

RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD

October 21, 2025

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

AGENDA

- I. Call to Order, *Parcell*
- II. *Minutes, Board of Directors, September 16, 2025, *Parcell*.....4
- III. Public Comment, *Parcell*
- IV. Employee Service Awards, *Wickens*
 - A. Five Years:
 - 1. Pamela Clifton, Direct Support Professional, Merchant Sq.
 - 2. Shirley Dunbar-Doka, Licensed Emergency Services Therapist
 - 3. Estelita Keeler, Direct Support Professional, Scottsdale
 - B. Ten Years:
 - 1. Joy Allen, Developmental Services Support Coordinator
 - 2. Angela Ball, Direct Support Professional, Ruffins Pond
 - C. Fifteen Years:
 - 1. John Swing, Psychiatrist
- V. Licensures: *Wickens*
 - 1. Hannah Smith, Co-Response Therapist, LPC
- VI. Board Core Behaviors, *Curcio*.....12
- VII. **Presentation:** Local Funding Presentation, *Keeler*
- VIII. Program Reports
 - A. Community Support Services
 - 1. Program Update, *Fisher-Curtis*.....13
 - 2. Residential Vacancies, *Fisher-Curtis*.....15
 - B. Crisis Intervention Services
 - 1. Program Update, *Jindra*.....17

*Requires Board Approval

2. Sunshine Lady House Utilization Report, <i>Jindra</i>	19
C. Clinical Services	
1. Program Update, <i>Kobuchi</i>	21
2. State Hospital Census, <i>Kobuchi</i>	25
3. ES ECO/TDO, <i>Kobuchi</i>	27
4. ES Crisis Intervention Team and Co-Response, <i>Kobuchi</i>	29
5. Same Day Access, <i>Kobuchi</i>	32
6. C&A Case Management Quarterly Report, <i>Andrus</i>	34
D. Compliance	
1. Program Update, <i>Terrell</i>	38
2. Quality Assurance Report, <i>Terrell</i>	40
3. *Licensing Reports, <i>Terrell</i>	44
E. Communications	
1. Monthly Update, <i>Umble</i>	53
F. Prevention & Early Intervention	
1. Program Update, <i>Wagaman</i>	60
2. Part C Monitoring Report, <i>Standring</i>	71
G. Finance	
1. Program Update, <i>Keeler</i>	82
2. Summary of Cash Investments, <i>Keeler</i>	83
3. Other Post-Employment Benefit, <i>Keeler</i>	84
4. Health Insurance, <i>Keeler</i>	85
5. Summary of Investments, <i>Keeler</i>	86
6. Fee Revenue Reimbursement, <i>Keeler</i>	87
7. Write-off Report, <i>Keeler</i>	88
8. Payroll Statistics, <i>Keeler</i>	89
9. *Financial Summary August, <i>Keeler</i>	90
10. * Investment Strategy Update Memo, <i>Keeler</i>	94
H. Human Resources	
1. Program Update, <i>Mestler</i>	95
2. Applicant and Recruitment Update, <i>Mestler</i>	96
3. Turnover Report, <i>Mestler</i>	100
I. Deputy Executive Director	
1. Monthly Update, <i>Williams</i>	103
2. Legislative Updates & Priorities <i>Williams</i>	104

IX. Report from the Executive Director, *Wickens*

X. Board Time

XI. Closed Session

XII. Adjournment

September 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 September 16, 2025, at 600 Jackson Street and called to order by Chair, Jacob Parcell at 3:00 p.m. Attendees included: Claire Curcio, Matthew Zurasky, Bridgette Williams, Carol Walker, Ken Lapin, Nancy Beebe, Susan Gayle, Susan Slyer, Shawn Kiger and Tiffany Haynes. Absent: Melissa White, and Greg Sokolowski.

II. MINUTES, BOARD OF DIRECTORS, August 19, 2025

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

ACTION TAKEN: The Board approved the August 19, 2025 minutes.

Moved by: Ms. Bridgette Williams

Seconded by: Ms. Claire Curcio

III. PUBLIC COMMENT

No Action Taken

IV. SERVICE AWARDS

Mr. Joe Wickens recognized all employees with awards:

5 years

Mario Anthony-Williams, ICF Manager, Ross

Lori Zuniga, Licensed Outpatient Therapist, Fredericksburg

25 years

Amy Wanderer, Case Manager, Adult MH, Fredericksburg

V. LICENSURES

Kyle Mathis, Emergency Services Therapist, LCSW

VI. BOARD CORE BEHAVIORS, Ms. Claire Curcio

Ms. Curcio reminded the Board that we want to have open, honest and respectful communications with each other – we want to ask the tough questions while we are in the room and not afterward, and then move onto to the next level of decision making.

VII. BOARD PRESENTATION-Atlantic Union Bank, Investment Fund Proposal, Mr. Dante Jackson and Mr. Josh Cohen, Cash Reserves Recommendation. Mr. Dante Jackson and Mr. Josh Cohen provided a comprehensive review of RACSB's current investment portfolio. They discussed the organization's cash position and analyzed its liquidity needs. Following this, they presented alternative cash management solutions aimed at optimizing returns while

maintaining appropriate access to funds. Their recommendations focused on strategies to enhance yield without compromising safety or liquidity.

VIII. PROGRAM REPORTS

A. COMMUNITY SUPPORT SERVICES, *Ms. Lacey Fisher-Curtis*

1. **Program Update** – Ms. Fisher-Curtis gave her program update. She noted there were two coordinator changes: Raven Neal is the new RAAI Coordinator, and Courtney Ross is the new DD Residential Services Coordinator. She also mentioned that the Trunk or Treat for RAAI will be on October 12th – more information is available on the website.
2. **Residential Vacancies** – Ms. Fisher-Curtis reported that the Galveston Group Home is now filled and a move-in for Devon is planned, with both expected to be removed from the vacancy list next month. The only vacancies which remain are in the apartment programs, Ross ICF, and Myers Drive.

For Mental Health Residential, there were a few September moves in and out but no significant changes. PSH also reported no major changes.

Regarding Respite at Myers once it becomes partially residential, Ms. Fisher-Curtis stated it will continue as both an overnight and day program. Two beds will remain reserved for respite. Residents will not participate in respite day support and will continue with their own daytime activities.

When asked about filling the remaining vacancies, Ms. Fisher-Curtis said they are confident they will be filled within the next few days.

B. CRISIS INTERVENTION SERVICES, *Ms. Amy Jindra*

1. **Program Update** – Ms. Jindra provided her program update.
2. **Sunshine Lady House** – Ms. Jindra said they had a total of 190 bed days for 58% utilization. The program had 68% utilization in the month of July, so they are hopeful they will keep moving towards the 75%. The house provided medically managed detox for 3 individuals for a total of 17 days. They also admitted 37 individuals and they had quite a few referrals from outside the area that they had to deny.

C. CLINICAL *Ms. Jacque Kobuchi*

1. **Program Update** – In addition to her program update, Ms. Kobuchi announced that it is National Co-Responder Recognition week. Ms. Umble has made some online posts (that the group is more than welcome to go and like) for them and they celebrated with Spotsylvania County yesterday and will do some celebrating with Stafford as well. In August, they had one of their peers present at the VA Peer Conference on Hearing Voices Network. They are beginning to screen people for the new Fredericksburg Therapeutic Docket in the Specialty Dockets program – and they expect to have the first participant this month.
2. **State Hospital Census Report** -Ms. Kobuchi shared that there are currently three individuals on the Extraordinary Barriers List. They have 31 individuals that are at state hospitals receiving treatment.

3. **Emergency Custody Order (ECO)/ Temporary Detention Order (TDO) Report – August 2025.** Ms. Kobuchi stated that Emergency Services staff completed 181 emergency evaluations in August. Sixty-three individuals were assessed under an emergency custody order and seventy-five total temporary detention orders were served. Staff facilitated two admissions to Western State Hospital, one admission to Catawba, two admissions to Northern Virginia Mental Health Institute along with one admission to Piedmont Geriatric Facility. A total of eight individuals were involuntarily hospitalized outside of our catchment area in August. Data reports were submitted.
4. **CIT and Co-Response Report-** Ms. Kobuchi reported that the CIT Assessment Center served 23 individuals in the month of August. 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 Spotsylvania Co-Response Team served 27 individuals in August and the Stafford team served 32. They are still recruiting for the Fredericksburg Co-Response Therapist position. They also had 9 local dispatchers who were trained in our Crisis Intervention Training.
5. **Same Day Access** – Ms. Kobuchi reviewed data on outpatient clinic intakes and the percentage completed through Same Day Access. She noted significant increases at the Caroline and Stafford clinics, which had struggled in the previous month. She suggested that most other clinics may be approaching their capacity for Same Day Access, with many clients opting for scheduled appointments instead. At the Spotsylvania Clinic, all adult intakes were completed through Same Day Access, while children's intakes were primarily scheduled. Ms. Kobuchi explained that parents often prefer scheduled appointments for their children due to school and work schedules, making Same Day Access less effective for that population. She emphasized the need to balance intake capacity with the ability to provide ongoing services.

Mr. Parcell observed that a 60–80% Same Day Access rate appears to be the new normal, with any increase requiring additional staff positions. Ms. Kobuchi agreed, noting that expanding Same Day Access for children would require significantly more staffing to allow walk-ins at any time, which is not currently feasible.

Mr. Zurasky asked whether Spotsylvania's experience was unique in terms of children and Same Day Access. Ms. Kobuchi clarified that it was not unique, but that Spotsylvania had excelled in serving adults exclusively through Same Day Access, with no scheduled adult appointments in the past month. She confirmed that beginning next month she will report Same Day Access data for adults only.

D. COMPLIANCE, Ms. Stephanie Terrell

1. **Program Update** – Ms. Terrell informed the Board that she received a call earlier today from the licensing specialist. A site visit to the Myers location is scheduled for tomorrow. Based on this timeline, she anticipates that the Myers

facility will receive its license for the group home respite program by the end of the month.

2. Quality Assurance Report August – Ms. Terrell stated the Quality Assurance staff completed chart reviews for the following programs for August: Substance Abuse Outpatient: Spotsylvania, and Mental Health Outpatient: Fredericksburg. Corrective Action Plans were submitted for all discrepancies.

3. Licensing Reports – Ms. Terrell said we received approval for nine CAPs during the month of August. Six of the CAPs were related to the annual Office of Licensing inspections of Developmental Disability (DD) Services. (Galveston Group Home, RAAI (group day and community engagement services), Myers Respite, DD Support Coordination, and Sponsored Placement). Two were related to late reporting (Emergency Services and Act South) and one (Galveston Group Home) was the result of a substantiated allegation of abuse. CAPs were provided with additional details regarding the citation and RACSB's response.

The Board moved to approve the Licensing Reports

ACTION TAKEN: The Board approved the Licensing Reports

Moved by: Ms. Carol Walker

Seconded by: Mr. Shawn Kiger

E. COMMUNICATIONS, Ms. Amy Umble

1. Communications Update – Ms. Umble distributed the VACSB Legislative Priorities and the September Employee Newsletter to the Board. She also introduced the *Get to Know a Hopestarter* questionnaire, which she intends to send to each Board member. The purpose of the questionnaire is to help RACSB staff become more familiar with the Board members and strengthen internal connections.

F. PREVENTION & EARLY INTERVENTION, Ms. Michelle Wagaman

1. Program Update – Ms. Wagaman provided her program update. Top 5 for September include: a) another successful ACE Interface train-the-presenter was held August 27-29, 2025 with 19 new certified presenters. b) Healthy Families Rappahannock Area is gearing up for a graduation carnival being hosted by Jubilation 55+community on September 13, 2025. c) Stafford County Board of Supervisors recognized RACSB with proclamation for efforts to address the opioid epidemic. d) RACSB trained a record 335 in REVIVE in August! e) September is Suicide Prevention Awareness Month, special Lock and Talk Campaign.

2. Suicide Prevention Initiatives- Ms. Wagaman reported that RACSB continues to lead suicide prevention efforts through a variety of initiatives. These include ongoing trainings, safe messaging campaigns, and the distribution of lethal means safety devices as part of the Lock and Talk Virginia program. She also presented the Board with the Fiscal Year 2025 Year-End Summary, highlighting key accomplishments and program impacts.

The Board took a ten-minute break

G. FINANCE, *Ms. Sara Keeler*

1. **Program Update** – Ms. Keeler reported that she had a productive interview for the accounting coordinator position this week and is hopeful the position will be filled soon.
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 for July.

ACTION TAKEN: The Board approved the financial summary for July.

Moved by: Mr. Matt Zurasky

Seconded by: Ms. Bridgette Williams

H. HUMAN RESOURCES, *Mr. Derrick Mestler*

1. **Program Update** – Mr. Mestler reviewed information requested by a Board member on performance evaluations and bonuses.
2. **Applicant and Recruitment Update** – Mr. Mestler noted that for the month of August, RACSB received 520 applications. Of the applications, 80 applicants listed the RACSB applicant portal as their recruitment source, 20 stated employee referrals as their recruitment source, and 420 listed job boards as their recruitment source. At the end of August, there were 15 open positions, 11 full-time, 4 part-time.
3. **Turnover Report** – Mr. Mestler shared that HR processed a total of 13 employee separations for the month of August. Of the separations, 9 were voluntary, and 4 were involuntary. In FY 2026, the top three positions for turnover are Direct Support Professionals, LPNs and RNs, and Support Coordinators. The top three programs for turnover are Residential, Day Support, and Crisis Stabilization.

Mr. Parcell requested historical annualized averages for the data on page 134, comparing last year's running average to this year's.

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

1. **Program Update** – Ms. Williams referred to her report and highlighted a new initiative: VACSB is leading efforts to map all CSB data requirements. While the Governor has discussed a 25% reduction in administrative burden, this has not been reflected in state reporting requirements. A CSB subgroup is currently mapping required data elements, as new and disparate reporting requirements continue to be introduced.
2. **Performance Contract**-Ms. Williams reported on the DBHDS Performance Contract previously discussed at the August Board meeting. The contract was posted for the required 30-day public comment period, with no comments

received, and sent to all localities for approval. Four of the five localities have approved; King George has not yet acted. If King George does not respond by September 30, 2025, approval will be assumed per Virginia Code.

Ms. Williams requested Board approval to enter into the contract with DBHDS as the next step following local review. In response to Mr. Parcell's question, she confirmed that the contract becomes effective September 30, 2025, regardless of King George's action per Virginia Code.

The Board moved to approve the DBHDS Performance Contract.

ACTION TAKEN: The Board approved the DBHDS Performance Contract.

Moved by: Ms. Claire Curcio

Seconded by: Mr. Shawn Kiger

- 3. Legislative Updates & Priorities** – Ms. Williams reported on items expected to bring large-scale changes, focusing on DBHDS Funding Actions, the impacts of recent federal-level actions, and most importantly, the Virginia DMAS Behavioral Health Redesign. She explained that the Behavioral Health Redesign is a Virginia-specific Medicaid change that will completely end some long-term services previously offered under community mental health and rehab and significantly change expectations for others.

Locally, this impacts several of our programs. Psychosocial Rehabilitation, which is our Kenmore Club, Mental Health Residential, which is built under MHSS Services, and Case Management Services will all be directly affected by the redesign. These services are proposed to be replaced by a new model called Community Psychiatric Support and Treatment Services. This new service relies heavily on licensed professionals, requires licensed coverage around the clock, and limits each licensed professional to supervising no more than nine staff members. Our current programs employ minimal licensed professionals, which makes compliance with these requirements particularly challenging.

The VACSB has made this issue its top advocacy priority and is working to push for a delay in implementation. Mr. Zurasky asked if representatives have been briefed, and Ms. Williams confirmed that they have. She noted that there has been targeted advocacy with members of the Behavioral Health Commission as well as with the Appropriations Committee. Ms. Curcio requested that Ms. Williams send the Board a short paragraph of talking points. Mr. Parcell asked if it would be beneficial for the Board to send a letter to the Behavioral Health Commission and other relevant committees. Ms. Williams agreed that a letter would be helpful, but advised waiting for guidance from VACSB so that the language used remains consistent across organizations. The VACSB draft policy and advocacy document was released on September 9 and will remain open for informal comment until September 21.

Ms. Williams added that the system is mobilizing to “divide and conquer” by creating sample comments. She will share those resources with the Board and,

for anyone who wishes to participate directly, she will also provide brief instructions on how to submit comments through the Townhall website.

4. **DBHDS CSB Operational Review Update** – Ms. Williams reported on the second follow-up review. The DD Waiver “Active Without Services” remains an outstanding issue and will be reviewed again in one year to confirm corrective action.

Mr. Zurasky clarified that this involves 14 consumers with waivers but no services, not partial services. Ms. Williams confirmed. He asked how long individuals have been in that status. Ms. Williams noted it varies: some are due to valid reasons, such as a death requiring administrative steps before removal, while others should have been updated more promptly.

5. **Joe and Mary Wilson Community Benefit Fund of Mary Washington Hospital and Stafford Hospital Community Benefit Fund** – Ms. Williams announced that the RACSB has the opportunity to apply for \$99,554 in funding through these funds targeted to continuing to provide a therapist within the Fredericksburg City Public Schools.

The Board moved to approve the application for funding.

ACTION TAKEN: The Board approved the application for funding.

Moved by: Mr. Ken Lapin

Seconded by: Ms. Nancy Beebe

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

Mr. Wickens announced the purchase of the RGI building at 4701 Market Street. Work is underway with the architect, and a consultant specializing in crisis services, TBD Solutions, has been hired to ensure a strong final plan. The project remains on track for an April 2027 completion. He noted that Senator Durant’s office has reached out regarding a ceremony, with potential dates in mid-October, including October 17. The Senator’s office is coordinating with the Governor’s office to confirm availability. Further details will follow.

X. **BOARD TIME**

- A. Ms. Gayle, thank you all, this was a busy night and very good.
- B. Ms. Slyer, thank you for all the hours behind the scenes it took to put all the reports together, it’s really great for our community we appreciate it, thank you.
- C. Mr. Kiger, thank all the staff for a good job.
- D. Ms. Curcio, I appreciate the detailed reports and the concise summaries.
- E. Ms. Beebe, I always liked to have the meetings in the morning because it gave me time to decompress. Thank you, you’re all doing a great job.
- F. Mr. Zurasky, thank you for all your inputs, and in particular, please let us know Brandie what we can do to help – data just for data sake makes absolutely no sense – and so I would personally like to help to resolve that.
- G. Mr. Lapin, thank you all for what you do, as always.
- H. Ms. Haynes, it’s hard work all that you do, I was a social worker for a number of years so I know the heart and hard work that goes into it to show up every day, and also

caring for yourselves in the process, so thank you.

XI. 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
Susan Gayle – Voted Aye
Tiffany Haynes– Voted Aye
Shawn Kiger – Voted Aye

Jacob Parcell – Voted Aye
Matthew Zurasky – Voted Aye
Ken Lapin – Voted Aye
Carol Walker – Voted Aye
Susan Slyer – Voted Aye

The meeting adjourned at 6:30 PM.

Board of Directors Chair

Executive Director

Board Core Behaviors



Open and Honest
Communication



Ask
Tough Questions



Next Level
Decision Making

Community Support Services Board Report October 2025

Developmental Disabilities (DD) Day Support (RAAI) - Raven Neal

RAAI is currently supporting 121 individuals. We are currently assessing 9 individuals across all sites, and have 6 with start dates already established. Average Community Engagement hours continued to rise, and budgets are looking better. By keeping census consistent with available staffing and maximizing community engagement efforts, we are heading in the right direction. The average community engagement for August was 4.056 hours. Assistant Coordinator position has been filled by Jessica Jones, who started on September 29th. Currently, there are 7 open positions with interviews occurring across the program.

The Community Only program is adopting a highway! They will be adopting Caroline St. in Downtown Fredericksburg. This is a great opportunity for volunteerism that will benefit all RAAI sites. Supplies to include safety vests, signage, trash grabbers, and bags will be obtained from the Parks and Recreation office at Loriella Park. This is a three-year commitment with a minimum of two required clean ups a year. Trunk or Treat is Sunday, October 12th at 4:30 pm.

Developmental Disabilities (DD) Residential Services - Courtney Ross

One individual moved into Galveston Road Group Home on 9/5 and one individual moved into Devon Drive Group Home on 9/26. At a minimum, we are projecting move-ins for October that will fill one apartment vacancy at Merchant Square SAP. We also have three individuals slated for permanent beds at Myers Drive now that DBHDS approved the service modification effective 9/17.

Courtney Ross was promoted to the position of DD Residential Coordinator. Sharika Mitchell and Paul Mueller continue in their roles as Assistant Coordinators. Courtney was an Assistant Coordinator for the program for the past 9 years. Paul and Sharika have both accepted this change with positivity as well as continued motivation in their positions. Sharon Danielson has been hired into the agency as the Assistant Manager at Igo Road Group Home which now brings our management team back to full capacity.

Paul Mueller worked diligently to complete an extensive application process and received confirmation this month that DBHDS approved a customized rate for an individual with extensive support needs who lives at Ruffin's Pond Group Home and requires 1:1 staffing support during peak hours.

Developmental Disabilities (DD) Support Coordination Services - Jen Acors

We continue to work on connecting individuals who were awarded a DD waiver slot in late August with DD Waiver Services. We welcomed 2 new staff, Shannon Gaskins and Andrea Zehmer. We have two additional staff starting this month and are completing the interview process for another two positions.

Mental Health (MH) Residential Services - Nancy Price

Home Road had two individuals discharge from MH Residential into their own apartments in the community. One individual from Home Road transitioned to River Place SAP, with less support. Lafayette Boarding House admitted one resident from the community. Another individual from Lafayette began a trial pass at Home Road in September, and is expected to fully transition in early October.

PSH currently has 79 clients enrolled. There are four (4) community referrals that are in motels paid for by PSH while in the process of securing permanent housing, and two (2) individuals who are incarcerated and are working with the PSH team to identify housing. PSH has opened their referrals to the community and local jails again. We have four (4) spots slated for Western State referrals, four (4) spots slated for our community outreach worker, and four (4) spots slated for community referrals, bringing the total of PSH to the approved budget rate of 91 clients total.

Amenah Price and Nancy Price attended the 2-day QMHP Supervisor Training in Colonial Heights, Va. This 16-hour training provided the required training in order to provide supervision to QMHP's, QMHP-trainees and BHT's.

Psychosocial Rehabilitation: Kenmore Club - Anna Loftis

In September, we saw the return of our student active observers, and are jumping into the holiday preparations. We hosted our luau themed talent show, and have had two football watching weekend programs so far. Coming up in October, we have a Halloween party, and preparations for our big yard sale in November.

Memorandum

To: Joe Wickens, Executive Director

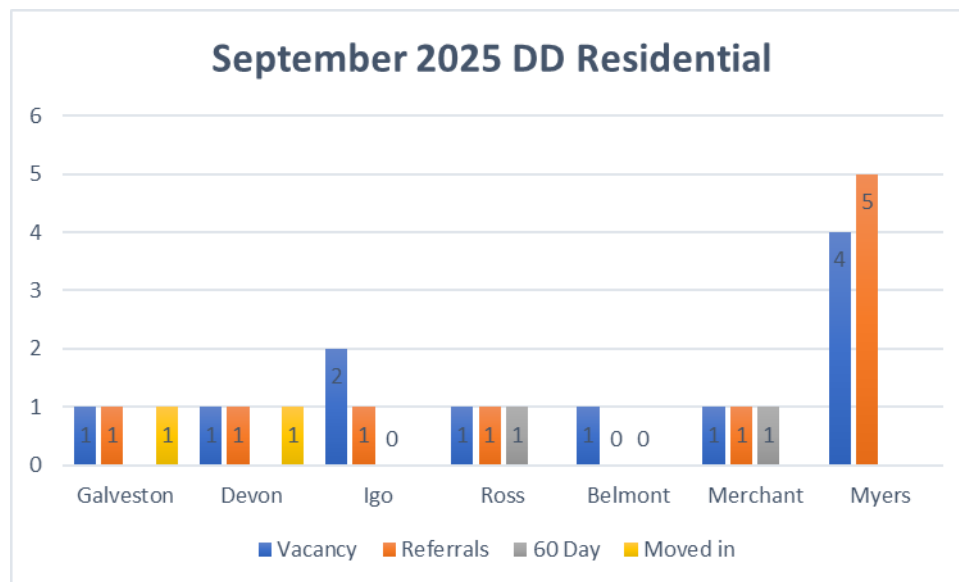
From: Lacey Fisher Curtis, CSS Director

Date: October 6th, 2025

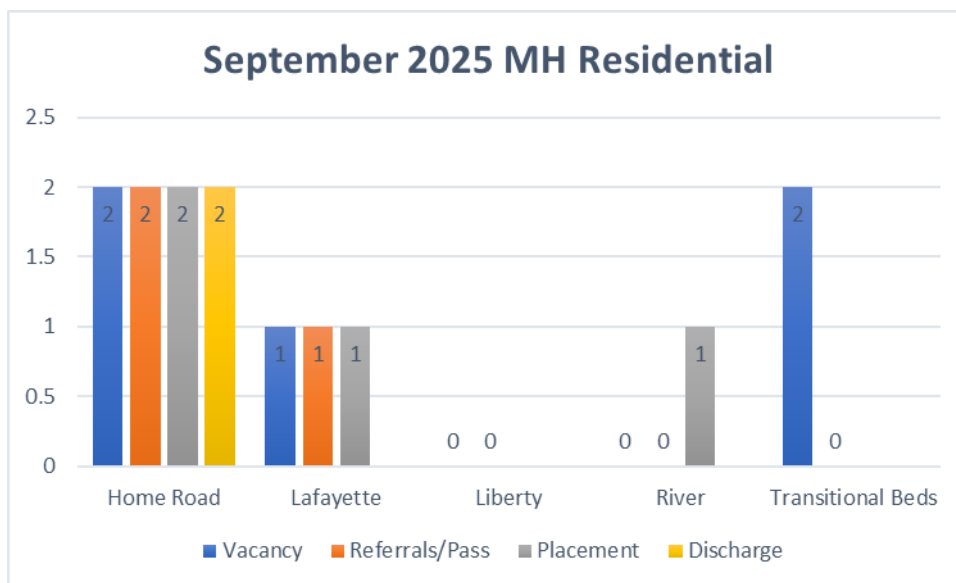
Re: Developmental Disabilities and Mental Health Residential Vacancies

RACSB residential programs continue to provide vital 24-hour care to individuals with intellectual developmental services as well as those individuals with serious mental illness.

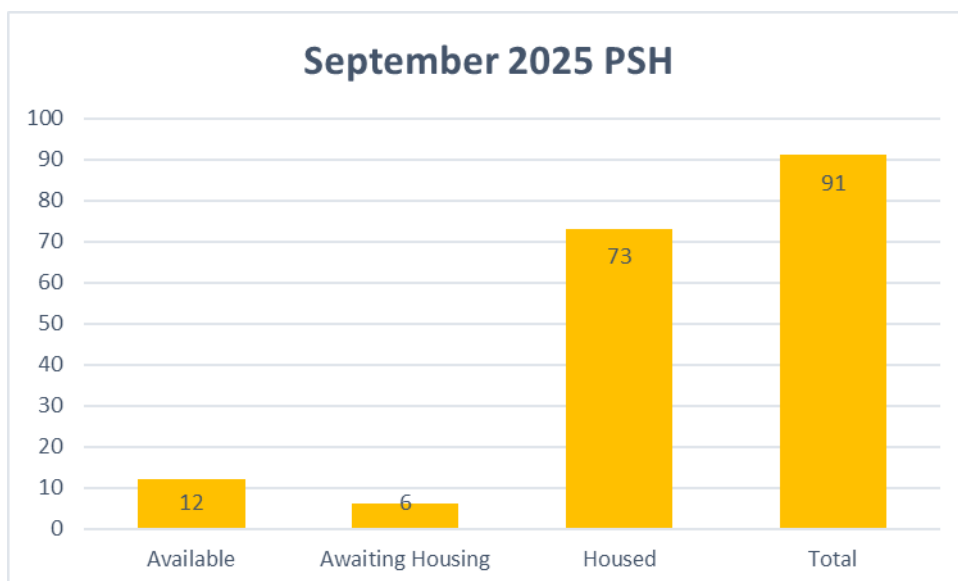
In September, DD Residential services supported two individuals with moving into Devon Drive and Galveston Road Group Homes, both of which are now full. Ross ICF and Merchant Square have individuals with move-in dates scheduled for October and November. Igo Road has two vacancies and is assessing one individual currently. Transitioning Myers from a 6 bed respite to a combined 4 bed resident and 2 bed respite program, has opened the opportunity to support 4 more individuals in a permanent setting. Myers has obtained the license and is in the process of setting move-in dates within the next 90 days for 4 individuals.



Mental Health Residential services enrolled 2 new individuals into programming and two internal individuals transitioned to lower level of support apartments. Two individuals graduated into their own community apartments. There were two Community referrals that came on pass during September and enrolled, and one internal for step down services. The two transitional beds remain vacant.



Permanent Supportive Housing (PSH) has 73 individuals currently housed. The program has 6 individuals as of August awaiting placement. PSH provides case management to those individuals who are awaiting housing. The program has received approval to open the remaining 12 slots; 4 dedicated to those coming from state hospitals, 4 from community referrals, and 4 from the Community Outreach Manager.





Crisis Intervention Services Program Updates

October 2025

Crisis Intervention Services, Amy Jindra

During the month of September, the crisis intervention services division continued to work towards the development of the crisis receiving center. Floor plans for the new facility were revised and revised again with the additional guidance of TBD Solutions, RACSB's consultant. Additionally, the division director had the opportunity to attend the Crisis Con annual conference in Indianapolis. Crisis Con included a tour of a psychiatric urgent care with 23-hour observation services and other emergency services. In addition, the conference included valuable sessions on crisis services, best practices, and leadership training exclusively for psychiatric crisis services. The director also had the opportunity to attend Emergency Services staff and CIT stakeholders' meetings.

Assertive Community Treatment (ACT) - Sarah McClelland

The Assertive Community Treatment (ACT) Teams are pleased to share several exciting accomplishments from September 2025. Both teams achieved outstanding results in our internal compliance audit, with ACT North earning a perfect 100% score and ACT South close behind at 99%. This success is a true reflection of the dedication, leadership, and teamwork of our staff. We also received 65 shoe vouchers from the Salvation Army, which are being distributed to clients in need so they can purchase new shoes at Shoe Show in the mall. Additionally, our Peer Specialist, Dianna Sloat, led a highly engaging cooking class at the ACT South office focused on nutrition and meal planning. Dianna demonstrated how to make turkey chili and showed participants how one meal could be transformed into four different dishes. Fifteen clients attended, enjoying both the learning experience and the delicious meal-see attached pictures (media releases on file). ACT continues to provide in-service trainings to community programs to enhance understanding of our referral process, strengthening collaboration across services. Our census continues to grow steadily, with 66 clients currently enrolled and two more intakes pending. Every day, our team witnesses small but meaningful successes in the lives of our



clients, made possible through the compassion, commitment, and hard work of our incredible staff.



Sunshine Lady House, Crisis Stabilization, Latroy Coleman

SLH received 56 prescreens in the month of September 2025. Forty individuals were admitted into the program. Six individuals were not able to admit due to medical acuity, including needing a higher level of medical support for medically managed detox.

We hired a mental health residential specialist. We are excited for her to start new employee orientation at the end of October. The nursing team continues to experience a significant shortage. Since July, the team has lost two full-time nursing staff and two PRN staff. This has caused a greater strain on coverage. We are working hard to interview possible candidates for the open positions. SLH has appreciated the onboarding and coverage of the two psychiatrists to the medical team. We are grateful for the Fredericksburg coordinator and front desk staff for their willingness to assist with appointments.

Memorandum

To: Joe Wickens, Executive Director

From: Amy Jindra, CIS Director

Date: October 9, 2025

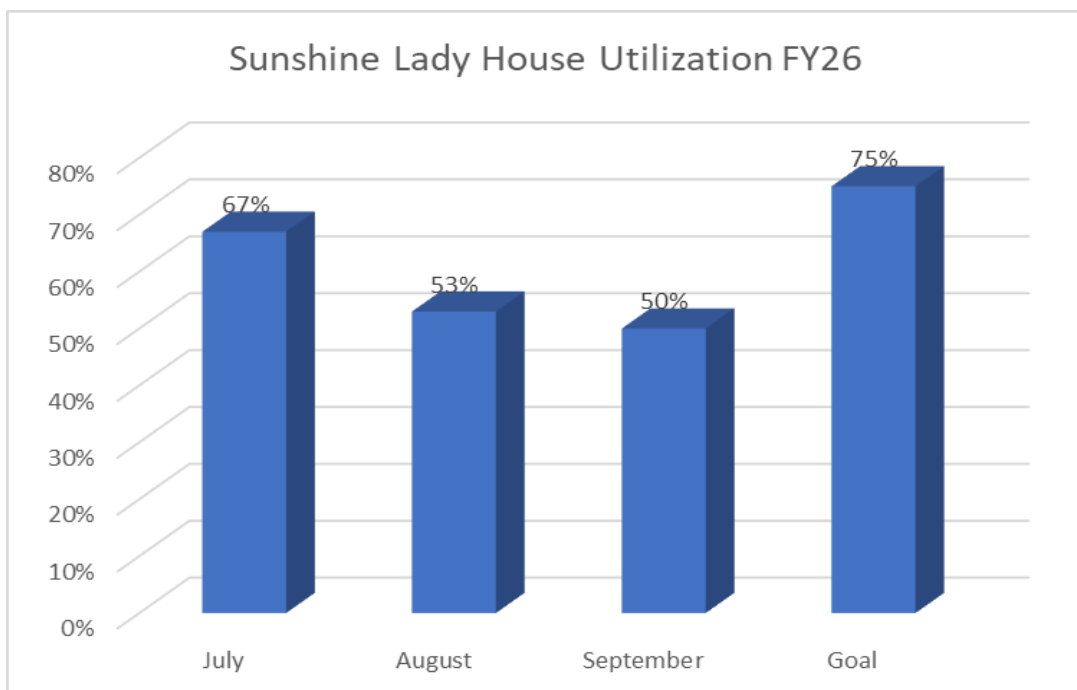
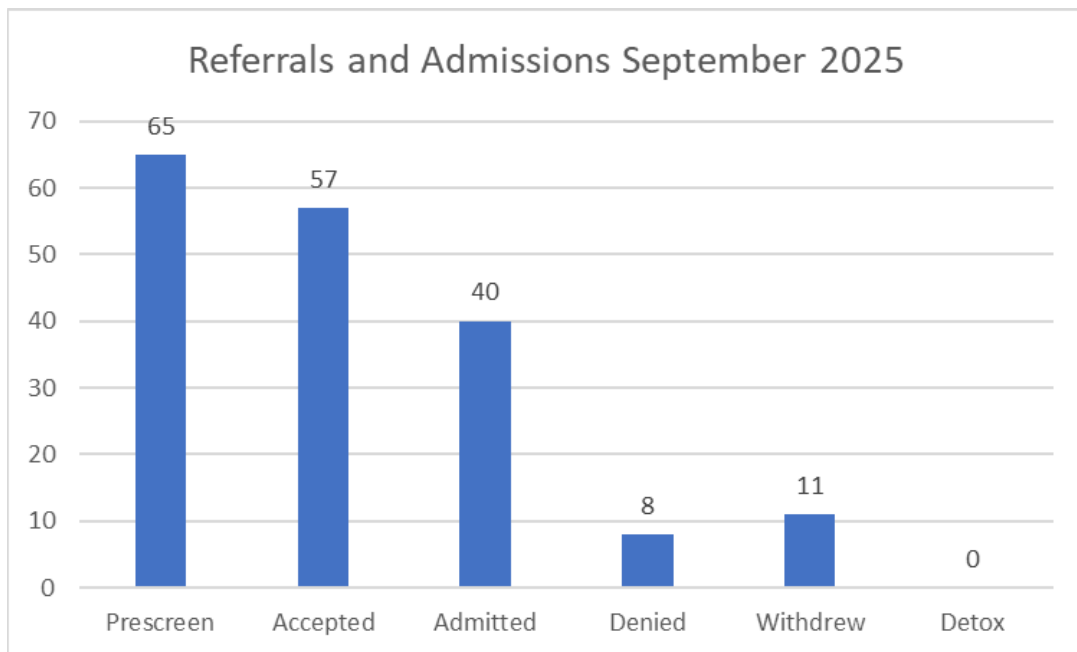
Re: Sunshine Lady House Utilization

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%.

During the month of September, Sunshine Lady House (SLH) received 65 prescreens. Of the 65 referrals, the program accepted 57 or 88%. The program had 6 referrals that required further medical treatment prior to admittance, including needing a higher level of medically managed detox. Sunshine Lady House denied 2 referrals due to recent aggressive behaviors.

The program continues to serve as a regional adult residential crisis stabilization program. Consequently, 5 of the 65 referrals were for individuals outside of RACSB's catchment. The program received referrals for Valley and Encompass community services boards. SLH admitted 2 of the 5 referrals.

The program admitted 40 individuals for a total of 181 bed days or 50.3%. In order to promote access to services, SLH staff attend weekly meetings with local hospitals, reach out to emergency services, community providers, and other RACSB services. The program strives to provide around the clock access with intakes occurring any time of the day.



To: Joseph Wickens, Executive Director

From: Jacqueline Kobuchi, Director of Clinical Services

Date: 10/9/25

Re: Report to RACSB Board of Directors for the October Board Meeting

.....

Outpatient Services

Caroline Clinic - Nancy Love, LCSW

The Caroline Clinic completed 37 new patient intakes during September. Fifteen were seen the same day they called in. Nine were scheduled adult intakes, and 13 were scheduled child/adolescent intakes. The Clinic continues to offer two weekly substance use groups. The Clinic Coordinator presented at Caroline FAPT/CPMT's annual retreat about Caroline based services and RACSB services offered for youth and their families. Last month, the Clinic Coordinator attended Region One Leadership training and clinicians completed Competency Restoration Services training.

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

During the month of September, the Fredericksburg Clinic completed 102 intakes with adults seeking outpatient services. Out of 102 intakes, 78 were completed the same day they called in for services. Sixty-five intake assessments were completed over ZOOM while 37 intake assessments were completed in person. The Children's Services Clinic completed 24 intake assessments for outpatient services on children/adolescents (all scheduled intakes). Two Certified Peer Recovery Specialists have created a new drop in group for women who have experienced trauma, Healing Threads, which is offered in person on Monday afternoons and can address co-occurring treatment needs. One of our Mental Health Intake Therapists has started a wellness group for LGBTQ+ adults on Thursday evenings and we are excited to be able to provide this much-needed treatment option to the individuals we serve.

King George Clinic - Sarah Davis, LPC

The King George Clinic continues to offer two weekly Substance Use treatment groups. Group topics this month have included Effects of Alcohol, Effects of Cannabis, and Substance Use Jeopardy. In September, the King George Clinic completed 29 new patient intakes. Twenty-two of these intakes were completed through Same Day Access, six were child and adolescent intakes, and one was a scheduled intake for an adult.

King George staff attended trainings this month on Personal Rights and Ethics, Grievs Across the Ages: Supporting Children and Teens Training, Leadership Training, and Dialectical Behavioral Therapy. The King George Clinic will begin a Wellness Group in October that will focus on helping individuals with developing additional skills including mindfulness, stress management, balancing thoughts and feelings, stress management, building positive experiences, and self-care.

Spotsylvania Clinic - Katie Barnes, LPC

The Spotsylvania Therapists completed a total of 42 intakes in September. Twenty eight adult intakes were completed through Same Day Access. One adult assessment and thirteen child and adolescent assessments were scheduled. The clinic continues to offer two Substance Use groups weekly. The new Central Access Associate began this month. Two Mental Health Therapists passed their licensure exams becoming one step closer to obtaining Licensed Professional Counselors.

RACSB continues to employ a Child and Adolescent Therapist who provides Trauma Focused Cognitive Behavioral Therapy (TFCBT) at Safe Harbor Child Advocacy Center (CAC). The therapist attended the Seamless Conference that focuses on mental health training for professionals serving children through CACs.

The School-Based Therapist has resumed therapy at Hugh Mercer Elementary and James Monroe High School. This program is designed to increase access to mental health services to students who may be unable to access services outside of the school setting.

Stafford Clinic - Lindsay Steele, LCSW

During the month of September, the Stafford clinic met with clients in person, as well as virtually. Stafford clinicians completed 36 intakes for adults and children, 18 of these intakes were completed through same day access, eight intakes were children/adolescents and ten intakes were scheduled due to being hospital discharges. The child/adolescent therapist continues to engage in EMDR training and will be beginning consultation hours. The mental health therapist has a client that has been completing tasks between sessions and utilizing a mindfulness activity daily. There is one vacant therapist position currently, and the new therapist will begin in October.

Medical Services - Jennifer Hitt, RN

During the month of September, 95 individuals were assessed as new patients for medication management. Dr. Miller and Dr. Gomes both completed their board exam in the month of September. They will be provided with their results in December.

Case Management - Adult - Patricia Newman

The Adult MHCM Team would like to highlight the recent success of an individual receiving services. This young individual had resided in the woods for about one year. During their period of homelessness, our PATH CM, Jason McIntosh, regularly attempted to engage them in services; however, they would often retreat to their campsite and avoid interaction. Establishing and maintaining stability in one's mental health can be extremely challenging when someone is not housed. This individual entered into Sunshine Lady House after a hospitalization and then discharged to Micah Respite. This period of stability sparked their interest in more wrap around services. While at Sunshine Lady House, they enrolled in MHCM Services, applied for RACSB's Supervised Apartment Program and were referred to the Kenmore Club. They have since moved into Lafayette Boarding House and are an active member of the Kenmore Club. This individual has shown such great determination and has put in so much effort into building a bright future for themselves. They regularly thank staff for support and express their gratitude for the services that they are now receiving and are able to see the great progress they have made in such a short period of time.

Child and Adolescent Support Services - Donna Andrus, MS

Child and adolescent case management staff attended the Caroline County CSA Retreat and the Spotsylvania FAPT Case Manager training in the month of September. Staff were able to meet with CSA staff, FAPT and CPMT members and case managers from partner agencies. The Child and Adolescent Supervisor provided information at the Caroline County Retreat on the three different types of Child and Adolescent Mental Health Case Management services and the referral process. A success story, Child and Adolescent case management received a referral in the month of August for a teen girl that had back to back inpatient hospitalizations and was refusing to return home. The teen and her father wanted residential placement although no community based services had been attempted. Case management staff were able to meet with the child at the hospital and meet with the parent to gain a better understanding of the needs. Case management staff provided an alternate plan to residential out-of-home placement to support the teen and her parent in hopefully maintaining her in the home and community. The case manager coordinated with a private provider to offer a residential diversion service which provides intensive supports in the home up to 30 hours a week if needed and worked with the school to ensure supports were in place. The child has been able to stay out of the hospital, attend school and both child and parent feel the services are helping thus far.

Substance Use Services - Eleni McNeil, LCSW

During the month of September, interviews continued for the mobile recovery unit's (MRU) nurse practitioner. MRU staff attended training on driving the vehicle and a site was identified for Spotsylvania County. Mainspring Recovery and Recovery Centers of America presented on their inpatient treatment centers. Staff attended trainings on grief, ethics and non-violent communication.

Emergency Services - Natasha Randall, LCSW

During the month of September, Emergency Services celebrated several key accomplishments and milestones. Staff member Hannah Smith successfully obtained her Licensed Professional Counselor (LPC) credential. This achievement reflects her dedication to professional growth and strengthens the overall clinical capacity of the Emergency Services team.

Additionally, the Emergency Services Coordinator and Director of Clinical Services joined with our Co-Response Teams in Stafford County and Spotsylvania County to celebrate National Co-Response Week. This recognition highlighted the ongoing collaboration between behavioral health professionals and law enforcement in providing effective crisis response and community support. The celebration served as an opportunity to acknowledge the hard work, commitment, and positive community impact of our Co-Response Teams.

Specialty Dockets - Nicole Bassing, LCSW

During the month of September, Specialty Dockets continued to progress, welcome new participants and celebrate graduations. Adult Recovery Court added three new clients and finished the month with 34 active participants. Adult Recovery Court had two graduations and no terminations this month. The Rappahannock Veterans Docket finished the

month with 11 participants and did not have any new participants added. We celebrated one graduation this month and no terminations. We have completed evaluations for four participants who have been approved for the program and are awaiting court dates to enter. Spotsylvania Behavioral Health Docket currently has 11 participants after welcoming one new member this month. We did not have any graduations or terminations this month. The Juvenile Recovery Court welcomed three new participants to the program for a total of six. The Fredericksburg Therapeutic Docket welcomed our first participant in September and has begun operations.

Jail and Detention Services - Portia Bennett

The Rappahannock Juvenile Center has a current census of 47 residents. A total of 47 residents were seen for crisis, therapeutic, and medication management services in September. At the Rappahannock Regional Jail in September, a total of 161 individuals received crisis and/or therapeutic services and a total of 73 individuals received substance use services. Fifty-four individuals were seen by the Psychiatric Nurse Practitioner and 281 individuals are prescribed psychotropic medications. Darius Gray will be interning at the jail through a combination of the Jail Services program and the Specialty Dockets program. He is a master's student in Social Work from the University of South Florida.

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
Lacey Fisher – Community Support Services Director
Amy Jindra – Crisis Intervention Services Director
Nancy Price – MH Residential Coordinator
Sarah McClelland - ACT Coordinator
Jennifer Acors – Coordinator Developmental Services Support Coordination

SUBJECT: State Hospital Census Report

DATE: October 21, 2025

State Hospital	New	Discharge	Civil	NGRI	Forensic	EBL	Total Census
Catawba Hospital			1				1
Central State Hospital					1		1
Eastern State Hospital					1		1
Northern Virginia Mental Health Institute			1				1
Piedmont Geriatric Hospital	1	2	6				6
Southern Virginia Mental Health Institute				1			1
Southwestern Virginia Mental Health Institute							0
Western State Hospital	1	7	5	4	9	2	18
Totals	2	9	13	5	11	2	29

Extraordinary Barriers List:

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

Western State Hospital

Individual #1: Was placed on the EBL 12/12/2024. Barriers to discharge include working through the Developmental Disability (DD) Waiver process, identifying and being accepted to a group home as well as working through the guardianship process. This individual's Developmental Disability Waiver is now in place and they have been accepted to a group home. They will discharge from the hospital on 10/15/2025.

Individual #2: Was placed on the EBL 9/2/2025. Barriers to discharge include identifying and being accepted to an assisted living facility. This individual has a diagnosis of a neurocognitive disorder and continues to be resistant to discussing discharge plans. Their brother is assisting in obtaining their birth certificate and social security card, as these documents will be essential in the discharge process. They will discharge to the community once accepted to an assisted living facility.

MEMORANDUM

To: Joe Wickens, Executive Director

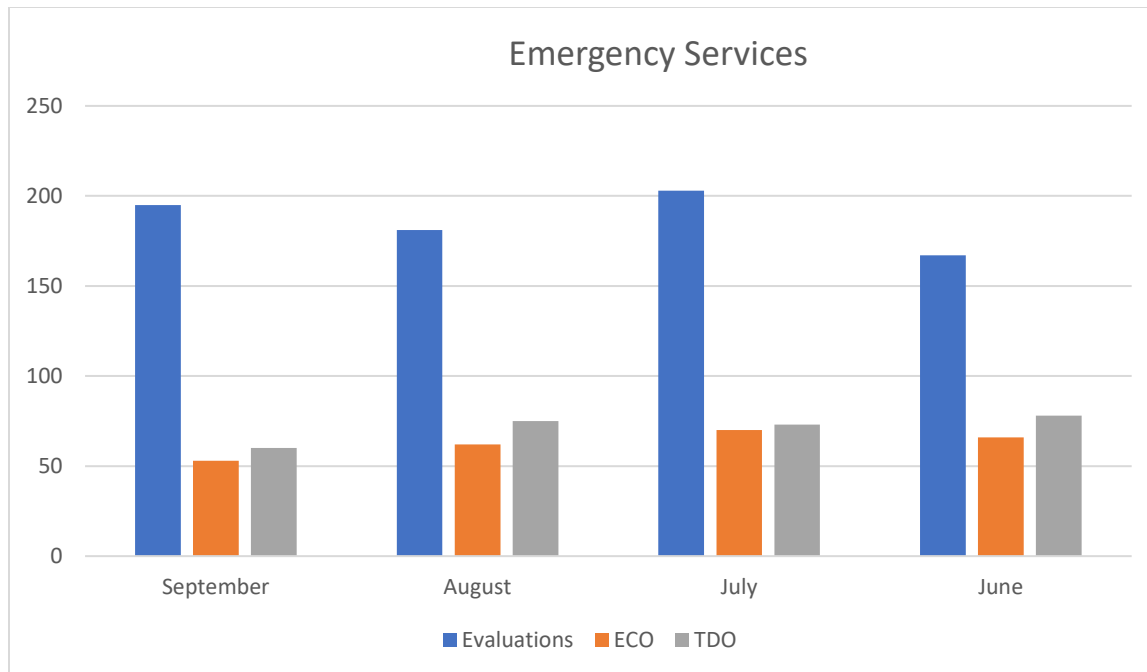
From: Natasha Randall, Emergency Services Coordinator

Date: October 5, 2025

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

In September, Emergency Services staff completed 195 emergency evaluations. Fifty-three individuals were assessed under an emergency custody order and sixty total temporary detention orders were served of the 195 evaluations. Staff facilitated one admission to Western State Hospital and one admission to Northern Virginia Mental Health Institute. A total of five individuals were involuntarily hospitalized outside of our catchment area in September.

Please see the attached data reports.



FY26 CSB/BHA Form (Revised: 07/01/2025)									
CSB/BHA	Rappahannock Area Community Services Board			Month	September 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	
195	22	31	53	60	2		58	60	1

FY '26 CSB/BHA Form (Revised: 07/01/2025)						
CSB/BHA	Rappahannock Area Community Services	Reporting month	September 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)
9/2/2025	118988	Adult (18-64) with ID or DD			YES	NVWHI
9/7/2025	119163	Adult (18-64) with ID or DD			yes	Western State hospital

RAPPAHANNOCK AREA

COMMUNITY SERVICES BOARD

MEMORANDUM

To: Joe Wickens, Executive Director
From: Natasha Randall, LCSW Emergency Services Coordinator
Date: October 5, 2025
Re: CIT and Co-Response Report

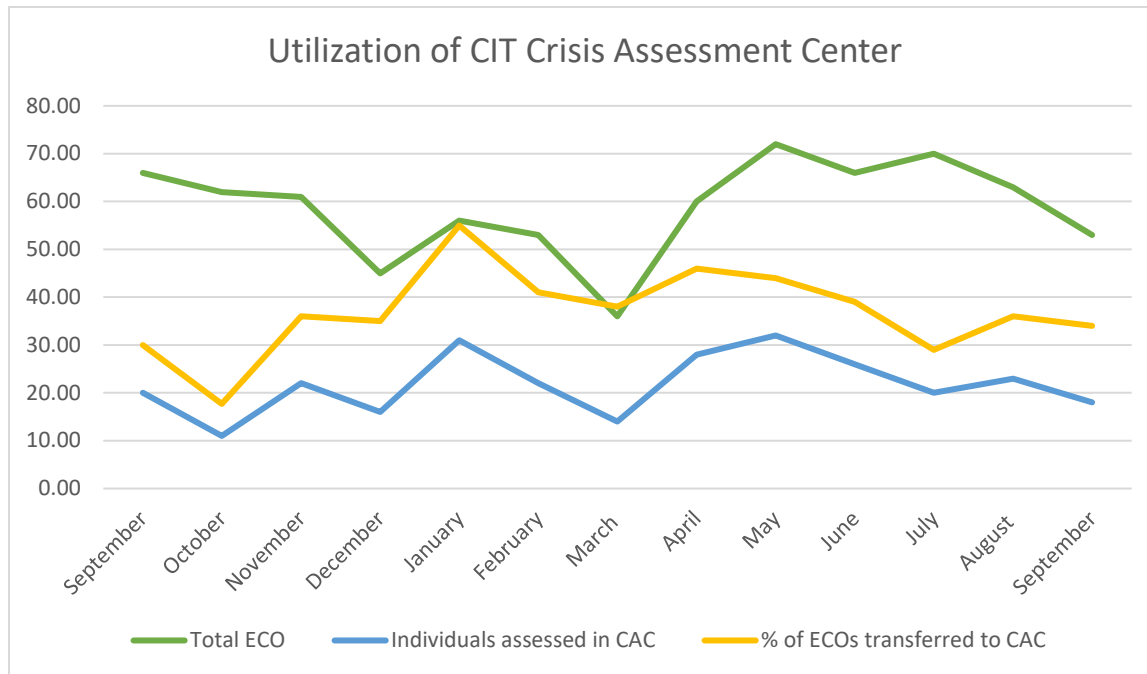
The CIT Assessment Center served 18 individuals in the month of September 2025. The number of persons served by locality were the following: Fredericksburg 4; Caroline 0; King George 0; Spotsylvania 8; Stafford 6; and 0 from other jurisdictions.

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

<u>Locality</u>	<u>Total ECO</u>	<u>Custody Transfer</u>	<u>Appropriate for</u>
		<u>to CAC</u>	<u>CAC if Capacity</u>
Caroline	2	0	2
Fredericksburg	12	4	8
King George	0	0	0
Spotsylvania	20	8	12
Stafford	19	6	13
<u>Totals</u>	53	18	35

RAPPAHANNOCK AREA

COMMUNITY SERVICES BOARD

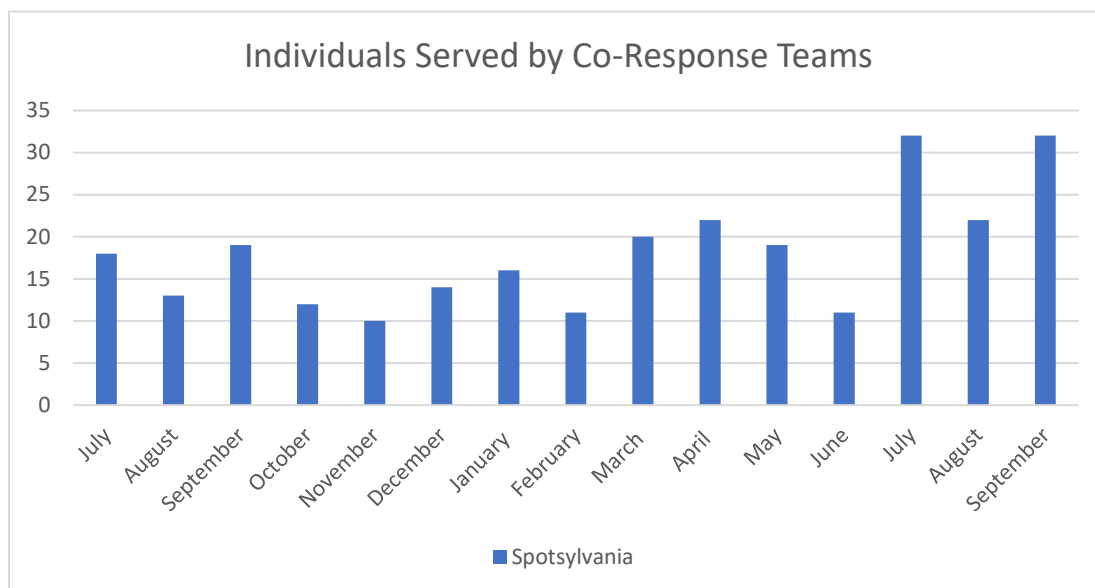
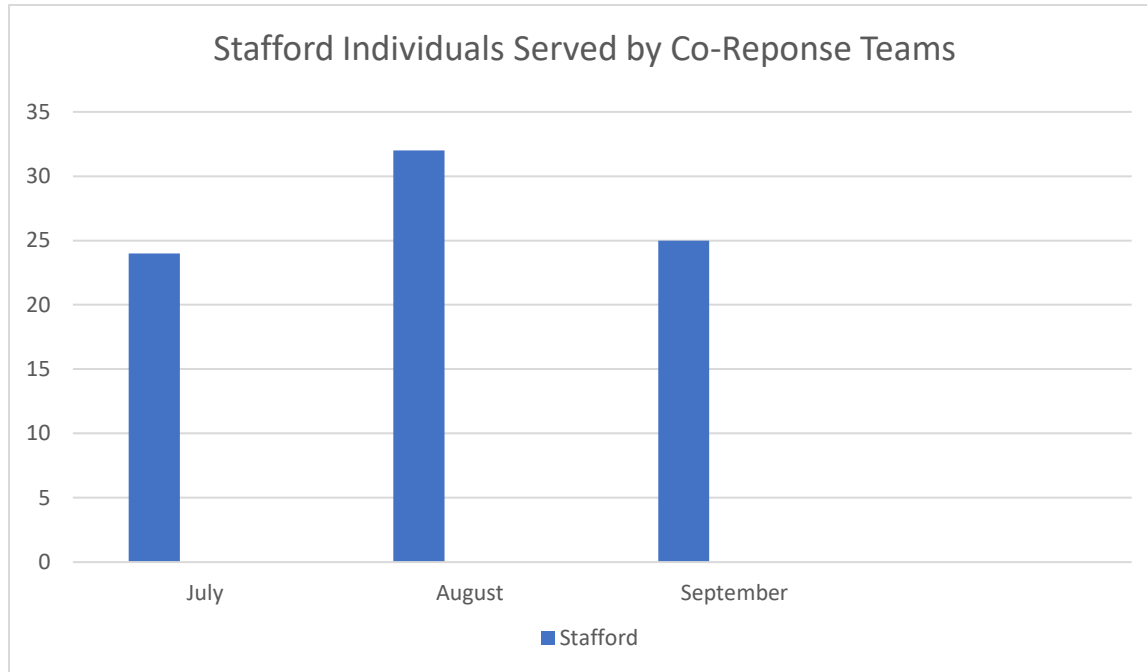


Co-Response

The Spotsylvania Co-Response Team served 27 individuals in September. The therapist for the Fredericksburg team remains vacant. Stafford Co-Response team served 32 individuals in September.

RAPPAHANNOCK AREA

COMMUNITY SERVICES BOARD



CIT Training

In September, the CIT team was able to train nine dispatchers in regards to mental health.

RAPPAHANNOCK AREA

COMMUNITY SERVICES BOARD

MEMORANDUM

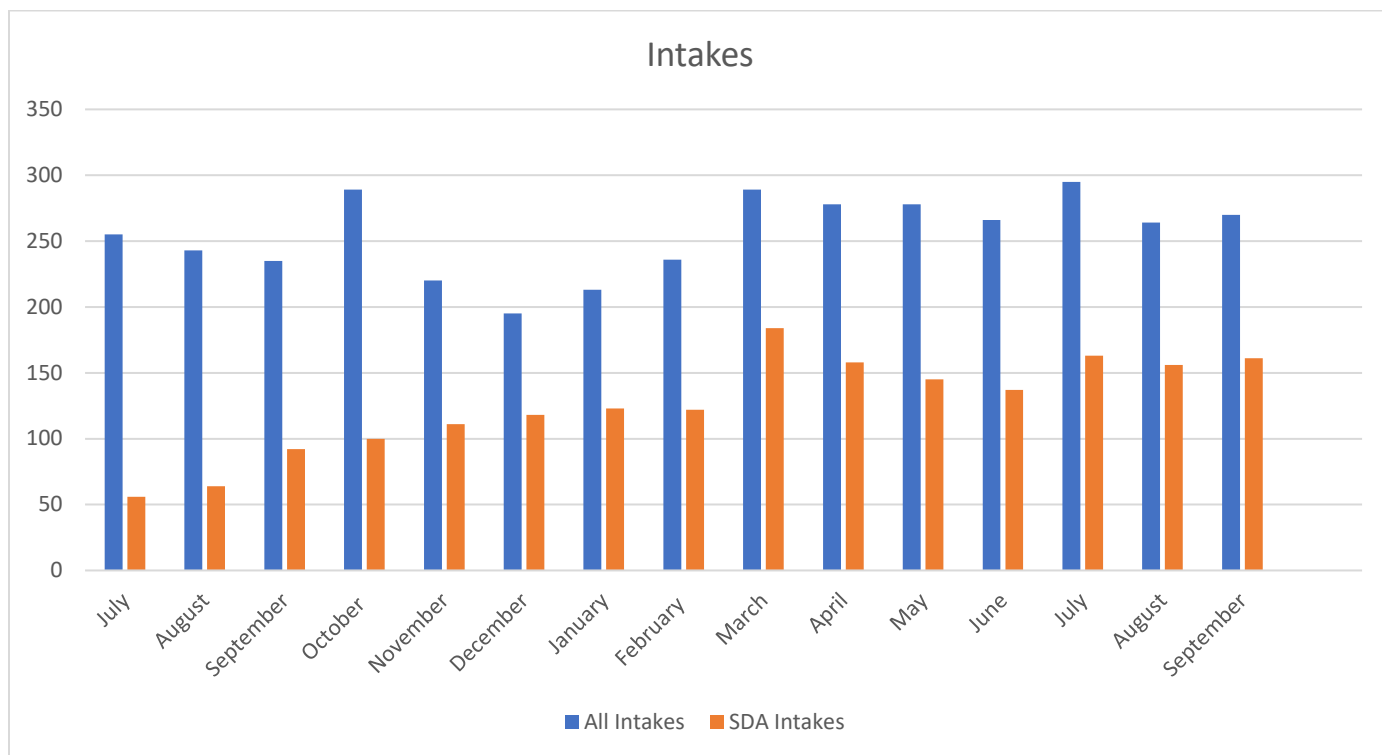
To: Joe Wickens, Executive Director

From: Jacqueline Kobuchi, LCSW, Director of Clinical Services

Date: October 9, 2025

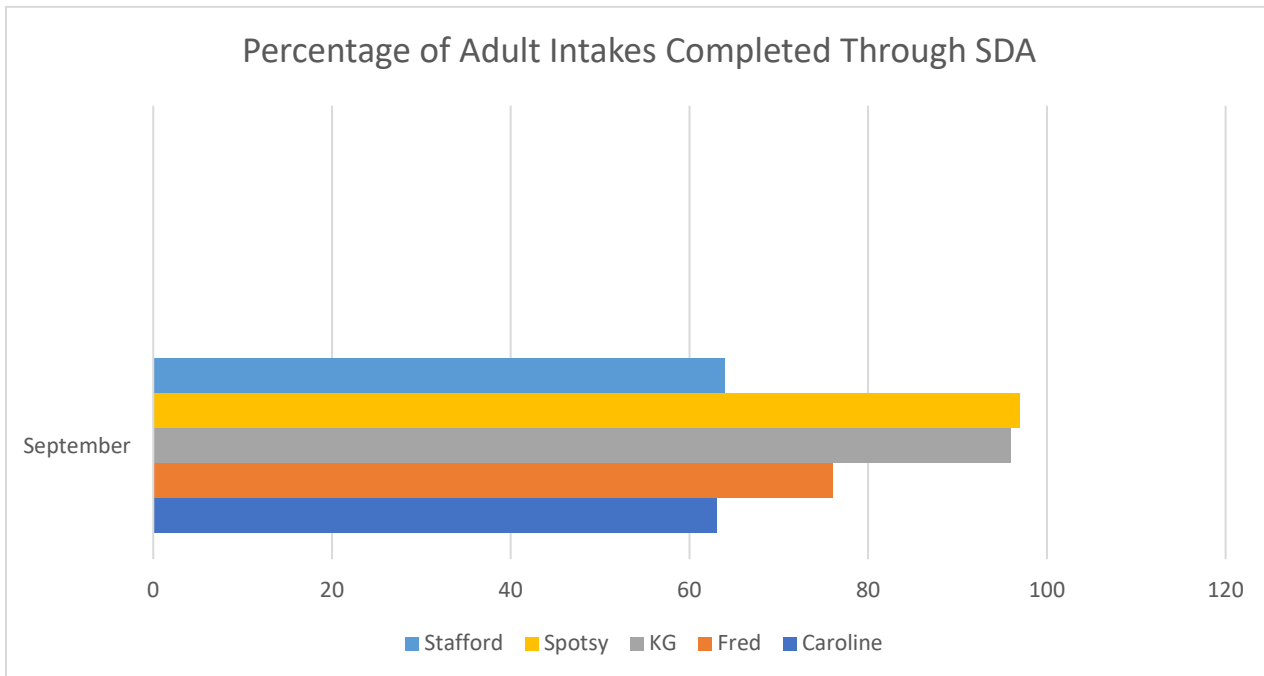
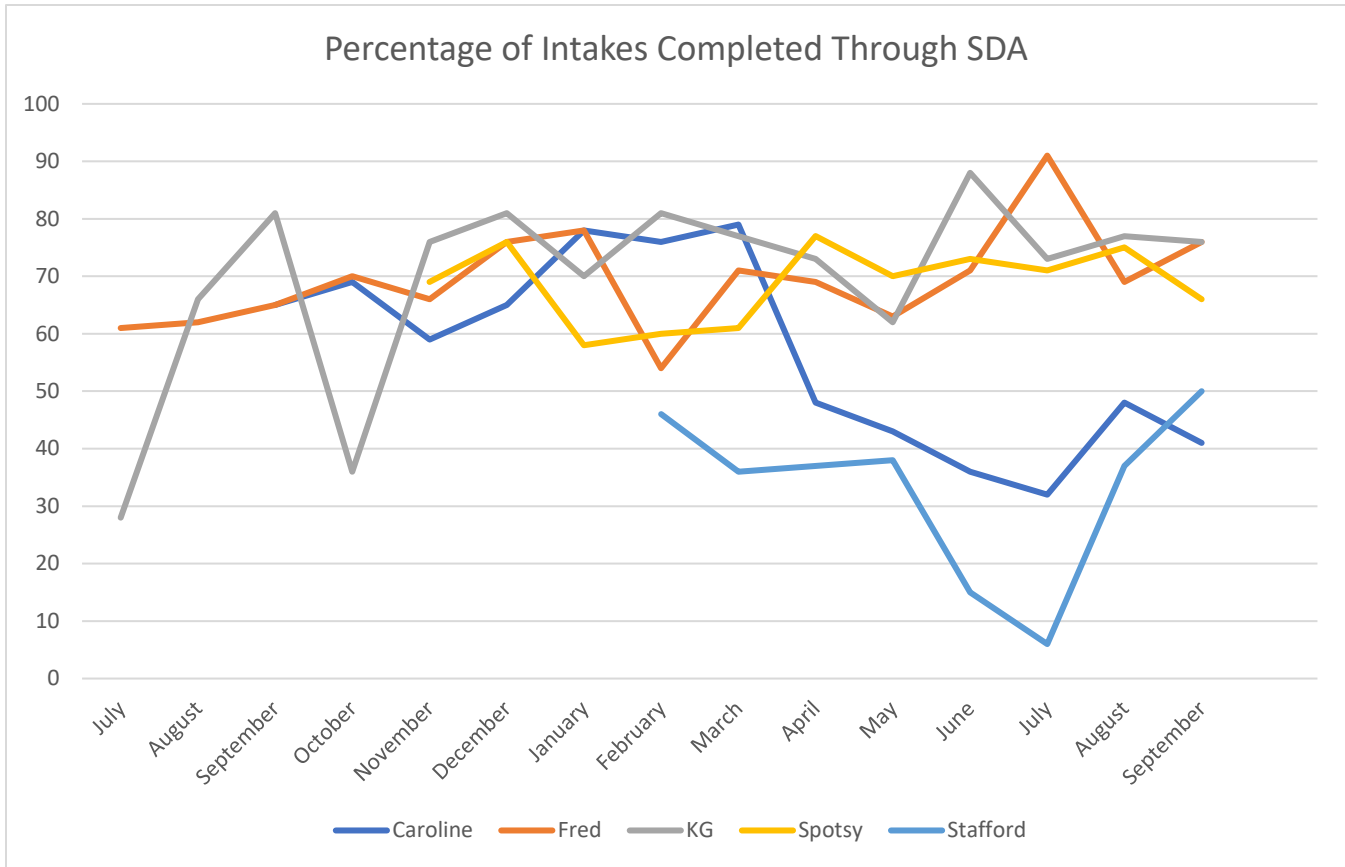
Re: Same Day Access

Below is data on the number of intakes completed at our outpatient clinics, and the percentage of those are completed through Same Day Access.



RAPPAHANNOCK AREA

COMMUNITY SERVICES BOARD



MEMORANDUM

To: Jacque Kobuchi, LCSW, Director of Clinical Services
From: Donna Andrus, Child and Adolescent Support Services Supervisor
Date: October 9, 2025
Re: C&A Case Management Residential Placement Quarterly Report

The Child and Adolescent Case Management has set the goal of tracking data and outcomes for children placed in out of home placements with the goal of reducing the number of children placed in out of home placements and decreasing the length of stay. The Child and Adolescent Case Management team works with each of our localities to provide intensive case management for children placed out of the home through parental agreements and difficult to place foster care cases. When a child is placed out of the home through a parental agreement, the parent maintains custody of the child and enters into an agreement with the locality and RACSB to place the child out of the home for mental health treatment. Children placed in out of home placements have not been able to remain safe and have their mental health needs met in a community setting and need a higher level of care through an out of home placement for treatment. An out of home placement is only considered once community-based services have been exhausted and found to not be successful. We began tracking this data July 1, 2024.

Attached is the data for the Quarter July 1, 2025 through September 30, 2025 for number of out of home placements, number of admissions this quarter, number of discharges this quarter, length of stay information and numbers per locality. The number of placements data from Fiscal Year 25 is included.

RAPPAHANNOCK AREA

COMMUNITY SERVICES BOARD

July 1, 2025 – September 30, 2025

Data on Child and Adolescent Case Management out of home placements

Total out of home placements this quarter: 25

Number of admissions this quarter: 9

Number of discharges this quarter: 5

Length of Stays:

Over 3 years: 0

Over 1 year: 6

Under a year: 14

One month: 5

Numbers for each locality:

Caroline County: 1

King George: 1

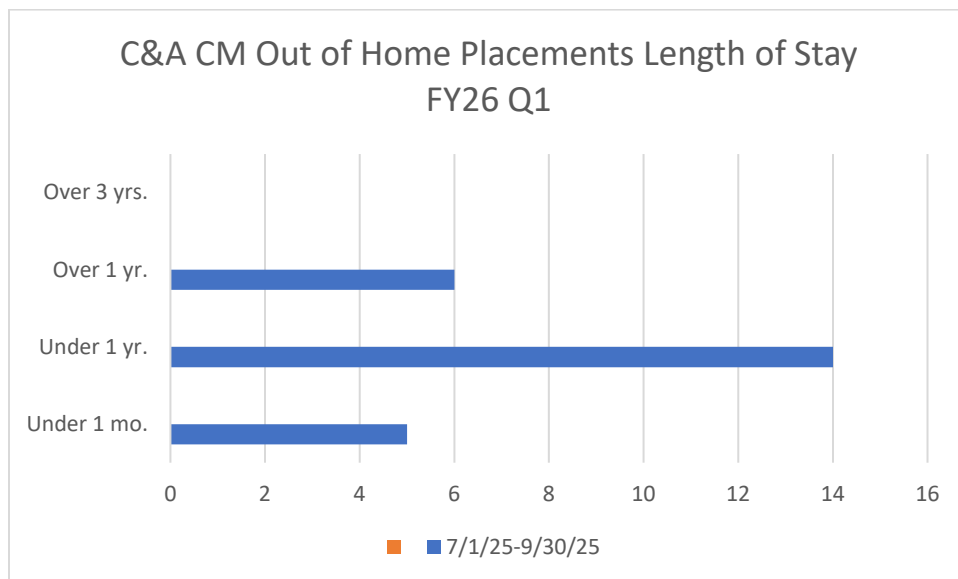
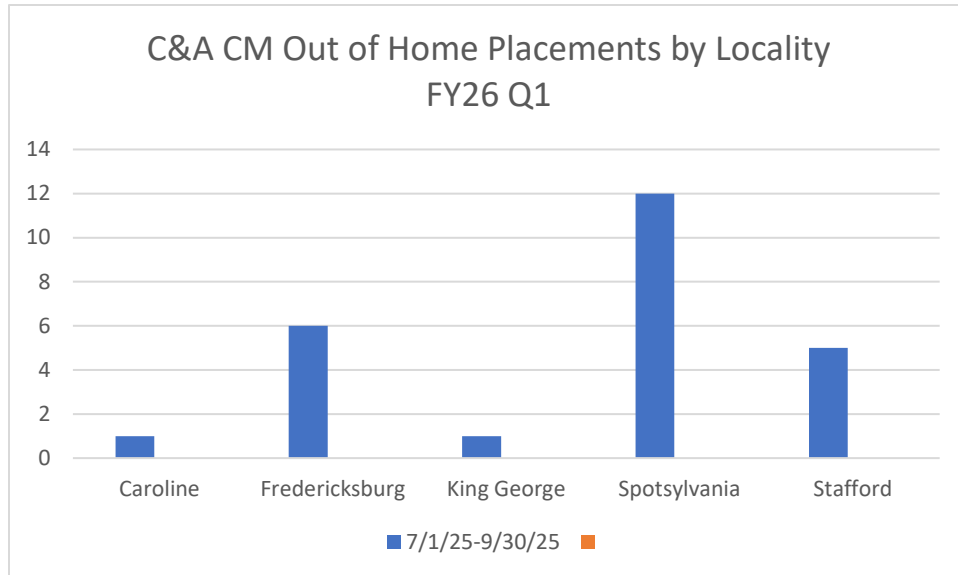
Stafford County: 5

Fredericksburg City: 6

Spotsylvania County: 12

RAPPAHANNOCK AREA

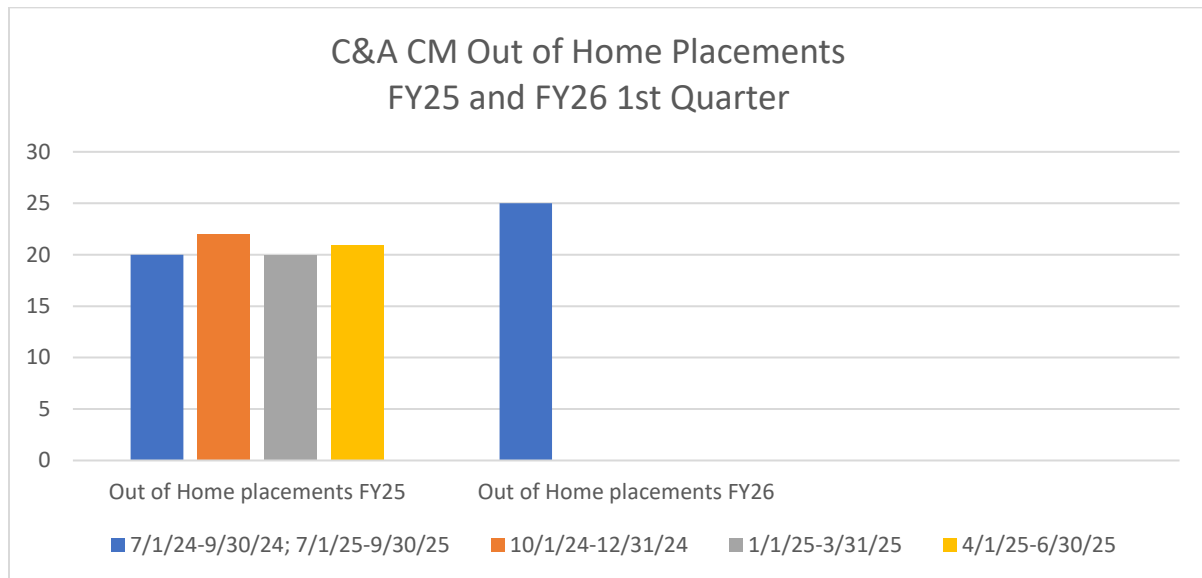
COMMUNITY SERVICES BOARD



RAPPAHANNOCK AREA

COMMUNITY SERVICES BOARD

Data on number of out of home placements Fiscal Year 2025 and Fiscal Year 2026 1st Quarter.



RACSB
Program Update Report
Compliance
September 2025

Incident Reports

- There were 258 incident reports entered into the Electronic Incident Report Tracker during the month of September. This is an increase of 19 from August but a decrease of 53 from July. All incident reports submitted were triaged by the compliance team.
- The top three categories of reports submitted were Health Concerns (93 reports), Individual Served Injury (39 reports), and Individual Served Safety (27 reports).
- The compliance team entered 38 incident reports into the Department of Behavioral and Developmental Services (DBHDS) electronic incident reporting system (28-Level 2, 10-Level 3) during the month of September, a decrease of 2 from the month of August (32-Level 2, 8-Level 3), and a decrease of 2 as compared to the month of July (32-Level 2, 8-Level 3).
- There were no reports elevated to care concerns by DBHDS during September. Care concerns are reports that, based on the Office of Licensing's review of current serious incidents and review of other recent incidents related to an individual, result in recommendation that the provider consider re-evaluating an individual's needs and consider reviewing/updating the individual's current support plan. DBHDS recommends providers also review results of root-cause analyses completed on behalf of individuals and take the opportunity to determine if systemic changes (such as revisions to policies or procedures) and/or risk management and/or quality improvement plan updates 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 reports, to complete required root cause analysis reports. A total of 37 root cause analysis reports were requested in the month of September; an increase of 1 from the amount requested in August, but a decrease of 4 from those requested in the month of July. A total of 5 expanded root cause analysis reports were requested in September (these are more expansive reports usually requested after a series of serious incidents involving a specific individual).

Human Rights Investigations:

- The compliance team conducted one Human Rights investigation into an allegation of neglect for response time during a medical emergency. This allegation was founded and a corrective action plan is underway.

Internal Reviewers:

- Compliance Team met with Mental Health Case Management: Stafford to go over audits scores on Sept 17th.
- Compliance Team met with Permanent Supportive Housing to go over the audit process with the new manager on September 26th.

External Reviewers:

- Compliance team received and responded to 13 external requests for documentation from 4 different insurance agencies seeking information for 32 different individuals receiving RACSB services.
- Compliance team received an email from DBHDS requesting follow up information on an incident report entered into the Computerized Human Rights Information System (CHRIS) database.
- Compliance team received 5 phone calls and emails throughout the month of September from Brian Dempsey, DBHDS Incident Management Specialist, regarding serious incident reports.

Complaint Call Synopsis

- The Compliance team received two complaints in the month of September. The Compliance team responded to both of the complaints. The complaints were categorized as 1- Crisis Stabilization and 2- Mental Health Outpatient. The Crisis Stabilization call resulted in a formal investigation and was unsubstantiated. The Mental Health Outpatient call was resolved internally without further action being needed.

Special Projects

- Pre-Program Audits
 - Compliance Specialist reviewed 25 quarterlies and 5 Individual Service Plans (ISPs) for ID/DD Residential Programs during the month of September. Feedback related to any discrepancies notes was provided to the group home supervisor and assistant coordinators.

Trainings/Meetings

- Compliance team developed a training on Corrective Action Plans (responding to licensing reports) to be delivered to staff in October and November

To: Joseph Wickens, Executive Director

From: Stephanie Terrell, Director of Compliance & Human Rights

Date: September 2025

Re: Quality Assurance Report

The Compliance Team completed chart reviews for the following Rappahannock Area Community Services Board (RACSB) programs:

- Healthy Families
- Mental Health Case Management: Stafford
- Assertive Community Treatment (ACT)

Healthy Families

There were three staff members responsible for the selected charts.

Findings for the ten open charts reviewed for Healthy Families 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 Plans:**
 - One plan was expired.
 - Two plans did not contain goals.
- Ten charts were reviewed for Quarterly Review compliance:
 - **Discrepancies noted with Quarterly Review:**
 - Unable to locate two Quarterly Reviews.
- Ten charts were reviewed for Progress Note compliance:
 - **Discrepancies noted with Progress Notes.**
 - Four charts were missing monthly notes.
 - Three charts were missing face-to-face contacts.
- Ten charts were reviewed for General Documentation compliance:
 - **Discrepancies noted with General Documentation.**
 - Nine charts were missing the Consumer Orientation or Individual Rights.
- One chart was reviewed for Discharge compliance:
 - **No discrepancies noted with Discharge.**

Comparative Information:

The average score of Healthy Families was a 71 on 100-point scale.

Corrective Action Plan:**1. Missing Consumer Orientations****Corrective Action:**

- All staff will obtain a current, signed Consumer Orientation form for each participant on their caseload.
- Supervisors will verify completion and ensure all forms are uploaded into the “Administrative” tab to participant charts by September 30, 2025.
- Moving forward, Consumer Orientation forms will be completed at intake and scanned into “Administrative” tab and reviewed annually to maintain compliance

2. Missing Service Plans**Corrective Action:**

- HFRA has implemented a Target Case Management Week each month, during which all files are reviewed for upcoming deadlines.
- Supervisors will initiate a discussion with staff regarding service plan renewals during the month prior to expiration.
- Staff will submit a new Individualized Service Plan (ISP) no later than the week of expiration.
 - Example: If the ISP expires on Thursday, October 15, 2025, staff must complete the ISP between the Friday of the previous week and the Wednesday prior to expiration.
- All ISPs will be signed by both the staff member and supervisor before the expiration date to ensure timeliness.
- This process is now in effect.

3. Missing Quarterly Reviews**Corrective Action:**

- Supervisors have created a Quarterly Review Tracking Log linked to each participant’s service plan.
- Staff will complete quarterly reviews on or before the 90th day following the original service plan date, with a grace period of up to five (5) days if necessary.
- All quarterly reviews will be signed by both staff and supervisor prior to upload into the chart.
- This process is effective immediately.

4. Missing Progress Notes**Corrective Action:**

- HFRA has designated the third week of each month as AVATAR FILE Review Week.
- During this week, staff and supervisors will review all charts to ensure progress notes are completed and compliant.
- At least one face-to-face contact must be clearly documented every 90 days, regardless of billing status.
- Supervisors and staff will verify that progress notes are completed and signed prior to monthly billing submission.

FINAL:

- A Target Case Management (TCM) Checklist has been implemented to ensure consistency and compliance across all files.

Mental Health Case Management: Stafford

There were five staff members responsible for the selected charts.

Findings for the ten open charts and two closed charts reviewed for Mental Health Case Management: Stafford were as follows:

- Ten charts were reviewed for Assessment compliance:
 - **Discrepancies noted with Assessments:**
 - One chart was missing a Comprehensive Needs Assessment.
 - Three charts contained late Daily Living Activities-20 (DLA-20).
- Ten charts were reviewed for Individual Service Plan compliance:
 - **Discrepancies noted with Individual Service Plans:**
 - One chart had an Individual Service Plan that was completed late.
- Ten charts were reviewed for Quarterly Review compliance:
 - **Discrepancies noted with Quarterly Reviews:**
 - Two charts contained late Quarterly Reviews.
- Ten charts were reviewed for Progress Note compliance:
 - **Discrepancies noted with Progress Notes:**
 - One chart did not have client contact for two months.
- Ten charts were reviewed for General Documentation compliance:
 - **No discrepancies noted General Documentation.**
- Two charts were reviewed for Discharge compliance:
 - **No discrepancies noted Discharge Documentation.**

Comparative Information:

In comparing the audit reviews of Mental Health Case Management from previous audits to the current audits, the average score increased from 85 to an 86 on a 100-point scale.

Corrective Action Plan:

Corrective Action Plan for Adult MHCM 9/2025 Chart Audit

1. MHCM Supervisor met with each staff to review the audit, missing/late documentation as well as how to correct errors and prevent them in the future.
2. Staff with missing documentation completed the missing documentation prior to returning the reviews.
3. Ms. Redd will meet with RA to complete the required documentation in order to bring the chart into compliance. Supervisor will follow up with Ms. Redd on 10/10/2025 regarding the completion of this paperwork.
4. Staff will review documentation requirements during next staff meeting on 10/20/2025.

5. Supervisor sent out the tracking document to the team to ensure that everyone is utilizing a tracking method in order to complete documentation on time.

Assertive Community Treatment (ACT)

There were two staff members responsible for the selected charts.

Findings for the ten open charts and two closed charts reviewed for Assertive Community Treatment 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 Plans:**
 - ISP was finalized after the start of the 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 Documentation.**
- Ten charts were reviewed for Medical Documentation compliance:
 - **No discrepancies noted with Medical Documentation:**
- Two charts were reviewed for Discharge compliance:
 - **No discrepancies noted with Discharge.**

Comparative Information:

In comparing the audit reviews of Assertive Community Treatment charts from the previous audits to the current audits, the average score increased from 96 to 98 on a 100-point scale.

Corrective Action Plan:

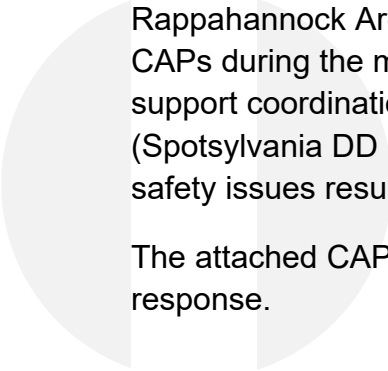
Not required.



MEMORANDUM

To: Joe Wickens, Executive Director
From: Stephanie Terrell, Director of Compliance
Date: October 1, 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 non-compliance.



Rappahannock Area Community Services Board (RACSB) received approval for 2 CAPs during the month of September. One of the CAPS is related to inconsistencies in support coordination documentation and monitoring of individuals' services (Spotsylvania DD Case Management). The other CAP is related to cited transportation safety issues resulting in a neglect citation (RAAI, Fredericksburg).

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

**DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN**

Page: 1 of 6

Investigation ID: 151

License #: 101-16-002

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 08-26-2025

Program Type/Facility Name: 16-002 Spotsylvania DD Case Managemnt

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-105-680. - The provider shall use signed and dated progress notes or other documentation to document the services provided and the implementation of the goals and objectives contained in the ISP.	N	Spotsylvania DD Case Managemnt This regulation was NOT MET as evidenced by: Individual #1's ISP, valid 8/1/2024 until 7/31/2025, states that Individual #1 was to "receive support coordination". The key-steps in this outcome were for the coordinator to "participate monthly face to face contact-participate in annual meetings, SIS and any other service-related meetings". Individual #1's progress notes from the Entity #2 case manager state that the location of Individual #1's annual ISP meeting was Individual #1's day support program. Later in the note, the location for the meeting was listed at Individual #1's sponsored residential home. The note contains conflicting information. Individual #1 was discharged from day support in October 2023. Please submit a plan of action detailing how moving forward documentation will be checked for consistency to ensure the adequacy of service coordination. Please include which staff, title only, will be responsible for these checks and the frequency in which they will occur.	PR) 09/18/2025 SCs will receive training that includes instructions to review their own documentation for accuracy. If inaccuracy is noted, the documentation should be appended with accurate information DSSC supervisors shall look for any inaccuracies in documentation during file reviews completed during monthly supervision. If inconsistent or inaccuracy is found, the DSSC supervisor will direct SC to append information. The SC will have 5 days to append the note and the DSSC monitor the appended information by reviewing the appended note during the next supervision. OLR) Accepted 09/22/2025	10/30/2025

**DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN**

Page: 2 of 6

Investigation ID: 151

License #: 101-16-002

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 08-26-2025

Program Type/Facility Name: 16-002 Spotsylvania DD Case Managemnt

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-105-675. A. - Reassessments shall be completed at least annually and any time there is a need based on changes in the medical, psychiatric, behavioral, or other status of the individual.	N	Spotsylvania DD Case Managemnt This regulation was NOT MET as evidenced by: Per Individual #1's current (8/1/2024 -7/31/2025) ISP mentions a "friend" who helps the individual make decisions. Individual #1 received a guardian in 2023 but that information was never updated on the ISP. The "friend, who was the previous authorized representative, and the current guardian were two separate people. Individual #1 moving from an authorized representative to a legal guardian is a change in status and should be reflected in the ISP. Please submit a plan of action detailing what the process will look like when a change in status occurs for an individual, a timeframe in which the ISP will be updated, and what employee (title only) will be responsible for ensuring ISPs are updated.	PR) 09/18/2025 SCs will monitor change in status through collateral contacts and face to face visits. When a change of status occurs for an individual, the SC will convene a team meeting within 2 weeks to discuss if the change is status necessitates that the plan be updated. If it is determined that the plan needs to updated than the SC will update the plan based on the newly assessed needs. The SC supervisor will monitor the process during supervision. The SC supervisor will review charts for status changes during the file review during supervision. If there is evidence of a status change the supervisor will then review the plan to determine if it has been updated to include the identified need. All DDSCs will also receive remedial training regarding change in status and correct actions to be taken Inservice training during October 2025. OLR) Accepted 09/22/2025	10/31/2025

**DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN**

Page: 3 of 6

Investigation ID: 151

License #: 101-16-002

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 08-26-2025

Program Type/Facility Name: 16-002 Spotsylvania DD Case Managemnt

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-105-1240. (7) - Providers of case management services shall document that the services below are performed consistent with the individual's assessment and ISP. 7. Monitoring service delivery through contacts with individuals receiving services and service providers and periodic site and home visits to assess the quality of care and satisfaction of the individual;	N	Spotsylvania DD Case Managemnt This regulation was NOT MET as evidenced by: Progress notes were submitted from Entity #2 for 90 days prior to Individual #1's death. There is no evidence in the submitted progress notes or quarterly reviews to indicate that Individual #1's support coordinator attempted or had contact with Individual #1, their guardian, or sponsored provider in April 2025. Please submit a plan of action detailing the quality assurance process that is in place to ensure individuals are receiving collateral contacts monthly. Please outline who (title only) is responsible for ensuring contacts are being made.	PR) 09/18/2025 Progress note 5/6/2025 with date of service 4/14/2025 verifies collateral contact was made during the month of April. OLR) Accepted 09/22/2025	9/18/2025

**DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN**

Page: 4 of 6

Investigation ID: 151

License #: 101-16-002

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 08-26-2025

Program Type/Facility Name: 16-002 Spotsylvania DD Case Managemnt

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-105-1240. (11) - Providers of case management services shall document that the services below are performed consistent with the individual's assessment and ISP. 11. Knowing and monitoring the individual's health status, any medical conditions, and his medications and potential side effects, and assisting the individual in accessing primary care and other medical services, as needed;	N	Spotsylvania DD Case Managemnt This regulation was NOT MET as evidenced by: Documentation was provided from Entity #1 showing that Individual #1 was hospitalized in February 2025 for Diagnosis #1. The Individual #1 had a follow-up appointment in April 2025 concerning the new diagnosis. Individual #1 had medication changes due to this diagnosis. Individual #1's ISP was never updated to reflect the new diagnosis; medication change or Individual #1's change in status. Individual #1's case manager noted in progress notes on 7/1/2025 from a face-to-face visit on 6/11/2025 that Individual #1 had experienced a "obvious decline in weight". The question of "are there any new or increased concerns for the individual's health and safety" was marked "no". An "obvious decline" in weight should trigger concern for what is going on with an individual. There are no notes from Entity #2 staff regarding Diagnosis #1, medication changes, or follow-up appointments. Individual #1's health status was not monitored nor their ISP updated to reflect this change in status. Please submit evidence of the provider's pledged corrective action plan that will help mitigate the recurrence of this violation in the future.	PR) 09/18/2025 The SC will receive remedial training in documenting status changes and when an ISP must be updated to include identified needs. The training will include the monitoring of health status and updating the ISP to reflect any change in health status and the reminders that DBHDS, Office of Integrated Health (OIH) can be a resource for appropriate ways to update the ISP when needed. The file review form will be updated to include review of any IRs during the past quarter so that the supervisor can monitor the documentation of IRs and determine if they are documented to help in determining if there has been a change of status and that the ISP has been updated as needed. If status change needs are identified during the review process the supervisor will instruct the SC to schedule and Team meeting to discuss needed plan changes and the ISP will be updated. The supervisor will verify the update during the next supervision. OLR) Accepted 09/22/2025	10/30/2025

**DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN**

Page: 5 of 6

Investigation ID: 151

License #: 101-16-002

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 08-26-2025

Program Type/Facility Name: 16-002 Spotsylvania DD Case Managemnt

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-105-675. D. (1) - The provider shall complete quarterly reviews of the ISP at least every three months from the date of the implementation of the comprehensive ISP. 1. These reviews shall evaluate the individual's progress toward meeting the ISP's goals and objectives and the continued relevance of the ISP's objectives and strategies. The provider shall update the goals, objectives, and strategies contained in the ISP, if indicated, and implement any updates made.	N	Spotsylvania DD Case Managemnt This regulation was NOT MET as evidenced by: Individual #1's Q3 report covering the dates of 2/1/2025 to 4/30/2025 does not mention Individual #1's February 2025 hospitalization, the new diagnosis (Diagnosis #1) or medication changes because of the new diagnosis. The report indicates that Individual #1 did not have any significant medical events or changes throughout the quarter. Individual #1 was not moved to enhanced case management after the hospitalization. Please submit a plan of action detailing how moving forward an individual's quarterly reports will contain detailed information about significant events for individuals and how changes in the individuals plan will be made in a timely manner.	PR) 09/18/2025 SCs will receive remedial training regarding ensuring quarterly reports contain detailed information about significant events, including any incident reports that SC has been made aware of during the quarter. The SC will complete the ECM worksheet when they complete their quarterly report, and if an individual needs to be moved to or from enhanced case management status the SC will do so. The SC supervisor will monitor during the file review during supervision by reviewing the quarterly review and verifying completion of the ECM worksheet. In addition, the file review form, utilized by the SC supervisor during supervision, will be updated to include review of IRs so that the supervisor can determine if these are documented to help determining if there has been a change of status OLR) Accepted 09/22/2025	10/30/2025

**DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN**

Page: 6 of 6

Investigation ID: 151

License #: 101-16-002

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 08-26-2025

Program Type/Facility Name: 16-002 Spotsylvania DD Case Managemnt

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
General Comments / Recommendations: 1. Multiple notes have a date of service that occurred days to weeks prior to the note being entered, for example the date of service is 3/20/2025 the note entered 4/1/2025, date of service 5/20/2025 entered 6/4/2025, and date of service 6/11/2025 entered 7/1/2025. It is recommended that Entity #2 update their documentation policy to include an acceptable timeframe for notes to be entered. By waiting days to weeks to complete notes the likelihood of errors and inaccuracies is greater. 2. Individual #1's discharge summary has the date of death as 6/29/2025. Individual #1 passed away on 6/30/2025. It is recommended that discharge summaries are reviewed for accuracy prior to submission to ensure correct information is displayed.				
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.				
_____ Pamela 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**

Page: 1 of 2

License #: 101-02-006

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 08-06-2025

Program Type/Facility Name: 02-006 Fredericksburg

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-105-150. (4) - The provider including its employees, contractors, students, and volunteers shall comply with: 4. Section 37.2-400 of the Code of Virginia and related human rights regulations adopted by the state board;	N	Fredericksburg This regulation was NOT MET as evidenced by: See OHR citations below.		
12VAC35-115-50. B. (2) - In receiving all services, each individual has the right to: 2. Be protected from harm including abuse, neglect, and exploitation.	N	Fredericksburg This regulation was NOT MET as evidenced by: "Neglect" means failure by a person, program, or facility operated, licensed, or funded by the department, excluding those operated by the Department of Corrections, responsible for providing services to do so, including nourishment, treatment, care, goods, or services necessary to the health, safety, or welfare of an individual receiving care or treatment for mental illness, intellectual disability, or substance abuse During an internal investigation into CHRIS Abuse 20250019 the provider determined the following: • Employee 1 was helping Individual 1 transfer from Individual 1's bus seat into Individual 1's wheelchair when Individual 1's chair started sliding in the process of trying to transfer Individual 1. • Individual 1 then took a step back to sit on the wheelchair when Individual 1 fell to the side. • As Individual 1 fell, Employee 1 held on to Individual 1 to guide the fall in an attempt to protect Individual 1 from injury. • During the investigation, it was determined that Employee 1 failed to relock the wheelchair wheels prior to assisting	PR) 08/27/2025 Employee #1 was terminated; no corrective action was given for this incident of neglect. New Employees continue to receive safe wheelchair transport upon hire from the transportation Supervisor and Site Leaders. Human Resources will maintain certificate of training in the individual's personnel file. Site Leaders continue to train new employees on specific protocols for each individual according to their plan. HR will conduct monthly auditing of 1% of current employee files to find deficiencies. In addition, monitoring is completed by the site leader during semi- annual direct observations at a minimum. Employee 2 resigned and is no longer employed; corrective action was not given for this incident	10/30/2025 00:00:00

**DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN**

Page: 2 of 2

License #: **101-02-006**

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

Date of Inspection: **08-06-2025**

Program Type/Facility Name: **02-006 Fredericksburg**

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
		Individual 1 with the transfer from the bus seat to the wheelchair. During an internal investigation into CHRIS Abuse 20250020, Abuse 20250021, and Abuse 20250022 the provider determined the following: • Employee 2 was transporting Individual 2, Individual 3, and Individual 4 in a vehicle. • Employee 2 was pulled over by law enforcement and issued a citation for driving 14 miles over the speed limit. • Employee 2 failed to follow the posted safe speed limits while providing transport for Individual 2, Individual 3, and Individual 4.	of abuse. Employee driving records are checked at time of employment and annually thereafter to mitigate risk. Reminder of being contentious of speed limits will be discussed with annually during staff meeting. Additional transportation training will be provided by the transportation supervisor and employees will review the transportation manual. This training will take place by October 30, 2025 OHR/OLR) Accepted 09/04/2025	

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

RACSB was present at these community events:

- Sept. 6, Mental Health America of Fredericksburg's Teen Mental Health Summit
- Sept. 14, Mental Health Awareness benefit concert
- Sept. 15, Youth in Philanthropy meeting (Two therapists were the presenters for the group's session on mental health)
- Sept. 22, Agency Panel Discussion, Spotsylvania schools
- Sept. 27, Together We Shine, Caroline County schools
- Sept. 30, Light Up the Night With Purple, recovery month event
- Oct. 1, University of Mary Washington's Disability Resource Fair

Additional communications information:

- 149 social media posts in September
- Employee and Family Picnic Sept. 18 (communications coordinator coordinates this)
- One edition of Inside RACSB
- Two Spark news posts
- 10 Engage posts
- Employees created a new club through Engage—a fiber crafts group which meets twice a month
- DSP appreciation week—created two videos and two Instagram reels
- Led the CSB communicators meeting on Sept. 11
- Attended the kickoff for the Community Foundation of the Rappahannock River Region's Nonprofit Leadership Series on Sept. 11 and attended the first workshop on Oct. 9.

RAPPAHANNOCK AREA

COMMUNITY SERVICES BOARD

Good to know:

- The RAAI fall plant sale is underway, and pumpkins have arrived. You can get pumpkins, mums, and native plants weekdays from 10 a.m. to 4 p.m. and Saturdays from 9 a.m. to noon at 750 Kings Highway.
- Kenmore Club will host a yard sale on Nov. 1. The club is now accepting donations of gently used items. Drop them off at 632 Kenmore Ave. from 9 a.m. to 4 p.m. on weekdays.
- We will celebrate our new building and share the vision for our Crisis Receiving Center on Oct. 24 at 10:30 a.m. at 4701 Market Street.
- Sept. 8-12 was Direct Support Professional Appreciation Week.
- Sept. 15-19 was Co-Responder and Crisis Responder Week.
- You can find fall HopeStarter shirts in our Bonfire store:
<https://www.bonfire.com/store/hopestarter/>.

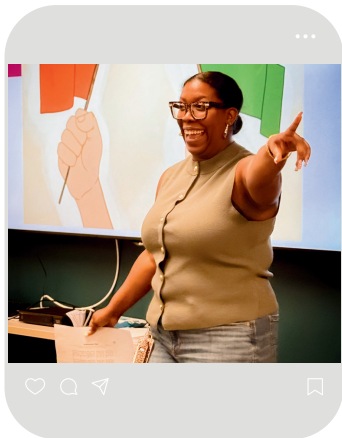
Social Media Performance Overview

September 2025

- Summary Metrics

Total Followers:	461	Impressions:	3,877
Posts:	51	Reactions:	119

- Top-Performing Content: Instagram



Engagement: 22
Likes: 15
Views: 431

Analysis

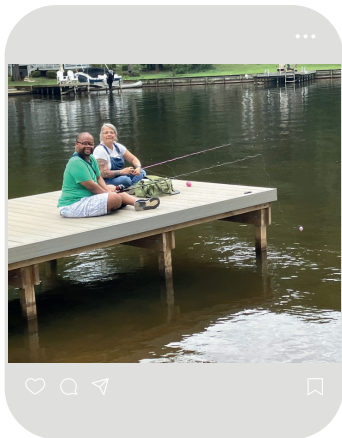
Carousel post, staff photos, mentions community partner and popular program



Engagement: 14
Likes: 14
Views: 179

Analysis

Carousel post, lots of photos of staff and former staff, fun topic, one hashtag



Engagement: 14
Likes: 14
Views: 163

Analysis

Carousel, photos of individual served, two emojis

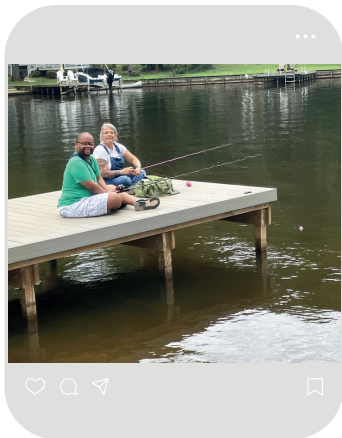
Social Media Performance Overview

August 2025

- Summary Metrics

Total Followers:	3,150	Impressions:	21,520
Posts:	63	Reactions:	617

- Top-Performing Content: Facebook



Engagement: 355
Likes: 50
Views: 2,132

Analysis

Photos of individuals served and staff, fun outing, two emojis.



Engagement: 284
Likes: 74
Views: 1,973

Analysis

Photos of individuals served. Tagged Riverside Center. Three emojis, five hashtags



Engagement: 166
Likes: 17
Views: 916

Analysis

Lots of staff photos and photos of former staff, fun topic, one hashtag

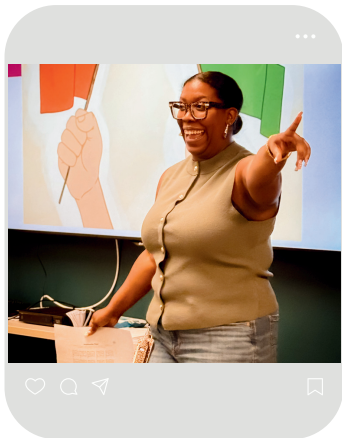
Social Media Performance Overview

September 2025

Summary Metrics

Total Followers:	725	Impressions:	1,408
Posts:	35	Reactions:	82

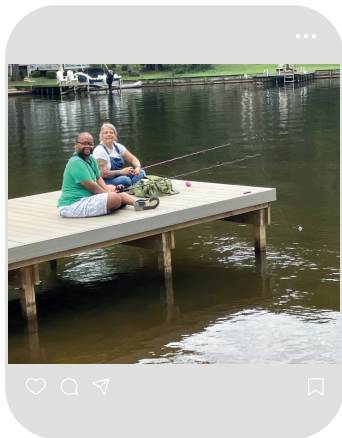
Top-Performing Content: LinkedIn



Engagement: 35
Likes: 12
Impressions: 175

Analysis

Photos of staff, multiple photos, involved community partners.



Engagement: 29
Likes: 128
Impressions: 97

Analysis

Photos of individuals served. Fun topic, multiple photos. Two emojis.



Engagement: 18
Likes: 6
Impressions: 90

Analysis

Photos of staff and local law enforcement. Two emojis, five hashtags, including two associated with national recognition.



Hope on the Road

Bringing treatment where it's needed most

Everyone deserves a chance to recover. Rappahannock Area Community Services Board's Mobile Recovery Unit travels throughout our community, offering medication and counseling for Opioid Use Disorder to help you take the next step toward healing—wherever your road begins. You don't have to walk the path to recovery alone.

Call the clinic in your county to start your journey today.



Scan here
to learn
more.

FIND OUT WHEN WE'LL BE IN YOUR AREA:

STAFFORD

Mondays

9 a.m. to 3 p.m.

540-659-2725

KING GEORGE

Tuesdays

9 a.m. to 3 p.m.

540-775-9879

SPOTSYLVANIA

Wednesdays

9 a.m. to 3 p.m.

540-582-3980

CAROLINE

Thursdays

9 a.m. to 3 p.m.

804-633-9997

Hope on the Move

The Mobile Recovery Unit meets you where you are and helps you stay on the path to hope and health.

Everyone deserves a chance to recover. This clinic on wheels travels throughout our community, offering medication and counseling for Opioid Use Disorder to help you take the next step toward healing—wherever your road begins. You don't have to walk this journey alone.



The MRU will be in Spotsylvania County on Wednesdays from 9 a.m. to 3 p.m.

**4701 Market Street
Fredericksburg, VA 22408**

Call our Spotsylvania County Clinic to schedule an intake and assessment.

540-582-3980

The mobile clinic will offer access to nursing, peer support, and a session with a prescriber. You will also be connected to therapy and support groups, including virtual options.



When it comes to recovery, sometimes the hardest part is getting there. We know that transportation and time can make it hard to get the consistent care needed to support your recovery journey.

Learn more about the MRU and how it can help you on your path to recovery:



RAPPAHANNOCK AREA
COMMUNITY SERVICES BOARD

Prevention and Early Intervention Services Program Updates

Michelle Wagaman, Director

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

October 2025

Top 5 for October:

1. On September 30, 2025, the Opioid Workgroup and Save1Life partnered with the Spotsylvania County Sheriff's Office to host the "Light the Night Purple" event in recognition of September as National Recovery Month.
2. Early Intervention is planning for a fall pumpkin patch event with families served to be held October 24, 2025.
3. RACSB Prevention received notice of award for State Opioid Response (SOR) IV Year 2 funding for October 1, 2025 through September 30, 2026.
4. DBHDS hosted a fall Prevention Forum on September 30, 2025 to review strategies, implementation expectations, and begin planning for the 2026 Young Adult Survey.
5. RACSB Prevention partnering with Department of Criminal Justice Services to host two days of workshops for the community on the following topics: Substance Abuse Prevention and Intervention; Helping Youth Build Healthy Relationships in Real Life and Online; Youth Suicide Prevention and Intervention; Identifying and Supporting Youth with Trauma Experiences; and Bullying Prevention and Intervention.



Parent Education – Infant Development Program

There are currently 516 children enrolled in the program receiving a combination of services to include service coordination, speech therapy, physical therapy, occupational therapy and educational developmental services. We are scheduling 16 consistent assessments per week. We had 70 referrals in September (increase of 4 from prior month).

Part C and Infant/Child Case Management

Alison Standring, Part C System Manager, represented RACSB and/or the Council Coordinators Association (CoCoA) as co-chairperson in the following groups and/or meetings since the last report: Department of Social Services PD16 Directors meeting September 8 to review Interagency Agreement; VACSB Developmental Services Leadership meeting September 15;

Rappahannock Area Interagency Coordinating Council meeting September 18; Opioid Workgroup September 23; VACSB Public Policy committee meeting September 24; VACSB Public Policy Conference October 1, 2; VACSB Developmental Services Council meeting October 2; and Northern Virginia Regional Local System Managers meeting October 7.

The Infant Case Management team is planning our annual Pumpkin Patch event for PE-ID families to be held at a local farm on October 24.

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 Curriculum – 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 3 facilitation of the Second Step Bully Prevention curriculum for the elementary grade levels 3-5 within Caroline County Public Schools is underway. Facilitation at Bowling Green Elementary is complete. The curriculum will begin at Madison Elementary on October 15, 2025. Jennifer has been asked to present to the school board.

Coalitions – The Community Collaborative for Youth and Families quarterly meeting on October 10, 2025 included a presentation from Brianna Bonat, Director, Virginia Cannabis Control Authority. Attendees were also provided resource materials. An additional meeting is scheduled for December 12, 2025 where participants will complete a services project. To learn more: <https://www.thecommunitycollaborative.org/>

Tobacco Control – The Prevention Services Team is actively working to complete the new cycle of the merchant education by June 30, 2026. We will be visiting nearly 300 tobacco and vape merchants to provide education and complete store audits.

Alcohol and Vaping Prevention Education – Jennifer Bateman, Prevention Specialist, continues scheduling for the new academic year with increased outreach to middle schools. Presentations have been complete for three classes at King George High School as well as for students and staff at John J. Wright in Spotsylvania County.

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.

The remaining training scheduled for 2025 on October 23-24 is currently at capacity with 30 registered. To register for the wait list: <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 or substance use problem and connect them to the appropriate care.

As VACSB Prevention Co-chair, Michelle Wagaman, represented CSBs on a webinar with the Virginia Department of Education on October 8, 2025 regarding implementation of Youth Mental Health First Aid trainings in school divisions. Dr. Tanya Meline, DSW, LCSW, Director of Student Services, Stafford County Public Schools, also participated and highlighted the longstanding collaboration with RACSB for implementation of the training within their division. The webinar is part of efforts to meet the requirements of HB2637:

- Introduced by Chief Patron, Destiny LeVere Bolling, “Directs the Department of Education, in collaboration with the Department of Behavioral Health and Developmental Services, to develop and implement a plan to incentivize and facilitate participation in the Commonwealth Mental Health First Aid Program, established pursuant to applicable law, by public school staff and students. As introduced, the bill is a recommendation of the Joint Subcommittee to Study Pandemic Response and Preparedness in the Commonwealth.”

Youth Mental Health First Aid

Youth MHFA in Schools: Training, Benefits, and Participation Webinar
October 8, 2025



Adult Mental Health First Aid training will be held on December 9 (from 8:30 a.m. to 5:00 p.m.). We added a training on October 14 at the request of the Rappahannock Regional Criminal Justice Academy.

Mental Health First Aid in Spanish training is scheduled for November 13.

Youth Mental Health First Aid training will be held on December 2 (from 8:30 a.m. to 5:00 p.m.).

To register for Adult Mental Health First Aid Training:

<https://www.signupgenius.com/go/RACSB-MHFA-Training2025>

To register for Adult Mental Health First Aid in Spanish Training:

<https://www.signupgenius.com/go/RACSB-MHFA-Spanish2025>

To register for Youth Mental Health First Aid Training:

<https://www.signupgenius.com/go/RACSB-YouthMHFA-Training2025>

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

We hosted a safeTALK on September 23 with 11 participants. Our final training for 2025 is scheduled for November 17 (1:00 p.m. to 4:00 p.m.).

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

Lock and Talk Virginia – Jordan Brooks, HPR1 Suicide Prevention Coordinator, presented on Lock and Talk initiatives to the Governor’s Challenge taskforce. We’re gearing up to formally sign on West Virginia CIT as an official partner. This will be a third state outside of Virginia.

Suicide Prevention Coalition – The subgroups formed to address focus areas of teens/young adults; older adults; and first responders/veterans continue to meet and identify goals. The next coalition meeting will be held October 27, 2025 at 1:00 p.m. at River Club. There will be a presentation from 7-10 Farms located in Caroline County. A virtual lunch and learn was held on September 10 with 15 attendees. Another virtual lunch and learn was held September 23 with the focus on safety planning. It was attended by 20 community members.

The veterans’ group is starting to host coffee social for first responders and veterans. The first one is scheduled for October 9, 2025 at Black Rifle Coffee Company.

State Opioid Response (SOR)

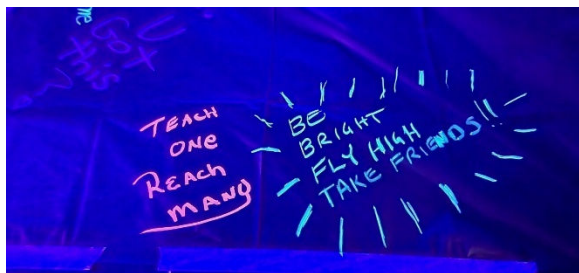
RACSB Prevention Services is actively engaged with community partners to address the opioid response in the areas of prevention, harm reduction, treatment, and recovery.

Coalitions – The Opioid Workgroup meets monthly and is an interdisciplinary professional

group. Meetings continued to be scheduled and held with local medical providers as we work to increase knowledge and understanding of prevention and harm reduction strategies. A volunteer training was held October 4, 2025.

To learn more about the Save 1 Life harm reduction initiative: <https://www.save1lifefxbg.org/>

Sherry Norton-Williams, Prevention Specialist, collaborated with the Spotsylvania County Sheriff's Office to organize and host a "Light Up the Night with Purple" event on September 30, 2025. Attendees used glow in the dark markers to write positive messages on a squad car. Delegate Josh Cole spoke along with Deputy Figueroa. The Mobile Recovery Unit was on site along with the Prevent-a-van and Zoe Freedom Center's mobile van.



REVIVE! 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. We have hosted several train-the-trainer sessions for community partners and coalition members.

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 has created a statewide awareness campaign titled “Beyond the Bet.” The campaign includes social media graphics (provided); brochure; bus ads; billboards; and flyers. The LMS system for virtual, self-paced high school curriculum is also now available.

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 October 28 (9:00 a.m. to noon). To register: <https://www.signupgenius.com/go/RACSB-ACEs-Training2025>

RACSB Prevention is part of the Trauma Informed Care Workgroup under the Criminal Justice Reform Alliance. A second book club will start on October 16. We’re reading “Talking to Strangers” by Malcolm Gladwell. Planning is underway to hosts quarterly virtual lunch and learns in 2026.

Talking to Strangers
Malcolm Gladwell

“We see and interact with the people around us—and sparks conversations that matter.”

Book discussions facilitated by the Trauma Informed Care Workgroup

Join us as we dive into: **Talking to Strangers: What We Should Know About the People We Don't Know** by Malcolm Gladwell. This thought-provoking book challenges how we see and interact with the people around us—and sparks conversations that matter.

What You'll Earn:

- Fresh insights into how we communicate and connect with others
- Tools to better understand and navigate misunderstandings
- A safe space for open conversation and new perspectives
- Meaningful connections with fellow readers in our community

Let's explore together how we understand (and misunderstand) each other.

When: Thursday evenings at 6:00 pm on October 16, October 23, October 30, and November 6, 2025

Where: Massad Family YMCA

Costs: FREE

Registration Required by October 7, 2025

For information or registration go to: family-ymca.org/community-health

Complimentary copies of the book will be provided by the Rappahannock Area Community Services Board

hugobarker RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD
1000 North Main Street, Suite 100, Stafford, VA 22458-1000 | 540.371.5622

Massad Family YMCA | 212 Butler Road | Falmouth VA 22405 | 540.371.5622

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, there is one remaining Course 2 scheduled for December 4 (nearing registration capacity).

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 to utilize this content for “Wellness Wednesday” posts.

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.

September 2025

LOCALITY	NUMBER OF REFERRALS	ASSESSMENTS	NUMBER OF FAMILIES RECEIVING HOME VISITS	NEW ENROLLEES YEAR-TO-DATE
CAROLINE COUNTY	2	1	8	1
CITY OF FREDERICKSBURG	9	4	37	5
KING GEORGE COUNTY	3	0	6	0
SPOTSYLVANIA COUNTY	8	8	50	3
STAFFORD COUNTY	2	2	44	5
OUT OF AREA (REFERRED TO OTHER HF SITES)	0	0	0	0
TOTAL	24	15	145	14

- Hosted the Tiny Caps and Gold Hats Celebration Carnival with Jubilation 55+ community on September 13. We celebrated 12 program graduates as well as eight (8) residents who support our ongoing playgroups.
- Started the Krispy Kreme Fundraising Campaign Starting September 5th – October 31st. For every \$15 order, HFRA will receive 50%. Goal is \$2,000 minimum. As of October 2, 2025, the program is \$605 away from reaching the goal.
https://www.groupraise.com/oc/62873?utm_campaign=ocmp_copy_url&utm_medium=social&utm_source=offers_promo
- Del. Phillip Scott shadowed a home visit on September 30, 2025. Families Forward Virginia provided gift cards to families allowing the delegates to come into their homes.



October 2025



Healthy Families Rappahannock Area Newsletter



Healthy Families Rappahannock Area (HFRA) extends heartfelt gratitude to **Delegate Joshua Cole** and **Delegate Phillip Scott** for their recent support and engagement with Healthy Families Rappahannock Area.

Both delegates took time out of their demanding schedules to shadow a home visit, giving them a firsthand look at the impact of evidence-based family support services in our community. Their willingness to walk alongside our staff and families demonstrates a genuine commitment to understanding the challenges parents face and the critical role prevention programs play in creating strong, healthy futures for children.

During their visits, Delegates Cole and Scott witnessed the trust built between family support specialists and parents, the resources provided to strengthen families, and the measurable difference home visiting makes in reducing child abuse and neglect. Their presence affirmed the message we share daily: **Home Visiting Works.**

Healthy Families Rappahannock Area is grateful for their partnership and advocacy, and we look forward to continuing to work together to ensure that every child in our region grows up safe, healthy, and ready to succeed.



PLEASE LET US KNOW IF YOU'D LIKE TO GO ON A VISIT!!

Village Shoutouts

This month's shout outs belong to

- Delta Sigma Theta Sorority Inc.
- Empowerhouse
- From the Heart
- Ellie's Elves
- Project Linus
- Evan's Family

We are truly Thankful for all the Support you give!

Be A Part of the Village

Scan to Donate

www.healthyfamiliesrappahannock.org



Nayeli's Journey of Strength and Self-Reliance

October 2025

When Nayeli joined the program at just 17 years old, she was facing one of the most transformative moments of her life. Pregnant and living on her own, she came to us looking for guidance- particularly around prenatal care and accessing health insurance. Like many young people in her position, she was navigating unfamiliar territory without a strong support system, but she was determined to find the help she needed.

At the time, Nayeli was balancing an incredible number of responsibilities. She had just graduated from high school, was working full time, and was learning how to navigate life independently. The path was far from easy, but she consistently demonstrated a strength and maturity well beyond her age. It quickly became clear that Nayeli wasn't simply looking for help- she was taking intentional steps toward building a stable, healthy future for both herself and her baby.

Throughout her time in the program, Nayeli made incredible progress. She remained committed to her goals, even when the challenges felt overwhelming. Her resilience became the foundation for everything she achieved. She continued working to support herself financially, maintained consistent prenatal care, and slowly began to build the kind of life she envisioned.

Nayeli's determination paid off. She is currently working full time, earned her driver's license, and secured a place to live for herself and her baby boy. These milestones weren't handed to her, she worked for every single one while balancing the demands of motherhood and full-time employment.

Today, Nayeli continues to thrive as a working mother. She has created a home for her child, built on hard work and hope. Her journey serves as an inspiration to other young people who may find themselves in similar circumstances- proof that with support, perseverance, and a belief in your own potential, it's possible to rise above life's toughest challenges.

Nayeli's story is a testament to the strength of young parents who, despite the odds, continue to show up, push forward, and build beautiful futures for themselves and their children. We are incredibly proud to have been part of her journey and can't wait to see what she accomplishes next.



www.healthyfamiliesrappahannock.org

hopestarter | RAPPAHANNOCK AREA
COMMUNITY SERVICES BOARD



What's Happening This Month

October 2025



Wednesday October 8, 2025

Costume Cuties Playgroup

October 8, 2025

Morning Session
10 am - 11 am
Howell Branch Library

Afternoon Session
1pm - 2 pm
Salem Church Branch



Playgroups are Open
Contact Laurie: lstrother@rappahannockareacsb.org
if you are interested in supporting

Krispy Kreme Fundraising Campaign

Sept 5, 2025 thru Oct 31, 2025

Every \$15 dozen purchased HFRA receives 50% of the sales

[https://www.groupraise.com/oc/62873?](https://www.groupraise.com/oc/62873?utm_campaign=ocmp_copy_url&utm_medium=social&utm_source=offers_promo)

[utm_campaign=ocmp_copy_url&utm_medium=social&utm_source=offers_promo](https://www.groupraise.com/oc/62873?utm_campaign=ocmp_copy_url&utm_medium=social&utm_source=offers_promo)



Volunteers needed

HFRA Family Holiday Party
Saturday December 13th - 3-5pm
Zion of Fredericksburg
2222 Emancipation Highway, Fredericksburg VA



Email Mel today if
you can help...
mjennings@rappahannockareacsb.org

CONTACT US

540-374-3366 hfra@rappahannockareacsb.org

www.healthyfamiliesrappahannock.org



To: Joe Wickens, Executive Director
From: Alison Standring, ICC & Part C Services Manager 
Subject: Monitoring Results for FFY24/SFY25, Report 2 of 2
Date: October 8, 2025

Kyla Patterson's memo and the accompanying chart provide the second of two reporting cycles for the results of our annual chart review to determine compliance with Part C federal regulations for FFY24/SFY25.

MEMORANDUM

To: Joe Wickens, Executive Director
From: Alison Standring, ICC & Part C Services Manager 
Subject: Monitoring Results and Determination FFY24/SFY25
(July 1, 2024 through June 30, 2025)
Date: October 8, 2025

The Department of Behavioral Health and Developmental Services monitors each of the 40 local Part C systems in the Commonwealth to assure that it is in compliance with federal Part C requirements. Enclosed is a memo from Kyla Patterson that summarizes the monitoring process and what is involved in determinations (pages 4 through 6), a chart that describes the federal indicators reviewed and how we scored on each (pages 7 through 9) and a sample chart with explanation bubbles (pages 10 through 12).

The charts on pages 7 through 9 demonstrate our compliance with 14 indicators plus DBHDS's measurement of Longstanding Non-Compliance, Accurate & Timely Data, Data Anomalies, Children with Exit Scores, and Family Survey results and Family Survey Response Rate. Each of these items is awarded points based on our local result compared to the target.

1. Page 7 shows
 - a. Initially we were not in compliance with meeting the 45-day timeline to develop an Individualized Family Service Plan (IFSP) (Indicator 07) and documenting Transition Steps and Services (Indicator 08A); as reported in August we were able to demonstrate compliance before June 30th.
 - b. We have no longstanding noncompliance;
 - c. The data we submit are accurate and timely.
2. Page 8 shows
 - a. We are in compliance with Primary Service Setting (Indicator 02), providing services in the child's natural environment.
 - b. Our local results for Child Outcomes (Indicator 03) which measure children's positive social-emotional skills, acquisition and use of knowledge and skills, and use of appropriate behaviors to meet needs in comparison to same aged peers as they exit out of early intervention are in line with state results (this item is not yet awarded points, DBHDS continues to refine this process).
 - i. Summary Statement 1: Of those infants and toddlers who entered early intervention below age expectations in each Outcome, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program.
 - ii. Summary Statement 2: The percent of infants and toddlers who were functioning within age expectations in each Outcome by the time they turned 3 years of age or exited the program.
 - c. There were no Data Anomalies among our Child Outcomes data;
 - d. 90.08 % of eligible children had Exit Scores;
 - e. The results of Family Outcomes (Indicator 04) as measured through an annual family survey scored higher than the state targets and state results in all three areas.
 - f. Our Family Survey Response Rate was less than 22% but was above the 25th percentile of 17.88% (data not shown on report). This year we received one point for this item. This

survey is mailed from Old Dominion University in the spring to each family enrolled in our program on the prior December 1st.

3. Page 9 shows

- a. We exceed the state targets for Child Find (Indicator 05, Indicator 06), enrolling more children birth to 1 and birth to 3 than the state expected of us;
- b. Our Cumulative Score is 91.67% resulting in a **Meets Requirements** determination.

During State Fiscal Year 2025, our program processed 849 referrals (down from 907 last year) and served more than 1,082 infants and toddlers (down from 1,156 last year).

I appreciate the dedication and commitment of our team to work towards and assure continued compliance with Part C federal regulations.

pc: Michelle Wagaman, Director, Prevention and Early Intervention Services
Suzanne Haskell, PE-ID Coordinator
PE-ID Staff
Infant Case Management Staff

MEMORANDUM

TO: Local Early Intervention System (LEIS) Lead Agency Directors

FROM: Kyla Patterson 
Early Intervention Program Manager

DATE: September 30, 2025

RE: Local Early Intervention System (LEIS) Monitoring Results & Determination for
FFY24/SFY25 (July 1, 2024 – June 30, 2025) – Copy 2 of 2

Overview

In 2013 the Infant & Toddler Connection of Virginia (ITCVA) introduced you to the “Local Early Intervention System (LEIS) Monitoring Results & Determination Report” as a mechanism for informing localities of their Part C of IDEA monitoring results. Because data becomes available at varying points throughout the year—and to expedite communication of results while fostering familiarity with the report and reporting process—two (2) copies of this report are prepared and sent during the year.

Copy 1 of 2 was disseminated in June 2025. Enclosed you will find copy 2 of 2—the final copy for FFY24/SFY25. This final report also includes your LEIS determination and specifies any required enforcements.

The Individuals with Disabilities Education Act (IDEA) of 2004 §616(b)(2)(C)(ii)(II) requires each state to measure and report results on federally identified indicators in an Annual Performance Report (APR). The review period for Virginia’s next APR—to be submitted in February 2024—will cover FFY22/SFY23 (07/01/2022-06/30/23). In addition to reporting this APR data to the Office of Special Education Programs (OSEP), it will also be reported publicly and used to make local determinations as required under the IDEA of 2004 §616 (d)(e).

Determinations and Enforcements

In accordance with Subpart H, §303.700 of the Individuals with Disabilities Education Act (IDEA) 2011, states are required to make determinations annually on the performance of each LEIS under Part C and to use appropriate enforcement mechanisms depending on the determination. States must use the following

four (4) determination categories outlined in §303.703 of IDEA: Meets Requirements (MR), Needs Assistance (NA), Needs Intervention (NI) and Needs Substantial Intervention (NSI).

Your local system's determination can be found on page 3 of the report.

- If your LEIS has received a determination of Meets Requirements (MR) with no long-standing noncompliance—congratulations! Your hard work is recognized and appreciated. If your LEIS has improved its determination status since last year (and/or improved its determination assessment score since last year), thank you for your ongoing improvement efforts.
- If your LEIS has received a determination of Needs Assistance (NA) immediately following a determination of Meets Requirements (MR), ITCVA technical assistance and monitoring team staff members will continue to be available to work with your LEIS as needed to help identify and address any issues that may be preventing a determination of Meets Requirements.
- ***In certain circumstances specific enforcement actions are required and identified immediately following your local determination.*** These instances include:
 - Your LEIS has received a determination of Needs Assistance (NA) *immediately* following one or more determinations of Needs Assistance—resulting in NA2, NA3, etc.;
 - Your LEIS has received a determination of NI (Needs Intervention) or NSI (Needs Substantial Intervention); or
 - Your LEIS has received a determination of MR (Meets Requirements) but has long-standing noncompliance with one or more Part C requirements.

If applicable, your technical assistance consultant and monitoring consultant will be reaching out to your local system manager (LSM) to discuss each of the required enforcement actions in further detail.

- If your local system has not yet corrected noncompliance for any of the Part C compliance indicators (1, 7, 8A, 8B and 8C), you must continue monthly monitoring and improvement strategies until your system is in compliance. Noncompliance identified on copy 1 of 2 (sent on June 30, 2025) must be corrected as quickly as possible and in no case later than one (1) year from identification. Your technical assistance and monitoring consultants are available to assist you.
- If your local system did not meet the targets for any of the results indicators (2, 3, 4, 5, and 6), your technical assistance and monitoring consultants will work with you to determine the best way to improve your results.

With reauthorization of IDEA, OSEP has focused on state and local accountability in implementing this federal legislation. Both the local system's publicly reported data and its determination status provide valuable data and information about how your local system's performance compares to the State's measurable and rigorous targets.

While local performance on federal indicators is important, DBHDS recognizes that your local system's determination status and public reporting data do not capture all of the positive work that occurs locally

and all of the support and help you provide to children and families in your community. Your local system's continued commitment to providing early intervention services and supports for Virginia's infants and toddlers with disabilities and their families is greatly appreciated.

If you should have any questions regarding the determination for your LEIS, please do not hesitate to contact your monitoring consultant.

Enclosures

cc: Local System Manager

Local System Manager Supervisor

Nelson Smith, Commissioner, DBHDS

Heather Norton, Deputy Commissioner, Community Services, DBHDS

Kari Savage, Director, Office of Child and Family Services, DBHDS

Richard Corbett, Monitoring Team Leader, Infant & Toddler Connection of Virginia, DBHDS

Monitoring Consultant, Infant & Toddler Connection of Virginia, DBHDS

Technical Assistance Consultant, Infant & Toddler Connection of Virginia, DBHDS

Rappahannock Area

Section A						
Compliance Indicators; Longstanding Noncompliance; Accurate & Timely Data						
Annual Compliance Measures (Indicator 01, Indicator 07 and Indicator 08)						
Scoring - CPN = N/A → 2 - CPN = Y → 2 - CPN = N and ARR >= 95% → 2 - CPN = N and ARR >= 75% → 1 - CPN = N and ARR < 75% → 0						
Indicator	State Target	State Result	CIMV ¹ Result	Corrected Prior to Notification (CPN) (Y/N/NA)	Full Correction FFY23/SFY24 Noncompliance (Y/N/NA)	Points Awarded
01: Timely Services	100%	97.95%	99.59%	Y	N/A	2
07: 45-Day Timeline	100%	98.45%	100.00%	N/A	Y	2
08A: Transition Steps and Services	100%	99.49%	100.00%	N/A	Y	2
08B: Transition Notification to LEA & VDOE	100%	94.32%	100.00%	N/A	N/A	2
08C: Transition Conference	100%	98.79%	100.00%	N/A	N/A	2
Longstanding Noncompliance						
Scoring - No longstanding noncompliance → 2 - Noncompliance corrected within one (1) year; if repeated, compliance at ARR >= 95% → 2 - Noncompliance corrected within one (1) year; if repeated, compliance at ARR < 95% → 1 - Noncompliance exceeding one (1) year → 0						2
Accurate & Timely Data						
Scoring - True → 1 - False → 0	Accuracy	ARR Data and Verification				1
		December 1 st Child Count				1
		Children Over Three Report				1
		Timeliness	Contract Deliverables ²			
Section A Points and % Score						
Scoring - Total points = SUM of points awarded - Section A % score = SUM ÷ TOTAL POSSIBLE POINTS³		SECTION A POINTS				16
		SECTION A % SCORE				100.00%

¹ Compliance Indicators Measurement and Verification (CIMV)

² All FFY24/SFY25 contract deliverables submitted and 4 of 5 deliverables submitted on time in order to receive full credit.

³ FFY24/SFY25 total possible points for Section A = 16.

Section B

Results Indicators; Data Anomalies; Data Completeness

Primary Service Setting (Indicator 02)

Scoring	State Target	State Result	Local Result	Points Awarded
- PSS >= State target → 1 - PSS < State target → 0	98.00%	99.52%	99.24%	1

Child Outcomes (Indicator 03)

Scoring	State Target	State Result	Local Result	Points Awarded
Local results reported but not scored				
03A-S1: Positive social-emotional skills	64.90%	63.92%	53.28%	
03A-S2: Positive social-emotional skills	57.60%	49.40%	40.96%	
03B-S1: Acquisition and use of knowledge and skills	68.70%	68.65%	62.09%	
03B-S2: Acquisition and use of knowledge and skills	46.90%	42.79%	42.94%	
03C-S1: Use of appropriate behaviors to meet needs	68.60%	65.83%	57.93%	
03C-S2: Use of appropriate behaviors to meet needs	50.70%	46.43%	42.09%	

Data Anomalies

Scoring	Anomalies	Score	Points Awarded
3 child outcomes x 5 progress categories (a-e) = 15 results 15 results – total anomalies = Score - Score = 13, 14 or 15 → 2 points - Score = 10, 11 or 12 → 1 point - Score < 10 → 0 points	0	15	2

Children w/ Exit Scores

Scoring	Eligible	Captured	LEIS %	Points Awarded
# score captured ÷ total # eligible for scores = LEIS % - LEIS % >= 90% → 2 points - LEIS % between 80% and 90% → 1 - LEIS % < 80% → 0 points	393	354	90.08%	2

Family Outcomes (Indicator 04)

Scoring	State Target	State Result	Local Result	Meaningful Difference (Y/N/NA)	Points Awarded
- Meaningful difference = NA⁴ → 1 - Meaningful difference = N → 1 - Meaningful difference = Y → 0					
04A: Family Outcomes (Know their rights)	75.00%	81.20%	86.00%	NA	1
04B: Family Outcomes (Communicate needs)	71.90%	79.10%	85.00%	NA	1
04C: Family Outcomes (Help child learn)	85.90%	90.10%	91.00%	NA	1

Family Survey Response Rate

Scoring	Surveys Connected	Surveys Returned	LEIS %	Points Awarded
[Surveys connected⁵ minus (-) surveys returned] ÷ surveys connected = LEIS % - LEIS % >= 26% OR at/above 75th percentile → 2 - LEIS % >= 22% OR between 25th and 75th percentile → 1 - LEIS % at or below 25th PERCENTILE → 0	504	95	18.85%	1

⁴ Local result >= state target = NA

⁵ Surveys connected means surveys sent minus (-) surveys returned as undeliverable. It is assumed that surveys not returned as undeliverable “connected” with the intended recipient household.

Section B: Results (continued)					
Child Find (Indicator 05; Indicator 06)					
Scoring - Meaningful difference = NA⁶ → 1 - Meaningful difference = N → 1 - Meaningful difference = Y → 0	State Target	State Result	Local Result	Meaningful Difference (Y/N/NA)	Points Awarded
05: Child Find 0-1	1.83%	1.78% ⁷	2.53%	NA	1
06: Child Find 0-3	3.62%	4.30% ⁸	4.22%	NA	1
Section B Points and % Score					
Scoring - Total points = SUM of points awarded - Section B % score = SUM ÷ TOTAL POSSIBLE POINTS⁹	SECTION B POINTS				11
	SECTION B % SCORE				91.67%
Cumulative Score and Determination					
Scoring - Cumulative % Score = 50% Section A % Score + 50% Section B % Score - Determination 80%-100% → Meets Requirements (MR) AND no noncompliance exceeding one (1) year 60%-79% → Needs Assistance (NA) 50%-59% → Needs Intervention (NI) 0%-49% → Needs Substantial Intervention (NSI)	FFY24/SFY25 CUMULATIVE % SCORE				95.83%
	FFY24/SFY25 DETERMINATION				MR
Enforcement Actions (if applicable)					
Local EIS Determination History					
FFY20/SFY21 07/01/2020-06/30/2021	FFY21/SFY22 07/01/2021-06/30/2022	FFY22/SFY23 07/01/2022-06/30/2023	FFY23/SFY24 07/01/2023-06/30/2024	FFY24/SFY25 07/01/2024-06/30/2025	
MR	MR	NA	MR	MR	

⁶ Local result >= state target = NA

⁷ Preliminary based on population data obtained by the SLA. Final state results determined by OSEP February 2026.

⁸ See footnote 6 above.

⁹ FFY24/SFY25 total possible points for Section B = 12

Local Early Intervention System (LEIS) Monitoring Results & Determination

Based on monitoring data from FFY 20## (July 1, 20## - June 30, 20##) [as required by OSEP]

☐ Copy 1/2 – Results (6/##) • ☐ Copy 2/2 – FINAL Results & Determination (10/##)

Infant & Toddler Connection of

LEIS

Section A

Compliance Indicators; Longstanding Noncompliance; Accurate & Timely Data

Annual Compliance Measures (Indicator 01, Indicator 07 and Indicator 08)

Scoring

- CPN = N/A → 2
- CPN = Y → 2
- CPN = N and ARR ≥ 95% → 2
- CPN = N and ARR ≥ 75% → 1
- CPN = N and ARR < 75% → 0

Indicator	State Target	Annual Record Review (ARR) Result	Corrected Prior to Notification (CPN) (Y/N/NA)	Full Correction of FFY##/SFY## Noncompliance (Y/N/NA)	Points Awarded
01: Timely Services	100%				
07: 45-Day Timeline	100%				
08A: Transition Steps and Services	100%				
08B: Transition Notification to LEA & SEA	100%				
08C: Transition Conference	100%				

Target for all Compliance Indicators is 100%

Longstanding Noncompliance

Scoring

- No longstanding noncompliance → 2
- Noncompliance corrected within one (1) year; if repeated, compliance
- Noncompliance corrected within one (1) year; if repeated, compliance
- Noncompliance exceeding one (1) year → 0

Noncompliance not corrected within one year OR noncompliance that is corrected and then repeated in a subsequent ARR

Accurate & Timely Data

Scoring

- True → 1
- False → 0

ARR Data and Verification

Review of data submitted with ARR confirmed accuracy

December 1st Child Count

No changes in 12/1 child count due to late data entry

Children Over Three Report

Contract Deliverables¹

Section A Points and % Score

Scoring

- Total points = SUM of points awarded
- Section A % score = SUM ÷ TOTAL POSSIBLE POINTS²

SECTION A POINTS

SECTION A % SCORE

No children on report more than 2 of 3 months reviewed

X of Y required deliverables submitted on time

¹ All FFY##/SFY## contract deliverables submitted and X of Y deliverables submitted on time in order to receive full credit.

² FFY##/SFY## total possible points for Section A = X.

Section B

Results Indicators; Data Anomalies; Data Completeness

Primary Service Setting (Indicator 02)

Scoring	State Target	Local Result		Points Awarded
- PSS >= State target → 1 - PSS < State target → 0	98.0%			

Child Outcomes (Indicator 03)

Scoring				
Local results reported but not scored				
03A-S1: Positive social-emotional skills	69.5%			
03A-S2: Positive social-emotional skills	66.4%			
03B-S1: Acquisition and use of knowledge and skills	74.7%			
03B-S2: Acquisition and use of knowledge and skills	55.3%			
03C-S1: Use of appropriate behaviors to meet needs	78.7%			
03C-S2: Use of appropriate behaviors to meet needs	56.4%			

Scoring is determined by using a meaningful difference calculator; points received if local results are not meaningfully different from expected patterns. "Anomalies" is the terminology OSEP uses to describe results that vary from the expected patterns.

Data Anomalies

Scoring	Anomalies	Score	Points Awarded
3 child outcomes x 5 progress categories (a-e) = 15 results 15 results – total anomalies = Score - Score = 13, 14 or 15 → 2 points - Score = 10, 11 or 12 → 1 point - Score < 10 → 0 points			

Children w/ Exit Scores

Scoring	Eligible	Captured	LEIS %	Points Awarded
# score captured ÷ total # eligible for scores = LEIS % - LEIS % >= 90% → 2 points - LEIS % between 80% and 90% → 1 - LEIS % < 80% → 0 points				

Comparison of the number of children eligible for scores (6+ months between initial IFSP date and date of closure) to the number of children with scores.

Family Outcomes (Indicator 04)

Scoring	State Target	Local Result	Meaningful Difference (Y/N/NA)	Points Awarded
- Meaningful difference = NA³ → 1 - Meaningful difference = N → 1 - Meaningful difference = Y → 0				
04A: Family Outcomes (Know their rights)	76.4%			
04B: Family Outcomes (Communicate needs)	74.4%			
04C: Family Outcomes (Help child learn)	84.9%			

Family Survey Response Rate

Scoring	Surveys Connected	Surveys Returned	LEIS %	Points Awarded
[Surveys connected⁴ minus (-) surveys returned] ÷ surveys connected = LEIS % - LEIS % >= 26% → 2 - LEIS % between 22% and 26% → 1 - LEIS % < 22% → 0				

³ Local result >= state target = NA

⁴ Surveys connected means surveys sent minus (-) surveys returned as undeliverable. It is assumed that surveys not returned as undeliverable "connected" with the intended recipient household.

Section B: Results (continued)

Child Find (Indicator 05; Indicator 06)

Scoring	State Target	Local Result	Meaningful Difference (Y/N/NA)	Points Awarded
- Meaningful difference = NA⁵ → 1 - Meaningful difference = N → 1 - Meaningful difference = Y → 0				
05: Child Find 0-1	1.20%			
06: Child Find 0-3	2.76%			

Section B Points and % Score

Scoring	SECTION B POINTS	
- Total points = SUM of points awarded - Section B % score = SUM ÷ TOTAL POSSIBLE POINTS⁶	SECTION B % SCORE	

Cumulative Score and Determination

Scoring	FFY##/SFY## CUMMULATIVE % SCORE	
- Cumulative % Score = 50% Section A % Score + 50% Section B % Score - Determination 80%-100% → Meets Requirements (MR) AND no noncompliance exceeding one (1) year 60%-79% → Needs Assistance (NA) 50%-59% → Needs Intervention (NI) 0%-49% → Needs Substantial Intervention (NSI)	FFY##/SFY## DETERMINATION	

Enforcement Actions (if applicable)

--

⁵ Local result >= state target = NA

⁶ FFY##/SFY## total possible points for Section B = X.

Finance Department September 2025 Program Updates

Staffing Changes and Opportunities:

Kerlos Amir joined the Finance team as our new Accounting Coordinator on September 29. He is actively acclimating to his role and gaining familiarity with the agency's operations.

Following an evaluation of the Finance Department's staffing needs, a decision was made to eliminate the vacant Accounting Specialist position and reinstate the previously eliminated Financial Analyst position. While the Financial Analyst position has not yet been posted, it is expected to be advertised in the near future.

We continue to value the support of our financial consultant, Kelly Young Marinoff, who has been working closely with Sara to address the backlog of bank reconciliations. Plans are in place to transition this responsibility to Kerlos following appropriate training.

Reimbursement Department:

The Reimbursement team remains focused on implementing new processes to streamline and automate the billing cycle. In addition, we are actively transitioning duties within the department to support cross-training and enhance overall efficiency. This transition is also helping us identify opportunities for improvement, particularly in areas such as claims follow-up and communication with external programs, with the goal of reducing write-offs.

Accounting Department:

The Accounting Department has been actively engaged in the FY2025 year-end financial close-out and audit preparation, a process that is expected to continue over the coming months. The DBHDS Year-End Report has been completed and submitted as required.

Preliminary discussions regarding local funding for FY2027 are underway, and work has commenced on the ICFs' cost reports. Efforts are on-going to address outstanding grant reimbursement requests through the WebGrants system. Additionally, investment-related discussions continued throughout the month.

Summary of Cash Investments

Depository		Rate	Comments
Atlantic Union Bank			
Checking	\$ 14,286,086	3.00%	
Investment Portfolio			
Cash Equivalents	3,765,480		
Fixed Income	5,517,540		
Total Investment	\$ 9,283,020		
Total Atlantic Union Bank	\$ 23,569,106		
Other			
Local Gov. Investment Pool	37,163	4.36%	Avg. Monthly Yield
Total Investments	\$ 23,606,269		

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
Balance at 3/31/2025	\$ 2,131,455	\$ 1,176,835	\$ 4,272,529	\$ 3,317,909
Balance at 4/30/2025	\$ 2,130,913	\$ 1,176,293	\$ 4,264,954	\$ 3,310,334
Balance at 5/31/2025	\$ 2,130,913	\$ 1,176,293	\$ 4,391,577	\$ 3,436,957
FY 2025 Year-End Balance	\$ 2,130,913	\$ 1,176,293	\$ 4,527,191	\$ 3,572,571
Balance at 7/31/2025	\$ 2,130,413	\$ 1,175,793	\$ 4,552,431	\$ 3,597,811
Unrealized Gain/(Loss)			\$ 103,916	
Balance at 8/30/2025	\$ 2,130,413	\$ 1,175,793	\$ 4,656,347	\$ 3,701,727

Health Insurance

FY 2026	Monthly Premiums	Monthly Claims & Fees	Interest	Balance
Beginning Balance				\$3,033,340
July	\$5,773	\$305,482	\$1,209	\$2,734,840
August	\$5,721	\$351,112	\$1,076	\$2,390,525
September	\$6,409	\$283,105	\$925	\$2,114,754
YTD Total	\$17,903	\$939,699	\$3,210	\$2,114,754

Historical Data	Average Monthly Claims	Monthly Average Difference from PY	Highest Month
FY 2026	\$313,233	\$15,969	\$351,112
FY 2025	\$297,264	\$41,811	\$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

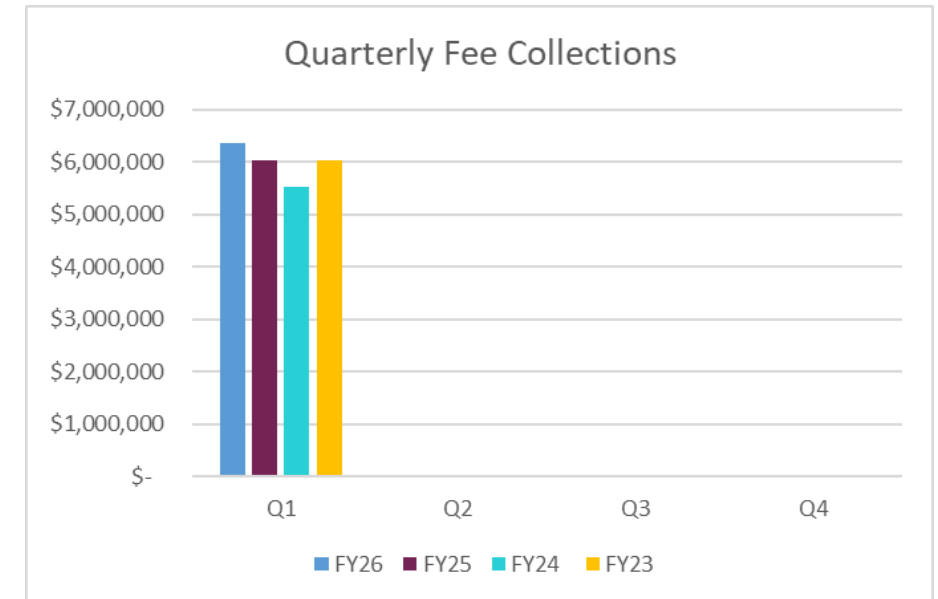
Summary of Investments

Asset Description	Shares/Face Value	Market Value	Total Cost	Unrealized Gain/Loss	Est. Income	Yield to Maturity	Yield to Cost
State Street U.S. Government Money Market	\$114,593.25	\$114,593.25	\$114,593.25	\$ -	\$5,106.28	4.08%	4.08%
US Treasury Bill (11/13/2025)	\$500,000.00	\$497,600.00	\$489,623.47	\$7,976.53	\$10,376.53	3.94%	4.24%
US Treasury Bill(11/28/2025)	\$500,000.00	\$496,780.00	\$491,040.83	\$5,739.17	\$8,959.17	3.96%	4.26%
US Treasury Bill(12/26/2025)	\$500,000.00	\$495,400.00	\$487,100.00	\$8,300.00	\$12,900.00	3.97%	4.00%
US Treasury Bill (01/22/2026)	\$500,000.00	\$494,040.00	\$484,805.21	\$9,234.79	\$15,194.79	3.89%	3.91%
US Treasury Bill(02/19/2026)	\$700,000.00	\$689,752.00	\$682,488.58	\$7,263.42	\$17,511.42	3.87%	4.12%
US Treasury Bill(03/19/2026)	\$500,000.00	\$491,240.00	\$485,496.71	\$5,743.29	\$14,503.29	3.84%	4.05%
US Treasury Bill(07/09/2026)	\$500,000.00	\$486,075.00	\$482,569.63	\$3,505.37	\$17,430.37	3.79%	3.93%
Total Cash Equivalents	\$ 3,814,593.25	\$ 3,765,480.25	\$ 3,717,717.68	\$ 47,762.57	\$ 101,981.85	3.92%	4.07%
US Treasury Note (10/15/2025)	\$1,000,000.00	\$1,000,000.00	\$1,005,781.25	(\$5,781.25)	\$42,500.00	4.21%	4.06%
US Treasury Note (10/15/2026)	\$500,000.00	\$504,625.00	\$506,738.28	(\$2,113.28)	\$23,125.00	3.71%	4.15%
US Treasury Note (06/15/2026)	\$500,000.00	\$501,160.00	\$500,810.85	\$349.15	\$20,625.00	3.78%	4.00%
US Treasury Note(01/31/2027)	\$500,000.00	\$502,695.00	\$502,623.20	\$71.80	\$20,625.00	3.70%	3.79%
US Treasury Note (03/15/2027)	\$500,000.00	\$504,065.00	\$496,308.59	\$7,756.41	\$21,250.00	3.67%	4.57%
US Treasury Note (04/30/2026)	\$500,000.00	\$502,930.00	\$499,023.44	\$3,906.56	\$24,375.00	3.85%	4.04%
US Treasury Note (08/15/2027)	\$500,000.00	\$501,035.00	\$495,292.97	\$5,742.03	\$18,750.00	3.63%	4.15%
US Treasury Note (8/31/2026)	\$500,000.00	\$500,015.00	\$495,195.31	\$4,819.69	\$18,750.00	3.74%	4.36%
US Treasury Note (02/29/2028)	\$500,000.00	\$504,415.00	\$499,988.22	\$4,426.78	\$20,000.00	3.62%	4.04%
US Treasury Note(09/15/2028)	\$500,000.00	\$496,600.00	\$496,308.59	\$291.41	\$16,875.00	3.62%	3.62%
Total Fixed Income	\$ 5,500,000.00	\$ 5,517,540.00	\$ 5,498,070.70	\$ 19,469.30	\$ 226,875.00	3.75%	4.08%
9/30/2025		\$ 9,283,020.25	\$ 9,215,788.38	\$ 67,231.87	\$ 328,856.85	3.73%	4.08%

Fee Revenue Reimbursement- August 31, 2025

RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD							
FEE REVENUE REIMBURSEMENT REPORT AS OF August 31, 2025							
AGED CLAIMS		Current Month		Prior Month		Prior Year	
Total Claims Outstanding	Total	100%	\$6,263,206	100%	\$5,869,626	100%	\$7,376,461
	Consumers	29%	\$1,843,476	31%	\$1,838,452	48%	\$3,516,856
	3rd Party	71%	\$4,419,730	69%	\$4,031,175	52%	\$3,859,604
Claims Aged 0-29 Days	Total	65%	\$4,063,812	61%	\$3,588,264	50%	\$3,690,810
	Consumers	1%	\$37,514	1%	\$36,194	2%	\$101,151
	3rd Party	64%	\$4,026,298	57%	\$3,552,070	57%	\$3,589,659
Claims Aged 30-59 Days	Total	2%	\$132,589	4%	\$239,460	2%	\$155,978
	Consumers	0%	\$28,540	0%	\$9,810	1%	\$62,206
	3rd Party	2%	\$104,049	4%	\$229,649	1%	\$93,772
Claims Aged 60-89 Days	Total	2%	\$145,408	2%	\$105,858	1%	\$73,051
	Consumers	0%	\$25,918	0%	\$25,277	1%	\$32,261
	3rd Party	2%	\$119,490	1%	\$80,580	1%	\$40,790
Claims Aged 90-119 Days	Total	2%	\$99,455	1%	\$52,917	1%	\$47,534
	Consumers	0%	\$20,496	0%	\$27,789	0%	-\$7,180
	3rd Party	1%	\$78,959	0%	\$25,128	1%	\$54,714
Claims Aged 120+ Days	Total	29%	\$1,821,942	32%	\$1,883,128	46%	\$3,409,089
	Consumers	28%	\$1,731,008	28%	\$1,739,381	53%	\$3,328,419
	3rd Party	1%	\$90,934	2%	\$143,747	1%	\$80,670

CLAIM COLLECTIONS	
Current Year To Date Collections	\$6,359,064
Prior Year To Date Collections	\$6,032,295
\$ Change from Prior Year	\$326,769
% Change from Prior Year	5%



Write-off Report

Month: August 2025		
Write Off Code	Current MTD	Prior MTD
BAD ADDRESS	\$ 5,574	\$ 4,126
BANKRUPTCY	\$ 200	\$ -
DECEASED	\$ 405	\$ 109
NO FINANCIAL AGREEMENT	\$ 12,979	\$ 3,973
SMALL BALANCE	\$ 143	\$ 54
UNCOLLECTABLE	\$ 2,012	\$ 182
FINANCIAL ASSISTANCE	\$ 209,539	\$ 278,996
NO SHOW	\$ 2,160	\$ 280
MAX UNITS/BENEFITS	\$ 80,404	\$ 19,084
PROVIDER NOT CREDENTIALLED	\$ 443	\$ 4,175
DIAGNOSIS NOT COVERED	\$ 160	\$ -
NON-COVERED SERVICE	\$ 5,424	\$ 4,587
SERVICES NOT AUTHORIZED	\$ 28,889	\$ 14,921
PAST BILLING DEADLINE	\$ -	\$ 547
MCO DENIED AUTH	\$ 2,541	\$ 360
INCORRECT PAYER	\$ 8,229	\$ 4,607
NO PRIMARY EOB	\$ 4,425	\$ 37
SPENDDOWN NOT MET	\$ 19,500	\$ 45,947
TOTAL	\$ 383,026	\$ 381,984

Year to Date: July - August 2025		
Write Off Code	Current YTD	Prior YTD
BAD ADDRESS	\$ 8,683	\$ 43,625
BANKRUPTCY	\$ 2,670	\$ -
DECEASED	\$ 600	\$ 449
NO FINANCIAL AGREEMENT	\$ 39,055	\$ 14,984
SMALL BALANCE	\$ 402	\$ 129
UNCOLLECTABLE	\$ 3,481	\$ 305
FINANCIAL ASSISTANCE	\$ 556,454	\$ 402,448
NO SHOW	\$ 10,078	\$ 1,930
MAX UNITS/BENEFITS	\$ 136,557	\$ 55,443
PROVIDER NOT CREDENTIALLED	\$ 1,053	\$ 4,545
DIAGNOSIS NOT COVERED	\$ 480	\$ 480
NON-COVERED SERVICE	\$ 22,217	\$ 7,721
SERVICES NOT AUTHORIZED	\$ 73,524	\$ 59,384
PAST BILLING DEADLINE	\$ 785	\$ 1,587
MCO DENIED AUTH	\$ 15,928	\$ 6,972
INCORRECT PAYER	\$ 13,688	\$ 8,115
NO PRIMARY EOB	\$ 4,425	\$ 322
SPENDDOWN NOT MET	\$ 31,138	\$ 54,324
TOTAL	\$ 921,217	\$ 662,762

Payroll Statistics FY2026

Pay Date	Overtime Hours	Overtime Cost	Average Cost per hour- Overtime	2P Hours	2P Cost	Average Cost per hour-2p	Total Hours	Total Costs
7/11/2025	73.5	\$2,911.46	\$39.61	33.5	\$1,421.70	\$42.44	107	\$4,333.16
7/25/2025	105	\$4,242.78	\$40.41	62	\$2,274.32	\$36.68	167	\$6,517.10
8/8/2025	113.25	\$4,479.56	\$39.55	27.5	\$1,024.79	\$37.27	140.75	\$5,504.35
8/22/2025	105	\$4,497.43	\$42.83	65.75	\$2,703.77	\$41.12	170.75	\$7,201.20
9/5/2025	100	\$4,460.95	\$44.61	45.5	\$3,331.48	\$73.22	145.5	\$7,792.43
9/19/2025	111.75	\$4,500.36	\$40.27	161.75	\$6,688.84	\$41.35	273.5	\$11,189.20
10/3/2025	123.5	\$5,098.84	\$41.29	53	\$2,149.33	\$40.55	176.5	\$7,248.17
Grand Total	732	\$30,191.38	\$41.25	449	\$19,594.23	\$43.64	1181	\$49,785.61

RACSB
FY 2026 FINANCIAL REPORT
Fiscal Year: July 1, 2025 through June 30, 2026
Report Period: July 1, 2025 through August 31, 2025

MENTAL HEALTH

PROGRAM	REVENUE			EXPENDITURES			ACTUAL VARIANCE	VARIANCE / REVENUE
	BUDGET FY 2026	ACTUAL YTD	%	BUDGET FY 2026	ACTUAL YTD	%		
INPATIENT	0	5,950	0.00%	0	9,950	0.00%	(4,000)	-67%
OUTPATIENT (FED)	3,559,688	684,489	19.23%	3,559,688	561,883	15.78%	122,606	18%
MEDICAL OUTPATIENT (R) (FED)	4,432,876	634,265	14.31%	4,432,876	710,772	16.03%	(76,507)	-12%
ACT NORTH (R)	1,108,186	183,394	16.55%	1,108,186	173,712	15.68%	9,682	5%
ACT SOUTH (R)	1,057,760	211,752	20.02%	1,057,760	167,882	15.87%	43,870	21%
CASE MANAGEMENT ADULT (FED)	1,377,302	198,026	14.38%	1,377,302	217,299	15.78%	(19,273)	-10%
CASE MANAGEMENT CHILD & ADOLESCENT (FED)	1,171,251	174,263	14.88%	1,171,251	182,660	15.60%	(8,397)	-5%
PSY REHAB & KENMORE EMP SER (R) (FED)	861,864	127,165	14.75%	861,864	133,360	15.47%	(6,195)	-5%
PERMANENT SUPPORTIVE HOUSING (R)	4,079,960	3,171,532	77.73%	4,079,960	513,875	12.60%	2,657,656	84%
CRISIS STABILIZATION (R)	2,984,567	514,109	17.23%	2,984,567	461,443	15.46%	52,666	10%
SUPERVISED RESIDENTIAL	702,775	68,909	9.81%	702,775	114,232	16.25%	(45,323)	-66%
SUPPORTED RESIDENTIAL	1,115,708	159,008	14.25%	1,115,708	165,579	14.84%	(6,571)	-4%
JAIL DIVERSION GRANT (R)	0	22,295	#DIV/0!	0	0	#DIV/0!	22,295	100%
JAIL & DETENTION SERVICES	796,633	(2,490)	-0.31%	796,633	123,380	15.49%	(125,871)	5055%
SUB-TOTAL	23,248,570	6,152,666	26%	23,248,570	3,536,029	15%	2,616,638	43%

DEVELOPMENTAL SERVICES

PROGRAM	REVENUE			EXPENDITURES			ACTUAL VARIANCE	VARIANCE / REVENUE
	BUDGET FY 2026	ACTUAL YTD	%	BUDGET FY 2026	ACTUAL YTD	%		
CASE MANAGEMENT	5,009,320	1,660,401	33.15%	5,009,320	729,544	14.56%	930,857	56%
DAY HEALTH & REHAB *	5,928,581	1,165,755	19.66%	5,928,581	944,528	15.93%	221,227	19%
GROUP HOMES	7,177,971	1,200,088	16.72%	7,177,971	1,095,869	15.27%	104,219	9%
RESPIRE GROUP HOME	742,838	36,631	4.93%	742,838	92,078	12.40%	(55,447)	-151%
INTERMEDIATE CARE FACILITIES	5,382,884	656,126	12.19%	5,382,884	747,951	13.89%	(91,825)	-14%
SUPERVISED APARTMENTS	1,869,743	477,724	25.55%	1,869,743	296,313	15.85%	181,411	38%
SPONSORED PLACEMENTS	2,412,624	399,458	16.56%	2,412,624	215,376	8.93%	184,082	46%
SUB-TOTAL	28,523,961	5,596,184	19.62%	28,523,961	4,121,658	14.45%	1,474,525	26%

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

RACSB
FY 2026 FINANCIAL REPORT
Fiscal Year: July 1, 2025 through June 30, 2026
Report Period: July 1, 2025 through August 31, 2025
SUBSTANCE ABUSE

PROGRAM	REVENUE			EXPENDITURES				VARIANCE / REVENUE
	BUDGET FY 2026	ACTUAL YTD	%	BUDGET FY 2026	ACTUAL YTD	%	ACTUAL VARIANCE	
SA OUTPATIENT (R) (FED)	2,049,386	208,414	10.17%	2,049,386	314,880	15.36%	(106,466)	-51%
MAT PROGRAM (R) (FED)	1,254,477	205,259	16.36%	1,254,477	192,328	15.33%	12,932	6%
CASE MANAGEMENT (R) (FED)	404,098	25,159	6.23%	404,098	32,701	8.09%	(7,542)	-30%
RESIDENTIAL (R)	36,612	4,757	12.99%	36,612	0	0.00%	4,757	100%
PREVENTION (R) (FED)	521,955	23,767	4.55%	521,955	102,900	19.71%	(79,133)	-333%
LINK (R) (FED)	-	9,027	#DIV/0!	0	40,886	#DIV/0!	(31,859)	-353%
SUB-TOTAL	4,266,528	476,382	11%	2,217,142	683,694	31%	(100,845)	-21%

SERVICES OUTSIDE PROGRAM AREA

PROGRAM	REVENUE			EXPENDITURES				VARIANCE / REVENUE
	BUDGET FY 2026	ACTUAL YTD	%	BUDGET FY 2026	ACTUAL YTD	%	ACTUAL Variance	
EMERGENCY SERVICES (R)	2,040,456	840,644	41.20%	2,040,456	278,931	13.67%	561,714	67%
CHILD MOBILE CRISIS (R)	271,050	6,865	2.53%	271,050	26,543	9.79%	(19,677)	-287%
CIT ASSESSMENT SITE (R)	329,029	38,379	11.66%	329,029	39,585	12.03%	(1,206)	-3%
CONSUMER MONITORING (R) (FED)	-	0	#DIV/0!	0	64,952	#DIV/0!	(64,952)	0%
ASSESSMENT AND EVALUATION (R)	514,373	92,750	18.03%	514,373	82,319	16.00%	10,431	11%
SUB-TOTAL	3,154,908	978,638	31.02%	3,154,908	492,328	15.61%	486,310	50%

ADMINISTRATION

PROGRAM	REVENUE			EXPENDITURES			
	BUDGET FY 2026	ACTUAL YTD	%	BUDGET FY 2026	ACTUAL YTD	%	ACTUAL VARIANCE
ADMINISTRATION (FED)	826,292	100,998	12.22%	826,292	100,998	12.22%	0
PROGRAM SUPPORT	27,600	4,600	16.67%	27,600	4,600	16.67%	0
SUB-TOTAL	853,892	105,598	12.37%	853,892	105,598	12.37%	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 2026 FINANCIAL REPORT
Fiscal Year: July 1, 2025 through June 30, 2026
Report Period: July 1, 2025 through August 31, 2025
FISCAL AGENT AND OTHER PROGRAMS

PROGRAM	REVENUE			EXPENDITURES			ACTUAL VARIANCE	VARIANCE / REVENUE
	BUDGET FY 2026	ACTUAL YTD	%	BUDGET FY 2026	ACTUAL YTD	%		
INTERAGENCY COORDINATING COUNCIL (R)	1,896,364	233,813	12.33%	1,896,364	145,653	7.68%	88,160	38%
INFANT CASE MANAGEMENT (R)	939,818	139,269	14.82%	939,818	157,645	16.77%	(18,376)	-13%
EARLY INTERVENTION (R)	2,719,353	246,716	9.07%	2,719,353	440,618	16.20%	(193,902)	-79%
TOTAL PART C	5,555,535	619,799	11.16%	5,555,535	743,917	13.39%	(124,118)	-20%
HEALTHY FAMILIES (R)	1,246,855	94,776	7.60%	1,246,855	193,984	15.56%	(99,208)	-105%
HEALTHY FAMILIES - MIECHV Grant (R) (REIM)	0	0	#DIV/0!	0	0	#DIV/0!	0	#DIV/0!
HEALTHY FAMILIES-TANF & CBCAP GRANT (R) (REIM)	0	0	#DIV/0!	0	0	#DIV/0!	0	0%
TOTAL HEALTHY FAMILY	1,246,855	94,776	7.60%	1,246,855	193,984	15.56%	(99,208)	-105%
COMMUNITY OUTREACH	118,307	0	0.00%	118,307	5,991	5.06%	(5,991)	0%
TOTAL COMMUNITY OUTREACH	118,307	0	0.00%	118,307	5,991	5.06%	(5,991)	0%

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

RACSB
FY 2026 FINANCIAL REPORT
Fiscal Year: July 1, 2025 through June 30, 2026
Report Period: July 1, 2025 through August 31, 2025

RECAP FY 2026 BALANCES

	<u>REVENUE</u>	<u>EXPENDITURES</u>	<u>NET</u>	<u>NET / REVENUE</u>
MENTAL HEALTH	6,152,666	3,536,029	2,616,638	43%
DEVELOPMENTAL SERVICES	5,596,184	4,121,658	1,474,525	26%
SUBSTANCE ABUSE	476,382	683,694	(207,312)	-44%
SERVICES OUTSIDE PROGRAM AREA	978,638	492,328	486,310	50%
ADMINISTRATION	105,598	105,598	0	0%
FISCAL AGENT PROGRAMS	714,575	943,892	(229,317)	-32%
TOTAL	14,024,043	9,883,199	4,140,844	30%

RECAP FY 2025 BALANCES

	<u>REVENUE</u>	<u>EXPENDITURES</u>	<u>NET</u>	<u>NET / REVENUE</u>
MENTAL HEALTH	6,471,137	3,648,622	2,822,515	44%
DEVELOPMENTAL SERVICES	5,114,894	4,694,307	420,587	8%
SUBSTANCE ABUSE	503,134	618,289	(115,155)	-23%
SERVICES OUTSIDE PROGRAM AREA	1,176,331	523,620	652,711	55%
ADMINISTRATION	159,168	159,168	0	0%
FISCAL AGENT PROGRAMS	1,534,771	1,209,793	324,979	21%
TOTAL	14,959,436	10,853,799	4,105,637	27%

	<u>\$ Change</u>	<u>% Change</u>
Change in Revenue from Prior Year	\$ (935,393)	-6.25%
Change in Expense from Prior Year	\$ (970,599)	-8.94%
Change in Net Income from Prior Year	\$ 35,207	0.86%

*Unaudited Report

RAPPAHANNOCK AREA
COMMUNITY SERVICES BOARD

MEMORANDUM

To: Joe Wickens, Executive Director

From: Sara Keeler, Director of Finance and Administration

Date: October 9, 2025

Re: Investment Strategy Update & Recommendation for Board Approval

At the last board meeting, representatives from Atlantic Union Bank presented their recommendations regarding our investment strategy. Their proposal included maintaining our current investments with Atlantic Union Bank and participating in the Virginia Municipal Investment Trust (VA MINT).

VA MINT, which officially launched on July 1, 2025, is a pooled investment fund similar to the Local Government Investment Pool (LGIP), in which RACSB already participates. According to Atlantic Union Bank, VA MINT is designed to "outperform" LGIP in terms of net interest earnings, after fees.

Staff Recommendation:

After reviewing the options presented, staff recommends postponing any investment in VA MINT for at least one year. This will allow time to assess its actual performance and ensure the fund has undergone a formal financial audit.

In the interim, staff recommends increasing our investment in LGIP while maintaining a minimum balance of \$5,000,000 in our operating account. LGIP funds are liquid and can be accessed same-day or next-day, depending on the timing of the request; however, transfers require manual wire processing.

Staff further recommends that the investment balance be reviewed monthly to determine whether additional funds should be reallocated between the LGIP and operating accounts.

HUMAN RESOURCES PROGRAM UPDATE- September 2025

Training & Compliance

- Facilitated in-person training for 125 staff.
- Continuing our HR file audit, we have audited 63% of our workforce.
- Finished building our online performance evaluation tool in Relias.
- Created training for our leaders on how to use the new performance evaluation tool in Relias. We are set to train in October and launch the latest tool in early November.
- Continued to participate in the DBHDS & Region 1 training matrix collaboration.
- HR Director and Coordinator participated in a day-long training provided by VRSA around employee safety and workers' compensation.

Employee Engagement

- The employee picnic was held at Braehead Farms.
- In partnership with our in-house Pharmacy, Altruix, we set-up our annual flu shot clinics, which runs through the second week of October. Employees can receive the flu shot free of charge.

Recruitment Notes

- Started the recruitment process for the 6th Germanna/RACSB BHT internship class, which will start in January 2026.
- Onboarded eight new HopeStarters, including an Accounting Coordinator.
- Provided training to our leaders on our new electronic hiring packet, along with tips and tricks on how to efficiently use our recruitment platform.



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: October 10, 2025

Re: Summary – September 2025 Applicant and Recruitment Update

For September 2025, RACSB received 701 applications.

Of the applications received, 91 applicants listed the RACSB applicant portal as their recruitment source, 19 stated employee referrals as their recruitment source, and 591 listed various job boards as their recruitment source.

As of the end of September, 27 positions —20 full-time and 7 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 for September 2025.

APPLICANT DATA REPORT

RACSB FY 2026

<u>APPLICANT DATA</u>	<u>Jul-25</u>	<u>Aug-25</u>	<u>Sep-25</u>
Female	212	319	425
Male	37	72	101
Not Supplied	75	129	175
Total	324	520	701
<u>ETHNICITY</u>			
White	85	106	164
African American	118	195	263
Hispanic	7	25	22
Asian	5	11	10
American Indian	2	2	2
Native Hawaiian	3	0	1
Two or More Races	92	126	212
Not Supplied	12	55	27
<u>RECRUITMENT SOURCE</u>			
RACSB Website	35	80	91
Employee Referrals	12	20	19
Indeed.com	232	387	504
Other -	34	23	70
Zip Recruiter	11	10	17
Job Fair	0	0	0
Total # of Applicants	324	520	701

RECRUITMENT REPORT FY 2026

<u>MONTHLY RECRUITMENT</u>	<u>JULY</u>	<u>AUGUST</u>	<u>SEPTEMBER</u>	<u>OCTOBER</u>	<u>NOVEMBER</u>	<u>DECEMBER</u>	<u>JANUARY</u>	<u>FEBRUARY</u>	<u>MARCH</u>	<u>APRIL</u>	<u>MAY</u>	<u>JUNE</u>	<u>TOTAL YTD</u>
External Applicants Hired:													
Part-time	0	1	1										2
Full-time	4	3	7										14
Sub Total External Applicants Hired	4	4	8	0	0	0	0	0	0	0	0		16
Internal Applicants Moved:													
Part-time to Full-time	0	0	0										0
PRN As Needed to Full-Time	0	0	0										0
Sub Total Internal Applicant Moves	0	0	0	0	0	0	0	0	0	0	0		0
Total Positions Filled:	4	4	8	0	0	0	0	0	0	0	3		16
Total Applications Received:													
Actual Total of Applicants:	324	520	701										1545
Total External Offers Made:	4	4	8										16
Total Internal Offers Made:	0	0	0										0

Vacancy Report as of 9/29/2025

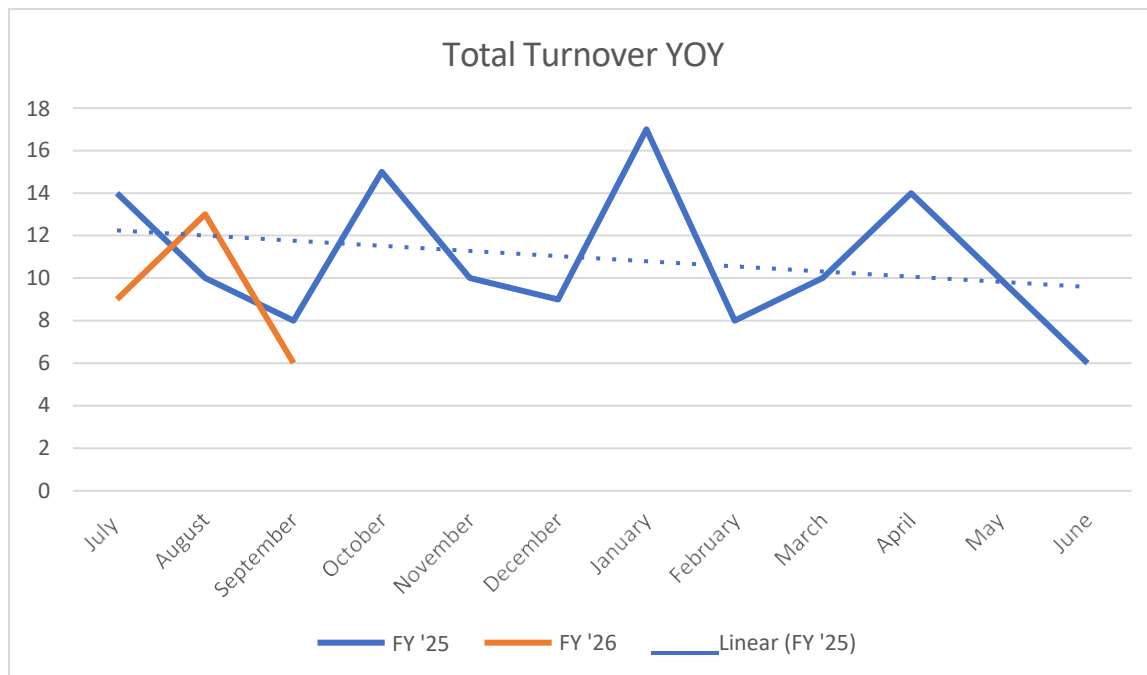
9/29/2025							
Actively Recruiting to Hire							
Original Date Listed	Days Open	Job Title	RU	Division	Location	FT	PT
				Admin			
8/18/2025	42	CHILD/ADOLESCENT CASE MANAGER - STAFFORD	2500	Clinical	Stafford County Clinical Services - Child & Adolescent Services	1	
2/26/2025	215	PSYCHIATRIC NURSE PRACTITIONER, OBOT	4261	Clinical	Fredericksburg City Clinical Services - SA Services	1	
8/5/2025	55	ASSISTANT COORDINATOR - EMERGENCY SERVICES	2000	CIS	Fredericksburg City CIS - Emergency Services	1	
7/29/2025	62	ES THERAPIST, CO-MOBILE RESPONSE	2000	CIS	Fredericksburg City CIS - Emergency Services	1	
9/24/2025	5	EMERGENCY SERVICES THERAPIST	2070	CIS	Fredericksburg City CIS - Emergency Services	1	
9/2/2025	27	EMERGENCY SERVICES THERAPIST - CHILD & ADOLESCENT	2070	CIS	Fredericksburg City CIS - Emergency Services	1	
6/23/2025	98	NURSE, RN - CRISIS STABILIZATION	2770	CIS	Fredericksburg City CIS - Crisis Stabilization Program	1	
8/18/2025	42	EMERGENCY SERVICES THERAPIST	4000	CIS	Fredericksburg City CIS - Emergency Services	1	
9/18/2025	11	PSYCHOSOCIAL ADVOCATE - KENMORE	2650	CSS	Fredericksburg City CSS - Psychosocial Rehabilitation Services	1	
8/26/2025	34	DEVELOPMENTAL SERVICES SUPPORT COORDINATOR - STAFFORD	3300	CSS	Stafford County CSS - ID/DD Support Coordination Services	1	
8/26/2025	34	DEVELOPMENTAL SERVICES SUPPORT COORDINATOR - STAFFORD	3300	CSS	Stafford County CSS - ID/DD Support Coordination Services	1	
9/24/2025	5	DEVELOPMENTAL SERVICES SUPPORT COORDINATOR - RIVER CLUB	3300	CSS	Fredericksburg City CSS - ID/DD Support Coordination Services	1	
8/26/2025	34	DEVELOPMENTAL SERVICES SUPPORT COORDINATOR - RIVER CLUB	3300	CSS	Fredericksburg City CSS - ID/DD Support Coordination Services	1	
9/9/2025	20	DIRECT SUPPORT PROFESSIONAL - DAY SUPPORT - CAROLINE	3651	CSS	Caroline County CSS - Day Health and Rehabilitation Services		1
9/5/2025	24	DIRECT SUPPORT PROFESSIONAL - DAY SUPPORT - KINGS HWY	3651	CSS	Stafford County CSS - Day Health and Rehabilitation Services		1
9/5/2025	24	DSP - DAY SUPPORT - KINGS HIGHWAY	3652	CSS	Fredericksburg City CSS - Day Health & Rehabilitation Services		1
9/18/2025	11	DIRECT SUPPORT PROFESSIONAL - DAY SUPPORT ICF	3656	CSS	Fredericksburg City CSS - Day Health and Rehabilitation Services		1
9/2/2025	27	NURSE, LPN - WOLFE ICF	3771	CSS	Fredericksburg City CSS - ID/DD Residential		1
9/2/2025	27	DIRECT SUPPORT PROFESSIONAL - STONEWALL	3773	CSS	Spotsylvania County CSS - ID/DD Residential		1
8/5/2025	55	DIRECT SUPPORT PROFESSIONAL - MYERS RESPITE	3794	CSS	Stafford County CSS - ID/DD Residential	1	
9/2/2025	27	DIRECT SUPPORT PROFESSIONAL - PIEDMONT	3776	CSS	Spotsylvania County CSS - ID/DD Residential	1	
8/27/2025	33	DIRECT SUPPORT PROFESSIONAL - NEW HOPE	3778	CSS	Stafford County CSS - ID/DD Residential	1	
8/27/2025	33	DIRECT SUPPORT PROFESSIONAL - NEW HOPE	3778	CSS	Stafford County CSS - ID/DD Residential	1	
9/2/2025	27	DIRECT SUPPORT PROFESSIONAL - CHURCHILL	3791	CSS	Spotsylvania County CSS - ID/DD Residential	1	
9/2/2025	27	DIRECT SUPPORT PROFESSIONAL - CHURCHILL	3791	CSS	Spotsylvania County CSS - ID/DD Residential		1
9/2/2025	27	DIRECT SUPPORT PROFESSIONAL - LUCAS ICF	3793	CSS	Spotsylvania County CSS - ID/DD Residential	1	
9/2/2025	27	NURSE LPN - LUCAS ICF	3793	CSS	Spotsylvania County CSS - ID/DD Residential	1	
Avg days open	39.00					20	7
					Total Positions in Recruitment	27	
Budgeted Vacant		Job Title	RU	Division		FT	PT
		FINANCIAL ANALYST	1000	Admin	Fredericksburg City Administrative - Finance	1	
		MAINTENANCE TECHNICIAN	1100	Program Support	Property Management	1	
				Prevention			
		NURSE, LPN - CRISIS STABILIZATION	2770	CIS	Fredericksburg City CIS - Crisis Stabilization Program	1	
		MH RESIDENTIAL SPECIALIST - CRISIS STABILIZATION	2770	CIS	Fredericksburg City CIS - Crisis Stabilization Program	1	
		NURSE, RN - CRISIS STABILIZATION	2770	CIS	Fredericksburg City CIS - Crisis Stabilization Program		1
		CO-OCCURRING SPECIALIST	2372	CIS	ACT South	1	
		RESIDENTIAL COUNSELOR I - LAFAYETTE BOARDING	2786	CSS	Fredericksburg City CSS - ID/DD Residential	1	
		INFANT/CHILD SUPPORT COORDINATOR	3500	CSS	Fredericksburg City CSS - Child & Adolescent Services	1	
		DIRECT SUPPORT PROFESSIONAL - RAAI CAROLINE	3651	CSS	Caroline County CSS - Day Health and Rehabilitation Services	1	
		DIRECT SUPPORT PROFESSIONAL - KINGS HIGHWAY	3652	CSS	Stafford County CSS - Day Health and Rehabilitation Services		1
		DIRECT SUPPORT PROFESSIONAL - KINGS HIGHWAY	3652	CSS	Stafford County CSS - Day Health and Rehabilitation Services		1
		DIRECT SUPPORT PROFESSIONAL - DAY SUPPORT ICF	3656	CSS	Stafford County CSS - Day Health and Rehabilitation Services		1
		DIRECT SUPPORT PROFESSIONAL - RAAI HORTICULTURE	3657	CSS	Stafford County CSS - Day Health and Rehabilitation Services		1
		SITE LEADER II - KINGS HIGHWAY	3658	CSS	Stafford County CSS - Day Health and Rehabilitation Services	1	
		DIRECT SUPPORT PROFESSIONAL - STONEWALL	3773	CSS	Spotsylvania County CSS - ID/DD Residential	1	
		DIRECT SUPPORT PROFESSIONAL - DEVON	3774	CSS	Caroline County CSS - ID/DD Residential	1	
		DIRECT SUPPORT PROFESSIONAL - IGO	3777	CSS	King George County CSS - ID/DD Residential		1
		DIRECT SUPPORT PROFESSIONAL - IGO	3777	CSS	King George County CSS - ID/DD Residential		1
		DIRECT SUPPORT PROFESSIONAL - BELMONT	3781	CSS	Fredericksburg City CSS - ID/DD Residential	1	
		DIRECT SUPPORT PROFESSIONAL - BELMONT	3781	CSS	Fredericksburg City CSS - ID/DD Residential		1
		DIRECT SUPPORT PROFESSIONAL - ROSS ICF	3792	CSS	Spotsylvania County CSS - ID/DD Residential	1	
		DIRECT SUPPORT PROFESSIONAL - LUCAS ICF	3793	CSS	Spotsylvania County CSS - ID/DD Residential		1
		DIRECT SUPPORT PROFESSIONAL - MYERS RESPITE	3794	CSS	Stafford County CSS - ID/DD Residential	1	
		DIRECT SUPPORT PROFESSIONAL - MYERS RESPITE	3794	CSS	Stafford County CSS - ID/DD Residential		1
		DIRECT SUPPORT PROFESSIONAL - MYERS RESPITE	3794	CSS	Stafford County CSS - ID/DD Residential		1
		DIRECT SUPPORT PROFESSIONAL - MYERS RESPITE	3794	CSS	Stafford County CSS - ID/DD Residential		1
		OUTPATIENT THERAPIST - FREDERICKSBURG CLINIC	2200	Clinical	Fredericksburg City Clinical Services - MH/SA Services		1
		PSYCHIATRIC NURSE PRACTITIONER	2201	Clinical	Fredericksburg City Clinical Services - MH/SA Services	1	
					Totals:	15	13
					Cumulative:	28	

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: October 10, 2025
Re: Summary – Turnover Report – October 2025

Human Resources processed six (6) employee separations in September 2025; all were voluntary terminations.



RACSB Turnover FY '25

<u>Employees</u>	<u>Jul-24</u>	<u>Aug-24</u>	<u>Sep-24</u>	<u>Oct-24</u>	<u>Nov-24</u>	<u>Dec-24</u>	<u>Jan-25</u>	<u>Feb-25</u>	<u>Mar-25</u>	<u>Apr-25</u>	<u>May-25</u>	<u>Jun-25</u>
Average Headcount	572	573	587	586	570	571	579	585	583	576	560	561
Monthly Terminations*	14	10	8	15	10	9	17	8	10	14	10	6
Turnover by Month	2.45%	1.75%	1.36%	2.56%	1.75%	1.58%	2.94%	1.37%	1.72%	2.43%	1.79%	1.07%
Cumulative Turnover YTD	2.45%	4.19%	5.54%	8.11%	9.87%	11.45%	14.39%	15.75%	17.46%	19.89%	21.68%	22.77%
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%	1.97%	1.90%

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

RACSB Turnover FY '26

<u>Employees</u>	<u>Jul-25</u>	<u>Aug-25</u>	<u>Sep-25</u>	<u>Oct-25</u>	<u>Nov-25</u>	<u>Dec-25</u>	<u>Jan-26</u>	<u>Feb-26</u>	<u>Mar-26</u>	<u>Apr-26</u>	<u>May-26</u>	<u>Jun-26</u>
Average Headcount	558	553	550									
Monthly Terminations*	9	13	6									
Turnover by Month	1.61%	2.35%	1.09%									
Cumulative Turnover YTD	1.43%	3.96%	5.06%									
Average % Turnover per Month YTD	1.43%	1.98%	1.69%									

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

RACSB MONTHLY TURNOVER REPORT
Sep-25

<u>ORGANIZATIONAL UNIT</u>	<u>NUMBER OF TERMS</u>	<u>VOLUNTARY</u>	<u>INVOLUNTARY</u>	<u>EXPLANATION</u>
Administrative		1		Resigned - job dissatisfaction
<i>Unit Totals</i>	1	1	0	
Clinical Services				
<i>Unit Totals</i>	0	0	0	
Community Support Services		2		Resigned - schedule dissatisfaction
		1		Resigned - job dissatisfaction
<i>Unit Totals</i>	3	3	0	
Crisis Intervention Services				
		1		Resigned - health
<i>Unit Totals</i>	1	1	0	
Prevention & Early Intervention Services				
		1		Retirement
<i>Unit Totals</i>	1	1	0	
Grand Totals for the Month	6	6	0	

Total Average Number of Employees	550
Retention Rate	98.91%
Turnover Rate	1.09%

Total Separations	6
-------------------	---

RACSB DEPUTY EXECUTIVE DIRECTOR REPORT

September 2025 Monthly Updates

Opportunities for Partnership/Input:

- Attended multiple meetings on DMAS Behavioral Health Re-Design and coordinated internal efforts to facilitate public comment on applicable draft policies.
- Served on the DBHDS Charter Finance Group to work towards streamlining fiscal requirements and building in flexibility around funding lines.
- Ongoing participation at least twice a month on the VACSB CCBHC Steering Committee and selected as chair for the Data and Outcomes sub-work group for this project.
- Negotiated a number of Exhibits D, funding specific addendums for the Performance Contract.
- Ongoing participation in the FY26 HL7 Expansion workgroup. Using the work of the VACSB DMC Data Mapping Workgroup to work to streamline some of the ad-hoc reporting into the expansion effort.
- Participated in planning committee for the Caroline County Senior Citizen's gala 20th anniversary event.
- Hosted in-person visit with executives from our pharmacy provider, Altruix to include tour of new facility.
- Participated in VACSB CCBHC Consultant RFP pre-proposal meeting.
- Met with small group of VACSB leadership and staff of the Behavioral Health Commission to support development of the report and recommendations around STEP-VA implementation.

Community Consumer Submission 3

DBHDS staff and CSB staff continue to meet weekly about the CCS 3 replacement project. Rappahannock Area Community Services Board continues to be the lead Netsmart Community Services Board, for those that use MyAvatar. We successfully went live on June 30, 2025. We continue to troubleshoot any errors that are identified. We are excited by the launch of the data quality dashboard which gives us unprecedented access to data quality errors for swift and efficient resolution.

VACSB DMC Data Mapping of DBHDS Required Reporting Workgroup

RACSB staff serve as chair of the DMC Data Mapping workgroup charged with mapping out the data requirements from DBHDS which CSBs have to complete. The new EDW project was meant to modernize and streamline required data reporting. The workgroup is partnering with the HL7 Expansion workgroup to incorporate requirements into the new EDW system to reduce duplicate ad-hoc reporting.

Information Technology Department Data		
Number of IT Tickets Completed	Zoom Meetings	Total Zoom Participants
Sept 2025- 995	2,041	4,451

To: Joe Wickens, Executive Director

From: Brandie Williams, Deputy Executive Director

Re: Legislative Updates and Priorities

Date: October 9, 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.

VACSB Legislative Priorities for 2026 General Assembly Session:

- Each year, VACSB adopts legislative priorities to support the work of Community Services Boards.
- Please find this year's priorities attached for review.

Behavioral Health Commission:

- The Behavioral Health Commission (BHC), established in 2021 by the Virginia General Assembly, works to strengthen behavioral health services across the Commonwealth. Made up of 12 state legislators, the Commission promotes policies that ensure Virginians have access to high-quality, efficient care. It monitors existing programs and initiatives, evaluates service delivery and payment systems, and develops recommendations to improve the state's behavioral health services and overall system.
- During the last BHC meeting, the Commission received an update and recommendations regarding the implementation of STEP-VA. Please see attached summary.

DBHDS Funding Actions:

- DBHDS sent notice on Monday, May 5, 2025 of reallocation of certain STEP-VA funds starting July 1, 2025. They provided a list of indicators involved in the decision-making and highlighted three key indicators: well-being score, adult and child uninsured rates, and rurality. RACSB was impacted negatively in the amount of \$28,355 and applied to Same Day Access Psychiatric Rehabilitation, and Case Management STEP-VA Funding streams. This funding was later re-instated, but moved to a reimbursement model which must be spent first and by September 30, 2025.
- DBHDS states "the impact of applying these new percentages across any given funding stream is evaluated. It can be demonstrated that these new percentages are successful at moving funds to CSBs which are insufficiently funded based on the indicators used in this version".
- DBHDS has formed a workgroup to discuss adjusting the funding formula model and using it to re-allocate state funds.
- DBHDS proposed to the State Board Policy Committee to rescind Policy 6005(FIN)94-2 Retention of Unspent Funds by Community Services Boards and move any policy around unspent funds to the Performance Contract. RACSB has submitted comments opposing this action as it removed the checks and balances provided by keeping it under Board authority. Also, RACSB reached out to local representatives on the Board, Jane McDonald and Cindy Lamb who both serve on the Policy Committee, to share our concerns. Due to the advocacy of our local representatives, this proposal ended in committee when there were no committee members willing to move to bring the policy to the full board.

Impacts of recent Federal-level actions:

- The impacts of federal-level budget impacts on grant-based programs remain uncertain.
- DMAS is starting to workout details on Virginia-specific impacts, policies and procedures.
- Large-scale impacts of federal-level changes to Medicaid. Specific details, including impact, remain unclear.

Virginia DMAS Behavioral Health Re-design

- DMAS is re-designing some of the current community Mental Health services including Psychosocial Rehabilitation, Mental Health Skill Building Services, and Mental Health Targeted Case Management for both adults and children.
 - As of July 1, 2026, Psychosocial Rehabilitation and Mental Health Skill Building Services will no longer be able to be billed to DMAS.
 - Replacing these services is a new service “Community Psychiatric Support and Treatment (CPST)”.
 - New requirements include staff caseload limits, new accreditation requirements, new requirements for higher-level clinical staff with stringent supervision limits, new rate structure, new max units limits, and new training requirements.
 - Each of these services will be based on a new tier-based system and will require a new assessment to be completed to determine the individual’s tier.
- The public comment forum on Community-Based CPST received 189 public comments. A special thank you to Board members, staff members, and individuals served who provided public comment. A summary of the 189 comments is attached.
- Draft policies and public comment forums have been open for Case Management and School-based CPST. We are still awaiting the draft policies for Clubhouse services.

DRAFT Virginia Association of Community Services Boards Budget Priorities for 2026 General Assembly Session

CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINIC DEMONSTRATION: The CCBHC model was developed at the federal level and has been implemented in multiple states over the last decade. The state adopted System Transformation Excellence and Performance in Virginia (STEP-VA) which is based off of the core services and supports included in the CCBHC model:

Same Day Access	Outpatient	Veteran and Family Services
Case Management	Primary Care Screening	Peer Family Support Services
Crisis Services	Psychiatric Rehabilitation	Care Coordination

In order to realize the potential of having these critical services in place, Virginia needs to fully implement the CCBHC model, and CSBs will play a critical role in the success of that implementation. Full implementation includes the development of a prospective payment system that covers the cost to deliver services based on a rate methodology that is tailored to the provider's circumstances.

States that have fully implemented the CCBHC model have seen significant improvements in their service delivery systems, including an expansion of capacity to serve children/youth, the uninsured and those without a prior source of outpatient care. In addition, CCBHCs have expanded access to substance use disorder treatment, including medication assisted treatment which helps to keep individuals engaged in their recovery.

The VACSB will pursue legislation to ensure that Virginia is ready to apply for the federal CCBHC demonstration on 01 APR 2026.

DEVELOPMENTAL DISABILITY (DD) WAIVER SERVICES: FUNDING FOR ADDITIONAL SUPPORT COORDINATORS: The VACSB is grateful to the Governor and the General Assembly for including \$8.7M in the FY26 budget to allow CSBs to recruit additional support coordinators. This funding is essential to ensure that Developmental Disability Waiver slots can be brought online quickly. **Therefore, the VACSB requests that this funding be made ongoing.**

EARLY INTERVENTION SERVICES: VACSB requests an **increase in funding for Early Intervention services to account for the 5% increase in children served each year and to account for the deficit that Early Intervention services operate under each year.** Early Intervention services for infants and toddlers with developmental disabilities can have a significant impact on a child's ability to learn new skills and increase their future success in school and in life. These services are much more effective and less costly when provided during the Early Intervention period, which is from birth to age three.

MARCUS ALERT PROGRAMS: The Code of Virginia requires all localities with a population of greater than 40K individuals to participate in a MARCUS Alert program by 2028. In order to ensure this code mandate is fulfilled, the **VACSB requests funding for the 13 MARCUS Alert programs that will need to be brought online over the 2026 – 2028 biennium.**

RESTORATION OF COMPETENCY TO STAND TRIAL: The VACSB is grateful to the Governor and the General Assembly for including \$1.5M to allow for increased capacity to provide restoration on an outpatient basis and provide training to clinicians. The state has prioritized outpatient restoration services in order to relieve the pressure on state psychiatric facilities which have seen a dramatic increase in forensic admissions, many of which are due to the need for restoration services which may be offered on an outpatient basis if funding were sufficient. **VACSB requests that this funding be made ongoing.**

PREVENTION SERVICES: Prevention services are an important part of how CSBs serve the community across a full continuum. Federal funding cuts have threatened the progress that CSB prevention programs have made in the past several years. Schools, police departments and other community partners appreciate how robust and active CSB prevention programs have become. All of the federal pandemic funding has ended as of March 2025. To account for this loss, **VACSB requests an increase in general funds that are dedicated to prevention services.** This will allow the CSB prevention staff to continue its robust array of services in every community of the Commonwealth.

STEP-VA 2025: Performance Monitoring and Evaluation Summary

Overview

System Transformation Excellence and Performance – Virginia’s STEP-VA – was designed to standardize core behavioral health services across all Community Services Boards (CSBs). Since its implementation (FY18–FY23), all nine STEPs are operational statewide, improving access and infrastructure. However, ongoing monitoring by the Behavioral Health Commission (BHC) shows gaps in vision, funding flexibility, data quality, and performance evaluation.

Progress Since 2023

- All STEPs have been implemented; crisis services expanded significantly.
- Centralized support and data infrastructure (Enterprise Data Warehouse) have improved consistency and reporting.
- New benchmarks and measures established across CSBs.

Key Findings

1. Lack of Strategic Vision

No clear legislative direction for STEP-VA beyond initial implementation. Misaligned goals between DBHDS, CSBs, and other agencies hinder unified progress. Option: Create a state-led task force to define and codify a strategic vision by 2028.

2. Rigid Funding Structure

Nearly \$688M appropriated since FY18, but funds are restricted by “STEP.” DBHDS and CSBs cannot reallocate funds based on community needs. Recommendation: Remove STEP-specific funding restrictions to improve flexibility.

3. Financial Pressures and Medicaid Gaps

Costs per visit rose 64% (FY17–FY24). Medicaid revenue growth lags behind service costs and other funding streams. Option: Direct DBHDS and DMAS to analyze and strengthen CSB Medicaid revenue processes.

4. Alignment with CCBHC Model

New program standards mirror CCBHC requirements but add compliance costs without financing adjustments. Virginia has not adopted the Prospective Payment System (PPS) that offsets such costs. Option: Study transition to PPS and its fiscal impact to fully align with CCBHC standards.

5. Access and Need Assessment

STEP-VA expanded services to ~150,000 individuals (11% increase since FY17). Service access varies by CSB—uneven office locations, hours, and service types. Option: Fund statewide and local needs assessments to guide planning and resource allocation.

6. Performance and Data Limitations

Current measures focus on compliance, not outcomes. Limited data fields and incomplete reporting prevent quality assessment. Early improvements noted in engagement, screenings, and SUD services. Need more robust outcome metrics aligned with national best practices.

Conclusion

STEP-VA has advanced Virginia's behavioral health system by standardizing services and infrastructure statewide. However, to sustain and measure success, Virginia must establish a unified strategic vision, modernize funding and payment structures, conduct comprehensive needs assessments, and develop outcome-based performance measures supported by reliable data.

Community Psychiatric Support and Treatment (CPST) Comment Themes

Summary of the key themes and concerns raised in the public comments regarding the proposed **Community Psychiatric Support and Treatment (CPST)** service redesign in Virginia: 189 Comments were submitted by 110 Individuals (Note: 40% (44) of the 110 were “Anonymous” so may reflect multiple submissions by the same person).

Major Concerns Identified

1. Service Reductions Compared to TDT

- CPST is capped at **28 hours/month**, while Therapeutic Day Treatment (TDT) offered **25 hours/week**.
- CPST lacks **school-based integration, group therapy, and summer programming**, risking gaps for high-needs youth.

2. Financial Viability

- Providers project **deficits of \$250K–\$1.5M/year** under CPST.
- Reimbursement rates are **below national averages** and do not cover staffing, training, or administrative costs.
- Billing is tied to **client attendance**, increasing revenue instability.

3. Staffing Challenges

- CPST requires more **LMHPs**, but Virginia faces **severe shortages**, especially in rural areas.
- Supervision mandates (1:9 ratio, weekly meetings, in-person requirements) are **impractical** and conflict with **Board of Counseling** guidelines.

4. Administrative Burden

- High documentation, training, and supervision requirements.
- Many tasks (e.g., crisis calls, team meetings, ISP reviews) are **non-reimbursable**, increasing burnout.

5. Training & Onboarding

- Extensive pre-service training (CANS Lifetime, MAP, CBT, etc.) is **unfunded** and **delays onboarding**.
- Unclear who will provide training and how often it must be renewed.

6. Service Restrictions

Community Psychiatric Support and Treatment (CPST) Comment Summary

*Provided by VTIPG Research Team (lizallen@vt.edu); AI tools were utilized to generate summary document
Public Comment Forum Responses as of 9.29.25 [Virginia Regulatory Town Hall List Comments](#)

- CPST **excludes** concurrent use with Clubhouse, MHSS, PSR, ACT, and other EBPs.
- Creates **access barriers**, especially in areas with limited provider options.

7. Crisis Support Concerns

- CPST mandates **24/7 in-person crisis response** but **prohibits referrals** to Mobile Crisis or 988.
- This is **unsafe**, especially in rural areas, and duplicates existing crisis services.

8. Caseload & Billing Limits

- Strict caps (e.g., 504 units/month for non-licensed staff) reduce flexibility.
- Travel time and cancellations increase **non-billable workload**.

9. Caregiver Participation Requirements

- Requires **8 hours/month** of caregiver involvement.
- Unrealistic for families with limited availability; risks **excluding vulnerable youth**.

10. Regulatory Conflicts

- CPST supervision rules **contradict** DBHDS and Board of Counseling allowances for LMHP-Es and QMHPs.
- QMHPs misclassified as **paraprofessionals**, undermining workforce development.

☒ Stakeholder Recommendations

- **Delay implementation** by at least **1 year**.
- **Maintain TDT** as part of the continuum of care.
- **Pilot CPST in schools** before full rollout.
- **Relax caregiver mandates** and allow flexibility.
- **Increase unit limits** and allow **concurrent services**.
- **Remove crisis exclusions** and align with existing services.
- **Adjust reimbursement rates** to reflect actual service demands.
- **Clarify service definitions**, training expectations, and authorization processes.