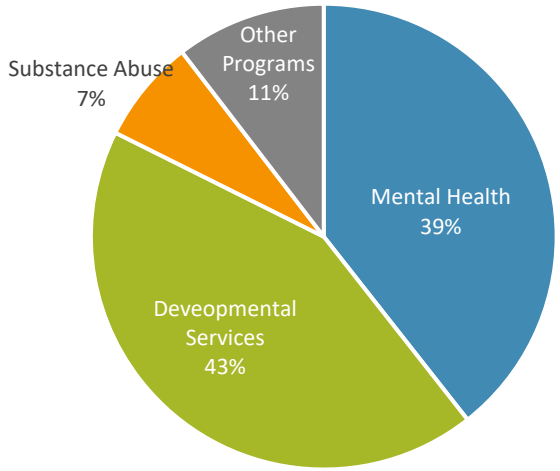
Budget Challenges and Changes
(Continued)

Department changes
Jail Diversion Program eliminated, current staff moved to vacant jail therapist position
PATH moved under PSH
Project Link moved to SUD Case Management
Myers Respite changed to 4 bed Group Home/ 2 bed Respite model
PEID 2 positions eliminated, current staff moved to other vacancies (Front office & Case Manager)
New Community Outreach program added
Vacant Direct Support Professional positions at the ICFs regraded to grade 6 (previously grade 7)
Other items used to balance
Increase utilization
Budgeted all residential vacancies to be filled 1/2 of year
Decreased expenses for conventions/workshops/in-service training
Decreased expenses for contract services (Locums Doctors, Kelly Marinoff, Suzanne Poe)
Decreased salary scale 8.3% (vacant positions budgeted with decreased rates)
No staff wage increases included (COLA or Merit)
No employee reduction in force terminations

Budget - All Programs

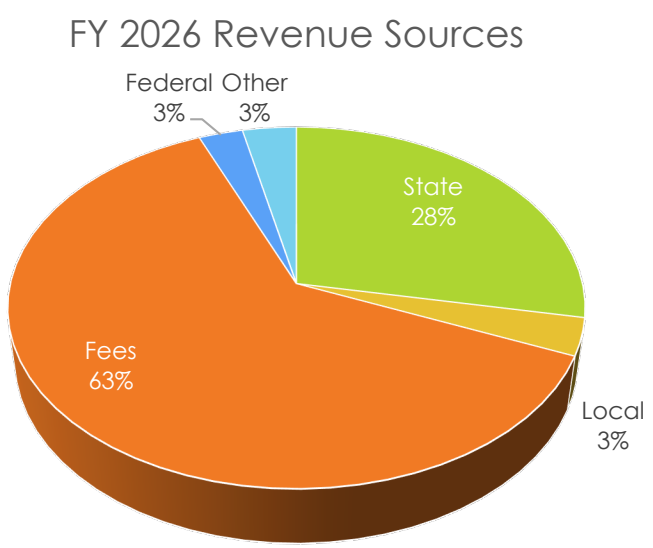
	FY 2024 Actual	FY 2025 Budget	FY 2026 Budget	$ Variance FY25 Budget to FY26 Budget	% Variance from FY25 Budget to FY26 Budget
Revenue					
Mental Health	24,152,906	23,898,078	26,162,183	2,264,105	9%
Deveopmental Services	23,475,247	25,686,752	28,523,961	2,837,209	11%
Substance Abuse	4,190,228	4,343,962	4,791,644	447,682	10%
Total PC Programs	51,818,381	53,928,792	59,477,788	5,548,996	10%
Other Programs	6,021,230	6,956,947	6,920,697	(36,250)	-1%
Total Revenue	57,839,611	60,885,739	66,398,485	5,512,746	9%
Expense					
Mental Health	20,730,200	23,898,078	26,162,183	2,264,106	9%
Deveopmental Services	23,064,317	25,686,752	28,523,961	2,837,210	11%
Substance Abuse	4,302,525	4,343,962	4,791,644	447,682	10%
Total PC Programs	48,097,042	53,928,792	59,477,788	5,548,997	10%
Other Programs	6,171,285	6,956,947	6,920,697	(36,250)	-1%
Total Expense	54,268,327	60,885,739	66,398,485	5,512,747	9%

FY 2026 Budget Allocation

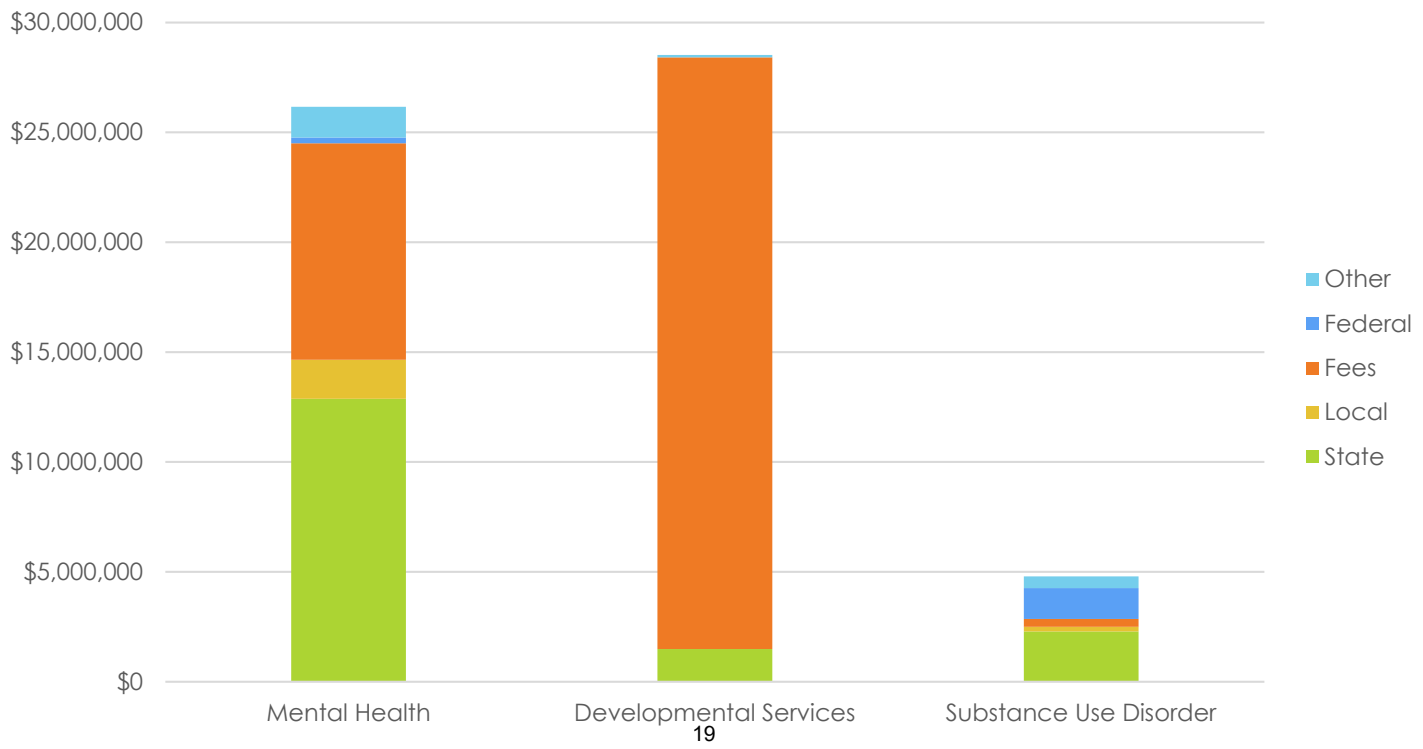


Performance Contract Programs

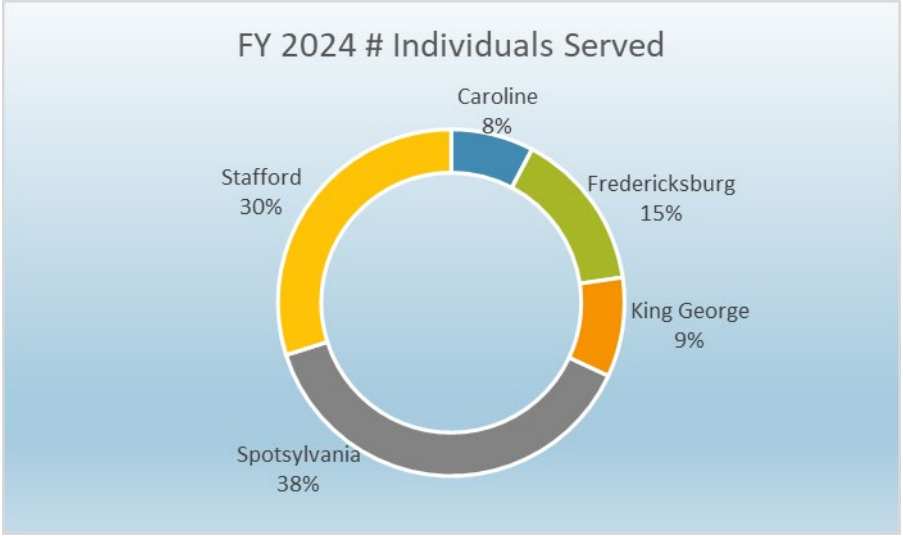
	FY25 Budget	Mental Health	Developmental Services	Substance Use Disorder	FY26 Budget	$ Variance FY25 Budget to FY26 Budget	% Variance FY25 Budget to FY26 Budget
Revenue							
State	14,863,966	12,875,981	1,487,516	2,286,273	16,649,770	1,785,804	12%
Local	1,986,281	1,773,451		212,828	1,986,279	(2)	0%
Fees	33,781,739	9,851,406	26,925,793	356,303	37,133,502	3,351,763	10%
Federal	2,018,653	265,521		1,401,540	1,667,061	(351,592)	-17%
Other	1,278,153	1,395,824	110,652	534,700	2,041,176	763,023	60%
Total Revenue	**53,928,792**	**26,162,183**	**28,523,961**	**4,791,644**	**59,477,788**	**5,548,996**	**10%**
Expense							
Salary/Fringe	39,352,792	20,233,924	20,837,585	3,995,810	45,067,319	5,714,527	15%
Operating	10,180,990	4,138,314	5,062,529	442,221	9,643,064	(537,926)	-5%
Admin Overhead	4,395,009	1,789,945	2,623,847	353,613	4,767,405	372,396	8%
Total Expense	**53,928,792**	**26,162,183**	**28,523,961**	**4,791,644**	**59,477,788**	**5,548,996**	**10%**



Performance Contract Budget by Source

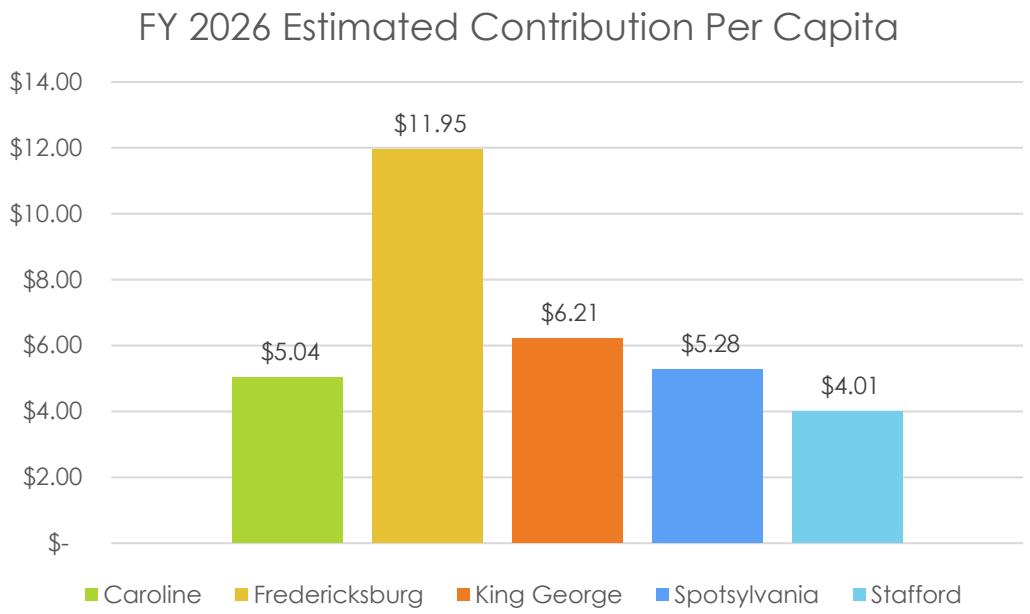


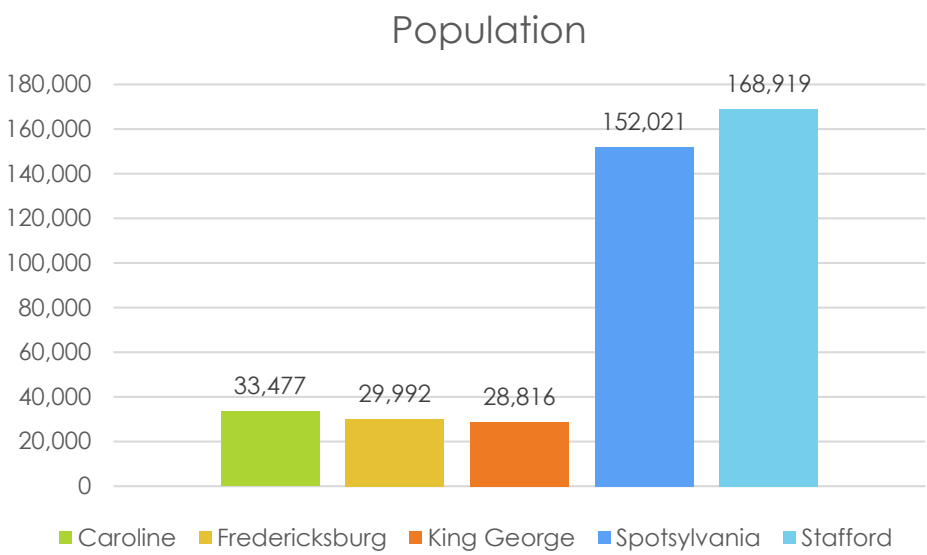
Performance Contract – Local Funding



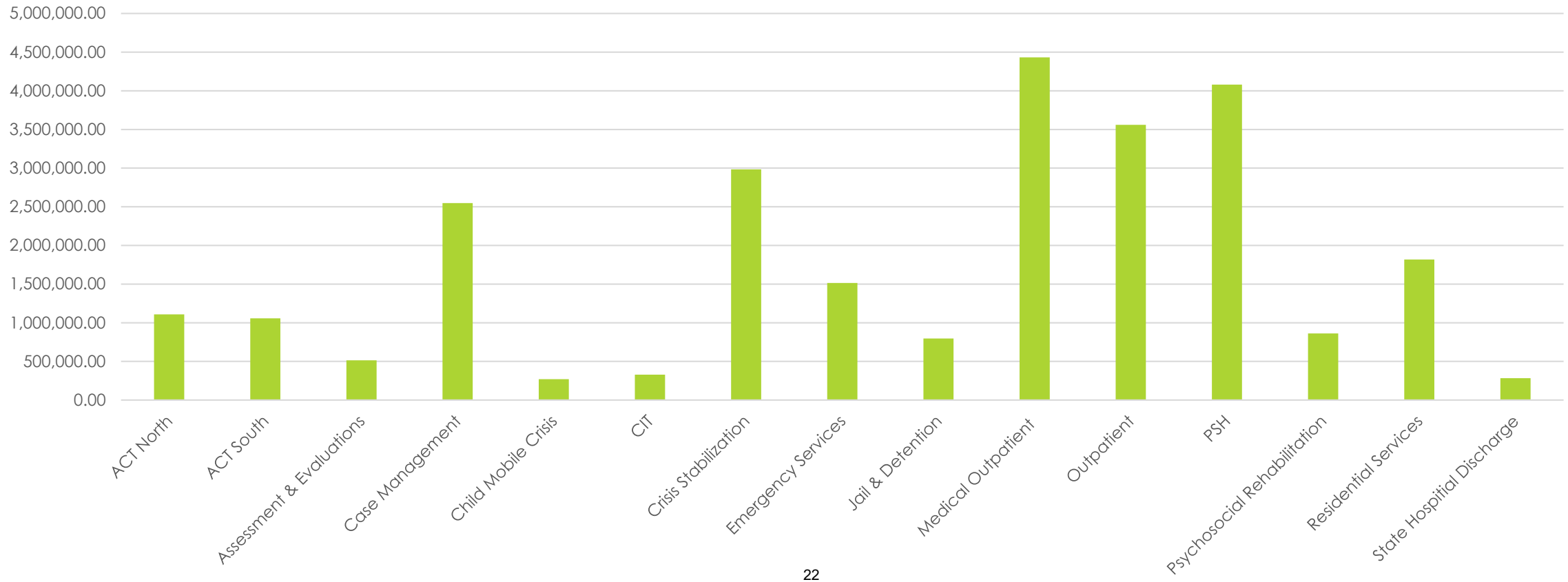
LOCALITY	FY2024 Actual	FY2025 Request	FY2025 Actual	FY2026 Request	Change from Prior Year $	Change from Prior Year %
Caroline	128,756	133,743	128,756	168,649	39,893	31%
Fredericksburg	347,713	354,857	354,857	358,535	3,678	1%
King George	166,173	176,214	176,214	179,044	2,830	2%
Spotsylvania	661,438	703,188	682,605	801,924	119,319	17%
Stafford	583,990	631,998	617,467	676,848	59,381	10%
TOTAL	1,888,070	2,000,000	1,959,899	2,185,000	225,101	11%

Performance Contract – Local Funding Continued

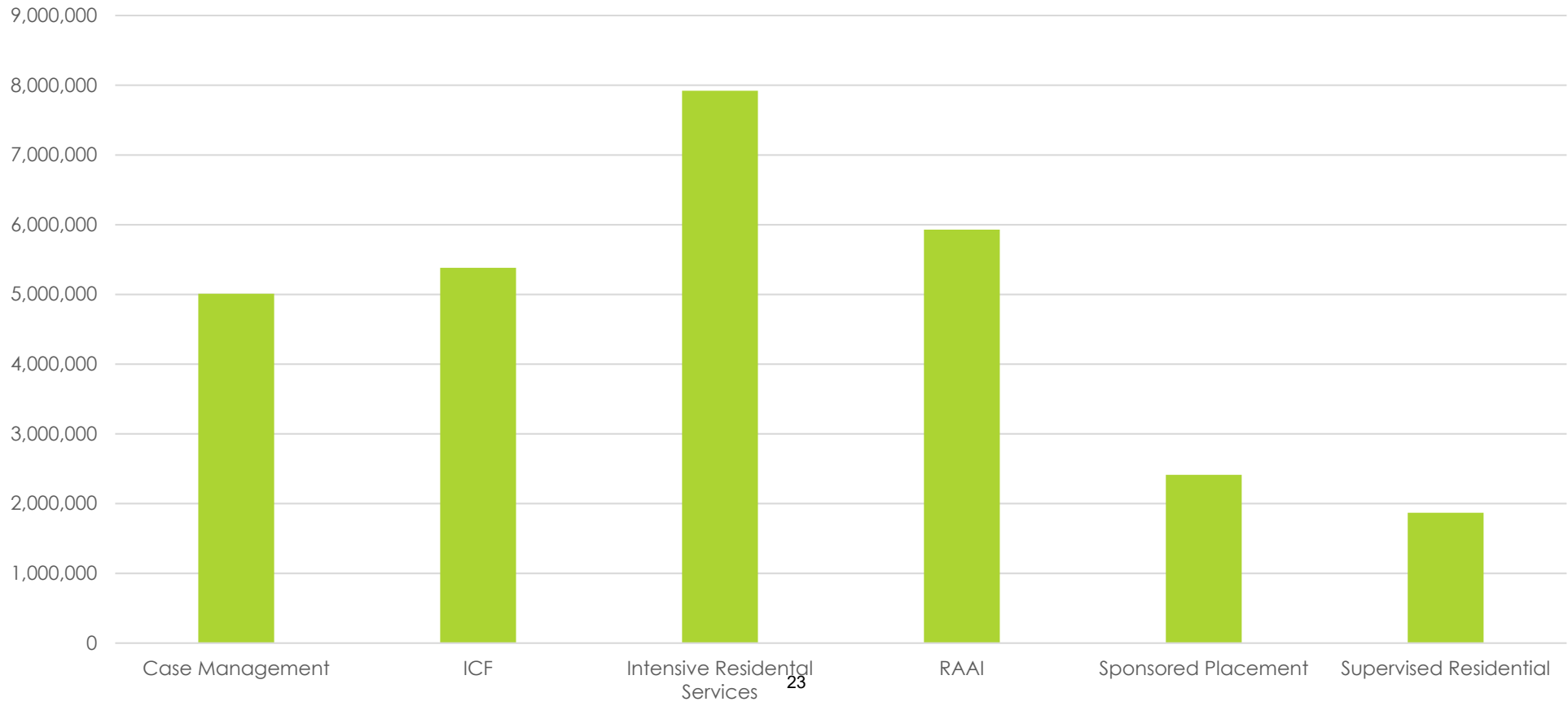




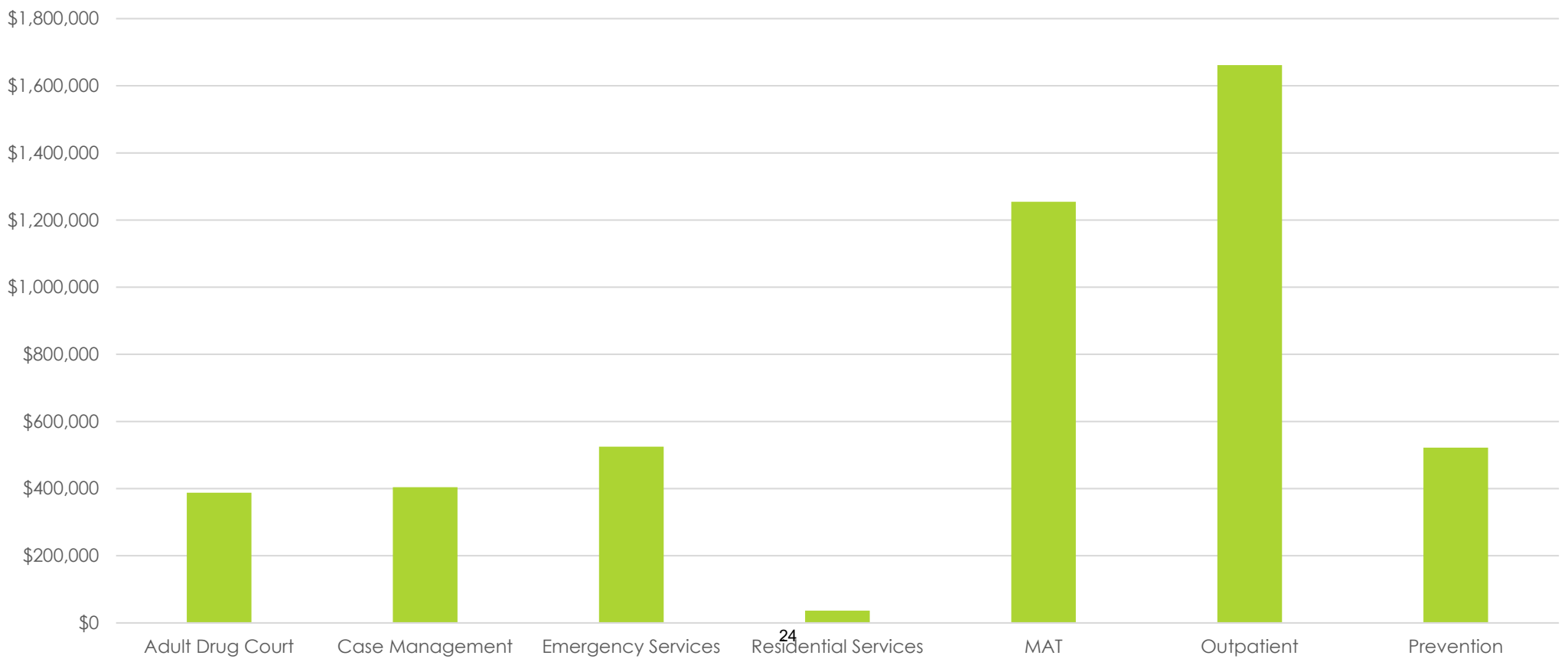
Estimated Cost by Program – Mental Health



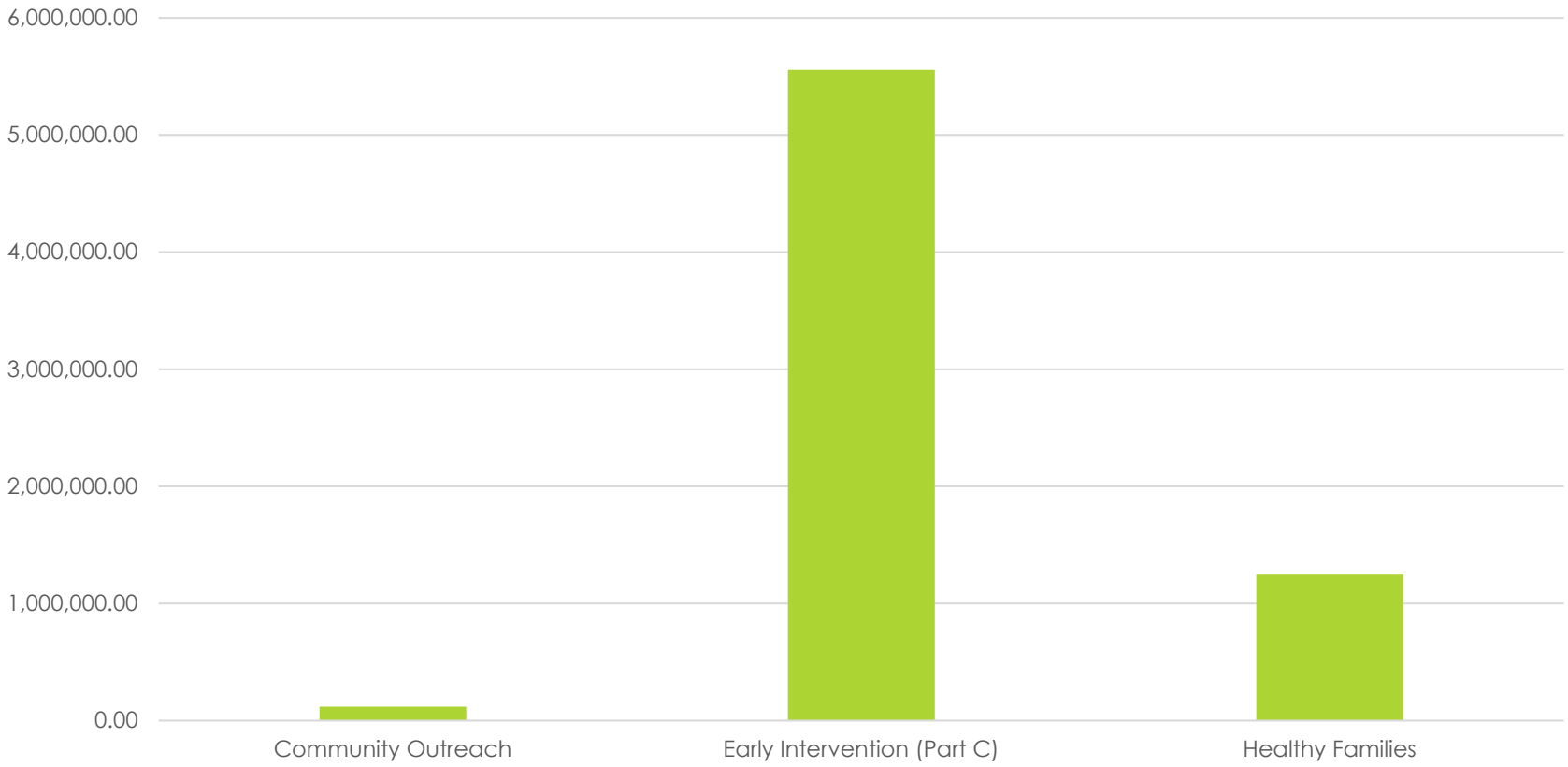
Estimated Cost by Program – Developmental Services



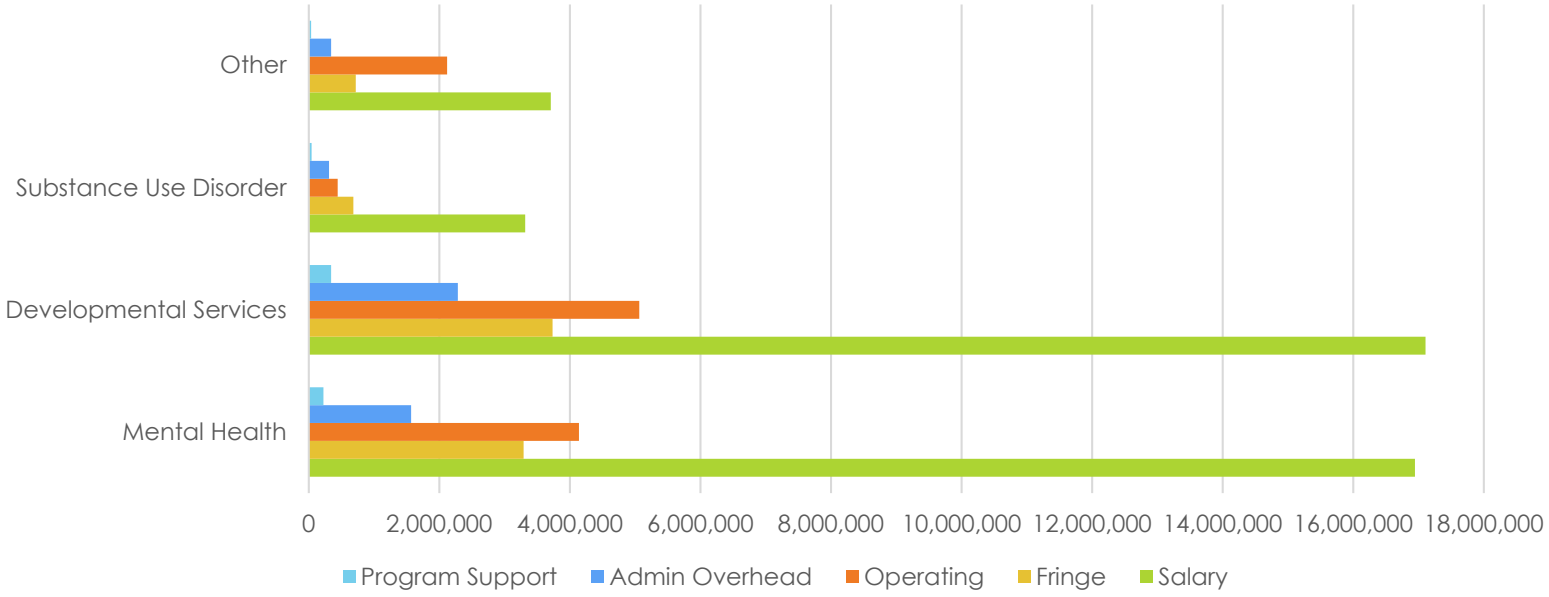
Estimated Cost by Program – Substance Abuse Services

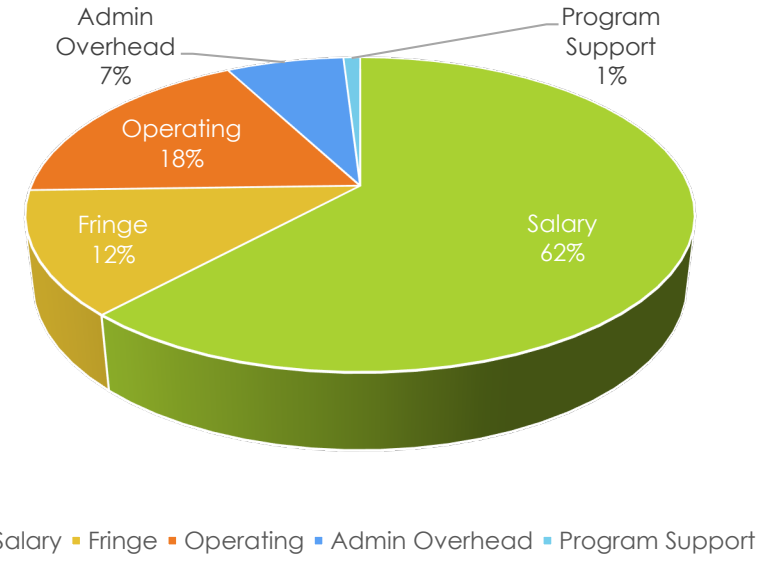


Estimated Cost by Program – Non Performance Contract Programs



Performance Contract Expenses





Programs Requiring Fee Transfer Support

Mental Health	Developmental Services	Substance Use Disorder	Other
CIT	RAAI	EMERGENCY SERVICES	PART C TOTAL
ASSESSMENTS & EVALUATIONS	IGO ROAD		HEALTHY FAMILIES
OUTPATIENT SERVICES	DEVON DRIVE		
LAFAYETTE BOARDING HOUSE	MYERS DRIVE RESPITE		
CRISIS STABILIZATION	WOLFE STREET ICF		
CASE MANAGEMENT	LUCAS DRIVE ICF		
STATE HOSPITAL DISCHARGE	ROSS DRIVE ICF		

Fiscal Year 2025 Successes

- Recruitment/Retention – Additional Compensation increase approved and implemented in July 2024
- Lower Health Insurance claims
- Successful in-service training for all staff
- Continued increased interest on Insured Cash Sweep account (ICS)

Fiscal Year 2025 Challenges

- Recruitment and Retention (mostly resolved by end of fiscal year)
- Meeting increased level of administrative and programmatic requirements.
- Funding Sources – Ensuring programs document expenses with funding sources, where applicable
- Residential Vacancies
- Funding Source Financial uncertainty
- Performance Contract- Federal Reimbursement Process
- Crisis Receiving Center (CRC)/Office Space

Community Support Services Program Updates

June 2025

Assertive Community Treatment (ACT) - Sarah McClelland

ACT continues to evolve, grow and change in so many positive and exciting ways! One of our highlights this month was the trip to the Fredericksburg Nationals Game which clients enjoyed on May 7th, facilitated by our hard working and dedicated Peer Specialists. Our 55+ group continues to thrive. It is a weekly event that participants look forward to and covers a wide range of topics designed to assist with problem solving and emotional resiliency. Sadly, we said good-bye to our beloved nurse, Latonya Williams, who provided PRN nursing support. ACT enrolled two new clients in May, one on our South team and one on our North team. ACT staff continue to be persistent in submitting paperwork to Department of Social Services when a client becomes eligible for Medicaid billing and clients are now being routinely assisted in applying for Medicaid when applicable.

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

We are currently supporting 116 individuals. Two started in May and three more have start dates set for June. We are looking at future admissions with our current staffing with health and safety in mind and safe ratios; focusing more on those who are interested in our Community Only programs based out of the YCMA. Average Community Engagement hours continued to rise through May, but have leveled off with staffing patterns. We are focusing on increasing revenue through Community Only program and identifying those who are currently enrolled that may need customized rate to remain safe in current ratios. We have had several staff take advantage of local trainings and several more enrolled in upcoming trainings focused on Community Connections.

Developmental Disabilities (DD) Residential Services - Stephen Curtis

Stonewall accepted an individual into services who in turn moved in on May 30th. We have a 2nd individual that we will be moving to in for mid-July, thereby filling all beds in the home. We also have an individual set to move into Piedmont on June 20th.

Having just finished up a Social Security audit and a VDH survey in April, May yielded DBHDS licensing visits at several DD Residential Programs followed by notice from DMAS that they were going to join us for the entire month of June to review DD services. We continue to work to improve processes and documentation to meet or exceed standards in accordance with the scope of our regulatory bodies.

May was a hefty lift overall, but DD Residential stood strong in meeting or exceeding critical deadlines and needs. Performance evaluations for 169 staff were submitted (over half of which made it in a week or more before the set agency deadline). Open enrollment processes were followed up on to ensure all staff had opportunity to select their eligible benefits prior to expiration. We continued working to improve both our content and thoroughness of plans and quarterlies, but also to incorporate person centered language and supports into both plan writing and how we engage with people in services.

Developmental Disabilities Support Services - Jen Acors

The DSSC team prepared 57 Slot Assignment Review Forms for the Waiver Advisory Committee to review and select whom of these individuals will receive a DD wavier slot. We anticipate 22 waiver slots being awarded at the Waiver Advisory Committee's meeting that is scheduled for June 12.

Mental Health (MH) Residential Services - Nancy Price

Lafayette Boarding House hosted overnight passes for 2 individuals in May. One individual has been accepted and is expected to be admitted in June. A current resident from Lafayette completed a successful trial pass at Liberty Street in May and will officially transfer to Liberty Street on June 2. This will create one community vacancy at Lafayette and Liberty Street will be at full occupancy.

Home Road filled one transitional bed in May and is currently assessing another individual for the remaining transitional vacancy. There are no community vacancies at this time.

PSH filled the remaining staffing vacancy in May. Aesha Johnson joined the team on May 12. Aesha has previous experience with RACSB as a Mental Health Case Manager, and has returned to the agency in her new role as PSH Case Manager. Welcome, Aesha!!

Several staff from the PSH team represented RACSB at the Mental Health America walk on May 3.

PSH housed one individual in May and assisted three other individuals applying for housing. There are currently 84 individuals supported by PSH. Of those 84 individuals, 70 individuals are in housing, while the other 14 are open to PSH case management and are in the process of securing housing.

Sunshine Lady House (Crisis Stabilization) - Latroy Coleman

SLH received 54 prescreens in the month of May 2025. Of the 46 accepted, only 40 admitted to the program. We have a SLH baby, as our CSAC delivered her first child! Our nurse manager is now a certified trainer in First Aid/CPR for the agency.

Memorandum

To: Joe Wickens, Executive Director

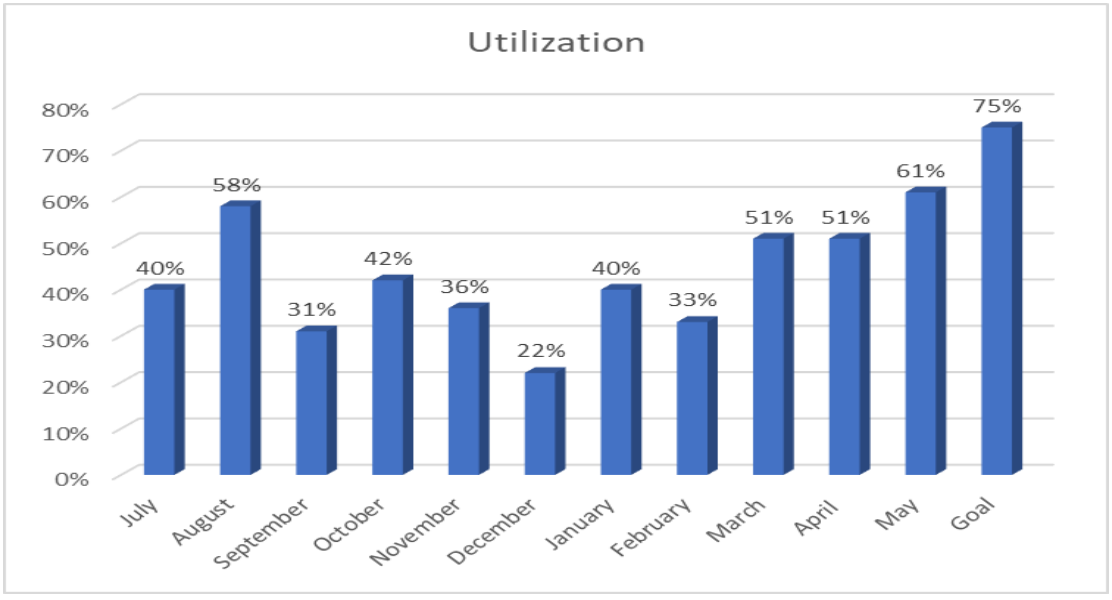
From: Amy Jindra, CSS Director

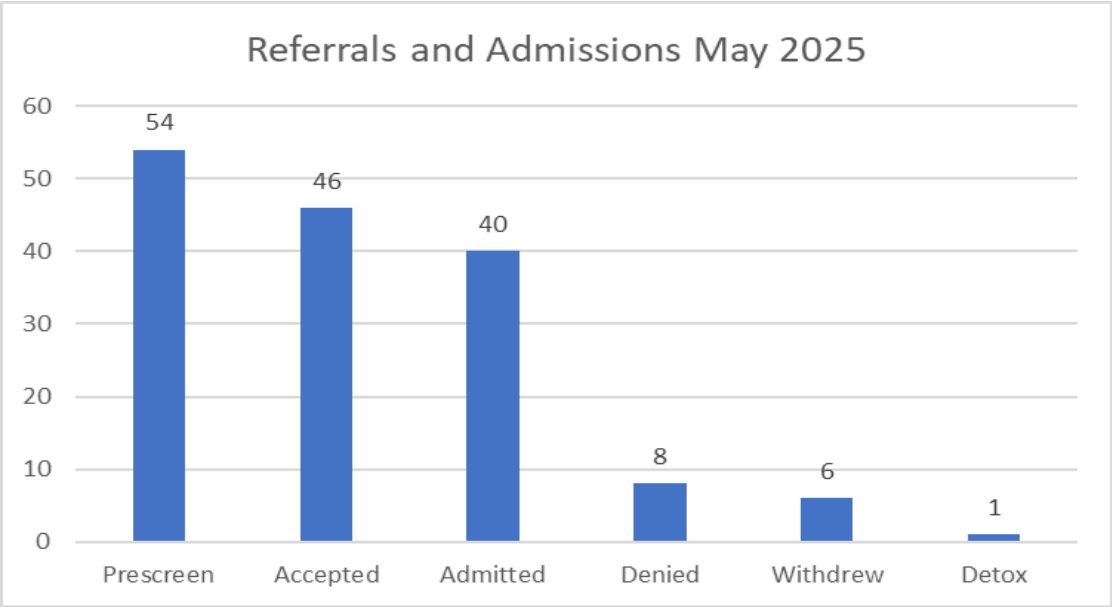
Date: June 9, 2025

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 54 prescreens during the month of May. The program accepted 46. Of the referrals, 6 individuals needed further medical care prior to admitting to the program. Sunshine Lady House declined 2 prescreen for admission due to current violent and dangerous behaviors. During the month of May, the program served 45 individuals, with 5 individuals whose stays started at the end of April. The program served 1 individual under medically managed detox for a total of 6 bed days before transitioning to another 6 days in crisis services. Sunshine received 11 referrals from outside RACSB's catchment and admitted 5 individuals. The program experienced 61% utilization or 218 bed days occupied in May.




Referrals and Admissions May 2025
60
50
40
30
20
10
0
54
46
40
8
6
1
Prescreen
Accepted
Admitted
Denied
Withdrew
Detox

Memorandum

To: Joe Wickens, Executive Director

From: Amy Jindra, CSS Director

Date: June 9, 2025

Re: Mental Health and Developmental Disabilities Residential Vacancies

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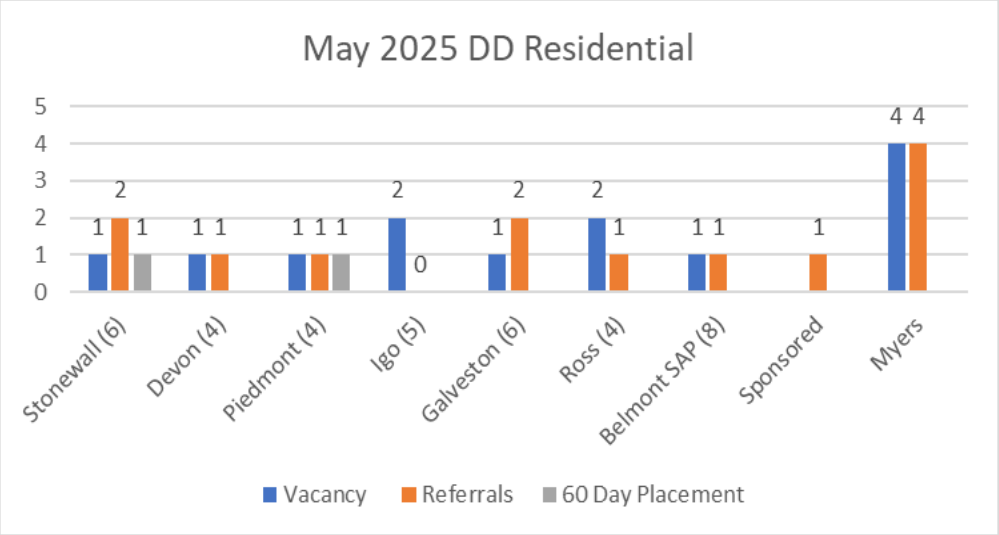
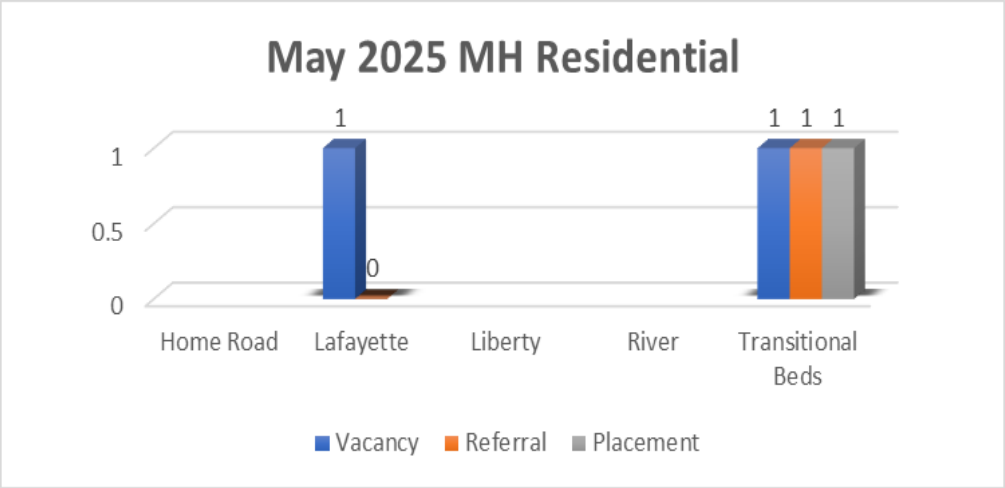
Residential services saw significant movement at the end of April and throughout May. Programs continue to actively seek referrals from support coordination, case management, hospital liaisons and other community members.

DD Residential continues to work diligently to fill vacancies. Currently, the program is seeking to support 13 referrals with placements, if possible. A new resident filled one of the Stonewall Group Home vacancies on May 30. The remaining Stonewall and Piedmont Group Homes' vacancies have individuals moving into the homes in June and July. Belmont SAP had an individual move out of the program. However, the program is supporting another individual from the community to move into the apartment. Since the proposal to provide permanent residence at Myers, DD Residential is also supporting referrals from 4 individuals.

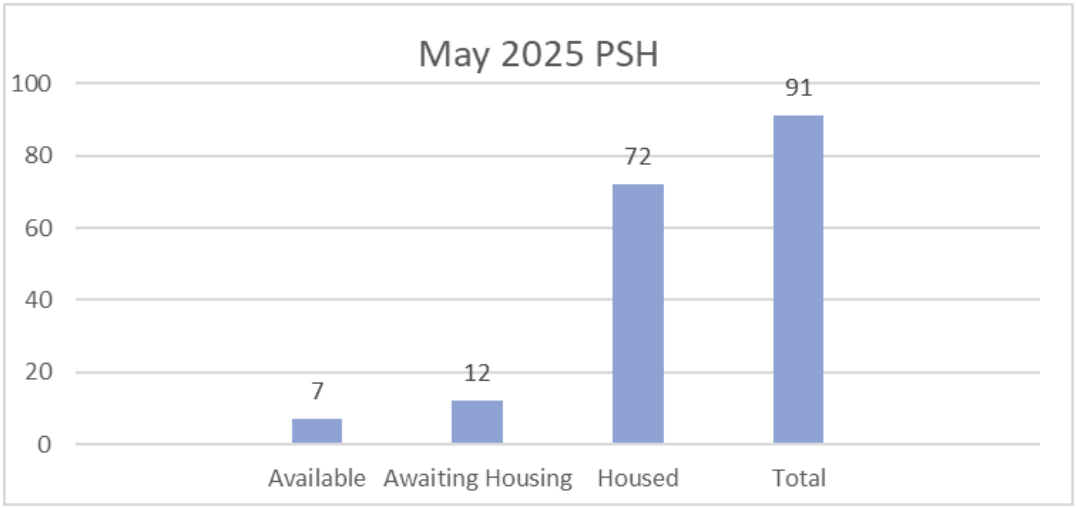


Mental Health Residential supported an individual on June 2 with moving into Liberty Apartments from Lafayette Boarding House. Lafayette Boarding House had new residents move

into the program on April 25 and May 11, one filling the vacant transition bed. Another individual is scheduled to move in on June 11. Home Road has an individual accepted for one of the two remaining transitional beds. The individual's admission to the program will correlate with his/her discharge from Central State Hospital. Consequently, MH Residential has 1 remaining community bed at Lafayette Boarding House and 1 transitional bed.



Permanent Supportive Housing housed 3 individuals in April and 1 in May. The program has scheduled move-ins for 3 individuals in June and July, bringing the total housed to 72. PSH is supporting 12 other individuals who have been accepted to the program with finding housing. PSH has only 7 remaining available slots.



To: Joseph Wickens, Executive Director

From: Jacqueline Kobuchi, Director of Clinical Services

Date: 6/6/25

Re: Clinical Division Program Update Report for the June Board Meeting

Outpatient Services

Caroline Clinic - Nancy Love, LCSW

The Caroline Clinic completed 53 intakes for adults and youth during May. Twenty-three were completed the same day client called and 30 were scheduled. Virtual and in-person services continue to be offered. We received an increase in referrals for SA evaluations and youth services last month. The clinic continues to offer one weekly co-ed substance use group and an additional substance use group will soon be added. One clinician recently completed her supervision hours and is now eligible to take her licensing exam. Caroline Clinic staff attended trainings on Treating Co-occurring disorders and Trauma-informed Care.

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

During the month of May, the Fredericksburg Clinic received 545 calls inquiring about services at RACSB. The Fredericksburg Clinic completed 89 intake assessments for individuals requesting outpatient services. 41 of those assessments took place over ZOOM and 48 took place in person at the Fredericksburg Clinic. Out of the 89 intakes, 56 of those intakes were seen the same day they called to schedule. The Children's Services Clinic completed 21 intakes with children and adolescents. One of our Child/Adolescent Therapists and the Clinic Coordinator were able to attend the James Monroe High School's Mental Health Resource Fair on 5/10/25 and were able to offer resources to students and families.

King George Clinic - Sarah Davis, LPC

The King George Clinic continues to offer two weekly Substance Use Treatment Groups. During May, there were three individuals from group that successfully completed their treatment. Group topics included Pros/Cons of Substance Use, Effects of Alcohol, and Effects of Cannabis. The King George Clinic completed 21 Same Day Access intakes and 8 intakes that were not Same Day Access during the month of May. Staff attended the following trainings during the month of May: Culturally appropriate assessments & interventions for Adolescents with Substance Abuse. Staff shared a success this month where a parent has progressed well in therapy, met all of the requirements of Child Protective Services, and met all the requirements of the court. Due to this progress, their child was able to return home.

Spotsylvania Clinic - Katie Barnes, LPC

The Spotsylvania Therapists completed 54 intakes during the month of May. Thirty-eight of those intakes were completed through Same Day Access. The clinic continues to offer two Substance Use groups weekly. Two individuals successfully graduated from group. The IRIS contract with a telehealth therapist concluded, as the Spotsylvania Clinic is fully staffed. This contract provided valuable support enabling us to clear our waitlist.

RACSB continues to employ a Child and Adolescent Therapist who provides Trauma Focused Cognitive Behavioral Therapy to children who have disclosed abuse through Forensic Interviews at Safe Harbor Child Advocacy Center.

Stafford Clinic - Lindsay Steele, LCSW

During the month of May, the Stafford clinic met with clients in person, as well as virtually. The clinic has continued with same day access, which is offered Tuesdays, Wednesdays and Thursdays. Stafford clinicians completed 40 intakes for adults and children, 15 of these intakes were completed through same day access. The new clinician has started building her caseload and has been a great addition to the Stafford team. Clinicians engaged in an Autism Symposium and ethics training.

Medical Services - Jennifer Hitt, RN

During the month of May, 106 new patient evaluations were completed for medication management for outpatient medical. During the month of May, three patients were able to be seen through the Acute Care Clinic. Outpatient medical is also recruiting to hire one LPN at this time, following the retirements of Linda Church and Jennifer Rosenberg.

Case Management - Adult - Patricia Newman

Our team would like to highlight the success and progress made by one individual who is receiving mental health case management services. This individual graduated from the Spotsylvania Behavioral Health Docket in July of 2024. They maintained participation in mental health services for continued treatment and support. This individual has worked diligently toward their goals and has recently obtained their driver's license and passed the Armed Services Vocational Aptitude Battery (ASVAB) in order to apply for entrance into the military. This individual is taking their last steps in the military admission process by completing their physical this week. They are also expecting a baby later this year.

Child and Adolescent Support Services - Donna Andrus, MS

Both of our Intensive Care Case Managers received praise from legal guardians in May. One parent of a child placed in residential sent an e-mail to our Executive Director praising the work of our staff "…Ms. Drew put her heart and soul into this case. I know she cares deeply about her clients; I have seen that firsthand. My appreciation goes beyond my words here, and I wanted to share my thanks and gratitude for all the good folks of RACSB do, and, especially for what Jennifer has done for xxx and our family. I am forever grateful." A DSS worker emailed the supervisor re-referring a foster child we previously worked with and requested Lauren Dickinson for the case. Lauren had assisted in finding a treatment facility for a foster child who has experienced significant trauma and was difficult to place. That child is now completing treatment and DSS has requested assistance with finding a specialized foster home: "She will continue to be difficult to place with her trauma and mental health needs and she had a great connection with Lauren (she said Lauren's like confetti and brightens up the whole room)."

Substance Use Services - Eleni McNeil, LCSW

During the month of May, interviews continued for a nurse practitioner for the mobile office-based opioid treatment (OBOT) clinic. An employment offer was extended and accepted to fill the mobile office-based opioid treatment clinic's nurse position with a planned July start date.

Staff attended a peer services documentation training in preparation to begin billing for peer services. A representative from Sobrius treatment facility presented to substance use case managers' as well to enhance awareness of community resources.

Those served in the month of May in Fredericksburg SUD programs is as follows**:** Project LINK-40; OBOT-76; ARTS Case Management-33; SUD Outpatient (Fredericksburg)-58

Emergency Services - Natasha Randall, LCSW

In the month of May, the Emergency Services Coordinator was able to attend VACSB. Two emergency services therapists successfully completed the statewide mobile co-responder 10-week training that was provided through the Department of Behavioral Health and Developmental Services.

Specialty Dockets - Nicole Bassing, LCSW

During the month of May, Specialty Dockets continued to add new participants and celebrate graduations throughout all programs. Adult Recovery Court did not have any new participants in May, but celebrated three graduations. We finished the month with 40 participants. Juvenile Recovery Court currently has two participants. Behavioral Health Docket did not have any graduations this month, but added three new participants. We currently have 11 participants in the program. Veterans Docket has a total of 13 participants at this time after celebrating one graduation this month. We added two new participants in May. The 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 54 residents. Currently, there are no Central Admission and Placement (CAP) residents, seven Individual Bed Placement (IBP) residents, and five residents in the Post Dispositional (Post D) program. The jail served 62 males for emergency treatment, 14 males for non-emergency treatment and two males enrolled in diversion services. A total of 19 females received emergency treatment, 25 females received non-emergency treatment and one female was enrolled in diversion services. A total of 309 individuals were prescribed psychotropic medication during the month of May (226 males/79 females/ 4 identified as other). Tricia Jackson has accepted the promotion to the Mental Health Therapist position! A hiring packet has been submitted for the Substance Abuse Therapist position. Portia Bennett obtained her license as a Licensed Professional Counselor.

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: June 17, 2025

Current Census:

State Hospital	New	Discharge	Civil	NGRI	Forensic	EBL	Total Census
Catawba Hospital			1				1
Central State Hospital	2	1		1	2		3
Eastern State Hospital	1	2			2		2
Northern Virginia Mental Health Institute		1					0
Piedmont Geriatric Hospital			3		1		4
Southern Virginia Mental Health Institute	1		1				1
Southwestern Virginia Mental Health Institute							0
Western State Hospital	2	1	5	9	10	3	24
Totals	6	5	10	10	15	3	35

Extraordinary Barriers List:

RACSB has three 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. Bridges will be assigned as this individual's public guardian. The attorney has petitioned the court and we are awaiting to receive a court date for guardianship. 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 4/22/2025. 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. Their Conditional Release Plan (CRP) was scheduled to be reviewed on 5/29/2025. They will discharge once the CRP has gone through the entire approval process and is also approved by the Court.

Individual #3: Was placed on the EBL 5/18/25. 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 Gateway Homes, a supervised transitional residential program in Chesterfield, VA. This individual's CRP has been developed and submitted for review. They will discharge once the CRP has gone through the entire approval process and is approved by the Court.

MEMORANDUM

To: Joe Wickens, Executive Director
From: Natasha Randall, Emergency Services Coordinator
Date: June 9, 2025
Re: Emergency Custody Order (ECO)/Temporary Detention Order (TDO) Report – May 2025

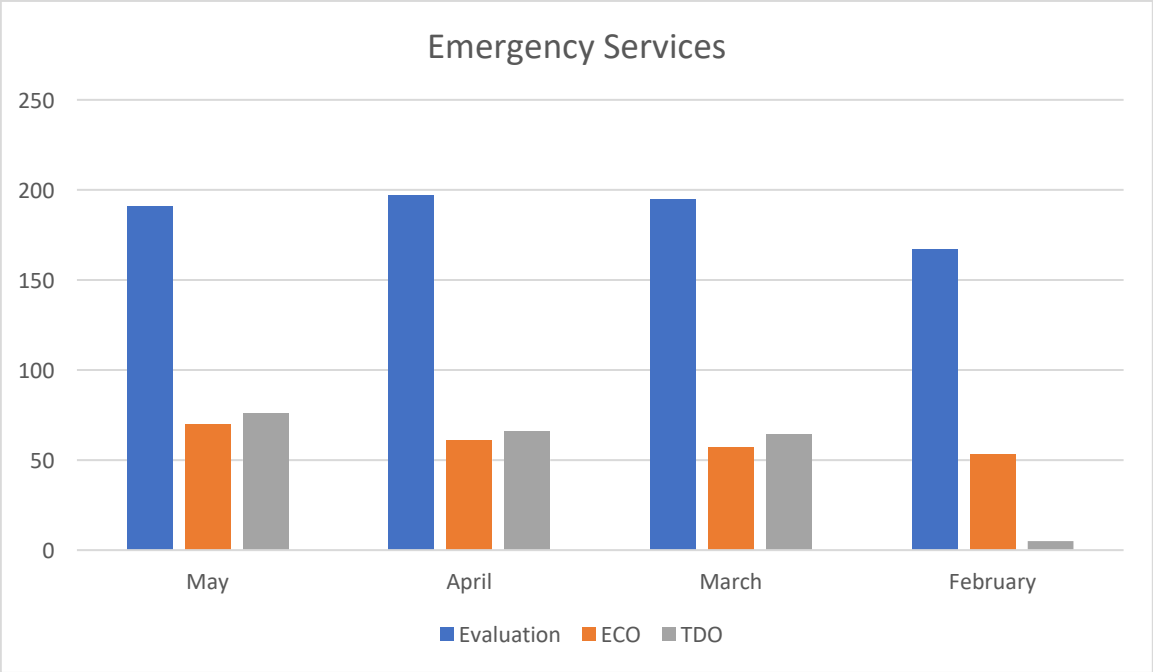
In May, Emergency Services staff completed 191 emergency evaluations. Seventy individuals were assessed under an emergency custody order and seventy-six total temporary detention orders were served of the 191 evaluations. Staff facilitated one admission to Western State hospital and one admission to Commonwealth Center for Children and Adolescents.

A total of four individuals were involuntarily hospitalized outside of our catchment area in May.

Please see the attached data reports.

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

RappahannockAreaCSB.org



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

CSB/BHA	Rappahannock Area Community Services Board	Month	May 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	
191	30	40	70	76	3	2	71	76	2

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

CSB/BHA	Rappahannock Area Community Service	Reporting month	4/1/2025, May 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)
5/2/2025	118340	Adult (18-64) with ID or DD			No	Western State
5/30/2025	118613	Child			No	CCCA

RAPPAHANNOCK AREA
COMMUNITY SERVICES BOARD

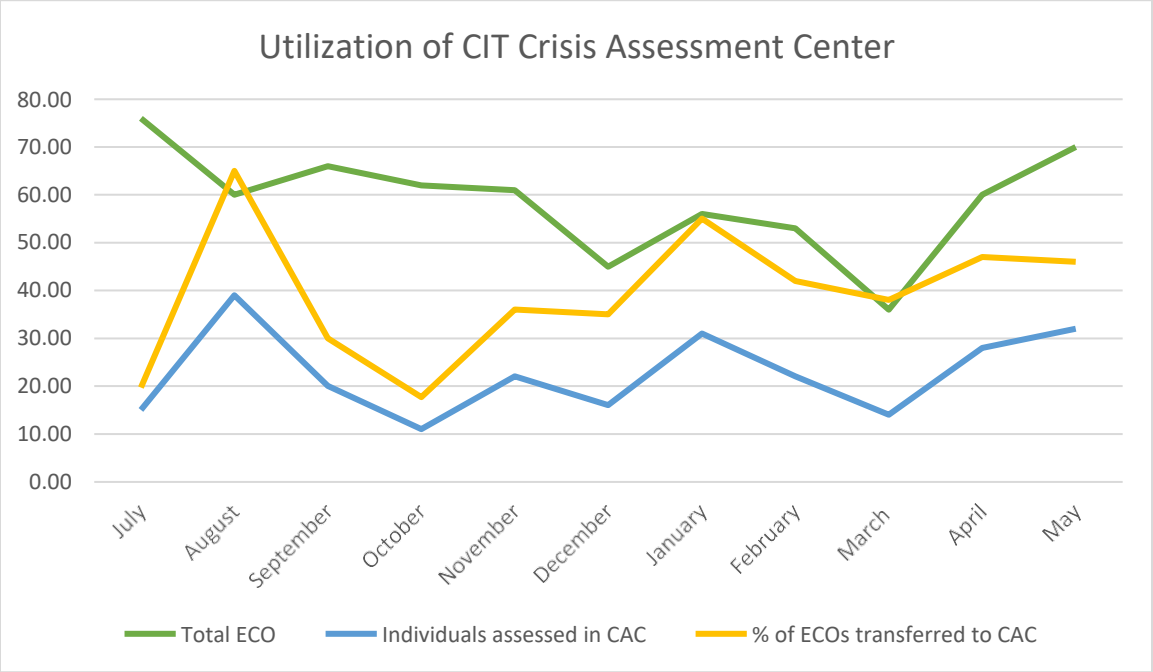
MEMORANDUM

To: Joe Wickens, Executive Director
From: Ashlee Abney, Assistant Emergency Services Coordinator
Date: June 9, 2025
Re: CIT and Co-Response Report

The CIT Assessment Center served 32 individuals in the month of May 2025. The number of persons served by locality were the following: Fredericksburg 8; Caroline 3; King George 1; Spotsylvania 9; Stafford 11; and 1 from other jurisdictions.

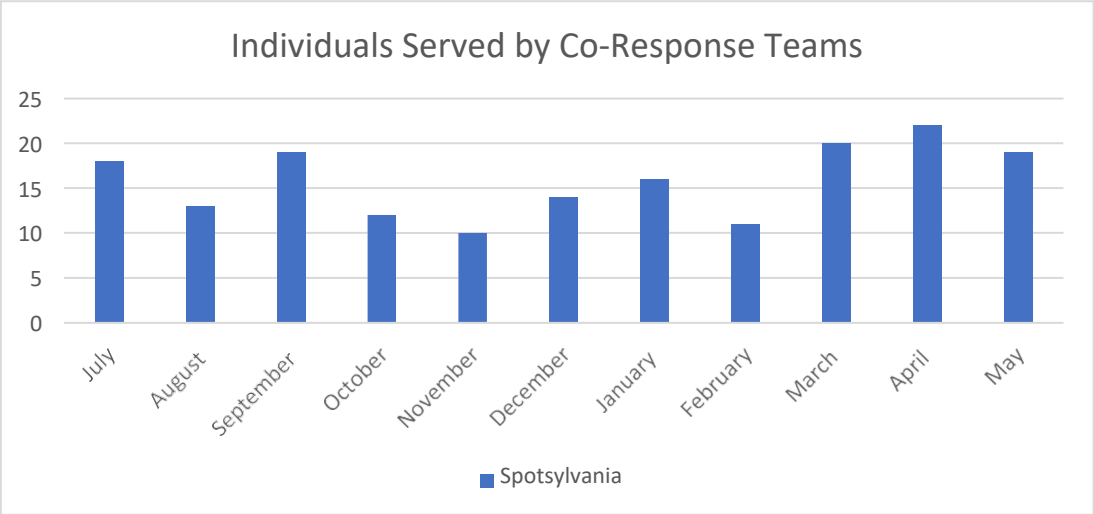
The chart below indicates the number of Emergency Custody orders by locality, those that were able to be transferred into CAC custody, and those who could have used the assessment center if there was additional capacity:

Locality	Total ECO	Custody Transfer to CAC	Appropriate for CAC if Capacity
Caroline	9	3	6
Fredericksburg	16	8	8
King George	3	1	2
Spotsylvania	14	9	5
Stafford	28	11	17
Totals	**70**	**32**	**38**



Co-Response

The Spotsylvania Co-Response Team served 19 individuals in May. The therapist for the Fredericksburg team remains vacant. The Stafford therapist position has been filled and the therapist has completed training. Stafford Sheriff's Office is finalizing steps to identify their deputy for the team.



CIT Training

In May 2025, RACSB held a CIT 8hr Dispatcher's Training class and six attendees were newly trained in CIT; 1 Goochland County SD, 2 Caroline County SD, 1 Spotsylvania County SD, 1 Stafford County SD, and 1 Ashland County PD.

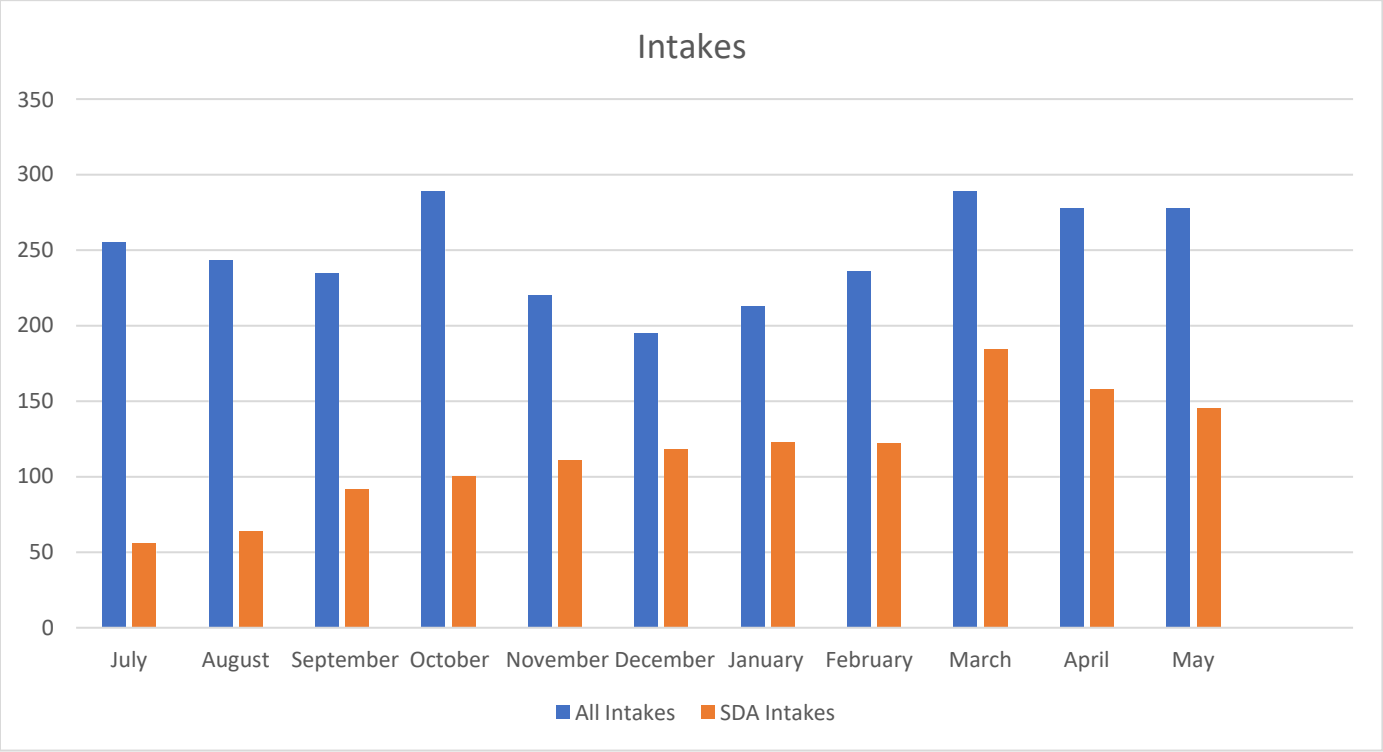
Additionally, in May 2025 the CIT Program Manager and Spotsylvania Co-Responder attended DCJS/DBHDS Marcus Alert Training to become Marcus Alert Trainers.

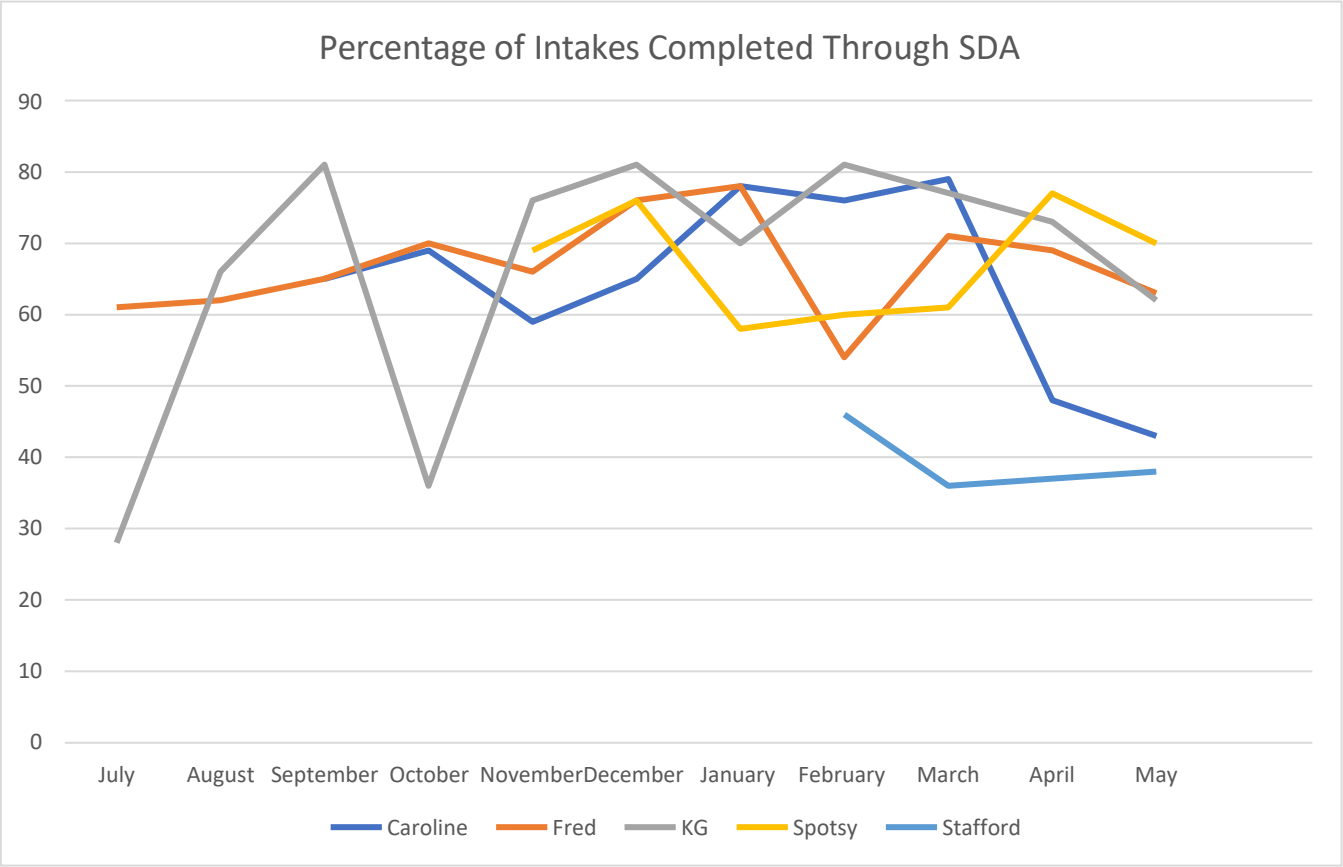
RAPPAHANNOCK AREA
COMMUNITY SERVICES BOARD

MEMORANDUM

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

The outpatient clinics had a FY25 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
May
Caroline
Fred
KG
Spotsy
Stafford

RACSB
Program Update Report
Compliance
May 2025

Incident Reports

- There were 291 Incident Reports entered into the Electronic Incident Report Tracker during the month of May. This is an increase of 9 from April; a decrease of 13 from March. All incident reports submitted were triaged by the compliance team.
- The top three categories of reports submitted were Health Concerns (123 reports), Individual Served Injury (51 reports), and Individual Served Safety (26 reports).
- The compliance team entered 36 incident reports into the Department of Behavioral and Developmental Services (DBHDS) electronic incident reporting system (27-Level 2, 9-Level 3) during the month of May; an increase of 3 during the month of April (26-Level 2, 7-Level 3); and a decrease of 6 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 fall and a urinary tract infection. These are reports that, based on the Office of Licensing's review of current serious incidents as well as a review of other recent incidents related to this individual, the Office of Licensing recommends the provider consider the need to re-evaluate the individual's needs as well as review the current individual support plan. DBHDS recommends provider review the results of root-cause analyses completed on behalf of this individual. In addition, 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 are needed.
- 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 36 root cause analyses were requested in the month of May and 33 were due for the month of May. Seven expanded root cause analyses were requested in May.

Human Rights Investigations:

- The compliance team conducted two Human Rights investigations. The first investigation consisted of allegations of sound therapeutic practices and was substantiated for sound therapeutic practices. The second investigation consisted of allegations of neglect. This investigation is pending.

Internal Reviewers:

- Compliance team provided guidance to a Support Coordinator who reached out for assistance in filling out the Critical Incident Report (CIR) form on May 2, 2025.

- Compliance team provided guidance on the Reporting of Seclusions/Restraints monthly and annual reporting to SA Coordinator on May 5, 2025.
- Compliance team provided Day Support Coordinator guidance related to a guardian's role and responsibilities when it comes to decision making for an individual on May 6, 2025.
- Compliance team provided guidance to Human Resources Coordinator regarding the completion of Corrective Action Plans (CAPS) on May 6, 2025.
- Compliance team met with the King George MH Outpatient (OP) Clinic Coordinator to review MH OP audits on May 7, 2025.
- Compliance team provided guidance on Restrictions to the DD Residential Coordinator on May 7, 2025.
- Compliance team met with Clinic Coordinator regarding a MH OP Caroline Clinic audit review on May 8, 2025.
- Compliance team provided guidance regarding substitute decision makers to a Support Coordinator on May 14, 2025.
- Compliance team provided guidance to Ruffin's Pond Group Home Manager on May 15, 2025 regarding Quarterly Reviews.
- Compliance team provided guidance on sections in the new 4.0 Quarterly Review to the Churchill Group Home Manager on May 15, 2025.
- Compliance team provided incident reporting guidance to MH Case Management Supervisor and Emergency Service (ES) Coordinator on May 15, 2025.
- Compliance team provided guidance to Spotsylvania MH Outpatient Clinic regarding incident reporting on May 15, 2025.
- Compliance team provided guidance to Day Support Coordinator regarding Adult Protective Services findings and recommendations regarding the findings of their investigation involving a day support member on May 15, 2025.
- Compliance team provided guidance related the restrictions application to DD Residential on May 16, 2025.
- Compliance team provided guidance to DSSC Coordinator regarding Mortality Review Recommendations on May 20, 2025.
- Compliance team met with and provided guidance to Project Link staff related to the audit process on May 21, 2025.
- Compliance team provided guidance regarding human rights related questions to Day Support staff on May 22, 2025.
- Compliance team provided guidance regarding Authorized Representatives to Support Coordinator and her Support Coordinator Supervisor.
- Compliance team provided guidance regarding mitigating risk for an incident report on May 27, 2025.
- Compliance provided guidance on human rights related questions to MH Supervised Apartments Group Home Manager and MH Residential Coordinator.

External Reviewers:

- Compliance team received and responded to a total of 5 chart review and audit requests involving 60 individuals. These requests were from AETNA Health Insurance involving 1 client, Datavant involving 1 client, Optum Health Insurance involving 4 clients, Episource involving 39 clients, and Anthem Health Keepers Health Insurance involving 15 clients.
- Compliance team received 8 phone calls and emails throughout the month of May from Brian Dempsey, DBHDS Incident Management Specialist, regarding serious incident reports.
- Compliance team received and responded to a request from Pam Wright, Investigation Specialist, DBHDS, regarding follow up on Mortality Review on May 14, 2025.
- Compliance team received and responded to a request from Jessica Wright, Investigation Specialist, DBHDS, regarding follow up on a Mortality Review on May 15, 2025.
- Compliance team met with DBHDS Licensing Specialists Rebecca Greenfield and Angela D'Angelo who conducted a personnel and ID/DD audit on May 15, 2025.
- Compliance team received and responded to a Look Behind Request on a Human Rights Investigation, on May 15, 2025, by Cassie Purtlebaugh, Regional Human Rights Advocate, DBHDS.
- Compliance team received and responded to a request from Pam Wright, Investigation Specialist, DBHDS, regarding a Mortality Review on May 19, 2025.
- Compliance team received and responded to a request from Pam Wright, Investigation Specialist, DBHDS, regarding a follow up on a Mortality Review on May 20, 2025.
- Compliance team received and responded to a Proof of Corrective Action request from Jessica Wright, DBHDS, regarding a Health and Safety inspection on May 22, 2025.
- Compliance team participated in an Assess Safety, Initiate Process, Monitor Compliance (AIM) 30 visit with Heather Hilleary, Senior Human Rights Advocate, DBHDS, at Wolfe Street ICF on May 23, 2025.
- Compliance team received a call from Carrie Browder, Nurse Consultant, Office of Integrated Health, regarding a Care Concern related to a recent incident report on May 30, 2025.

Complaint Call Synopsis

- Compliance team received two complaints in the month of May. Compliance team responded to both complaints. The complaints were categorized as 1- MH Case Management and 1-King George OP Clinic. Neither call resulted in a formal investigation.

Special Projects

- Pre-Program Audits
    - Compliance Specialist reviewed 30 quarterlies and 5 Individual Service Plans (ISPs) for ID/DD Residential Programs during the month of May. Feedback related to any discrepancy note was provided to the group home supervisor and

assistant coordinator. Common discrepancy for ISP critique was making sure Goals/Outcomes were measurable and that support instructions were detailed and thorough.

Trainings/Meetings

- Compliance team attended and participated in the New Hope Group Home staff meeting to provide guidance on incident reporting and compliance related topics on May 13, 2025.
- Compliance team provided the Overview of Supported Decision-Making Q-tip training to RACSB staff on May 14, 2025.
- Compliance team attended and participated in the Training Committee Meeting on May 15, 2025.
- Compliance team provided the Overview of Supported Decision Making for Support Coordinators on May 16, 2025.
- Compliance team provided Annual Documentation and Incident Reporting training to Sponsored Placement Providers on May 19, 2025.
- Compliance team attended and participated in DBHDS RCA online training on May 20, 2025.
- Compliance team attended and participated in the May Board Meeting on May 20, 2025.
- Compliance team provided Documentation Modules (Quarterlies & Annual reports) to Healthy Families on May 27, 2025.
- Compliance team attended and participated in the Churchill Group Home staff meeting to provide guidance on incident reporting and other compliance related topics on May 27, 2025.

MEMORANDUM

To: Joseph Wickens, Executive Director
From: Stephanie Terrell, Director of Compliance
Date: June 4, 2025
Re: 3rd Quarter FY 2025 Incident Report Review

The 3rd quarter incident summary report provides an overview of incident reports submitted by Rappahannock Area Community Services Board (RACSB) staff during the months of January 1, 2025 through March 31, 2025. The purpose of the report is to communicate information about trends, remain vigilant for emerging issues, and use data to plan, prioritize and implement preventative and proactive initiatives.

The population covered includes all people receiving services by the RACSB, which includes Mental Health (MH), Substance Use (SU), Developmental/Intellectual Disability (DD), and Prevention Services. RACSB provided services to 7,720 individuals, unduplicated by service area, from January 1, 2025 through March 31, 2025.

Compliance Staff received and triaged 852 Incident Reports from January 1, 2025 through March 31, 2025 (an overall increase of 138 reports from last quarter). Of those 852 incident reports received, 117 incidents were reported to Department of Behavioral Health and Developmental Services (DBHDS) through the Computerized Human Rights Information System (CHRIS), (93 Level 2, 19 Level 3, 4 Abuse/Neglect/Exploitation (ANE), and 1 Complaint).

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

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

DBHDS categories of serious incidents

2. **Level I**: a serious incident that occurs or originates during the provision of a service or on the premises of the provider that do not result in significant harm to individuals, but may include events that result in minor injuries that do not require medical attention, or events that have the potential to cause serious injury, even when no injury occurs."

3. **Level II**: a serious incident that occurs or originates during the provision of a service or on the premises of the provider that results in a significant harm or threat to the health and safety of an individual that does not meet the definition of a Level III serious incident. Level II serious incident; also includes a significant harm or threat to the health or safety of others caused by an individual.

4. **Level III**: a serious incident whether or not the incident occurs while in the provision of a service or on the provider's premises and results in:
   1) Any death of an individual;
   2) A sexual assault of an individual;
   3) A serious injury of an individual that results in or likely will result in permanent physical or

psychological impairment;
4) A suicide attempt by an individual admitted for services that results in a hospital admission."

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

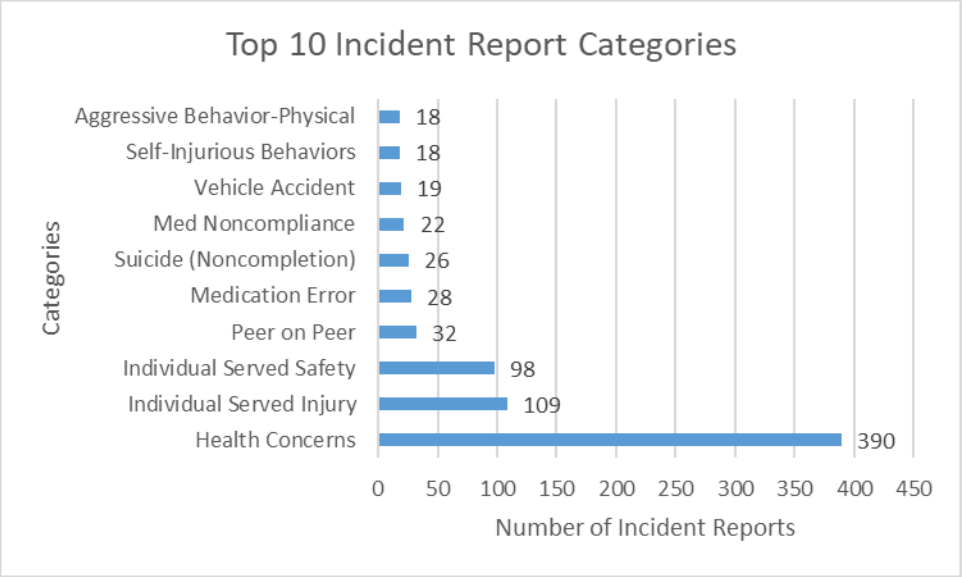
Below is a list of the incident categories and the definition:

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

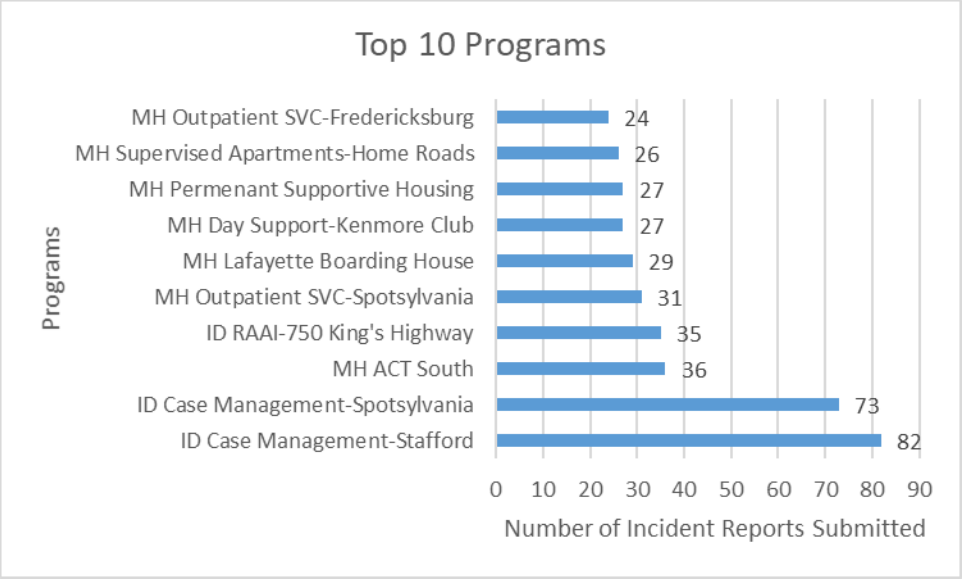
- Weapon Use/Possession - Weapons are not allowed in any RACSB facility. Knives, carpet knives, swords, guns etc…
- Other – incident which does not fit into a category above

Incident Report Categories	All RACSB Programs	*All RACSB Residential/24-hour Programs
Accidental Overdose	0	0
Aggressive Behavior - Physical	18	2
Aggressive Behavior - Verbal	12	1
Bio Hazardous Accident	0	0
Elopement/Wandering	6	2
Exposure to Communicable Diseases	0	0
Health Concerns	390	148
Individual Served Injury	109	60
Individual Served Safety	98	9
Infection Control	0	0
Med Error	28	16
Med Non-Compliance	22	14
Medication Non-Adherence	0	0
Medication Poor Adherence	18	0
Missing Person	5	2
Other	16	0
Peer on Peer	32	0
Possession of Illicit/Licit Substances	0	0
Property Damage	9	4
Sentinel Event (death)	12	2
Self-Injurious Behavior (SIB)	18	10
Sexual Assault	4	0
Staff Injury	10	4
Suicide (non-completion)	26	3
Use of Seclusion/Restraint	0	0
Vehicle Accident	19	10
Weapon Use/Possession	0	0
Total	852	287

The table above depicts the total number of incident reports submitted across all RACSB Locations and submitted across all RACSB Residential/24-hour Programs from January 1, 2025 through March 31, 2025 *All RACSB Residential/24-hour Programs consists of MH Crisis Stabilization, MH Residential, and DD/ID Residential Programs.



The chart above depicts the top ten categories with the highest occurrences across all RACSB Programs reported January 1, 2025 through March 31, 2025.



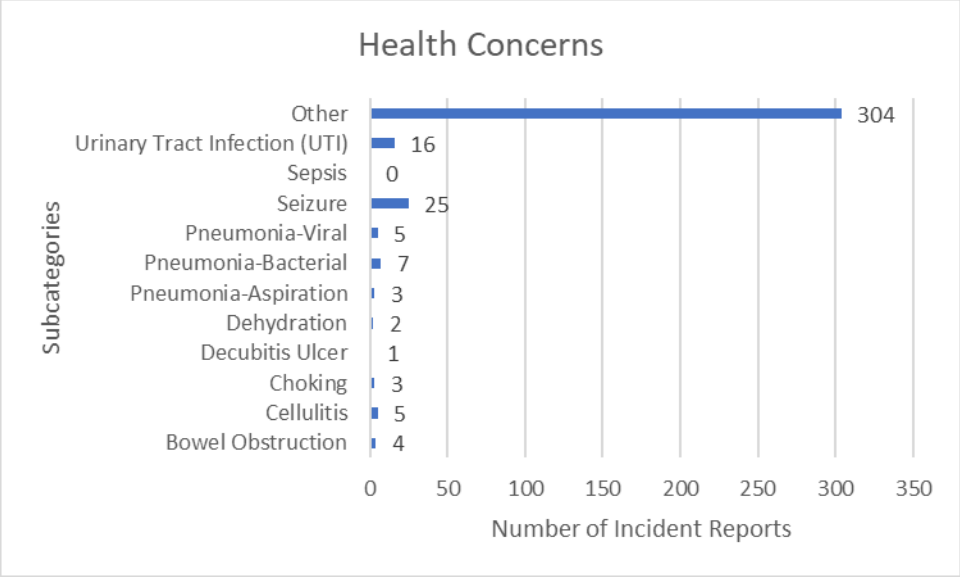
The chart above depicts the top ten programs that submitted the highest of number of incident reports across all RACSB programs during the time period of January 1, 2025 through March 31, 2025.

Approximately 45% of the incident reports received noted health concerns. When compared to previous quarters, Health Concerns continue to be the category with the highest number of incidents. This can be contributed to all health-related conditions, such as colds, flu, sepsis, seizures, pneumonia, decubitus ulcer, choking, cellulitis, minor cuts, scratches, scrapes, vomiting, or diarrhea.

Intellectual Disabilities (ID) Case Management submitted 110 of the 390 Health Concern reports. Eighty reports were from DD Residential Services, 34 from MH Residential Services, 25 from Developmental Disabilities Case Management, 27 from MH ACT, 20 from MH Outpatient, 17 from Kenmore Club, 14 from MH Case Management, 14 from Day Support Services, 13 from Permanent Supportive Housing (PSH), 11 from MH Crisis Stabilization, 10 from MH Case Management

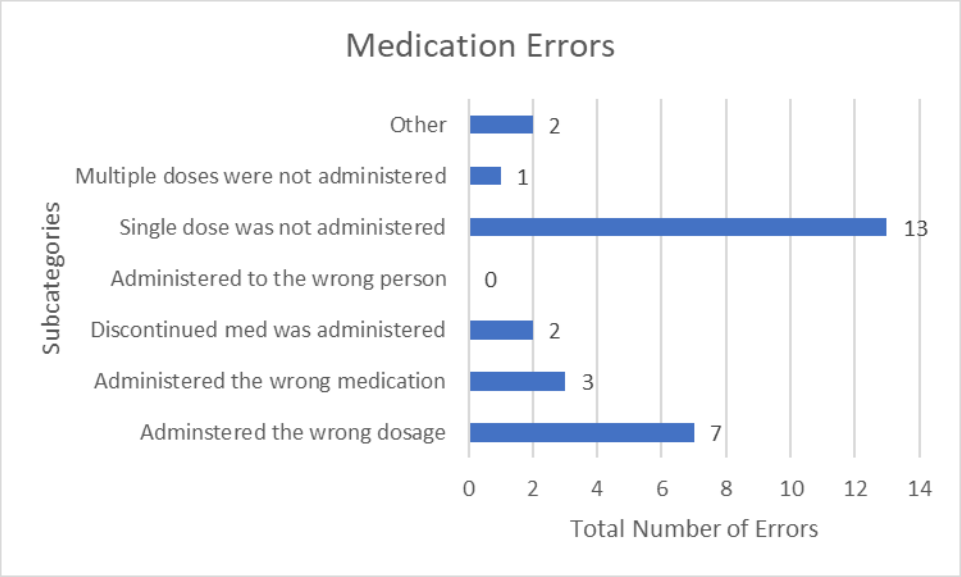
Adolescent, and other various agency programs submitted the remainder of the incident reports submitted for health concerns.

Review of Health Concern reports showed a significant increase of 108 reports of Health Concerns (Other) subcategory reported since the 2nd quarter. The increase of reported health concerns included all but 4 of the subcategories, with the largest increase in reported seizures. One RACSB residential program submitted three reports for one individual. This individual has a seizure condition which is monitored by a physician. The incident report did not note any injures to the individual. ID/DD Support Coordination submitted the second highest number of reports related to seizures. Four of the 13 incident reports submitted for seizures by ID/DD Support Coordination were for the same individual. This individual has a seizure disorder diagnosis and is monitored by a physician.



The chart above depicts the number of incidents submitted across all RACSB programs for the subcategories listed under the Health Concerns category during the time period of January 1, 2025 through March 31, 2025.

A total of 28 medication errors occurred during the 3rd quarter. Of those 28 medication errors, eight were reported from DD Residential Services, six from ID Case Management Services, two from Day Support, nine from MH Residential Services, one from MH Crisis Stabilization, one from MH Outpatient, and one from MH ACT.



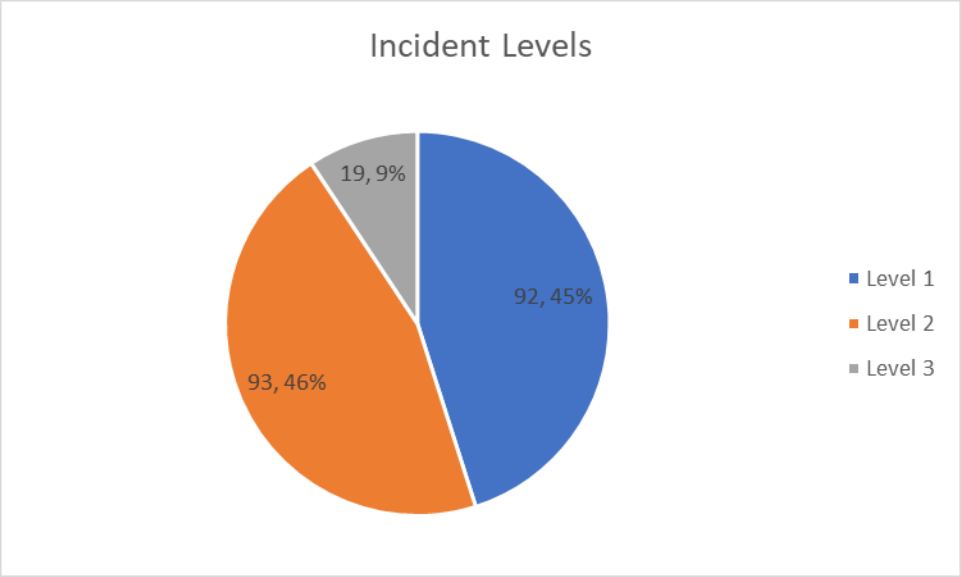
The chart above depicts the number of errors in each medication error subcategory across all RACSB programs during the time period of January 1, 2025 through March 31, 2025.

Medication errors occurred in the following programs;

- 3-Lucas Street ICF Group Home
- 1-Ross Drive ICF Group Home
- 4-ID Case Management-Stafford
- 1-DD Case Management-Stafford
- 1-DD Case Management-Spotsylvania
- 1-ID Supervised Apartments-Brittany Commons
- 2-ID Supervised Services Sponsored Placement
- 1-ID New Hope Group Home
- 2-ICF Day Support
- 3-MH Lafayette Boarding House
- 6-MH Supervised Apartments-Home Road
- 1-MH Crisis Stabilization
- 1-MH ACT South
- 1-MH Outpatient Services-Fredericksburg

Review and analysis of medication policy, medication administration area, staffing pattern, and cause of errors took place in an attempt to mitigate future errors.

A significant decrease was noted for the subcategory of multiple doses were not administered for 3rd quarter, only one incident was reported compared to the 10 reported in the 2nd quarter. Additionally, it was noted that MH Supervised Apartments-Home Road had an increase in reports for this quarter of six incidents compared to the one incident reported in the 2nd quarter.



The chart above depicts the total number of incident reports categorized by Incident Levels 1, 2, and 3 across all RACSB programs during the time period of January 1, 2025 through March 31, 2025.

There was a total of 92 incidents categorized as a level I. Of the 92 incidents categorized as a level 1, many were the result of minor or superficial cuts, scratches, or bruises, which required first aid. 48 of the reported incidents occurred in DD Residential Services, 22 from MH Residential Services, 12 from RAAI Day Support, two from Kenmore Club, two from Crisis Stabilization, one from MH Case Management, one from MH ACT, two from MH Outpatient, one from Child Mobile Crisis, and one from ID Case Management:

- EMS assessment without transport for excessive exhaustion and falls
- Urgent care visits for:
    - Urinary Tract Infection (UTI)
    - Abdominal pain
    - Choking
    - Abnormal, pain or bruising on feet
    - Infection
    - General feeling of illness
    - Fever
    - Seizure
    - Sinus discomfort
    - Light headed
- First Aid administered for a minor burns, sores, cuts, and scrapes.
- Falls requiring first aide and/or urgent care visits.

Based on review of the level 1 incidents reported, a significant increase of 39 incidents were reported for the 3rd quarter in comparison to the 2nd quarter. Only one pattern was found with one individual from DD Residential who had a total of eight reports related to falls and seizures.

There were 93 incidents classified as a Level 2. Root Cause Analyses were conducted for all Level 2 Incidents. Of the 93 Level 2 reports, 26 were from DD Residential Services, 12 were from MH Crisis Stabilization, 19 were from MH Residential Services, 12 were from MH ACT, 12 were from Kenmore

Club, four were from MH Outpatient Services, two were from Emergency Services, five were from ID Day Support, and one was from PSH.

Sixty of the Level 2 were reported as Health Concerns; 16 were from DD Residential Services, 12 were from MH Residential, eight were from Crisis Stabilization, eight from Kenmore Club, 11 were from MH ACT, and five were from Day Support Services. Nine were reported as Individual Served Injury, six from DD Residential Services, two from MH Residential Services, and one from Kenmore Club. One was reported as Aggressive Behavior from MH Outpatient. One was reported as Missing Person from MH Residential Services. Nine were reported as Individual Served Safety, two from DD Residential Services, two MH Residential Services, one from Crisis Stabilization, one from PSH, two from Kenmore Club, and two from MH Outpatient. One was reported as Medication Noncompliance from MH Residential Services. Nine were reported as Suicide Noncompletion, three from Crisis Stabilization, one from Kenmore Club, three MH Outpatient, and from Emergency Services. One was reported as Overdose from Emergency Services. Lastly, one was reported as Self Injurious Behaviors from MH ACT.

Based on review of the Level 2 incident reports, there was an increase of 45 reported incidents for this 3rd quarter compared to 48 reported in the 2nd quarter.

There were 19 incidents classified as Level 3. Root Cause Analyses were conducted for Level 3 Incidents. Of the 19 Level three reports, four were from Emergency Services, three were MH Medical Outpatient, one was from MH Outpatient, one was from MH ACT, two were from MH Adolescent Case Management, one was from Kenmore Club, one was from PSH, one was from Crisis Stabilization, three from ID Case Management, and two from ID Residential Program.

Ten of the Level 3 reports were Death from (2) DD Residential, (3) ID Case Management, (1) PSH, (1) Kenmore Club, and (3) MH Medical Outpatient. Eight reports were Suicide (noncompletion) from (4) Emergency Services, (1) MH Outpatient, (1) MH ACT, and (2) MH Case Management Adolescent. Lastly, one report was a Health Concern from Crisis Stabilization.

Based on review of the Level 3 incident reports, there was an increase of four incidents in this 3rd quarter compared to the 15 incidents reported in the 2nd quarter.

There were a total 32 incident reports submitted for peer-on-peer incidents. Peer on peer incidents require an incident report be completed for each individual involved if the incident occurs during provision of service or if both/all of individuals involved receive RACSB Case Management/Support Coordination Services. Seven were reported from DD Residential Services, 20 from Day Support Services, three from ID Case Management, and two from DD Case Management.

No serious injuries resulted from the incidents reported. Each reported incident involved an isolated situation. In addition, staff immediately redirected and resolved the concerns.

A decrease of peer on peer incidents of 28 reported in the 3rd quarter compared to the 60 reported incidents in the 2nd quarter. Only one pattern was found in which one individual was directly involved in eight of the reported incidents from both DD Residential and Day Support Services.

Program actions as a result of Incident Reports

1. Action plans for aggressive behavior included recommendations for behavior plans, assisting the individual in learning and using coping skills during times when they become upset, review and

revision of individual's service plan, and continuance of using interventions that are currently in the individual's service plan.

2. Action plans for health concerns varied based on the concern. RACSB staff contact 911 in cases of medical emergencies. Ad-hoc medical appointments will continue to be made by RACSB staff to address health concerns for those individuals residing in RACSB residential programs. In addition, for RACSB non-residential programs, staff will continue to assist individuals and family members with health concerns that are identified during program hours.
3. For those incidents which involve individuals that do not reside in RACSB residential programs, Support Coordinators and Case Managers monitor health concerns and document in case notes.
4. Root cause analyses were conducted on all incidents that fell into the Level 2 or Level 3 category. Some incidents required an enhanced root cause analysis due to the number of instances that an individual has experienced or has been observed at the hospital for the same or related event within a specific timeframe. Findings of root cause analysis resulted in programs revising individual service plans, behavior plans, ad-hoc reviews of program files, policy and procedure revisions, staff training, and personnel action.

To: Joseph Wickens, Executive Director

From: Stephanie Terrell, Director of Compliance & Human Rights

Date: May 2025

Re: Quality Assurance Report

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

- Mental Health Outpatient (MHOP): Spotsylvania
- Mental Health Outpatient (MHOP): King George
- Developmental Disability Support Coordination (DDSC): Spotsylvania
- Developmental Disability Support Coordination (DDSC): Stafford
- Mental Health Outpatient (MHOP): Caroline

Mental Health Outpatient (MHOP): Spotsylvania

There were five staff members responsible for the selected charts.

Findings for the twenty open charts and two closed charts reviewed for Mental Health Outpatient (MHOP): Spotsylvania were as follows:

- Twenty charts were reviewed for Assessment compliance:
  - **Discrepancies noted with Assessments:**
    - Six charts were missing a current DLA 20.

- Twenty charts were reviewed for Individual Service Plan compliance:
  - **Discrepancies noted with Individual Service Plan:**
    - Four charts were missing the Individual Service Plan.
    - Eights charts had Individual Service Plans that were finalized after the Plan start date.
    - Two charts had Individual Service Plans finalized after 30 days from admission.

- Twenty charts were reviewed for Quarterly Review compliance:
  - **Discrepancies noted with Quarterly Reviews:**
    - Five charts had Quarterly Reviews that were missing.
    - Two charts had Quarterly Reviews that were late.

- Twenty charts were reviewed for Progress Note compliance:
  - **Discrepancies noted with Progress Notes:**
    - Six chart contained notes completed more than 24 hours late.
    - One chart contained no notes for one month.

- Twenty charts were reviewed for General Documentation compliance:

- **No discrepancies noted with General Documentation.**

- Two charts were reviewed for Discharge compliance:
  - **No discrepancies noted with Discharge.**

Comparative Information:
In comparing the audit reviews of Mental Health Outpatient (MHOP): Spotsylvania charts from the previous audits to the current audits, the average score decreased from 91 to 75 on a 100-point scale.

Corrective Action Plan:
- Coordinator reviewed audits with staff during individual supervisions **(completed 4/3/2025-4/8/2025)**
- Coordinator reviewed themes of audit results during staff meeting and problem solved as a team to maintain accurate charts; **completed 4/14/2025**
- Coordinator will audit one chart or audit overview of caseload using the Caseload Report each month during scheduled supervisions; **ongoing**

Mental Health Outpatient (MHOP): King George

There were two staff members responsible for the selected charts.

Findings for the ten open charts and two closed charts reviewed for Mental Health Outpatient (MHOP): King George were as follows:

- Ten charts were reviewed for Assessment compliance:
  - **No discrepancies noted with Assessments.**

- Ten charts were reviewed for Individual Service Plan compliance:
  - **Discrepancies noted with Individual Service Plan:**
    - Two charts had Individual Service Plans that were finalized after the Plan start date.

- Ten charts were reviewed for Quarterly Review compliance:
  - **Discrepancies noted with Quarterly Reviews:**
    - Three charts had Quarterly Reviews that were late.

- Ten charts were reviewed for Progress Note compliance:
  - **No discrepancies noted with Progress Notes.**

- Ten charts were reviewed for General Documentation compliance:
  - **No discrepancies noted with General Documentation.**

- Two charts were reviewed for Discharge compliance:
  - **No discrepancies noted with Discharge.**

Comparative Information:
In comparing the audit reviews of Mental Health Outpatient (MHOP): King George charts from the previous audits to the current audits, the average score increased from 89 to 94 on a 100-point scale.

Corrective Action Plan:

- When treatment plan or quarterly is completed, staff will input Client related time with client ID on AVATAR schedule for next Quarterly due date to ensure they are completed on time. (ongoing)
- Staff will receive education regarding importance of finalizing treatment plan on the date completed with the individual receiving services. (completed 5/13/25)
- Supervisor to review recent treatment plans during supervision to verify compliance. (ongoing)

Developmental Disability Support Coordination: Spotsylvania

There were eight staff members responsible for the selected charts.

Findings for the ten open charts and two closed charts reviewed for Developmental Disability Support Coordination (DDSC): Spotsylvania were as follows:

- Ten charts were reviewed for Documentation compliance:
  - **Discrepancies noted with Documentation:**
    - One chart was missing the Supports Intensity Scale (SIS).
    - Three charts were missing the current Virginia Developmental Disability Eligibility Survey (VIDES).
    - Four charts were missing the current Virginia Informed Choice form.

- Ten charts were reviewed for Individual Service Plan compliance:
  - **Discrepancies noted with Individual Service Plans:**
    - One chart was missing multiple pages of the plan.
    - One chart was missing Parts 1-4.
    - One chart was missing a signature on Part 5 (without documentation).

- Ten charts were reviewed for Quarterly Review compliance:
  - **Discrepancies noted with Quarterly Reviews.**
    - One chart contained a late quarterly.

- Ten charts were reviewed for Progress Note compliance:
  - **Discrepancies noted with Progress Notes.**
    - Six charts contained notes that were more than 5 days late.

- Two charts were reviewed for Discharge compliance:
  - **No discrepancies noted with Discharge.**

Comparative Information:
In comparing the audit reviews of DDSC: Spotsylvania charts from the previous audits to the current audits, the average score decreased from 90 to 75 on a 100-point scale.

Corrective Action Plan:

- Deficiencies will be discussed with SCs during the support coordination meeting scheduled for 5/16/25.
- Staff will be reminded of the importance of timely documentation, reminded to use the ISP checklist to prevent documents being late and will be encouraged to ask for

assistance uploading documents to Avatar. Office Associate is available to help with this.
- The staff with a late quarterly report will receive a SOC once their supervisor has returned from annual leave.

Developmental Disability Support Coordination: Stafford

There were nine staff members responsible for the selected charts.

Findings for the ten open charts and two closed charts reviewed for Developmental Disability Support Coordination (DDSC): Stafford were as follows:

- Ten charts were reviewed for Documentation compliance:
  - **Discrepancies noted with Documentation:**
    - One chart was missing the Psychological Assessment.
    - One chart contained expired releases.
    - One chart was missing a Virginia Developmental Disability Eligibility Survey (VIDES) at the time of audit.

- Ten charts were reviewed for Individual Service Plan compliance:
  - **Discrepancies noted with Individual Service Plans:**
    - Three charts were missing a signature from the Individual / Guardian.

- Ten charts were reviewed for Quarterly Review compliance:
  - **No discrepancies noted with Quarterly Reviews.**

- Ten charts were reviewed for Progress Note compliance:
  - **Discrepancies noted with Progress Notes.**
    - Seven charts contained notes that were more than 5 days late.

- Two charts were reviewed for Discharge compliance:
  - **No discrepancies noted with Discharge.**

Comparative Information:
In comparing the audit reviews of Mental Health Outpatient (MHOP): Stafford charts from the previous audits to the current audits, the average score decreased from 90 to 85 on a 100-point scale.

Corrective Action Plan:
- Both of these items will be addressed in the support coordination meeting scheduled for 5/16/25.
- The SC who did not have diagnostic documentation – is a programmatic problem – when someone is a child younger than 9 the diagnostic requirements are different than for those over 9.
- This was an oversite and updated diagnostic information was not requested.
- Initially staff will be reminded on 5/16/25 to review the diagnostic documentation for their individuals to ensure we have the appropriate documentation to support the diagnosis to receive supports and program will work to find another way to highlight those that may need diagnostic information reviewed going forward.

Mental Health Outpatient (MHOP): Caroline

There were three staff members responsible for the selected charts.

Findings for the ten open charts and two closed charts reviewed for Mental Health Outpatient (MHOP): Caroline were as follows:

- Ten charts were reviewed for Assessment compliance:
  - **No discrepancies noted with Assessments.**

- Ten charts were reviewed for Individual Service Plan compliance:
  - **Discrepancies noted with Individual Service Plan:**
    - One chart contained a plan that was finalized 4 days late.
    - One chart was missing a preliminary plan.

- Ten charts were reviewed for Quarterly Review compliance:
  - **No discrepancies noted with Quarterly Reviews.**

- Ten charts were reviewed for Progress Note compliance:
  - **No discrepancies noted with Progress Notes:**

- Ten charts were reviewed for General Documentation compliance:
  - **No discrepancies noted with General Documentation.**

- Two charts were reviewed for Discharge compliance:
  - **Discrepancies noted with Discharge.**
    - One chart was missing discharge summary.

Comparative Information:
In comparing the audit reviews of Mental Health Outpatient (MHOP): Caroline charts from the previous audits to the current audits, the average score increased from a 77 to 98 on a 100-point scale.

Corrective Action Plan:

- Clinic Coordinator will educate clinicians about completing preliminary ISP's for all individuals and sign and finalize the ISP the same day as client signs. Coordinator will ensure that clinicians complete preliminary ISP's and sign ISP the same day by reviewing two charts per week starting on 5/12/25 and will continue until they are in-compliance.
- Clinic Coordinator will remind staff to complete a discharge summary before discharging a client and will review two charts per week starting on 5/12/25 and will continue until they are in- compliance.
- Clinic Coordinator will educate and ensure clinicians are writing individualized treatment plans that are person-centered by reviewing two charts starting on 5/12/25 and will continue until they are in-compliance.

EMORANDUM

To: Joe Wickens, Executive Director

From: Stephanie Terrell, Director of Compliance

Date: May 30, 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 three licensing reports. All three of these reports are related to human rights allegations. Ross Drive Intermediate Care Facility (ICF), Spotsylvania Day Support, and Wolfe Street ICF each received a licensing report.

The attached CAPs provide additional details regarding the citation and RACSB's response.

DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

Investigation ID: **96**
License #: **101-01-005**

Date of Inspection: **04-03-2025**

Organization Name: **Rappahannock Area Community Services Board**

Program Type/Facility Name: **01-005 Ross Drive (ICF/IID)**

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	Ross Drive (ICF/IID) This regulation was NOT MET as evidenced by: See below	PR) 04/17/2025 Please see responses below OLR) Accepted 04/22/2025	4/17/2025

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	Ross Drive (ICF/IID) 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 review of the 911 audio, the following was determined: • Staff present at the time of discovering Individual #1 unresponsive did not complete CPR. • The Dispatcher asked if Employee #1 would like to attempt CPR and Employee #1 declined. • Provider's policy "7.9 DNR Orders" states: "All staff will perform first aid/CPR according to their training and abilities for all individuals, regardless of DNR, until first responders arrive and take over care related duties."	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	4/30/2025

Investigation ID: **96**
License #: **101-01-005**

Date of Inspection: **04-03-2025**

Organization Name: **Rappahannock Area Community Services Board**

Program Type/Facility Name: **01-005 Ross Drive (ICF/IID)**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date

		During a review of the records, the following was determined: • It was discovered that from November 24-30, 2024, a period of six days, Individual #1 had no documented bowel movements. • On January 29, 2025, Individual #1 had a significant medical event: o As part of this investigation, a review of the 911 phone call was completed. o Staff reported during the 911 phone call that Individual #1 was last seen around 1:00am. • A Specialized Supervision Chart documenting nightly, hourly checks beginning at 12:00am and ceasing at 8:00am was submitted for review as part of this investigation: o On January 29, 2025, no hourly checks were signed as being completed. • Based on the varying documentation and information in the 911 phone call, it is unclear when Individual #1 was last provided with supports prior to having a significant medical event the morning of January 29, 2025. Staff failed to follow the provider's internal protocols, failed to recognize Individual #1's additional needs for supports, and failed to provide the supervision supports necessary for the health, safety, and welfare of Individual #1.	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		

Investigation ID: **96**
License #: **101-01-005**

Date of Inspection: **04-03-2025**

Organization Name: **Rappahannock Area Community Services Board**

Program Type/Facility Name: **01-005 Ross Drive (ICF/IID)**

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) Accepted 04/18/2025	

12VAC35-115-60. B. (8) - The provider's duties. 8. Providers shall ensure that the entries in an individual's services record are at all times authentic, accurate, complete,	N	Ross Drive (ICF/IID) This regulation was NOT MET as evidenced by: During review of the records, the following was determined: • Bowel Tracking logs were not maintained accurately: o Staff periodically documented bowel movements in Progress Notes, rather than on the Bowel Tracking Log.	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.	4/30/2025

Investigation ID: **96**
License #: **101-01-005**

Date of Inspection: **04-03-2025**

Organization Name: **Rappahannock Area Community Services Board**

Program Type/Facility Name: **01-005 Ross Drive (ICF/IID)**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date

timely, and pertinent.		• On January 29, 2025, Individual #1 had a significant medical event: o As part of this investigation, a review of the 911 phone call was completed. o Staff reported during the 911 phone call that Individual #1 was last seen around 1:00am; however, the provider's documentation was reviewed and Progress Notes indicated that Individual #1 was seen at 2:00am, checked on at 4:00am and found unresponsive at 6:00am. Failure to ensure that the entries in an individual's services record are at all times authentic, accurate, complete, timely, and pertinent is a violation of 12VAC35-115-60(B)(8).	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 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		

Investigation ID: **96**
License #: **101-01-005**

Date of Inspection: **04-03-2025**

Organization Name: **Rappahannock Area Community Services Board**

Program Type/Facility Name: **01-005 Ross Drive (ICF/IID)**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date

			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 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.	

Investigation ID: **96**
License #: **101-01-005**

Date of Inspection: **04-03-2025**

Organization Name: **Rappahannock Area Community Services Board**

Program Type/Facility Name: **01-005 Ross Drive (ICF/IID)**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
			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) Accepted 04/18/2025	

12VAC35-105-150. (5) - The provider including its employees, contractors, students, and volunteers shall comply with: 5. The provider's own policies. All required policies shall be in writing.	N	Ross Drive (ICF/IID) This regulation was NOT MET as evidenced by: The Provider was found to be in violation of their own policy. Based on review of the providers policy "7.9 DNR Orders" "*All staff will perform first aid/CPR according to their training and abilities for all individuals, regardless of DNR, until first responders arrive and take over care related duties*." As part of this investigation, 911 audio records were obtained. Upon review of the 911 audio, staff present at the time of discovering Individual #1 unresponsive, did not complete CPR. The Dispatcher asked if Employee #1 would like to attempt CPR and Employee #1 declined. Therefore, the Provider's own policy was not followed regarding performing CPR until first responders arrive and take over care.	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 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

Investigation ID: **96**
License #: **101-01-005**

Date of Inspection: **04-03-2025**

Organization Name: **Rappahannock Area Community Services Board**

Program Type/Facility Name: **01-005 Ross Drive (ICF/IID)**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date

			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 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		

Investigation ID: **96**
License #: **101-01-005**

Date of Inspection: **04-03-2025**

Organization Name: **Rappahannock Area Community Services Board**

Program Type/Facility Name: **01-005 Ross Drive (ICF/IID)**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
			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. OLR) Accepted 04/22/2025	
12VAC35-105-920. - The provider shall implement a review process to evaluate both current and closed records for completeness, accuracy, and timeliness of entries.	N	Ross Drive (ICF/IID) This regulation was NOT MET as evidenced by: 1.) As part of this investigation, a review was completed of documentation. It was found that Bowel Tracking logs were not maintained accurately. In review, staff periodically documented bowel movements in Progress Notes, rather than on the Bowel Tracking Log.	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.	4/30/2025

		During this review, it was found that from 11/24/24-11/30/24, a period of six days, Individual #1 had no documented bowel movements. 2.) On 01/29/25, Individual #1 had a significant medical	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		

Investigation ID: **96**
License #: **101-01-005**

Date of Inspection: **04-03-2025**

Organization Name: **Rappahannock Area Community Services Board**

Program Type/Facility Name: **01-005 Ross Drive (ICF/IID)**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date

		event. As part of this investigation, a review of the 911 phone call was completed. Staff reported during the 911 phone call that Individual #1 was last seen around 1 a.m. The Provider's documentation was reviewed. Progress Notes indicated that Individual #1 was seen at 2 a.m., was checked on at 4 a.m. and found unresponsive at 6 a.m. A Specialized Supervision Chart, documented nightly hourly checks beginning at 12 a.m. and ceasing at 8 a.m. was submitted for review as part of this investigation. On 01/29/25, no hourly checks were signed as being completed. Based on the varying documentation and information in the 911 phone call, it is unclear when Individual #1 was last provided with supports prior to having a significant medical event the morning of 01/29/25.	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 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.		

DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

Investigation ID: **96**
License #: **101-01-005**

Date of Inspection: **04-03-2025**

Organization Name: **Rappahannock Area Community Services Board**

Program Type/Facility Name: **01-005 Ross Drive (ICF/IID)**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date

			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 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. OLR) Accepted 04/22/2025	

Investigation ID: **96**
License #: **101-01-005**

Date of Inspection: **04-03-2025**

Organization Name: **Rappahannock Area Community Services Board**

Program Type/Facility Name: **01-005 Ross Drive (ICF/IID)**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date

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.

Jessica Wright, Investigator	(Signature of Organization Representative)	Date

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

DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **05-08-2025**
Program Type/Facility Name: **02-008 Spotsylvania Clinic**

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	Spotsylvania Clinic 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	Spotsylvania Clinic This regulation was NOT MET as evidenced by: "Abuse" means any act or failure to act by an employee or other person responsible for the care of an individual in a facility or program operated, licensed, or funded by the department, excluding those operated by the Department of Corrections, that was performed or was failed to be performed knowingly, recklessly, or intentionally, and that caused or might have caused physical or psychological harm, injury, or death to a person receiving care or treatment for mental illness, intellectual disability, or substance abuse. During an internal investigation, the provider determined the following: • Employee 1 was transporting Individual 1, and was pulled over by law enforcement due to traveling 70mph in a 45mph zone. • Employee 1's reckless driving might have caused physical harm, injury, or death to Individual 1.	PR) 05/13/2025 Employee #1 was pulled immediately from driving any agency vehicle and providing transportation for any individuals receiving services. Employee #1 received corrective action and is scheduled to attend the 2-day Department of Motor Vehicles driving and START training. All employees will continue to receive driving training during new employee orientation and START driving training within 3 months of hire. Site leader will ensure that all staff receive training prior to driving agency vehicles and transporting individuals receiving services. OHR/OLR) Accepted 05/13/2025	05/15/2025 00:00:00

DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **05-08-2025**
Program Type/Facility Name: **02-008 Spotsylvania Clinic**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date

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

License #: **101-01-005**
Organization Name: **Rappahannock Area Community Services Board**

Date of Inspection: **04-24-2025**
Program Type/Facility Name: **01-005 Wolfe Street ICF**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
-				5/30/2025
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	Wolfe Street ICF This regulation was NOT MET as evidenced by: See OHR citation below.		5/30/2025

12VAC35-115-260. B. (2d) - Providers shall require their employees to: 2. Protect individuals from any form of abuse, neglect, or exploitation by: 2d. Reporting all suspected abuse, neglect, or exploitation to the director;	N	Wolfe Street ICF This regulation was NOT MET as evidenced by: Advocate substantiated for failing to Employee #2 and Employee #3 report based on the following: • On April 3, 2025, at 5:31pm, provider received allegation of verbal and physical abuse involving Individual #1 from a community member while Individual was out in the community with Employee #1, Employee #2, and Employee #3 at Entity #1. • The provider conducted an internal investigation and interviewed Employee #1, Employee #2, and Employee #3 on April 8, 2025, and April 9, 2025. • Employee #1 admitted to making a statement to Individual #1 that was verbally abusive that matched the allegation made by the community member. • Employee #2 and Employee #3 reported	PR) 05/13/2025 PR: Corrective action was presented to the staff member responsible for making the inappropriate comments on 4/9/25 for failing to abide by the RACSB Employee Code of Ethics in relation to not conducting services in accordance with sound therapeutic practice. The second remaining employee will receive corrective action for not intervening during the time in which her co-worker was making the inappropriate comments. All program staff will be re-trained on the importance of sound therapeutic practices. Additionally, they will all receive a training refresher on the RACSB Employee Code of Ethics. Staff will sign off attesting to their understanding and agreement to abide by each of these requirements and obligations.	5/30/2025

License #: **101-01-005**
Organization Name: **Rappahannock Area Community Services Board**

Date of Inspection: **04-24-2025**
Program Type/Facility Name: **01-005 Wolfe Street ICF**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date

		overhearing Employee #1 make verbally abusive statement to Individual #1. • Video footage from the van revealed additional verbally abusive statements from Employee #1 directed at Individual #1 that were admittedly heard by Employee #2. • Employee #2 and Employee #3 failed to report Employee #1 making verbally abusive statements to Individual #1. • Employee #2 reported after the community outing that Employee #1 and Employee #2 conducted a body check on Individual #1 at the group home due to Individual #1 reportedly falling and Employee #2 witnessed Employee #1 push Individual #1's "hands down" a few times "in a hard and an aggressive manner," which meets the definition of physical abuse. • Employee #2 failed to report Employee #1 engaging in physical abuse toward Individual #1. Employee #2 and Employee #3 failing to report verbal abuse and Employee #2 failing to report physical abuse to the director is a violation of 12VAC35-115-260(B)(2)(d).	All RACSB staff and volunteers will be required to undergo an annual Human Rights training and an annual review of the RACSB Employee Code of Ethics. Newly hired staff will be assigned these courses upon hire during the week of their agency orientation. Human Resources will continue to track these annual trainings for compliance by all staff through its electronic training system/database. 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. The Compliance team will monitor incident reports and any allegations or reports of human rights violations, including provision of services that are not therapeutically sound, on a daily basis to help ensure systematically that incidents of this nature are identified and mitigated quickly. Program leaders will monitor staff and continue to ensure all Human Rights regulation violations and/or non-therapeutic supports are immediately reported to RACSB′s Office of Consumer Affairs. They will likewise ensure best person-centered		

License #: **101-01-005**
Organization Name: **Rappahannock Area Community Services Board**

Date of Inspection: **04-24-2025**
Program Type/Facility Name: **01-005 Wolfe Street ICF**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
			practices are being followed by staff through direct and indirect supervision (viewing cameras, ongoing discussion of person-centered plans and practices, conducting random direct supervision of staff working with individuals). Any staff member suspected or alleged to violate the Code of Virginia and any related human rights regulations adopted by the state board will immediately be put on administrative leave pending the outcome of an investigation. Any staff member failing to abide by the principles of sound therapeutic supports will receive corrective action measures. OHR/OLR) Accepted 05/19/2025	

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	Wolfe Street ICF This regulation was NOT MET as evidenced by: "Abuse" means any act or failure to act by an employee or other person responsible for the care of an individual in a facility or program operated, licensed, or funded by the department, excluding those operated by the Department of Corrections, that was performed or was failed to be performed knowingly, recklessly, or intentionally, and that caused or might have caused physical or psychological harm, injury, or death to a person receiving care or treatment for mental illness, intellectual disability, or substance abuse. CHRIS A#20250004	PR) 05/13/2025 PR: Employee #2 and Employee #3 will receive corrective action for failing to report verbal abuse of the individual. Additionally, Employee's #2's disciplinary measures will also include corrective measures for failing to report physical abuse of the individual. All program staff will be re-trained on the importance of Human Rights specific to abuse. Additionally, they will all receive a training refresher on mandated reporting requirements and the RACSB Employee Code of Ethics. Staff will sign off attesting to	5/30/2025

License #: **101-01-005**
Organization Name: **Rappahannock Area Community Services Board**

Date of Inspection: **04-24-2025**
Program Type/Facility Name: **01-005 Wolfe Street ICF**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date

		Provider has substantiated for verbal abuse based on the following: • While out in the community at Entity #1, Employee #1 was seen and heard by a community member telling Individual #1 after Individual #1 fell to the ground, "That's why we don't bring you any damn where!" Review of provider's internal investigation revealed the following: • Employee #1 admitted to saying to Individual #1, "That's why we don't bring you any damn where!" • Employee #2 reported that, while out in the community at Entity #1, after Individual #1 wandered off and was redirected, Employee #1 stated to Employee #2, "[Individual #1's doing too much!" referencing Individual #1 taking off shoe and hitting self with it. • Employee #2 also reported that when Employee #2 went to the van, Employee #2 heard Employee #1 say to Individual #1, "This is why we can't take you nowhere." Employee #2 turned around and saw Individual #1 on the ground (laying on side supported on elbow), who had reportedly fallen. • When asked if Employee #2 had "observed anything that may constitute as inappropriate during this shift and outing," Employee #2 stated that Employee #1 "seemed annoyed and seemed to be having a hard time during the outing". • When Employee #3 was asked "if something inappropriate took place or was said," Employee #3 reported that Employee #3 heard Employee #1 tell	their understanding and agreement to abide by each of these requirements and obligations. All RACSB staff and volunteers will be required to undergo an annual Human Rights training, a Mandated Reporter training, and an annual review of the RACSB Employee Code of Ethics to help ensure continued promotion and support of meeting needs of residents. Newly hired staff will be assigned these courses upon hire during the week of their agency orientation. Human Resources will continue to track these annual trainings for compliance by all staff through its electronic training system/database. Systematically, Human Resources will continue to conduct mandated background checks and ensure at on boarding that no barrier crimes are present in the past of any potential employee to help mitigate cases of neglect. The Compliance team will monitor submitted incident reports and any allegations or		

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		Individual #1, "That's why we don't like to take you anywhere." Employee #3 stated it was "something to that effect." • Van footage reviewed revealed the following: 0 [Employee #1] "was observed to be agitated and upset holding [Individual #1's] hand walking in a fast pace as Individual #1 followed behind." 0 [Employee #1] was observed getting onto the van and yelled at [Individual #1] stating, "You're not coming out with us no more! You don't know how to act!" 0 [Employee #1] was observed telling Employee# 2, "[Individual #1] gets on my nerves," in front of Individual #1." 0 [Employee #1] was observed saying, "[Individual #1] is a handful'". Employee #1's language toward Individual #1 is use of language that is demeaning, threatening, intimidating, and/or humiliating, which meets the definition of abuse, and is a violation of 12VAC35-115-50(B)(2). • 0 "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	reports of abuse and neglect on a daily basis to help ensure systematically that incidents of this nature are identified and mitigated quickly. 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 supervision (viewing cameras, ongoing discussion of person-centered plans and practices, conducting random direct supervision of staff working with individuals). Any staff member suspected or alleged to violate the Code of Virginia and any related human rights regulations adopted by the state board will immediately be put on administrative leave pending the outcome of an investigation. Any staff member failing to abide by human rights regulations, or failing to intervene or report instances of human rights violations will receive corrective action measures. OHR/OLR) Accepted 05/19/2025		

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care or treatment for mental illness, intellectual disability, or substance abuse.

Advocate substantiated for neglect based on the following:

- Review of provider's internal investigation report revealed the following:

0 Employee #2 and Employee #3 were interviewed on April 8, 2025, as part of provider's internal investigation into allegations made by a community member who allegedly witnessed an incident involving Individual #1 in the community on April 3, 2025.

0 Employee #2 and Employee #3 reported hearing Employee #1 make a verbally abusive statement to Individual #1, "That's why we don't bring you any damn where!" (Employee #1 also admitted to saying this to Individual #1).

0 Video footage from the van revealed additional verbally abusive statements made by Employee #1 to Individual #1 such as, you're not coming out with us no more! You don't know how to act!" and telling Employee #2 in front of Individual #1, "'[Individual #1] gets on my nerves."

0 Employee #2 and Employee #3 failed to intervene or say anything to Employee #1 on April 3, 2025, when Employee #1 made several verbally abusive statements to Individual #1.

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
		0 Employee #2 reported that Employee #1 and Employee #2 were conducting a body check on Individual #1 after Individual #1 reportedly fell during the community outing on April 03, 2025. 0 Employee #2 reported that, during the body checks, Individual #1 had Individual #1's hands out in front of Induvial #1's body and Employee #1 was "swatting" Individual #'1's hands down a few times. 0 Employee #2 described Employee #1 "swatting" as Employee #1 pushing Individual #1's "hands down in a hard and an aggressive manner as though [Employee #1] was annoyed. 0 During the interview for the internal investigation, when Employee #2 was asked if Employee #2 told Employee #1 to stop or if Employee #2 reported it to Employee #2's supervisor, Employee #2 said no. Employee #2 and Employee #3 failing to intervene when Employee #1 made several verbally abusive statements to Individual #1, and, Employee #2 failing to intervene when Employee #2 witnessed Employee #1 pushing Individual #1's hands down in a hard and aggressive manner, is failing to provide services necessary to the health, safety and welfare for Individual #1.		

12VAC35-115-60. B. (2) - The provider's duties. 2. Providers shall ensure that all services, including medical services and	N	Wolfe Street ICF This regulation was NOT MET as evidenced by: Advocate substantiated for services violation based on the	PR) 05/13/2025 PR: The staff member responsible for the incident of abuse (Employee #1) was immediately put on administrative leave	5/30/2025

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treatment, are at all times delivered in accordance with sound therapeutic practice. Providers may deny or limit an individual's access to services if sound therapeutic practice requires limiting the service to individuals of the same sex or similar age, disability, or legal status.		following: • Review of provider's internal investigation report revealed the following: 0 Review of video footage on the van revealed that Employee #1, Employee #2, and Employee #3 engaged in a conversation in front of Individual #1, Individual #2, Individual #3, and Individual #4 that was "inappropriate and sexually suggestive." 0 Employee #1 was substantiated for verbal abuse on April 03, 2025. 0 Later in the day, Employee #1 was overheard on van camera footage saying that Individual #1 was a "handful". 0 Employee #2 reports seeing Employee #1 "swatting" Individual #1's hands down a few times as though Employee #1 was "annoyed." 0 Although swatting could not be confirmed through video review, it is determined that Employee #1 failed to deliver appropriate, individually planned therapeutic interventions or services in a competent manner that conform to current, acceptable professional practices and standards, and applicable requirements and laws, including evidence-based practices when appropriate. Employee #1, Employee #2, Employee #3 engaging in inappropriate and sexually suggestive conversations in front of Individual #1, Individual #2, Individual #3, and Individual #4; and Employee #1 failing to deliver	pending the outcome of an internal investigation. Upon substantiation of the abuse allegation following the investigation procedures, the staff member responsible for the incident was separated from employment by the agency effective 4/10/25. Employee #2 and Employee #3 will receive corrective action for failing to provide services necessary to ensure the health, safety, and welfare of the individual. Specifically, Employee #2 and Employee #3 will receive corrective action for failing to intervene upon witnessing Employee #1 make verbally abusive statements to the individual. Additionally, Employee′s #2′s disciplinary measures will also include corrective measures for failing to intervene upon witnessing Employee #1pushing the individual′s hands down in a hard and aggressive manner report physical abuse to the individual. All program staff will be re-trained on the importance of Human Rights specific to abuse. Additionally, they will all receive a training refresher on mandated reporting requirements and the RACSB Employee Code of Ethics. Staff will sign off attesting to their understanding and agreement to abide		

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		appropriate interventions and services in a competent manner at all times is a violation of 12VAC35-115-60(B)(2).	by each of these requirements and obligations. All RACSB staff and volunteers will be required to undergo an annual Human Rights training, a Mandated Reporter training, and an annual review of the RACSB Employee Code of Ethics to help ensure continued promotion and support of meeting needs of residents. Newly hired staff will be assigned these courses upon hire during the week of their agency orientation. Human Resources will continue to track these annual trainings for compliance by all staff through its electronic training system/database. 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. 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.		

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			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 supervision (viewing cameras, ongoing discussion of person-centered plans and practices, conducting random direct supervision of staff working with individuals). Any staff member suspected or alleged to violate the Code of Virginia and any related human rights regulations adopted by the state board will immediately be put on administrative leave pending the outcome of an investigation. Any staff member failing to abide by human rights regulations, or failing to intervene or report instances of human rights violations will receive corrective action measures. OHR/OLR) Accepted 05/19/2025	

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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

Communications Update

June 2025 Highlights

I attended the 2025 Communications School, which is an annual conference for the National Association of Government Communicators. The communications field changes rapidly, so it was a wonderful chance to learn about new best practices and emerging technology. And since I am a team of one, it was good to have a tribe for a few days.

This is community events season, and HopeStarters were at multiple events each week. Keeping track of our presence, our tabling supplies, and our swag has been challenging.

Quite a bit of my work this month has been behind-the-scenes. Our website has outgrown its current navigation system (we had about 20 when it was created and we now have 56). Creating new navigation and mapping the site showed that it needs a pretty major refresh in order to make information helpful and easy to find.

As part of that refresh, I am creating a few guides for the site. These are pages based on topics that people would come to RACSB to find. Most of our pages are devoted to a service, which is standard practice and makes sense. However, our website visitors may not know which service they need. For example, they may know they want a residential service for someone with a developmental disability but not understand the differences between the options. On our current site, they would have to click four separate times to learn details about the options and then have to remember that information to compare it. So, one of the guides is a guide to DD residential services. Each guide includes FAQs about the topic and additional resources. Most also include related tips (for example, the DD residential guide offers tips for transitioning a loved one into a residential service).

Guides created so far include: DD Residential, Medicaid Waivers, Crisis Services, Early Intervention, Naloxone, and Resilience.

Content Creation:

- Three web pages
- Two blog posts
- 288 social media posts
- One e-newsletter
- 19 Viva Engage posts
- One employee newsletter
- One Spark page
- Four Spark photo galleries

Community Events:

- Race for Autism Awareness and Acceptance, Charnele Mardner, support coordinator; Alexis Scott, ICF nurse
- Spotsylvania Sheriff 's Office's Autism Awareness event: Karen Wright, co-response emergency services therapist; Bryan Southworth, RAAI site lead; Shannon Ferguson, RAAI site lead; Heide Heyse, support coordinator; Amy Umble, communications coordinator
- Caroline Detention Center employee health and wellness fair, Amy Umble
- Mental Health Discussion and Community Resource Fair (Spotsylvania schools) Karen Wright, co-response emergency services therapist, and Hannah Smith, emergency services therapist
- Elder Abuse Awareness Event (Spotsylvania DSS), Jen Acors, coordinator of support coordination
- Continuum of Care's landlord appreciation event, the entire Permanent Supportive Housing team
- Mental Health and Milkshakes (Spotsylvania Sheriff's Office), Ashlee Abney, assistant coordinator of emergency services and Karen Wright, co-response emergency services therapist
- Caroline County schools wellness fair, Nancy Love, coordinator of Caroline clinic
- Mental Health, Wellness, and Safety Resource Fair (Fredericksburg schools) Megan Hartshorn, coordinator of Fredericksburg clinic; Olivia Oliver, child and adolescent therapist; Kinsey Tyler, school-based therapist; and Sachiko Jordan, child and adolescent therapist

Internal Communications/Employee Engagement

The Internal Communications/Employee Engagement Committee met twice:

- worked on moving the employee picnic from June to September
- discussed engagement, communication, and morale
- created two initiatives to increase internal communications and employee engagement

June 2025 Blog Posts

Blog Post: Strong, Not Silent: Speaking Up for Men's Mental Health

For too long, the narrative around men's mental health has been dominated by a damaging stereotype: the "strong, silent type."

The stereotype seems positive. But it hides dangerous themes: Suppressing emotions, suffering in solitude, and avoiding asking for help. The consequences of these beliefs on men's mental health can be deadly.

By unmasking this myth, we can prioritize the emotional well-being of the men in our lives.

Prioritizing men's mental health is crucial because the "strong, silent" expectation often leads to suppressed emotions, missed diagnoses, and a reluctance to seek help, resulting in higher rates of negative outcomes like suicide. Recognizing and addressing men's unique expressions of distress is vital for their well-being and a healthier society.

Big Boys Can Cry

We often send messages that vulnerability is a sign of weakness, even when we don't mean to. Phrases like "man up" and "tough it out" shape a worldview that discourages emotional expression.

From a very young age, boys are bombarded with messages that equate masculinity with stoicism, strength, and an absence of "feminine" emotions like sadness, fear, or vulnerability.

Parents, often unconsciously, play a significant role. They might respond differently to a boy's tears or expressions of fear compared to a girl's. For example, a father might tell his son to "shake it off" after a fall, while comforting a daughter more directly. Studies show fathers, in particular, may respond to boys' sadness with minimizing responses more often than mothers.

Helping boys develop emotional expression can benefit their mental health when they become men. Giving boys the vocabulary to name their emotions is a good starting point.

Babies are not born with words for their feelings; they must be taught. You can say, "You look sad" or "You must feel disappointed" without rescuing or coddling your son. You can also talk about your own feelings without making your son responsible for them. When you can say, "I felt scared; did you?" to your boy, you give him permission to feel and to express his own emotions.

–familyeducation.com

Parents and caregivers can also help by nurturing boys, listening to them without judgment, and asking questions about their interests, actions, and feelings.

The Price of Silence

Men are four times more likely to die by suicide than women. This is a scary, important reason to focus on men's health.

But there are other costs to suffering in silence: Mental health impacts relationships, work, hobbies, and more.

Additionally, mental health struggles and stigma can be passed down for generations, creating a ripple effect that lasts much longer than one lifetime.

Hidden emotional struggles can manifest in dangerous ways, including dependence on alcohol or other substances, anger issues, and physical maladies such as heart disease, stroke, and diabetes.

Shattering Stigma and Silence

Changing the narrative around men's mental health requires a collective effort. Here's how we can all contribute:

Challenge Harmful Stereotypes: Actively question and dismantle the "strong, silent" archetype. Promote messages that encourage emotional expression and vulnerability in men.

Encourage Open Conversations: Create safe spaces for men to talk about their feelings without judgment. Start conversations about mental well-being with the men in your life.

Educate and Raise Awareness: Share information about common mental health challenges in men and the resources available.

Promote Healthy Coping Strategies: Encourage men to engage in activities that promote well-being, such as exercise, mindfulness, hobbies, and spending time in nature.

Normalize Seeking Help: Emphasize that seeking therapy or counseling is a sign of strength, not weakness. Share positive experiences with mental health support.

Support and Listen: If a man in your life opens up, listen empathetically and without judgment. Offer support and help them explore options for help if they're ready.

Lead by Example: For men, demonstrating vulnerability and talking about your own mental health journey can be incredibly powerful for others.

Knowing the Signs

Because we don't talk about men's mental health as much, many don't recognize the signs of a problem. And, mental health issues in men can look different from women, making it harder to know when to worry.

Emotional well-being looks different for everyone, but here are some things to look for:

Emotional and Behavioral Signs:

Irritability, Anger, or Aggression: This is a very common way men express distress. Instead of sadness, they might become easily frustrated, short-tempered, or have angry outbursts, sometimes leading to controlling, violent, or abusive behavior.

Increased Risk-Taking Behavior: Engaging in reckless activities like excessive gambling, dangerous driving, substance abuse, or unprotected sex can be a way to self-medicate or escape painful emotions.

Substance Misuse: A significant increase in alcohol or drug use is a major red flag, as it's often used as a coping mechanism to numb feelings.

Withdrawal and Isolation: Pulling away from friends, family, and social activities they once enjoyed. They might spend more time alone or immerse themselves in work or hobbies to avoid social interaction.

Loss of Interest: A noticeable decrease in enjoyment from hobbies, work, sex, or activities that previously brought them joy.

Difficulty Concentrating: Struggling to focus on tasks, feeling restless, or having their mind go blank.

Changes in Sleep Patterns: This can include insomnia, waking up very early, or sleeping excessively.

Changes in Appetite or Weight: Significant weight loss or gain, or noticeable changes in eating habits.

Persistent Sadness or Hopelessness: While less commonly expressed outwardly, feelings of emptiness, worthlessness, or hopelessness can still be present.

Increased Worry or Feeling Stressed: Feeling constantly on edge, overwhelmed, or anxious about everyday situations.

Obsessive Thinking or Compulsive Behavior: Getting stuck on negative thoughts or developing repetitive behaviors.

Difficulty Coping with Daily Problems: Feeling unable to handle routine stressors or daily tasks.

Sudden or Dramatic Mood Swings: Unexplained shifts in emotions, from high energy to extreme lows.

Physical Symptoms (Often Unexplained):

Chronic Aches and Pains: Headaches, back pain, joint pain, or other physical discomforts that don't have a clear medical cause and don't respond to typical treatments.

Digestive Problems: Upset stomach, nausea, constipation, or diarrhea without a clear physical explanation.

Fatigue/Low Energy: Feeling constantly tired or lethargic, even after adequate sleep.

Sexual Dysfunction: Decreased libido or other sexual problems.

Increased Sweating or Heart Palpitations: Physical manifestations of anxiety or stress.

Severe Warning Signs (Seek immediate help if you notice these):

Thoughts of Death or Suicide: This is a critical sign that requires immediate attention. Men are more likely to die by suicide than women and may show fewer warning signs.

Self-Harm: Any indication of self-inflicted injury.

Hallucinations or Delusions: Experiencing things that aren't real or having strong beliefs not based in reality.

Inability to Carry Out Daily Activities: Being unable to go to work, maintain hygiene, or fulfill basic responsibilities.

Showing Support

Mental health issues can feel scary. But there are many actions you can take to help yourself–or someone in your life who is struggling.

Encourage open communication. Offer nonjudgmental support and a listening ear. And ask authentically about how they are doing. Don't just say "Are you OK? or "How are you?" Instead, say "You haven't seemed yourself lately; are you feeling OK?" or "I've noticed that you've been [a specific behavior that's causing you concern, e.g. not sleeping or drinking more than usual or not participating in a hobby]. I want to check and make sure everything is OK."

Get back to the basics. Exercise, sleep, healthy food, and fresh air all contribute to emotional well-being. But, they are often the first casualties of a mental health concern. Pay attention to these, and make a point of meeting goals like eight hours of sleep, five fruits and vegetables, 15 minutes of exercise a day. If you are helping someone who is struggling, encourage them without nagging. Offer to meet up for a fun exercise or go out for a healthy dinner.

Seek professional help. If you are struggling, a therapist or counselor can provide tips and tools for managing stress, anxiety, depression, and other challenges. If you are supporting someone else, encourage them to seek help. If he's hesitant, offer to help find a therapist. You can also talk to your primary care physician for referrals or possibly medication.
If you are supporting someone who struggles with their mental health, offer practical help–such as assistance with chores, errands, or other tasks. And practice patience and understanding. Mental health recovery can be a journey, and there are no quick fixes.

Additional Resources:
Mindfit Toolkit, mental wellness for men
Mantherapy, therapy resources for men
Movember, men's mental health connections
Heads Up Guys, depression in men
National Institute of Mental Health, men and mental health
YBMen Project, mental health for young, black men
R U OK? a conversation could change a life
Buddy Up Challenge, a month of activities for supporting male friends

Blog Post: Friends with Benefits: The Healing Power of Besties

There's nothing quite like a bestie. The adventures. Inside jokes. Emotional support.
A best friend is someone who truly gets you. You can be comfortable with them. They're there for a good time, but also just a call, text, or snapchat away when you need help.
So it might not be surprising to find that close friendships have a huge impact on your health, both physical and mental.

The benefits of friends
Lacking quality friendships can be more detrimental to your longevity than smoking 20 cigarettes a day.
Having at least one close friend reduces your risk of depression, anxiety, heart attack, and stroke.
Friends change the way we react to stress. You might instinctively feel calmer when sharing your worries with your bestie. But studies show that talking with a supportive friend or having a friend with you when you work on a challenging task can lower your blood pressure and keep your heart rate from spiking. So, next time you pencil in a coffee date, consider it an investment in your wellbeing.
Unfortunately, close friendships are growing rarer. Loneliness is on the rise.
Some of that is connected to digital devices. As the use of devices increased in adolescents, loneliness also increased. Paradoxically, smartphones give us more opportunities to stay connected, but they make us feel more disconnected than ever.
Friendships can be even more challenging when you add behavioral health concerns into the mix. Substance use disorders and mental illness can interfere with healthy relationships.

Supporting a Friend with Mental Illness or Substance Use Disorder
Some tips for helping a friend while keeping healthy boundaries include:
Offer open, nonjudgmental communication.
Listen actively.
Validate their feelings.
When expressing concerns, use "I" statements instead of accusations.
Gently offer resources such as treatment options, without pressure for your friend to accept them.
Establish your boundaries ahead of time and communicate those with your friend.
Educate yourself about mental illness and/or substance use disorder.
Encourage small steps.
Don't take things personally. You might think your friend is ghosting you, but they are just in a period where they need alone time.
Offer practical help, but ask your friend what they need first.
Never, ever say "snap out of it."

Remain hopeful.
Take care of yourself.
Be their friend, not their therapist.
Do fun things together. But if your friend is struggling with a substance use disorder, make those fun adventures sober.

Nurturing Friendships When You Have a Behavioral Health Concern
If you have a behavioral health concern, you may worry that it will ruin your relationships. But it's very possible to have flourishing friendships when you have a mental illness or substance use disorder. Some tips include:
Open communication, be clear about your needs. If you find that your anxiety often makes you cancel plans at the last minute, let your friend know this. Otherwise, they may assume that you are no longer interested in the friendship.
Understand your challenges, and learn how those may impact your friend(s).
Find creative solutions that allow you to work on the friendship while protecting your mental health. If going to a public place to meet a friend causes anxiety, meet at home. If having someone in your personal space causes anxiety, meet somewhere else. And while face-to-face interaction is beneficial, it's not always possible. If it will make you more comfortable, rely on texting, messages, etc.
Handwritten notes and cards can be a low-pressure way to keep in touch during those times when you can't handle phone calls or visits.
Be supportive and empathetic.
Don't assume. You might think that your friend finds you annoying or clingy, but that could be your depression talking.
Don't treat a friend like a therapist.
Take care of yourself.

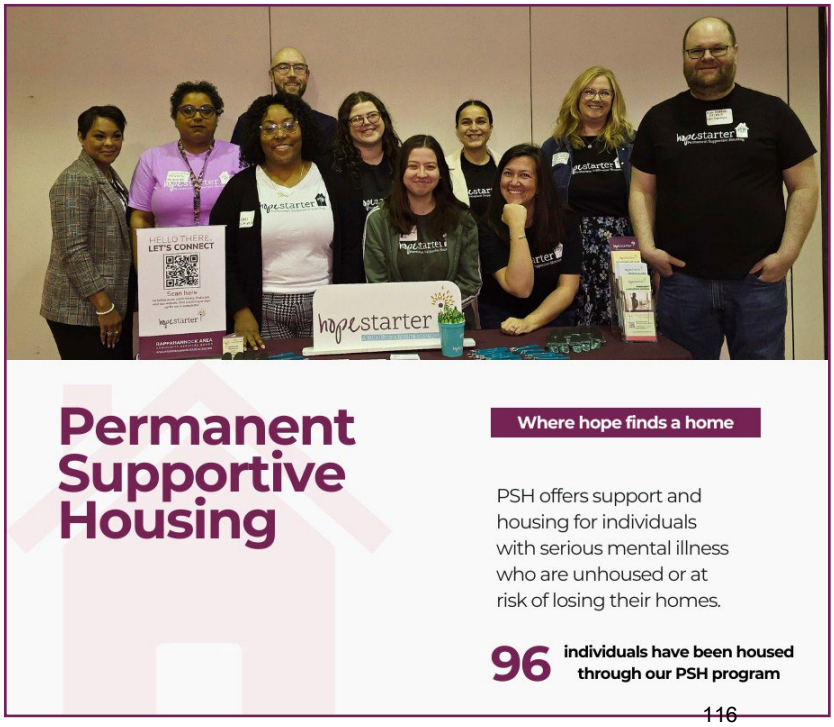
How to Make New Friends
You know that friendships boost mental health, but what if you don't have friends? As an adult, making friends is more challenging than our school days. Here are some ideas for making friends:
Get in touch with old friends.
Volunteer. You'll find people who feel passionate about the same causes.
Join a faith community.
Join a gym or fitness center.
Try a new hobby.
Attend support groups.
Join a club or sports league.
Join online communities.
Attend local trivia nights.
Be approachable.
But also be willing to do the approaching.
Assume that people like you. We often miss out on friendships because we think people don't like us, but research shows that most people underestimate how liked they are.
Some resources for finding places to meet friends:
Fredericksburg Field House adult leagues
Rappahannock Area YMCA adult sports
Fredericksburg Area Running Club
Fredericksburg Pickle Ball
Fredericksburg Roller Derby
A list of churches in Fredericksburg
Unitarian Universalist Fellowship of Fredericksburg
Beth Sholom Temple
Islamic Center of Fredericksburg
Fredericksburg Muslim Community
Fredericksburg Street Photography
Volunteer Match
NAMI Rappahannock

Family Support Group

Mental Health America of Fredericksburg support groups
Fredericksburg Pride
Rappahannock Rotary

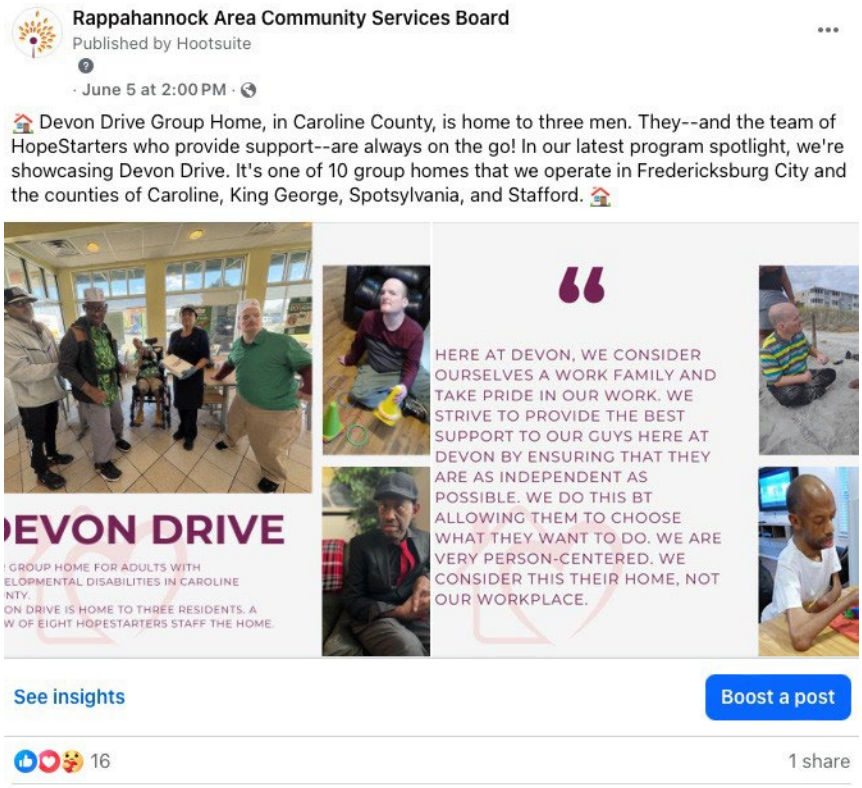
And Keep the Old
Our team of HopeStarters offered a roundup of ways to sustain friendships.
Other tips for nurturing friendships include:
Extend invitations and say yes to them: The more you put yourself out there, the more opportunities you'll have to connect.
Focus on quality over quantity: It's better to have a few strong, supportive friendships than many superficial ones.
Be a good listener: Give your friends your full attention, ask questions, and show genuine interest in their thoughts and feelings. Put away distractions like your phone.
Initiate plans: Don't wait for others to reach out. Suggest activities, outings, or gatherings.
Don't compare yourself to your friends: This can be poisonous to friendships.
Use technology wisely: Use social media and online platforms to stay in touch, but strive to move interactions offline for deeper connections.
Be flexible: Understand that everyone has busy lives and may not always be able to connect as often as you'd like. Give grace and don't take it personally if a text isn't immediately returned.
Be a "safe space": Allow your friends to express themselves without judgment. Sometimes, they just need to vent.
Prioritize friendship: Treat your friendships as important commitments, just like work or family.

Additional resources:
Our Connectedness Guide focuses on youth but offers some good tips for making relationships IRL and putting down your phone.
TED Talk "The Critical Importance of Friends on Your Happiness"
TED Talk "Friedtimacy: The 3 Requirements of All Healthy Friendships"
Some books about friendship for adults:
The Art of Gathering: How We Meet and Why It Matters by Priya Parker
Platonic: How the Science of Attachment Can Help You Make–and Keep–Friends by Marisa G. Franco, PhD
Friendship in the Age of Loneliness: An Optimist's Guide to Connection by Adam Smiley Poswolsky
Together: The Healing Power of Human Connection in a Sometimes Lonely World by Vivek H Murthy M.D.
Our blog post, "The Importance of Friendship"



On our social media platforms, we started introducing our programs, to help people get a better idea of the breadth of our work and the diversity of our HopeStarters.

June 2025 Social Media Examples



Rappahannock Area Community Services Board
Published by Hootsuite
· May 9 at 3:00 PM ·

One in 10 people will hear voices, see visions, or have unusual sensory experiences. But few talk about it for fear of seeming "crazy." Even among mental health professionals, the topic often remains unexplored. We recently had a guest from Wildflower Alliance come to help our HopeStarters get an idea of what it is like to hear voices. This important training helps us develop empathy and understand the challenges of having unusual sensory experiences. #HearingVoices #Radical... See more

Rappahannock Area Community Services Board
Published by Hootsuite
· May 8 ·

🖼️ Every year, the masterpieces in the Art of Recovery astonish us. So much talent and creativity! This year's exhibit will be up through the end of May at the Fredericksburg Branch of Central Rappahannock Regional Library on Caroline Street in Fredericksburg. Swing by and check it out--and maybe purchase a piece or two. 🖼️

Rappahannock Area Community Services Board
Published by Hootsuite
· May 6 ·

👩‍⚕️❤️🩺Happy Nurses' Day to all of our HopeStarting nurses! Working in behavioral health and developmental disability services isn't the most traditional field of nursing--but it sure is a rewarding one. The work you do makes such a huge difference and we are so grateful for your skills, your expertise, and your hearts! ❤️👩‍⚕️

Rappahannock Area Community Services Board
Published by Hootsuite
· May 8 ·

❤️‍🩹 Mother's Day is this weekend. For many, this is a joyous time to celebrate the special women in our lives. But for many others, this day brings heartache. For people who have lost their moms--whether through death or relationship struggles--this day is a grim reminder of their grief. For moms who have lost children due to death or estrangement, the holiday brings sadness. For women who struggle with infertility, the social media posts and advertising surrounding Mother'... See more

hope_starter It's National Rescue Dog Day, and we wanted to take a moment to appreciate SFC Virginia. Our Assertive Community Treatment team often takes individuals to play with the pups. We know there are huge emotional benefits in bonding with dogs, but pet ownership isn't always possible for people with serious mental illness.

2w

squishyfacecrewva We love you guys!!

2w 1 like Reply

emily_mcdonald @squishyfacecrewva ❤️

2w 1 like Reply

View insights Boost post

hope_starter We want Mental Health First Aid to be as common as CPR/First Aid in our community. Seats are still available in the upcoming Youth Mental Health First Aid training scheduled for May 22nd from 8:30 a.m. to 5:00 p.m.
To register:
https://www.signupgenius.com/go/RACSB-YouthMHFA2025

3w

View insights Boost post

Rappahannock Area Community Services Board's social media followings continue to grow. By the end of May, the followers of our top three social media accounts were:

- Facebook: 2,864
- Instagram: 444
- LinkedIn: 679

In every case but one, the top-performing content on each platform spotlighted our own photos (of staff, of individuals served, of community events). Content that shows RACSB at work is very popular. More specifically, people love retirement posts and posts that include our co-response therapist or RAAI staff. When one of these three topics is highlighted, the tone of the post and use of emojis or hashtags does not seem to matter.

For other posts, a friendly tone and emojis and two or more hashtags helps posts perform better. Additionally, posts with more than one photo perform better.

For Instagram, carousels and reels are the most popular content.

RACSB's social media content is a mix of photos that show our work; information about our prevention trainings; information about our programs; and posts that promote taking care of behavioral health, increase awareness of developmental disabilities and behavioral health concerns, and share helpful tips and research.

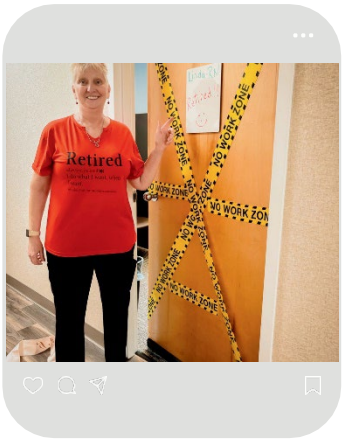
Social Media Performance Overview

April 2025

• Summary Metrics

Total Followers:	441	Impressions:	2,440
Posts:	47	Reactions:	140

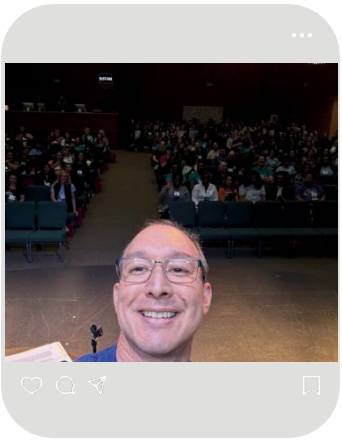
• Top-Performing Content: Instagram



Engagement:	18.18%
Likes:	17
Reach:	99

Analysis

Photo of staff! Three emojis. Carousel. Topic (retirement posts are always some of our top posts)



Engagement:	17.39%
Likes:	12
Reach:	69

Analysis

Fun photo of executive director and photos of staff. Carousel.

Engagement:	13.63%
Likes:	12
Reach:	58

Analysis

Change from our usual posts, local history, photos of individuals served. Carousel.

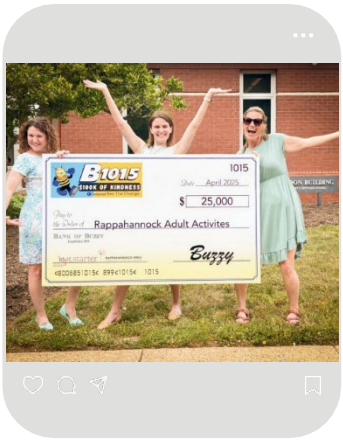
Social Media Performance Overview

May 2025

• Summary Metrics

Total Followers:	444	Impressions:	3,061
Posts:	51	Reactions:	232

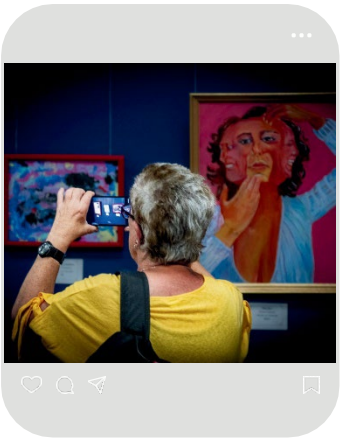
• Top-Performing Content: Instagram



Engagement:	13.19%
Likes:	23
Reach:	275

Analysis

Really fun photo. Unique topic. Celebration. 8 emojis, 8 hashtags.



Engagement:	25.49%
Likes:	21
Reach:	102

Analysis

Photos of staff and community. Local artist shared. Carousel. 1 emoji.

Engagement:	12.17%
Likes:	19
Reach:	156

Analysis

Tagged local artist with big following. Carousel. Three shares. Four emojis.

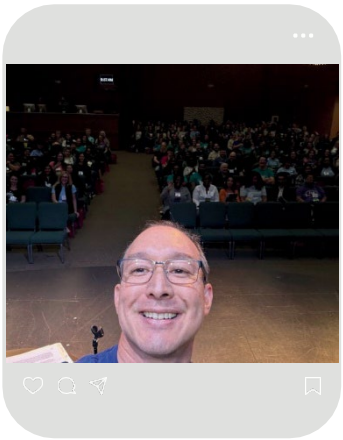
Social Media Performance Overview

April 2025

• Summary Metrics

Total Followers:	2,850	Impressions:	21,289
Posts:	56	Reactions:	541

• Top-Performing Content: Facebook



Engagement:	63.55%
Likes:	39
Reach:	535

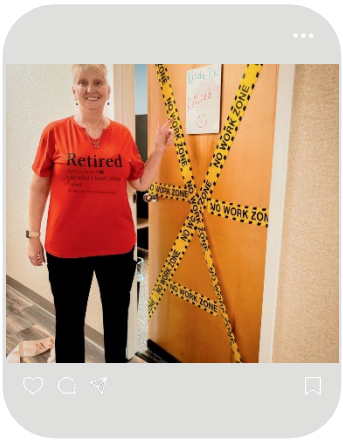
Analysis

Fun topic, staff photos, photo of director--next to a throwback photo of him in his early RACSB days, tagged Salem Fields CC

Engagement:	43.3%
Likes:	27
Reach:	522

Analysis

Checked in at Chancellor High, tagged sheriff's office, multiple photos and photos of staff. Photos of Karen and of RAAI staff are always popular.



Engagement:	42.42%
Likes:	82
Reach:	825

Analysis

Retirement, multiple photos, photos of staff, 3 emojis.

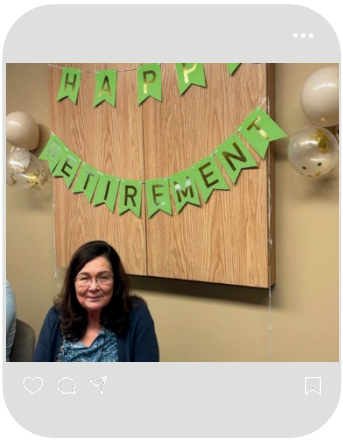
Social Media Performance Overview

May 2025

• Summary Metrics

Total Followers:	2,864	Impressions:	25,847
Posts:	67	Reactions:	937

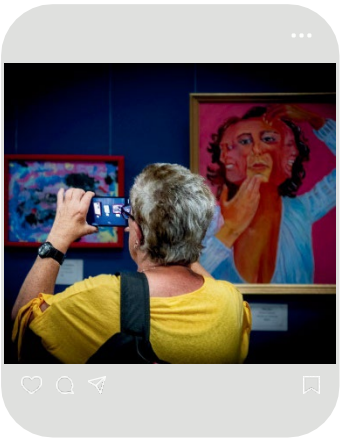
• Top-Performing Content: Facebook



Engagement:	46.7%
Likes:	77
Reach:	728

Analysis

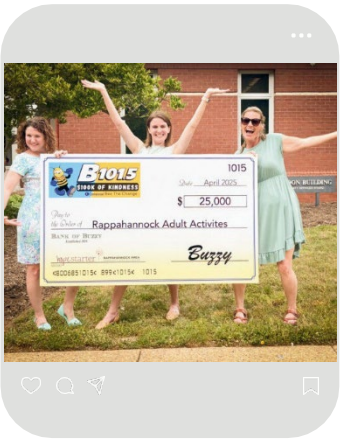
Retirement (always most popular content), multiple photos, photos of staff



Engagement:	38.24%
Likes:	39
Reach:	829

Analysis

Photos of local musicians with good following, multiple photos, photos of staff, 2 emojis



Engagement:	34.14%
Likes:	46
Reach:	1,728

Analysis

Shared by two local radio stations, unique event, photos of staff and of local radio personalities, 7 emojis, 8 hashtags

Social Media Performance Overview

April 2025

Summary Metrics

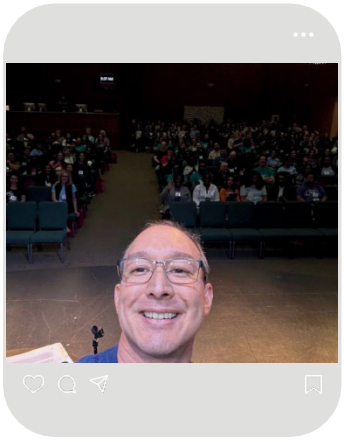
Total Followers:	668	Impressions:	812
Posts:	20	Reactions:	62

Top-Performing Content: LinkedIn

Engagement: 97.06%
Likes: 10
Impressions: 68

Analysis

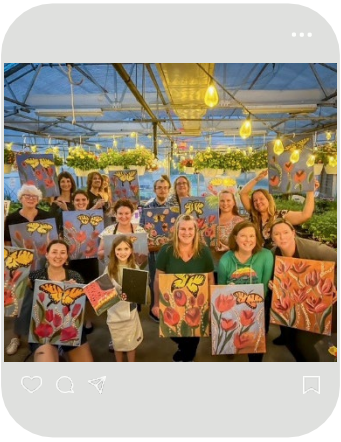
Local politician, photos of staff and board members, multiple photos,



Engagement: 52.59%
Likes: 14
Impressions: 135

Analysis

Photos of local musicians with good following, multiple photos, photos of staff, 2 emojis



Engagement: 34.48%
Likes: 6
Impressions: 58

Analysis

Multiple photos, photos of staff, photos of community members and a local artist. 4 emojis

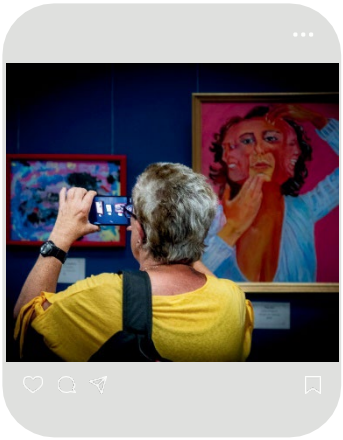
Social Media Performance Overview

May 2025

- Summary Metrics

Total Followers:	679	Impressions:	1,396
Posts:	53	Reactions:	67

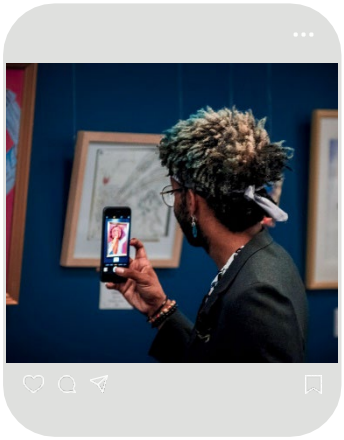
- Top-Performing Content: LinkedIn



Engagement:	68.97%
Likes:	4
Impressions:	87

Analysis

Multiple photos, photos of staff and community members, including local artists and musicians. 2 emojis



Engagement:	38.46%
Likes:	2
Impressions:	26

Analysis

Photos of local artists and musicians, positive post celebrating the artists' talent, 2 emojis

Engagement:	28%
Likes:	3
Impressions:	50

Analysis

Unusual topic, one hashtag, one emoji, retrospective images

Prevention Services Program Updates

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

Prevention Services Top 5 for June:

1. DBHDS is planning a reorganization which eliminates the Office of Behavioral Health Wellness (aka Prevention) as well as the Office of Recovery. The prevention and recovery communities have significant concerns regarding the impact of the proposed changes and lack of information/guidance on workflow moving forward. This change is counter to national best practice standards as well as the DBHDS SAMSHA 2025-2030 Strategic Plan that utilizes the socio ecological model focusing on shared risk and protective factors.
2. We secured additional one-time funding from DBHDS Office of Behavioral Health Wellness to move forward with a second train-the-trainer for Teen Mental Health First Aid (originally lost due to ARPA funding cuts by Federal Government prior to award end date.) Currently, 12 school staff are registered to complete the virtual 3-day training over the summer.
3. June is recognized as Men's Mental Health Month and Lock and Talk Virginia has a social media campaign to raise awareness.
4. RACSB has been selected to participate in FXBG PrideFest on June 28, 2025 at Riverfront Park. This is our fourth year participating.
5. We are receiving additional one-time funds to expand the connectedness campaign from 2024 through the Supplemental SOR Funds for Behavioral Health Wellness Initiatives.

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. Planning is underway for Year 3 Facilitation for the 2025-2026 academic year.

Coalitions – The Community Collaborative for Youth and Families has set the quarterly meeting schedule for 2025: July 11; and October 10. At the July 11th meeting, attendees will learn about the new Problem Gaming & Gambling Curriculum developed by OBHW and OMNI Institute. Anne Rogers, DBHDS Problem Gambling Prevention Coordinator, will also review the landscape of gambling in Virginia. Additionally, a representative from FailSafe-ERA will discuss the "Sound the Alarm" initiative to address teen violence. To learn more: https://www.thecommunitycollaborative.org/

Tobacco Control – The Prevention Services Team has attended several COUNTERTOOLS trainings to learn about updates to the platform as well as audit form. The team is scheduling dates to complete the new cycle of the merchant education by June 30, 2026.

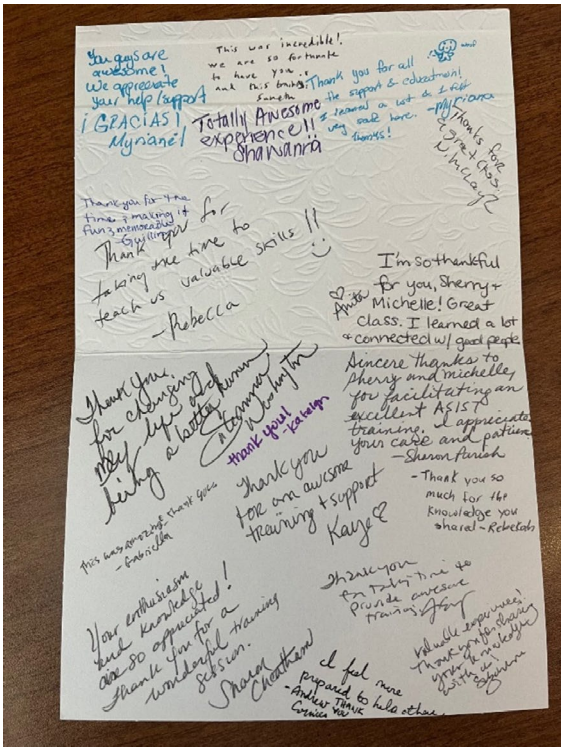
Alcohol and Vaping Prevention Education – Jennifer Bateman, Prevention Specialist, completed facilitation for the 2024-2025 academic year. She presented to students at King George High School, Courtland High School, Chancellor High School, and Riverbend High School. She is scheduling for the next academic year with a focus on increased outreach to middle schools. Ms. Bateman facilitated two (2) sessions for Spotsylvania County Public School staff as part of their second annual EDGE professional development conference on June 3-4, 2025.

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.

We now have 18 more suicide first aiders in our community following the training held June 4-5,2025.



The training will be held on the following dates in 2025: 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.

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

Our first year of teenMHFA implementation was not without challenges. However, more than 600 adolescents were trained at Caroline High School and James Monroe High School! A second train-the-trainer is being funded by DBHDS and school staff will be completing the virtual 3-day T4T over the summer months. We are excited to continue to collaborate with the school divisions and prepare for another round of implementation for the 2025-2026 academic year.

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.).

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

Lock and Talk Virginia – The mental wellness campaign for the adolescent population is now available. Additionally, Lock and Talk has won a few more awards for our video PSAs!

From our "Light the Way: Illuminating Conversations for Hope" campaign
(https://www.lockandtalk.org/campaigns/light)

PSA on warning signs
https://www.youtube.com/watch?v=w1lf5C0uaT4

PSA on postvention
https://www.youtube.com/watch?v=f4aC-3jTNIs

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 June 23, 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. Planning is underway to request proclamation recognizing September as Suicide Prevention Month and to host a virtual lunch and learn on World Suicide Awareness Day, September 10, 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 now finalized an the train-the-trainer will be held June 26th. Each CSB will be required to have at least one (1) staff member certified to facilitate the curriculum. This will also be the topic of the July meeting of The Community Collaborative coalition.

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).

Michelle Wagaman presented a session on this topic for Spotsylvania County Public School staff as part of their second annual EDGE professional development conference on June 3, 2025.

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

We will be adding additional virtual trainings in collaboration with CSBs in Health Planning Region 1.

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 20 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 has been meeting Thursday evenings at 5:00 p.m. since May 8, 2025. With 20 registered, attendance has been averaging 12 participants. Feedback has been positive and there in interest in the group reading a second book together.

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) has a great time performing at Bowling Green Elementary on May 15, 2025. Plans are underway to support youth at Thurman Brisben shelter with a mini camp and performance opportunity.

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.

May 2025

Locality	Number of Referrals	Assessments	Number of Families Receiving Home Visits	New Enrollees Year-to-Date
Caroline County	1	1	5	3
City of Fredericksburg	6	3	37	9
King George County	1	1	7	2
Spotsylvania County	10	9	56	38
Stafford County	3	3	47	21

OUT OF AREA (REFERRED TO OTHER HF SITES)	0	0	0	0
TOTAL	**21**	**17**	**152**	**73**

- HFRA team attended the Together We Thrive:2025 Virginia Home Visiting Conference
- Hosted a table at the Maternal Mental Health 5K on May 3, 2025.
- Hosted the Community Baby Shower sponsored by the Fredericksburg Area Alumnae Chapter of Delta Sigma Theta Sorority, Inc. A total of 12 teams from this sorority sponsored 12 new families providing them each with items from their wish lists.
- HFRA Board of Directors has four (4) new prospective members.

OUTCOMES

4th Quarter (May 2025)

Child Health

- **83% (68 of 82) of children received scheduled Well Care Visits**
- **94% (95 of 101) immunization completion**

Developmental Screening

- **100% (6 of 6) received scheduled developmental screen (ASQ)**
- **100% (3 of 3) received scheduled Social Emotional Screening (ASQ SE)**

Maternal Health

- **100% (3 of 3) received scheduled Postpartum Care**

Positive Parenting Practices

- **100% (12 of 12) Positive Child Interaction Observation**
- **80% (4 of 5) identify Positive Male Role Models**

June 2025

Healthy Families Rappahannock Area Newsletter

We Need Your Voice

Healthy Families is more than just a home visiting program—it is a lifeline for families navigating the overwhelming challenges of parenting, particularly during a child's earliest and most formative years. Through compassionate, strength-based support, we help new parents build the confidence, skills, and resilience they need to raise healthy, thriving children. But to continue this vital work, we need the help of our community. We need your voice, your passion, and your commitment.

Every family deserves the chance to succeed, regardless of their circumstances. When we invest in Healthy Families, we're not just supporting parents—we're breaking cycles of trauma, nurturing early childhood development, and creating stronger, safer communities. Your support enables us to reach more families, provide consistent home visits, and deliver the critical resources parents need to give their children the best possible start in life. Stand with us. Be a voice for those who may not yet have the strength to speak up. Together, we can create lasting change—one family at a time.

Village Shoutouts

This month shout outs belong to

- HFRA **Parent Ambassadors -Mother's Day Basket Collections (Gig & Hobs, Maggie, Bry's Colorado Cousin, Will's Aunt, Tieisha, Ana, Zoe, CHOICES, Fredericksburg DSS, & Will)**
- **Greater Fredericksburg Chapter of Jack & Jill, Inc.**
- **Delta Sigma Theta Sorority Inc**
- **St. George's Episcopal Church**
- **James Family**
- **Project Linus**
- **Test Family**

Be A Part of the Village

Scan to Donate

www.healthyfamiliesrappahannock.org

hopestarter | RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD

Community in Action

June 2025

Last year, a call from Shawntay S. (Lead Contact) came in asking "how can we help?" After a conversation about the needs of the families we support, the idea of hosting a baby shower was created.

As we prepared for what we hoped to be a great day, tears from the team that were present in decorating continued to flow. We here at Healthy Families know the needs of the families we support, but it's when our community recognizes the need and makes a difference, we can't help but to be overjoyed.

On May 17th, we were honored to host a Community Baby Shower sponsored by the incredible women of the Fredericksburg Area Alumnae Chapter of Delta Sigma Theta Sorority, Inc. ♥▲

Through the love and dedication of 12 compassionate teams from this Sorority, we were able to support 12 new families, each receiving items from their wish list of baby essentials —from diapers and bottles to strollers and more.

More than just gifts, this event was about recognizing and uplifting families who have had little to no support during one of life's most transformational moments: welcoming a new baby.

We celebrated resilience. We celebrated motherhood. We celebrated community in action.

To the families—we see you, we honor you, and we are here for you. ❤

To local chapter of Delta Sigma Theta and every team who stepped up—you've made a lifelong impact.

Scan to Donate

www.healthyfamiliesrappahannock.org

What's Happening This Month

June 2025

EMPOWER Healthy Families Rappahannock Area IDENTIFY PARTNER

Wednesday June 11, 2025 - Summer Fun Playgroup . Sponsored by Lifepoint

Community Baby Shower at the Fredericksburg Convention Center
marywashingtonhealthcare.-com

Saturday June 21, 2025 - Mary Washington Hospital Community Baby Shower 10 a.m. - 2 p.m. @ Fredericksburg Convention Center, 2371 Carl D. Silver Parkway.

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.

CONTACT US

hfra@rappahannocareacsb.org
540-374-3366
www.healthyfamiliesrappahannock.org

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Michelle Wagaman

From: Joe Wickens
Sent: Friday, June 6, 2025 8:37 AM
To: Michelle Wagaman; Brandie Williams
Subject: FW: Update on the DBHDS Community Services Division Realignment

FYI.

Joseph Wickens
Executive Director
Rappahannock Area Community Services Board
(540) 940-2308

From: McGuire, Meghan (DBHDS) <meghan.mcguire@dbhds.virginia.gov>
Sent: Wednesday, June 4, 2025 2:17 PM
Subject: Update on the DBHDS Community Services Division Realignment

Sent on behalf of DBHDS Commissioner Nelson Smith

Dear Staff and Stakeholders,

I want to share an important update on my recent message (included below), with new ways for you to learn more and help shape our recovery and prevention efforts at DBHDS.

These changes reflect a deeper commitment to recovery and prevention efforts intended to enhance coordination, increase system-wide collaboration, and better serve individuals and families. Importantly, recovery and prevention services are core parts of DBHDS and they will continue to expand for Virginia. This move strengthens coordination and ensures recovery and prevention are present in system conversations and decisions. Importantly, no services will be reduced, no service disruptions will occur for individuals, and no changes will be made to community funding or support.

As we move to implement this change, we welcome stakeholder input to help develop a thoughtful plan. We've heard the concerns of the community and we're responding by creating clear structures for community input throughout this transition. We soon will be announcing opportunities such as listening sessions, town hall meetings, "lunch and learns," and a new stakeholder workgroup. In the meantime, I wanted to make you aware of several resources you can use right away:

- **Reorganization Webpage** – We've developed a new webpage, found at **www.dbhds.virginia.gov/community-services-division-reorganization**, where you can find more information about this change. We will provide more details as they are available, such as announcements about upcoming meetings.
- **Dedicated Inbox** – Please share your feedback at any time at **communityservices@dbhds.virginia.gov**. Stakeholder input matters, and we are listening to your thoughts on how to implement these changes correctly.

Finally, at DBHDS recovery and prevention are never side conversations - they are central to every policy, program, and funding decision we make. This change ensures these voices help shape Virginia's behavioral health system. I've included more information below on key benefits to individuals, the community, and the system.

Sincerely,
Nelson

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DBHDS

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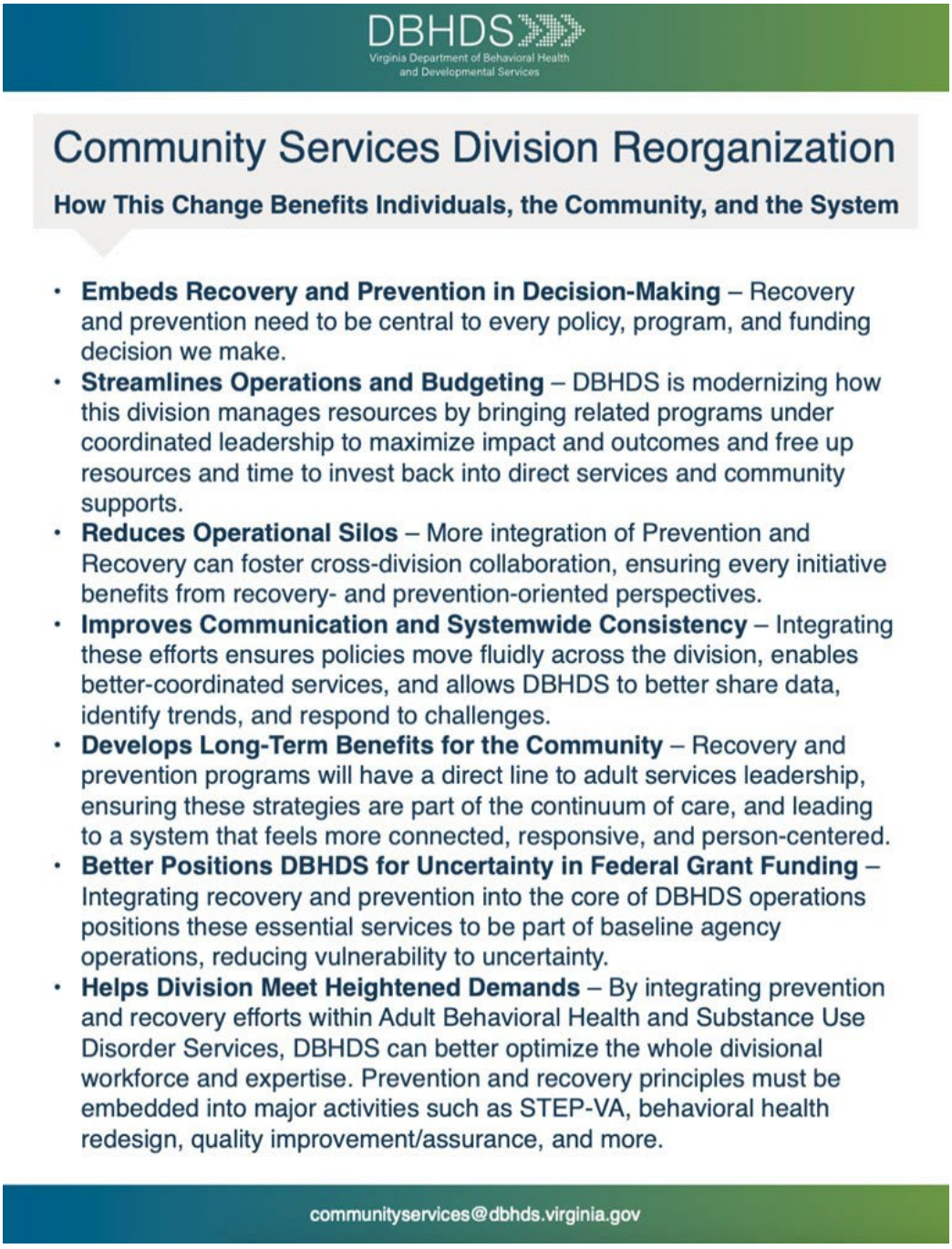


From: McGuire, Meghan (DBHDS) <meghan.mcguire@dbhds.virginia.gov>
Date: Thursday, May 22, 2025 at 9:02 AM
To:
Subject: Next Phase of DBHDS Reorganization - Sent on behalf of Commissioner Smith

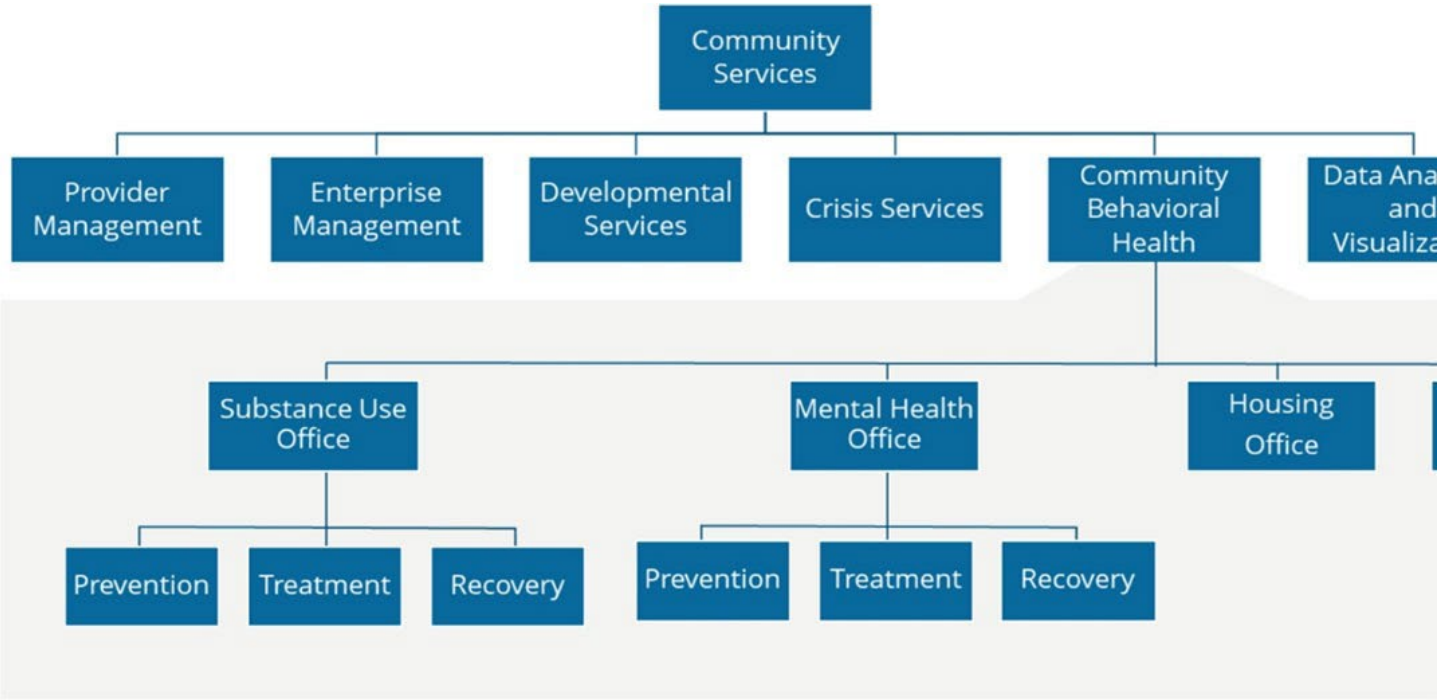
Sent on behalf of DBHDS Commissioner Nelson Smith

Dear Central Office Staff,

You have been doing such impressive work throughout DBHDS, and I am incredibly proud of how we are accomplishing major goals and better supporting the people we serve. I can't thank you enough for all your efforts advancing *Right Help, Right Now* and other DBHDS priorities to strengthen workforce, build community

capacity, and modernize our system. You are all very aware of how organizations grow and change, and nowhere in Central Office has this been more evident than in the Community Services division. This division does phenomenal work supporting community programs and services for people with mental illness, substance use disorders, and developmental disabilities. It also houses our critical licensing, human rights, and regulatory offices. Because of this division's essential mission for Virginians and families, I am working with Deputy Commissioner Heather Norton to continue to refine how the division is structured, and I want to share several changes with you today.

Structural Changes – When DBHDS created the Office of Recovery Services over 10 years ago, it was a new concept to have an office solely focused on recovery. The office has done tremendous work, particularly around peer services. Similarly, the Office of Behavioral Health Wellness has done incredible work around prevention and programs with direct impact on Virginians. But we need to give even more voice to recover and greater emphasis on prevention than they are getting as siloed, standalone offices. The next step to ensure the concepts of recovery and prevention are woven throughout community services is to integrate these offices into the larger offices of adult mental health and substance use services. By doing so, we will better support service delivery across the continuum of care and elevate recovery and prevention in all our programs and services. There are no positions eliminated by taking these actions. In fact, the good work of these offices will be elevated by ensuring they are at the table for discussions across adult mental health and substance use disorders. You can see where both recovery and prevention are represented, along with treatment, in both adult behavioral health and SUDs in the organization chart below of the behavioral health area of the Community Services Division:



Data and Analytics – DBHDS is making leaps and bounds in modernizing our data and our information technology. We lead Virginia in incorporating cloud-based technologies and we will have a new data exchange in a matter of weeks that will vastly improve our data capabilities. We are creating a data and analytics office to ensure we harness data across all of the Community Services Division so we can speak more clearly about the outcomes achieved and about gaps we need to fill.

Please note there are aspects of changes in this division that we are still determining, and over the next month, we'll be sharing more updates. In the meantime, I've included an organizational chart for your review.

I am excited about this next phase to further sharpen our ability to deliver the highest quality results. As always, thank you for all that you do to support Virginians with behavioral health disorders and developmental disabilities, their families, and their communities.

Sincerely,
Nelson

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DBHDS

D#glh#ri#srvvleolwhv#ru#ho#Ylujlqldqv

Michelle Wagaman

From: CADCA <news@cadca.org>
Sent: Friday, June 6, 2025 2:28 PM
To: Michelle Wagaman
Subject: Legislative Update: President's Budget Release

CADCA
The Premier Prevention Association

President's Budget Release

CADCA is working its way through the recently released Fiscal Year (FY) 2026 President's Budget Request (PBR). The PBR represents an important part of the appropriations process. Proposals in the PBR **do not represent final numbers appropriated for federal programs. Congress must pass, and the President must sign, appropriations bills into law before any funding amounts can be considered final.** Regardless, the PBR contains many proposals of vital important to the substance use prevention field.

The PBR proposes substantial cuts to various programs, including substance use prevention programs, and proposes to reorganize large parts of the federal government. Many programs would either be eliminated or moved to a proposed new agency, the Administration for a Healthy America (AHA). AHA will be "the primary agency focused on prevention [and] will centralize the work of multiple federal agencies". AHA would impact programs in the Office of National Drug Control Policy (ONDCP), Substance Abuse and Mental Health Services Administration (SAMHSA) and the Centers for Disease Control and Prevention (CDC).

Details on the proposed cuts and changes to substance use prevention infrastructure are below.

ONDCP

- The Drug-Free Communities (DFC) program is proposed to be moved from ONDCP to AHA and funded at only $70 million ($39 million less than the FY 2025 appropriated amount of $109 million).
    - This proposed decrease in funding is a reduction of 36% from FY 2025. This would drastically scale back the national reach of the DFC program and could result in funding decreases to existing grantees and halt any new grants from being awarded in FY 2026.

- The Comprehensive Addiction and Recovery Act (CARA) Section 103 enhancement grant program's funding to current and former DFC grantees to do more with more intensity around opioid and stimulant issues is proposed to be totally eliminated (-$5.2 million).
- The High Intensity Drug Trafficking Area (HIDTA) program is proposed to be moved to the Department of Justice and funded at $196 million ($102.5 million less than the FY 2025 appropriated amount of $298.5 million).

SAMHSA

The PBR proposes to cut over $1 billion from SAMHSA. Most of the proposed cuts would come from the Programs of Regional and National Significance (PRNS) across the three SAMHSA centers, the Center for Substance Abuse Prevention (CSAP), Center for Substance Abuse Treatment (CSAT) and the Center for Mental Health Services (CMHS).

CSAP

- The following CSAP programs would be totally eliminated:
  - The Strategic Prevention Framework/Partnership for Success (SPF/PFS) grant program (-$125.4 million).
- The Sober Truth on Preventing Underage Drinking (STOP) Act programs (-$14.5 million).
  - Enhancement Grants to current and former DFCs to do more with more intensity around underage drinking (-$11 million)
  - National Adult-Oriented Media Campaign (-$2.5 million)
  - Interagency Coordinating Committee for the Prevention of Underage Drinking (ICCPUD) (-$1 million)
- Tribal Behavioral Health Grants (-$23.66 million)
- Minority AIDS Initiative (-$43.2 million)
- Strategic Prevention Framework – Prescription Drugs (SPF-Rx) (-$10 million)
- Minority Fellowship Program (-$1.3 million)

CSAT

- Programs of Regional and National Significance (PRNS) is zeroed out (-$576.2 million)

CMHS

- A number of mental health Programs of Regional and National Significance would be eliminated. Other mental health programs. formerly in SAMHSA, would be moved to AHA. This list of mental health programs moved to AHA includes:
  - 988 Suicide and Crisis Lifeline ($520 million proposed)
  - National Strategy for Suicide Prevention ($28 million proposed)
  - Garrett Lee Smith Youth Suicide Prevention ($63 million proposed)
  - American Indian and Alaska Native Suicide Prevention ($4 million proposed)
  - Project AWARE ($121 million proposed)
  - Child Traumatic Stress Network ($99 million proposed)

    - Children's Mental Health ($125 million proposed)
    - Projects for Assistance in Transition from Homelessness ($67 million proposed)
    - Assisted Outpatient Treatment ($21 million proposed)
    - Disaster Response ($2 million proposed)
    - Certified Community Behavioral Health Clinics ($385 million proposed)
- A totally new block grant called the Behavioral Health Innovation Block Grant would be created that combines all of the funding from the Substance Use Prevention, Treatment and Recovery Services (SUPRTS) Block Grant (funded at $2 billion in FY 2025), the State Opioid Response (SOR) Grants (funded at $1.575 billion in FY 2025) and the Center for Mental Health Services (CMHS) Block Grant (funded at $1 billion in FY 2025).
    - There is not much information in the budget about how the new Behavioral Health Innovation block grant would be implemented and structured. 78% of the money in this new block grant comes from the substance use related sources. However, it is not clear how much money would be dedicated in this new block grant to substance use related issues, nor is it clear what would happen to the 20% prevention set aside in the current Substance Use Prevention, Treatment and Recovery block grant that is currently the largest single source of funding for the substance use prevention field (funded at $401.6 million in FY 2025).

CDC

- The CDC's National Center for Chronic Disease and Health Promotion (which houses the Office on Smoking and Health and the Division of Cancer Prevention and Control) would be eliminated (-$655.5 million).
- CDC's opioid overdose prevention work formerly in the Center for Injury Prevention and Control is moved to AHA and funded at $475 million (-$30 million from the FY 2025 appropriated amount of $505 million).

The appropriations process is still months away from being finished and the numbers discussed here are **not final**. Congress will debate and mark up appropriations bills this summer, and the field will have ample opportunity to weigh in at that time.

CADCA will keep the field fully informed throughout the FY26 appropriations process. We will be holding a webinar on **June 17 at 2:00 PM, in which our Public Policy Consultant, Sue Thau**, will provide a more detailed briefing about the President's Budget Request including what we are advocating for with Congress and to answer questions from the field. More information on how to register will be coming soon.

CADCA
(703) 706-0560

RAPPAHANNOCK AREA
COMMUNITY SERVICES BOARD

Supplemental SOR Funds Behavioral Health Wellness Initiatives
Notice of Award

We are pleased to share that the Rappahannock Area Community Services Board (RACSB) application was selected for another Behavioral Health Wellness Initiative Grant with DBHDS' Office of Behavioral Health Wellness (OBHW). The project will be funded in the amount of $11,960.

This funding will build on the Connectedness Campaign – Screens Down Eyes Up developed in collaboration with the Rappahannock Area Health District in 2024. The intent is to promote healthy social media habits and to build connections without a screen. The campaign also has a goal to build protective factors against substance misuse through healthy relationships and increased knowledge of the impacts of opioid, fentanyl, and stimulant use.

We will promote a digital family bingo card and distribute the conversation starter card set to support positive interactions between youth and adults as well as between peers. We will utilize posters, yard signs, and sidewalk chalk stencils to raise awareness. Mental wellness resource kits will also be assembled and provided to schools, library branches, YMCA sites and other interested community partners.

The grant funds must be expended by September 30, 2025.

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

RappahannockAreaCSB.org

hopestarter

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 catch up some web grants draw down reimbursement requests.

Reimbursement Department:

We continued our 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. 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 of April, we continued to see high levels of adjustments for "Max Units/Benefits" due to several residential clients reaching their maximum allowed days Medicaid will pay per year. April 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 currently working through the findings from this audit. Additionally, the department finalized with external auditors on the annual financial audits for RACSB and RCS, Inc. These will be presented to the Board at the August Board meeting. Final meetings and discussions were held to complete the FY26 Annual Operating budget, which will be presented in the June Board meeting for consideration. Ongoing efforts are also focused on assisting program staff with continued projections of revenue and expenses for FY25. Work also continues to address outstanding grant reimbursement requests through Web Grants.

Summary of Cash Investments

Depository			Rate	Comments
Atlantic Union Bank				
Checking	$	11,961,331	3.25%	
Investment Portfolio				
Cash Equivalents		3,576,442		
Fixed Income		5,509,870		
Total Investment	$	9,086,312		
Total Atlantic Union Bank	$	21,047,643		
Other				
Local Gov. Investment Pool		36,622	4.41%	Avg. Monthly Yield
Total Investments	**$**	**21,084,265**		

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
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
Realized Gain/(Loss)			$ 542	
Unrealized Gain/(Loss)			$ (7,033)	
Fees & Expenses	$ (541)		$ (1,084)	
Transfers/Contributions				
Balance at 4/30/2025	$ 2,130,913	$ 1,176,293	$ 4,264,954	$ 3,310,334

Health Insurance

FY 2025	Monthly Premiums	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
May	$5,392	$346,780	$1,491	$3,329,656
YTD Total	**$3,549,185**	**$3,264,776**	**$16,232**	**$3,329,656**

Historical Data	Average Monthly Claims	Monthly Average Difference from PY	Highest Month
FY 2025	**$296,798**	**$41,345**	**$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

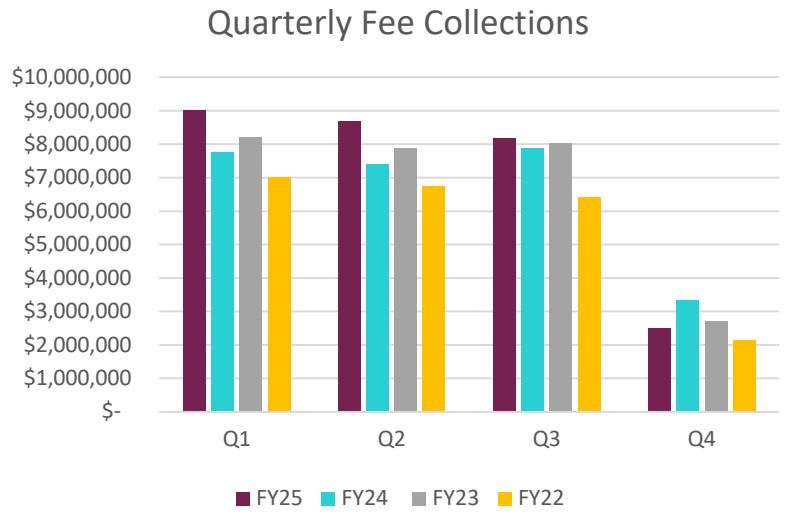
Asset Description	Shares/Face Value	Market Value	Total Cost	Unrealized Gain/Loss	Est. Income	Yield to Maturity	Yield to Cost
Fidelity IMM Gov Class I Fund #57	$ 183,895.88	$ 183,895.88	$ 183,895.88	$ -	$ 7,650.07	4.16%	N/A
US Treasury Bill (06/12/2025)	$ 1,000,000.00	$ 954,272.92	$ 953,972.50	$ 300.42	$ 46,027.50	4.29%	5.09%
US Treasury Bill (07/03/2025)	$ 500,000.00	$ 495,006.49	$ 494,964.27	$ 42.22	$ 5,035.73	4.29%	4.28%
US Treasury Bill (08/07/2025)	$ 500,000.00	$ 483,172.91	$ 483,455.62	$ (282.71)	$ 16,544.38	4.14%	4.00%
US Treasury Bill (12/26/2025)	$ 500,000.00	$ 486,475.00	$ 487,100.00	$ (625.00)	$ 12,900.00	4.18%	4.00%
US Treasury Bill (11/13/2025)	$ 500,000.00	$ 489,550.77	$ 489,623.47	$ (72.70)	$ 10,376.53	4.24%	4.24%
US Treasury Bill (01/22/2026)	$ 500,000.00	$ 484,068.23	$ 484,805.21	$ (736.98)	$ 15,194.79	4.10%	3.91%
Total Cash Equivalents	**$ 3,683,895.88**	**$ 3,576,442.20**	**$ 3,577,816.95**	**$ (1,374.75)**	**$ 113,729.00**		
US Treasury Note (10/15/2025)	$ 1,000,000.00	$ 999,810.00	$ 1,005,781.25	$ (5,971.25)	$ 42,500.00	4.32%	4.06%
US Treasury Note (09/30/2025)	$ 500,000.00	$ 501,010.00	$ 504,570.31	$ (3,560.31)	$ 25,000.00	4.39%	4.50%
US Treasury Note (10/15/2026)	$ 500,000.00	$ 503,930.00	$ 506,738.28	$ (2,808.28)	$ 23,125.00	4.06%	4.15%
US Treasury Note (06/15/2026)	$ 500,000.00	$ 499,955.00	$ 500,917.97	$ (962.97)	$ 20,625.00	4.18%	4.00%
US Treasury Note(01/31/2027)	$ 500,000.00	$ 501,215.00	$ 503,027.34	$ (1,812.34)	$ 20,625.00	4.01%	3.79%
US Treasury Note (03/15/2027)	$ 500,000.00	$ 502,640.00	$ 496,308.59	$ 6,331.41	$ 21,250.00	3.98%	4.57%
US Treasury Note (04/30/2026)	$ 500,000.00	$ 503,030.00	$ 499,023.44	$ 4,006.56	$ 24,375.00	4.23%	5.04%
US Treasury Note (08/15/2027)	$ 500,000.00	$ 498,520.00	$ 495,292.97	$ 3,227.03	$ 18,750.00	3.93%	4.15%
US Treasury Note (8/31/2026)	$ 500,000.00	$ 498,040.00	$ 495,195.31	$ 2,844.69	$ 18,750.00	4.10%	4.36%
US Treasury Note (02/29/2028)	$ 500,000.00	$ 501,720.00	$ 499,960.94	$ 1,759.06	$ 20,650.00	3.90%	4.04%
Total Fixed income	**$ 5,500,000.00**	**$ 5,509,870.00**	**$ 5,506,816.40**	**$ 3,053.60**	**$ 235,650.00**	**3.98%**	**4.32%**
5/31/2025		**$ 9,086,312.20**	**$ 9,084,633.35**	**$ 1,678.85**	**$ 349,379.00**	**4.03%**	**4.32%**

Fee Revenue Reimbursement- April 30, 2025

RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD
FEE REVENUE REIMBURSEMENT REPORT AS OF April 30, 2025

AGED CLAIMS		Current Month		Prior Month		Prior Year	
Total Claims Outstanding	**Total**	100%	$5,664,551	100%	$3,956,196	100%	$6,431,513
	Consumers	37%	$2,093,403	55%	$2,160,948	55%	$3,540,655
	3rd Party	63%	$3,571,148	45%	$1,795,249	45%	$2,890,858
Claims Aged 0-29 Days	**Total**	59%	$3,359,687	39%	$1,561,774	44%	$2,848,717
	Consumers	1%	$65,105	2%	$61,205	2%	$157,463
	3rd Party	58%	$3,294,582	38%	$1,500,569	42%	$2,691,254
Claims Aged 30-59 Days	**Total**	2%	$135,016	4%	$153,411	2%	$118,771
	Consumers	1%	$58,827	2%	$63,862	1%	$48,828
	3rd Party	1%	$76,189	2%	$89,549	1%	$69,943
Claims Aged 60-89 Days	**Total**	2%	$92,537	2%	$67,358	1%	$93,656
	Consumers	1%	$50,094	0%	$5,623	1%	$55,873
	3rd Party	1%	$42,444	2%	$61,735	1%	$37,782
Claims Aged 90-119 Days	**Total**	1%	$67,588	4%	$153,269	1%	$58,863
	Consumers	0%	$6,461	3%	$124,165	0%	$27,190
	3rd Party	1%	$61,127	1%	$29,103	0%	$31,674
Claims Aged 120+ Days	**Total**	35%	$2,009,723	51%	$2,020,385	51%	$3,311,506
	Consumers	34%	$1,912,917	48%	$1,906,093	51%	$3,251,304
	3rd Party	2%	$96,806	3%	$114,291	1%	$60,202

CLAIM COLLECTIONS	
Current Year To Date Collections	$28,368,576
Prior Year To Date Collections	$26,352,449
$ Change from Prior Year	$2,016,127
% Change from Prior Year	8%



Write-off Report

Month: April 2025		
Write Off Code	Current MTD	Prior MTD
BAD ADDRESS	$ 290	$ 102,846
BANKRUPTCY	$ -	$ 800
DECEASED	$ -	$ 50
NO FINANCIAL AGREEMENT	$ 9,604	$ 12,135
SMALL BALANCE	$ 235	$ 55
UNCOLLECTABLE	$ 10	$ -
FINANCIAL ASSISTANCE	$ 264,290	$ 271,695
NO SHOW	$ 1,640	$ 630
MAX UNITS/BENEFITS	$ 44,202	$ 45,626
PROVIDER NOT CREDENTIALED	$ 1,815	$ 5,476
DIAGNOSIS NOT COVERED	$ 620	$ 235
NON-COVERED SERVICE	$ 1,823	$ 1,442
SERVICES NOT AUTHORIZED	$ 16,056	$ 13,765
PAST BILLING DEADLINE	$ -	$ 398
MCO DENIED AUTH	$ -	$ 2,909
INCORRECT PAYER	$ 3,616	$ 2,225
NO PRIMARY EOB	$ 169	$ 144
SPENDDOWN NOT MET	$ 5,730	$ 7,412
TOTAL	**$ 350,100**	**$ 467,843**

Year to Date: July - April 2025		
Write Off Code	Current YTD	Prior YTD
BAD ADDRESS	$ 49,554	$ 210,040
BANKRUPTCY	$ 250	$ 1,841
DECEASED	$ 3,155	$ 1,389
NO FINANCIAL AGREEMENT	$ 86,297	$ 43,166
SMALL BALANCE	$ 904	$ 1,340
UNCOLLECTABLE	$ 23,292	$ 2,682
FINANCIAL ASSISTANCE	$ 1,907,946	$ 1,579,852
NO SHOW	$ 5,972	$ 8,304
MAX UNITS/BENEFITS	$ 427,082	$ 165,064
PROVIDER NOT CREDENTIALED	$ 17,445	$ 91,080
ROLL UP BILLING	$ -	$ 56,821
DIAGNOSIS NOT COVERED	$ 6,088	$ 1,590
NON-COVERED SERVICE	$ 55,932	$ 42,828
SERVICES NOT AUTHORIZED	$ 145,216	$ 125,777
PAST BILLING DEADLINE	$ 4,211	$ 17,782
MCO DENIED AUTH	$ 9,989	$ 4,011
INCORRECT PAYER	$ 25,146	$ 28,766
INVALID MEMBER ID	$ -	$ 1,958
INVALID POS/CPT/MODIFIER	$ 100	$ -
NO PRIMARY EOB	$ 3,184	$ 2,413
SPENDDOWN NOT MET	$ 368,375	$ 40,417
STATE FUNDS EXHAUSTED	$ 19,150	$ -
TOTAL	**$ 3,159,288**	**$ 2,427,121**

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
5/16/2025	36	$1,523.64	$42.32	39.87	$1,785.63	$44.79	75.87	$3,309.27
5/30/2025	63	$2,700.69	$42.87	35	$1,245.26	$35.58	98	$3,945.95
Grand Total	**6487.38**	**$263,837.80**	**$40.67**	**2489.72**	**$89,396.87**	**$35.91**	**8977.1**	**$353,234.67**

RACSB
FY 2025 FINANCIAL REPORT
Fiscal Year: July 1, 2024 through June 30, 2025
Report Period: July 1, 2024 through April 30, 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	3,184,215	99.66%	3,194,943	3,315,509	103.77%	(131,294)	-4%
MEDICAL OUTPATIENT (R) (FED)	4,910,714	3,647,521	74.28%	4,910,714	3,819,179	77.77%	(171,658)	-5%
ACT NORTH (R)	1,009,186	765,889	75.89%	1,009,186	919,136	91.08%	(153,247)	-20%
ACT SOUTH (R)	969,616	938,653	96.81%	969,616	876,303	90.38%	62,350	7%
CASE MANAGEMENT ADULT (FED)	1,196,606	1,128,750	94.33%	1,196,606	1,166,706	97.50%	(37,957)	-3%
CASE MANAGEMENT CHILD & ADOLESCENT (FED)	929,321	780,721	84.01%	929,321	961,964	103.51%	(181,243)	-23%
PSY REHAB & KENMORE EMP SER (R) (FED)	776,442	689,630	88.82%	776,442	762,336	98.18%	(72,706)	-11%
PERMANENT SUPPORTIVE HOUSING (R)	3,265,491	5,226,623	160.06%	3,265,491	2,267,700	69.44%	2,958,923	57%
CRISIS STABILIZATION (R)	2,789,414	2,178,435	78.10%	2,789,414	2,340,689	83.91%	(162,254)	-7%
SUPERVISED RESIDENTIAL	622,585	553,251	88.86%	622,585	553,072	88.83%	179	0%
SUPPORTED RESIDENTIAL	869,009	754,088	86.78%	869,009	1,004,069	115.54%	(249,980)	-33%
JAIL DIVERSION GRANT (R)	94,043	92,017	97.85%	94,043	55,259	58.76%	36,758	40%
JAIL & DETENTION SERVICES	675,354	465,252	68.89%	675,354	614,404	90.98%	(149,152)	-32%
SUB-TOTAL	**21,302,725**	**20,417,070**	**96%**	**21,302,725**	**18,835,475**	**88%**	**1,581,595**	**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	3,221,703	76.62%	4,204,751	4,107,122	97.68%	(885,419)	-27%
DAY HEALTH & REHAB *	5,313,080	4,284,419	80.64%	5,313,080	5,195,142	97.78%	(910,723)	-21%
GROUP HOMES	6,851,462	5,715,821	83.42%	6,851,462	5,978,216	87.25%	(262,395)	-5%
RESPITE GROUP HOME	653,469	218,136	33.38%	653,469	606,753	92.85%	(388,617)	-178%
INTERMEDIATE CARE FACILITIES	4,788,336	3,913,274	81.73%	4,788,336	4,602,219	96.11%	(688,945)	-18%
SUPERVISED APARTMENTS	1,932,464	2,551,705	132.04%	1,932,464	1,640,902	84.91%	910,803	36%
SPONSORED PLACEMENTS	1,943,190	2,130,525	109.64%	1,943,190	1,945,442	100.12%	185,083	9%
SUB-TOTAL	**25,686,752**	**22,035,583**	**85.79%**	**25,686,752**	**24,075,796**	**93.73%**	**(2,040,213)**	**-9%**

(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 April 30, 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	1,348,058	87.28%	1,544,604	1,190,346	77.06%	157,712	12%
MAT PROGRAM (R) (FED)	814,953	1,086,367	133.30%	814,953	1,468,522	180.20%	(382,155)	-35%
CASE MANAGEMENT (R) (FED)	239,631	232,992	97.23%	239,631	130,007	54.25%	102,985	44%
RESIDENTIAL (R)	69,049	26,600	38.52%	69,049	82,227	119.09%	(55,627)	-209%
PREVENTION (R) (FED)	634,155	355,979	56.13%	634,155	537,296	84.73%	(181,317)	-51%
LINK (R) (FED)	274,980	234,042	85.11%	274,980	258,386	93.97%	(24,344)	-10%
SUB-TOTAL	**3,577,371**	**3,284,039**	**92%**	**2,032,767**	**3,666,784**	**180%**	**(540,457)**	**-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	2,126,115	105.63%	2,012,744	1,617,494	80.36%	508,621	24%
CHILD MOBILE CRISIS (R)	376,212	282,810	75.17%	376,212	224,726	59.73%	58,084	21%
CIT ASSESSMENT SITE (R)	391,306	369,040	94.31%	391,306	358,560	91.63%	10,480	3%
CONSUMER MONITORING (R) (FED)	133,656	73,761	55.19%	133,656	368,479	275.69%	(294,717)	-400%
ASSESSMENT AND EVALUATION (R)	448,026	407,553	90.97%	448,026	362,554	80.92%	45,000	11%
SUB-TOTAL	**3,361,944**	**3,259,280**	**96.95%**	**3,361,944**	**2,931,812**	**87.21%**	**327,468**	**10%**

ADMINISTRATION

PROGRAM	REVENUE			EXPENDITURES			
	BUDGET FY 2025	ACTUAL YTD	%	BUDGET FY 2025	ACTUAL YTD	%	ACTUAL VARIANCE
ADMINISTRATION (FED)	470,080	817,416	173.89%	470,080	817,416	173.89%	0
PROGRAM SUPPORT	27,600	23,000	83.33%	27,600	23,000	83.33%	0
SUB-TOTAL	**497,680**	**840,416**	**168.87%**	**497,680**	**840,416**	**168.87%**	**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 April 30, 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	1,769,663	94.01%	1,882,348	1,358,004	72.14%	411,659	23%
INFANT CASE MANAGEMENT (R)	998,791	632,020	63.28%	998,791	929,612	93.07%	(297,592)	-47%
EARLY INTERVENTION (R)	2,567,207	1,688,090	65.76%	2,567,207	2,554,372	99.50%	(866,282)	-51%
TOTAL PART C	**5,448,346**	**4,089,772**	**75.06%**	**5,448,346**	**4,841,988**	**88.87%**	**(752,215)**	**-18%**
HEALTHY FAMILIES (R)	141,386	152,212	107.66%	141,386	53,034	37.51%	99,178	65%
HEALTHY FAMILIES - MIECHV Grant (R) (REIM)	340,846	409,870	120.25%	340,846	371,062	108.87%	38,809	9%
HEALTHY FAMILIES-TANF & CBCAP GRANT (R) (REIM)	528,690	585,103	110.67%	528,690	585,400	110.73%	(297)	0%
TOTAL HEALTHY FAMILY	**1,010,921**	**1,147,185**	**113.48%**	**1,010,921**	**1,009,495**	**99.86%**	**137,690**	**12%**

(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 April 30, 2025

RECAP FY 2025 BALANCES

	REVENUE	EXPENDITURES	NET	NET / REVENUE
MENTAL HEALTH	20,417,070	18,901,401	1,515,668	7%
DEVELOPMENTAL SERVICES	22,035,583	24,075,796	(2,040,213)	-9%
SUBSTANCE ABUSE	3,284,039	3,666,784	(382,745)	-12%
SERVICES OUTSIDE PROGRAM AREA	3,259,280	2,931,812	327,468	10%
ADMINISTRATION	840,416	840,416	0	0%
FISCAL AGENT PROGRAMS	5,236,958	5,851,483	(614,526)	-12%
TOTAL	**55,073,345**	**56,267,693**	**(1,194,348)**	**-2%**

RECAP FY 2024 BALANCES

	REVENUE	EXPENDITURES	NET	NET / REVENUE
MENTAL HEALTH	16,577,664	14,451,281	2,126,382	13%
DEVELOPMENTAL SERVICES	19,926,493	18,419,749	1,506,744	8%
SUBSTANCE ABUSE	2,321,446	2,945,277	(623,830)	-27%
SERVICES OUTSIDE PROGRAM AREA	3,298,897	2,052,773	1,246,123	38%
ADMINISTRATION	462,976	462,976	0	0%
FISCAL AGENT PROGRAMS	4,786,167	4,623,534	162,633	3%
TOTAL	**47,373,643**	**42,955,590**	**4,418,053**	9%

	$ Change	% Change
Change in Revenue from Prior Year	$ 7,699,702	16.25%
Change in Expense from Prior Year	$ 13,312,104	30.99%
Change in Net Income from Prior Year	$ (5,612,401)	-127.03%

*Unaudited Report

RAPPAHANNOCK AREA
COMMUNITY SERVICES BOARD

MEMORANDUM

To: Joe Wickens, Executive Director

From: Sara Keeler, Director of Finance and Administration

Date: June 8, 2025

Re: Proposed revision to Financial Policies and Procedures

Our current policy requires the removal of no-show fees for Medicare and Medicaid insured clients because these insurance carriers do not allow this charge to be billed to their members. We recently learned no show fees are an allowable fee under Medicare billing. We are recommending language changes to V. Account Adjustments under the Billing section of our Financial Policies and Procedures to end the removal of no-show fees from Medicare insured clients.

Recommendation for the Board for Approval:

V. Account Adjustments – Frequently, it is necessary for the Reimbursement Staff to make adjustments to individual/s receiving services accounts. Some of the major reasons for adjustments are as follows:

- Financial assistance contracts entered in the month following effective date require the adjustment of fees in excess of the consumer's liability.
- Insurance information provided after services have been rendered require the adjustment of fees to contracted amounts.
- Bankruptcies, Exception to Fees, death of an individual all require the removal offees from the account.
- Services that have been billed for three months without any contact from theindividual, payment or signed contract require the removal of fees from the account.
- No show fees billed to ~~Medicare and~~ Medicaid clients require the removal of this fee because the insurance ~~carriers do~~ carrier does not allow this charge to be billed totheir members.
- Services provided to consumers by non-billable Medicaid provider require the removalof the fee.
- Credit balances that remain on closed accounts for clients that were billed based ontheir ability to pay are offset with a debit as long as the credit does not exceed the financial assistance provided.

Approved Reimbursement Staff enters all adjustments and documentation of the reason for the adjustment is maintained in the appropriate file.

HUMAN RESOURCES PROGRAM UPDATE- May 2025

Benefits

- The annual open enrollment, the time when employees select their benefits for the next fiscal year, took place from May 11th to 27th. During this short window, all benefit-eligible employees, ~540, completed the process!

Performance evaluations

- Employees received their final annual evaluations in May. A big thank you to all our leaders for taking the time to make sure performance feedback was given to our employees. At the end of the month, we had 94% of the 589 evaluations completed and submitted!

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: June 5, 2025

Re: Summary – May 2025 Applicant and Recruitment Update

For May 2025, RACSB received 395 applications.

Of the applications received, 43 applicants listed the RACSB applicant portal as their recruitment source, 13 stated employee referrals as their recruitment source, and 339 listed various job boards as their recruitment source.

As of the end of May, 8 positions, 6 full-time 2 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 May 2025.

Vacancy Report 05/27/2025

5/27/2025								
Actively Recruiting to hire								
Original Date Listed	**Days Open**	**Original Job#**	**Job Title**	**RU**	**Division**	**Location (was Department)**	**FT**	**PT**
12/20/2024	158	1383380	Accounting Coordinator (Accounting Manager in ads)	1000	Admin	Fredericksburg City Administrative - Accounting	1	
						1		
5/5/2025	22	1493951	THERAPIST, DETENTION BASED	5200	Clinical	Stafford County Clinical Services - Jail Based/Diversion Services		1
5/5/2025	22	1493939	THERAPIST, JAIL BASED	5200	Clinical	Stafford County Clinical Services - Jail Based/Diversion Services	1	
12/12/2024	166	1376325	THERAPIST, JAIL BASED	5200	Clinical	Stafford County Clinical Services - Jail Based/Diversion Services	1	
2/5/2025	111	1421071	OFFICE ASSOCIATE II	1100	Clinical	Spotsylvania County Clinical Services	1	
2/26/2025	90	1437967	PSYCHIATRIC NURSE PRACTITIONER, OBOT	4261	Clinical	Fredericksburg City Clinical Services - SA Services	1	
						5		
5/24/2025	3	1510219	DIRECT SUPPORT PROFESSIONAL - DAY SUPPORT	3652	CSS	Stafford County CSS - Day Health & Rehabilitation Services		1
5/5/2025	22	1493982	COMMUNITY OUTREACH CASE MANAGER	TBDF	CSS	Fredericksburg City CSS - MH Residential Services	1	
						1		
Avg days open	**74.25**						**6**	**2**
						Total Positions in Recruitment	**8**	

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	3		40
Full-time	8	14	13	10	6	9	16	10	3	8	0		97
Sub Total External Applicants Hired	**11**	**22**	**22**	**12**	**7**	**12**	**24**	**12**	**4**	**8**	**0**		110
Internal Applicants Moved:													
Part-time to Full-time	0	0	0	0	3	2	2	2	0	0	0		9
PRN As Needed to Full-Time	0	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**	**0**		7
Total Positions Filled:	**11**	**22**	**22**	**12**	**10**	**14**	**26**	**14**	**4**	**8**	**3**		117
Total Applications Received:													
Actual Total of Applicants:	**1227**	**725**	**800**	**869**	**704**	**196**	**562**	**629**	**382**	**199**	**395**		6688
Total External Offers Made:	**11**	**22**	**22**	**12**	**7**	**12**	**24**	**12**	**4**	**8**	**3**		110
Total Internal Offers Made:	**0**	**0**	**0**	**0**	**3**	**2**	**2**	**2**	**0**	**0**	**0**		7

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	257	
Male	128	93	128	154	106	37	78	99	41	27	43	
Not Supplied	372	294	299	313	258	119	153	189	146	76	95	
Total	**1227**	725	800	869	704	306	562	629	382	199	395	
ETHNICITY												
White	254	140	155	172	128	40	149	177	76	39	124	
African American	405	193	227	256	226	111	173	180	108	68	111	
Hispanic	67	26	32	34	25	6	3	0	9	3	12	
Asian	20	15	16	18	16	6	5	2	0	3	8	
American Indian	2	2	0	0	4	1	3	1	0	1	1	
Native Hawaiian	2	1	1	0	1	0	2	0	0	0	2	
Two or More Races	63	44	51	49	27	16	1	32	13	6	27	
RECRUITMENT SOURCE												
RACSB Website	192	138	171	130	143	53	79	79	76	42	43	
Employee Referrals	99	72	91	68	57	39	30	31	42	15	13	
Indeed.com	861	437	428	567	428	162	412	455	231	118	300	
Other -	48	53	75	72	57	47	25	55	28	16	31	
Zip Recruiter	27	25	35	32	19	5	16	9	5	8	8	
Job Fair												
Total # of Applicants	1227	725	800	869	704	306	562	629	382	199	395	

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

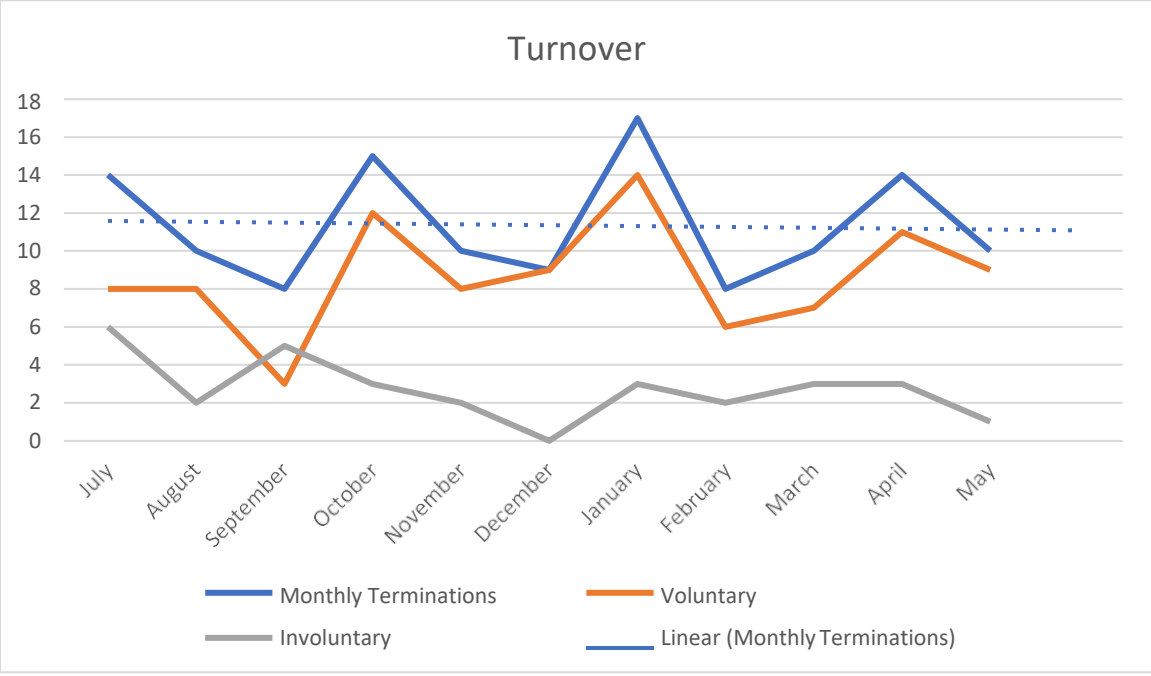
Date: June 5, 2025

Re: Summary – Turnover Report – May 2025

Human Resources processed ten (10) employee separations in May 2025. Nine (9) were voluntary, and one (1) was involuntary.

Reasons for Separations

Resigned- Vol.	9
Involuntary	1



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	569	
Monthly Terminations*	14	10	8	15	10	9	17	8	10	14	10	
Turnover by Month	2.45%	1.75%	1.36%	2.56%	1.75%	1.58%	2.94%	1.37%	1.72%	2.43%	1.76%	
Cumulative Turnover YTD	2.45%	4.19%	5.54%	8.11%	9.87%	11.45%	14.39%	15.75%	17.46%	19.89%	21.65%	
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%	1.92%	

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

RACSB MONTHLY TURNOVER REPORT
May-25

ORGANIZATIONAL UNIT	NUMBER OF TERMS	VOLUNTARY	INVOLUNTARY	EXPLANATION
Administrative				
Unit Totals	**0**	**0**	**0**	
Clinical Services		2		The employee determined position was not a fit for them.
		1		Retirement
Unit Totals	**3**	**3**	**0**	
Community Support Services		3		The employee determined position was not a fit for them.
		3		Resignation
			1	
Unit Totals	**7**	**6**	**1**	
Prevention				
Unit Totals	**0**	**0**	**0**	
Grand Totals for the Month	**10**	**9**	**1**	

Total Average Number of Employees	**569**
Retention Rate	**98.24%**
Turnover Rate	**1.76%**

Total Separations	**10**

hopestarter RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD

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

Re: DBHDS Workforce Reporting Overview

Date: June 5, 2025

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

	Q1 YTD			Q2 YTD			Q3 YTD		
	Vacancy Rate	YTD Vacancy Rate	Turnover Rate	Vacancy Rate	YTD Vacancy Rate	Turnover Rate	Vacancy Rate	YTD Vacancy Rate	Turnover Rate
Administrative Support	5.3%	5.3%	3.2%	6.4%	6.1%	5.2%	9.4%	6.8%	12.1%
Case Manager	8.1%	6.8%	1.6%	10.2%	8.2%	4.9%	8.0%	8.1%	8.1%
Clinician	15.0%	16.2%	2.4%	15.0%	15.0%	7.7%	12.5%	14.0%	14.0%
Direct Service Provider	10.1%	11.1%	11.4%	9.5%	10.5%	20.4%	7.8%	9.2%	28.0%
Executive Leadership	0.0%	0.0%	10.0%	0.0%	0.0%	10.3%	0.0%	0.0%	10.2%
Nursing	13.3%	17.4%	11.0%	4.4%	13.0%	15.4%	6.7%	8.7%	19.9%
Other	14.3%	0.0%	0.0%	7.1%	0.0%	0.0%	30.0%	16.7%	51.9%
Peer	7.4%	0.0%	0.0%	17.9%	7.7%	8.3%	3.6%	7.1%	8.1%
Prescriber	34.8%	33.3%	0.0%	43.5%	33.3%	14.0%	43.5%	41.7%	14.4%
Overall	9.8%	9.8%	5.1%	10.4%	10.1%	10.1%	9.6%	9.6%	16.3%

Position	Vacancy Rate	Turnover Rate
Overall	11%	13%
Peer	19%	11%
Other	18%	15%
Executive Leadership	9%	12%
Prescriber	20%	3%
Nursing	12%	9%
Direct Services Provider	10%	11%
Clinician	14%	9%
Case Management	10%	16%
Admin Support	8%	9%

CSB	Vacancy Rate	Turnover Rate
Chesapeake	15%	1%
Chesterfield	22%	15%
Colonial	17%	29%
Encompass	7%	17%
Goochland-Powhatan	3%	14%
Hanover	9%	12%
Loudoun County	8%	7%
Prince William	6%	6%
Rappahannock Area	10%	16%
Total	**11%**	**13%**

RACSB DEPUTY EXECUTIVE DIRECTOR REPORT
May 2025 Monthly Updates

Opportunities for Partnership/Input:

- Provided a tour of the Mobile Response Unit to Stafford County employees
- 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 continue final review to move towards finalization. There were a number of last-minute changes submitted by DBHDS departments for review.
- 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. Presented to ED Forum on effort and submitted the business case documents for the Data and Outcomes sub-work group.
- Attended Board of Counseling webinar on QMHP, BHT, BHT-A changes and credentialing process.
- Supported budget meetings with programs across the agency.
- Supported the strategic plan activities and workgroup meetings.
- Presented with two other organizations for an Opioid Abatement Authority Webinar about starting a mobile program.
- Presented to the WON Women's Leadership Network around being a female Executive Leader.
- Attended a small group feedback session with VACSB leaders and the Behavioral Health Commission staff.
- Attended the first Behavioral Health Commission meeting of the year.
- Attended Legislative and Regulatory Health Care Workforce meeting led by Claude Moore Foundation.

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. The exceptions document required by DBHDS was executed in May. RACSB is scheduled to go-live on the new data exchange on June 30, 2025.

To: Joe Wickens, Executive Director

From: Brandie Williams, Deputy Executive Director

Re: DBHDS Data Dashboard Report

Date: June 2, 2025

The Rappahannock Area Community Services Board is committed to using data-driven decision-making to improve performance, quality, and demonstrate the value of services. This report will provide an overview of the new and on-going Behavioral Health and Developmental Disability performance measures.

Dashboard Report				
Measure	**Month of Measure**	**State Target**	**State Average**	**RACSB**
Same Day Access-Appointment Offered	Feb 2025	86%	76.50%	93.50%
Same Day Access-Appointment Kept	Jan 2025	70%	81.50%	84.30%
SUD Engagement	Mar 2025	50%	62.80%	69.70%
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	FY2025 Q1-Q3	35%		44.80%
DLA-Child	FY2025 Q1-Q3	35%		60.50%
Percent Receiving Face to Face Case Management Services ECM	March 2025	90%	N/A	91.01%
Percent Receiving In-home Case Management Services ECM		90%	N/A	81.27%
Percent Receiving Targeted Case Management	FY2025Q3	90%	N/A	95.60%

*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.

To: Joe Wickens, Executive Director

From: Brandie Williams, Deputy Executive Director

Re: Legislative Updates and Priorities

Date: June 2, 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 May 27, 2025 with estimated allocations for one-time funding support to build I/DD Support Coordination. RACSB is estimated to receive $1,000,000 in these one-time funds.
- DBHDS awarded funding of our application for an automated dispensing device for our Adult Residential Crisis Stabilization Unit.

Impacts of recent Federal-level actions:

Latest on Federal Medicaid Cuts in 2025:

The US House of Representatives recently passed a budget reconciliation bill that includes significant cuts to Medicaid, aiming to reduce federal spending and address the national debt.

Key Points on Medicaid Cuts:

- Deep Spending Reductions: The bill proposes substantial cuts to federal Medicaid spending, with estimates ranging from $625 billion to $880 billion over the next 10 years
- Impact on States: These cuts would significantly impact state Medicaid programs, forcing states to either reduce services, increase state funding, or limit eligibility.
- Coverage Losses: The Congressional Budget Office (CBO) projects that millions of people could lose Medicaid coverage due to the proposed changes.
- Focus on Medicaid Expansion: A key target for cuts is the enhanced federal matching rate for the Affordable Care Act (ACA) Medicaid expansion. This would disproportionately affect states that expanded Medicaid under the ACA.
- Potential Policy Changes: To achieve these cuts, the bill proposes various measures, including:
- Reducing the federal matching rate for the ACA expansion population.
- Ending the ACA's Medicaid expansion, which would impact states that haven't already expanded.
- Implementing or expanding work requirements for Medicaid recipients.
- Imposing lifetime limits or caps on Medicaid benefits.
- Increasing oversight of Medicaid spending for immigrants.
- Restricting state use of provider taxes to fund Medicaid.

Impact of Potential Medicaid Cuts:

- Reduced access to care: Cuts could lead to reduced access to healthcare services for low-income individuals and families, potentially impacting their health and well-being.
- Increased un-insurance rates: Millions could lose their Medicaid coverage, contributing to a rise in the uninsured population.

- Strain on state budgets: States would face significant challenges in maintaining their Medicaid programs with reduced federal funding.
- Economic consequences: Medicaid cuts could have broader economic consequences, including job losses and reduced economic activity in the healthcare sector and related industries

Three Key Changes:

- Requiring states to implement work requirements for the expansion population
- Increasing barriers to enrollment and renewal of Medicaid benefits
- Limiting states' ability to raise the states' share of Medicaid revenue through provider taxes

The Kaiser Family Foundation estimates that the most heavily affected states include: Washington, Virginia, and Montana with Medicaid enrollment decreasing between 15% to 32%.

State	Federal Medicaid Cut	Change in State Medicaid Spending Per Resident	Increase in State Taxes Per Resident	Decrease in State Education Spending Per Pupil
Rhode Island	$269M	22%	6%	17%
South Carolina	$322M	13%	2%	6%
South Dakota	$85M	15%	3%	13%
Tennessee	$441M	11%	2%	6%
Texas	$1.8B	9%	2%	4%
Utah	$381M	30%	3%	7%
Vermont	$121M	16%	3%	5%
Virginia	$1.9B	26%	5%	19%
Washington	$2.9B	30%	7%	19%

State	Mid-Point Enrollment Loss	Low-End Enrollment Loss	High-End Enrollment Loss
Rhode Island	45K	33K	56K
South Carolina	53K	40K	67K
South Dakota	14K	11K	18K
Tennessee	73K	55K	91K
Texas	305K	229K	381K
Utah	63K	47K	79K
Vermont	20K	15K	25K
Virginia	318K	238K	397K
Washington	480K	360K	600K