

RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD

November 18, 2025

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

AGENDA

- I. Call to Order, *Parcell*
- II. *Minutes, Board of Directors, October 21, 2025, *Parcell*.....4
- III. Public Comment, *Parcell*
- IV. Employee Service Awards, *Wickens*
 - A. Five Years:
 - 1. Diane Festo, Direct Support Professional, Scottsdale
 - 2. Nicole Zaros, Unlicensed Outpatient Therapist, Spotsylvania
 - B. Fifteen Years:
 - 1. Sharika Mitchell, Assistant Coordinator DD Res. Services
- V. Board Core Behaviors, *Curcio*.....12
- VI. **Presentation:** Medical Services, Dr. Scott Young and Ms. Jennifer Hitt
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*Requires Board Approval

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VIII. Report from the Executive Director, *Wickens*

IX. Board Time

*Requires Board Approval

X. Closed Session

XI. Adjournment

October 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 October 21, 2025, at 600 Jackson Street and called to order by Chair, Jacob Parcell at 3:00 p.m. *Attendees included:* Nancy Beebe, George Dallas, Susan Gayle, Tiffany Haynes, Ken Lapin, Greg Sokolowski, Carol Walker, Melissa White, Bridgette Williams, Matthew Zurasky. *Absent:* Claire Curcio, and Shawn Kiger.

II. MINUTES, BOARD OF DIRECTORS, September 16, 2025

The Board of Directors approved the amended minutes from the September 16, 2025 meeting.

ACTION TAKEN: The Board approved the amended September 16, 2025 minutes.

Moved by: Mr. Matthew Zurasky

Seconded by: Ms. Nancy Beebe

III. MINUTES, EXECUTIVE COMMITTEE, September 25, 2025

The Board of Directors approved the Executive Committee minutes from the September 25, 2025 meeting.

ACTION TAKEN: The Board approved the Executive Committee September 25, 2025 minutes.

Moved by: Ms. Bridgette Williams

Seconded by: Mr. Matthew Zurasky

IV. PUBLIC COMMENT

No Action Taken

V. SERVICE AWARDS

Mr. Joe Wickens recognized all employees with awards:

5 years

Pamela Clifton, Direct Support Professional, Merchant Square.

Shirley Dunbar-Doka, Licensed Emergency Therapist

Estelita Keeler, Direct Support Professional, Scottsdale

10 years

Joy Allen, Developmental Services Support Coordinator

Angela Ball, Direct Support Professional, Ruffins Pond

15 years

John Swing, Psychiatrist

VI. LICENSURES

Hannah Smith, Co-Response Therapist, LPC

- VII. **Employee of the Quarter – First Quarter 2026- Sharon Spangler**, Office Associate, ACT Team

VIII. **BOARD CORE BEHAVIORS, Ms. Carol Walker**

Ms. Walker 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.

Mr. Parcell took a moment out to recognize new Board members Mr. George Dallas, from Spotsylvania County and Ms. Tiffany Haynes, from King George.

- IX. **BOARD PRESENTATION-Local Funding Presentation, Ms. Keeler** provided an overview of how local funding from the five participating localities supports RACSB's mental health and substance use programs. For Fiscal Year 2027, RACSB is requesting a total of \$2,472,865 in funding from the Counties of Caroline, King George, Spotsylvania, Stafford, and the City of Fredericksburg. This request represents an increase of \$445,926 over last year's approved funding. The additional funding is needed to address community demand associated with STEP-VA expanded code-mandated services and to maintain appropriate staffing levels to meet these requirements. Ms. Keeler further noted that increased funding is also necessary to ensure all localities meet the Virginia Code-mandated 10% minimum local match.

Mr. Zurasky asked that slide six be provided to him by jurisdiction.

ACTION TAKEN: The Board approved the local funding request and application
Moved by: Mr. Greg Sokolowski
Seconded by: Ms. Susan Gayle

X. **PROGRAM REPORTS**

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

1. **Program Update** – Ms. Fisher-Curtis provided her program update and noted that the Community Only Program is adopting a highway, specifically Caroline Street in Downtown Fredericksburg. She also reported that Myers received its license to operate as a four-bed group home, with two additional flex beds designated for respite services.
2. **Residential Vacancies** – Ms. Fisher-Curtis reported DD Residential homes at Galveston and Devon Drive are now full. Over the next sixty days, they anticipate filling the vacancies at Ross and Merchant. There are two remaining vacancies at Igo Road group home. Staff are working toward December 1st move-in dates for the four beds at Myers. For Mental Health Residential, there have been a few recent admissions and discharges. The transition beds remain open. In Permanent Supportive Housing, approval has been granted to open the remaining 12 slots with referrals now being accepted for all 91 individuals.

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

1. **Program Update** – Ms. Jindra reported that she attended the Crisis Con annual conference in Indianapolis, which included a tour of a psychiatric urgent care facility offering 23-hour observation and other emergency services. The conference also featured valuable sessions on crisis services, best practices, and leadership training specific to psychiatric crisis programs. She will next travel to Philadelphia and Kansas to visit additional Crisis Receiving Centers.
2. **Sunshine Lady House** – Ms. Jindra reported that the program received 65 prescreens, of which 57 were accepted. The eight not accepted were due to varying factors, including behavioral or medical acuity, and a few individuals who required a higher level of detoxification before entering the program. A total of 40 individuals were admitted, accounting for 181 bed days and a utilization rate of approximately 50%. The team is working to increase utilization, which had been higher in July. The program coordinator continues outreach efforts, meeting with other programs, attending weekly meetings with Snowden to discuss step-down opportunities, as well as reaching out to Spotsylvania Regional for step-down coordination.

C. CLINICAL *Ms. Jacque Kobuchi and Ms. Donna Andrus*

1. **Program Update** – In addition to her regular program update, Ms. Kobuchi announced that the Mobile Recovery Unit (MRU) is now officially operational. Services have begun in Spotsylvania and King George Counties, with plans to expand to Stafford and Caroline Counties soon. She noted that the team is very excited about this progress. Ms. Kobuchi also reported that the Fredericksburg Therapeutic Docket, the newest specialty docket, welcomed its first participant in September.
2. **State Hospital Census Report** -Ms. Kobuchi shared that there are currently two individuals on the Extraordinary Barriers List. There are 29 individuals that are at state hospitals receiving treatment from our catchment area.
3. **Emergency Custody Order (ECO)/ Temporary Detention Order (TDO) Report – September 2025.** Ms. Kobuchi stated that Emergency Services staff completed 195 emergency evaluations in September. Fifty-three individuals were assessed under an emergency custody order and sixty total temporary detention orders were served. Staff facilitated one admission to Western State Hospital and one admission to Northern Virginia Mental Health Institute. A total of five individuals were involuntarily hospitalized outside of our catchment area in September. Data reports were submitted.
4. **Crisis Intervention Team (CIT) and Co-Response Report-** Ms. Kobuchi reported that the CIT Assessment Center served 18 individuals during the month of September. She presented a chart detailing the number of Emergency Custody Orders (ECOs) by locality, the number of individuals transferred into Crisis Assessment Center (CAC) custody, and those who could have utilized the Assessment Center if additional capacity had been available. The Spotsylvania Co-Response Team served 27 individuals in September, while the Stafford Co-Response Team served 32. Recruitment efforts continue for the Fredericksburg Co-Response Therapist position. Additionally, nine local dispatchers completed Crisis Intervention Training (CIT) during the month.
5. **Same Day Access** – Ms. Kobuchi reviewed data on outpatient clinic intakes and the percentage completed through Same Day Access (SDA). She reported a slight increase in both total assessments and those completed the same day in September. Stafford showed notable improvement, attributed to the addition of

a new office manager and recent staff trainings that have streamlined their processes. She highlighted a graph focused on adult intakes, noting that most scheduled intakes continue to be for children, as families often need to plan around work and school schedules. Among adult assessments, Spotsylvania and King George are nearing 100% completion through Same Day Access, while Fredericksburg is slightly lower, and Caroline and Stafford have room for growth. These latter clinics have been paired with larger sites to share best practices and improve efficiency. Ms. Kobuchi emphasized that individuals not seen the same day are still provided with a scheduled appointment to ensure timely access to services.

6. **Child & Adolescent Case Management Quarterly Report**- Ms. Andrus reviewed the Quarterly Child and Adolescent Case Management Residential Placement Report, noting that this data has been tracked since the previous fiscal year to monitor the number of out-of-home placements facilitated by RACSB. These placements involve children residing in residential group homes arranged through RACSB. For the period July through September 2025, there were a total of 25 children in out-of-home placements, with 9 new admissions and 5 discharges during the quarter.

D. COMPLIANCE, Ms. Stephanie Terrell

1. **Program Update** – Ms. Terrell informed the Board that the compliance team has observed an increase in external oversight from the Department of Licensing, particularly regarding incidents involving individuals who have experienced falls. She noted that while these incidents are reported routinely, the Department of Licensing has requested 30 days' worth of incident reports depending on the submitted information. Ms. Terrell indicated that she expects this heightened level of review to continue.
2. **Quality Assurance Report September** – Ms. Terrell stated the Quality Assurance staff completed chart reviews for the following programs for September: Healthy Families: Mental Health Case Management- Stafford: Assertive Community Treatment. Corrective Action Plans were submitted for all discrepancies.
3. **Licensing Reports** – Ms. Terrell reported that we received approval for two Corrective Action Plans during the month of September. One of the Corrective Action Plans was related to inconsistencies in support coordination documentation and monitoring of individuals' services (Spotsylvania DD Case Management). The other Corrective Action Plan was related to cited transportation safety issues resulting in a neglect citation (RAAI, Fredericksburg). Corrective Action Plans were provided with additional details regarding the citation and RACSB's response.

The Board moved to approve the Corrective Action Plans

ACTION TAKEN: The Board approved the Corrective Action Plans

Moved by: Ms. Bridgette Williams

Seconded by: Mr. Matthew Zurasky

E. COMMUNICATIONS, Ms. Amy Umble

1. **Communications Update** – Ms. Umble reported that the agency hosted an employee picnic since the last Board meeting, which was very well received. She also noted that the agency is currently in the midst of community event season with many activities taking place across the region.

F. PREVENTION & EARLY INTERVENTION, Ms. Michelle Wagaman

1. **Program Update** – Ms. Wagaman reported that September and October were very busy with activities for Recovery Month, Suicide Prevention Month, and Domestic Violence Awareness Month. The agency partnered with the Sheriff's Office and a coalition to host its first Recovery Month vigil, which was well attended, and received continued State Opioid Response funding to support coalition work. She noted a successful statewide Fall Prevention Forum with 39 CSBs participating, and preparations underway for the Young Adult Survey launching in February. She also reported a well-attended workshop with the Department of Criminal Justice Services and gave a reminder to the Board about the donut fundraiser benefiting Healthy Families.
2. **Part C Monitoring Report-** Ms. Standring reported on the second of the monitoring reports for Part C Early Intervention Services covering July 1, 2024 through June 30, 2025.

G. FINANCE, Ms. Sara Keeler

1. **Program Update** – Ms. Keeler reported that she now has an accounting coordinator, Mr. Kerlos Amir, joined the team in September.
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.

Reminder that the Health Insurance Premium Holiday ends at the end of this month.

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 August.

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

Moved by: Mr. Matthew Zurasky

Seconded by: Ms. Bridgette Williams

10. **Investment Strategy Update Memo** – Ms. Keeler referred to the previous Board meeting and the proposal from Atlantic Union to invest agency funds in the newly formed LGIP Virginia Mint. After internal consideration, management recommended holding off for a year, noting that the fund is new, has not yet undergone a formal audit, and offers only slightly higher rates. Instead, management suggested increasing the amount in the existing LGIP account. Ms. Keeler further recommended maintaining a balance in the operating account sufficient for daily operations, allowing flexibility to adjust as needed.

Mr. Parcell stated he was not overly concerned about the Mint option. Mr. Zurasky asked if the lack of an audit was the primary reason for delaying participation. Ms. Keeler noted that the Virginia Mint also has higher fees and does still require wire costs to move money. Mr. Zurasky shared that he had spoken with one of the trustees of VA Mint, who did not view it as a high-risk option. He therefore suggested monitoring performance monthly rather than waiting a full year. He agreed it was best to postpone investment until all associated fees are understood.

Motion to approve amended investment strategy with no specified dollar amount and to receive regular updates on performance of VA Mint.

ACTION TAKEN: The Board approved the amended investment strategy.

Moved by: Ms. Nancy Beebe

Seconded by: Ms. Carol Walker

H. HUMAN RESOURCES, *Mr. Derrick Mestler*

1. **Program Update** – Mr. Mestler gave his program update on training and compliance, employee engagement and recruitment notes.
2. **Applicant and Recruitment Update** – Mr. Mestler noted that for the month of September, RACSB received 701 applications. Of the applications, 91 applicants listed the RACSB applicant portal as their recruitment source, 19 stated employee referrals as their recruitment source, and 591 listed job boards as their recruitment source. At the end of September, there were 27 open positions, 20 full-time, 7 part-time.
3. **Turnover Report** – Mr. Mestler shared that HR processed a total of 6 employee separations for the month of September. All the separations were voluntary.

Mr. Zurasky referred to the vacancy report and noted four positions listed for Myers Respite. He asked for clarification on whether the program is called Myers Respite or Myers Group Home. Ms. Fisher-Curtis clarified that it is the Myers Respite Group Home, a combined program operating out of the same facility. Mr. Zurasky asked how it would be listed, noting the importance of maintaining both the respite and day components. Mr. Wickens acknowledged that the programs have not yet been formally differentiated and that work is ongoing to address this, adding that the negative balance is expected to continue shrinking. Ms. Brandie Williams confirmed that the ongoing utilization report for Myers Respite—which tracks usage, availability, and the breakdown between overnight and respite services—aligns with what Mr. Zurasky requested. Mr. Zurasky agreed that would be helpful.

The Board took a ten-minute break

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

1. **Program Update** – Ms. Williams provided the report for September 2025. She highlighted ongoing involvement in the DMAS Behavioral Health Redesign, coordination of internal public comment efforts, and participation in the DBHDS Charter Finance Group to improve fiscal flexibility. She

continues to serve on the VACSB CCBHC Steering Committee and was selected as chair of the Data and Outcomes sub-workgroup. Ms. Williams reported continued work on multiple state-level committees and workgroups, including the FY26 HL7 Expansion and VACSB DMC Data Mapping efforts to streamline reporting requirements. She also noted several partnership activities, including hosting executives from Altruix for a facility tour, participating in local community events, and supporting the Behavioral Health Commission's review of STEP-VA implementation.

Ms. Williams reported that the Community Consumer Submission 3 (CCS3) replacement project went live on June 30, 2025, with ongoing system optimization and the launch of a new data quality dashboard.

The Information Technology Department completed 995 tickets, hosted 2,041 Zoom meetings, and recorded 4,451 total participants during September 2025.

2. **Legislative Updates & Priorities** – Ms. Williams provided a legislative update, noting that RACSB continues to monitor and engage in advocacy on issues impacting community services at the federal, state, and local levels. She highlighted the VACSB's 2026 Legislative Priorities and recent actions of the Behavioral Health Commission related to STEP-VA implementation. Ms. Williams reported on recent DBHDS funding actions, including the temporary reduction and reinstatement of certain STEP-VA funds under a reimbursement model and RACSB's successful advocacy opposing the rescission of Policy 6005(FIN)94-2 regarding unspent funds. She also noted ongoing federal budget uncertainty affecting grant programs and Medicaid. Lastly, she provided an overview of the DMAS Behavioral Health Redesign, which will replace several current services with the new Community Psychiatric Support and Treatment (CPST) model effective July 1, 2026.

Ms. Bridgette Williams departed

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

Mr. Wickens asked for RSVPs for the upcoming event with Governor Youngkin, Board members who have not sent their RSVP were asked to do so as soon as possible. He went over the logistics of the event with the Board.

XII. BOARD TIME

- A. Ms. Gayle, thank you, the food was fabulous.
- B. Ms. White, thank you for all you do, I attended the School Board meeting yesterday evening for Caroline County Public Schools, and Jennifer Bateman presented. She did an amazing job!
- C. Ms. Walker, I appreciate all of your work and all of your patience in all that you do, God Bless you all. It's hard to have that patience and I appreciate your ability to wait.
- D. Mr. Dallas, I feel like I'm drinking from a fire hose but will join everyone in thanking you for all that you do, we know it's worth it.
- E. Ms. Beebe, I'm looking forward to Friday, thank you.
- F. Ms. Haynes, just processing all of the numbers and the dollars and how it represents households and families and the people that without this program would be lost, and for all you do thank you, and if I can help in anyway let me know.

- G. Mr. Zurasky acknowledged the passing of Charles Cooper Jr. and asked that everyone keep his family in their thoughts. He also noted that, at the September Executive Committee meeting, it was reported that due to budgetary constraints, there will be no staff holiday party this year. In keeping with this, **he moved** that the Board also dispense with its holiday party this year to recognize contributions in a different manner. **Mr. Lapin seconded the motion.**
- H. Mr. Sokolowski, I'm astounded by what you do. You've done a good job of getting this thing shorter, you do a great job with your reports.
- I. Mr. Lapin, thank you for the food, Brandie thank you for the information. Matt thank you for the intensity in which you go after this stuff.
- J. Mr. Parcell shared on behalf of Ms. Curcio who was absent and said that she was very grateful for the success stories included in the packets, they are very helpful. Mr. Parcell said thank you overall for the great reports, we are doing well financially as an organization, and I think performance is going great. Thank you for taking the feedback from past Board meetings and incorporating it in there. Thank you for all the work you do each and every day.

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

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

- Roxbury property and potential leaser

It was moved by Mr. Parcell and seconded by Ms. Beebe 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:

Greg Sokolowski – Voted Aye
Nancy Beebe – Voted Aye
Susan Gayle – Voted Aye
Tiffany Haynes – Voted Aye
Melissa White – Voted Aye

Jacob Parcell – Voted Aye
Matthew Zurasky – Voted Aye
Ken Lapin – Voted Aye
Carol Walker – Voted Aye
George Dallas – Voted Aye

The meeting adjourned at 5:48 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 November 2025

Developmental Disabilities Support Services - Jen Acors

We welcomed two new staff to our team, Abena Opoku and Marie Blevins, with two additional staff starting in November. We continue to work on connecting individuals who were awarded a slot in late August (actually the meeting to award the slots was late August, DBHDS assigned the slots in September). We are preparing for the next Waiver Slot Advisory Committee (WSAC) as more slots will be awarded mid-December. We had an all-support coordination staff meeting in October for training.

Developmental Disabilities (DD) Residential Services - Courtney Ross

One individual has been accepted into Ross Drive ICF with a scheduled move-in date of 11/14. Two individuals were accepted into Myers Drive with scheduled move-in dates in December dependent on hiring additional staff. One individual successfully moved to Merchant Square SAP on 10/1. Ruffin's Pond began providing 1:1 support for an individual who was approved to have a customized rate effective 10/1; two additional part-time staffing positions were added to accommodate the 77 hours a week of 1:1 care. Two more members of our management team were certified as new Therops Instructors to provide additional support to the agency.

DD Day Support Rappahannock Adult Activities, Inc. (RAAI) - Raven Neal

RAAI is currently supporting 121 individuals, with six new individuals starting in November, and four scheduled to start in December. Assessments are ongoing across programs as new referrals are received. Average Community Engagement hours were down from August, due to staffing fluctuations. The average community engagement for September was 3.719. RAAI currently has five open positions across all programs. Interviews are ongoing, and we continue to receive a steady number of applications for each role.

RAAI is hosting a Hot Cocoa and Crafts night in the Greenhouse. Join us on Friday, December 12th from 4:30pm – 6:00pm to sip on delicious Hot Cocoa while exploring your creative side with fun holiday crafts! Horticulture is offering Volunteer Hours every Tuesday from 10:00am – 2:00pm at the Kings Highway greenhouse. Volunteer opportunities include pot washing, filling pots with soil, planting seeds, propagation, and more!

Mental Health (MH) Residential Services - Nancy Price

Home Road enrolled two individuals in October. One individual was identified as needing less support and transitioned to Home Road from Lafayette Boarding House, while the other individual was a community referral. Lafayette Boarding House Manager, Jennifer Beall, spearheaded the transition of an individual from LBH to Hughes Home in Fredericksburg. This individual has been in MH Residential for 15 years and has remained stable during that period. Although his medical and mental health has remained stable, his limited cognitive ability puts him at risk of living alone in the community. Jennifer Beall arranged for, and

accompanied him on, a tour of Hughes Home. He was immediately accepted to Hughes Home and worked alongside his MHCM to get everything needed for him to move within 2 weeks. He is planning to move on November 3rd, which is also his birthday. It was important that he remain in the downtown Fredericksburg area, as this has been his home for the past 15 years and what he has become familiar with. He will also continue receiving mental health services through RACSB and attend Kenmore Club each day.

PSH processed 5 referrals in October and has a total of 79 individuals enrolled. PSH Manager, Laura Watson, and MH Residential Assistant Coordinator, Amenah Heath, attended the staff meeting for outpatient services team at the Fredericksburg Clinic. Laura and Amenah presented on the PSH referral process, program admission criteria and an overview of the support that we provide. Many referrals come from the outpatient providers at RACSB, so it was helpful to meet with their team to provide further clarification on the PSH program. Most of the PSH team, including the MH Residential Coordinator and Assistant Coordinator, attended the annual Housing Virginia's Most Vulnerable conference in Richmond on October 22nd and 23rd. The conference brings all Virginia PSH programs together to collaborate, share ideas and learn how to improve housing opportunities in our communities. Our PSH team also uses the conference as a team building opportunity each year.

Psychosocial Rehabilitation: Kenmore Club - Anna Loftis

We had a very successful October. We participated in the NAMI walk, the Out of Darkness Walk, and capped off the month with our Halloween Party, where we enjoyed costumes, dancing and games. On November 1st, we hosted a yard sale. We want to give a big thank you to everyone who donated. We only made about \$150, but it will still help to support some activities. We want to give a special shout out to Primavera, who donated two free pizzas and \$20 to us. On November 25th, we will have our annual Thanksgiving Day lunch which is open to the whole agency to help kickoff the season of giving.

Memorandum

To: Joe Wickens, Executive Director

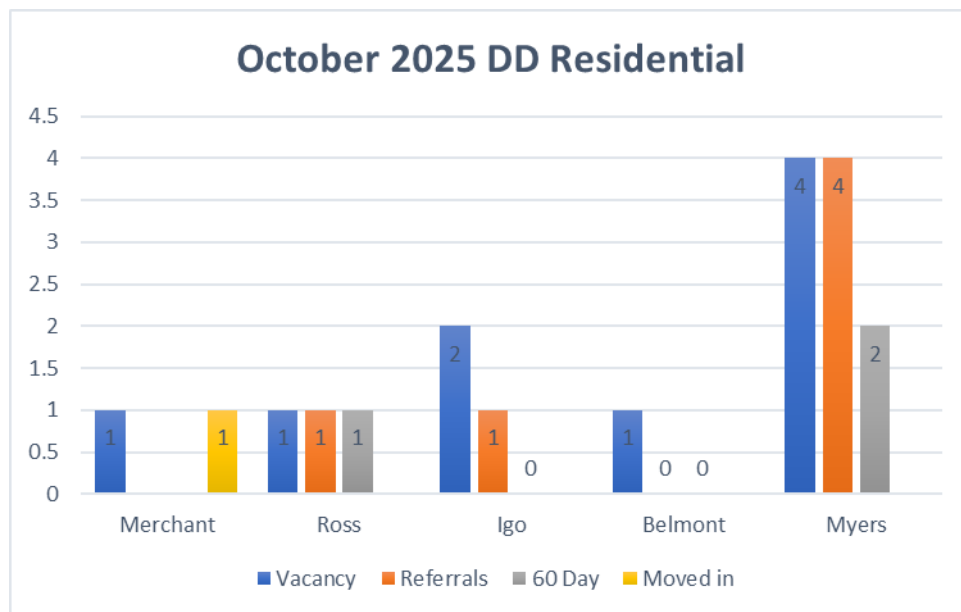
From: Lacey Fisher Curtis, CSS Director

Date: November 6th, 2025

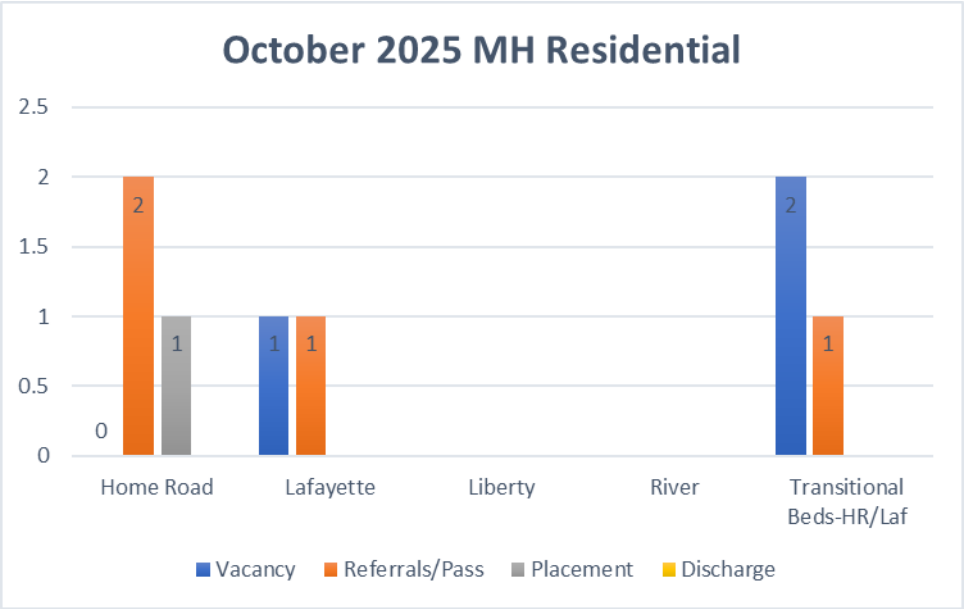
Re: Developmental Disabilities and Mental Health Residential Vacancies

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.

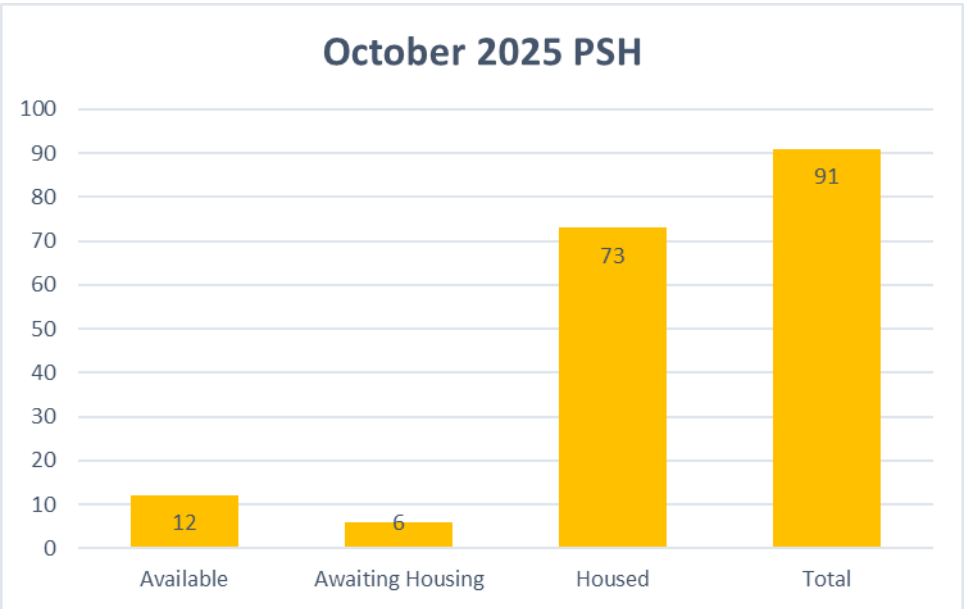
In October, DD Residential services supported one individual with moving into Merchant. Ross ICF has one individual with a move-in date scheduled for November. Igo has two vacancies and is assessing one individual currently. We are working to set move-in dates for 4 individuals at Myers in the next 60 days.



Mental Health Residential services enrolled 1 new individual into programming at Home Road and no discharges occurred. There was one community referral that came on pass during October and enrolled. Two transitional and one community bed remain available, with 2 referrals. Home Road is expected to be full in November.



Permanent Supportive Housing (PSH) has 73 individuals currently housed. The program has 6 individuals approved and currently awaiting housing. PSH also provides case management to those individuals who are awaiting housing.





Crisis Intervention Services Program Updates

November 2025

Crisis Intervention Services, Amy Jindra

During the month of October, Crisis Intervention Services (CIS) celebrated the dedication of the future home of the crisis receiving center. The dedication included local and state representatives, the governor, community members, law enforcement, and RACSB board members and staff. We saw first hand the excitement and support for the future of crisis intervention services. In addition to the dedication, the CIS director, Sunshine Lady House coordinator and assistant coordinator, and Emergency Services coordinator had the opportunity to tour an exemplary crisis program at Lenape Valley, just north of Philadelphia. The RACSB crisis receiving center's floor plans are being influenced by lessons learned from the different tours and networking opportunities. On November 9, the CIS director and coordinators for ES and SLH will travel to Kansas to tour children and adult crisis receiving centers. We are grateful for the collaboration with TBD Solutions, who have provided valuable guidance throughout this process.

Assertive Community Treatment (ACT) - Sarah McClelland

October was a hugely successful month for the ACT team! Our ACT South team Administrative Assistant Sharon Spangler was elected as the RACSB HopeStarter of the Quarter. Sharon works tirelessly on behalf of our ACT clients and goes above and beyond consistently for the program and the staff as well. In the last several months, she has been covering the position for both teams while her North team counterpart has been on extended medical leave. ACT is extremely grateful for all of Sharon's efforts, talents and contributions. ACT was the recipient of 65 shoe vouchers and ACT clients in need of new shoes have enjoyed outings to Show Shoe to receive their new kicks. During the winter, ACT also hopes to participate in a winter coat drive to obtain new winter coats for our clients who need them. Gearing up for the holidays, plans are underway for a Holiday wish list which clients are looking forward to participating in. ACT continues to grow our program with several intakes in



October. Currently, the ACT census sits at 67, although we do anticipate several discharges from the program in early 2026.

Sunshine Lady House, Crisis Stabilization, Latroy Coleman

SLH is excited to begin training for three new employees. We are welcoming one mental health residential specialist and three nurses. SLH's CSAC has begun transition from mental health residential specialist. He has assisted several individuals in the month of October to longer term substance use services. Some staff attended the event with Governor Youngkin. Staff shared enthusiasm in regards to the new initiative even though there is fondness for what and where SLH has been. The staff was appreciative to preview initial architectural plans for the new space. SLH will continue preparing to move forward and serve more individuals in need within the community!

Memorandum

To: Joe Wickens, Executive Director

From: Amy Jindra, CIS Director

Date: November 6, 2025

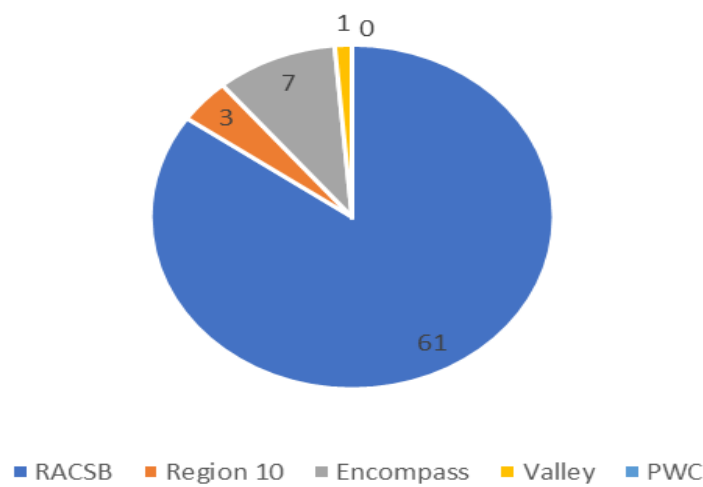
Re: Sunshine Lady House Utilization

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 experiences a psychiatric crisis. Services include medication management, therapy, peer support, nursing, restorative skill development, crisis interventions, coordination of care, and group support. The program strives to maintain a utilization rate of 75%.

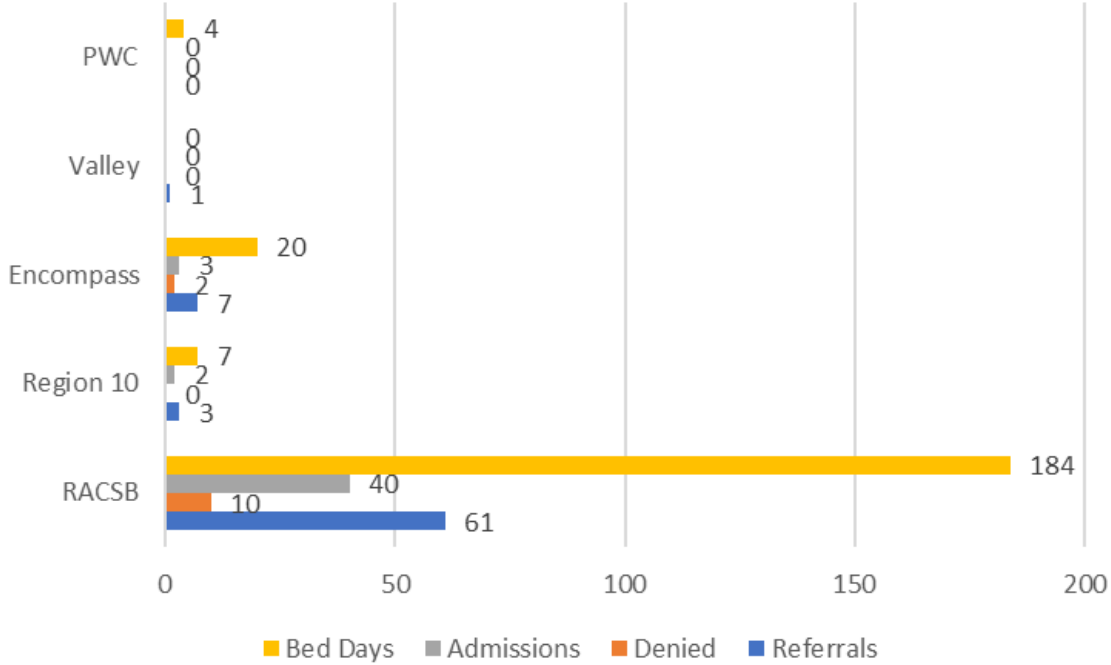
Sunshine Lady House received 72 prescreens from 4 different localities during the month of October. The program provided ASAM 3.7 level of care for medically managed detox for 1 individual for a total of 4 days. Of the 72 prescreens, 10 individuals were deferred admittance due to medical acuity. The program also declined services for 2 individuals whose psychiatric acuity was better supported in an inpatient setting. Sunshine Lady House's overall acceptance rate for the month of October was 83%.

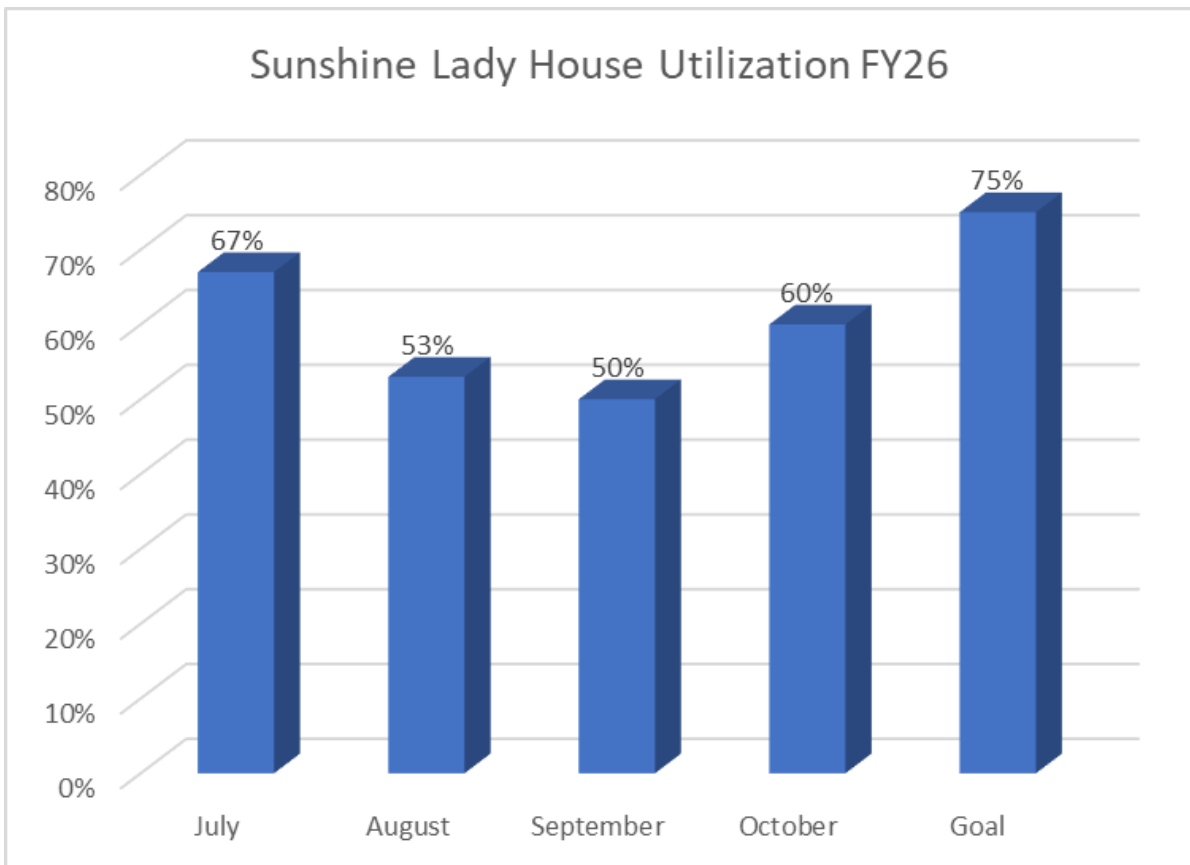
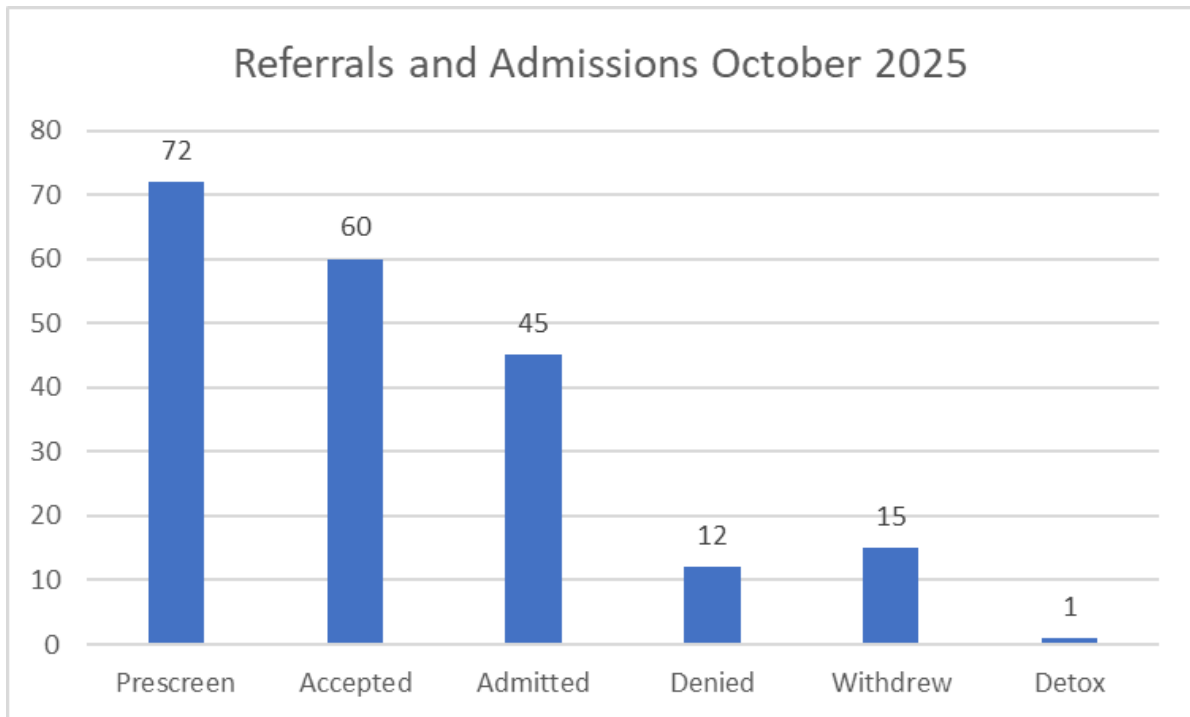
The program admitted a total of 45 individuals, 40 from RACSB, 2 from Region 10, and 3 from Encompass. Utilization for the month of October was 60% or a total of 215 bed days. Below are graphs illustrating the data related to Sunshine Lady House's utilization.

Prescreens By Locality



Data By Locality





To: Joseph Wickens, Executive Director

From: Jacqueline Kobuchi, Director of Clinical Services

Date: 11/5/25

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

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Outpatient Services

Caroline Clinic - Nancy Love, LCSW

The Caroline Clinic continues to offer two weekly Substance Use groups. Last month, the clinic saw an increase in substance use referrals. Caroline Clinic clinicians completed 39 intakes in October. Thirteen were completed through Same Day Access. Nine adult assessments and 17 child and adolescent intakes were scheduled. Staff attended trainings last month on TF-CBT, EFT and Leadership training. The Caroline Clinic substance use chart audit recently earned a perfect score of 100%!

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

During the month of October, the Fredericksburg Clinic completed 105 intakes with adults seeking outpatient services. Out of 105 intakes, 79 were scheduled the same day they called in for services. Sixty-one intake assessments were completed over ZOOM while 44 intake assessments were completed in person. The Children's Services Clinic completed 29 intake assessments for outpatient services on children/adolescents with one intake completed the same day the parent/guardian called for services. Several clinicians completed trainings in Trauma- Focused Cognitive Behavioral Therapy, Emotional Freedom Techniques-Basics, and several workshops for youth with Pathways for Prevention sponsored by the Suicide Prevention Coalition and Department of Criminal Justice Services. The Fredericksburg Clinic launched the LGBTQ+ Wellness Group and the clinician is accepting referrals for this group.

King George Clinic - Sarah Davis, LPC

The King George Clinic continues to provide two weekly groups for Substance Use. Group topics this month included Addiction 101, Narcan, Relapse Prevention, and Substance Use Bingo. During the month of October, the King George Clinic completed 22 intakes. Thirteen were via Same Day Access and nine were child and adolescent intakes. Two King George staff attended Trauma Focused-Cognitive Behavioral Training this month, and one staff attended the Advanced Trauma Focused-Cognitive Behavioral Training. Staff also attended Ethics (Working with Minors) and Military Competency Training. The clinic coordinator attended Emotional Freedom Techniques training and Strategic and Project Planning for the Frontline Manager. The King George Clinic began a weekly Wellness Group during the month of October. Group topics have included Managing Anxiety, Managing Anxiety and Depression Triggers, and Coping with Stress and Anxiety.

Spotsylvania Clinic - Katie Barnes, LPC

The Spotsylvania Therapists completed a total of 66 intakes in October. Thirty-eight assessments were completed through Same Day Access, twenty-two were scheduled Child and Adolescent assessments and six were scheduled adult assessments. The clinic continues to offer one Substance Use group weekly. The RACSB ACT team presented during this month's staff meeting to provide an overview of services. Clinicians continue to participate in monthly trainings including Ethics, Motivational Interviewing, and Acceptance and Commitment Therapy. An additional licensed therapist began completing Aid to Capacity Evaluations. Congratulations to Carly Farrell who became a Licensed Professional Counselor!

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 Clinic Coordinator and Therapist attended the Human Trafficking training in Spotsylvania County. This training focused on increasing awareness, resources, and identification of individuals needing support.

The School-Based Therapist continues to provide 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. The School Based Therapist completed seven assessments in October.

Stafford Clinic - Lindsay Steele, LCSW

During the month of October, the Stafford clinic met with clients in person, as well as virtually. The clinic has continued with same day access, and has increased the number of days this is offered to include Mondays, Tuesdays, Wednesdays and Thursdays. Stafford clinicians completed 40 intakes for adults and children, 16 of these intakes were completed through same day access, 12 intakes were children/adolescents and 13 intakes were scheduled due to being hospital discharges. The Stafford clinic welcomed a new mental health/substance use therapist this month who has started building their caseload. The child/adolescent therapist has begun consultation hours for EMDR and is beginning to utilize this modality. Clinicians have seen success with clients implementing boundaries, increasing socialization and reducing depression.

Medical Services - Jennifer Hitt, RN

During the month of October, 128 new patient evaluations were completed for outpatient medication management. Also, during the month of October, outpatient medical was able to resume the Acute Care Clinic. The Acute Care Clinic offers a sooner appointment with the psychiatric team for those who do not meet the need for higher level of care but do need quicker stabilization. The Acute Care Clinic will continue on a weekly basis, offering two to three appointment spaces each week. If these spaces do not get filled with clients needing an acute appointment, the space is used to move people up into a sooner appointment or for hospital discharges.

Case Management - Adult - Patricia Newman

The Adult Mental Health Case Management Team enjoyed having Ms. Liz Smith with Fredericksburg DSS present at our most recent staff meeting. Ms. Smith provided education on Auxiliary Grants as well as the assessment that is required to be completed prior to entering an assisted living facility. Many of our case managers find themselves providing support to individuals who are no longer able to reside safely on their own as they are aging or no longer have a caregiver available in the community to provide them the support necessary. The case managers often complete the assessment and support the individual in transitioning to an assisted living facility. In one month, two of our case managers have assisted two individuals with this process. Since there are many steps and forms that are required in this process, it was helpful to have Ms. Smith provide additional education and answer some of our questions about the process.

Child and Adolescent Support Services - Donna Andrus, MS

Several child and adolescent case managers attending trainings in October on suicide prevention, trauma and helping youth build healthy relationships. These trainings were provided by the Department of Criminal Justice and held at River Club.

Our Intensive Care Case Managers work with several kids in foster care with Fredericksburg City DSS. A new initiative with Virginia Department of Social Services is to identify potential relatives for children in care in hopes of identifying relatives that can be a support for these children and possibly become kinship care placements towards permanency. Jewish Family Services is contracted to seek out relatives across the country of children in Virginia foster care. Distant relatives were found for two of the kids our staff work with and multiple family members were contacted and open to learning more about the kids and becoming a support for them.

Emergency Services - Natasha Randall, LCSW

During the month of October, Emergency Services had the opportunity to send three staff members to attend the Virginia CIT Conference in Hot Springs, VA. The department also celebrated staff anniversaries, recognizing their continued dedication and service. Additionally, our Spotsylvania Co-Response Team has been actively engaging in learning opportunities with other agencies' co-response teams and was recently invited to spend the day with Fairfax County's Co-Response Team to exchange ideas and best practices.

Specialty Dockets - Nicole Bassing, LCSW

During the month of October, Specialty Dockets continued to progress, welcome new participants, and celebrate graduations. Adult Recovery Court added four new clients and finished the month with 36 active participants. We had one graduation and no terminations this month. The Rappahannock Veterans Docket welcomed two new participants this month and finished October with 13 active participants. We had no

graduations this month and no terminations. 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 has six current participants with no graduations or terminations this month. The Fredericksburg Therapeutic Docket welcomed our second participant this month for a total of two.

Jail and Detention Services - Portia Bennett, LPC

The Rappahannock Juvenile Center (RJC) has a current census of 48 residents. A total of 41 residents were seen for crisis, therapeutic, and medication management services in October. At the Rappahannock Regional Jail in October, a total of 118 individuals received crisis and/or therapeutic services. A total of 73 individuals received substance use services. A total of 91 individuals were seen by the Psychiatric Nurse Practitioner and 300 individuals were prescribed psychotropic medications.

Substance Use Services - Eleni McNeil, LCSW

During the month of October, the MRU team began providing mobile OBOT services on the MRU. Sites were established for Stafford, King George and Spotsylvania. Savida, a private provider, presented to staff on their OBOT facility and treatment options. The SUD Services Coordinator provided training to Fredericksburg DSS staff on substance use disorders and how to better screen for them. Those served in the month of October in Fredericksburg SUD programs is as follows: **Project LINK: 43; OBOT: 57; ARTS Case Management: 48; SUD Outpatient (Fredericksburg): 75.**

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: November 18, 2025

State Hospital	New	Discharge	Civil	NGRI	Forensic	EBL	Total Census
Catawba Hospital	1		2			1	2
Central State Hospital	1				1		1
Eastern State Hospital					1		1
Northern Virginia Mental Health Institute		1					0
Piedmont Geriatric Hospital	1		5			1	5
Southern Virginia Mental Health Institute				1			1
Southwestern Virginia Mental Health Institute							0
Western State Hospital	5	4	4	4	11	1	19
Totals	8	5	11	5	13	3	29

Extraordinary Barriers List:

RACSB has three individuals on the Extraordinary Barriers List (EBL) who are hospitalized at Catawba, Western State Hospital (WSH) and Piedmont Geriatric Hospital (PGH). 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.

Catawba

Individual #1: Was placed on the EBL 10/7/2025. Barriers to discharge include identifying and being accepted to a nursing home that can meet their activities of daily living (ADL) and behavioral needs. This individual has a primary diagnosis of Major Neurocognitive Disorder due to Traumatic Brain Injury as well as experiences mental health concerns. This individual has a legal guardian in place. RACSB's hospital liaison continues to work with their guardian and treatment team to send out referrals to nursing homes.

Piedmont Geriatric Hospital

Individual #2: Was placed on the EBL 11/3/2025. Barriers to discharge include identifying the level of care that this individual requires and then subsequently identifying and being accepted to a facility. This individual has a diagnosis of Schizoaffective Disorder as well as experiences some challenges with memory. They may require a memory care facility. Once the assessment is completed by the hospital to determine the level of care needed, referrals to community placements will be sent out. This individual will discharge once accepted to a facility that can meet their needs.

Western State Hospital

Individual #3: 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 as they believe they are able to return to their home. This individual has recently agreed to a referral to Town Creek, an assisted living facility (ALF) operated by Region Ten CSB. Other ALFs will also continue to be explored. They will discharge to the community once accepted to a facility.

MEMORANDUM

To: Joe Wickens, Executive Director

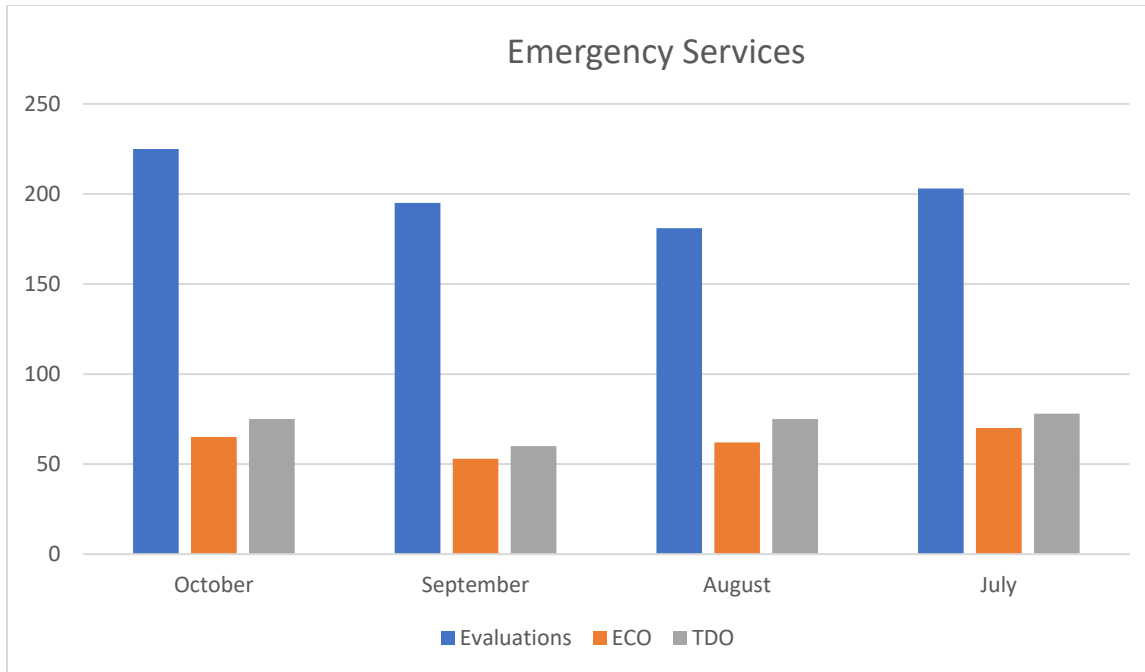
From: Natasha Randall, Emergency Services Coordinator

Date: November 5, 2025

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

In October, Emergency Services staff completed 225 emergency evaluations. Sixty-five individuals were assessed under emergency custody orders and seventy-five total temporary detention orders were served. Staff facilitated two admissions to Commonwealth Center for Children and Adolescent hospital, one admission to Catawba, and one admission to Piedmont Geriatric Facility. A total of nine individuals were involuntarily hospitalized outside of our catchment area in October.

Please see the attached data reports.



FY26 CSB/BHA Form (Revised: 07/01/2025)									
CSB/BHA	Rappahannock Area Community Services Board			Month	October 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	
225	41	24	65	75	9	5	61	75	2

FY '26 CSB/BHA Form (Revised: 07/01/2025)						
CSB/BHA	Rappahannock Area Community Services	Reporting month	October 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)
10/20/2025	120207	Child with ID/DD		Yes	Yes	CCCA
10/23/2025	104866	Adolescent		Yes		CCCA
10/30/2025	120221	Older Adult with Medical Acuity and ID/DD		Yes	Yes	Catawba
10/31/2025	120350	Older Adult with Medical Acuity		Yes	Yes	Piedmont

RAPPAHANNOCK AREA

COMMUNITY SERVICES BOARD

MEMORANDUM

To: Joe Wickens, Executive Director
From: Natasha Randall, LCSW Emergency Services Coordinator
Date: November 7, 2025
Re: CIT and Co-Response Report

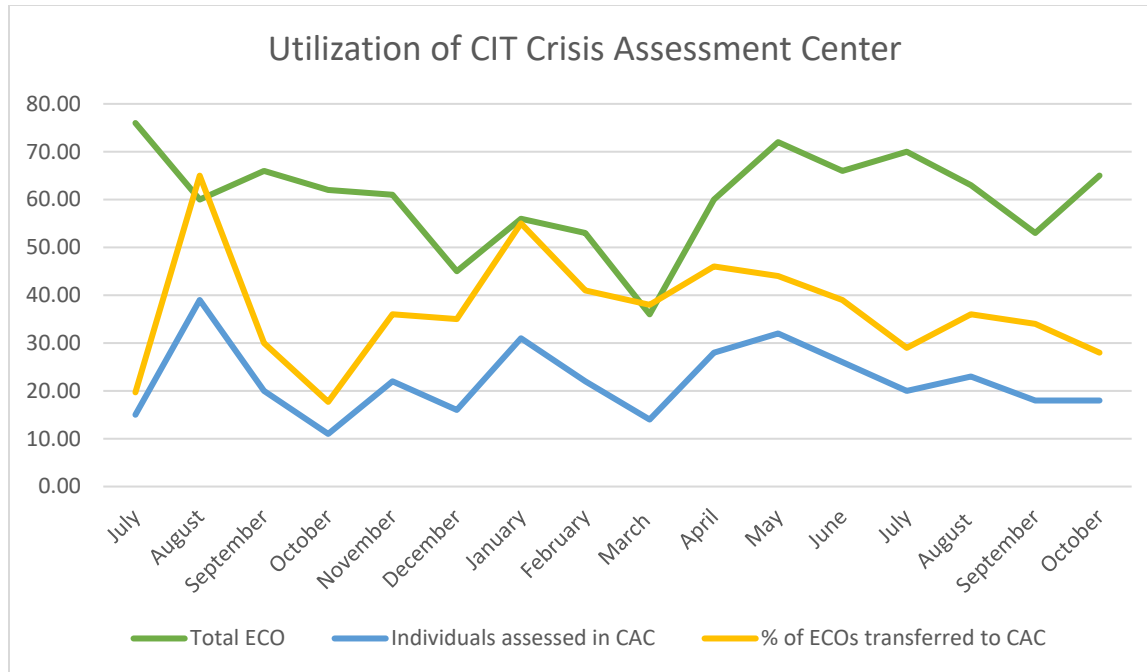
The CIT Assessment Center served 18 individuals in the month of October 2025. The number of persons served by locality were the following: Fredericksburg 4; Caroline 1; King George 0; Spotsylvania 3; Stafford 10; and 0 from other jurisdictions.

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	4	1	3
Fredericksburg	16	4	12
King George	4	0	4
Spotsylvania	16	3	13
Stafford	25	10	15
<u>Totals</u>	65	18	47

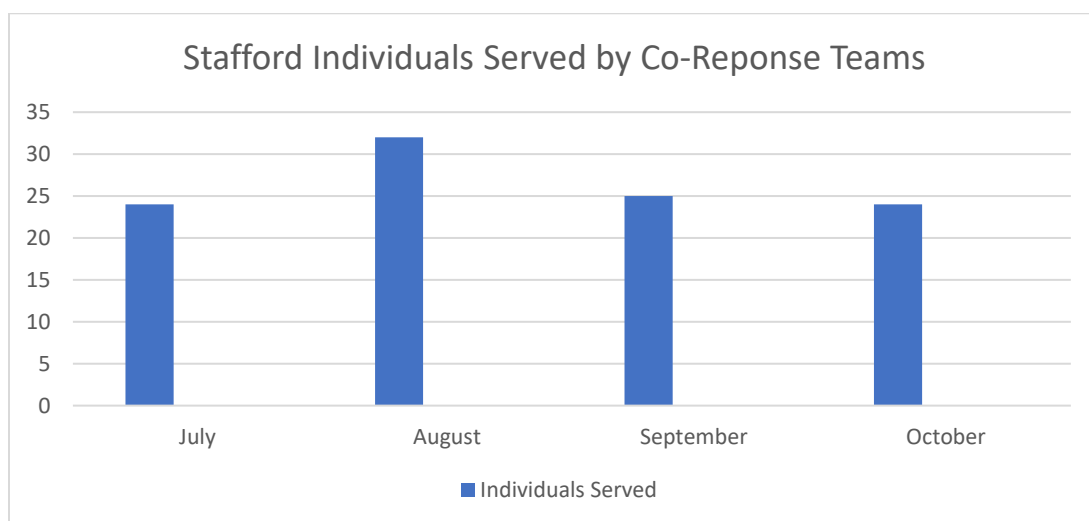
RAPPAHANNOCK AREA

COMMUNITY SERVICES BOARD



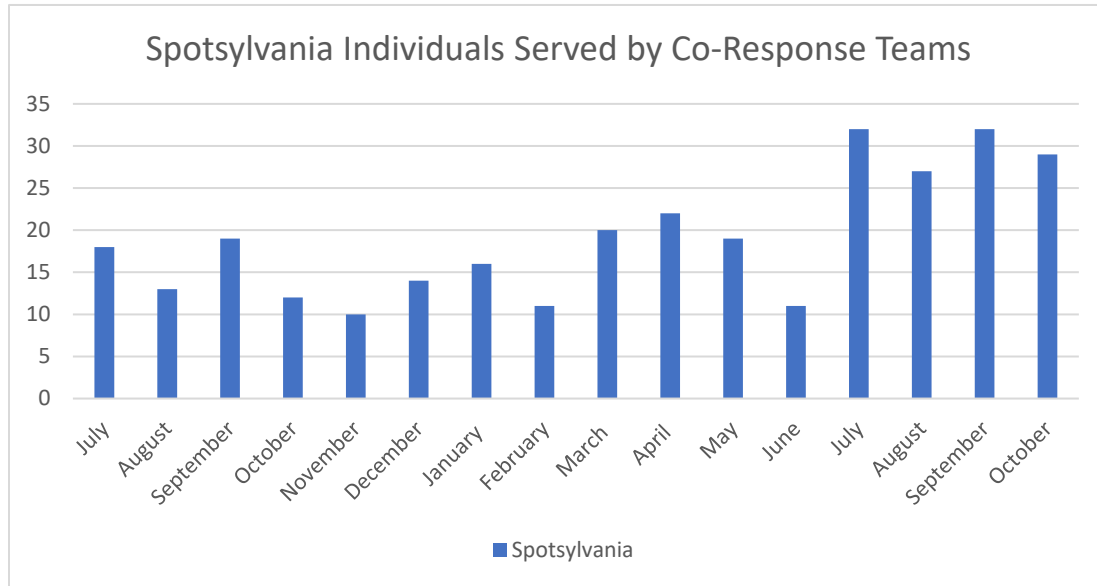
Co-Response

The Spotsylvania Co-Response Team served 29 individuals in October and the Stafford Co-Response team served 24 individuals. The Fredericksburg Co-Response Therapist position remains vacant.



RAPPAHANNOCK AREA

COMMUNITY SERVICES BOARD



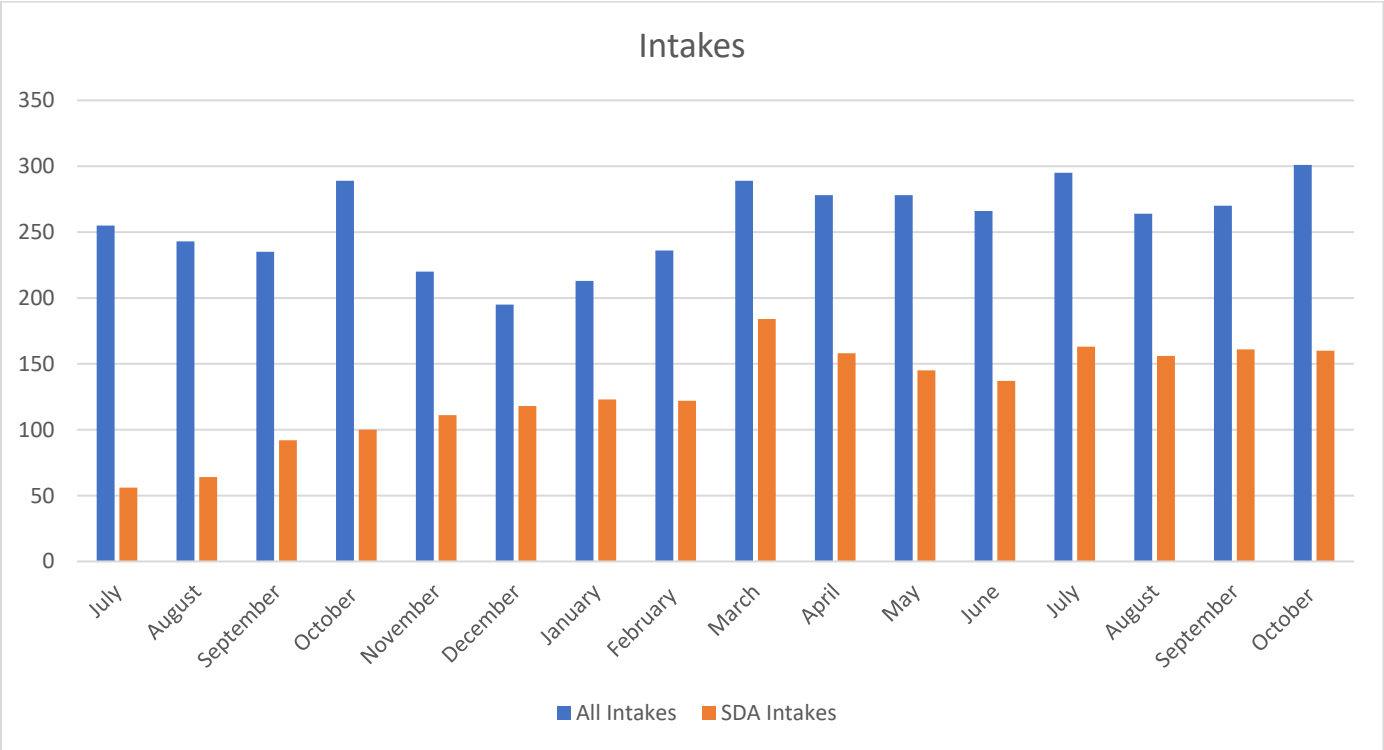
CIT Training

In October, nine local dispatchers completed Crisis Intervention Team training.

MEMORANDUM

To: Joseph Wickens, Executive Director
From: Jacqueline Kobuchi, LCSW, Director of Clinical Services
Date: November 5, 2025
Re: Same Day Access

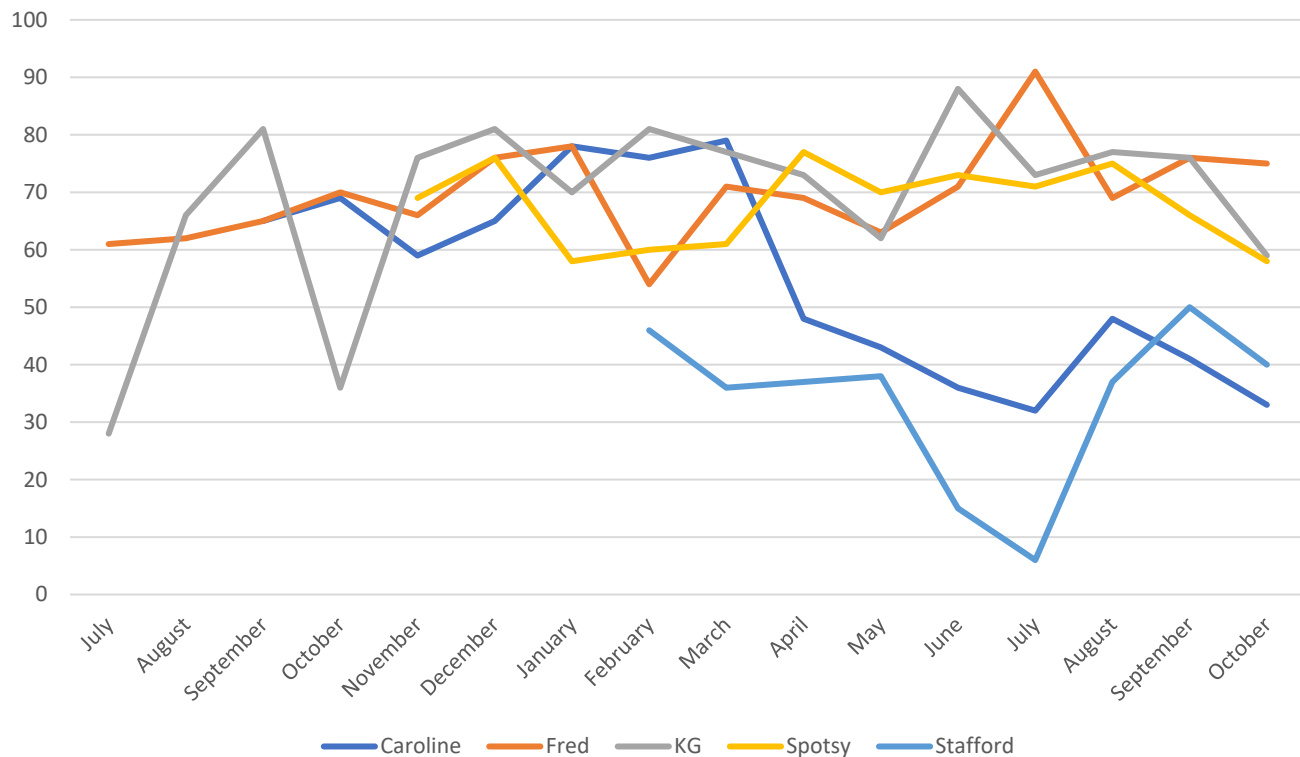
Below is data on the number of intakes completed at our outpatient clinics, and the percentage of those that are completed through Same Day Access.



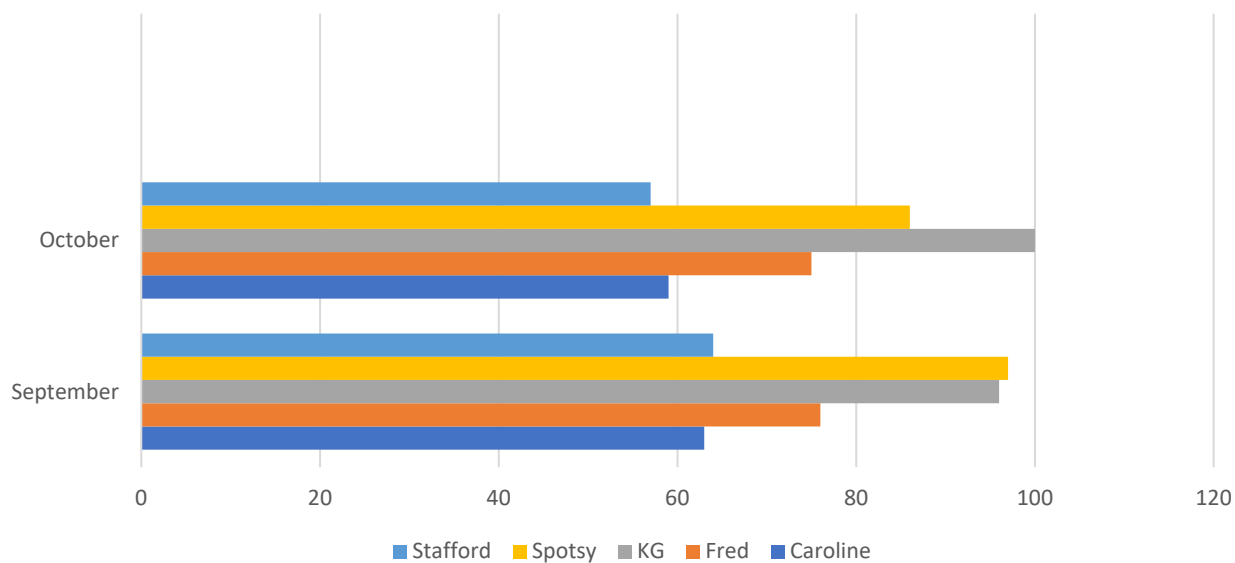
RAPPAHANNOCK AREA

COMMUNITY SERVICES BOARD

Percentage of Intakes Completed Through SDA



Percentage of Adult Intakes Completed Through SDA



MEMORANDUM

To: Joseph Wickens, Executive Director
From: Jacqueline Kobuchi, Director of Clinical Services
Date: November 5, 2025
Re: State Opioid Response (SOR 4, Year 2) Funding Award

DBHDS provided community services boards an opportunity to request SOR 4, Year 2 funds for FY26. Rappahannock Area CSB submitted a proposal for \$957,671.62 in July. In October, RACSB received the attached documents notifying us that we have been awarded \$539,458.16. This includes \$158,916.20 for recovery services and \$380,541.96 for treatment services. This award is \$418,213.46 less than requested in our proposal, however it is \$68,758.16 more than RACSB received in SOR funds for FY25.

SOR funds do not fully cover the cost of RACSB's Office Based Opioid Treatment program, but are intended to cover costs for individuals who are uninsured. Staff have implemented plans to accommodate the gap in the cost of the program and the awarded SOR funds, with a focus on increased billing for individuals who are insured, peer billing, and the expansion of mobile MAT services covered by Opioid Abatement Authority (OAA) funds.



COMMONWEALTH of VIRGINIA

NELSON SMITH
COMMISSIONER

DEPARTMENT OF
BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

Post Office Box 1797
Richmond, Virginia 23218-1797

Telephone (804) 786-3921
Fax (804) 371-6638
www.dbhds.virginia.gov

Date: 10-6-25

To: Rappahannock Area Community Services Board

Adam Crews	acrews@rappahannockareacsb.org
Eleni McNeil	emcneil@rappahannockareacsb.org
Brandy Williams	bwilliams@rappahannockareacsb.org
Jacqueline Kobuchi	jkobuchi@rappahannockareacsb.org
Joe Wickens	jwickens@rappahannockareacsb.org
Sara Keeler	skeeler@rappahannockareacsb.org
Michelle Wagaman	mwagaman@rappahannockareacsb.org

Re: Virginia State Opioid Response (SOR) Grant: SOR 4, Year 2 (FY26)
Grant Number: 5H79TI087780-02
Budget Period - 09/30/2025 to 09/29/2026

Dear CSB:

The Department of Behavioral Health and Developmental Services (DBHDS) State Opioid Response (SOR) Program has approved your request for funding. The anticipated award amount for **Recovery** services in support of the above-mentioned project is **\$158,916.20**. Any activities executed as a result of this notification are the sole liability of the recipient organization until a final Exhibit D is signed by all parties.

DBHDS received requests for funding \$9 million above the amount awarded by SAMHSA. Thus, your amount is not open to further negotiation at this time. It is highly recommended that you review your sustainability plan to ensure that services can continue in the decrease.

1. Purpose of award

The purpose is to address the public health crisis caused by escalating opioid misuse, opioid use disorder (OUD), and opioid-related overdose across the nation. Subrecipients are expected to use the resources to: (1) increase access to U.S. Food and Drug Administration (FDA)-approved medications for the treatment of opioid use disorder (MOUD); (2) support the continuum of prevention, harm reduction, treatment, and recovery support services for OUD and other

concurrent substance use disorders; and (3) support the continuum of care for stimulant misuse and use disorders, including those involving cocaine and methamphetamine.

2. Use of award. The award is to be used as follows:

Personnel and fringe for 3 Peer Recovery Specialists	\$130,000.00
Subaward/Contract	\$6,000.00
Transportation for clients (\$2,000); Lab work (\$2,000); Physicals (\$2,000)	
Supplies	\$0.00
Equipment	\$0.00
Facilities	\$2,188.00
Janitorial and snow removal	
Training	\$0.00
Other/Misc.	\$0.00
Direct costs	\$138,188.00
Indirect costs	\$20,728.20
TOTAL	\$158,916.20

Cancellation of award/Exhibit D: DBHDS reserves the right to cancel and terminate the award/Subrecipient Funding Agreement (SFA) or Exhibit D, in whole or in part, without penalty, upon 30 days written notice to the Subrecipient. Any cancellation notice shall not relieve the Subrecipient of the obligation to deliver and/or perform on all outstanding deliverables unless otherwise agreed to in writing by DBHDS prior to the effective date of cancellation. If the Federal Award Agency *eliminates* the funding associated with the federal grant, DBHDS reserves the right to immediately terminate the SFA or Exhibit D and is under no obligation to fund costs or unliquidated obligations incurred prior to the date of the grant cancellation. If the Federal Award Agency *reduces* anticipated funding associated with the federal grant outlined, DBHDS reserves the right to adjust award amounts within budget constraints, and DBHDS is under no obligation to fund costs or unliquidated obligations incurred beyond your organization's final approved budget.

3. Next steps

If your award differs from the amount you requested, you'll receive an email from Webgrants requiring you to change your budget. It is imperative that you respond promptly so that your award can be finalized. Once your budget has been adjusted (if necessary) in Webgrants, DBHDS will send you an Exhibit D or SFA for signature. As a reminder, all funds must be expended by 9-29-26.

Please direct questions to: SORTeam@dbhds.virginia.

Respectfully,

Iva M. Brown

Iva M. Brown



COMMONWEALTH of VIRGINIA

NELSON SMITH
COMMISSIONER

DEPARTMENT OF
BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

Post Office Box 1797
Richmond, Virginia 23218-1797

Telephone (804) 786-3921
Fax (804) 371-6638
www.dbhds.virginia.gov

Date: 10-6-25

To: Rappahannock Area Community Services Board

Adam Crews	acrews@rappahannockareacsb.org
Eleni McNeil	emcneil@rappahannockareacsb.org
Brandy Williams	bwilliams@rappahannockareacsb.org
Jacqueline Kobuchi	jkobuchi@rappahannockareacsb.org
Joe Wickens	jwickens@rappahannockareacsb.org
Sara Keeler	skeeler@rappahannockareacsb.org
Michelle Wagaman	mwagaman@rappahannockareacsb.org

Re: Virginia State Opioid Response (SOR) Grant: SOR 4, Year 2 (FY26)
Grant Number: 5H79TI087780-02
Budget Period - 09/30/2025 to 09/29/2026

Dear CSB:

The Department of Behavioral Health and Developmental Services (DBHDS) State Opioid Response (SOR) Program has approved your request for funding. The anticipated award amount for **Treatment** services in support of the above-mentioned project is **\$380,541.96**. Any activities executed as a result of this notification are the sole liability of the recipient organization until a final Exhibit D is signed by all parties.

DBHDS received requests for funding \$9 million above the amount awarded by SAMHSA. Thus, your amount is not open to further negotiation at this time. It is highly recommended that you review your sustainability plan to ensure that services can continue in the decrease.

1. Purpose of award

The purpose is to address the public health crisis caused by escalating opioid misuse, opioid use disorder (OUD), and opioid-related overdose across the nation. Subrecipients are expected to use the resources to: (1) increase access to U.S. Food and Drug Administration (FDA)-approved medications for the treatment of opioid use disorder (MOUD); (2) support the continuum of prevention, harm reduction, treatment, and recovery support services for OUD and other

concurrent substance use disorders; and (3) support the continuum of care for stimulant misuse and use disorders, including those involving cocaine and methamphetamine.

2. **Use of award.** The award is to be used as follows:

Personnel:	
MAT Therapist (\$95,953.92); 2 Psychiatrists (\$150,000)	
No funds for MAT Case Manager or Substance Use Coordinator	\$245,953.92
Fringe	\$45,087.11
For funded positions above	
Subaward/Contract	\$6,000.00
Transportation for clients (\$2,000); Lab work (\$2,000); Physicals (\$2,000)	
Supplies	\$29,500.00
Medications (\$29,500)	
No funds for laptop purchase or repair, drug testing kits, or overdose prevention and response kits	
Equipment	\$0.00
Facilities	\$2,115.02
Janitorial and snow removal	
Travel	\$750.00
Mileage for staff	
Training	\$0.00
Other/Misc.	\$1,500.00
Data collection incentives	
Direct costs	\$330,906.05
Indirect costs	\$49,635.91
TOTAL	\$380,541.96

Cancellation of award/Exhibit D: DBHDS reserves the right to cancel and terminate the award/Subrecipient Funding Agreement (SFA) or Exhibit D, in whole or in part, without penalty, upon 30 days written notice to the Subrecipient. Any cancellation notice shall not relieve the Subrecipient of the obligation to deliver and/or perform on all outstanding deliverables unless otherwise agreed to in writing by DBHDS prior to the effective date of cancellation. If the Federal Award Agency *eliminates* the funding associated with the federal grant, DBHDS reserves the right to immediately terminate the SFA or Exhibit D and is under no obligation to fund costs or unliquidated obligations incurred prior to the date of the grant cancellation. If the Federal Award Agency *reduces* anticipated funding associated with the federal grant outlined, DBHDS reserves the right to adjust award amounts within budget constraints, and DBHDS is under no obligation to fund costs or unliquidated obligations incurred beyond your organization's final approved budget.

3. Next steps

If your award differs from the amount you requested, you'll receive an email from Webgrants requiring you to change your budget. It is imperative that you respond promptly so that your award can be finalized. Once your budget has been adjusted (if necessary) in Webgrants, DBHDS will send you an Exhibit D or SFA for signature. As a reminder, all funds must be expended by 9-29-26.

Please direct questions to: SORTeam@dbhds.virginia.

Respectfully,

A handwritten signature in black ink that reads "Iva M. Brown". The script is cursive and fluid, with the first letters of each word being capitalized and prominent.

Iva M. Brown

RACSB
Program Update Report
Compliance
October 2025

Incident Reports

- There were 287 Incident Reports entered into the Electronic Incident Report Tracker during the month of October. This is an increase of 29 from September and an increase of 48 compared to August. All incident reports submitted were triaged by the compliance team.
- The top three categories of reports submitted were Health Concerns (111 reports), Individual Served Injury (61 reports), and Individual Served Safety (27 reports).
- The Compliance team entered 48 incident reports into the Department of Behavioral and Developmental Services (DBHDS) electronic incident reporting system (34-Level 2, 14 Level 3) during the month of October, an increase of 10 from the month of September (28-Level 2, 10-Level 3), and an increase of 8 as compared to the month of August (32-Level 2, 8-Level 3).
- There were two reports elevated to care concerns by DBHDS during October, both of which were related to falls. 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 49 root cause analyses reports were requested in the month of October; an increase of 11 from the amount requested in September, and an increase of 8 from those requested in the month of August. A total of eight expanded root cause analysis reports were requested in October (these are more expansive reports usually requested after a series of serious incidents involving a specific individual).

Human Rights Investigations:

- The Compliance team conducted four Human Rights investigations in October for allegations of neglect. Three of these allegations were founded for failure to provide services necessary for the health, safety, and welfare of individuals served following falls and/or injury. Corrective action plans are underway for these. One of the four

allegations was founded for staff exceeding the speed limit and receiving a ticket while individuals were riding in the agency vehicle. Again, this is considered failure to provide services necessary for health, safety, and welfare of individuals served. A corrective action plan is in development for this finding.

Internal Reviewers:

- Compliance Team met with Mental Health Residential to go over audit scores on October 10th.
- Compliance Team met with Mental Health Case Management to go over incident reports on October 21st.

External Reviewers:

- Compliance team received and responded to 5 external requests for documentation from 3 different insurance agencies seeking information for 36 different individuals receiving RACSB services.
- Compliance team received 6 communications throughout the month of October from Brian Dempsey, DBHDS Incident Management Specialist, regarding serious incident reports.

Complaint Call Synopsis

- The Compliance team received one complaint in the month of October regarding DD Case Management. The complainant was looking for resolution/follow up involving a needed service authorization. The call was resolved internally without further action being needed.

Special Projects

- Policy Pro
 - The Compliance team offered technical assistance and recommendations to 6 teams in October with respect to policy development/upload into the Policy Pro electronic repository.
- Facility Inspections
 - The Compliance Team revised the Facility Inspection form and began visiting programs to offer technical assistance with specified inspection requirements. Three programs completed this project with the Compliance team in October.
- Pre-Program Audits
 - Compliance Specialist reviewed 44 quarterlies and 11 Individual Service Plans (ISPs) for ID/DD Residential Programs during the month of October. Feedback related to any discrepancy notes was provided.

Trainings/Meetings

- The Compliance Team trained newly hired DD Residential management team members on 8 staff development/orientation modules on October 8th and 9th.

- The Compliance Director conducted a training on Human Rights, Mandated Reporting, Citations, Substitute Decision Makers, Individual Status Change documentation requirements, Incident Reporting processes, and Documentation/Resources with the DD Support Coordination team on October 20th.
- The Compliance team conducted a training on October 29th for developing Corrective Action Plans that meet DBHDS criteria when responding to Licensing Reports.
- The Compliance team coordinated, scheduled, and communicated 5 planned upcoming “Q-tip” trainings for staff development on the areas of Corrective Action Planning, Incident Reporting, Root Cause Analyses, and Service Plan Development.
- Compliance Specialist attended the Regional Nursing Meeting for October via Teams to gather information from the Office of Integrated Health on the topic “My Care Passport and Advocacy Tip Sheet.”

To: Joseph Wickens, Executive Director
From: Stephanie Terrell, Director of Compliance & Human Rights
Date: October 2025
Re: Quality Assurance Report

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

- Mental Health Case Management: King George
- Permanent Supportive Housing
- Substance Abuse Outpatient: Caroline

Mental Health Case Management: King George

There were three staff members responsible for the selected charts.

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

- Ten charts were reviewed for Assessment compliance:
 - **Discrepancies noted with Assessments:**
 - Three charts contained late Daily Living Activities-20 (DLA-20).
- Ten charts were reviewed for Individual Service Plan compliance:
 - **No discrepancies noted with Service Plans.**
- 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:**
 - Two charts did not have client contact for one month.
- 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: King George from previous audits to the current audits, the average score increased from 85 to an 89 on a 100-point scale.

Corrective Action Plan:

- 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.

- Staff with missing documentation completed the missing documentation prior to returning the reviews.
- Supervisor will review documentation requirements during each staff meeting as a reminder and review. We will incorporate this into our monthly meetings.
- Supervisor had previously sent out the tracking document to the team to ensure that everyone is utilizing a tracking method in order to complete documentation on time. Supervisor will discuss the utilization of this tracking sheet at each of our staff meetings.

Permanent Supportive Housing

There were eight staff members responsible for the selected charts.

Findings for the ten open charts and one closed chart reviewed for Permanent Supportive Housing 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 completed a week late.
- Ten charts were reviewed for Quarterly Review compliance:
 - **Discrepancies noted with Quarterly Reviews:**
 - One quarterly reviewed was completed late.
- Ten charts were reviewed for Progress Notes compliance:
 - **No discrepancies noted with Progress Notes.**
- Ten charts were reviewed for General Documentation compliance:
 - **Discrepancies noted with General Documentation.**
 - Three charts were missing the Consumer Orientation or Individual Rights.
- One chart was reviewed for Discharge compliance:
 - **No discrepancies noted with Discharge.**

Comparative Information:

In comparing the audit reviews of Permanent Supportive Housing from previous audits to the current audits, the average score increased from 82 to a 96 on a 100-point scale.

Corrective Action Plan:

1. Quarterly Reviews

- During supervision on October 17th 2025, it was discussed that Quarterly Reviews (QRs) are not to be completed prior to their assigned due dates.
- The supervisor will continue to monitor staff compliance with documentation standards and provide ongoing supervision, technical assistance, and reminders as needed to ensure all program requirements and agency protocols are met. Any recurring issues or noncompliance will be addressed promptly through additional corrective action or training support.

2. Service Plans

- The supervisor will continue to send reminder emails when ISPs are approaching their due dates and upon finalization to ensure timely completion and compliance. A safety plan was discussed to provide support for clients during incidents of concern.
- The supervisor will continue to monitor staff compliance with documentation standards and provide ongoing supervision, technical assistance, and reminders as needed to ensure all program requirements and agency protocols are met. Any recurring issues or noncompliance will be addressed promptly through additional corrective action or training support.

3. Consumer Orientation

- The supervisor also noted that annual reminders for Orientation Forms will be sent to staff and that these forms should be uploaded under the "Contracts/Agreements" section in Avatar.
- The supervisor will continue to monitor staff compliance with documentation standards and provide ongoing supervision, technical assistance, and reminders as needed to ensure all program requirements and agency protocols are met. Any recurring issues or noncompliance will be addressed promptly through additional corrective action or training support.

Substance Abuse Outpatient: Caroline

There was one staff member responsible for the selected charts.

Findings for the ten open charts and two closed charts reviewed for Substance Abuse Outpatient: Caroline were as follows:

- Ten charts were reviewed for Assessment compliance:
 - **No discrepancies noted with Assessments.**
- Ten charts were reviewed for Individual Service Plan compliance:
 - **No discrepancies noted with Individual Service 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.**
- Two charts were reviewed for Discharge compliance:
 - **No discrepancies noted with Discharge.**

Comparative Information:

In comparing the audit reviews of Substance Abuse Outpatient: Caroline charts from the previous audits to the current audits, the average score increased from 95 to 100 on a 100-point scale.

MEMORANDUM

To: Joe Wickens, Executive Director
From: Stephanie Terrell, Director of Compliance
Date: November 3, 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 October. One of the CAPS was related to a founded allegation of neglect caused by staff not reporting discovered concerns about the health, safety, and welfare of an individual receiving support coordination to Adult Protective Services (APS) (Stafford DD Case Management). The other CAP was related to a founded allegation of neglect caused by staff not immediately calling 911 per policy upon finding an individual unresponsive (Myers Drive).

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 3

License #: **101-16-002**

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

Date of Inspection: **09-16-2025**

Program Type/Facility Name: **16-002 Stafford DD Casemanagement**

<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	Stafford DD Casemanagement This regulation was NOT MET as evidenced by: See OHR citation below.		

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

Page: 2 of 3

License #: 101-16-002

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 09-16-2025

Program Type/Facility Name: 16-002 Stafford DD Casemanagement

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-115-50. B. (2) - In receiving all services, each individual has the right to: 2. Be protected from harm including abuse, neglect, and exploitation.	N	<p>Stafford DD Casemanagement</p> <p>This regulation was NOT MET as evidenced by:</p> <p>"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</p> <p>During an internal investigation the provider determined the following:</p> <ul style="list-style-type: none"> Employee 1 received an allegation from Individual 1 that the residential staff slept all night in the basement or on the couch but did not follow up with the residential provider to report these allegations. Employee 1 failed to report the allegation to APS. Employee 1 was aware that a vehicle accident involving Individual 1 alone in the group home manager's vehicle took place and did not report the concern to APS. <p>Employee 1 failed to take steps to ensure the safety and welfare of Individual 1 which meets the regulatory definition of neglect.</p>	<p>PR) 10/08/2025</p> <p>Employee 1 will receive training on mandated reporting to ensure understanding of what needs to be reported.</p> <p>Employee number 1 will receive appropriate corrective action.</p> <p>All SCs, to include employee 1 will receive training on mandated reporting to ensure understanding of what needs to be reported.</p> <p>During file reviews, completed by supervisors during supervision, they will review progress notes of SC to determine if in the 90 days time frame prior to the file review being completed, is there anything that should have necessitated a report to APS/CPS. If there is something that should have been reported to APS/CPS that was not reported, DSSC supervisor will instruct the SC to make the report ASAP and document this. At next supervision, DSSC Supervisor will review with staff that this was completed and documented.</p> <p>DSSC coordinator will monitor to ensure training is completed by all SCs .using training logs.</p> <p>DSSC Coordinator will update file review form to include space to document if there is anything documented that needed to be reported to APS/CPS and if so if it was reported.</p> <p>Supervisors will complete at least one file review each month for discussion in supervision.</p> <p>OHR/OLR) Accepted 10/08/2025</p>	11/01/2025 00:00:00

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

Page: 3 of 3

License #: **101-16-002**

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

Date of Inspection: **09-16-2025**

Program Type/Facility Name: **16-002 Stafford DD Casemanagement**

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
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General Comments / Recommendations:

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

Cassie Purtlebaugh, Human Rights

(Signature of Organization Representative)

Date

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

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

Page: 1 of 3

License #: 101-01-001

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 10-03-2025

Program Type/Facility Name: 01-001 Myers Group Home

<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	Myers Group Home This regulation was NOT MET as evidenced by: See OHR citation below.		
12VAC35-115-50. B. (2) - In receiving all services, each individual has the right to: 2. Be protected from harm including abuse, neglect, and exploitation.	N	Myers Group Home This regulation was NOT MET as evidenced by: "Neglect" means failure by a person, program, or facility operated, licensed, or funded by the department, excluding those operated by the Department of Corrections, responsible for providing services to do so, including nourishment, treatment, care, goods, or services necessary to the health, safety, or welfare of an individual receiving care or treatment for mental illness, intellectual disability, or substance abuse During an internal investigation, the provider determined the following: • Individual 1 overdosed on prescription medications on August 29, 2025. • After hearing this, Employee 1 checked Individual 1's belongings and discovered prescription medications in Individual 1's backpack which Individual 1 brought back to the group home following a shift at work. • Employee 1 reviewed camera footage and expressed concerns that Employee 3 was on her cell phone during some portions of the night. Employee 3 explained to Employee 1 that Employee 3 was talking on her cell phone with a family member.	PR) 10/08/2025 Employee 3 will receive corrective action regarding neglect of individual #1 by failing to follow the Emergency Preparedness policy regarding medical emergencies that states employees are to contact 911 immediately upon discovery of a medical emergency. Employee 3, as well as all other program staff, have been provided a re-training on the emergency preparedness policy and have signed off on their understanding including the expectation that 911 is to be contacted immediately upon discovery of a medical emergency. Systematically, Human Resources will continue to conduct mandated background checks and ensure at onboarding that no barrier crimes are present in the past of any potential employee. All RACSB staff and volunteers will be required to undergo an annual Human Rights training which addresses neglect and an annual review of the RACSB Employee Code of Ethics to help ensure continued promotion and support of	10/13/2025 00:00:00

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

Page: 2 of 3

License #: 101-01-001

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 10-03-2025

Program Type/Facility Name: 01-001 Myers Group Home

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
		<ul style="list-style-type: none"> • Employee 3 explained to Employee 1 that she heard a loud noise, went into Individual 1's bedroom and was attempting to wake Individual 1 after finding Individual 1 unresponsive on the floor. When asked how long Employee 3 was in the room with Individual 1 prior to Employee 3 calling 911 and management, Employee 1 stated "a few minutes". • Employee 2 stated she had a missed phone call from Employee 3 at 12:12 am and returned it at 12:14 am. Employee 3 explained to her during their phone call that she found Individual 1 on the floor in his bedroom unresponsive. Employee 2 instructed Employee 3 to call 911. • When asked if she was aware of what Employee 3 was doing between 12:00 am (time Employee 3 heard Individual 1 fall) and 12:12 am (when Employee 3 called Employee 2) Employee 2 responded that Employee 3 was attempting to wake Individual 1 and also called Employee 1 during this time but did not reach her. • When asked if Employee 2 asked Employee 3 why it took Employee 3 so long to call 911 or management after hearing Individual 1 fall, Employee 2 stated that Employee 3 informed her that she was attempting to wake Individual 1 by calling his name and trying to determine what occurred. • When asked if Employee 3 called 911 or management first, Employee 2 informed investigators that Employee 3 called management first and Employee 2 instructed Employee 3 to call 911. • Employee 3 reported being on the phone with a family member for approximately 30 minutes prior to hearing a noise from Individual 1's bedroom. • Employee 3 informed investigators that she stayed in Individual 1's room for probably five to ten minutes before calling 911. • Employee 3 made it known to investigators that she called management prior to calling 911. • This is substantiated for neglect due to Employee 3 failing to follow the provider's internal emergency protocols by not 	<p>meeting needs of individuals. Newly hired staff will be assigned these courses upon hire during the week of their agency orientation. Human Resources will continue to track these annual trainings for compliance by all staff through its electronic training system/database.</p> <p>The Compliance team will monitor incident reports and any allegations or reports of human rights violations including neglect on a daily basis to help ensure systematically that incidents of this nature are identified and mitigated quickly.</p> <p>Program leaders will monitor staff and continue to ensure all Human Rights regulation violations are immediately reported to RACSB's Office of Consumer Affairs. They will likewise ensure best person-centered practices are being followed by staff through direct and indirect supervision ongoing on a monthly basis (viewing cameras, ongoing discussion of person-centered plans and practices, conducting random direct supervision of staff working with individuals).</p> <p>OHR/OLR) Accepted 10/08/2025</p>	

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

Page: 3 of 3

License #: **101-01-001**

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

Date of Inspection: **10-03-2025**

Program Type/Facility Name: **01-001 Myers Group Home**

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
		immediately calling 911 upon discovery of Individual 1 being unresponsive.		

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, November 2025

RACSB was present at these community events:

- Oct. 1, University of Mary Washington's Disability Resource Fair
- Oct. 9, Veterans and First Responder Coffee Social
- Oct. 18, Out of Darkness Walk, American Foundation for Suicide Prevention
- Oct. 25, Operation Medicine Cabinet
- Oct. 30, 4E Expo, Spotsylvania County Schools
- Nov. 1, Veterans Appreciation Event, Spotsylvania County Sheriff's Office

Additionally, RACSB held these events:

- Fall plant sale
- RAAI Trunk or Treat
- CRC groundbreaking
- Kenmore Club Yard Sale

Additional communications information:

- 92 social media posts in September
- Media Release: Mobile Recovery Unit
- Media Advisory: CRC groundbreaking
- One edition of Inside RACSB
- Four Spark news posts
- 30 Engage posts

- Two employee engagement initiatives: Halloween door-decorating competition and t-shirt design competition

Good to Know

- Some employees are planning a HopeStarGazing Night on Nov. 21 featuring a local astronomer, campfires, s'mores and more.
- We are again doing our Hope for the Holidays initiative, where people adopt ACT clients to provide holiday gifts for them. We have 32 individuals to help, and so far, 18 have been adopted.
- We are selling HopeStarter shirts to help with the costs of the HopeStarGazingNight and with the Hope for the Holidays. They can be purchased at our Bonfire store, www.bonfire.com/store/hopestarter.
- We had paused our regular recruitment social media posts for a few months and have returned to weekly posts as the number of open positions has risen. You can help us by sharing these posts with your networks.
- We are also spreading the word about our Mobile Recovery Unit. You can share social media posts or the flyers included in this update to help.
- The holiday plants online store was created for RAAI's annual winter fundraiser.

Blog Posts

ON THE ROAD TO RECOVERY: RACSB LAUNCHES MOBILE RECOVERY UNIT

When it comes to recovery, sometimes the hardest part is getting there.

For people living with opioid use disorder, barriers like transportation, distance, and stigma can make it difficult—or even impossible—to reach the care they need.

That's why we're hitting the road. We just rolled our [Mobile Recovery Unit](#)—a new program designed to bring life-saving care directly to the people and places that need it most. The new unit will serve Caroline, King George, Spotsylvania, and Stafford counties, while also supporting our existing office-based opioid treatment services in the City of Fredericksburg. The goal: to make recovery accessible, hopeful, and close to home.

MEETING PEOPLE WHERE THEY ARE

Last year, more than [1,000 Virginians](#) lost their lives to opioid overdoses—including nearly **60 people** in Fredericksburg and the surrounding counties that make up our service area.

While those numbers represent a decline from previous years, they still serve as heartbreaking reminders of the need to fight the opioid epidemic with all available tools.

"Each number represents a person—someone's child, parent, friend, or neighbor," said Executive Director Joe Wickens. "Even though we're seeing some progress, we know that one life lost is one too many."

Although the number of overdose deaths has declined, the need for accessible treatment remains urgent. The MRU is part of our ongoing effort to remove barriers to care and connect more people to the support they deserve—ultimately helping our community members find hope in situations that seem hopeless.

SO MUCH MORE THAN A SET OF WHEELS

A grant from the [Opioid Abatement Authority](#) funded the purchase of the MRU, which operates as an extension of our office-based opioid treatment program. The unit offers an evidence-based combination of intensive therapy and medications for opioid use disorder.

Decades of research have shown that medication for opioid use disorder (MOUD) saves lives and supports lasting recovery.

MOUD is one of the most effective, evidence-based tools in the fight against addiction. People who receive medications are twice as likely to remain in recovery and have a much lower risk of fatal overdose compared to those who do not receive medication.

Among people who stay engaged in treatment, about 50–60% achieve sustained remission or abstinence after a year of care—especially when medication is combined with counseling and recovery supports.

In fact, studies show that remaining in medication-assisted treatment ****reduces the risk of death from opioid overdose by more than 50%.****

These numbers are more than statistics—they represent hope. Every individual who finds stability through medication-assisted treatment has the chance to rebuild their life, reconnect with loved ones, and rediscover purpose.

However, fewer than 20 percent of people with OUD currently receive medication-assisted treatment—a gap the MRU aims to close.

A ROAD TOWARD HOPE

The MRU represents so much more than a new vehicle, providing a way to reach people with compassion and support. By meeting individuals where they are, we hope to make recovery more achievable and to continue reducing the toll of opioid use disorder across the region.

“No one’s road to recovery should be blocked by barriers like transportation or access to care,” said Clinical Services Director Jacque Kobuchi. “The MRU helps people stay on the path to healing, no matter where that road begins.”

The MRU also represents the power of partnership. The project was made possible through collaboration among state and local leaders, community partners, and our team of HopeStarters. We share a commitment to creating a community where every person has the opportunity to heal.

“Every mile this unit travels opens a new path to healing,” Wickens said. “It brings care, hope, and connection closer to home.”

DOWN THE ROAD

As the MRU begins traveling throughout the region, we hope to connect with individuals who might not otherwise reach out for help—those who may be unhoused, isolated, or unsure where to begin.

“Recovery doesn’t always start with a grand gesture,” Kobuchi said. “Sometimes it starts with one small step—or in this case, one visit to a mobile unit parked in your county.”

We hope that bringing treatment directly into the community, more people will take that first step and will find that hope is always closer than it seems.

“Our message is simple,” Kobuchi added. “Recovery is possible, and hope is on the move.”

STARTING YOUR JOURNEY

Individuals interested in using the MRU to support their recovery will start with the clinic in their county of residence. They will receive an intake to make sure this will be an effective support for them.

The MRU will be in each locality on a certain day of the week:

- Monday, Stafford
- Tuesday, King George
- Wednesday, Spotsylvania
- Thursday, Caroline

Exact locations are still being determined, but the van will be available at the county clinics until a place has been found. In Spotsylvania County, the MRU will be at [4701 Market Street \(formerly the Goodwill Building\)](#), which is adjacent to a [Fredericksburg Regional Transit stop](#).

When you arrive for an appointment on the van, you will be able to access nursing care, peer supports, and a virtual session with a doctor.

Interested in services with the Mobile Recovery Unit? You can connect with the MRU by calling the clinic in your county:

- Caroline, 804-633-9997
- King George, 540-775-9879
- Spotsylvania, 540-582-3980
- Stafford, 540-659-2725

PAUSED PAYCHECKS: TIPS FOR HANDLING A GOVERNMENT SHUTDOWN

If you're one of the many federal employees or military families impacted by the [current government shutdown](#), you're not alone—and help is available. While waiting for paychecks to resume can bring stress and uncertainty, our Greater Fredericksburg community has resources to help you stay steady, both financially and emotionally.

The most recent shutdown started Oct. 1 and has quickly taken a toll on the mental health of military members and federal employees.

INCREASING ANXIETY

A [Blue Star Families](#) poll [taken at the start of the shutdown](#) showed military members and their spouses worried about their financial stability and their mental health. A similar study hasn't been conducted yet for federal workers, but a [June survey](#) by Federal News Network discovered that 95% of respondents have experienced increased stress, anxiety, and depression because

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COMMUNITY SERVICES BOARD

of instability in federal agencies. Many reported seeking mental health treatment for the first time, and some experienced insomnia, isolation, angry outbursts, and self-harming thoughts. “It’s been overwhelmingly stressful. I already have anxiety from being a veteran so adding this to my life, I mean ... I wake up having panic attacks at least four times a week. It’s affecting my entire life. Which means my family.”

-A respondent to the June survey by Federal News Network

And the anxiety isn’t just limited to those who work for the federal government. Many people who rely on Social Security, SNAP benefits, and Medicaid or Medicare worry about delays in service.

Federal workers have started receiving partial paychecks (the shutdown happened in the midst of a pay cycle). On Oct. 24 and 28, employees of most federal agencies will miss their first complete paycheck. Military personnel will miss their first check on Oct. 15.

HELP IS HERE.

Loss of income often leads to panic and stress. But, there are resources to help, practical steps you can take to help your situation, and techniques for reducing anxiety.

We’ve compiled a round-up to help you find hope when things feel really scary:

Financial Assistance

- [USAA](#): Offers a [no-interest loan](#) equal to the amount of one paycheck, up to \$6,000 for members employed by an agency impacted by the shutdown. They also offer additional assistance for members with insurance and banking.
- [Navy Federal Credit Union](#): Offers a Paycheck Assistance Program for eligible members, including a no-interest loan.
- [PenFed Credit Union](#): Offers a no-interest loan equal to a paycheck, a skip-a-payment option, and home loan hardship assistance

RAPPAHANNOCK AREA

COMMUNITY SERVICES BOARD

- [Andrews Federal Credit Union](#): Offers a financial assistance loan and a skip-a-payment program.
- [The Federal Employee Education & Assistance Fund](#): offers Shutdown Grants once the shutdown reaches the date where federal employees miss paychecks.
- [First Command](#): Offers a 0% annual percentage rate pay advance loan with no fees or interest charges.
- Mortgage, rent, and utility companies often have hardship programs—call before payments are missed to see how they can help.
- [The United States Senate Federal Credit Union](#): Offers a zero-interest loan for members.
- [Service Credit Union](#): Offers a one-time payroll credit and zero-interest loans.
- [Army Emergency Relief](#) provides interest-free loans equal to the amount of one paycheck, up to a maximum amount of \$6,000, for soldiers and families who experience financial hardship due to a lack of pay.
- The [Commerce Department Credit Union](#): Offers a 30-day zero interest loans for federal workers during the shutdown for up to \$10,000. You do not have to be a Commerce Department employee to become a member.
- [Virginia Unemployment Commission](#): Furloughed workers are eligible for unemployment benefits, which will be repaid once you receive your backpay.
- [SERVE](#): Offers emergency utility assistance for Stafford County residents.
- [Thrift Savings Plan](#): If you have a loan through them, they will keep your loan in good standing if you miss payments during a shutdown. Hardship withdrawals are available.
- Military Relief Societies:
 - *Army Emergency Relief* – www.armyemergencyrelief.org
 - *Navy-Marine Corps Relief Society* – www.nmcrrs.org
 - *Air Force Aid Society* – www.afas.orgThese organizations provide emergency loans, grants, and budget counseling to service members and eligible dependents.

Food Assistance

- The Fredericksburg Food Bank offers a mobile pantry. Find its schedule [here](#). You can also find a map of [local food pantries](#) on their site.
- The Table at St. George's is a market-style food pantry in Market Square on Tuesdays from noon to 1 p.m.
- [Downtown Greens](#) has a Take What You Need Community Solidarity Plot. For more information, contact gardens@downtowngreens.org.
- Love Thy Neighbor in King George is a food pantry open Thursdays from 6-8 p.m. Saturdays 9:30 to 11:30 a.m. and Sunday 1-5 p.m. at 10250 Kings Highway.
- [Hub of Hope](#): offers prepared food for 2-3 days.

Mental Health Resources

- Check if your Employee Assistance Program (EAP) offers confidential counseling or referrals (some programs remain active even during shutdowns).
- Mental Health America has a free, online mental health [screening tool](#).
- [Mental Health America of Fredericksburg](#) has a list of local mental health providers
- [988 Lifeline](#) offers suicide and crisis support and intervention. Call or text 988.
- We have emergency services therapists available 24/7: 540-373-6876.

Resource Guides

There are several roundups of resources for federal employees and military workers:

- [Stafford County's Resource Hub for Federal Employees](#)
- [The City of Fredericksburg's Resources for Federal Workforce](#)
- [Virginia's Resources for Impacted Federal Workers](#)
- [Representative Eugene Vindman's Seventh District Shutdown Resource Guide](#)
- [Partnership for Public Service's Resources for Federal Employees](#)
- [Federal Employee Education and Assistance Fund's Resources for Federal Civilian Employees](#)

- [Representative Rob Wittman's Government Shutdown Resources](#)

Practical Tips

Stress gets worse when you don't know what to do, so here are a few tips for people impacted by the shutdown:

- Apply for any relief programs or benefits you may need—before your situation gets precarious
- Communicate with your lenders, landlords, and utility providers if you expect to miss payments
- Create a simple list of essential expenses.
- If you are furloughed, create a list of productive things to get done during this time.
- Take breaks from the news; it's important to keep up-to-date with shutdown developments, but it's also essential to make sure you're not doom-scrolling.
- Check in with family, friends, and co-workers often.
- Take care of your mental health.

Mental Health Tips

If that last bullet item seems like too much right now, here are some simple tips to help manage anxiety:

- Exercise—endorphins are a huge help, and you can get them from any aerobic activity so pick something you enjoy doing.
- Use deep breathing techniques—it sounds too simple but deep breathing can stimulate the parasympathetic nervous system and reduce cortisol levels. Try this [short belly breathing video](#).
- Connect with others: Talk to family, friends, or colleagues who understand what you're going through. Sharing your experiences can reduce feelings of isolation.
- Practice self-compassion: Be kind to yourself. This is a difficult situation, and you're doing your best to navigate it.

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- Take care of your health: Eat nutritious foods, get plenty of sleep, water, and exercise.
- Keep a daily routine: If you're furloughed, you may feel unanchored without a work schedule. Try to wake up, eat meals, and go to bed at consistent times. Structure helps maintain stability and purpose.
- Stay informed, but set boundaries: Keep up with reliable news sources regarding the shutdown, but avoid excessive consumption that can fuel anxiety. Designate specific times to check updates.
- Focus on what you can control.
- If you're furloughed, use this time to catch up doctor and dentist appointments, those household chores you never get to, visiting with friends and family, and leisure activities that provide a sense of accomplishments. Try a new recipe, read something on your to be read pile, find a new hiking trail, etc.
- Use grounding techniques: try the 5-4-3-2-1 method to focus on your senses. Notice 5 things you see, 4 things you can touch, 3 things you can hear, 2 things you can smell, and 1 thing you can taste.
- Listen to music: Try some calming, soothing, or upbeat tunes to improve your mood.
- Acknowledge your feelings: It's OK to feel anxious during times of uncertainty. You may also feel angry, depressed, confused. It's important to remember that these feelings are normal.
- Check in with yourself: While you're acknowledging your feelings, pay attention to your body and mood. Notice changes to sleep, mood, motivation, energy, and overall wellbeing. These can signal that it's time to relax, recharge, and ramp up your self care.
- Dump your brain: Write down your thoughts, your feelings, and your worries. It helps to get them out of your head.
- Practice mindfulness and meditation: Dedicate a few moments each day to focusing on the present. Here is a [10-minute meditation](#) for anxiety.
- Find more tips and ideas for dealing with anxiety in our [Guide to Resilience](#).

MEDIA ADVISORY

Rappahannock Area Community Services Board

600 Jackson Street, Fredericksburg, VA 22401

540-373-3223 Fax: 540-371-3753

www.rappahannockareacsb.org

Oct. 21, 2025, Fredericksburg, VA

Governor Youngkin to Attend Dedication of Crisis Receiving Center in Fredericksburg

WHAT:

The Rappahannock Area Community Services Board (RACSB) will host a dedication ceremony for its new Crisis Receiving Center—a key component of Virginia’s *Right Help, Right Now* behavioral health initiative. The center will serve as a 24-hour crisis center that will provide a safe, calming space for individuals experiencing psychiatric emergencies.

Following the ceremony, Governor Glenn Youngkin plans to tour RACSB’s Mobile Recovery Unit, which will be parked on-site and available for media viewing.

WHO:

- **Governor Glenn Youngkin**
- **Senator Tara Durant** (Virginia 27th District)
- **Hallie Pence**, Executive Director, *Right Help, Right Now*
- **Joe Wickens**, RACSB Executive Director

Friday, October 24, 2025

- **Doors open:** 10:00 a.m.
- **Guests seated:** 10:15 a.m.
- **Governor arrives / Ceremony begins:** 10:30 a.m.

WHERE:

Rappahannock Area Community Services Board
4701 Market Street, Fredericksburg, VA 22408

CONTACT:

Amy Umble, Communications Coordinator

aumble@rappahannockareacsb.org

540-940-2314

Founded in 1970, RACSB provides public behavioral health and developmental disability services to residents of the City of Fredericksburg and the counties of Caroline, King George, Spotsylvania and Stafford. To learn more, visit www.rappahannockareacsb.org.

###

MEDIA RELEASE

Rappahannock Area Community Services Board

600 Jackson Street, Fredericksburg, VA 22401

540-373-3223 Fax: 540-371-3753

www.rappahannockareacsb.org

FOR IMMEDIATE RELEASE

Oct. 14, 2025, Fredericksburg, VA

For more information, contact: Amy Umble, Communications Coordinator

540-940-2314 or aumble@rappahannockareacsb.org

On the Road to Recovery: RACSB Expands Access to Life-Saving Care

Fredericksburg, Virginia—To save lives and reduce overdose deaths, Rappahannock Area Community Services Board (RACSB) is taking treatment for Opioid Use Disorders on the road with the launch of a Mobile Recovery Unit.

A grant from the Opioid Abatement Authority funded the purchase of the MRU, which will operate as an extension of RACSB's office-based opioid treatment program—offering an evidence-based combination of intensive therapy and medication.

The MRU rolled out Oct. 1 and provides Medication for Opioid Use Disorder (MOUD) to individuals in the counties of Caroline, King George, Spotsylvania and Stafford and will bolster RACSB's office-based opioid treatment in the City of Fredericksburg.

Last year, more than 1,000 Virginians lost their lives to opioid overdoses, according to the Virginia Department of Health. Nearly 60 of those deaths occurred in Fredericksburg and the surrounding counties of Caroline, King George, Spotsylvania, and Stafford.

"The numbers are moving in the right direction, but even one loss is too many," said Joe Wickens, RACSB's executive director. "That's why we're expanding treatment options and bringing hope, healing, and life-saving care straight to the people who need it."

Research from the National Institute on Drug Abuse shows that combining medication and counseling saves lives and supports lasting recovery. Yet, according to the Centers for Disease

Control and Prevention, about one in four adults with opioid use disorder receive recommended medications.

“No one’s road to recovery should be blocked by barriers like transportation or access to care,” said Jacque Kobuchi, RACSB’s director of clinical services. “The MRU helps people stay on the path to healing, no matter where that road begins.”

To get started, individuals should call the RACSB clinic in their county of residence:

- Caroline, 804-633-9997
- King George, 540-775-9879
- Spotsylvania, 540-582-3980
- Stafford, 540-659-2725

Founded in 1970, RACSB provides public behavioral health and developmental disability services to residents of the City of Fredericksburg and the counties of Caroline, King George, Spotsylvania and Stafford. To learn more, visit www.rappahannockareacsb.org.

###





Please help us provide



Hope for the Holidays

We're collecting presents for
adults with mental illness.
Please help by adopting someone
for the holiday season.

Gifts are due by Dec. 11. Email
aumble@rappahannockareacsb.org
to adopt someone or for details.



Scan here to
find details
and wish lists:





Please join us for an evening of

Hope Stargazing

Let's mingle and meet under the stars!

An family fun evening featuring stargazing led by astronomer
Corey Dallmeyer, with music, games, food, and s'mores.

Nov. 21, 5:30 p.m.
750 Kings Highway

Please bring a side dish or dessert to share and/or donate money towards a
main dish, drinks, and s'mores.

RSVP to aumble@rappahannockareacsb.org by Nov. 14.

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
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Hope on the Move

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The MRU will be in King George County on Tuesdays from 9 a.m. to 3 p.m.

**Tabernacle Baptist Church
10640 Kings Highway
King George, VA 22485**

Call our King George County Clinic to schedule an intake and assessment.

540-775-9879

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

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The MRU will be in Stafford County on Mondays from 9 a.m. to 3 p.m.

**United Faith Christian Ministry
150 Susa Dr. Stafford, VA 22554**

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

540-659-2725

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:



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End-of-the-Year Staff Appreciation

This year, RACSB won't hold its annual staff holiday party. Instead of that party, the management team plans to partner with the Board of Directors to show appreciation for staff. The holiday party costs about \$15,000 and is attended by fewer than 200 employees. This plan would cost about \$6,000 and would impact each of our nearly 550 employees.

We recently held a t-shirt design competition, with the staff choosing the winning design. This design was intended for the t-shirts that RACSB gives to employees who represent the agency at community events and who earn points through the HopeStarter Ambassador Program. Instead, we are going to order shirts in this design for each employee.



We plan to give these shirts out during the first week in December. Previous efforts to give employees appreciation gifts have involved heavy lifting because of the logistics involved in delivering items to people in more than 40 facilities through five localities working shifts at all times of the day.

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Instead, we plan to offer times during the first week in December when employees could come and get a shirt at Jackson Street. Employees could send one person from their location to pick up shirts for the others if it is difficult for everyone to get to Jackson Street. We would like to have the shirts in a room at Jackson Street and have board members and/or management team members staff this room so that employees can get their shirts and be thanked for their work at the same time.

To make this more than just giving a token of appreciation (albeit a very nice token!), we will also designate December as a month of Spirit and Gratitude. Employees will be able to wear jeans and HopeStarter t-shirts throughout the month, not just on Fridays.

We will have some spirit day themes sprinkled throughout the month (the Internal Communications/Employee Engagement Committee has suggested several themes such as “holiday sweaters” and “winter wonderland”).

Additionally, we plan to have appreciation messages on social media, our intranet, and our internal social media. We would also like to create a video—and hope to have board participation. Annually, the communications coordinator creates a year-in-review slideshow video that includes a message of appreciation. For this year’s video, we would like to use photo and video of staff as b-roll with spoken appreciation messages from board members and management team members. We did this during Covid and videotaped board members before and after the board meeting. We could do this and also video board members when/if they come to hand out t-shirts. The step and repeat used at the CRC groundbreaking could be set up in a room to provide a backdrop.

We also plan to hold an extra merch-making event. These allow employees to bring their own shirt, choose a logo cut in different colors/patterns, and heat press the logo onto their shirt. They are very popular and allow employees the opportunity to have individualized HopeStarter shirts.



Prevention and Early Intervention Services Program Updates

Michelle Wagaman, Director

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

November 2025

Top 5 for November:

1. RACSB Prevention Services tabled at the Out of Darkness Walk organized by the American Foundation for Suicide Prevention as well as the third annual 4E's Expo hosted by Spotsylvania County Public Schools.
2. James Monroe High School successfully implemented another round of Teen Mental Health First Aid for 185 10th grade students. This is their second year of implementation. Caroline High School is scheduled to start implementation mid-November.
3. Early Intervention hosted their annual fall event for families on October 24. More than 40 families served joined the team for pumpkin patch fun.
4. Jennifer Bateman, Prevention Specialist, presented to the Caroline County School Board on October 20 to provide an update on the implementation of Second Step Bullying Prevention in elementary schools. This is the third year of facilitation.
5. Healthy Families Rappahannock Area exceeded their Krispy Kreme fundraising goal – thank you to everyone for their support!

Parent Education – Infant Development Program

There are currently 518 children enrolled in the program receiving a combination of services to include service coordination, speech therapy, physical therapy, occupational therapy and educational developmental services. The program is consistently scheduling 16 assessments per week and had 63 referrals in October. There are currently 15 providers on staff. PE-ID has no open positions at this time.

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: Rappahannock Area Interagency Coordinating Council; Part C Statewide Local System Manager; Early Intervention/Preservice Consortium; and VACSB Public Policy committee.

Two members of our team left our employment October 10th.

The program hosted two events this month to provide an opportunity for our families to meet other families who share a similar journey:

- A family play-date was held October 14 at Duff McDuff Green Memorial Park in Stafford. A total of five (5) families in attendance in spite of the rain! Thank you to Beth Shultz, Case Manager, and Alison Standing, for hosting.
- The annual Pumpkin Patch event was coordinated by Kelly Cook for PE-ID families on October 24 at Campfire Critters Animal Rescue farm in Stafford. We had 42 families in attendance, 70 adults and 59 children, plus 16 staff. They enjoyed sensory bins, the swing set and play area, picking pumpkins, temporary tattoos, photo booth, pigs, cats, horses, and a hayride. We had a beautiful day to enjoy the sunshine and fresh air.

Beth Shultz and Megan McCall hosted a table at the Fred Nats Trunk or Treat event at Virginia Credit Union Stadium October 24. They handed out treats and RACSB information to costumed children and their families.



Substance Abuse Prevention

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

Youth Education/Evidence Based Curriculums – Jennifer Bateman, Prevention Specialist, continues this round of facilitation of the Second Step social emotional learning curriculum with St. Paul's and 4Seasons day care/preschool centers in King George County. Year 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 Madison Elementary is nearing completion. Facilitation at Lewis and Clark Elementary School begins in November.

Coalitions – The Community Collaborative for Youth and Families will meet again on December 12, 2025 where participants will complete a service 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. The Virginia State Police recently raided stores in Richmond and SWVA resulting multiple arrests and seizures of illegal substances, weapons, and cash. Many stores were found to be illegally selling marijuana products.

Alcohol, Cannabis, and Vaping Prevention Education – Jennifer Bateman, Prevention Specialist, continues scheduling 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. Ni River Middle School is scheduled for November. Staff tabled at Freedom Middle School parent-teacher conference night and wellness fair on October 22, 2025.

Suicide Prevention Initiatives

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

ASIST (Applied Suicide Intervention Skills Training) – This Living Works curriculum is a 2-day interactive workshop in suicide first aid. Participants learn how to recognize when someone may have thoughts of suicide and to work with the individual to create a plan that will support their immediate safety.

The remaining training scheduled for 2025 on October 23-24 had 20 participants.

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.

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 November 3 at the request of the dental program at Germanna Community College.

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.

Our final training for 2025 is scheduled for November 17 (1:00 p.m. to 4:00 p.m.). As of November 3, 2025, we have 19 registered which is enough to host the training.

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

Lock and Talk Virginia – We now have new teen mental wellness materials (worksheets, cards, stickers) that are being well received by school staff and adolescents.

The infographic is divided into two main sections. The left section, titled 'Are you or a friend feeling off?', lists signs of distress: 'Look out for signs like:' followed by 'Feeling sad or hopeless' (sad face icon), 'Trouble sleeping or eating' (sleeping Z's icon), 'Losing Interest In things you love' (heart with X icon), and 'Feeling overwhelmed or stressed' (person with stress icon). It includes the text 'IT'S OKAY TO ASK FOR HELP.' and 'Talk to a trusted adult – a teacher, counselor, or family member. They care and want to help.' The right section, titled 'Crisis Lifelines & Resources', provides contact information: '988 Suicide & Crisis Lifeline: Call or text 988', 'Crisis Text Line: Text HOME to 741741', and 'The Trevor Project (LGBTQ+ Youth): Call 1-866-488-7386 or text START to 678678'. It also lists 'Your School Resources' with bullet points: 'Who's your school counselor?', 'Is there a mental health team?', and 'Are there peer support groups?'. At the bottom right, it says 'You're not alone. lockandtalk.org/youth' with a lock icon and 'TALK' logo.

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 last coalition meeting was held October 27, 2025 with presentations from 7-10 Farms located in Caroline County and Mental Health America of Fredericksburg regarding their HELPLINE. The workshops hosted in collaboration with DCJS on October 9 and October 29 were well attended. There is interest from the community to host additional learning opportunities in the spring. The next meeting will be virtual on December 15, 2025. In 2026, we will be working towards increasing post-vention knowledge and understanding for a community response following death by suicide.

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. The group continues to explore ways to maximize the draw down for Opioid Abatement Funds.

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

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 – RACSB will once again be participating in the “Gift Responsibly” campaign to raise awareness that it is illegal to gift lottery tickets and/or scratchers to those under the age of 18.

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. The second book club will conclude November 6. A small group has been reading “Talking to Strangers” by Malcolm Gladwell. Planning is underway to hosts quarterly virtual lunch and learns in 2026.

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.

The 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. DBHDS is no longer contracting with Rigaud Global to continue this campaign. They plan to bring it inhouse moving forward.

Virginia Young Adult Survey – Every two (2) years, Virginia administers a survey for those aged 18 to 25. This will launch in February 2026 and run through April 30, 2026. Michelle Wagaman has participated in the state advisory committee to review the survey instrument, develop marketing materials, and determine CSB response targets. New for this cycle will be tiered responses based on population. RACSB plans to work with VCU again for incentive fulfillment.

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.

October 2025

LOCALITY	NUMBER OF REFERRALS	ASSESSMENTS	NUMBER OF FAMILIES RECEIVING HOME VISITS	NEW ENROLLEES YEAR-TO-DATE
CAROLINE COUNTY	0	1	8	2
CITY OF FREDERICKSBURG	2	5	37	7
KING GEORGE COUNTY	2	0	7	0
SPOTSYLVANIA COUNTY	9	8	52	6
STAFFORD COUNTY	8	4	44	7
OUT OF AREA (REFERRED TO OTHER HF SITES)	0	0	0	0
TOTAL	21	18	148	22

- HFRA hosted its second annual “Costume Cuties” Playgroups in October.
- Thank you to everyone who supported the Krispy Kreme Fundraising Campaign. Sales exceeded the goal and resulted in raising \$2,070!
- The program has been accepted as a Toys for Tots recipient for our Holiday Party on December 13.



November 2025

Healthy Families Rappahannock Area Newsletter



As we enter the **Giving Season**, hearts turn toward gratitude, generosity, and the simple yet powerful act of helping others. For Healthy Families Rappahannock Area, this season is a reminder that community compassion is what fuels their mission year-round—to walk beside parents as they begin their journey into parenthood, offering guidance, hope, and the assurance that they are never alone.

During this time of reflection and giving, every contribution, whether financial support, volunteer time, or spreading awareness, helps create brighter beginnings for families and children. It's more than just charity; it's an investment in the well-being of the next generation. When we give, we become part of a larger story, one of resilience, love, and community connection.

This Giving Season, let's come together to make a difference. Let's remind families that they are **Seen, Supported, and Valued**. Because when we give from the heart, we do more than change lives...

**We Strengthen the Very Fabric of
Our Community.**



Village Shoutouts

This month's shout outs belong to

- Little Hands. Richmond
- Mary Washington Hospital
- From the Heart
- Central Virginia Regional Library (Salem and Howell Branches)
- All of our Reoccurring Monthly Contributions

We are truly Thankful for all the Support you give!



**Be A Part of the Village
Scan to Donate**

www.healthyfamiliesrappahannock.org

When the World Feels Uncertain, Healthy Families Remains a Steady Hand and a Caring Heart

November 2025

In a time when funding challenges and shifting policies have created a cloud of uncertainty for many community programs, the dedicated team at Healthy Families Rappahannock Area continues to stand strong. Regardless of the financial climate or critical pressures facing human services today, staff remain committed to walking beside families through every challenge. Their focus on prevention, parent education, and emotional support has never wavered—even as resources tighten and needs grow more complex.



IN ALL
Things
GIVE
Thanks

There remains a palpable sense of uncertainty in the air. The ongoing news cycle—filled with stories about budget cuts, changing program priorities, and community hardship—has left many families anxious about what the future holds. Yet through it all, Healthy Families staff continue to show up every day, providing stability, compassion, and hope. They know that behind every headline are real people who depend on these services, and their unwavering dedication serves as a powerful reminder: even in uncertain times, care and connection remain the community's most dependable constants.

Now more than ever, community support matters. Those who wish to stand behind Healthy Families Rappahannock Area can make a lasting impact through financial contributions, recurring monthly donations, or event sponsorships. Every dollar helps sustain home visits, provide baby supplies, and fund vital parent education programs. Supporters can give directly through the organization's website or by participating in upcoming fundraising efforts like Giving Tuesday. When neighbors invest in Healthy Families, they're not just giving money—they're giving hope, stability, and the chance for every child to grow up healthy, safe, and loved.



Scan to Donate



www.healthyfamiliesrappahannock.org

hopestarter | RAPPANNOCK AREA
COMMUNITY SERVICES BOARD



What's Happening This Month

November 2025



Volunteers needed

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



Email Mel today if
you are interested in volunteering...
mjennings@rappahannockareacsb.org

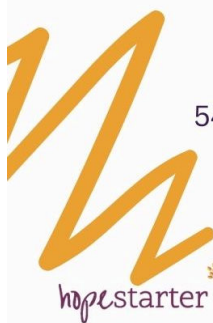


Giving Tuesday

December 2, 2025

Donations can be made at
www.healthyfamiliesrappahannock.org

Playgroups will continue in January 2026
Contact Laurie: lstrother@rappahannockareacsb.org
if you are interested in supporting or to be a part



CONTACT US

540-374-3366

hfra@rappahannockareacsb.org

www.healthyfamiliesrappahannock.org



Finance Department October 2025 Program Updates

Staffing Changes and Opportunities:

Kerlos Amir, our newest team member, continues to acclimate to his role as Accounting Coordinator. He has been working closely with individual team members to learn their duties and understand departmental processes.

We are actively recruiting for a Financial Analyst. The position was recently posted, and we are currently in the early stages of reviewing applications.

We continue to appreciate the support of our financial consultant, Kelly Young Marinoff, who has been collaborating with Sara to address the backlog of bank reconciliations. Plans are in place to transition this responsibility to Kerlos once he has completed the necessary training.

Reimbursement Department:

The Reimbursement department recently completed an internal restructuring initiative to enable cross-training among staff, improving flexibility and overall efficiency in task management. Additionally, our external billing vendor experienced several server outages that temporarily impacted the timely release of billing to payers. We collaborated closely with the vendor to resolve these issues; however, this did result in a slight delay in billing for the month of October.

Accounting Department:

The Accounting Department has been actively engaged in the FY2025 year-end financial close-out and audit preparation process, which is expected to continue over the coming months. The DBHDS Federal Funding year-end report (covering activity through September 2025) has been completed and submitted as required.

Additionally, work is underway to finalize both the ICF and ARTS cost reports. Efforts also continue to address outstanding grant reimbursement requests through the WebGrants system.

Summary of Cash Investments

Depository		Rate	Comments
Atlantic Union Bank			
Checking*	\$ 5,566,569	2.75%	*Adjusted to reflect \$7M wire transfer out to LGIP
Investment Portfolio			
Cash Equivalents	3,833,374		
Fixed Income	5,492,260		
Total Investment	\$ 9,325,634		
Total Atlantic Union Bank			
	\$ 14,892,202		
Other			
Local Gov. Investment Pool	7,038,097	4.24%	Avg. Monthly Yield
Total Investments	\$ 21,930,300		

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
Unrealized Gain/(Loss)			\$ 79,086	
Balance at 9/30/2025	\$ 2,130,413	\$ ⁸⁷ 1,175,793	\$ 4,735,433	\$ 3,780,813

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
October	\$5,456	\$367,077	\$812	\$1,753,946
YTD Total	\$23,359	\$1,306,775	\$4,022	\$1,753,946

Historical Data	Average Monthly Claims	Monthly Average Difference from PY	Highest Month
FY 2026	\$326,694	\$29,430	\$367,077
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

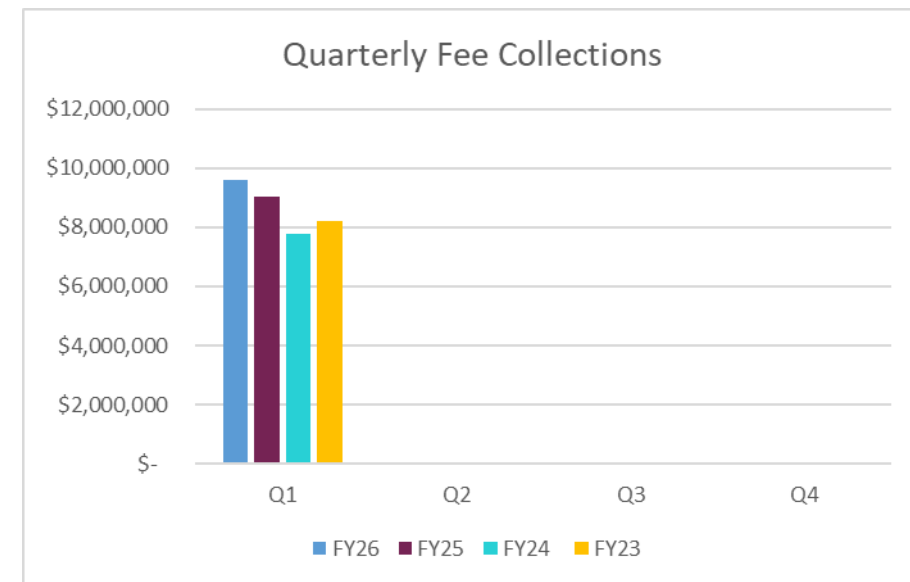
Summary of Investments

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	\$168,323.53	\$168,323.53	\$168,323.53	\$ -	\$7,397.82	4.01%	4.01%
US Treasury Bill (11/13/2025)	\$500,000.00	\$499,630.00	\$489,623.47	\$10,006.53	\$10,376.53	3.04%	4.25%
US Treasury Bill(11/28/2025)	\$500,000.00	\$498,825.00	\$491,040.83	\$7,784.17	\$8,959.17	3.52%	4.27%
US Treasury Bill(12/26/2025)	\$500,000.00	\$497,325.00	\$487,100.00	\$10,225.00	\$12,900.00	3.77%	4.00%
US Treasury Bill (01/22/2026)	\$500,000.00	\$495,955.00	\$484,805.21	\$11,149.79	\$15,194.79	3.70%	3.91%
US Treasury Bill(02/19/2026)	\$700,000.00	\$692,370.00	\$682,488.58	\$9,881.42	\$17,511.42	3.74%	4.12%
US Treasury Bill(03/19/2026)	\$500,000.00	\$493,095.00	\$485,496.71	\$7,598.29	\$14,503.29	3.75%	4.05%
US Treasury Bill(07/09/2026)	\$500,000.00	\$487,850.00	\$482,569.63	\$5,280.37	\$17,430.37	3.67%	3.93%
Total Cash Equivalents	\$ 3,868,323.53	\$ 3,833,373.53	\$ 3,771,447.96	\$ 61,925.57	\$ 104,273.39	3.65%	4.07%
US Treasury Note (10/15/2026)	\$500,000.00	\$504,045.00	\$502,488.50	\$1,556.50	\$23,125.00	3.74%	4.11%
US Treasury Note (06/15/2026)	\$500,000.00	\$501,145.00	\$500,810.85	\$334.15	\$20,625.00	3.73%	3.96%
US Treasury Note(01/31/2027)	\$500,000.00	\$502,420.00	\$502,623.20	(\$203.20)	\$20,625.00	3.71%	3.76%
US Treasury Note (03/15/2027)	\$500,000.00	\$503,655.00	\$496,308.59	\$7,346.41	\$21,250.00	3.67%	4.52%
US Treasury Note (04/30/2026)	\$500,000.00	\$502,430.00	\$499,023.44	\$3,406.56	\$24,375.00	3.87%	4.98%
US Treasury Note (08/15/2027)	\$500,000.00	\$500,800.00	\$495,292.97	\$5,507.03	\$18,750.00	3.62%	4.10%
US Treasury Note(11/15/2027)	\$500,000.00	\$486,600.00	\$487,773.44	(\$1,173.44)	\$11,500.00	3.60%	3.50%
US Treasury Note (8/31/2026)	\$500,000.00	\$499,930.00	\$495,195.31	\$4,734.69	\$18,750.00	3.77%	4.35%
US Treasury Note (02/29/2028)	\$500,000.00	\$504,045.00	\$499,988.22	\$4,056.78	\$20,000.00	3.60%	4.00%
US Treasury Note(05/15/2028)	\$500,000.00	\$490,860.00	\$492,441.41	(\$1,581.41)	\$20,000.00	3.60%	3.50%
US Treasury Note(09/15/2028)	\$500,000.00	\$496,330.00	\$496,308.59	\$21.41	\$16,875.00	3.60%	3.64%
Total Fixed Income	\$ 5,500,000.00	\$ 5,492,260.00	\$ 5,468,254.52	\$ 24,005.48	\$ 215,875.00	3.68%	4.04%
10/31/2025		\$ 9,325,633.53	\$ 9,239,702.48	\$ 85,931.05	\$ 320,148.39	3.66%	4.06%

Fee Revenue Reimbursement- September 30, 2025

RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD FEE REVENUE REIMBURSEMENT REPORT AS OF SEPTEMBER 30, 2025							
AGED CLAIMS		Current Month		Prior Month		Prior Year	
Total Claims Outstanding	Total	100%	\$6,043,058	100%	\$6,263,206	100%	\$7,264,524
	Consumers	30%	\$1,842,813	29%	\$1,843,476	50%	\$3,608,652
	3rd Party	70%	\$4,200,245	71%	\$4,419,730	50%	\$3,655,872
Claims Aged 0-29 Days	Total	63%	\$3,798,794	65%	\$4,063,812	49%	\$3,530,587
	Consumers	1%	\$45,330	1%	\$37,514	2%	\$143,898
	3rd Party	62%	\$3,753,464	64%	\$4,026,298	47%	\$3,386,689
Claims Aged 30-59 Days	Total	2%	\$114,202	2%	\$132,589	2%	\$155,617
	Consumers	0%	\$9,236	0%	\$28,540	1%	\$68,052
	3rd Party	2%	\$104,966	2%	\$104,049	1%	\$87,565
Claims Aged 60-89 Days	Total	2%	\$109,468	2%	\$145,408	2%	\$109,935
	Consumers	0%	\$28,502	0%	\$25,918	1%	\$57,888
	3rd Party	1%	\$80,966	2%	\$119,490	1%	\$52,047
Claims Aged 90-119 Days	Total	2%	\$130,465	2%	\$99,455	1%	\$59,455
	Consumers	0%	\$23,759	0%	\$20,496	0%	\$31,636
	3rd Party	2%	\$106,706	1%	\$78,959	0%	\$27,819
Claims Aged 120+ Days	Total	31%	\$1,890,129	29%	\$1,821,942	47%	\$3,408,929
	Consumers	29%	\$1,735,986	28%	\$1,731,008	46%	\$3,307,177
	3rd Party	3%	\$154,144	1%	\$90,934	1%	\$101,753

CLAIM COLLECTIONS	
Current Year To Date Collections	\$9,604,694
Prior Year To Date Collections	\$9,021,151
\$ Change from Prior Year	\$583,543
% Change from Prior Year	6%



Write-off Report

Month: Sept 2025		
Write Off Code	Current MTD	Prior MTD
BAD ADDRESS	\$ 502	\$ 45
DECEASED	\$ -	\$ 1,061
NO FINANCIAL AGREEMENT	\$ 7,692	\$ 1,293
SMALL BALANCE	\$ 78	\$ 158
UNCOLLECTABLE	\$ -	\$ 169
FINANCIAL ASSISTANCE	\$ 190,371	\$ 185,609
NO SHOW	\$ 560	\$ 560
MAX UNITS/BENEFITS	\$ 67,433	\$ 14,611
PROVIDER NOT CREDENTIALLED	\$ 944	\$ 1,485
DIAGNOSIS NOT COVERED	\$ 160	\$ -
NON-COVERED SERVICE	\$ 332	\$ 14,799
SERVICES NOT AUTHORIZED	\$ 13,725	\$ 9,654
PAST BILLING DEADLINE	\$ 115	\$ -
INCORRECT PAYER	\$ 1,000	\$ 2,195
INVALID MEMBER ID	\$ 150	\$ -
NO PRIMARY EOB	\$ 300	\$ 1,023
SPENDDOWN NOT MET	\$ 12,308	\$ 62,224
TOTAL	\$ 295,670	\$ 294,885

Year to Date: July - Sept 2025		
Write Off Code	Current YTD	Prior YTD
BAD ADDRESS	\$ 9,184	\$ 43,670
BANKRUPTCY	\$ 2,670	\$ -
DECEASED	\$ 600	\$ 1,510
NO FINANCIAL AGREEMENT	\$ 46,747	\$ 16,276
SMALL BALANCE	\$ 480	\$ 287
UNCOLLECTABLE	\$ 3,481	\$ 474
FINANCIAL ASSISTANCE	\$ 746,825	\$ 588,057
NO SHOW	\$ 10,638	\$ 2,490
MAX UNITS/BENEFITS	\$ 203,990	\$ 70,053
PROVIDER NOT CREDENTIALLED	\$ 1,997	\$ 6,030
DIAGNOSIS NOT COVERED	\$ 640	\$ 480
NON-COVERED SERVICE	\$ 22,549	\$ 22,520
SERVICES NOT AUTHORIZED	\$ 87,249	\$ 69,039
PAST BILLING DEADLINE	\$ 900	\$ 1,587
MCO DENIED AUTH	\$ 15,928	\$ 6,972
INCORRECT PAYER	\$ 14,687	\$ 10,309
INVALID MEMBER ID	\$ 150	\$ -
NO PRIMARY EOB	\$ 4,725	\$ 1,345
SPENDDOWN NOT MET	\$ 43,446	\$ 116,547
TOTAL	\$ 1,216,887	\$ 957,647

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
10/17/2025	161	\$6,637.94	\$41.23	49.25	\$2,250.06	\$45.69	210.25	\$8,888.00
10/31/2025	146.25	\$5,819.81	\$39.79	49.75	\$2,256.00	\$45.35	196	\$8,075.81
Grand Total	1039.25	\$42,649.13	\$41.04	548	\$24,100.29	\$43.98	1587.25	\$66,749.42

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

MENTAL HEALTH

PROGRAM	REVENUE			EXPENDITURES			ACTUAL VARIANCE	VARIANCE / REVENUE
	BUDGET FY 2026	ACTUAL YTD	%	BUDGET FY 2026	ACTUAL YTD	%		
INPATIENT	0	13,950	0.00%	0	16,950	0.00%	(3,000)	-22%
OUTPATIENT (FED)	3,559,688	1,024,249	28.77%	3,559,688	836,156	23.49%	188,093	18%
MEDICAL OUTPATIENT (R) (FED)	4,432,876	1,133,175	25.56%	4,432,876	1,044,764	23.57%	88,411	8%
ACT NORTH (R)	1,108,186	285,275	25.74%	1,108,186	256,194	23.12%	29,081	10%
ACT SOUTH (R)	1,057,760	349,501	33.04%	1,057,760	246,525	23.31%	102,976	29%
CASE MANAGEMENT ADULT (FED)	1,377,302	344,861	25.04%	1,377,302	316,116	22.95%	28,745	8%
CASE MANAGEMENT CHILD & ADOLESCENT (FED)	1,171,251	240,182	20.51%	1,171,251	263,904	22.53%	(23,722)	-10%
PSY REHAB & KENMORE EMP SER (R) (FED)	861,864	207,897	24.12%	861,864	198,848	23.07%	9,049	4%
PERMANENT SUPPORTIVE HOUSING (R)	4,079,960	3,569,384	87.49%	4,079,960	771,248	18.90%	2,798,136	78%
CRISIS STABILIZATION (R)	2,984,567	722,942	24.22%	2,984,567	654,855	21.94%	68,087	9%
SUPERVISED RESIDENTIAL	702,775	110,896	15.78%	702,775	168,938	24.04%	(58,042)	-52%
SUPPORTED RESIDENTIAL	1,115,708	241,115	21.61%	1,115,708	249,200	22.34%	(8,085)	-3%
JAIL DIVERSION GRANT (R)	0	22,295	#DIV/0!	0	0	#DIV/0!	22,295	100%
JAIL & DETENTION SERVICES	796,633	19,636	2.46%	796,633	185,201	23.25%	(165,565)	-843%
SUB-TOTAL	23,248,570	8,285,358	36%	23,248,570	5,208,898	22%	3,076,459	37%

DEVELOPMENTAL SERVICES

PROGRAM	REVENUE			EXPENDITURES			ACTUAL VARIANCE	VARIANCE / REVENUE
	BUDGET FY 2026	ACTUAL YTD	%	BUDGET FY 2026	ACTUAL YTD	%		
CASE MANAGEMENT	5,009,320	2,013,877	40.20%	5,009,320	1,069,567	21.35%	944,311	47%
DAY HEALTH & REHAB *	5,928,581	1,694,693	28.59%	5,928,581	1,372,688	23.15%	322,005	19%
GROUP HOMES	7,177,971	1,833,701	25.55%	7,177,971	1,614,238	22.49%	219,463	12%
RESPIRE GROUP HOME	742,838	50,298	6.77%	742,838	129,307	17.41%	(79,010)	-157%
INTERMEDIATE CARE FACILITIES	5,382,884	1,008,950	18.74%	5,382,884	1,124,867	20.90%	(115,918)	-11%
SUPERVISED APARTMENTS	1,869,743	836,524	44.74%	1,869,743	437,089	23.38%	399,435	48%
SPONSORED PLACEMENTS	2,412,624	626,394	25.96%	2,412,624	531,216	22.02%	95,178	15%
SUB-TOTAL	28,523,961	8,064,437	28.27%	28,523,961	6,278,973	22.01%	1,785,464	22%

(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 September 30, 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	406,760	19.85%	2,049,386	461,743	22.53%	(54,983)	-14%
MAT PROGRAM (R) (FED)	1,254,477	245,080	19.54%	1,254,477	297,510	23.72%	(52,430)	-21%
CASE MANAGEMENT(with LINK) (R) (FED)	404,098	57,254	14.17%	404,098	107,026	26.49%	(49,772)	-87%
RESIDENTIAL (R)	36,612	9,648	26.35%	36,612	0	0.00%	9,648	100%
PREVENTION (R) (FED)	521,955	24,317	4.66%	521,955	161,716	30.98%	(137,399)	-565%
SUB-TOTAL	4,266,528	743,060	17%	2,217,142	1,027,996	46%	(229,953)	-31%

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	1,050,657	51.49%	2,040,456	413,926	20.29%	636,731	61%
CHILD MOBILE CRISIS (R)	271,050	10,057	3.71%	271,050	39,730	14.66%	(29,673)	-295%
CIT ASSESSMENT SITE (R)	329,029	77,882	23.67%	329,029	75,146	22.84%	2,736	4%
CONSUMER MONITORING (R) (FED)	-	0	#DIV/0!	0	94,904	#DIV/0!	(94,904)	0%
ASSESSMENT AND EVALUATION (R)	514,373	125,557	24.41%	514,373	120,816	23.49%	4,741	4%
SUB-TOTAL	3,154,908	1,264,153	40.07%	3,154,908	744,522	23.60%	519,632	41%

ADMINISTRATION

PROGRAM	REVENUE			EXPENDITURES			
	BUDGET FY 2026	ACTUAL YTD	%	BUDGET FY 2026	ACTUAL YTD	%	ACTUAL VARIANCE
ADMINISTRATION (FED)	826,292	119,472	14.46%	826,292	119,472	14.46%	0
PROGRAM SUPPORT	27,600	6,900	25.00%	27,600	6,900	25.00%	0
SUB-TOTAL	853,892	126,372	14.80%	853,892	126,372	14.80%	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 September 30, 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	467,626	24.66%	1,896,364	384,025	20.25%	83,601	18%
INFANT CASE MANAGEMENT (R)	939,818	238,876	25.42%	939,818	232,348	24.72%	6,528	3%
EARLY INTERVENTION (R)	2,719,353	547,566	20.14%	2,719,353	653,349	24.03%	(105,782)	-19%
TOTAL PART C	5,555,535	1,254,068	22.57%	5,555,535	1,269,721	22.86%	(15,653)	-1%
HEALTHY FAMILIES (R)	1,246,855	133,406	10.70%	1,246,855	282,177	22.63%	(148,771)	-112%
TOTAL HEALTHY FAMILY	1,246,855	133,406	10.70%	1,246,855	282,177	22.63%	(148,771)	-112%
COMMUNITY OUTREACH	118,307	56,288	47.58%	118,307	14,419	12.19%	41,869	74%
TOTAL COMMUNITY OUTREACH	118,307	56,288	47.58%	118,307	14,419	12.19%	41,869	74%

(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 September 30, 2025

RECAP FY 2026 BALANCES

	<u>REVENUE</u>	<u>EXPENDITURES</u>	<u>NET</u>	<u>NET / REVENUE</u>
MENTAL HEALTH	8,285,358	5,208,898	3,076,459	37%
DEVELOPMENTAL SERVICES	8,064,437	6,278,973	1,785,464	22%
SUBSTANCE ABUSE	743,060	1,027,996	(284,936)	-38%
SERVICES OUTSIDE PROGRAM AREA	1,264,153	744,522	519,632	41%
ADMINISTRATION	126,372	126,372	0	0%
FISCAL AGENT PROGRAMS	1,443,762	1,566,317	(122,555)	-8%
TOTAL	19,927,142	14,953,077	4,974,064	25%

RECAP FY 2025 BALANCES

	<u>REVENUE</u>	<u>EXPENDITURES</u>	<u>NET</u>	<u>NET / REVENUE</u>
MENTAL HEALTH	8,306,764	5,493,202	2,813,562	34%
DEVELOPMENTAL SERVICES	7,467,066	7,133,819	333,247	4%
SUBSTANCE ABUSE	1,378,281	955,950	422,331	31%
SERVICES OUTSIDE PROGRAM AREA	1,384,946	835,000	549,947	40%
ADMINISTRATION	472,428	472,428	0	0%
FISCAL AGENT PROGRAMS	1,910,609	1,757,509	153,100	8%
TOTAL	20,920,094	16,647,907	4,272,186	20%

	<u>\$ Change</u>	<u>% Change</u>
Change in Revenue from Prior Year	\$ (992,952)	-4.75%
Change in Expense from Prior Year	\$ (1,694,829)	-10.18%
Change in Net Income from Prior Year	\$ 701,878	16.43%

*Unaudited Report

FY25 Financial Assistance by Locality

Locality	Class	Total
Caroline	Case Management	\$ 1,711.55
	Crisis Intervention	\$ 35,166.89
	Outpatient	\$ 40,478.15
	Residential Supports	\$ 25,272.66
	Caroline Total	\$ 102,629.24
Fredericksburg	Case Management	\$ 32,201.72
	Crisis Intervention	\$ 86,859.08
	Crisis Stabilization	\$ 185,381.56
	Outpatient	\$ 249,618.97
	Residential Supports	\$ 497,374.22
	Fredericksburg Total	\$ 1,051,435.55
King George	Case Management	\$ 9,657.37
	Crisis Intervention	\$ 21,776.26
	Outpatient	\$ 40,393.26
	Residential Supports	\$ 25,272.66
	King George Total	\$ 97,099.54
Spotsylvania	Case Management	\$ 49,517.28
	Crisis Intervention	\$ 102,090.34
	Crisis Stabilization	\$ 185,381.56
	Outpatient	\$ 105,559.80
	Residential Supports	\$ 79,771.22
	Spotsylvania Total	\$ 522,320.20
Stafford	Case Management	\$ 20,719.00
	Crisis Intervention	\$ 109,685.51
	Crisis Stabilization	\$ 185,381.56
	Outpatient	\$ 63,965.16
	Residential Supports	\$ 180,697.13
	Stafford Total	\$ 560,448.36
TOTAL		\$ 2,333,932.88

HUMAN RESOURCES PROGRAM UPDATE- October 2025

Training & Compliance

- Facilitated in-person training for 244 staff.
- Continuing our HR file audit, we have audited 67% of our workforce's HR files.
- Leaders were trained on our new performance evaluation tool in October and prepared for the launch in November.
- The DBHDS & Region 1 training matrix collaboration wrapped up. This collaboration is now with the VACSB Training Committee to carry forward the work of the initial committee across all CSBs.
- Eighteen leaders from RACSB took part in a Region 1 Leadership training on strategic and project planning.

Employee Engagement

- Human Resources won the Halloween door decorating contest.
- Held two more days of a flu shot clinic for our employees.
- Finalized the details of our employee engagement survey to be held December 1- 19th.

Recruitment Notes

- Onboarded eight new HopeStarters and facilitated ten internal moves.
- Started the planning and training for two upcoming high school career fairs in November.

Benefits

- Met with Anthem for our annual utilization review. Discussed the opportunities that Anthem provides to help increase the overall well-being of its members.



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: November 6, 2025

Re: Summary – October 2025 Applicant and Recruitment Update

For October 2025, RACSB received 474 applications.

Of the applications received, 51 applicants listed the RACSB applicant portal as their recruitment source, 21 listed employee referrals, and 402 listed various job boards.

As of the end of October, 38 positions — 23 full-time and 15 part-time — were actively being recruited for.

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

APPLICANT DATA REPORT
RACSB FY 2026

<u>APPLICANT DATA</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>
Female	212	319	425	262								
Male	37	72	101	98								
Not Supplied	75	129	175	114								
Total	324	520	701	474								
<u>ETHNICITY</u>												
White	85	106	164	102								
African American	118	195	263	198								
Hispanic	7	25	22	17								
Asian	5	11	10	3								
American Indian	2	2	2	2								
Native Hawaiian	3	0	1	2								
Two or More Races	92	126	212	138								
Not Supplied	12	55	27	12								
<u>RECRUITMENT SOURCE</u>												
RACSB Website	35	80	91	51								
Employee Referrals	12	20	19	21								
Indeed.com	232	387	504	363								
Other -	34	23	70	27								
Zip Recruiter	11	10	17	12								
Job Fair	0	0	0	0								
Total # of Applicants	324	520	701	474	0	0	0	0	0	0	0	0

RECRUITMENT ACTIVITY REPORT FY 2026

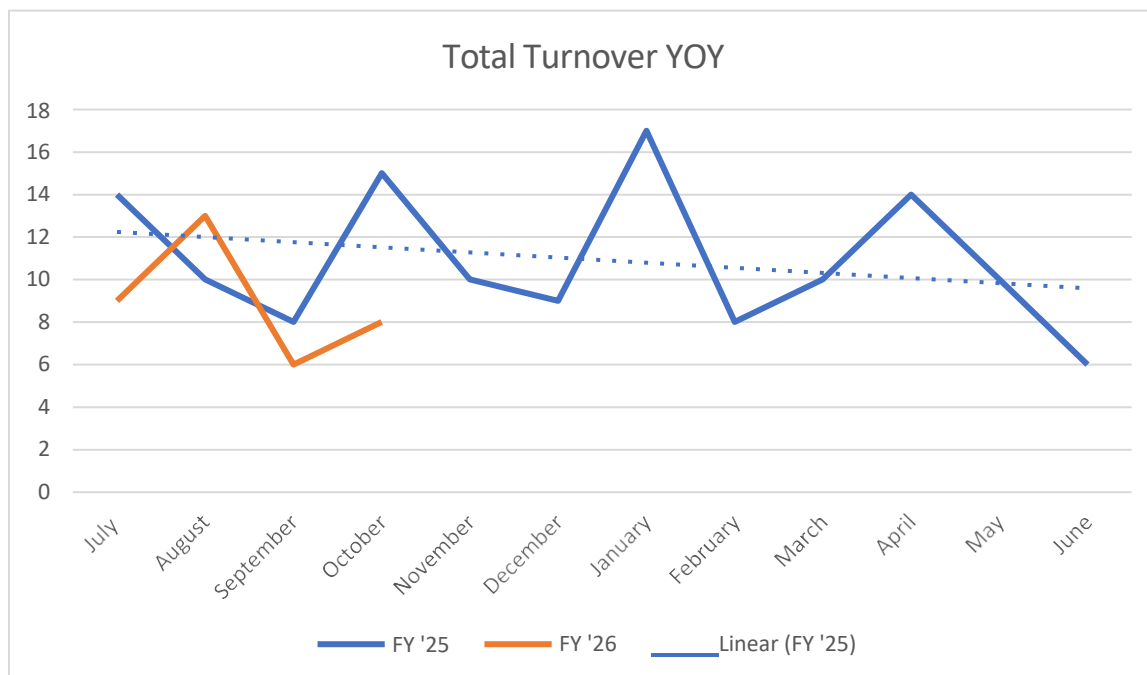
<u>MONTHLY RECRUITMENT</u>	<u>JULY</u>	<u>AUGUST</u>	<u>SEPTEMBER</u>	<u>OCTOBER</u>	<u>NOVEMBER</u>	<u>DECEMBER</u>	<u>JANUARY</u>	<u>FEBRUARY</u>	<u>MARCH</u>	<u>APRIL</u>	<u>MAY</u>	<u>JUNE</u>	<u>TOTAL YTD</u>
External Applicants Hired:													
Part-time	0	1	1	3									5
Full-time	4	3	7	5									19
PRN	0	0	0	0									0
Sub Total External Applicants Hired	4	4	8	8	0	0	0	0	0	0	0	0	24
Internal Applicants Moved:													
Part-time to Full-time	0	0	0	1									1
PRN As Needed to Full-Time	0	0	0	0									0
Promotions	2	4	4	2									12
Transfers	3	9	5	4									21
Full-time to Part-time	0	0	0	0									0
Full-time to PRN	0	0	0	0									0
Sub Total Internal Applicant Moves	5	13	9	7	0	0	0	0	0	0	0	0	34

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: November 6, 2025
 Re: Summary – Turnover Report – October 2025

Human Resources processed eight (8) employee separations in October 2025; all were voluntary terminations except one (1).



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	548								
Monthly Terminations*	9	13	6	8								
Turnover by Month	1.61%	2.35%	1.09%	1.46%								
Cumulative Turnover YTD	1.43%	3.96%	5.06%	6.52%								
Average % Turnover per Month YTD	1.43%	1.98%	1.69%	1.63%								

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

RACSB MONTHLY TURNOVER REPORT
Oct-25

<u>ORGANIZATIONAL UNIT</u>	<u>NUMBER OF TERMS</u>	<u>VOLUNTARY</u>	<u>INVOLUNTARY</u>	<u>EXPLANATION</u>
Administrative				
<i>Unit Totals</i>	0	0	0	
Clinical Services				
<i>Unit Totals</i>	0	0	0	
Community Support Services				
			1	For cause
		1		Resignation - job security
		2		Resignation - other opportunity
		3		Resignation - unknown
<i>Unit Totals</i>	7	6	1	
Crisis Intervention Services				
		1		Resignation - start own business
<i>Unit Totals</i>	1	1	0	
Prevention & Early Intervention Services				
<i>Unit Totals</i>	0	0	0	
Grand Totals for the Month	8	7	1	

Total Average Number of Employees	558
Retention Rate	98.54%
Turnover Rate	1.46%

Total Separations	8
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Office of Human Resources

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RappahannockAreaCSB.org

MEMORANDUM

To: Joe Wickens, Executive Director
From: Derrick Mestler, Human Resources Director
Date: November 6, 2025
Re: 1st Quarter Exit Interview Summary

In July 2025, the Human Resources Department (HR) implemented a standardized exit interview process for all voluntary resignations. When HR receives a resignation notice, the departing employee is invited to complete an exit interview—either in person, with an HR representative, or through an online form. Although participation is voluntary, HR actively follows up with both the employee and their supervisor to encourage completion.

The survey includes five questions rated on a 1–5 scale and five open-ended questions. During the first quarter, 23 employees voluntarily resigned, and 15 completed an exit interview—6 in person and 9 online—resulting in a 66% completion rate. A summary of the results is provided below.

- How would you rate the communication you received? 4.2/5
- How well did your training prepare you for your job? 4.33/5
- How would you rate the benefits and pay? 4.4/5
- How would you rate the atmosphere of your work environment? 3.87/5
- How would you rate the schedule you worked? 3.87/5
- Did you feel welcomed during your orientation? 15 - Yes
- Did you feel there were clear paths of growth within the agency? 11- Yes, 4-No
- What made you happy while working with us?
 - Client interaction and impact – 40%
 - Team collaboration and relationships with coworkers – 27%
 - Supervisor support and quality leadership – 13%
 - Positive organizational culture – 7%
 - Work flexibility and balance – 7%
 - Compensation – 3%

- Social connection and belonging – 3%
- What would you improve about your experience if you could?
 - No change needed – 27%
 - Direct supervisor responsiveness – 20%
 - Staffing and workload balance – 13%
 - Training and knowledge development – 13%
 - Scheduling – 13%
 - Resources and Equipment – 7%
 - Teamwork and Collaboration – 7%
- Do you have any additional feedback?
 - No additional feedback – 33%
 - Negative feedback about direct supervisor – 27%
 - Organizational appreciation and job satisfaction – 20%
 - Positive feedback about direct supervisor – 13%
 - Staffing levels – 7%

We will continue to pursue the completion of the exit interview on all voluntary resignations. Since this is just one quarter of data, we will compare this with future data to see if any pattern of trends emerges.

RACSB DEPUTY EXECUTIVE DIRECTOR REPORT

October 2025 Monthly Updates

Opportunities for Partnership/Input:

- Attended the Virginia Youth Mental Health Corps Launch event.
- Supported the completion of the Local Funding Application.
- Participated as voting member of the Virginia Bed Registry Council.
- Attended the VACSB October Public Policy Conference and Board meeting.
- Completed Quarter 1 goals and updates meetings with each Director.
- 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.
- Participated in the PD16 Healthcare Safety Net meetings facilitated by Mary Washington Hospital and Rappahannock Area Health District.
- Participated and supported the Crisis Services Dedication event.

Enterprise Data Warehouse (EDW) and HL7 Expansion Workgroup

DBHDS staff and CSB staff continue to meet at least weekly about the EDW and upcoming annual HL7 Expansion cycle. 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 are excited by the launch of the data quality dashboard which gives us unprecedented access to data quality errors for swift and efficient resolution. 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. These groups have combined meetings and efforts as we focus on finalizing specifications for the annual HL7 expansion project for this year.

VACSB Administrative Policy Committee Highlights

This committee represents VACSB in negotiations for the Performance Contract, Exhibits D, and overall partnership with DBHDS. This committee has re-framed the approach to these negotiations for the upcoming year.

DBHDS Performance Dashboards

These remain unavailable due to the transition to the new EDW. RACSB has been asked to participate in a small group of beta testers for this dashboard in the coming weeks.

Information Technology Department Data		
Number of IT Tickets Completed	Zoom Meetings	Total Zoom Participants
Oct 2025- 1,131	2,156	4,681

To: Joe Wickens, Executive Director

From: Brandie Williams, Deputy Executive Director

Re: Legislative Updates and Priorities

Date: November 5, 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.

Updated Legislator List:

- Please find an updated list of state-level legislators for Planning District 16.

DBHDS Funding Actions:

- Discussion between VACSB and DBHDS remain ongoing around funding formula changes, released decision package, and unspent balances.

Impacts of recent Federal-level actions:

- The impacts of federal-level budget impacts on grant-based programs remain uncertain.
- Large-scale impacts of federal-level changes to Medicaid. Specific details, including impact, remain unclear.
 - Eligibility re-determination for expansion population will occur every six months vs annual.
 - Limits the period of retroactive payments to one month for the expansion population and two months for all others.
 - For expansion population, implements requirement that to retain eligibility they must be engaged in qualified work activity at least 80 hours per month. There are some exceptions, but CMS has not provided guidance.
 - Cost-sharing requirements for the expansion population, but exceptions for some services which include BH and SUD, but have not been defined.

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.

Virginia State Level Governance and Legislator Information

Governor: Abigail Spanberger

Lieutenant Governor: Ghazala Hashmi

Attorney General: Jay Jones

	Name	Email	Phone Number	District	Localities served in PD16
Senate	Bryce Reeves	senatorreeves@senate.virginia.gov	804-698-7528	28th	Spotsylvania
Senate	Tara Durant	senatordurant@senate.virginia.gov	804-698-7527	27th	Spotsylvania; Fredericksburg; Stafford
Senate	Richard Stuart	senatorstuart@senate.virginia.gov	804-698-7525	25th	Caroline; King George; Spotsylvania
Senate	Jeremy McPike	senatormcpike@senate.virginia.gov	804-698-7529	29th	Stafford;
House	Hillary Pugh Kent	DelHKent@house.virginia.gov	804-698-1067	67th	Caroline; King George
House	Nicole Tarlton Cole	Email not yet published		66th	Caroline; Spotsylvania
House	Phillip A Scott	DelPscott@house.virginia.gov	804-698-1063	63rd	Spotsylvania;
House	Joshua G. Cole	DelJCole@house.virginia.gov	804-698-1065	65th	Spotsylvania; Fredericksburg; Stafford
House	Stacey Carroll	Email not yet published		64th	Stafford;
House	Candi Mundon King	DelCMundonKing@house.virginia.gov	804-698-1023	23rd	Stafford;

Caroline Board of Supervisors	Reginald Underwood, Jeffrey Black, Jeffery Sili, Floyd Thomas, Clayton Forehand, Nancy Long
King George Board of Supervisors	Cathy Binder, William Davis, Kenneth Stroud, David Sullins, Bryan Metts
Spotsylvania Board of Supervisors	Deborah Frazier, Jacob Lane, Lori Hayes, Chris Yakabouski, Gerald Childress, Drew Mullins, David Goosman
Fredericksburg City Council	Timothy Duffy, Charlie Frye, Jr., Kerry Devine, Jannan Holmes, Susanna Finn, Will Mackintosh, Matt Rowe, Joy Crump
Stafford Board of Supervisors	Dr. Pamela Yeung, Darrell English, Crystal Vanuch, Deuntay Diggs, Maya Guy, Kecia Evans

To: Joe Wickens, Executive Director

From: Brandie Williams, Deputy Executive Director

Re: 2025-2028 Rappahannock Area Community Services Board Strategic Plan First Quarter Update

Date: November 6, 2025

The Rappahannock Area Community Services Board has developed a strategic plan through June 2028 to respond to the services and support needs of persons with mental health or substance use disorders or developmental disabilities in Planning District 16. Please find updates attached.

Strategic Plan Document Update:

Per request, please find the following value statements to be added to the Strategic Plan documentation.

Inclusion: We are committed to ensuring that every individual, family, and community member has access to compassionate, person-centered care that honors each person's strengths and experiences.

Collaboration: We believe in the power of partnerships—working together with individuals, families, staff, and community stakeholders to achieve meaningful outcomes and strengthen our system of care.

Integrity: We act with honesty, transparency, and accountability in all that we do, fostering trust with those we serve and with one another.

Resilience: We support individuals and communities in building strength and perseverance, while continually adapting as an organization to meet changing needs with compassion and determination.

Excellence and Innovation: We are committed to delivering the highest quality of care and services, guided by evidence-based practices and a culture of continuous improvement. We do this by seeking creative solutions and embracing new ideas and technologies that advance care, expand opportunities, and improve the lives of those we serve.

Rappahannock Area Community Services Board Strategic Plan

Year-One- Quarter One Update

Mission

RACSB is dedicated to education, recovery, treatment, and wellness of Planning District 16 residents affected by mental health, substance use disorders and developmental disabilities.

Vision

Spark Hope. Support Hope. Spread Hope.

Values

Inclusion. Collaboration. Integrity. Resilience. Excellence and Innovation

Priority 1: Access To Services	Quarter 1 Narrative Update
By FY2028, increase total number of individuals served by 5%.	During the first quarter, RACSB served 7,867 individuals.
By June 2026, 100% of programs will establish a metric to measure access to services, establish a benchmark, and percentage for improvement.	100% of programs have established the metric and tentative benchmarks. We will collect data this fiscal year and adjust benchmarks as appropriate.
Strategy #1: By FY2027, 50% of individuals receive 1st service within 10 days of request for service and receive their next two services within 30 days.	We currently do not have access to the DBHDS dashboards which will report on this measure due to the transition to EDW and reconfiguring of the reports. This data will be available by next quarter.
Strategy #2: By June 2026, secure facility and begin construction/renovation for re-located Adult CSU, new Adult CRC, Child CSU, and Child CRC. Develop staffing plan, operational budget, and draft policies and procedures manual for each of the three new services.	Facility has been secured and currently in planning process for the renovation. Secured TBD Solutions to provide consultation on both building and program development.
Strategy #3: By June 2026, 80% of individuals assigned a waiver will have a service plan developed and Active within 90 days of waiver allocation.	This goal was not met during the first quarter. 44% of individuals assigned a waiver had a service plan developed and Active within 90 days of waiver allocation.
Strategy #4: By June 2026, a plan will be developed to expand access to I/DD Community Engagement day support services. A metric and benchmark will be established to measure progress for the next two years of the plan.	RAAI has established two metrics to monitor this year to include measuring increase in hours of community engagement and increasing community engagement groups. This information will be used to develop the final measure by the end of the fiscal year.
Strategy #5: By June 30, 2026, partner with four (4) additional middle schools to provide substance use prevention education.	RACSB Prevention has partnered with two new middle schools during this quarter. These schools include King George Middle School and Freedom Middle School.
Priority 2: Effective and Quality Services	Quarter 1 Narrative Update
By June 2026, 100% of programs will establish a metric to measure effectiveness, establish a benchmark, and percentage for improvement.	100% of programs have established the metric and tentative benchmarks. We will collect data this fiscal year and adjust benchmarks as appropriate.
Strategy #1: By June 2026, RACSB will complete a gap assessment to identify actions needed to move towards CCBHC.	Not yet started. VACSB has an RFP in process that could potential secure a third-party vendor to assist with this for all CSBs. We will know the scope of this work and develop a plan during Q2.
Strategy #2: By June 2026, RACSB will establish a consumer-based net promoter score process and set performance benchmarks for the next 2 years.	Currently exploring technical options for capturing NPS.
Strategy #3: By June 2026, RACSB will identify collaborative partnerships and begin to formalize with MOUs. RACSB will identify community engagement events and track attendance. Benchmarks will be set for next two year to increase formalized MOUs for partnerships and increase number of community engagement events attended by RACSB.	RACSB staff attended 14 community events this quarter. We entered into 16 Memoranda of Understanding, Memoranda of Agreements, or other written agreements with community partners this quarter.
Strategy #4: By June 2026, RACSB will complete a gap assessment to identify actions needed to move toward offering Primary Care Services	Not yet started. This will be completed in tandem with the CCBHC gap assessment noted above.
Priority 3: Staff retention, workforce support, and talent development	Quarter 1 Narrative Update
By the end of FY2028, increase employee retention as demonstrated by annual turnover rate of 15% or less and achieve a staff engagement score of at least 80% on the annual engagement survey.	For Quarter 1, we have cumulative turnover of 5.06%. The first staff engagement survey will be administered in Quarter 2.
Strategy #1: By December 2025, RACSB will design and implement an Employee Engagement Survey. Based on the feedback received,	The Employee Engagement Survey has been developed. The first implementation will occur during the first two weeks of December 2025.

RACSB will establish a benchmark measured key engagement areas for the next two years.	
Strategy #2: By June 2026, RACSB will offer exit interviews and surveys to 100% of employees who voluntarily resign. RACSB will develop a structured stay interview process and survey and conduct them with 50% of staff with the goal of 100% of staff within the three-year period.	100% of employees who have voluntarily resigned have been offered an exit interview/survey. 15 individuals completed. HR Director and Deputy Executive Director reviewed the results and a separate report will be provided to the Board with more details on the results. Stay interview and implementation plan is still in development.
Strategy #3: By June 2026, RACSB will conduct a needs analysis around employee leadership development needs and develop a curriculum and plan to define and increase development of leadership program.	HR Director has met with University of Mary Washington and they have submitted a proposal to conduct a needs analysis and assist with leadership development programming.
Priority 4: Fiscal and Operational	Quarter 1 Narrative Update
By the end of FY2028, increase year-end positive variance to 1%.	At the end of the first quarter, the agency has a positive variance of \$4,272,186.
Create a sustainability, staffing, and succession plan to reaching towards a balance budget within 3 years for each program within X time frame	This work began for many programs during the recent budget cycle. Template for this plan will be distributed to programs in Q2 with all programs creating draft plans in Q3.
Strategy #1: By June 2026, each program will develop a sustainability, staffing, and succession plan.	This work began for many programs during the recent budget cycle. Template for this plan will be distributed to programs in Q2 with all programs creating draft plans in Q3.
Strategy #2: By June 2026, RACSB will collect data, establish consistent measure, and establish benchmarks to monitor time from service to documentation completion.	Monitoring reports have been developed to measure time from service to progress note completion. Director of Compliance will provide to Executive Leadership Team for discussion and monitoring at a minimum of monthly. Metric to be established in Q2 with benchmark established in Q3
Strategy #3: By June 2026, 100% of programs audited will have a minimum comparative score of 80 on audits.	There were 7 programs audit in Quarter 1. Six out of the seven programs reviewed received a comparative score scored above an 80. The average score across all programs reviewed this quarter was 90.9.
Strategy #4: By June 2026, RACSB will complete costing engagement through MTM Consulting and present results to Board of Directors.	Not started. Training new Accounting Coordinator, hiring a financial analyst, completing Agency financial audit, and ICF Cost Report are current priorities this quarter.
Strategy #5: By June 2026, RACSB staff will complete a workflow and documentation map process for 5 programs. Any data element or documentation not currently required will be removed and data entry fields will be reduced.	The first two programs, MAT and Sunshine Lady House have been identified for data mapping and optimization. This work will begin in Q2.

Program Name	Division	Effectiveness Metric	Access Metric
DD Residential	CSS	By June 2026, 90% of individuals served in DD residential will have at least one outing a month independently or with no more than 2 housemates. Q1- 100%	By June 2026, 95% of referrals will have a completed assessment within 60 days. Acceptance letters or notification of referral to another program will be provided to individuals/families within 75 days. If this timeline is unable to be met based on individual/family needs or timelines, it will be documented in monthly vacancy report updates. Q1-100%
RAAI	CSS	By June 2026, Community Engagement Hours will increase to an average of 3.5. Q1- 4.23	By June 2026, 95% of referrals are assessed within 90 days and given a start date or a referral to another service. Q1 100%
Kenmore Club	CSS	By June 2026, 85% of individuals enrolled will participate in at least 1 community outing a week- Q1 75%	By June 2026, 80% of referrals will be provided follow-up within 1 week.
DD Support Coordination	CSS	By June of 2026 86% of individuals whose plans indicate a need for behavioral services will have an active service authorization for these services in 30 days. Q1 77%	By June 2026, 80% of individuals assigned a waiver will have a service plan developed and Active within 90 days of waiver allocation. Q1 44% met (3% declined, 3% did not qualify)
MH Residential	CSS	By June 2026, 15 individuals will transition to a higher or lower level of care. Q1 update: 4 individuals have transitioned	By June 2026, 95% of referrals will have an evaluation within 1 week of referral. Q1: Referrals have been processed within 48 hours
Outpatient	Clinical	By June 2026, 35% of individuals receiving outpatient services scoring below a 4 on the DLA-20 will demonstrate at least a 0.5 growth within two fiscal quarters	By June 2026, Increase Same Day Access Intakes by 10% from 150 to 165 intakes monthly. Q1 Average of 160 intakes per month; By June 2026, 50% of individuals receive 1st service within 10 days of assessment/request for service.
Case Management	Clinical	By June 2026, 35% of individuals receiving services scoring below a 4 on the DLA-20 will demonstrate at least a 0.5 growth within two fiscal quarters	By June 2026, 50% of individuals receive 1st service within 10 days of assessment/request for service.
Medical Outpatient	Clinical	By June 2026, 50% of individuals receiving antipsychotic medications prescribed by a CSB prescriber will have completed metabolic screenings within 1 year.	By June 2026, 90% of individuals discharging from state hospitals will see a psychiatric prescriber within seven days of discharge.
Emergency Services	Clinical	By June 2026, 5% of all prescreens will be reviewed by a supervisor quarterly and confirmed to contain appropriate clinical interventions.	By June 2026, Increase CIRT outreach contacts to 20 contacts per team. Q1- Averaging 28.8 contacts per team for two teams.
ACT	CIS	By June 2026, Reduce hospitalizations by 3% from baseline of 39 hospitalizations last year. Q1 update- 10 hospitalizations	By June 2026, 100% of referrals will be processed within one week. 100% of all eligible referrals will be contacted for an intake appointment within two weeks.
Crisis Stabilization	CIS	By June 2026, 75% of individuals discharged from SLH will not have a TDO within 30 days of discharge	By June 2026, Sunshine Lady House will maintain an average monthly utilization of 75%.
Prevention	PEI	By June 2026, 80% of respondents trained by RACSB completing the DBHDS Suicide Prevention Training Evaluation will report being able to recognize the signs of someone dealing with a mental health crisis or challenge.	By June 2026, partner with four additional middle schools to provide substance use prevention education(at least 1 per quarter); Q1 have partnered with 2 new middle schools.
Healthy Families	PEI	By June 2026, 75% of children served by Healthy Families will receive recommended well-baby visits.	By June 2026, Healthy Families Rappahannock Area will provide culturally responsive, evidence-based home visiting services to 400 expectant and new parents per year (total cumulative served through quarter: 100 Q1; 200 Q2; 300 Q3; 400 Q4). Q1 update: 107 families receiving home visiting services.
Early Intervention	PEI	By June 2026, Early Intervention Services will support an average of 600 infants and toddlers per quarter. Q1-685	By June 2026, 90% of children referred will have assessment and IFSP completed within 45 days.