

**RAPPAHANNOCK AREA COMMUNITY  
SERVICES BOARD**

**December 16, 2025**

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

**AGENDA**

- I. Call to Order, *Parcell*
- II. \*Minutes, Board of Directors, November 18, 2025, *Parcell*.....4
- III. Public Comment, *Parcell*
- IV. Employee Service Awards, *Wickens*
  - A. Five Years:
    - 1. Sandra Smith, Accounting Specialist
    - 2. Jennifer Beall, Supervised Apt. Mgr., Lafayette Boarding
  - B. Ten Years:
    - 1. Lindsay Steele, Clinic Coordinator, Stafford
    - 2. Gifty Myles-Mills, MH LPN-Outpatient, Fredericksburg
    - 3. Antwan White, Qualified Intellectual Disability Professional, ICF
- V. Board Core Behaviors, *Curcio*.....11
- VI. **Presentation:** Employee Appreciation Spotlight, *by Amy Umble*
- VII. Program Reports
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\*Requires Board Approval

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\*Requires Board Approval

VIII. Report from the Executive Director, *Wickens*

IX. Board Time

X. Adjournment

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# November 2025 Board of Directors Meeting Minutes

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## I. CALL TO ORDER

A meeting of the Board of Directors of the Rappahannock Area Community Services Board was held on November 18, 2025, at 600 Jackson Street and called to order by Chair, Jacob Parcell, at 3:00 p.m. *Attendees included:* Claire Curcio, George Dallas, Susan Gayle, Shawn Kiger, Ken Lapin, Greg Sokolowski, Ashley Terry, Carol Walker, Melissa White, and Matthew Zurasky. *Absent:* Nancy Beebe, Tiffany Haynes, and Bridgette Williams.

## II. MINUTES, BOARD OF DIRECTORS, October 21, 2025

The Board of Directors moved to approve the minutes from the October 21, 2025 meeting.

**ACTION TAKEN:** The Board approved the October 21, 2025 minutes.

Moved by: Ms. Claire Curcio

Seconded by: Mr. Shawn Kiger

## III. PUBLIC COMMENT

No Action Taken

## IV. SERVICE AWARDS

Mr. Joe Wickens recognized all employees with awards:

5 years

**Diane Festo**, Direct Support Professional, Scottsdale Estates Group Home

**Nicole Zaros**, Outpatient Therapist, Spotsylvania Clinic

15 years

**Sharika Mitchell**, Assistant Coordinator DD Res. Services

## V. BOARD CORE BEHAVIORS, Ms. Claire Curcio

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

## VI. BOARD PRESENTATION, Medical Services, Dr. Scott Young and Ms. Jennifer Hitt

Dr. Young introduced the prescriber team and reviewed outpatient services offered at all six clinics, including psychiatric assessments, medication management, and the acute care clinic, as well as services provided for MAT, Sunshine Lady House, ACT, and Jail/Juvenile Detention programs. He also reviewed the number of individuals served by locality. Ms. Hitt, Nurse Manager, reviewed nursing operations for the nursing team of seven, including vital signs, medical histories, assessments, long-acting injections, urine drug screens, prior authorizations, TB screenings, lab coordination, medication education, and managing the Medline (averaging 60 voicemails per day). Program successes include onboarding two new psychiatrists, directly

hiring two previously contracted psychiatrists, reinstating the acute care clinic, and implementing Mobile MAT. Challenges include the high cost of medical services and limited community psychiatric provider availability.

*Mr. Parcell took a moment out to recognize new Board member Ms. Ashley Terry.*

## VII. PROGRAM REPORTS

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

1. **Program Update** – Ms. Fisher Curtis provided program updates for Developmental Disabilities Support Services, Developmental Disabilities Residential Services, DD Day Support Rappahannock Adult Activities, Inc. (RAAI), Mental Health Residential Services and Psychosocial Rehabilitation-Kenmore Club.

2. **Residential Vacancies**

Ms. Fisher Curtis reported that DD Residential supported one move into Merchant; Ross ICF has a November move-in scheduled; Igo has two vacancies and is assessing one individual; and four individuals are expected to move into Myers within 60 days. In response to Mr. Zurasky's question, she confirmed that staffing shortages are delaying move-ins at Myers, as there is not yet sufficient staff for 24/7 coverage. Hiring is underway.

The Board discussed the Myers Respite program and its transition to a hybrid group home model with two respite beds. Mr. Zurasky expressed concern that the reduction from six day-respite slots to two was greater than anticipated. Ms. Terrell explained that the change is due to how the facility was licensed; there is not flexibility between the four congregate beds and two respite beds. Mr. Zurasky asked if it could be expanded beyond the two if at different location. Ms. Terrell noted that operating respite from a different facility could restore capacity.

Board members requested tracking of individuals turned away and asked for clarification on potential licensing or facility options to expand respite capacity. Mr. Parcell requested two items for the next meeting: the most recent Myers Quarterly Report with utilization data, and an outline of possible next steps, including discussions with DBHDS and facility considerations.

Ms. Fisher Curtis continued her report with Mental Health Residential which enrolled one new individual at Home Road, with no discharges. Two transitional beds and one community bed remain open, with two referrals, and Home Road is expected to be full in November. Permanent Supportive Housing currently houses 73 individuals, with six more approved and awaiting placement, and case management provided while they wait.

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

1. **Program Update** – Ms. Jindra reported that they have been busy visiting other Crisis Receiving Centers. She is just back from Kansas visiting a Children's Crisis Center. They are getting close to finalizing the floor plan for our new Crisis Receiving Center and are very excited about that.

2. **Sunshine Lady House** – Ms. Jindra reported that in October, the program received 72 prescreens across four localities and provided ASAM 3.7 medically managed detox services to one individual for four days. Of the prescreens, 10 individuals were deferred due to medical acuity and 2 were declined due to psychiatric acuity requiring inpatient care, resulting in an overall acceptance rate of 83%. A total of 45 individuals were admitted (40 from RACSB, 2 from Region 10, and 3 from Encompass). Utilization for October was 60%, representing 215 bed days.

C. **CLINICAL Ms. Jacqué Kobuchi**

1. **Program Update** – Ms. Kobuchi reported that Fredericksburg DSS provided training to RACSB adult case managers on completing assessments for assisted living and nursing home placements, and in turn, RACSB’s substance abuse coordinator trained DSS staff on substance use disorders and how to support affected parents—an example of strong community partnership.

In response to Ms. White’s questions about peer recovery services in Caroline County, Ms. Kobuchi explained that while several peer recovery positions can serve the area, there is not currently a dedicated peer group due to low demand. Demand is assessed through referrals, and a group will be established if sufficient need arises. Online peer options remain available to support accessibility.

Ms. Terry inquired about the Wellness Group in King George for the month of October. Ms. Kobuchi confirmed it is still going on.

Mr. Parcell shared positive feedback after meeting with Hannah Smith, RACSB’s co-responder in Stafford County, and commended Ms. Kobuchi and her team for successfully filling these challenging positions.

2. **State Hospital Census Report** -Ms. Kobuchi shared that there are currently three 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 – October 2025.** Ms. Kobuchi stated that Emergency Services staff completed 225 emergency evaluations in October. Sixty-five individuals were assessed under an emergency custody order and seventy-five total temporary detention orders were served. Staff facilitated two admissions to Commonwealth Center for Children and Adolescent Hospital, and 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. 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 October. 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 29 individuals in October, while

the Stafford Co-Response Team served 24. Recruitment efforts continue for the Fredericksburg Co-Response Therapist position. Additionally, nine local dispatchers completed Crisis Intervention Team 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 record number of intake assessments in October and because of that they did see a decrease number of individuals in the percentage of same day access because of the volume. She reminded the Board that if individuals were not seen through same day access, that doesn't mean they were not seen, it just means they were given a scheduled appointment versus seeing them on the day that they called in for the appointment. They are still working on increasing the percentage seen through same day access, but everyone who reached out for service was seen.
6. **State Opioid Response Funding Award**- Ms. Kobuchi reported that DBHDS provided community services boards an opportunity to request SOR 4, Year 2 funds for FY26. RACSB submitted a proposal for \$957,671.62 in July. In October, RACSB received notification that it had been awarded \$539,458.16.

#### D. COMPLIANCE, *Ms. Stephanie Terrell*

1. **Program Update** – Ms. Terrell pointed out in her program update the pre-program audits that the compliance team has implemented. She said she is very excited about this program because it does prevent any over payments because they are looking at the documentation before its actually due to be in the chart.
2. **Quality Assurance Report September** – Ms. Terrell stated the Quality Assurance staff completed chart reviews for the following programs for October: Mental Health Case Management: King George, Permanent Supportive Housing and Substance Abuse Outpatient: Caroline. 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 October. One of the Corrective Action Plans 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). The other Corrective Action Plan was related to a founded allegation of neglect caused by staff not immediately calling 911 per policy upon finding an individual unresponsive. 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: Mr. Ken Lapin

Seconded by: Ms. Carol Walker

#### E. COMMUNICATIONS, *Ms. Amy Umble*

1. **Communications Update** - Ms. Umble reported that the social media post highlighting RACSB's CRC event with Governor Youngkin was the agency's most shared and commented-on post to date. She noted that RAAI's annual poinsettia

sale is underway and reminded the Board that holiday gift donations can be made for individuals served through the Assertive Community Treatment program.

2. **End of Year Appreciation** - Ms. Umble announced that staff will receive HopeStarter t-shirts as part of an end-of-year appreciation effort in lieu of the annual holiday party. She requested Board participation in distributing the shirts and will send a Sign-Up Genius link for scheduling. December will feature month-long appreciation messages, and staff may wear jeans throughout the month. A video including Board participation will also be created, and a room has been reserved for recording. She additionally asked Board members to provide content for the Newsletter Spotlight.

#### F. PREVENTION & EARLY INTERVENTION, *Ms. Michelle Wagaman*

1. **Program Update** - Ms. Wagaman reported close collaboration with the Suicide Prevention Coordinator for the VA, noting that 250 individuals who registered for RACSB trainings this year have been militarily connected. She also shared that the Suicide Prevention Coalition will receive SAMHSA technical assistance to conduct crisis intercept mapping focused on veterans, with the ability to expand its use as planning progresses for the CRC. This mapping process will take place in February, and community stakeholders will be invited to participate as part of the team.

Ms. Terry asked whether Teen Mental Health First Aid is offered only at James Monroe High School. Ms. Wagaman responded that it is currently provided at both James Monroe High School and Caroline High School, and that this is due to funding limitations.

*The Board took a ten-minute break*

#### G. FINANCE, *Ms. Sara Keeler*

1. **Program Update** – Ms. Keeler reported that she is now recruiting for a financial analyst. That person will mainly be to help her get web grants caught up. She also noted they are very heavily in audit season in Finance.
2. Ms. Keeler reviewed the Summary of Cash Investments.
3. Ms. Keeler reviewed the Other Post Employment Benefit.
4. Ms. Keeler reviewed the Health Insurance.
5. Ms. Keeler reviewed the Summary of Investments.
6. Ms. Keeler reviewed the Fee Revenue Reimbursement and Collections.
7. Ms. Keeler reviewed the Write-Off Report.
8. Ms. Keeler reviewed the Payroll Statistics.
9. Ms. Keeler reviewed the Financial Summary.

The Board moved to approve the financial summary for September.

**ACTION TAKEN:** The Board approved the financial summary for September.

Moved by: Mr. Matthew Zurasky

Seconded by: Ms. Susan Gayle

*Ms. Carol Walker departed the meeting at 5pm*

#### H. HUMAN RESOURCES, *Mr. Derrick Mestler*

1. **Program Update** – Mr. Mestler gave his program update and noted they had eighteen leaders take part in a Region 1 leadership training class on strategic planning project management and it was great to see the engagement on the part of our coordinators. They are finalizing the details of the employee engagement survey which will be launched December 1<sup>st</sup>.
2. **Applicant and Recruitment Update** – Mr. Mestler noted that for the month of October, RACSB received 474 applications. Of the applications, 51 applicants listed the RACSB applicant portal as their recruitment source, 21 stated employee referrals as their recruitment source, and 402 listed job boards as their recruitment source. At the end of October, there were 38 open positions, 23 full-time, 15 part-time.
3. **Turnover Report** – Mr. Mestler shared that HR processed a total of eight (8) employee separations for the month of October. All the separations were voluntary except one (1).
4. **1<sup>st</sup> Quarter Exit Interview Summary** – Mr. Mestler reported that in July 2025, the Human Resources Department 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 follows up with both the employee and their supervisor to encourage completion.

The exit interview 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—six in person and nine online—resulting in a 66% completion rate. A summary of the results was provided to the Board.

#### I. DEPUTY EXECUTIVE DIRECTOR, *Ms. Brandie Williams (absent)*

1. **Program Update** – Will be reported on at next month’s meeting.
2. **Legislative Updates & Priorities** – Will be reported on at next month’s meeting.
3. **2025 – 2028 Strategic Plan First Quarter Update** – Will be reported on at next month’s meeting.

#### VIII. REPORT FROM THE EXECUTIVE DIRECTOR, *Mr. Joseph Wickens*

Mr. Wickens announced that the VACSB Legislative Conference will be held in January and invited any interested Board members to notify him if they would like to attend. He provided a brief update on the Crisis Receiving Center, noting that floor plan development is nearly complete. Board members who attended the Governor’s event would have seen the initial renderings; however, several revisions have been made since then, and the updated plans will be shared with the Board once finalized. He also explained that the Board would not enter closed session this evening because there has been no movement regarding the neighboring property. While interest in the property remains active, there have been no updates to report. Mr. Wickens concluded by thanking all Board members who attended the Governor’s event, noting that it was a successful event and has received numerous positive comments from attendees.

## IX. BOARD TIME

- A. Ms. Gayle, great news, everything sounds really good, thank you for all of that.
- B. Ms. White, welcome to Ms. Terry, nice to have you, thanks to Dr. Young and his team – what a huge impact he has in our community. Please keep us up to date with Dr. Miller’s support with Caroline moving forward. Congrats on the State Opioid Response Funding Award. Sending positive thoughts and prayers to Brandie, if she needs anything let us know.
- C. Mr. Kiger, thank you all for all that you do.
- D. Mr. Lapin, thank you for everything you guys do, keep it up.
- E. Mr. Dallas, my eyes are wide open on the scope and scale of the things that you and your teams are doing and the impact that you’re making in the community, from really a true outsider it’s absolutely amazing and I thank you for that and I thank you on behalf of all the people that you help. Well done.
- F. Ms. Terry, another thank you, you guys are phenomenal, I am new to the Board however, I am not new to the work that you do in the community and kudos to all of you. I think that I can be a valuable part to this Board, and I look forward to what comes in the next few months.
- G. Ms. Curcio, I was just thinking, as we were going around, that we are much more upbeat tonight because all we’ve been worrying about is Medicaid going to go away, it felt like a more normal meeting tonight. We are also getting lots of visitors at our food bank at church and at least 2 or 3 times a week a case manager comes in and shows them how to do it or comes in and picks up food for them. It’s a really great thing.
- H. Mr. Zurasky, welcome Ms. Terry, Mr. Dallas, welcome back, and thank you all for another great month. Sara, I know that some of our income is lagging but our expenditures are right where they are supposed to be so you guys did a great job on the budgeting and hopefully that carries forward.
- I. Mr. Sokolowski, as always thank you, I’m amazed at what you do, but with next week coming up– Thanksgiving - we have a lot to be thankful for, and with all that’s going on in this crazy world, keep up the good work, keep up the grace, keep up the faith. Thanks.
- J. Mr. Parcell, thanks everybody for a great meeting, for everyone showing up and staying engaged. Staff, thank you for a great month of hard work. I know you’re doing a lot of things – you have day-to-day stuff – plus projects on top of it. Thank you. We can see the results of all of your hard work every day. We see it when we talk to staff, we saw it at the event with the Governor – just to call out the event, I think it went great. It was well organized, thank you staff, and thank you Joe, I think you had great words to say and a great speech there. Also, thank you for identifying areas where the Board can better engage with staff too. Anytime like that we are happy to help, so push us to stay engaged that is super helpful.

The meeting adjourned at 5:25 PM.

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Board of Directors Chair

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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 Coordination Services - Jen Acors**

We welcomed two new staff to our team, Keanna Hugehy and Siara Samuels. 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 December 15, 2025.

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

RAAI is currently supporting 137 individuals, with 4 new individuals starting in December, and 3 scheduled to start in January. Assessments are ongoing across programs as new referrals are received. Average of Community Engagement hours was down from September due to a shorter billing month and continued staffing fluctuations. The average hours of community engagement achieved across programs in October was 3.336. RAAI currently has six 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 12<sup>th</sup> 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. We have had numerous volunteers join us each Tuesday. They have enjoyed different activities including making greenery centerpieces, assisting with unloading poinsettias, labeling pots for the Spring Plant sale, and more! Over 200 poinsettias were ordered by local churches and community members. Poinsettias are being delivered by the individuals during the first few weeks of December.

### **Developmental Disabilities (DD) Residential Services - Courtney Ross**

One individual has been accepted into Myers Drive with a scheduled move-in date of 1/23. One individual successfully moved to Ross Drive ICF on 11/14.

Two individuals at Belmont Supervised Apartment Program were proud to have successfully hosted a Thanksgiving dinner for the program. One individual at Merchant Square Supervised Apartment Program went on a guided tour opportunity in Las Vegas and reported having a great experience touring the city for the first time.

Flooring in the common areas and bedrooms at Galveston Road Group Home was replaced the week of 11/3. The vendor completed the work ahead of schedule and the results are a beautiful upgrade to the facility.

### **Mental Health (MH) Residential Services - Nancy Price**

No new referrals were received for MH Residential and no referrals are under review at this time. There are three internal transitions scheduled for December and/or January, and three upcoming discharges from MH Residential. Home Road currently has one community vacancy, which is a vacancy rate of 91%. Lafayette Boarding House discharged one individual to Hughes Home in Fredericksburg, after receiving RACSB MH Residential services for 15 years. This was a successful transition and allowed the individual to continue attending Kenmore Club and remain in downtown Fredericksburg.

PSH processed two referrals in November and has a total of 77 individuals enrolled. PSH discharged three individuals - one individual passed away, one individual voluntarily discharged and left our area, and the other individual is incarcerated and is not expected to be released until next year. PSH has been collecting donations from local agencies and churches for holiday gift bags for our individuals. Vicky Newton, Office Manager, spearheads this project each year in order to make sure all PSH tenants receive a bag of goodies each holiday season.

Nancy Price, MH Residential Coordinator, attended the Virginia Governors Housing Conference (VAGHC) in Roanoke from November 19-21. This is an annual conference that brings together housing programs, developers, representatives and agencies, to discuss current housing needs and plans for the next year.

### **Psychosocial Rehabilitation: Kenmore Club - Anna Loftis**

In November, we held our large Thanksgiving lunch and served around 70 people. The Coordinator had the opportunity to visit with another club house in Tappahannock where we collaborated with various staff from around the state to discuss the upcoming Behavioral Health Redesign changes. This upcoming month, we will be having the assistance of a Germanna student to have a spa day for the members followed by the Christmas parade. We will also be doing a movie outing, and prepping for our holiday party on the 19<sup>th</sup>.

# Memorandum

**To:** Joe Wickens, Executive Director

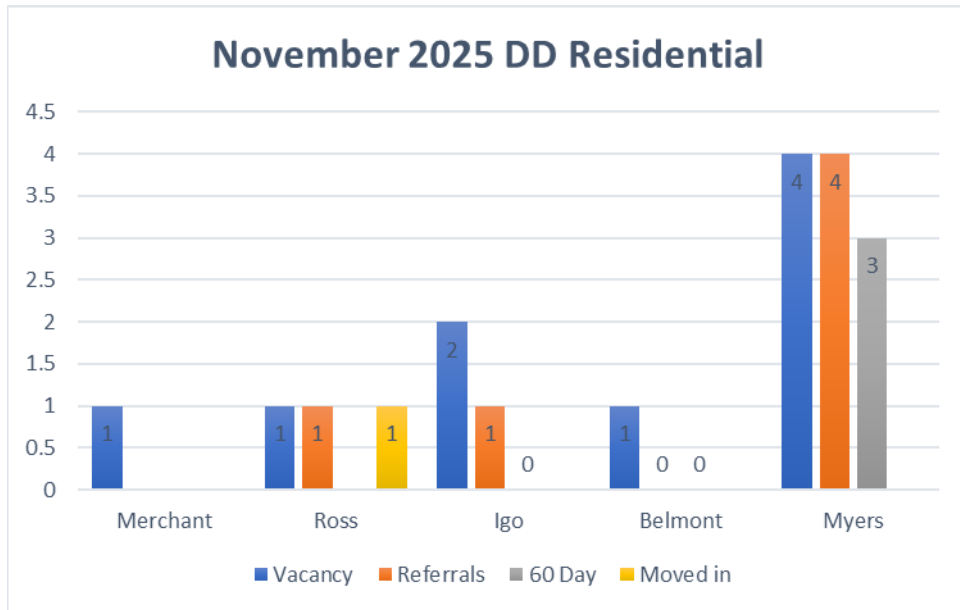
**From:** Lacey Fisher Curtis, CSS Director

**Date:** December 5th, 2025

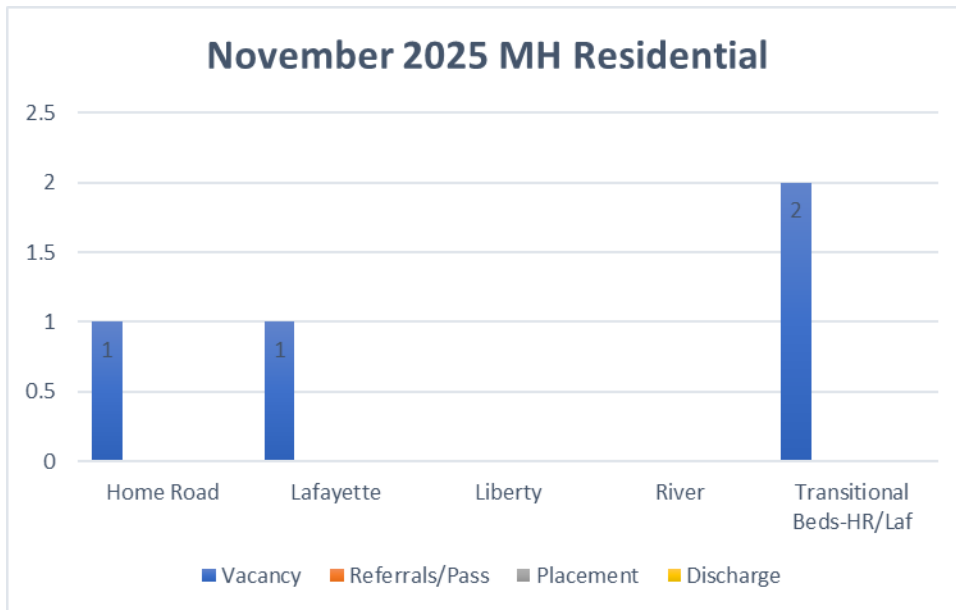
**Re:** Developmental Disabilities and Mental Health Residential Vacancies

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.

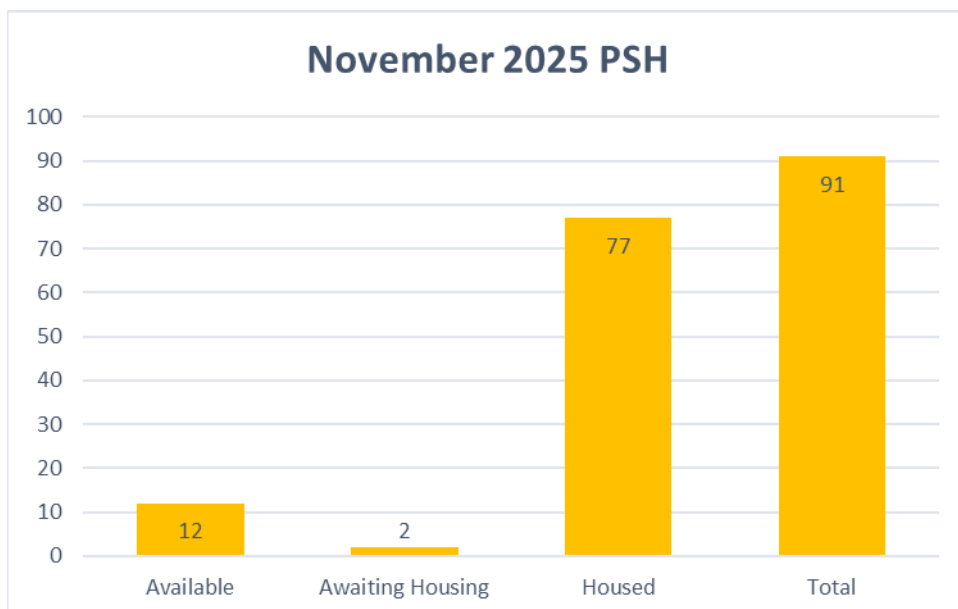
In November, DD Residential services supported one individual with moving into Ross ICF. Igo has two vacancies with one individual being assessed for a move-in date. Three Individuals have move-in dates set for January 2026 for Myers and a fourth contingent upon waiver transfer.



Mental Health Residential services enrolled 1 new individual into programming at Home Road and no discharges occurred. Two transitional beds remain available, with 2 referrals. One vacant community bed remains at both Home Road and Lafayette.



Permanent Supportive Housing (PSH) has 77 individuals currently housed, with one admission and 3 discharges occurring during November. The program currently has 2 referrals who are being assessed for housing. PSH also provides case management to those individuals who are awaiting housing.



# Memorandum

**To:** Joe Wickens, Executive Director  
**From:** Lacey Fisher Curtis, CSS Director  
**Date:** December 9th, 2025  
**Re:** Community Outreach Case Management Update

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In receiving funding from the City of Fredericksburg for a Community Outreach Case Manager position to assist in locating housing for the homeless population within the city limits, a quarterly report is required to document progress. The attached was submitted by Jessica Vaz Williams, Community Outreach Case Manager for review at the City Council meeting on 12/9/25.

**Rappahannock Area Community Services Board  
City of Fredericksburg Community Outreach Quarterly Report  
August 2025-November 2025**

The reported outcomes reflect the collective work of our local service network, including Micah Ministries, Empower House, the local Department of Veterans Affairs, PATH Community Outreach, and multiple programs within RACSB, whose ongoing engagement, case coordination, and housing-focused efforts were central to these placements. The progress made this quarter demonstrates that housing stabilization is truly a community-wide effort, made possible only through strong collaboration among providers.

**I. Number served and basic demographics**

During the first quarter, a total of 39 unduplicated individuals were engaged in Community Outreach services. Of those referred, 3 individuals could not be engaged, either due to an inability to locate them or because they declined outreach at the time of contact. Notably, two of these three cases originated from direct City of Fredericksburg Police Department (PD) referrals.

The City of Fredericksburg Police Department made nine response calls or referrals requesting outreach support this quarter. During two of these calls, two separate individuals were identified in need of assistance, bringing the total number of individuals referred by PD to 11. Community Outreach was successfully completed in nearly all cases; only two individuals were unable to be located or declined services, and both are already known to be actively working with community providers and have established housing plans they are working towards.

Across all referrals, Community Outreach completed 179 total contacts and engagements, along with 32 documented attempts to follow up with individuals either in person or by phone.

Category	Demographics	Number of Individuals 1 <sup>st</sup> Quarter
Total engagements	—	179
Unduplicated Individuals	—	39
Gender	Female	13
	Male	26
Race/Ethnicity	Black, African American, or African	11
	White	23
	Asian or Asian American; White	1
	Unknown	4
Age Range	19–29	4
	30–39	9
	40–49	6
	50–59	5
	60–69	8
	Unknown	7

**II. Placement - homeless status at engagement and location/type of placement**

At time of initial engagement, 30 out of the 39 individuals were considered literally homeless by HUD definition. Through community efforts, 11 individuals were supported with temporary placements, and 2 individuals were supported with permanent housing placements.

The accompanying chart illustrates the housing placements made this quarter and highlights the housing process. At time of initial engagement six individuals were already connected with Micah and/or PATH, and were receptive to additional resources provided by the Community Outreach Case Manager. The collaboration between community partners and Community Outreach led to temporary and/or permanent housing placement for 13 individuals.

	<b>Status at Engagement</b>	<b>Type of Placement/Location</b>
Individual #1	Street	Temporary Destination: Motel
Individual #2	Street	Temporary Destination: Oxford House (Recovery Home) → Temporary Destination: Motel → Street → Temporary Destination: Addiction Treatment Center
Individual #3	Street	Temporary Destination: Safe Haven → Temporary Destination: Motel
Individual #4	Street	Temporary Destination: Motel (in Permanent Supported Housing program)
Individual #5	Transitional Housing	Temporary Destination: Jail → Temporary Destination: Psychiatric Hospital
Individual #6	Street	Temporary Destination: Transitional Housing
Individual #7	Street	Temporary Destination: Hospital → Temporary Destination: Respite
Individual #8	Motel	Permanent Destination: Living with family (Spotsylvania)
Individual #9	Street	Temporary Destination: Hospital → Temporary Destination: Respite
Individual #10	Street	Temporary Destination: Hospital → Permanent Destination: Rental by client, VA Housing/Housing Choice Voucher (NYC)
Individual #11	Staying with friend, temporarily	Temporary Destination: Motel
Individual #12	Street	Temporary Destination: Psychiatric Hospital
Individual #13	Street	Temporary Destination: Staying or living with friends, (Richmond)

**III. Benefits, resources, and referrals**

Referrals often require multiple engagements before they can be fully completed. It takes time to gather the necessary documentation, build trust, and help someone feel ready to move forward with a referral. Missed appointments, difficulty with follow-up, and the day-to-day instability that many unhoused individuals experience can also create delays.

Each ongoing referral reflects continued engagement, readiness building, and collaboration between the client, the Community Outreach Case Manager, and partner agencies. This incremental progress is a

crucial part of supporting individuals as they work toward increased income, improved health, long-term well-being and housing stability.

	Support Offered	Support Accepted	Successful Referral
Benefits/Financial/Vocational	5	3	2
Identification/Social Security Card/Birth Certificate	2	2	1
Community Resources (Homelessness Helpline, Micah, Lunches/Dinners, Showers, Food Pantry, Library, Community Canvas)	17	14	10
Housing (Micah, Emergency Shelter/Safe Haven, VA Coordinated Entry, Motel, Housing Applications, Homelessness/Domestic Violence Helpline, Home Shares, Permanent Supported Housing)	14	13	7
Mental Health/Medical/Substance Use	10	10	6
Daily Living Skills (Grocery, Clothing/Shoes, Transportation, E-mail, Cell Phone, Grooming, Laundry, Banking/Budgeting)	7	6	5
Rapport Building (Business Card, Basic Need Items)	15	11	10* *Ongoing engagement

#### IV. Programmatic achievements and barriers

- A. Barriers include limited capacity at current staffing levels, limited affordable housing, and acceptance criteria and/or limited capacity at local shelters.
- B. Successful Collaboration

This quarter included several key successes that demonstrate the impact of consistent engagement with individuals experiencing homelessness. These examples represent just some of the meaningful successes achieved this quarter and reflect the strong network of community partners working together to support individuals on their path toward stability.

- i. Micah Ministries provided temporary housing for an individual in order to complete an assessment and screening with Adult Protective Services (APS)/Department of Social Services (DSS), resulting in progress toward a pending Assisted Living Facility placement.
- ii. Micah and Journey volunteers have assisted with various needs (basic need/personal hygiene items, tent/sleeping bags, identification, payee-ship, housing leads, etc.)
- iii. Three individuals enrolled in outpatient mental health or substance use services through RACSB, including once individual who successfully diverted from inpatient hospitalization by accessing the Crisis Stabilization Program at RACSB.
- iv. Successful hire of individual at Anita’s Cafe, who is willing to employ other individuals looking for employment. This income led to a potential housing opportunity in the

community for this individual. Unfortunately, this employment opportunity has since ended. But this experience has led to referrals for vocational rehabilitation through DARs and beginning the process of applying for financial benefits through Social Security.

- v. Coordination with Snowden at Fredericksburg Case Manager & PATH Outreach Case Manager for successful discharge planning to temporary placement
- vi. Relationship built with Homelessness Helpline for referrals of individuals sleeping on the street in need of follow-up for outreach
- vii. Further coordination with a Snowden at Fredericksburg (SAF) Case Manager and the PATH Outreach Case Manager supported effective discharge planning for an individual transitioning to temporary placement from inpatient hospitalization.
- viii. Productive relationship with the Homelessness Helpline has led to referrals for individuals who require follow-up outreach.

### C. Success Story

One of the most notable successes this quarter involves a 65-year-old white male who has been experiencing homelessness for approximately eighteen months following the loss of his wife. My supervisor, Nancy Price, first met him on July 18 during a ride-along with Officer McCoy. He was well known in the City of Fredericksburg for sleeping on a public bench and he reported that he was desperate to sleep indoors for a night. Ms. Price broached the idea of receiving outreach services and he was eager to meet with Community Outreach Case Manager once I started in my role. I first engaged with him on August 15 during a ride-along, where he welcomed re-engagement. At that time, he was sleeping outdoors, had limited mobility, and had no access to his financial benefits beyond food assistance. Building trust required near-daily contact, but over time he became fully engaged in services. Through close collaboration with Micah Ministries, we identified that his benefits were actually active and established Micah as his representative payee, allowing him to move into a motel temporarily while we work toward an Assisted Living Facility (ALF) placement. He has since completed his ALF assessment through a collaborative effort between Community Outreach and Adult Protective Services at DSS, with both teams adapting their approach across three separate appointments to ensure successful completion. He is now awaiting his Auxiliary Grant (AG) approval from DSS before we can move forward with securing the bed that has been identified for him at an ALF in Hampton, Virginia.

We also helped re-establish his medical care, including primary, specialty, and optometry services, and enrolled him in outpatient mental health treatment at RACSB. With assistance from Micah Ministries, he now has a working phone, which has greatly improved communication and follow-up. His progress reflects both his own resilience and the strong, coordinated efforts of community partners who came together to support his path toward safety and stability.

## Crisis Intervention Services Program Updates

December 2025

### Crisis Intervention Services, Amy Jindra

During the month of November, the crisis intervention services (CIS) staff, toured 3 different crisis centers. The leadership traveled to Topeka, KS and Kansas City, MO to tour a children's crisis receiving and residential substance use treatment center as well as an adult 23-hour observation and psychiatric urgent care program. The CIS division director also visited Horizon Behavioral Health's crisis receiving center. The division director began drafting policy outlines and staffing ratios along with continuing to work on finalizing floor plans.

### Assertive Community Treatment (ACT) - Sarah McClelland

ACT South is fully staffed! We have filled the open position for Co-Occurring Specialist. Maya Moore who works PRN at Sunshine Lady House has accepted the position and will be starting on December 15<sup>th</sup>. Maya will be a great addition to the ACT team as she has excellent combined history of working with our seriously mentally ill population in previous roles. We are looking forward to working with her.

ACT Peers held another cooking and nutrition class which is always a big success. About 14 people attended. Javonne Kirby and Dianna Sloat taught and demonstrated how to make chicken stir-fry. ACT clients took turns participating in various cooking tasks and we all enjoyed stir-fry and rice when everything was finished. Judging from all the smiling faces of clients and staff alike, the food was obviously delicious!

ACT continues to work day-in and day-out to serve our clients in the best way we know how. To celebrate our dedication, staff held a Thanksgiving potluck one week before the holiday. It was a big success with so many delicious things to choose from. Angie, our nursing supervisor, even brought in a turkey! ACT has a great deal of camaraderie, not just between staff and clients, but also among staff and between teams.

Sunshine Lady House, Crisis Stabilization, Latroy Coleman

SLH program received 51 referrals in the month of November. Thirty-seven admissions were completed. Of the referrals that did not admit, eight decided not to attend the program, two did not admit due to medical reasons, two admitted to another facility and two did not admit due to behavioral reasons. Our program continues to work to adjust to current staffing concerns with nursing. Shift coverage has been difficult. We are hopeful to stabilize as we have had a couple of nurses onboard and will be able to complete full duties in the coming weeks. Staff remain excited to participate in the expansion of the crisis division and continue to experience growth as it pertains to their knowledge of service delivery for crisis.

# Memorandum

**To:** Joe Wickens, Executive Director

**From:** Amy Jindra, CIS Director

**Date:** December 5, 2025

**Re:** Sunshine Lady House Utilization

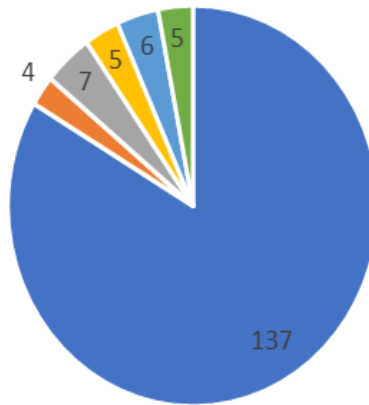
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Sunshine Lady House for Wellness and Recovery, is a 12-bed, adult residential crisis stabilization unit. The program provides 24/7 access to services for individuals experiencing a psychiatric crisis. Services include medication management, therapy,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

During the month of November, Sunshine Lady House received 51 total prescreens from 6 different localities. The program provided ASAM 3.7 level of care for medically managed detox for 1 individual for a total of 5 days. The program accepted 47 of the 51 prescreens. The program denied 2 individuals for medical acuity greater than program capacity, 1 individual for recent/current violent behavior, and 1 individual due to clinical criteria. Sunshine Lady House's overall acceptance rate for the month of October was 92%.

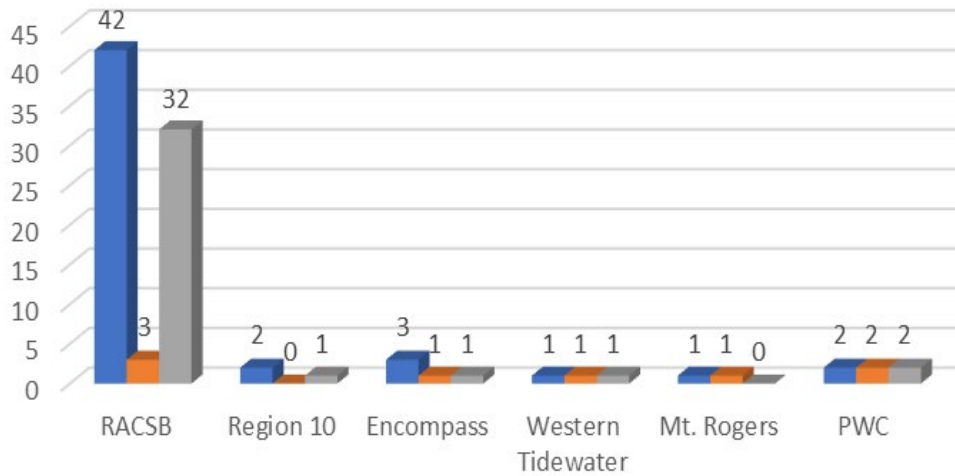
The program admitted a total of 37 individuals, 32 from RACSB, 1 from Region 10, 1 from Encompass, 2 from Prince William County, and 1 from Western Tidewater. Utilization for the month of November was 45% or a total of 163 bed days. Below are graphs illustrating the data related to Sunshine Lady House's utilization.

### Bed Days Details November 2025

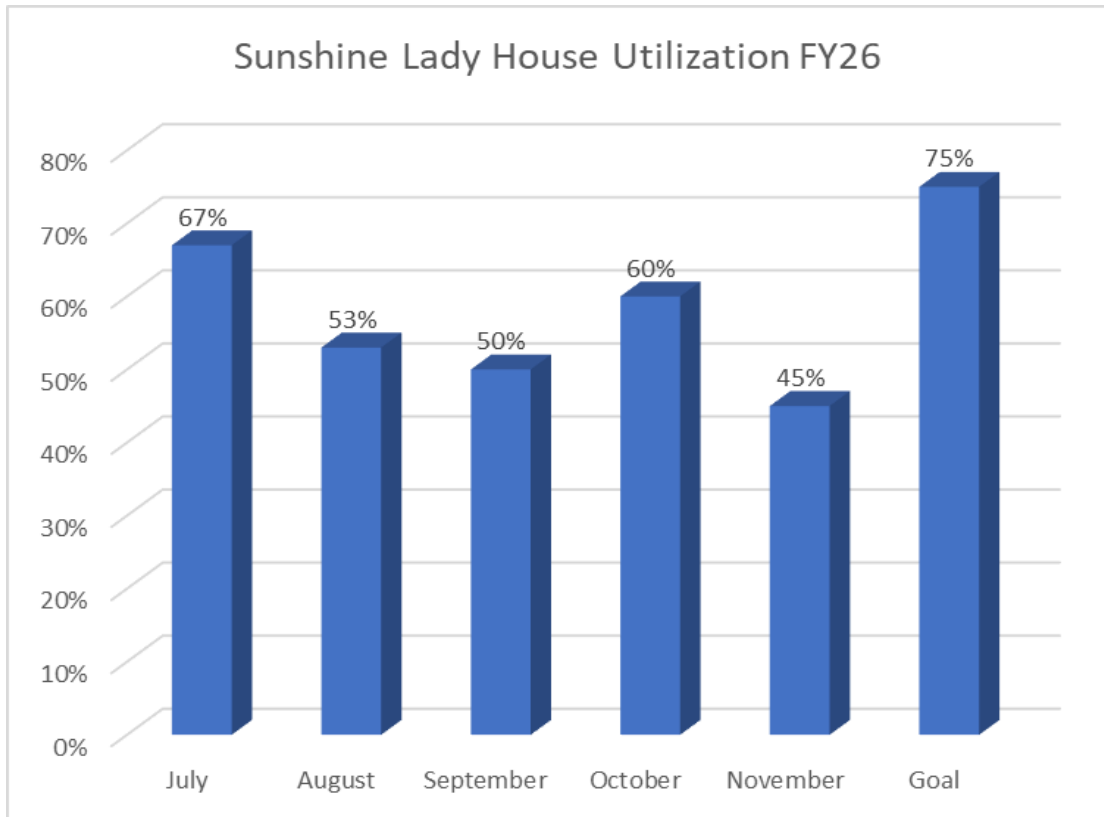
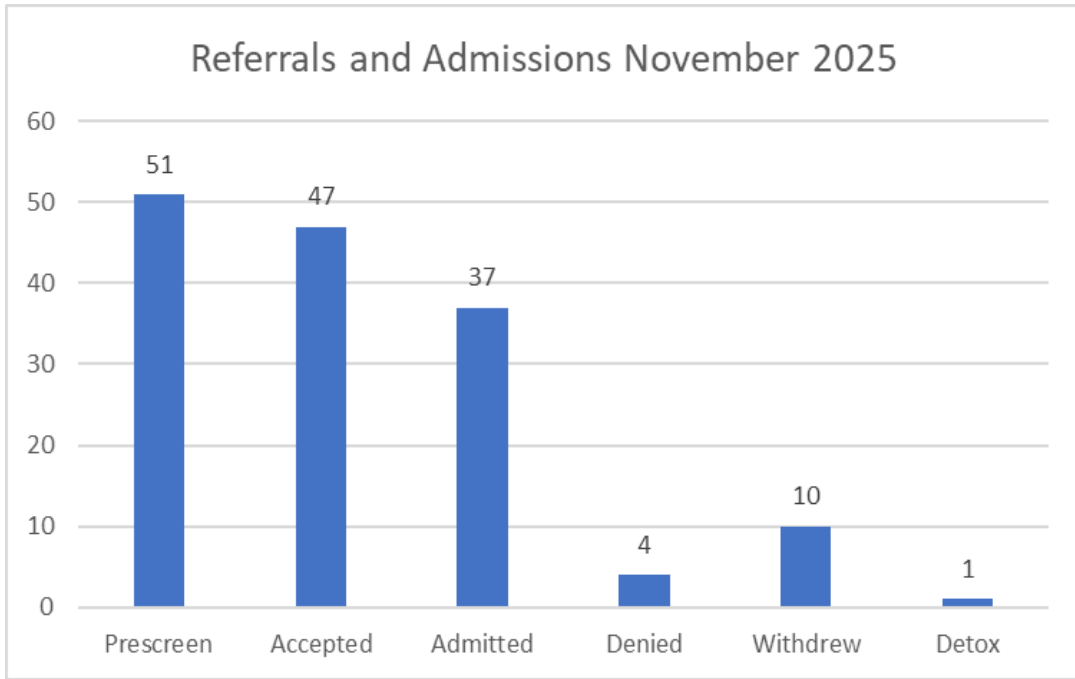


■ RACSB ■ Region 10 ■ Encompass ■ Western Tidewater ■ PWC ■ Detox

### Data by Localities November 2025



■ Referrals ■ Denied ■ Admissions



# Memorandum

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**To:** Joe Wickens, Executive Director

**From:** Amy Jindra, CIS Director

**Date:** December 5, 2025

**Re:** TMACT Review

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On August 18 through 19, 2025, ACT North participated in a fidelity review conducted by a consultant from the University of North Carolina in conjunction with the Department of Behavioral Health and Developmental Services. The program received the results from the survey on November 7, 2025. The fidelity review utilizes the Tool for Measurement of Assertive Community Treatment or TMACT to analyze 47 items representing 6 categories. Each item is rated on a scale of 1-5. The 6 categories include Operations and Structure, Core Team, Specialist Team, Core Practices, Evidence-Based Practices, and Person-Centered Planning and Practices. The ACT North Team received an overall score of 3.60, moderate fidelity rating. Areas of improvement include enhancing the daily team meeting, creating client logs/schedules, client recruitment strategies, and integrating specialists' practices and evidence-based approaches. The reviewer was complimentary of the team members, core practices fidelity efforts, self-determination, and overall service delivery. ACT program coordinator, along with team leads from ACT North and South, utilized information shared during the survey and since receiving the results to implement new approaches to enhance the fidelity of the service delivery. Some lower scored items have already been addressed. Other categories have plans to implement new assessment tools, training for staff, and process changes.

Attached is the overview of the results from the TMACT report.

**Rappahannock Area Community Services  
Board (North Team) ACT Fidelity  
Assessment  
2025**

On 08/18/2025 - 08/19/2025, Steve Betuker from UNC Institute for Best Practices, Deborah Davenport, VA DBHDS, and Mary Worsham, VA DBHDS, visited the Rappahannock Area Community Services Board North team in Fredericksburg to evaluate the team's adherence to the Assertive Community Treatment (ACT) model. This document outlines the findings and recommendations of this fidelity review.

**The Tool for Measurement of Assertive Community Treatment (TMACT)**

Reviewers assessed the Rappahannock Area Community Services Board North Team fidelity to the ACT program using the Tool for Measurement of Assertive Community Treatment (TMACT).<sup>1</sup> The TMACT consists of 47 items where each item is rated on a 5-point behaviorally-anchored scale, ranging from 1 (not implemented) to 5 (fully implemented). The ratings are based on the *current* structure and activities of the team (i.e., not future plans).

The TMACT includes the following six subscales:

1. Operations & Structure (OS)
2. Core Team (CT)
3. Specialist Team (ST)
4. Core Practices (CP)
5. Evidence-Based Practices (EP)
6. Person-Centered Planning & Practices (PP)

**Data Sources**

During this fidelity assessment, the reviewers assessed a range of data sources. They examined the charts of 10 randomly selected clients who have been enrolled on the team for at least three months. The chart data covered a recent four-week service period (06/01/25 - 06/29/25), along with the most recent assessments, treatment plans, and crisis plans. The fidelity review team also interviewed the following team members:

- Team Leader – Kari Gent
- Psychiatric Care Provider – Johnathan Swing
- Co-Occurring Disorders Specialist – Jennifer Easton
- Nursing staff – Mellani Fallin
- Employment Specialist – Judy Thompson
- Peer Specialist – Javonne Kirby
- Clinician – Melissa Conmy
- Program Assistant – Stephanie Baker

The reviewers observed one daily team meeting, one treatment planning meeting and conducted a group interview with three clients. Based on information collected from all sources, they rated the Rappahannock Area Community Services Board North Team across 46 items on the TMACT.

### **Overall Fidelity Score**

The total **TMACT fidelity rating** for **Rappahannock Area Community Services Board North Team** is **3.60**. A summary of all item scores, with more specific recommendations when relevant, can be found below. This total rating suggests that the team is implementing ACT at a Moderate fidelity level of quality and adherence.

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<sup>1</sup> Monroe-DeVita, M., Moser, L. L., & Teague, G. B. (2011). The tool for measurement of assertive community treatment (TMACT). Unpublished measure.

<b>Table 1. Summary of TMACT Items and Ratings – Rappahannock Area Community Services Board (North Team)</b>		
<b>ITEM</b>		<b>RATING</b>
<b>OPERATIONS &amp; STRUCTURE (OS) SUBSCALE</b>		
		08/25
OS1	Low Ratio of Clients to Staff	5
OS2	Team Approach	4
OS3	Daily Team Meeting (Frequency & Attendance)	4
OS4	Daily Team Meeting (Quality)	2
OS5	Program Size	5
OS6	Priority Service Population	5
OS7	Active Recruitment	1
OS8	Gradual Admission Rate	5
OS9	Transition to Less Intensive Services	3
OS10	Retention Rate	5
OS11	Involvement in Psychiatric Hospitalization Decisions	5
OS12	Dedicated Office-Based Program Assistance	5
<b>OS Subscale Average Rating</b>		<b>4.08</b>
<b>CORE TEAM (CT)</b>		
CT1	Team Leader on Team	5
CT2	Team Leader is Practicing Clinician	4
CT3	Psychiatric Care Provider on Team	5
CT4	Role of Psychiatric Care Provider in Treatment	3
CT5	Role of Psychiatric Care Provider within Team	2
CT6	Nurses on Team	1
CT7	Role of Nurses	4
<b>CT Subscale Average Rating</b>		<b>3.43</b>
<b>SPECIALIST TEAM (ST)</b>		
ST1	Co-Occurring Disorders Specialist on Team	2
ST2	Role of Co-Occurring Disorders Specialist in Treatment	3

<b>Table 1. Summary of TMACT Items and Ratings – Rappahannock Area Community Services Board (North Team)</b>		
<b>ITEM</b>		<b>RATING</b>
ST3	Role of Co-Occurring Disorders Specialist within Team	3
ST4	Employment Specialist on Team	3
ST5	Role of Employment Specialist in Services	3
ST6	Role of Employment Specialist within Team	3
ST7	Peer Specialist on the Team	4
ST8	Role of Peer Specialist	4
<b>ST Subscale Average Rating</b>		<b>3.13</b>
<b>CORE PRACTICES (CP)</b>		
CP1	Community-Based Services	5
CP2	Assertive Engagement Mechanisms	4
CP3	Intensity of Service	5
CP4	Frequency of Contact	3
CP5	Frequency of Contact with Natural Supports	2
CP6	Responsibility for Crisis Services	5
CP7	Full Responsibility for Psychiatric Services	5
CP8	Full Responsibility for Psychiatric Rehabilitation Services	5
<b>CP Subscale Average Rating</b>		<b>4.25</b>
<b>EVIDENCE-BASED PRACTICES (EP)</b>		
EP1	Full Responsibility for Integrated Treatment for Co-Occurring Disorders	1
EP2	Full Responsibility for Employment & Educational Services	2
EP3	Full Responsibility for Wellness Management and Recovery Services	1
EP4	Integrated Treatment for Co-Occurring Disorders	3
EP5	Supported Employment & Education	3
EP6	Engagement & Psychoeducation with Natural Supports	4
EP7	Empirically-Supported Psychotherapy	4
EP8	Supportive Housing Model	5

Table 1. Summary of TMACT Items and Ratings – Rappahannock Area Community Services Board (North Team)	
ITEM	RATING
<b>EP Subscale Average Rating</b>	
<b>2.88</b>	
<b>PERSON-CENTERED PLANNING &amp; PRACTICES (PP)</b>	
PP1	Strengths Inform Treatment Plan
	2
PP2	Person-Centered Planning
	3
PP3	Interventions Target a Broad Range of Life Domains
	5
PP4	Client Self-Determination and Independence
	4
<b>PP Subscale Average Rating</b>	
<b>3.5</b>	
<b>TMACT OVERALL RATING</b>	
<b>3.60</b>	

### Strengths

The Rappahannock Area CSB North Team is a small ACT team serving the increasingly densely populated northern Virginia area. The team is fully staffed and serves the appropriate population of individuals with severe mental illness. They excel at addressing both emerging and proactive client needs. The team boasts a very high client retention rate. We observed strong examples of their efforts to support clients when inpatient treatment is necessary. Kari clearly demonstrates strong leadership and has extensive clinical knowledge. Stephanie utilizes her role as the program assistant to support the team in various ways. Since services are community-based, the team works diligently to get their clients actively engaged in the community. Dr. Swing employs a shared decision-making approach tailored to individuals struggling with psychosis. Mellani, the nurse, ensures that clients’ medications are carefully monitored and maintains high involvement with primary care and other medical providers. The team is innovative in developing motivational strategies to engage clients in treatment— one example is when they yelled into the forest with a client. Their level of service intensity is rare, as they are willing to dedicate as much time as needed to support clients. We note that Jennifer, the COD Specialist, understands her stages of change readiness and interventions for those in later stages, and we believe she will use this report and her motivation to improve her practices. The team recognizes the importance of therapy and offers various approaches to their clients. Judy, employment specialist, is extremely knowledgeable about Social Security benefits. Javonne, the Peer Specialist, is a passionate advocate for recovery and employs a person- centered approach. We also want to highlight that they provide a family psycho-education group for the clients’ natural supports.

### Recommendations

Below are several recommendations for the Rappahannock Area Community Services Board North Team and agency leadership to consider. Change takes time—prioritize what the agency and team are most motivated and able to address in the coming year, leaving some changes for future developmental goals. In addition to the recommendations below, please review comments on individual items, especially those rated under 3.

#1 ***Refocus the daily team meeting*** to achieve the following:

- A) Share recent and essential information about clients seen within the past 24 hours (or over the weekend if it's a Monday DTM). This should include specific interventions provided in clear language, any changes to the client’s status, and any new needs.
- B) Adjust scheduled interactions based on emerging or proactive needs.

- C) Ensure the previously scheduled interventions were carried out by team members.

The observed daily team meeting (DTM) was really more of a scheduling meeting than an ACT DTM, where staff update the team on information from recent interactions. The team's meeting was lengthy, and the few reports focused heavily on medical needs, missing the many other domains provided within ACT (employment, co-occurring disorder treatment, therapy, psychiatric rehabilitation, wellness management, assertive engagement, tenancy support, etc.). The information in the reports should be free from any clinical jargon and easy for other staff to understand what was actually done with the client. We encourage the team to remove the various sections they have in their meetings, as all of the following should be included in client monthly calendars and the daily staff schedule. The UNC Institute for Best Practices has examples of these documents. Please seek further support in understanding and developing these documents. If preferred, the psychiatric care providers' schedule can be printed and handed to him or emailed; the injection schedule can be placed on a dry erase board or a shared electronic document; medical appointments can also be listed on a dry-erase board, a wall calendar, or shared electronic document. In addition, the client log is 20 plus pages for each day, resembling something closer to notes from a meeting. The UNC Institute for Best Practices has created a client log that is free and available for teams to use. Please seek further assistance in using this document as a monthly snapshot for each individual served by the team. It may be helpful to think of the client log as what has already occurred, and the client calendars and daily staff schedule as what needs to happen.

**#2 Allocate dedicated time for the psychiatric care provider to be part of the team.** The ACT psychiatric care provider should have set days and hours, as ACT works with individuals with very high needs and severe symptoms. Since this is a small team (serving fewer than 50 clients), designate two full days for the psychiatrist (16 hours), including the DTM, at least monthly medication management, integrated healthcare, rapport building, coordination with inpatient providers, brief therapy when needed, and treatment planning meetings.

**#3 Personalize and expand the services offered to clients.** The agency's strong medical emphasis, with a nurse manager and clinical director present at every DTM, has limited this team from functioning as a true multidisciplinary team. This is most evident in the team providing psychiatric rehabilitation and employment services.

Although the team provided some excellent psychiatric rehabilitation, it was often limited to group outings. While these activities can be beneficial, they do not constitute true community integration, are not tailored to individual needs, and may not be effective for people who dislike group settings. To help individuals achieve independence, the team must develop more targeted and hands-on interventions. The goal of psychiatric rehabilitation is to assist individuals in increasing independence across various life areas, such as maintaining their household, building meaningful relationships, managing finances, or navigating their community. This is achieved through assessing barriers to functioning across different domains, including careful evaluation of how psychiatric symptoms, cognitive impairments, and the environment influence daily life, and creating specific interventions to overcome these barriers, enabling the participant to operate at a higher level. Since psychiatric rehabilitation is a fundamental aspect of ACT, all team members should be skilled in this area. However, identifying psychiatric rehabilitation specialists could elevate practice overall. The Temple University Collaborative on Community Inclusion (<http://tucollaborative.org>) offers a valuable resource for ACT teams aiming to improve psychiatric rehabilitation practices.

Employment services are a team effort led by the employment specialist. To be effective, the entire team must share the view that work is a crucial part of most individuals' recovery journey. Additional training on how to use the IPS Career Profile to gather information and guide a job search based on individual preferences is essential. Throughout this process, competitive employment is encouraged and emphasized as an attainable goal. The process is ongoing, with more meaningful and relevant data collected when the individual is employed, such as responses to the work environment, strengths and limitations in relating with coworkers and supervisors,

motivation to return to work, and the ability to manage symptoms while working—information that is more useful than during prevocational assessments. The team must recognize that many individuals served by ACT have previously held jobs or attended school with career aspirations; their focus has shifted to illness and possibly abandoning their previous goals. Engagement efforts for work should include motivational interviewing to address ambivalence. The IPS Career Profile should be completed for all individuals interested in work, ideally by the employment specialist, and then shared with the team. Team members should regularly share observations of talents, skills, and interests, which can help shape and encourage employment goals. The process should include various ways for the employment specialist to assist individuals in obtaining and maintaining employment. A key role of the employment specialist is helping individuals decide what to disclose to employers and coworkers and how to set appropriate boundaries. When someone shows interest in work, even hesitantly, the team should respond with motivational interviewing strategies to help the individual see the potential benefits of getting a job. The employment specialist should then quickly identify preferences and strengths to guide a job search for suitable competitive options. Whenever possible, observe these jobs in action within the community. To maximize effectiveness, the employment specialist should build relationships with local employers to identify available jobs and potential opportunities for "job carving," which involves breaking down responsibilities into narrower roles with reduced FTE. We recommend dedicating time each week for the employment specialist to collaborate with six potential employers for job development, both with and without the individual present. When working on job development and matching for a specific person, careful consideration should be given to assessment data—such as whether they work better in the evenings or mornings or in loud or quiet settings—and every work opportunity should be used to gather additional information. Providing job coaching and proactive, ongoing support is essential for many individuals with disabilities, and these can be delivered on-site or off-site depending on the individual's needs. The ACT employment specialist also has mental health expertise to identify emerging issues and address limitations that may hinder success with job tasks. Follow-up support should be strategically provided by the entire team, with a well-developed Career Profile serving as a valuable tool for ongoing assistance.

Finally, we strongly recommend the team take advantage of the vast number of resources the SAMHSA- Sponsored NW MHTTC has produced over the past 5 years for ACT. This page will bring you to the link where you can review past meetings for the National ACT Virtual Consultation sessions [https://www.youtube.com/playlist?list=PLry5d6wEbW\\_2e9LMVmYbeBCFdAs80-tar](https://www.youtube.com/playlist?list=PLry5d6wEbW_2e9LMVmYbeBCFdAs80-tar)

We recommend the whole team check out this FREE recorded, self-paced 2-hour Introduction to ACT. Learn about the background of ACT's development, core features of the model, examples of ACT used to serve three individuals, ACT research, and ACT fidelity. Click "register" at this link, which will take you to HealthKnowledge Portal. <https://www.healthknowledge.org/>

If you are interested, but have yet to sign up as part of the (Inter)national ACT listserv, please do so here:

<http://www.institutebestpractices.org/sign-up-form/>

We understand that this is a lot of feedback and information! Again, we recommend that leadership work with the team to identify areas they are more interested in further developing in the short term and invest in those areas. The UNC Institute for Best Practices continues to expand the trainings it is offering – please take advantage of trainings, as well as offers to provide team-based coaching on specific topics.

To: Joseph Wickens, Executive Director

From: Jacqueline Kobuchi, Director of Clinical Services

Date: 12/5/25

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

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## Outpatient Services

### Caroline Clinic - Nancy Love, LCSW

Caroline Clinic clinicians completed 32 intakes in November. Twelve were completed through Same Day Access, 15 were scheduled adult assessments and five were scheduled child and adolescent assessments. The clinic recently added more afternoon Same Day Access times to meet client's needs. We received an increase in substance use referrals last month and continue to offer two weekly Substance Use groups. There were two individuals who successfully completed their group treatment last month. In November, clinicians participated in trainings on Motivational Interviewing, Grief and Supporting Youth in Safe Social Media Use.

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

During the month of November, the Fredericksburg Clinic completed 84 intakes with adults seeking outpatient services. Out of 84 intakes, 58 were scheduled the same day they called in for services. Forty-nine intake assessments were completed over ZOOM while 35 intake assessments were completed in person. The Children's Services Clinic completed 15 scheduled intake assessments for outpatient services on children/adolescents. The Fredericksburg Clinic Coordinator attended and assisted with the American Foundation of Suicide Prevention's Survivor Day on 11/22 at the local library. This is an annual event to support family members and loved ones who have lost someone to suicide and the Fredericksburg Clinic Coordinator was grateful for the opportunity to be a part of it. The Fredericksburg Clinic is currently hiring for two positions at the front desk, Office Associate II and Central Access Associate. The Children's Services Clinic has posted a position for a Child/Adolescent Therapist position in anticipation of one of the therapists retiring in January. Interviews are being conducted for all three positions.

### King George Clinic - Sarah Davis, LPC

The King George Clinic continues to provide two weekly Substance Use groups. Group topics this month included Triggers, Coping Skills, Gratitude, and Gray Area Drinking. During the month of November, there were a total of five individuals who successfully completed group. The King George Clinic offers a weekly Wellness Group. This month, group topics included Coping with Depression, Managing Stressors, and Introduction to Hope. The King George Clinic completed 20 intakes during the month of November. Fifteen of these intakes were completed via Same Day Access and five were child and adolescent intakes.

Two staff attended a training this month on Parts Work. One staff attended a "Grief Across the Ages" training and a Military Competency training.

### Spotsylvania Clinic - Katie Barnes, LPC

The Spotsylvania Therapists completed a total of 46 intakes in November. Thirty-four assessments were completed through Same Day Access, eleven were scheduled Child and Adolescent assessments and one was a scheduled adult assessment. The clinic continues to offer one Substance Use group weekly and anticipates adding a second group in the New Year. One of the therapists celebrated five years with the agency this month. Three therapists passed their licensure exams making them one step closer to becoming licensed therapists!

RACSB continues to employ a Child and Adolescent Therapist who provides Trauma Focused Cognitive Behavioral Therapy at Safe Harbor Child Advocacy Center. The therapist attended the 16<sup>th</sup> annual Crimes Against Children Conference. The conference included state and national experts presenting on topics for professional disciplines working against child abuse.

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 therapist's utilization for November was 61.46% bypassing utilization expectations. She continues to work hard to deliver creative and trauma-sensitive therapy to students in need.

### **Stafford Clinic - Lindsay Steele, LCSW**

During the month of November, 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 44 intakes for adults and children, 14 of these intakes were completed through same day access, 10 intakes were children/adolescents and 2 intakes were scheduled due to being hospital discharges. Other intakes were scheduled due to referrals from emergency services and hardships with utilizing same day access due to work, transportation and childcare. The child/adolescent therapist has continued to engage in EMDR consultation and the mental health therapist attended training for motivational interviewing for clients with Serious Mental Illness.

### **Medical Services - Jennifer Hitt, RN**

During the month of November, 84 individuals were seen by a medical provider for a new patient evaluation and medication. Both Dr. Miller and Dr. Gomes passed their board exam and both are officially Board Certified in Psychiatry.

### **Case Management - Adult - Patricia Newman**

During the month of December, Liz Wells, LCSW, participated in a training offered through the Forensic Social Work Alliance. This training focused on the use of AI and the ethical implications in practice, as well as ethical considerations when working with attorneys. The ethical requirements differ greatly between mental health providers and attorneys. Liz is our Not Guilty by Reason of Insanity (NGRI) Coordinator as well as Lead State Hospital Liaison. Liz's position requires her to interact often with attorneys and the Courts in regard to discharge planning and monitoring of individuals who are NGRI. At this time, the RACSB is providing support to and monitoring 15 individuals who are NGRI in the community as well as providing discharge planning for five individuals who are NGRI in the State Hospitals. Liz provides oversight to the monitoring and court reporting as well as plan development and discharge planning for these individuals.

### Child and Adolescent Support Services - Donna Andrus, MS

In the month of November, Child and Adolescent Case Management had six children at the Commonwealth Center for Children and Adolescents (CCCA) which is a significant increase for our locality. Five of those kids were from one locality and were children in foster care with complex needs and challenges. One child was at CCCA for 121 days but was able to discharge in the month of November to a placement. We had three children successfully discharge home from residential placement with services and supports in place. We have seen an increase in referrals for residential placement of children with significantly challenging mental health needs and behaviors that have been difficult to find accepting placements due to the complex needs and severity of behaviors. Our team continues to work to support children and families and identify potential appropriate placements in Virginia and out of state.

### Substance Use Services - Eleni McNeil, LCSW

During the month of November, the SUD program continued to review applicants for the mobile OBOT's nurse practitioner position. Staff attended training on grief therapy and parts work therapy. Those served in the month of November in Fredericksburg SUD programs is as follows: Project LINK-41; OBOT-49; ARTS Case Management-39; SUD Outpatient (Fredericksburg)-100.

### Emergency Services - Natasha Randall, LCSW

In the month of November, the Emergency Services Assistant Coordinator implemented follow-up calls to clients who were released from an ECO within the previous 24 hours. The purpose of these calls is to provide clients with psychoeducation on available CSB services and to connect them with the appropriate clinics for Same Day Access.

### Specialty Dockets - Nicole Bassing, LCSW

During the month of November, Specialty Dockets continued to progress, welcome new participants, and celebrate graduations. Adult Recovery Court added two new clients and finished the month with 37 active participants. We had two graduations and one termination this month. The Rappahannock Veterans Docket welcomed two new participants this month and finished November with 16 active participants. We had no graduations this month and no terminations. Spotsylvania Behavioral Health Docket currently has eight participants. We had one graduation and two terminations from the program this month. The Juvenile Recovery Court has six current participants with no graduations or terminations this month. The Fredericksburg Therapeutic Docket continues to have two active participants. Our agency currently is seeing 41 Veterans or family members sent to us via Community Cares referrals from the VA.

### Jail and Detention Services - Portia Bennett

The juvenile detention center has a current census of 51 residents. A total of 37 residents were seen for crisis, therapeutic, and medication management services in November. At the jail, a total of 83 individuals received crisis and/or therapeutic services in November. A total of 73 individuals received substance use services. The Psychiatric Nurse Practitioner saw a total of 63 individuals and 276 individuals were prescribed psychotropic medications. Portia Bennett has obtained the Certified Correctional Healthcare Professional (CCHP) certification.

**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: December 16, 2025

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State Hospital	New	Discharge	Civil	NGRI	Forensic	EBL	Total Census
Catawba Hospital			1			1	1
Central State Hospital		1					0
Eastern State Hospital					1		1
Northern Virginia Mental Health Institute		1					0
Piedmont Geriatric Hospital	2		6			2	6
Southern Virginia Mental Health Institute				1			1
Southwestern Virginia Mental Health Institute							0
Western State Hospital	2	1	4	4	12	1	20
Totals	4	3	11	5	13	4	29

**Extraordinary Barriers List:**

RACSB has four 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 facility 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 and experiences mental health concerns. This individual has a guardian in place to help with decision making and has been accepted to Marian Manor assisted living facility (ALF). Their Discharge Assistance Program (DAP) funding has been approved. They have experienced some recent medical concerns that delayed their discharge. They will discharge to the community once they are medically cleared.

## **Piedmont Geriatric Hospital**

Individual #2: Was placed on the EBL 11/27/2025. Barriers to discharge include being accepted to a nursing home. This individual has a primary diagnosis of dementia. Numerous referrals have been sent out to nursing facilities; however, many facilities have denied admission due to behaviors and a history of assault on staff at a previous facility. This individual will discharge once accepted to a nursing home.

## **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's treatment team continues to explore possible placements and are in the process of coordinating a virtual meeting with Carrington Place ALF. This individual will discharge to the community once accepted to an ALF.

Individual #4: Was placed on the EBL 11/10/2025. Barriers to discharge include coordinating appropriate supports in the community prior to discharge. This individual has a diagnosis of Schizoaffective Disorder as well as multiple medical conditions. This individual has a history of self-harm and therefore requires 1:1 staff support and supervision for part of the day. They have a guardian in place and have been accepted to Marian Manor ALF. At this time the treatment team and provider are coordinating the 1:1 staffing supports. This individual will discharge once the 1:1 staffing is in place and DAP funding for these increased supports is approved.

## MEMORANDUM

**To:** Joe Wickens, Executive Director

**From:** Natasha Randall, Emergency Services Coordinator

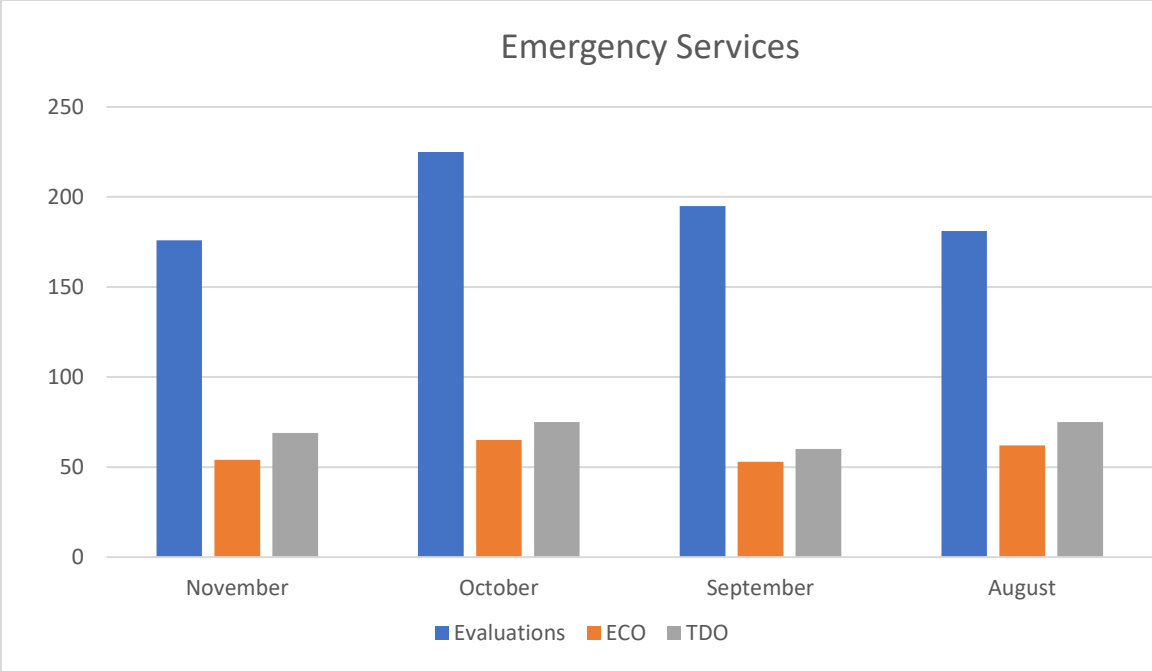
**Date:** December 2, 2025

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

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In November, Emergency Services staff completed 176 emergency evaluations. Fifty-four individuals were assessed under Emergency Custody Orders (ECOs), and a total of sixty-nine Temporary Detention Orders (TDOs) were served. Staff also facilitated two admissions to the Commonwealth Center for Children and Adolescents (CCCA). Additionally, one individual was involuntarily hospitalized outside of our catchment area during the month of November.

Please see the attached data reports.



FY26 CSB/BHA Form (Revised: 07/01/2025)									
CSB/BHA	Rappahannock Area Community Services Board			Month	November 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	
176	28	26	54	69	7	2	60	69	1

FY '26 CSB/BHA Form (Revised: 07/01/2025)						
CSB/BHA	Rappahannock Area Community Services	Reporting month	November 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)
11/13/2025	117799	Child		yes	yes	CCCA
11/25/2025	116025	Adolescent with ID/DD		Yes	Yes	CCCA

**MEMORANDUM**

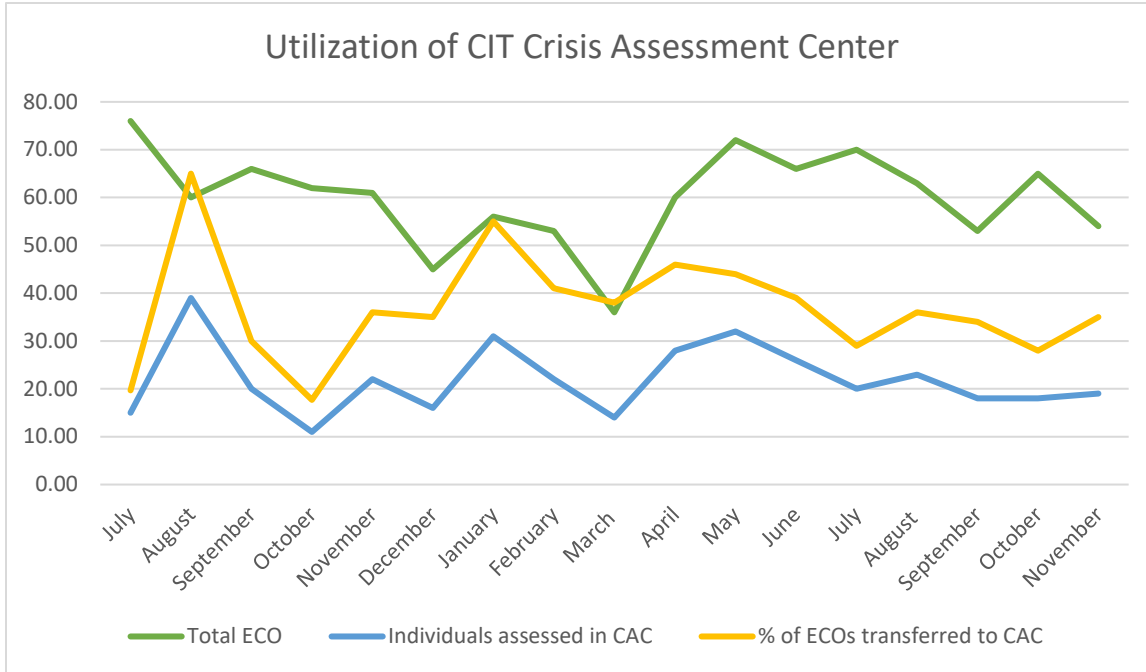
**To:** Joe Wickens, Executive Director  
**From:** Natasha Randall, LCSW Emergency Services Coordinator  
**Date:** December 2, 2025  
**Re:** CIT and Co-Response Report

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The CIT Assessment Center served 19 individuals in the month of November 2025. The number of persons served by locality were the following: Fredericksburg 6; Caroline 1; King George 1; Spotsylvania 3; Stafford 8; and 0 from other jurisdictions.

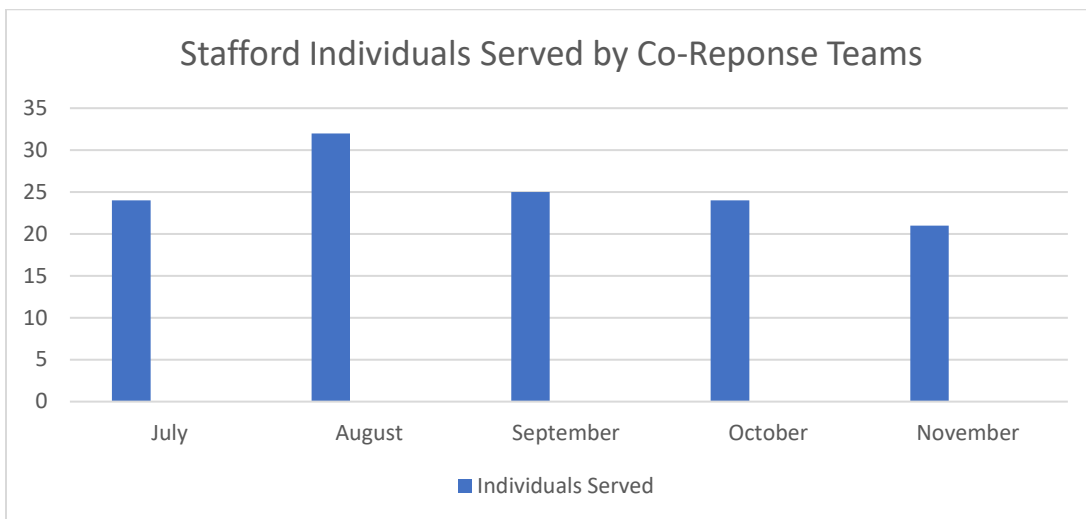
The chart below indicates the number of Emergency Custody orders by locality, those that were able to be transferred into CAC custody, and those who could have used the assessment center if there was additional capacity:

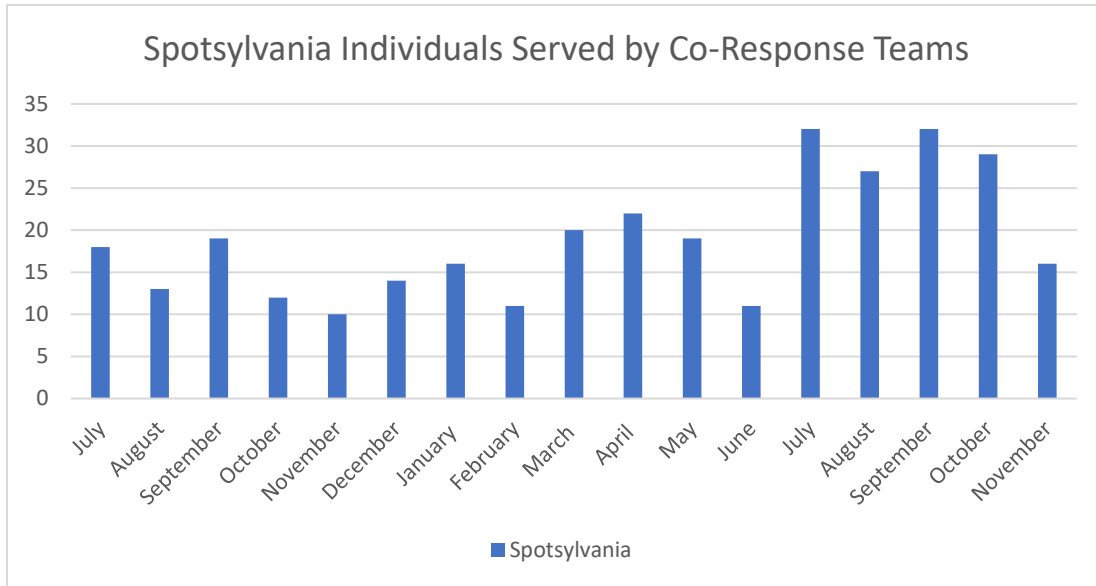
<u>Locality</u>	<u>Total ECO</u>	<u>Custody Transfer</u>	<u>Appropriate for</u>
		<u>to CAC</u>	<u>CAC if Capacity</u>
<b>Caroline</b>	3	1	2
<b>Fredericksburg</b>	17	6	11
<b>King George</b>	3	1	2
<b>Spotsylvania</b>	12	3	9
<b>Stafford</b>	19	8	11
<b><u>Totals</u></b>	<b>54</b>	<b>19</b>	<b>35</b>



**Co-Response**

The Spotsylvania Co-Response Team served 16 individuals in the month of November and the Stafford Co-Response team served 21 individuals. The Fredericksburg Co-Response Therapist position remains vacant.





### CIT Training

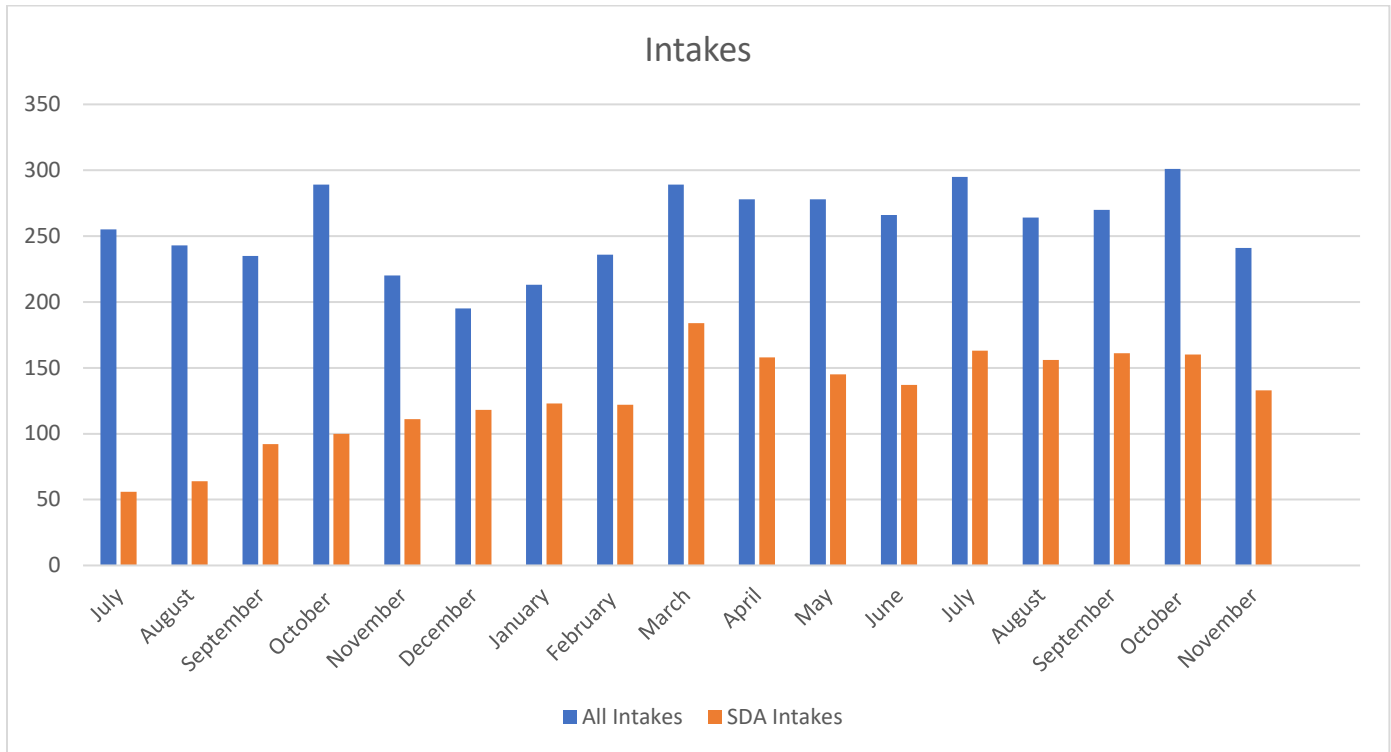
In the month of November, the CIT program was able to train another nine dispatchers on CIT.

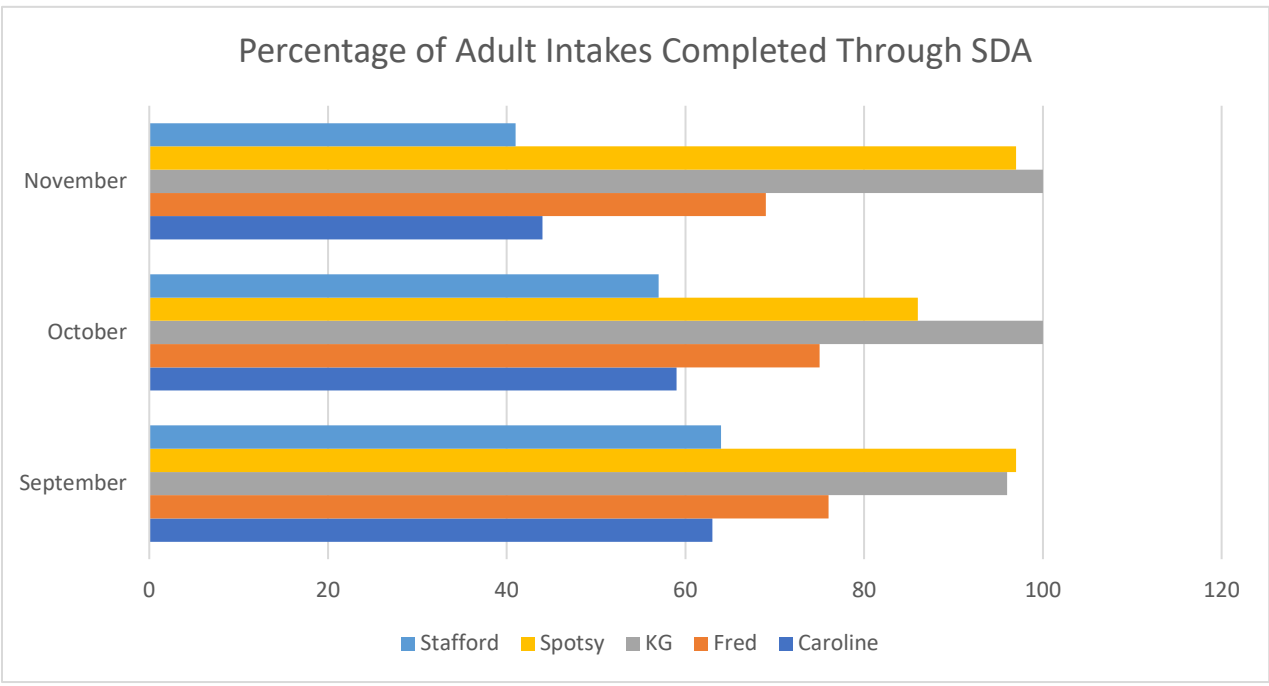
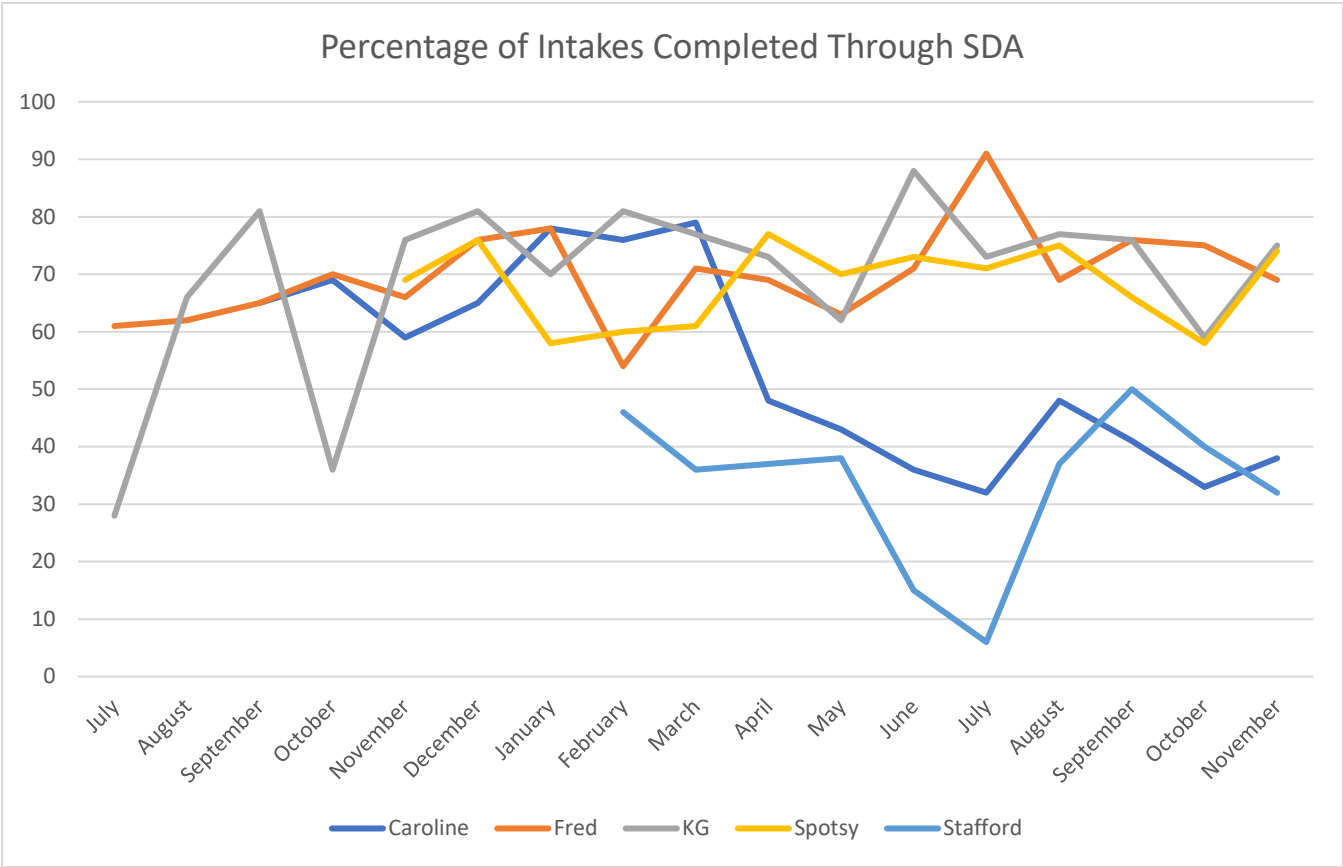
**MEMORANDUM**

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

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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.





RACSB  
Program Update Report  
Compliance  
November 2025

**Incident Reports**

- There were 247 incident reports entered into the Electronic Incident Report Tracker during the month of November. This is a decrease of 40 from October and an increase of 11 compared to September. All incident reports submitted were triaged by the compliance team.
- The top three categories of reports submitted were Health Concerns (97 reports), Individual Served Injury (42 reports), and Individual Served Safety (34 reports).
- The Compliance team entered 38 incident reports into the Department of Behavioral and Developmental Services (DBHDS) electronic incident reporting system (33-Level 2, 5-Level 3) during the month of November, a decrease of 10 from the month of October (34-Level 2, 14-Level 3), and the same number as compared to the month of September (28-Level 2, 10-Level 3).
- There was 1 report elevated to a care concern by DBHDS during November which was related to health concerns of an individual who experienced seizure activity. 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 38 root cause analysis reports were requested in the month of November; a decrease of 11 from the amount requested in October, and the same number as those requested for the month of September. A total of 4 expanded root cause analyses reports were requested in November (these are more expansive reports usually requested after a series of serious incidents involving a specific individual).

**Human Rights Investigations:**

- The Compliance team conducted five Human Rights investigations in November for allegations of neglect. Two of these allegations were founded for failure to provide

services necessary for the health, safety, and welfare of individuals served following falls with injury/risk of injury. One of the five allegations was founded for staff exceeding the speed limit and receiving a ticket while individuals were riding in the agency vehicle. One of the allegations was founded for unsound therapeutic practices (not using person centered language) in speaking with an individual. Lastly, one of the allegations was founded for incomplete service delivery due to an ISP lacking appropriate objectives and interventions to ensure the health, safety, and welfare of an individual receiving services. Corrective action plans are underway for these substantiated findings.

### **Internal Reviewers:**

- Compliance Team met with River Place (MH Residential) to go over audits/audit scores on November 18<sup>th</sup>.
- Compliance Team met with Child and Adolescent Case Management to go over audits/audit scores on November 19<sup>th</sup>.

### **External Reviewers:**

- Compliance team received and responded to 4 external requests for documentation from 3 different insurance agencies seeking information for 11 different individuals receiving RACSB services.
- Compliance team received 4 communications throughout the month of November from Brian Dempsey, DBHDS Incident Management Specialist, regarding serious incident reports.

### **Complaint Call Synopsis**

- The Compliance team received three complaints in the month of November. Two of the complainants were seeking changes within their Mental Health services that were contrary to court mandated orders. Neither could ultimately be aided with their requests due to the court orders. The third complainant was seeking records that were not a part of his EHR with RACSB and was going to follow up with Rappahannock Regional Jail to see if he could locate what he was seeking.

### **Special Projects**

- Policy Pro
  - The Compliance team offered technical assistance and recommendations to 2 teams in November with respect to policy publication/assignment in the Policy Pro electronic repository.
- Facility Inspections
  - The Compliance Team developed a monthly inspection safety checklist for the Crisis Mobile Unit.
- Pre-Program
  - Compliance Specialist reviewed 30 quarterlies and 9 Individual Service Plans (ISPs) for ID/DD Residential Programs during the month of November.

Feedback related to any discrepancies notes was provided to the group home supervisor and assistant coordinators.

### **Trainings/Meetings**

- The Compliance team conducted a training on November 13<sup>th</sup> for developing Corrective Action Plans that meet DBHDS criteria when responding to Licensing Reports.
- The Compliance team conducted “Incident Report 102” training with 16 programs in November with a focus on improving details and timeline narratives in reports.
- The Compliance team conducted a 2-day Person Centered Training in November and scheduled 4 additional in person trainings for the agency for 2026.

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

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

- Mental Health Residential: River Place
- Mental Health Child and Adolescent: Caroline

### **Mental Health Residential: River Place**

There were three staff members responsible for the selected charts.

Findings for the four open charts and two closed charts reviewed for Mental Health Residential: River Place were as follows:

- Four charts were reviewed for Assessment compliance:
  - **No discrepancies noted with Assessments.**
- Four charts were reviewed for Individual Service Plan compliance:
  - **No discrepancies noted with Service Plans.**
- Four charts were reviewed for Quarterly Review compliance:
  - **No discrepancies noted with Quarterly Reviews.**
- Four charts were reviewed for Progress Note compliance:
  - **Discrepancies noted with Progress Notes:**
    - Four charts contained notes that were completed more than 24 hours late.
- Four charts were reviewed for medical documentation compliance:
  - **Discrepancies noted with Medical Documentation.**
    - Four charts were missing medication administration records (MAR) for at least one of the months audited.
- Four 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 Residential: River Place from previous audits to the current audits, the average score decreased from 91 to a 74 on a 100-point scale.

### **Corrective Action Plan:**

#### **Corrections made to correct the current discrepancies**

- It was discovered that the residential specialist of River Place scanned the MARs to his computer, but did not upload them into Avatar. Missing MARs were scanned into Avatar for all 4 individuals on November 18th, 2025. Responsible Lafayette Boarding House staff were educated and advised in a staff meeting on 11/21/2025 to have the MARs ready to be scanned into Avatar by the close of business day by the 1<sup>st</sup> of each month, and will be scanned in by the assigned overnight staff by the 5<sup>th</sup> of each month, per MH Residential policy. The program manager will assign the overnight staff the task of scanning in the MAR's once they are reviewed.
- The Liberty Street and River Place residential specialist that is assigned to the charts will scan them in during his shift by the end of COB on the 5<sup>th</sup> of each month. This was reviewed with the responsible residential specialist during 1:1 supervision on Tuesday, November 25, 2025.
- During the Lafayette staff meeting on November 18 and during 1:1 supervision on November 25, the responsible staff were reminded about the required due date for scanning in monthly MAR's and prescriptions by the 5<sup>th</sup> of each month. The program manager will review the charts on the 6<sup>th</sup> of each month, or next business day, to ensure they have been scanned in, and will notify the responsible staff if anything is missing.
- MH Residential Assistant Coordinator completes random internal audits each month and will closely check the dates of the MAR's to make sure they are scanned in by the 5<sup>th</sup> of the month.
- MARs were scanned into Avatar for all 4 individuals on November 18th, 2025. Staff meeting was held at Lafayette Boarding House on November 21, 2025, and 1:1 supervision was held on November 25 to discuss the audit findings and review the policy with the responsible staff. Monitoring will begin December 6 and will be ongoing.
- Program Manager of Lafayette, River Place and Liberty Street. Monitoring by the MH Residential Coordinator and Assistant Coordinator.
- The Lafayette Boarding House staff meeting on November 18th, 2025 included discussion regarding the requirement for notes to be submitted by the end of each shift, but no later than 24 business hours. This will also be reviewed during December 1:1 supervision.
- The manager of Lafayette, River Place, and Liberty Street Apartments will review weekly Avatar reports to monitor late note entries to monitor staff notes and discuss during staff supervision. Corrective action will include counseling memos and standard of conduct violations for ongoing discrepancies.
- Staff meeting discussion on November 18 with ongoing monitoring.
- Program Manager of Lafayette, River Place and Liberty Street.

### **Mental Health Child and Adolescent: Caroline**

There were three staff members responsible for the selected charts.

Findings for the seven open charts and one closed chart reviewed for Mental Health Child and Adolescent: Caroline were as follows:

- Seven charts were reviewed for Assessment compliance:
  - **Discrepancies noted with Assessments.**
    - Once chart was missing a Daily Living Activities (DLA-20)
- Seven charts were reviewed for Individual Service Plan compliance:
  - **No discrepancies noted with Individual Service Plans:**
- Seven charts were reviewed for Quarterly Review compliance:
  - **Discrepancies noted with Quarterly Reviews:**
    - Two quarterly reviews were completed outside of the 30-day licensing grace period.
- Seven charts were reviewed for Progress Notes compliance:
  - **No discrepancies noted with Progress Notes.**
- Seven charts were reviewed for General Documentation compliance:
  - **Discrepancies noted with General Documentation.**
    - One chart contained expired releases.
- One chart was reviewed for Discharge compliance:
  - **No discrepancies noted with Discharge.**

**Comparative Information:**

In comparing the audit reviews of Mental Health Child and Adolescent from previous audits to the current audits, the average score decreased from 97 to a 92 on a 100-point scale.

**Corrective Action Plan:**

- Staff will be reminded to complete the DLA-20 at admission, every six months and at discharge to be reviewed at 12/5/25 staff meeting and during peer audits.
- Staff will be advised to complete the quarterly by the due date even if they have been unable to schedule to meet with the child and guardian prior to the date. Child and adolescent case managers typically meet with the child and guardian to review the quarterly prior to finalizing the document to ensure their participation and input into the quarterly review but will be advised to finalize the document if unable to schedule prior to the due date and/or the 30-day grace period at the 12/5/25 staff meeting.
- Current releases are required to be in the chart, releases are good for 1 year unless indicated. Staff had updated signed releases at the time of the annual review but did not scan the releases into the chart. These were scanned into the chart once discovered 11/19/25. Staff will be reminded to scan in all documents in the chart when they receive them. Current release will be reviewed during peer audits.
- Child and Adolescent Supervisor, Senior Case Managers and Case Managers

MEMORANDUM

**To:** Joe Wickens, Executive Director  
**From:** Stephanie Terrell, Director of Compliance  
**Date:** December 2, 2025  
**Re:** Licensing Reports

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

Rappahannock Area Community Services Board (RACSB) received approval for 3 CAPs during the month of November. One of the CAPS related to a founded allegation of neglect attributed to program staff not having assessed and mitigated potential risks for a guest that experienced 2 falls during her stay at a program (Crisis Stabilization/Sunshine Lady House). The other 2 CAPs related to late incident reports (Emergency Services and Compliance).

The attached CAPs provide additional details regarding the citations and RACSB's responses.

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

License #: 101-01-019  
Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 10-26-2025  
Program Type/Facility Name: 01-019 CrisisStab/Sunshine Lady House

<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	CrisisStab/Sunshine Lady House 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	CrisisStab/Sunshine Lady House  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 reported that Individual 1 fell in the shower on September 27, 2025, due to the shower mat being caught under the shower chair. • Individual 1 reported that Individual 1 fell on September 29, 2025 due to the bedroom rug not having rubber backing on the bottom which caused the rug to move and Individual 1 to slip and fall. • The provider determined that staff did not perform proper inspection of equipment once they were aware that Individual 1 sustained a fall prior to and during Individual 1's stay at the services setting.	PR) 11/05/2025  PR:  SLH employees will remain current regarding training and policies that pertains to human rights as annually assigned by the agency Coordinator will review the specific code section and violation with employees during next staff meeting scheduled for November 18, 2025 The Nurse Manager and Lead Nurse will identify a falls risk assessment tool that can be administered to individuals at SLH. This tool provide for increased screening for individuals that are at risk. The Nurse Manager and Lead Nurse will train staff on how to administer the new risk assessment tool, how to complete a falls risk plan and what are the potential fall hazards for an identified falls risk individual at the next staff meeting on November 18, 2025. A falls risk plan will be completed by nursing staff at the time an individual is identified as a falls risk. If nursing staff is unavailable, another trained staff member will complete the plan. The overnight staff will complete a walk thru nightly of the common areas to determine if there	11/18/2025 00:00:00

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

License #: 101-01-019

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 10-26-2025

Program Type/Facility Name: 01-019 CrisisStab/Sunshine Lady House

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
			<p>are any risk factors for possible falls. Their report will be documented in the shift report. Overnight staff will QA charts to ensure a falls risk plan is in place for individuals that have been identified, an update to plans have been completed should someone fall in the program and a note has been completed by staff for their efforts. This will be a part of the QA checklist and communicated in the communication log. Coordinator and Assistant Coordinator will be responsible reviewing tools administered, falls risk plans as well as plan updates and shift reports regarding nightly checks. Lead Specialist will conduct a check for safety risk when completing the monthly facility checklist. Coordinator and Assistant will review the checklist at completion.</p> <p>OHR/OLR) Accepted 11/12/2025</p>	

**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**

License #: 101-07-006  
Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 10-27-2025  
Program Type/Facility Name: 07-006 CIT Drop Off Location

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-105-160. D. (2) - The provider shall collect, maintain, and report or make available to the department the following information: 2. Level II and Level III serious incidents shall be reported using the department's web-based reporting application and by telephone or email to anyone designated by the individual to receive such notice and to the individual's authorized representative within 24 hours of discovery. Reported information shall include the information specified by the department as required in its web-based reporting application, but at least the following: the date, place, and circumstances of the serious incident. For serious injuries and deaths, the reported information shall also include the nature of the individual's injuries or circumstances of the	NS	<p>CIT Drop Off Location This regulation was NOT MET (SYSTEMIC) as evidenced by:</p> <p>CHRIS Number: 20250367 Date/Time of Discover: 10/12/2025 8:40PM Enter Date/Time: 10/14/2025 10:06AM Reporting Delay: 13:26:00 Location Name: CIT Drop Off Location</p> <p>Note: As this is provider's second step in the Progressive Citation Cycle for the same regulation within a one-year period, measured on a rolling basis, provider has demonstrated systemic noncompliance. Provider was previously cited for late reporting</p> <ul style="list-style-type: none"> <li>The first citation was issued on 7/30/25 and is now non-compliant.</li> </ul>	<p>PR) 10/28/2025</p> <p>PR: On 10/14/25, the Compliance team and IT team contacted the vendor of our electronic Incident Reporting software to report a glitch in the system that caused this reported incident not to post to the server well over the 24-hour deadline. Compliance team members already monitor incoming incident reports daily, but now are also monitoring for any further timeline anomalies/glitches of this nature to ensure problems can be reported to the software vendor immediately for rectification.</p> <p>Moving forward, incident reports will be entered into the CHRIS System within the 24-hour deadline.</p> <p>An annual e-learning course on incident reporting will continue to be assigned to all program staff annually to ensure continued understanding of expected protocols and deadlines for submitting incident reports program and agency wide.</p> <p>Monitoring and oversight of timeliness for incident reporting protocols and timeline expectations will be provided by program supervisors.</p> <p>Systematically, RACSB Compliance team will monitor for incidents and timeliness of reports on a daily basis for all programs to ensure Level II and Level III incidents are entered in a timely fashion into the CHRIS system. Again, any systematic issues with vendor software will be reported immediately for resolution in order to ensure deadlines are met.</p> <p>OLR) Accepted 11/14/2025</p>	10/28/2025

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

License #: 101-07-006

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 10-27-2025

Program Type/Facility Name: 07-006 CIT Drop Off Location

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
death and any treatment received. For all other Level II and Level III serious incidents, the reported information shall also include the consequences that resulted from the serious incident. Deaths that occur in a hospital as a result of illness or injury occurring when the individual was in a licensed service shall be reported.				

**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.

\_\_\_\_\_  
Lakesha Steele, Incident Management  
Unit

\_\_\_\_\_  
(Signature of Organization Representative)

\_\_\_\_\_  
Date

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

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

License #: **101-07-003**  
Organization Name: **Rappahannock Area Community Services Board**

Date of Inspection: **10-01-2025**  
Program Type/Facility Name: **07-003 Fredericksburg Clinic**

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-105-160. D. (2) - The provider shall collect, maintain, and report or make available to the department the following information: 2. Level II and Level III serious incidents shall be reported using the department's web-based reporting application and by telephone or email to anyone designated by the individual to receive such notice and to the individual's authorized representative within 24 hours of discovery. Reported information shall include the information specified by the department as required in its web-based reporting application, but at least the following: the date, place, and circumstances of the serious incident. For serious injuries and deaths, the reported information shall also include the nature of the individual's injuries or circumstances of the	NS	<p>Fredericksburg Clinic This regulation was NOT MET (SYSTEMIC) as evidenced by:</p> <p>CHRIS Number: 20250321 Date/Time of Discover: 09/16/2025 2:40AM Enter Date/Time: 09/17/2025 9:31AM Reporting Delay: 6:51:00 Location Name: Fredericksburg Clinic</p> <p>CHRIS Number: 20250332 Date/Time of Discover: 09/22/2025 7:00PM Enter Date/Time: 09/24/2025 10:04AM Reporting Delay: 15:4:00 Location Name: Fredericksburg Clinic</p> <p>Note: As this is provider's second step in the Progressive Citation Cycle for the same regulation within a one-year period, measured on a rolling basis, provider has demonstrated systemic noncompliance. Provider was previously cited for late reporting</p> <ul style="list-style-type: none"> <li>• The first citation was issued on 2/13/25 and is now non-compliant.</li> </ul>	<p>PR) 10/22/2025</p> <p>The ES Coordinator completed documented supervision with the staff responsible for the late report on 10/8 to coach on IR timelines.</p> <p>The ES Coordinator will review that IR training is completed for all new hires within the first 30 days of being hired as part of onboarding. Training will be tracked through the agency's online learning platform Relias. Additionally, all existing staff will receive a refresher training by 11/15/25 hosted by the Compliance Department.</p> <p>ES Coordinator will review Relias to track to ensure trainings are complete every month. The ES Coordinator will monitor input of incident reports daily to ensure timeliness.</p> <p>OLR) Accepted 11/07/2025</p>	11/15/2025

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

License #: **101-07-003**  
Organization Name: **Rappahannock Area Community Services Board**

Date of Inspection: **10-01-2025**  
Program Type/Facility Name: **07-003 Fredericksburg Clinic**

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
death and any treatment received. For all other Level II and Level III serious incidents, the reported information shall also include the consequences that resulted from the serious incident. Deaths that occur in a hospital as a result of illness or injury occurring when the individual was in a licensed service shall be reported.				

**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.

\_\_\_\_\_  
Lakesha Steele, Incident Management  
Unit

\_\_\_\_\_  
(Signature of Organization Representative)

\_\_\_\_\_  
Date

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

Communications Update, December 2025

RACSB was present at these community events:

- Nov. 9, FredNats Salute to Veterans 5K & Bravo Mile, Nicole Bassing
- Nov. 14, Caroline High School Career Day, HR team
- Nov. 22, AFSP Survivor Day 2025, Megan Hartshorn
- Nov. 24, Stafford Chart Your Future Expo, HR Team
- Nov. 25, Presented to a psychology class at UMW, Cara Diggins
- Dec. 1, Resources for First-Time Parents at CRRL, PEID team
- Dec. 2, Presentation to Germanna marketing class, Amy Umble

Additionally, RAAI held its annual holiday plant sale.

Additional communications information:

- 68 social media posts in September
- Two blog posts: Navigating Holidays When Relationships are Strained and Gratitude and Mental Health
- One edition of Inside RACSB
- Two Spark news posts
- 21 Engage posts
- Employee engagement initiatives: Hope for the Holidays, Employee Appreciation and Spirit Month
- Created two new webpages: One on the strategic plan and one that reports on FY25.

# RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD

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

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## Sparking Hope

In Fiscal Year 2025, Rappahannock Area Community Services Board remained focused on what matters most—showing up for our community.

Despite ongoing workforce challenges, rising service demands, and a complex behavioral health landscape, our team continued to deliver essential, life-changing care. We served **20,609 individuals** across our programs—children, adults, and families who relied on us for support, stability, and hope.

Thanks to dedicated HopeStarters and strong community partnerships, we bolstered programs and expanded access to make a difference in the lives of the individuals we serve.

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

RappahannockAreaCSB.org



Strategic Plan:

## Moving Forward

Every journey needs a map—and this Strategic Plan serves as ours for the next three years, guiding how we'll grow, improve, and continue serving our community with compassion and excellence.

Grounded in our mission to support the education, recovery, treatment, and wellness of Planning District 16 residents, the plan keeps us focused as we face new challenges and expand our services.



## Our Destination

Our vision—**Spark Hope. Support Hope. Spread Hope.**—is the destination we're traveling toward. Along the way, our values of **Inclusion, Collaboration, Integrity, Resilience, Excellence and Innovation** serve as guideposts that keep us on track.

As we follow this road map together, we'll celebrate milestones, adjust our route when needed, and stay focused on what matters most: providing compassionate, personalized, quality care to every person and family who needs us.

[Read the Strategic Plan](#)

## Blog Posts

### Gratitude and Mental Health

These days, it seems like we're all feeling a bit stressed, worried, or uncertain. And those thoughts can overwhelm us and overshadow the good parts of our lives.

But there's a simple practice—rooted in both science and everyday experience—that can help bring calm, clarity, and resilience: gratitude.

More than merely saying “thank you,” gratitude is a mindset that encourages us to notice the good things around us, to recognize moments of kindness, and to appreciate the people and experiences that enrich our lives.

And while it seems simple—maybe a bit “fluffy”—gratitude actually has a big impact on our well-being, both mental and physical.

And [research overwhelmingly](#) shows a connection between [gratitude and health](#).

In [“Giving thanks can make you happier.”](#) a post on Harvard Medical School's blog, the writers discuss research that shows that gratitude can fuel optimism and benevolence. But expressing thanks also led to people exercising more and requiring fewer doctors' visits.

[Other research](#) has shown that gratitude can improve sleep, lower blood pressure, and decrease symptoms of depression.

### ***How can gratitude impact mental health?***

Our brains are wired to watch for threats and stressors. Gratitude works like a gentle counterbalance, helping us notice what's going right—not just what's going wrong. Over time, this shift can reduce rumination and help us feel more grounded.

When we practice gratitude regularly, we become better equipped to handle challenges.

Recognizing moments of joy, support, or progress—even small ones—helps remind us that difficult times don't define our entire story.

Research shows that gratitude can increase feelings of happiness and reduce symptoms of anxiety and depression. It can also lower stress hormones and promote a greater sense of overall well-being.

Expressing gratitude strengthens relationships. A simple note, text, or “thank you” can increase feelings of connection and trust. And, healthy relationships are key to developing [resilience](#).

### ***How can gratitude help your recovery journey?***

For individuals living with mental illness and/or substance use disorders, gratitude can offer a moment of calm and a sense of possibility. It doesn't replace treatment or support, but it can complement them—helping people reconnect with hope.

And as a community, practicing gratitude helps strengthen the threads that connect us.

### ***How can you develop gratitude?***

Gratitude itself is simple, but developing the habit will take a bit of work. Some small, consistent actions will help:

- Notice one good thing each day. This doesn't have to be anything major—a cuddly blanket or warm mug of coffee, a smile from a stranger, or a chat with a friend. Just pay attention and look for one good thing. You'll often find that when you're looking for one positive thing, you find many more.

# RAPPAHANNOCK AREA

COMMUNITY SERVICES BOARD

- Tell someone you appreciate them and why. It's always nice to hear that we matter to someone. Be sincere in your appreciation, but it doesn't take big gestures. A simple, "Thank you for listening to me" or "I appreciate how you're always willing to help" can go a long way.
- Create a gratitude jar. Each day, write down one thing you're grateful for, fold the slip of paper, and place it in a jar. This will give you a visual reminder to notice one good thing each day. And, when you're having a bad day, you'll have a jar filled with reminders of all the times things work out.
- Are you on social media? Challenge yourself to post about the people you appreciate and let everyone know why they mean a lot to you.
- Keep a gratitude journal. This habit has been shown to improve mental health, and it gives you a record of the good things you've experienced. [Download a simple journaling page](#) you can use everyday. Or use your regular journal or notebook and use these simple prompts:
  - What are three things that made you smile today?
  - What small moment brought you joy?
  - Who are three people that make you feel happy?
  - Think of someone you find challenging. What are three qualities that you appreciate in them?
  - What is your happiest memory?
  - What is your favorite song?
  - Look around you and name one thing you see that you're grateful for.
  - What's the best advice you've ever received?
  - What accomplishment are you proud to have achieved?
  - What challenge have you overcome recently?
  - Who makes you smile?
  - What do you love about where you live?

### *Try This: A 3-Minute Gratitude Reset*

**1. Pause for 60 seconds.**

Take a slow breath. Notice something around you that brings even a small sense of comfort—sunlight, a favorite mug, a quiet moment.

**2. Think of one person who made your day easier.**

It could be a coworker, a family member, or even someone who held the door. Silently thank them or send a quick message of appreciation.

**3. Recall one small win from today.**

Did you finish a task, get somewhere on time, or take a moment for yourself? Acknowledge it.

**4. Carry one feeling forward.**

Choose a word that captures how you want the rest of your day to feel—*steady, hopeful, calm, or connected.*

### **Navigating Holidays When Relationships Are Strained**

For many, Thanksgiving and the winter holidays are a time of warmth, tradition, and connection. The holidays, especially Thanksgiving, are often portrayed as a time of perfect togetherness.

But if you're living with a mental illness or substance use disorder—and especially if those struggles have strained or damaged family relationships—this time of year can feel complicated.

And, all too often, isolating.

Advertisements and social media posts showcasing cheerful celebrations can make it feel as if everyone else has a rosy family life.

You're not alone.

And you're not failing. Holiday challenges don't mean you're doing something wrong. They simply mean you're human. And, you're doing your best in a season that asks a lot of us emotionally.

Here are a few ideas for easing the stresses and strains of the season:

### **Validate Your Feelings**

Ignoring your emotions or stuffing them down may seem like the way to make it through the holiday season with your cheer intact. You may tell yourself that you'll deal with your emotions later, after everything calms down. But that will only cause more pain.

It's OK to not feel cheerful this time of year. And it's much more common than you think. It's important that you don't beat yourself up for your emotions.

Be gentle with yourself. Allow yourself to experience the season without judgment. Naming your feelings—even the uncomfortable ones—can make them easier to manage.

You may feel sad or angry about the family you wish you had or traditions that are no longer possible. This is completely normal.

### **Set Your Boundaries**

Boundaries are not walls; they are guardrails that protect your recovery and peace of mind.

During the holidays, clear boundaries are crucial. Beforehand, think about what you need to feel safe, supported, and respected.

This could mean that you decline some invitations, avoid certain conversations, leave events early, or bring a trusted friend along.

Do not feel obligated to attend an event that jeopardizes your mental health or sobriety. If you do attend an event, make an escape plan ahead of time by planning what you'll do if you feel overwhelmed. That could be finding a space to be alone or leaving the event. If your exit plan involves you leaving early, make sure you have your own transportation.

You are also not obligated to participate in conversations that make you feel uncomfortable. You do not have to debate, defend, or explain your recovery or mental health status. And you don't have to answer intrusive questions. It's OK to say, "That's not something I want to talk about right now." Or, decide in advance on a neutral, non-committal answer to questions you think will arise.

If your relationship with family is fragile, clear boundaries can actually support healing by preventing old patterns from resurfacing.

And remember—you don't have to justify your boundaries. A simple "I'm not able to do that this year" is enough.

### **Prepare for Your Triggers**

Holidays can bring up plenty of old memories and/or relationships. Sometimes we find ourselves falling automatically into roles others have created for us. And, even the people and places we love can feel triggering.

Prepare ahead of time and decide on some coping skills in advance.

Some ideas to keep in your resilience toolbox:

- Choose a [grounding technique](#) that helps you. Here are a few of my favorites:
  - Count backwards from 100
  - Focus on three things you can see, hear and touch.
  - Plan a positive affirmation in advance and recite it mentally whenever you need it.
  - Imagine your happy place.
  - Suck on a sour hard candy.
  - Do a simple stretch of your body.

- Practice some [deep breathing exercises](#) before you go, and try them when you feel your anxiety rise. One that is simple to remember is box breathing: Breathe in for four counts, hold for four counts, exhale for four counts, and then hold again for four counts.
- Bring a comfort item or distraction.
- Plan ahead for cravings. Is there a substitute you can prepare in advance?
- Think of someone to text or call if you need support.
- Give yourself permission to take short breaks or step outside.

### **Choose Your Healthy Holiday**

Holidays don't have to be celebrated the same way each year, especially if those traditions, people, or events don't bring you peace.

Ask yourself which situations and people feel safe to you. What traditions are meaningful?

Which traditions don't matter to you? What expectations can you let go of?

If your traditional family gathering feels unsafe or impossible, create a new experience. Some ideas for making Thanksgiving a positive time for you if you need to change things up:

- Hold a Friendsgiving event with the people who understand and support you unconditionally.
- Spend the day volunteering.
- Dedicate the day to self-care: a long hike, a good book, a spa day, a home movie marathon, a cherished hobby, etc.

### **Build Your Own Connections**

If being with relatives isn't safe or possible, you still deserve companionship and belonging.

Family can mean:

- friends
- recovery groups
- chosen family

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- faith communities
- neighbors
- support networks

You can create new traditions that nourish your recovery and reflect the life you're building.

## **You deserve peace, connection, and hope.**

No matter what your relationships look like, you are worthy of love and belonging. The holidays don't have to be perfect, and you don't have to meet anyone else's expectations.

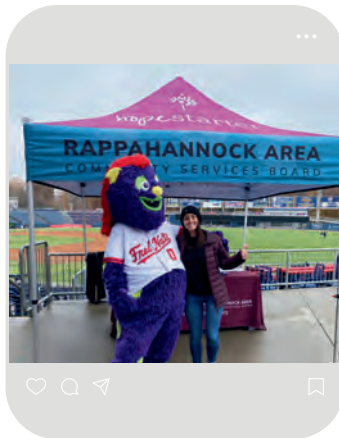
# Social Media Performance Overview

December 2025

## • Summary Metrics

Total Followers:	477	Impressions:	3,207
Posts:	22	Reactions:	126

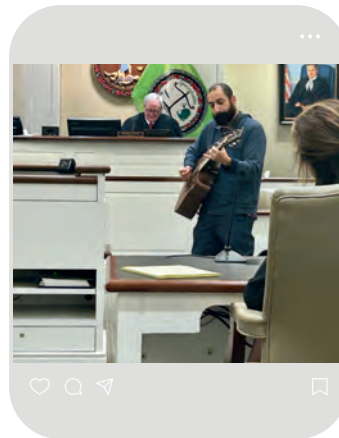
## • Top-Performing Content: Instagram



Engagement: 17  
 Likes: 17  
 Views: 189

### Analysis

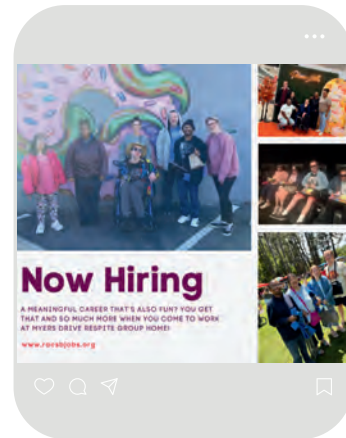
Photo of employee- and of Gus, veterans docket and community partnerships, 1 emoji, carousel post with four photos



Engagement: 16  
 Likes: 14  
 Views: 184

### Analysis

Employee who is popular in community, Behavioral Health Docket and community partnerships, 1 emoji



Engagement: 16  
 Likes: 11  
 Views: 196

### Analysis

Photos of staff and individuals and of community places, recruiting post, shared 5 times, 1 emoji and 5 hashtags

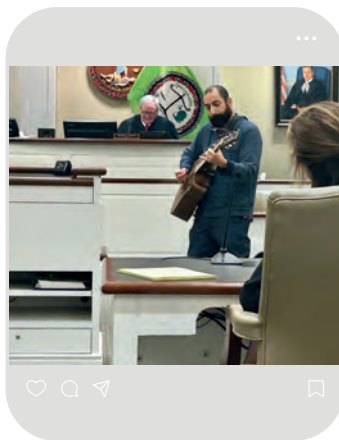
# Social Media Performance Overview

December 2025

## • Summary Metrics

Total Followers:	3,218	Impressions:	53,285
Posts:	29	Reactions:	651

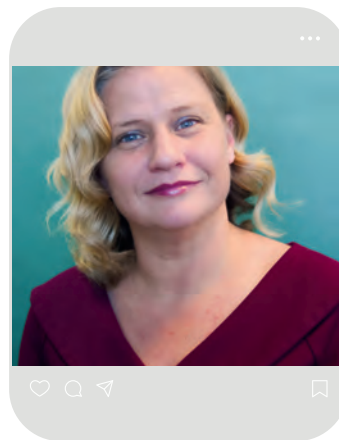
## • Top-Performing Content: Facebook



Engagement: 775  
 Likes: 119  
 Views: 9,966

### Analysis

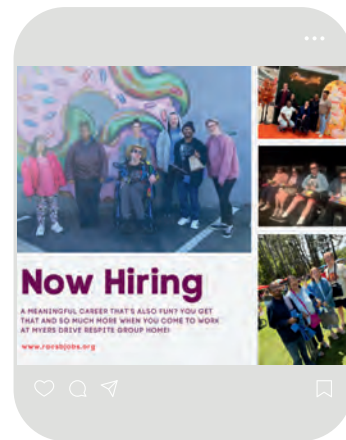
Photo of employee who is popular in community, behavioral health docket and community partnerships, employee comments and shares, 1 emoji



Engagement: 568  
 Likes: 127  
 Views: 8,122

### Analysis

Big announcement, lots of employee comments and shares, well-known employee, timely and newsworthy



Engagement: 485  
 Likes: 26  
 Views: 7,494

### Analysis

Photos of staff and individuals, recruitment post, shared 26 times, 5 hashtags, link

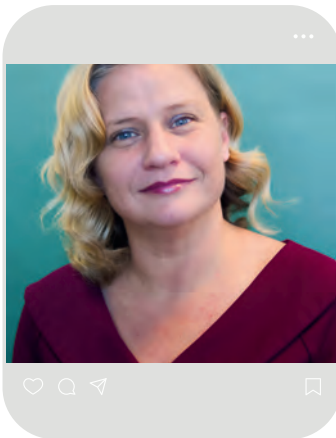
# Social Media Performance Overview

December 2025

## • Summary Metrics

Total Followers:	794	Impressions:	2,886
Posts:	18	Reactions:	134

## • Top-Performing Content: LinkedIn



Engagement: 148  
 Likes: 62  
 Impressions: 1,199

### Analysis

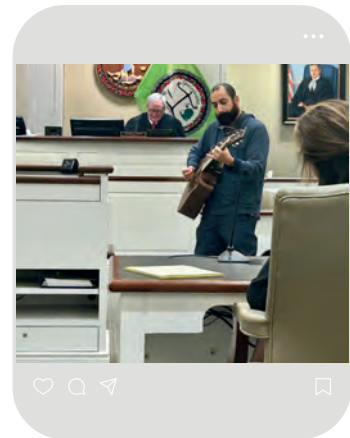
Important announcement, timely and newsworthy, tagged Brandie Williams, who is very active on LinkedIn and well-known in community



Engagement: 201  
 Likes: 20  
 Impressions: 366

### Analysis

Photos of staff, spirit day, some of the employees pictured are very active on LinkedIn, 2 emojis, staff reposted



Engagement: 37  
 Likes: 11  
 Impressions: 151

### Analysis

Popular staff member, behavioral health docket, 1 emoji, unusual and heartfelt event



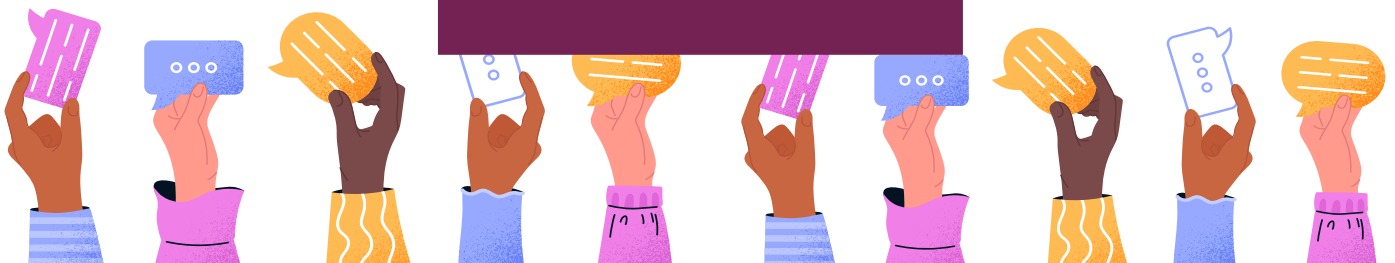
# *Hello there,* **HopeStarter**

## We Want to Hear From You!

Take our Employee Engagement Survey: Tell us about the challenges you face, the things that help you flourish, and the ways we can grow as an agency.



Scan here to take  
the survey.



# EXPLORERS WANTED

This Isn't Just a Job—It's  
Adventure!

Working at Myers Drive  
Respite Group Home, your day  
won't be spent behind a desk.  
It will be spent laughing,  
exploring, and helping adults  
with disabilities live their  
fullest lives.

We're looking for Direct  
Support Professionals to help  
individuals explore local parks,  
enjoy community events, learn  
new skills, and celebrate every  
victory, big or small.

Apply today:



# 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 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:



**RAPPANNOCK AREA**  
COMMUNITY SERVICES BOARD



# Prevention and Early Intervention Services Program Updates

**Michelle Wagaman, Director**

**December 2025**

mwigaman@rappahannockareacsb.org

540-374-3337, ext. 7520

## Top 5 for December:

1. Caroline High School implemented Teen Mental Health First Aid for one of their 10<sup>th</sup> grade PE teacher classes. A total of 124 students completed the course. The training will be implemented for the second PE teacher classes in April 2026.
2. The Community Collaborative for Youth and Families, our local prevention coalition, is hosting a holiday service project at RACSB at River Club on December 12. Our goal is to assemble 30 Jared Boxes for children in one of our three hospitals.
3. Healthy Families Rappahannock Area is hosting a holiday party for families served on December 13. They've partnered with Toys for Tots to provide presents. Additionally, Early Intervention Case Managers are hosting a sensory friendly Photos with Santa event on December 15.
4. DBHDS released the annual report for the State Epidemiological Outcomes Workgroup (SEOW; included).
5. Prevention Services has created the 2026 community training schedule (included).

## Mid-Year Training Results (July 1 through December 5, 2025)

Training/Curriculum	Number of Trainings	Number of Participants
Alcohol Prevention Presentation	3	80
ACE Interface – Understanding Adverse Childhood Experiences*	5	86
ASIST (Applied Suicide Intervention Skills Training)	2	31
Cannabis Prevention Presentation	3	90
Community Resilience Initiative Course 1 and Course 2	3	29
HALO (Healthy Alternatives for Little Ones) – resume 2026	0	0
Lock and Talk*	2	32
Mental Health First Aid – Adult*	7	164
Mental Health First Aid – Youth	4	93
Mental Health First Aid - teen	2 schools	309
REVIVE (921 boxes of Narcan dispensed)*	46	973
safeTALK	2	22
Second Step Bully Prevention (3 <sup>rd</sup> , 4 <sup>th</sup> , 5 <sup>th</sup> grades)	3 schools	1,070
Second Step	2 preschools	45
Too Good For Drugs	1	24
Vaping Prevention Presentation	14	480
	<b>Total:</b>	<b>3,528</b>

\*Additional training scheduled after time of report

## Parent Education – Infant Development Program

There are currently 538 (increase from 518 reported prior month) children enrolled in the program receiving a combination of services to include service coordination, speech therapy, physical therapy, occupational therapy and educational developmental services. We are scheduling 16 consistent assessments per week. We had 69 referrals in November (compared 49 in November 2024).

Congratulations to Anne Longenecker, Special Educator, on her upcoming retirement in February 2026. Anne has been with RACSB for 26 years.

## 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: CoCoA Steering committee meeting November 9 as chair; Virginia Developmental Disabilities Leadership meeting November 17; VACSB Public Policy committee meeting November 19; and Rappahannock Area Interagency Coordinating Council meeting November 20.

Megan McCall, Case Manager, Crystal Vial, Physical Therapist, and Amber Curtiss, Speech Language Pathologist, represented early intervention at Caroline County Public Schools career day November 7.

Janelle Kellington, Case Manager, hosted an information table at a “First Time Parents” event on December 1 at Salem Church Library sponsored by the Central Rappahannock Regional Library.

Infant Case Managers received 69 referrals in the month of November, 42 of them in the last 8 working days of the month!

The Infant Case Management team is planning a Photos with Santa event for families on December 15. It will be held at the River Club Office.



Please Join Us

### Photos with Santa



December 15, 2025

10:00-12:00

10825 Tidewater Trail

Fredericksburg, VA 22408

Bring your camera and your family and get individual & private photos with Santa. Wait for your turn while coloring or enjoying hot chocolate and avoid the mall crowds and lines!

**RSVP Required by December 12, 2025**

Scheduled time slots are available in 15-minute increments and your family **must sign up** for a specific time slot!

804-385-5713 voice or text



Division of Community-Based Development Programs  
Office of Rappahannock Area Councils on Aging, Family  
4500 Oak Drive, Fredericksburg, VA 22405  
(804) 372-1561 or (877) 288-4100



## Substance Abuse Prevention

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

**Youth Education/Evidence Based Curriculum** – Jennifer Bateman, Prevention Specialist, will complete 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 this month. Year 3 facilitation of the Second Step Bully Prevention curriculum for the elementary grade levels 3-5 within Caroline County Public Schools is now complete.

**Coalitions** – The Community Collaborative for Youth and Families is meeting December 12, 2025 where participants will complete a service project to assemble Jared Boxes for children experiencing hospitalization. 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. This month staff attended virtual refresher trainings on the POST platform and audit tool.

**Alcohol and Vaping Prevention Education** – Jennifer Bateman, Prevention Specialist, continues scheduling for the new academic year with increased outreach to middle schools. Presentations have been complete for classes at Courtland High School and Chancellor High School in Spotsylvania County (11 classes/blocks).

## 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 curriculum has been updated and the new versions will be implemented beginning in 2026.

**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.

Our remaining Adult Mental Health First Aid training scheduled for December 9 is at capacity (30) with a wait list (5).

Mental Health First Aid in Spanish training scheduled for November 13 was cancelled due to not meeting the minimum number of needed registrations. Plans for additional outreach to Spanish-speaking communities is planned for 2026.

The Youth Mental Health First Aid training held December 2 went well with 13 participants (of 22 registered).

**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 was held November 17 with 11 participants (from 19 registered).

**Lock and Talk Virginia** – Region 1 is developing a Lock and Talk Virginia suicide specific training. We hope to launch this new curriculum in early 2026.

**Suicide Prevention Coalition** – The subgroups formed to address focus areas of teens/young adults; older adults; and first responders/veterans continue to meet and identify goals. The next coalition meeting will be held virtually December 15 at 1:00 p.m. Planning is underway for 2026 which will include hosting a full day workshop on post-vention (community response following suicide death; March 12) and crisis intercept mapping for the SMVF population (February 20-21).

## **State Opioid Response (SOR)**

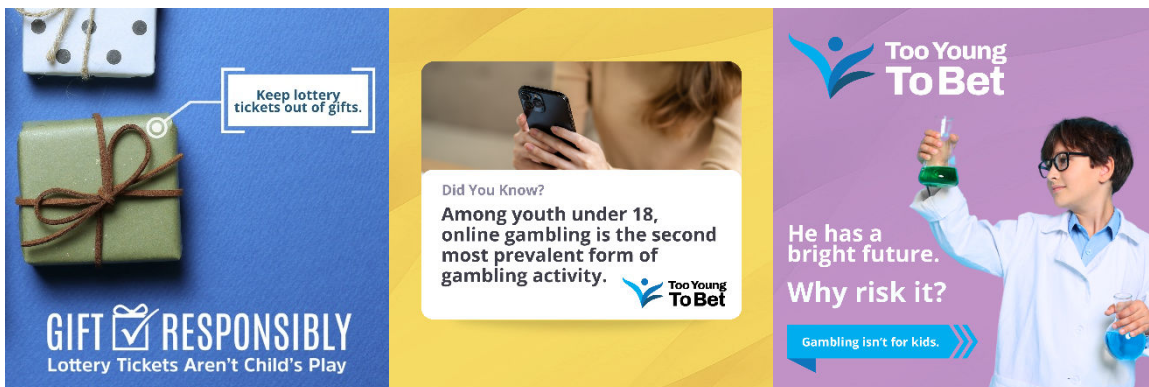
RACSB Prevention Services is actively engaged with community partners to address the opioid response in the areas of prevention, harm reduction, treatment, and recovery.

**Coalitions** – The Opioid Workgroup meets monthly and is an interdisciplinary professional group. Plans for 2026 are underway to update the group mission and vision.

**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.

## Additional Initiatives

**Responsible Gaming and Gambling** – RACSB is participating in the 2025 Gift Responsibly Campaign which reminds adults that lottery tickets are not appropriate (and illegal) for those under age 18. We also plan to utilize the new Too Young to Bet social media campaign.



**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 second book club did not go as well as the first. Attendance was not sustained and a survey is being administered to gather feedback for future potential readings.

RACSB Prevention is part of the Trauma Informed Care Workgroup under the Criminal Justice Reform Alliance. The group will host 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).

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

## Healthy Families Rappahannock Area

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

### November 2025

LOCALITY	NUMBER OF REFERRALS	ASSESSMENTS	NUMBER OF FAMILIES RECEIVING HOME VISITS	NEW ENROLLEES YEAR-TO-DATE
CAROLINE COUNTY	0	0	6	2
CITY OF FREDERICKSBURG	6	3	33	9
KING GEORGE COUNTY	1	0	6	0
SPOTSYLVANIA COUNTY	15	12	56	12
STAFFORD COUNTY	1	3	40	7
OUT OF AREA (REFERRED TO OTHER HF SITES)	0	0	0	0
<b>TOTAL</b>	<b>23</b>	<b>18</b>	<b>141</b>	<b>30</b>

- Caseload numbers are lower due to a Family Support Specialist being on leave for an extended period. Seven Families did not want to receive services from another FSS; the program was able to retain all others on her caseload.
- Completed our Virtual Site Visit for VDSS TANF. (Separate agenda item)
- Pending Board approval, the program submitted a grant application to VDH for the establishment of a Perinatal Health Hub. (Separate agenda item)
- HFRA participated in the Giving Tuesday Campaign.
- HFRA will be hosting their annual Holiday Party on December 13 at Zion of Fredericksburg. Carter Bank and Trust is providing “Cookie Cutters” to go with the cookie mix in support of the program initiative to encourage families in “Making Memories.” We will also be receiving donations from Toys for Tots and Sunshine Volunteers.

December 2025



# Healthy Families Rappahannock Area Newsletter



## The Power of Creating Lasting Memories.

Holiday memories are not built in grand gestures alone. They form in the quiet, ordinary moments — the warmth of a shared meal, the laughter over a burned batch of cookies, the familiar sound of a favorite song playing in the background. These small experiences, repeated over time, become part of the stories families carry from one generation to the next.

For children, especially, the holidays create a sense of magic that shapes their understanding of love, connection, and belonging. Simple traditions like decorating a tree together, reading a special story before bed, or preparing a favorite meal offer more than just entertainment. They offer stability, identity, and comfort. Years later, it is not the price of gifts that is remembered, but the feeling of being safe, seen, and celebrated.

In a world that often feels rushed and divided, holiday memories have a unique power to bring people back to what matters most. They invite us to pause, to reconnect, and to gather with intention. For families who may be struggling financially or emotionally, these shared moments can be a reminder of resilience and hope — proof that joy can exist even in the simplest of ways.

Creating meaningful experiences does not require perfection. It asks only for presence. Turning off a phone for an evening board game, taking a winter walk, writing notes of gratitude to one another, or volunteering together can strengthen bonds in ways no wrapped package ever could.

As another year draws to a close, the opportunity to create memories stands before us. The holidays do not demand extravagance; they ask for authenticity. What will be remembered is not how much was spent, but how much love was poured into the moments we chose to share.

And in the end, that is the true power of the season: the memories we create today become the stories that carry us forward tomorrow.



### What is your favorite Holiday Memory?



## Village Shoutouts

This month's shout outs belong to

- Choices
- From the Heart
- Strong Tower Church
- Ms Jen & Co.

• Zion Hill



### Be A Part of the Village

### Scan to Donate

We are truly Thankful for all the Support you give! [www.healthyfamiliesrappahannock.org](http://www.healthyfamiliesrappahannock.org)

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# Our Favorite Holiday Memories....

December 2025



"My favorite tradition that started with my mom and grandma when my mom was little and continued with me then my kids and now my grandson is on Christmas Eve we bake Christmas cookies and decorate them then make homemade hot cocoa and go look at Christmas lights while eating our cookies and drinking hot cocoa."



"One of my favorite holiday memories is how my Puerto Rican family would go door to door singing Spanish Christmas carols to people we knew. The best part was that everyone had food ready for the carolers, so every stop meant a new little feast. And for the kids, it was magical because we were allowed to stay up until two or even three in the morning, singing, laughing, and soaking in the holiday joy until the caroling finally came to an end"

"Baking Cookies the night before with my Aunt and putting them out for Santa"



My favorite Christmas memory is when I heard the Temptations' Christmas album (I know ALL the words LOL) playing in my house every December. My Dad is a singer, so we'd love to hear him singing all through the house. (We still do 😊) Eating dinner together with family to include grandmothers, cousins, aunts, uncles is my second favorite!



"We would all together decorate outside and inside. Also, we open gifts Christmas Eve at like 10pm 🍷"



"We always got to open one special gift one Christmas Eve...It always was our special pajamas for Santa to find us asleep in but we always thought it was the magic of the holidays. I loved passing this memory to my children and now I get to do it with my grandbabies"



"We would gather in any of our hosting homes (USA version) to sing Christmas song, tell stories...family setting and we would eat our typical Puerto Rican festive food around 10pm and then open presents at midnight (Christmas).."



"I spent many years with my grandmother in Colombia where I learned many Christmas carols she would host "novenas" prayers at her house and we would practice and go out and sing them. Most Christmas songs I know both in Spanish and English because of her."



"In my family, on Christmas Eve we dressed up nicely and commemorated the anticipation of Baby Jesus's arrival. We prepared a traditional meal, and after dinner we would go from house to house singing Christmas carols (parrandas). In each house there was traditional food and drinks. Wepaaaaa!!"

"Every year we make ornaments and put them on the tree together. We make Christmas cookies for Santa, leave carrots for the reindeers, & write a letter to Santa on Christmas Eve Night. We also place reindeer food with glitter outside the front door to let the reindeer know that our house is a place to stop"



# Happy Holidays!



Scan to Donate

[www.healthyfamiliesrappahannock.org](http://www.healthyfamiliesrappahannock.org)

MUCH LOVE FROM ALL OF US HERE AT HEALTHY FAMILIES





# What's Happening This Month

December 2025





## Giving Tuesday

**December 2, 2025**  
 Donations can be made at  
[www.healthyfamiliesrappahannock.org](http://www.healthyfamiliesrappahannock.org)

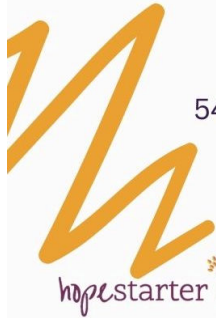



Email Mel today if you are interested in volunteering...  
[mjennings@rappahannockareacsb.org](mailto:mjennings@rappahannockareacsb.org)



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

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



## CONTACT US

540-374-3366

[hfra@rappahannocareacsb.org](mailto:hfra@rappahannocareacsb.org)

[www.healthyfamiliesrappahannock.org](http://www.healthyfamiliesrappahannock.org)



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 COMMUNITY SERVICES BOARD



DBHDS  |  Omni

# 2025 Annual Report

for the Virginia Social Indicator Summary (VASIS)  
Dashboard and the Virginia State Epidemiological  
Outcomes Workgroup (SEOW)

October 2025



# Background



Omni Institute has partnered with Virginia’s Department of Behavioral Health and Developmental Services (DBHDS) since 2016 to facilitate the **Virginia State Epidemiological Outcomes Workgroup (SEOW)** and **Virginia Social Indicator Summary (VASIS)** dashboard. The initial role of the SEOW committee was to supply data for the VASIS dashboard and contribute to epi profiles. Since its establishment, both initiatives have continued to work collaboratively and evolve to adapt to the needs of the community, but continue to share an overarching goal:

*“To build a more vibrant future for all Virginians through data-driven solutions.”*

The timeframe for all data in this report is October 1, 2024 through July 31, 2025 to align with the contract period during which Omni was providing VASIS and SEOW support.

# Virginia Social Indicator Summary (VASIS)



## About VASIS

Designed by Omni Institute in partnership with the Virginia Department of Behavioral Health and Developmental Services, the Virginia Social Indicator Summary (VASIS) dashboard is a data hub exploring the behavioral health and wellness of Virginians.

First launched in 2015, VASIS compiles years of behavioral health data from agencies and organizations across the state with a goal to centralize key indicators of behavioral health and wellness and provide a resource for needs assessment, epidemiological monitoring, and planning efforts.

### Uses of VASIS Data

VASIS dashboard data are used to support a variety of efforts among users across Virginia including:

- ✓ Needs assessments for local communities across Virginia
- ✓ News stories to highlight trends or work in the community
- ✓ Grant and funding applications
- ✓ Epidemiological monitoring and reports
- ✓ Data-driven decision making

## Our Partners

The VASIS dashboard would not be possible without the partnership of the Virginia Department of Behavioral Health and Developmental Services. The following agency partners provide dashboard data:

- » United States Census Bureau
- » Virginia Department of Behavioral Health and Developmental Services
- » Virginia Department of Criminal Justice Services
- » Virginia Department of Forensic Science
- » Virginia Department of Health
  - Office of the Chief Medical Examiner
  - Office of Family Health Services
- » Virginia Department of Juvenile Justice
- » Virginia Department of Social Services
- » Virginia Problem Gambling Treatment and Support Fund



### Explore the Website

Visit [vasis.org](https://vasis.org) to start exploring the data!

### Connect with Us!

Want to learn more about VASIS or get on our email list? Email us at [vasis@Omni.org](mailto:vasis@Omni.org).

## Our Approach



### Data Identification and Sourcing

Omni works with agency partners to update the dashboard as new data are available and to identify additional behavioral health indicators that should be added to the dashboard.



### Data Cleaning and Data Quality

Omni transforms the raw data into the correct format for display on the dashboard and conducts rigorous data checks to ensure a high level of data integrity.



### Flexible Data Displays

Each dashboard includes multiple filters that can be used to adjust the year, indicator, and geographic level. Information is dynamically updated in tables, maps, and charts based on selected filters.

## Our Dashboards



### FATALITIES

#### Overdoses

Overdose rates can be explored by type of substance involved.

*Source: Virginia Department of Health, Office of the Chief Medical Examiner*

#### Suicides

Suicide death rates can be explored by a wide range of demographic factors.

*Source: Virginia Department of Health, Office of the Chief Medical Examiner*



### HEALTH AND SOCIAL SERVICES

#### Benefits

Annual data exploring social services benefits distribution, including the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), Medicaid, and the Child Subsidy Program.

*Source: Virginia Department of Social Services*

#### Mental Health Services

Annual data on intakes by diagnosis for individuals accessing mental health services at Virginia's Community Services Boards.

*Source: Virginia Department of Behavioral Health and Developmental Services*

#### Behavioral Health Services

Annual data exploring intake data, by diagnosis and type of substance used, for individuals accessing mental health and/or substance use treatment services at Virginia's Community Services Boards.

*Source: Virginia Department of Behavioral Health and Developmental Services*



### PROBLEM GAMBLING TREATMENT & RECOVERY

#### Problem Gambling Treatment & Recovery Services – PGTS Fund Reimbursements

Data on reimbursements made to Virginia residents seeking problem gambling treatment and recovery services via the Virginia Problem Gambling Treatment and Support Fund.

*Source: Virginia Problem Gambling Treatment and Support Fund*



## LIVING CONDITIONS

### Population

Annual data exploring Virginia’s population distribution and population growth trends.

Source: U.S. Census Bureau

### Poverty

Annual data exploring poverty rates and trends among Virginia residents.

Source: Virginia Department of Social Services

### Unemployment

Annual data exploring unemployment rates among Virginia residents.

Source: Virginia Department of Social Services



## JUSTICE

### Uniform Crime Reports

Annual data exploring drug and narcotic-related arrest rates, by reason for arrest and type of substance involved, across Virginia law enforcement agencies.

Source: Virginia Department of Criminal Justice Services

### Drug Cases

Annual data exploring types of drugs seized and submitted for testing by Virginia law enforcement agencies.

Source: Virginia Department of Forensic Science

### Juvenile Justice

Annual data exploring probation, intake, and direct care cases related to narcotic- and non-narcotic arrests within Virginia’s Juvenile Justice System.

Source: Virginia Department of Juvenile Justice



## HEALTH RISK FACTORS & BEHAVIORS

### Behavioral Risk Factor Surveillance System

A biennial, national survey exploring health-related risk behaviors, chronic health concerns, and engagement in prevention services.

Source: Virginia Department of Health, Office of Family Health Services

### Virginia Youth Survey

Virginia’s biennial implementation of the national Youth Risk Behavior Survey, exploring risk behaviors and protective factors contributing to health and social outcomes among middle and high school students.

Source: Virginia Department of Health, Office of Family Health Services



## VIRGINIA YOUNG ADULT SURVEY

A biennial survey of 18–25-year-olds in Virginia on a variety of subjects, including substance use, mental health, and gambling.

Source: Virginia Department of Behavioral Health and Developmental Services

# The Year in Review

## Continued Growth

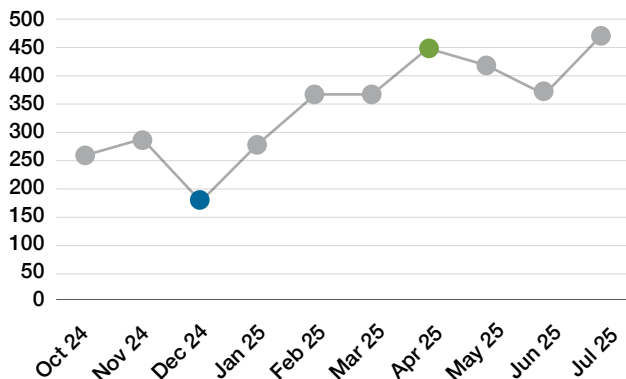
The VASIS platform has now been operational on its new platform for two years and has seen continued growth and engagement since its launch. When comparing website analytics from October 1, 2024 to July 31st, 2025 to the same period the prior year, VASIS reach increased by 47.8%, with over 1,000 additional visits taking place this year. The number of unique users also increased, from 1,462 unique visitors to 2,106.



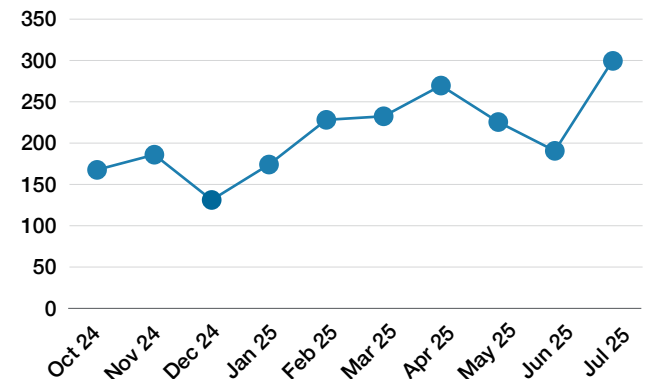
Between 127 and 301 unique users utilized VASIS each month, resulting in a total of **2,106 unique visitors** and **3,434 site visits** over the course of this reporting period (October 2024 – July 2025).



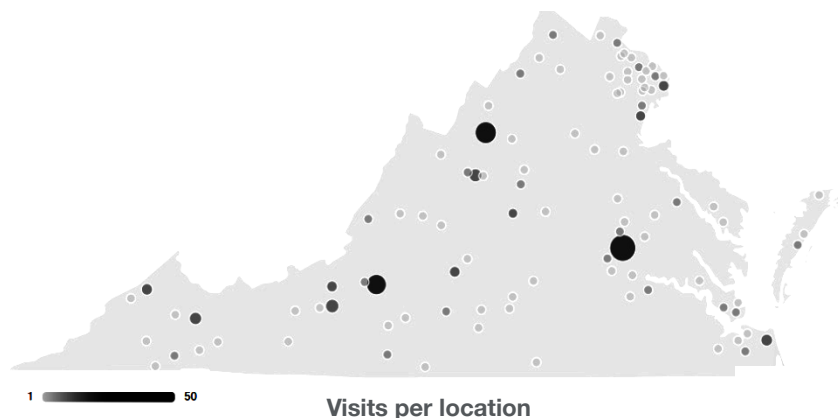
This fiscal year, VASIS was visited an average of 343 times per month, with a **low of 178** visits and **high of 469**.



An **average of 210 unique monthly users** visited the VASIS site each month this fiscal year.



VASIS is reaching users across much of the Commonwealth - and beyond. VASIS site visits can be traced to **over 100 Virginia cities** and **over 39 states**.



## Change is in the Air!

### VASIS Rebranding

The VASIS site and all hosted dashboards underwent a rebranding process to align with the updated brand guidelines for DBHDS. This refreshed look and feel aligns VASIS with the other products and efforts supported by the department.

### Data and Dashboard Transformation

Several data sources were identified for improvement this year with efforts underway to revitalize and redevelop the following dashboards utilizing new data sharing partnerships, data structures, or visuals, including:



Data Set	Identified Needs	Completion Timeline
<b>Behavioral Risk Factor Surveillance System (BRFSS)</b>	At the suggestion of our data sharing partner, the team transitioned to the utilization of public use BRFSS files, which provide respondent-level survey response data.	This update has been completed. The new dashboard includes new filtering capabilities, improved visualizations, and the addition of over ten new indicators.
<b>Juvenile Justice</b>	There was a need to transition to a new data structure, which also allowed for expansion of available measures on the dashboard.	The data structure transition has been completed. The expanded dashboard is scheduled to launch by the end of 2025.
<b>Overdoses</b>	An opportunity for improved visuals was identified that allows for easier comparison of trends across subpopulations through the use of small multiple graphs.	This update has been completed.
<b>Poverty</b>	Changes in data sharing by the data sharing partner required a transition to a more sustainable data source.	This transition is underway, and an updated poverty dashboard is set to launch by early 2026.
<b>Suicides</b>	Omni worked in partnership with VDH to identify improvements in the data sharing process that minimize the burden of data file preparation by VDH staff. This led to the transition to a new data structure and a complete rebuild of the existing dashboard.	This transition is underway, and an updated suicides dashboard is set to launch by the end of 2025.
<b>Unemployment</b>	Changes in data sharing by the data sharing partner required a transition to a more sustainable data source.	This transition is underway, and an updated unemployment dashboard is set to launch by early 2026.
<b>Uniform Crime Reports</b>	An opportunity for improved visuals was identified that allows for easier comparison of trends across subpopulations through the use of small multiple graphs.	This update has been completed.
<b>Virginia Young Adult Survey</b>	Following the second statewide administration of the Virginia Young Adult Survey, dashboard updates were necessary to allow users to view data by year.	This update has been completed.

## VASIS Expansions

### Increasing Access to Population-Specific Data

Last year, the need for increased access to data relating to the experiences of **service members, veterans, and their families (SMVF)** was raised. Due to capacity challenges with potential data sharing partners, a decision was made in partnership with DBHDS to pursue the use of publicly available data, as well as current VASIS data on this population, to develop this dashboard with the hopes of adding additional, more novel data in future years. Efforts to develop a series of dashboards specific to SMVF population are currently underway, and the dashboards are anticipated to launch by the end of 2025.

The Office of Child and Family Services, housed within Virginia's Department of Behavioral Health and Developmental Services, engaged VASIS in developing a series of dashboards pertaining specifically to the **experiences of youth and adolescents** in Virginia last year. These dashboards, which utilize existing VASIS as well as supplemental data, were successfully launched this year.



### Problem Gambling – A New Frontier for Virginia's Prevention, Treatment, and Recovery Workforce

Since the expansion of legalized casino, online lottery, and sports betting markets in the Commonwealth in recent years, increased efforts have been made to expand access to data on the prevalence of gambling behaviors and problem gambling. Several gambling-related measures have been available on VASIS as part of the Young Adult Survey Dashboard since its launch. This year, two notable additions were made to support data-driven efforts to address problem gambling in Virginia:



The addition of gambling and video gaming measures on the Virginia Youth Survey dashboard that describe gaming and gambling behaviors among high school students in Virginia.



The development of the Problem Gambling Treatment and Recovery Dashboard. The VASIS team partnered with the Virginia Problem Gambling Prevention Coordinator, Anne Rogers, to develop a dashboard illustrating reimbursements made through the Virginia Problem Gambling Treatment and Support (PGTS) Fund to support individuals in accessing treatment and recovery services for problem gambling.

## What's Ahead

- ✓ Continued data updates
- ✓ Expanded and refreshed dashboard layouts
- ✓ Re-launch of the Community Level Reports, which compile key VASIS indicator data from across current dashboards to provide a community-level overview at the locality, CSB, and DBHDS region levels
- ✓ The addition of two new data sources
- ✓ Increased collaboration between VASIS and the SEOW, including integrated website platforms and a joint newsletter

# Virginia State Epidemiological Outcomes Workgroup (SEOW)

## About the SEOW

The SEOW brings together representatives from various traditional behavioral health partners and non-traditional prevention-focused sectors to share data and expertise. While the group's original intent was to focus on substance use prevention and behavioral health, its focus has grown over time to include the role health disparities and health equity play in behavioral health.

Additional information and historical reports from the SEOW are available at [www.virginiaseow.org](http://www.virginiaseow.org).



## Our Mission

The Virginia State Epidemiological Outcomes Workgroup (SEOW) is an action-oriented group that brings together data partners across the commonwealth to:

**BUILD:** Build connectivity and collaboration among data leaders

**SHARE:** Share available data and resources

**LEARN:** Learn from Virginia's data experts for use in evidence-based prevention work



## PURPOSE

The purpose of the SEOW is to coordinate among agencies to leverage collective expertise, share data, and ensure that best practices for utilizing data are employed among members, their organizations, and the broader community.



## PRINCIPLES

Three principles guide the SEOW:

- 1. Accessibility** – The SEOW values the usability of data, ensuring it is accessible and comprehensible for community partners and Virginia residents.
- 2. Ethical and Equitable Practices** – The SEOW is committed to ethical and equitable data sharing and usage. When the SEOW utilizes and shares data, it includes context, limitations, and the intended use of the data.
- 3. Impactful Delivery** – The SEOW prioritizes delivering data in a way that makes an impact. The delivery is actionable and contributes to fostering informed data-driven decisions.



## PRACTICES

Developed from the purpose and principles of the group, the SEOW adheres to the following practices:

1. Ensure data shared and utilized within the group is available and valuable to the public.
2. Guide how to appropriately disseminate and share data, including criteria, timelines, and limitations for SEOW members and the larger community.
3. Develop distribution plans to ensure dashboards and data are reaching the identified audience in an equitable and accessible way

# The Year in Review

## Membership

Members actively supporting SEOW efforts in 2025 include representatives from the following organizations:

- » Community Coalitions of Virginia
- » Blue Ridge Behavioral Healthcare
- » Goochland Community Services Board
- » Hampton-Newport News Community Services Board
- » Loudoun Community Services Board
- » Prince William Community Services Board
- » Region Ten Community Services Board
- » Southside Community Services Board
- » Valley Community Services Board
- » Virginia Alcoholic Beverage Control Authority
- » Virginia Cannabis Control Authority
- » Virginia Department of Behavioral Health and Development Services
  - Problem Gambling Treatment and Support Advisory Committee
- » Virginia Department of Criminal Justice Services
- » Virginia Department of Health
  - Office of the Chief Medical Examiner
- » Virginia Department of Health Professions
  - Prescription Monitoring Program
- » Virginia Department of Juvenile Justice
- » Virginia Department of Social Services
- » Virginia Office of Data Governance and Analytics
- » Western Tidewater Community Services Board



## Meetings

The SEOW meetings are held quarterly, and all four 1.5-hour sessions took place virtually. The SEOW committee focused on clarifying its purpose and establishing goals and objectives while collaborating to share resources and create a deliverable to support the community. Below is a summary of each meeting with a link to access the meeting minutes on the website.

- **OCTOBER 22, 2024** | [Click to see meeting notes](#)  
 Omni shared the Equitable and Accessible Data Sharing Guide, a deliverable created in response to the SEOW's goal to increase community access to and use of data, as well as to promote shared best practices and data standardization to enhance collaboration.
- **JANUARY 28, 2025** | [Click to see meeting notes](#)  
 Omni presented the latest findings from the Virginia Young Adult Survey. The survey aims to better understand young adults' experiences with substance use, mental health, and related issues to provide targeted prevention services across Virginia. Omni also started collecting data resources from agencies and other helpful sources for the Virginia Data Finder.
- **APRIL 22, 2025** | [Click to see meeting notes](#)  
 A representative from the Virginia Department of Health (VDH) discussed available data sources to support injury, violence, and substance use prevention program planning. VDH provided a comprehensive overview of state-level resources that can assist with prevention efforts. Omni shared an early mockup of the Data Finder website and received feedback for its finalization.

**JULY 22, 2025** | [Click to see meeting notes](#)

A Behavioral Health Wellness Consultant from the Department of Behavioral Health and Developmental Services (DBHDS) presented a comprehensive overview of the Virginia Wellbeing Dashboard. This resource highlights how social conditions affect behavioral health outcomes in Virginia. By translating complex data into accessible visual insights and predictive scoring, it empowers partners to take evidence-based, equity-focused action across communities. Additionally, Omni demoed the live site for the Data Finder and facilitated several group discussions for SEOW members to share input and feedback, and support dissemination practices.

## SEOW Subcommittee

The SEOW Subcommittee was established with a select group of data leaders who are committed to advancing the objectives of the SEOW. The Subcommittee convenes once a month to strategize on both immediate and future SEOW initiatives and to determine topics for the quarterly SEOW meetings.



### Key Responsibilities



#### Guide the future of the SEOW

As representatives of the SEOW, they help determine its direction.



#### Engage the community

SEOW Subcommittee members interact with individuals representing diverse perspectives to ensure the SEOW addresses community needs.



#### Develop trainings

The SEOW Subcommittee assists in creating training sessions and informational guidance, including one-on-one help sessions on how to use data.

### SEOW Subcommittee Focus

The SEOW Subcommittee established two main goals:



#### GOAL 1: IMPROVE INTERNAL & EXTERNAL DATA SHARING

- Enable the exchange of projects, initiatives, reports, assessments, and community needs.
- Create a centralized repository to store and share these resources, such as The Virginia Data Finder.



#### GOAL 2: OFFER TRAINING AND GUIDANCE ON DATA UTILIZATION

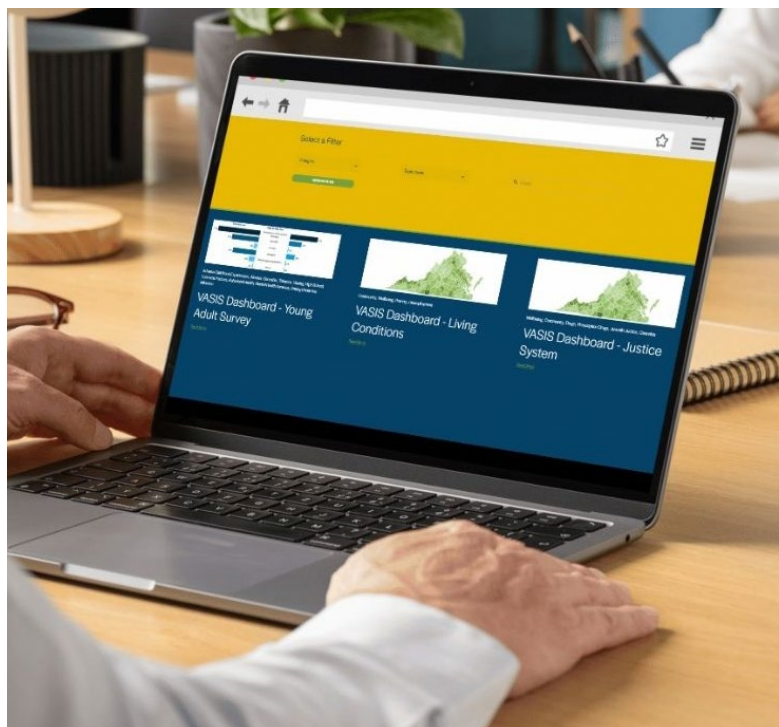
- Assist external organizations in effectively using data for their projects.
- Develop resources like quick guides, training videos, or virtual webinars to make training and guidance on data utilization practices easily accessible.

## The Virginia Data Finder

This year, the SEOW, led by the Omni team, created a centralized repository to store and share data resources. [The Virginia Data Finder](#), launched in July 2025, is a tool for researchers, policymakers, CSBs, non-profit organizations, and community advocates that offers easy access to public and behavioral health data to inform their work and support their communities.

With the Virginia Data Finder, users can explore datasets on a variety of topics, from mental health services and substance use trends to community health indicators, healthcare access, and more. All data sources come from trusted government partners, ensuring accuracy and relevance, and include direct links to the sources.

The Virginia Data Finder is housed on the [Virginia Social Indicator Summary \(VASIS\) Dashboard](#) website.



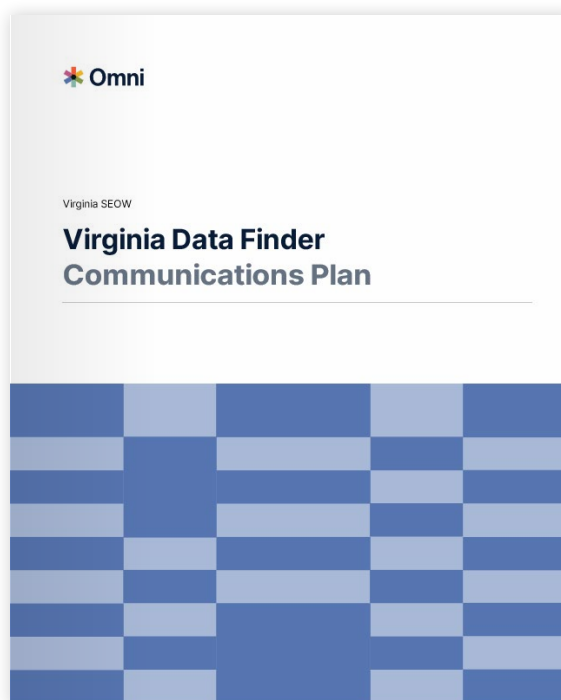
- » Explore across five main categories with over **50 topic areas** to choose from.
- » Highlights **20 comprehensive resources** and continues to grow.
- » Over **100 unique visitors** within just one week of launch!

## Virginia Data Finder Communications Plan

A communications plan was also created for SEOW members to share the data finder with their networks and establish internal protocols. It offers guidance for partners on how to promote and distribute information about the VA Data Finder, including exercises to consider the following:

- Key audiences for sharing the resource.
- Communication strategies (such as websites, social media) with sample language.
- Internal communications with leadership and support teams.
- Goals for sharing the resource across different audiences.

[VIEW HERE ►](#)



## Looking Ahead



### MEMBERSHIP RECRUITMENT AND MAINTENANCE

Omni will continue to strengthen existing SEOW membership relationships by promoting best practices that increase committee buy-in, trust, agency, and participation. Additionally, Omni will expand its membership to ensure comprehensive statewide representation of agencies and key partners through active recruitment and leveraging current SEOW connections. To support ongoing engagement with the SEOW, Omni will also generate and distribute monthly virtual newsletters to SEOW members, VASIS dashboard users, CSBs, and other identified prevention-focused providers.



### TRAINING AND GUIDANCE ON DATA UTILIZATION

The subcommittee continues to meet monthly to guide the future of the SEOW, lead innovative initiatives, and bring together its diverse perspectives to address community needs. Next year, the focus will be on developing resources, such as training videos, targeted briefs, and topic-specific reports, using the VASIS Dashboard and Virginia Data Finder to provide accessible training and guidance to community members. Omni will oversee the development of deliverables with support from the SEOW subcommittee. Once a deliverable is finalized, Omni will post it to the SEOW/VASIS website and the Prevention Works portal, then collaborate with the subcommittee to find additional ways to enhance dissemination.



### SUPPORTING LOCAL CAPACITY BUILDING

The SEOW will facilitate local capacity-building initiatives aimed at fostering engagement in data-driven planning and evaluation. This will be achieved through the provision of technical assistance (TA) to data users. Additionally, Omni will provide technical support to individuals who require assistance with either the VASIS dashboard or the Virginia Data Finder.



# 2026 TRAINING SCHEDULE

## UNDERSTANDING ADVERSE CHILDHOOD EXPERIENCES

Our life experiences can impact our health. Join us as we review the research on how Adverse Childhood Experiences (ACEs) play a tremendous role in developing potential physical, mental and behavioral problems later in life. Learn how you can not only work to reduce ACEs but also how to help foster individual and community resilience. Training is 3-hours.

- In-person: February 12 (1:00 p.m.), April 14 (1:00 p.m.), May 6 (12:00 p.m.), June 17 (1:00 p.m.), September 8 (9:00 a.m.), October 27, and December 2 (1:00 p.m.)

## COMMUNITY RESILIENCE INITIATIVE COURSE 1 AND COURSE 2

The Community Resilience Initiative (CRI) has developed courses to teach any community member interested in learning more about toxic stress and how individuals and communities build resilience across the lifespan.

**CRI Course 1: Trauma-Informed** is a 6-hour course that covers NEAR Science (Neuroscience, Epigenetics, ACE Study, Resilience), Brain States, and ROLES strategies for individuals seeking a trauma-informed certification.

- January 23, April 22, July 31, and September 25 (9:00 a.m. to 4:00 p.m.)

**CRI Course 2: Trauma-Supportive** is a 6-hour course that covers the science of resiliency and shares promising strategies to build culturally and contextually resilient individuals and communities. (You must complete CRI Course 1 in order to take Course 2.)

- May 13 and December 4 (9:00 a.m. to 4:00 p.m.)

## NALOXONE TRAINING/OPIOID OVERDOSE REVERSAL

A course that covers understanding opioids, how opioid overdoses happen, risk factors for opioid overdoses, and how to respond to an opioid overdose emergency with the administration of Naloxone. (1-hour virtual)

- Visit our Facebook Events page for training dates/times. Or, email [prevention@rappahannockareacs.org](mailto:prevention@rappahannockareacs.org) to request a training for your organization.

## NALOXONE DISPENSING

Receive a free box of Naloxone following training or get trained at the same time.

- First Thursday of every month from 1:00 p.m. to 4:00 p.m. at the Spotsylvania Sheriff's Mall Substation location within the Spotsylvania Town Center
- RACSB Clinics during office hours. (Subject to staff and Naloxone availability.) Walk-ins welcome at the local health department locations.



[www.rappahannockareacs.org](http://www.rappahannockareacs.org)

To learn more and register:  
[www.rappahannockareacs.org/trainings](http://www.rappahannockareacs.org/trainings)

Find us on:



# 2026 TRAINING SCHEDULE

## ADULT MENTAL HEALTH FIRST AID

Teaches adults how to identify, understand and respond to signs of mental illness and substance use disorders. The training introduces common mental health challenges and gives you the skills to reach out and provide initial support to someone who may be developing a mental health or substance use problem and help connect them to the appropriate care. Training is from 8:30 a.m. to 5:00 p.m.

- February 3, April 7, July 21, September 29, and December 15

## YOUTH MENTAL HEALTH FIRST AID

Teaches adults how to identify, understand and respond to signs of mental illness and substance use disorders in adolescents. The training introduces common mental health challenges for youth and teaches a 5-step action plan for how to help young people in both crisis and non-crisis situations. Training is from 8:30 a.m. to 5:00 p.m.

- March 3, May 12, August 18, and November 3

## APPLIED SUICIDE INTERVENTION SKILLS TRAINING (ASIST)

The LivingWorks Applied Suicide Intervention Skills Training, commonly referred to as ASIST, is a 2-day interactive workshop in suicide first aid. Participants learn 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. ASIST can be learned and used by anyone ages 16 and older.

- March 25-25, July 28-29, and September 23-24 (8:30 a.m. to 5:00 p.m. both days; must be fully present both days)

## SAFETALK

The LivingWorks safeTALK course is a 3-hour face-to-face workshop that encourages participants to learn how to prevent suicide by recognizing signs, engaging someone, and connecting them to community resources for additional support. It is appropriate for anyone age 16 and older.

- February 12 (9:00 a.m.), April 28 (9:00 a.m.), June 4 (9:00 a.m.), September 16 (2:00 p.m.), and November 19 (1:00 p.m.)

## LOCK AND TALK

RACSB is a proud founder of the Lock and Talk Virginia suicide prevention initiative. Learn about lethal means safety, education opportunities, and community initiatives like The Gun Shop Project. Lock Meds. Lock Guns. Talk Safety. Learn more at [www.lockandtalk.org](http://www.lockandtalk.org).

Created 12/5/2025



[www.rappahannockareacsb.org](http://www.rappahannockareacsb.org)

**NEW**

**PRIMEROS AUXILIOS DE SALUD MENTAL (MHFA) DE ADULTOS PARA LAS COMUNIDADES HISPANOHABLANTES**

**6 DE FEBRERO**

**5 DE MAYO**

**4 DE AGOSTO**

**15 DE OCTUBRE**

**8:30 A.M. A 5:00 P.M.**

To learn more and register:  
[www.rappahannockareacsb.org/trainings](http://www.rappahannockareacsb.org/trainings)

Find us on:





540-374-3366  
healthyfamiliesrappahannock.org  
600 Jackson St. Fredericksburg VA 22401

### **Virginia Department of Social Services -Site Monitoring Visit (November 6, 2025)**

Healthy Families Rappahannock Area was subject to a virtual site monitoring visit conducted by the Virginia Department of Social Services on November 6, 2025. This is related to TANF funding. The period under review included FY 2025 and FY 2026 first quarter.

No concerns were identified.

The site visit summary letter along with a copy of the objectives and targets is provided.



# COMMONWEALTH of VIRGINIA

## DEPARTMENT OF SOCIAL SERVICES

November 13, 2025

Melodie Jennings, Director Healthy Families  
Rappahannock Area Community Services Board  
600 Jackson St.  
Fredericksburg, VA 22401  
RE: Healthy Families Grant Contract **FAM-24-072-09**

Dear Melodie,

I am following up regarding the desk review and virtual site-monitoring visit I conducted on November 6, 2025 with the Rappahannock Area Community Services Board’s (CSB) Healthy Families program for the Virginia Department of Social Services (VDSS) grant contract FAM-24-072-09. Meeting with you, the Healthy Families team, and the CSB administration allowed me to learn more about the program and how it serves families in your service area: City of Fredericksburg, Spotsylvania County, Stafford County, King George County, and Caroline County. The site monitoring process included a review of agency and program documents, a questionnaire completed by the agency, interviews with program and agency staff, and a discussion of program trends and outcomes. I appreciate your team’s assistance coordinating the schedule and collecting requested documents.

<b>PROGRAM PERIOD UNDER REVIEW:</b>	<b>FY25 period of performance FY26 period of performance to date Q1</b>
<b>INVOICE PERIOD UNDER REVIEW:</b>	<b>FY26: July-Sept 2025</b>

To encourage continued success, the following highlight key items discussed during the visit.

<b>FAM-24-072-09 HEALTHY FAMILIES</b>
<p><b><u>Strengths:</u></b></p> <ul style="list-style-type: none"> <li>The Healthy Families program has a successful, long history of serving the community and has a team invested in providing quality services to families and making a difference in the community. Staff retention is a strength for the program, as this seasoned team is able to</li> </ul>

serve more families. The program creatively engages families in many ways, such as: offering many parent groups, fostering unique community collaborations as with the Tiny Caps and Golden Hats Graduation, and offering the parent ambassador program to cultivate and empower parent leaders.

- With the program housed at the Rappahannock Area CSB, there is the continuity of referrals to in-house behavioral health services along the continuum such as case management and early intervention.
- In FY25 the program met/exceeded the benchmarks for each objective (see data attachment) and appears to be on target for FY26.
- The review shows the general terms of the grant contract are being met, and the receipts/documentation for the financial period under review align with the SFY26 Q1 invoice.

**Next Steps/ Recommendations:**

- The CSB provided confirmation of E-Verify registration and confirmation of required office postings 11/7/25.
- FY26 first quarter invoice revisions were requested to reflect salaries aligned with the approved contract budget. Invoice was corrected and submitted with salary documentation provided 11/7/25. Reminder that quarterly invoices for this grant are due to VDSS within 15 days following the end of the period for which services were performed.
- As usual, please report any barriers to meeting service targets or objectives, and program successes/challenges in the quarterly reporting narrative. The Healthy Families program has submitted all quarterly program reports accurately and timely.

Thank you and your team for meeting with me during the site visit. I appreciate the team's dedication to serving families in the community to promote child and family well-being. Please contact me if you have any questions.

Sincerely,



Mary Wilson  
Sr. Program Consultant, Lead Contract Administrator  
804-396-9861 / [mary.wilson@dss.virginia.gov](mailto:mary.wilson@dss.virginia.gov)

attachment: Objectives and Targets

cc: Elizabeth Gotay, Healthy Families Virginia TA/QA Specialist, Families Forward Virginia  
Michelle Wagaman, Prevention Services Director, Rappahannock Area CSB

HEALTHY FAMILIES: Rappahannock Area				SFY25 ANNUAL TOTALS			FY26					
FAM-24-072-09				Numerator (Actual Outcome)	Denominator (Total Possible)		FY26 Q1					
Maternal Health: <i>Improve maternal health &amp; pregnancy/birth outcomes</i>	<b>Pregnancy Outcomes</b>											
	<b>Prenatal Care Compliance:</b>											
	75% of prenatal enrollees will receive 80% of their prenatal care visits.						20	21	95%	0	0	N/A
	<b>Maternal Mental Health</b>											
	<b>Depression Referral/Resource Connections:</b>											
90% of mothers with a positive depression screen will receive resource connections.						21	21	100%	4	4	100%	
<b>Maternal Health</b>												
<b>Postpartum Care:</b>												
90% of prenatally enrolled mothers will complete a postpartum medical visit within 8* weeks of birth. Note: for FY25, 12 weeks per ACOG						29	30	97%	5	5	100%	
Child Health	<b>Child Health</b>											
	<b>Medical Home:</b>											
	85% of target children will have a primary health care provider within 2 months after enrollment or birth of target child.						51	54	94%	11	12	92%
	<b>Well-Child Visits:</b>											
	75% of target children will receive recommended well-baby/child visits.						139	146	95%	75	77	97%
	<b>Immunization Completion:</b>											
	80% of target children will be up-to-date with immunizations.						132	136	97%	102	107	95%
	<b>Pre-Term Birth:</b>											
	90% of active prenatal participants give birth after 37 weeks.						20	21	95%	0	0	N/A
	<b>Child Development &amp; Social-Emotional Development</b>											
<b>Developmental Screening:</b>												
90% of target children will be screened for developmental delays.						107	116	92%	109	109	100%	
<b>Developmental Screening: Referral</b>												
90% of target children with suspected developmental delay will be referred ( <b>with parental consent</b> ) to appropriate services for assessment to determine need for therapeutic services.						14	14	100%	3	3	100%	
Positive Parenting Practice	<b>Parent-Child Relationships</b>											
	<b>Parent-Child Interaction Observation:</b>											
	90% of participant dyads will be screened using a validated parent-child interaction tool (i.e. CHEERS Check-In)						138	153	90%	66	66	100%
	<b>Father Involvement</b>											
	<b>Father Involvement:</b>											
75% of families with an eligible "father" will complete the HFV PMRM Survey.						103	124	83%	133	139	96%	
<b>Parental Practices &amp; Capacity</b>												
<b>Family Self-Assessment:</b>												
75% of families will complete the Survey of Parenting Practices.						50	54	93%	5	5	100%	
Relational & Mental Health	<b>Caregiver Mental Health</b>											
	<b>Depression Referral/Resource Connections:</b>											
	90% of caregivers with a positive depression screen will receive resource connections.						0	0	N/A	0	0	N/A
	<b>Family Support Networks</b>											
	<b>Intimate Partner Violence Resource Connections:</b>											
90% of primary caregivers who screened positive for interpersonal violence were connected to resources.						2	2	100%	0	0	N/A	
<b>Tobacco Cessation Resource Connections:</b>												
90% of primary caregivers who screened positive for tobacco use were connected to resources.						8	8	100%	3	3	100%	
<b>Substance Use Resource Connections:</b>												
90% of primary caregivers who screened positive for substance use were connected to resources.						2	2	100%	0	0	N/A	
VDSS Consent Completed	<b>Parental Consent CPS Check</b>											
	<b>VDSS Consent Form Completion/Decline:</b>											
90% of families consented or declined the VDSS Consent Form						195	207	94%	136	139	98%	

HEALTHY FAMILIES: FAM-24-072-09				
Service Targets - Work Plan	FY25 Target	FY25 (actual) Total	FY26 Target	FY26 Q1
# Families Screened	400	310	400	107
# Families Assessed/ Parent Survey	240	207	240	57
# Home Visits Completed	2671	2318	2671	568
# Target Children Served (unduplicated)	295	210	295	150

TO: Joe Wickens, Executive Director  
FROM: Melodie Jennings, Program Coordinator/Michelle Wagaman, Director/  
RE: Grant Submission – VDH Perinatal Health Hub

Healthy Families Rappahannock Area (HFRA), a program of the Rappahannock Area Community Services Board, proposes submitting a grant application in the amount of \$537,418 to strengthen and expand a Collaborative Perinatal Health Hub serving Planning District 16 (City of Fredericksburg and the counties of Spotsylvania, Stafford, Caroline, and King George).

The proposed Perinatal Health Hub will address this community by creating a centralized, collaborative network that integrates home visiting, maternal mental health support, infant developmental screening, lactation and parenting education, and comprehensive resource navigation. HFRA will serve as the entry point for families, coordinating warm handoffs and referrals to trusted partners including Mary Washington Hospital, Rappahannock Area Health District, Early Intervention (PE-ID), EmpowerHouse, Postpartum Support Virginia, local Departments of Social Services, and additional healthcare and community-based organizations.

The \$537,418 request includes:

1. Partial support (10%) of four (4) key existing staff positions to ensure strong leadership, fidelity to the model, and partnership coordination:
  - One (1) Program Coordinator
  - Two (2) Program Supervisors
  - One (1) Family Resource Specialist
2. Full-time funding (100%) of three(3) new positions to increase direct service and infrastructure capacity:
  - Two (2) Home Visitors who will provide in-home education, screenings, and support to families
  - One (1) Data Administrative Assistant to manage monthly reporting, outcomes tracking, scheduling, and data quality assurance
3. Fringe benefits
4. Travel funds to support home visitor mileage and program oversight travel throughout Planning District 16
5. Laptops for the two (2) new home visitors and the data administrative assistant
6. Outreach and marketing to ensure equitable access and community awareness, including:

- Monthly content and annual advertorial in Fredericksburg Parent & Family Magazine
  - Posters and flyers in OB/GYN offices, WIC clinics, pediatric practices, hospitals, DSS offices, and libraries
  - Monthly mailings and boosted social media campaigns focused on perinatal support
  - Quarterly provider newsletters
  - Lunch & Learn sessions for community and healthcare partners
7. Specialized training and curriculum, including role-specific training and the Growing Great Kids curriculum
  8. \$40,500 in administrative overhead provided by RACSB as fiscal agent, supporting HR services, IT, payroll, grant management, and financial oversight

HFRA will maintain a strong focus on accountability and outcomes through its HIPAA-compliant data system, monthly data collection, supervisory reviews, and quarterly reporting. The addition of a dedicated data administrative assistant will enhance accuracy, compliance, and continuous quality improvement efforts throughout the grant period.

This investment will allow HFRA and its partners to create a sustainable, equitable, and integrated Perinatal Health Hub that ensures families do not face pregnancy and early parenthood alone. Together, we can build a stronger, healthier future for parents and infants throughout our region.

## **Finance Department November 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. We are hoping to do interviews in the next couple of weeks.

We have concluded our ongoing engagement with our financial consultant, Kelly Young Marinoff, and will now be utilizing her expertise only on an as-needed basis for software-related support inquiries.

### **Reimbursement Department:**

Reimbursement is conducting a comprehensive review of all workflows and manual processes to identify opportunities for restructuring, process improvement, and automation to enhance overall efficiency. In addition to monitoring payer-related issues, the team is prioritizing claims aged over 120 days to ensure all outstanding items are addressed and collected within the current month.

### **Accounting Department:**

The Accounting Department has been actively engaged in the FY2025 year-end financial closeout and audit preparation process. We are now awaiting final inquiries and draft reports from our auditors. Additionally, the FY2025 ICF Cost Reports have been completed and submitted as required, resulting in a net accounts receivable to RACSB of \$260,831.

Efforts also continue to address outstanding grant reimbursement requests through the WebGrants system.

# Summary of Cash Investments

Depository		Rate	Comments
<b>Atlantic Union Bank</b>			
Checking*	\$ 5,502,150	2.75%	
<b>Investment Portfolio</b>			
Cash Equivalents	3,354,066		
Fixed Income	6,001,135		
Total Investment	<u>\$ 9,355,201</u>		
<b>Total Atlantic Union Bank</b>	<u>\$ 14,857,351</u>		
<b>Other</b>			
Local Gov. Investment Pool	<u>7,061,656</u>	4.07%	Avg. Monthly Yield
<b>Total Investments</b>	<b>\$ 21,919,007</b>		

## Other Post-Employment Benefit (OPEB)

	Cost Basis	Cost Variance From Inception	Market Basis	Market Variance From Inception
<b>Initial Contribution</b>	\$ 954,620		\$ 954,620	
<b>FY 2024 Year-End Balance</b>	\$ 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
<b>FY 2025 Year-End Balance</b>	\$ 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
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	\$ 1,175,793	\$ 4,735,433	\$ 3,780,813
Realized Gain/(Loss)			\$ 628	
Unrealized Gain/(Loss)			\$ 52,166	
Fees & Expenses			\$ (1,132)	
<b>Balance at 10/31/2025</b>	\$ 2,130,413	\$ 1,175,793	\$ 4,787,095	\$ 3,832,475

# 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
November*	\$212,171	\$287,241	\$691	\$1,679,568
<b>YTD Total</b>	<b>\$235,530</b>	<b>\$1,594,016</b>	<b>\$4,713</b>	<b>\$1,679,568</b>

\*Only one transfer made during the month, 2nd transfer occurred in December

Historical Data	Average Monthly Claims	Monthly Average Difference from PY	Highest Month
<b>FY 2026</b>	<b>\$318,803</b>	<b>\$21,539</b>	<b>\$367,077</b>
<b>FY 2025</b>	<b>\$297,264</b>	<b>\$41,811</b>	<b>\$380,808</b>
<b>FY 2024</b>	<b>\$255,453</b>	<b>\$41,076</b>	<b>\$593,001</b>
<b>FY 2023</b>	<b>\$214,376</b>	<b>(\$97,137)</b>	<b>\$284,428</b>
<b>FY 2022</b>	<b>\$311,513</b>	<b>(\$24,129)</b>	<b>\$431,613</b>
<b>FY 2021</b>	<b>\$335,642</b>	<b>\$14,641</b>	<b>\$588,906</b>

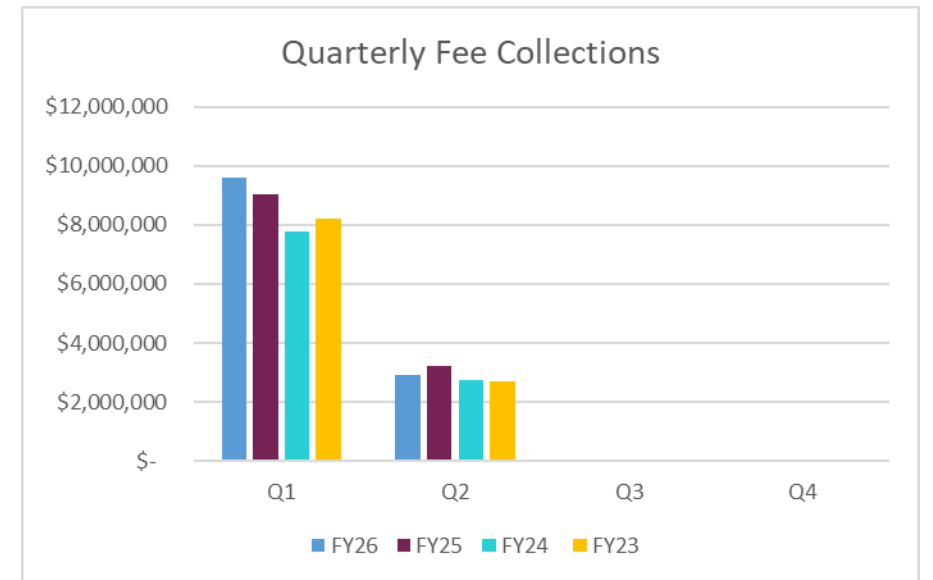
# Summary of Investments

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	\$ 680,119.18	\$ 680,119.18	\$ 680,119.18	\$ -	\$ 29,891.24	3.92%	3.92%
US Treasury Bill(12/26/2025)	\$ 500,000.00	\$ 498,650.00	\$ 487,100.00	\$ 11,550.00	\$ 12,900.00	3.82%	4.00%
US Treasury Bill (01/22/2026)	\$ 500,000.00	\$ 497,270.00	\$ 484,805.21	\$ 12,464.79	\$ 15,194.79	3.78%	3.92%
US Treasury Bill(02/19/2026)	\$ 700,000.00	\$ 694,232.00	\$ 682,488.58	\$ 11,743.42	\$ 17,511.42	3.74%	4.13%
US Treasury Bill(03/19/2026)	\$ 500,000.00	\$ 494,445.00	\$ 485,496.71	\$ 8,948.29	\$ 14,503.29	3.77%	4.06%
US Treasury Bill(07/09/2026)	\$ 500,000.00	\$ 489,350.00	\$ 482,569.63	\$ 6,780.37	\$ 17,430.37	3.56%	3.95%
<b>Total Cash Equivalents</b>	<b>\$ 3,380,119.18</b>	<b>\$ 3,354,066.18</b>	<b>\$ 3,302,579.31</b>	<b>\$ 51,486.87</b>	<b>\$ 107,431.11</b>	<b>3.77%</b>	<b>4.00%</b>
US Treasury Note (10/15/2026)	\$ 500,000.00	\$ 504,070.00	\$ 502,488.50	\$ 1,581.50	\$ 23,125.00	3.67%	4.11%
US Treasury Note (06/15/2026)	\$ 500,000.00	\$ 501,100.00	\$ 500,810.85	\$ 289.15	\$ 20,625.00	3.71%	3.96%
US Treasury Note(01/31/2027)	\$ 500,000.00	\$ 502,870.00	\$ 502,623.20	\$ 246.80	\$ 20,625.00	3.62%	3.76%
US Treasury Note (03/15/2027)	\$ 500,000.00	\$ 504,140.00	\$ 496,308.59	\$ 7,831.41	\$ 21,250.00	3.58%	4.52%
US Treasury Note (04/30/2026)	\$ 500,000.00	\$ 502,195.00	\$ 499,023.44	\$ 3,171.56	\$ 24,375.00	3.80%	4.98%
US Treasury Note (08/15/2027)	\$ 500,000.00	\$ 501,780.00	\$ 495,292.97	\$ 6,487.03	\$ 18,750.00	3.53%	4.10%
US Treasury Note(11/15/2027)	\$ 500,000.00	\$ 488,165.00	\$ 488,059.43	\$ 105.57	\$ 11,250.00	3.51%	3.50%
US Treasury Note (8/31/2026)	\$ 500,000.00	\$ 500,115.00	\$ 495,195.31	\$ 4,919.69	\$ 18,750.00	3.71%	4.35%
US Treasury Note (02/29/2028)	\$ 500,000.00	\$ 505,390.00	\$ 499,988.22	\$ 5,401.78	\$ 20,000.00	3.50%	4.00%
US Treasury Note(05/15/2028)	\$ 500,000.00	\$ 492,755.00	\$ 492,586.18	\$ 168.82	\$ 14,375.00	3.50%	3.50%
US Treasury Note(09/15/2028)	\$ 500,000.00	\$ 498,440.00	\$ 496,308.59	\$ 2,131.41	\$ 16,875.00	3.49%	3.64%
US Treasury Note(11/15/2028)	\$ 500,000.00	\$ 500,115.00	\$ 499,160.16	\$ 954.84	\$ 17,500.00	3.49%	3.54%
<b>Total Fixed Income</b>	<b>\$ 6,000,000.00</b>	<b>\$ 6,001,135.00</b>	<b>\$ 5,967,845.44</b>	<b>\$ 33,289.56</b>	<b>\$ 227,500.00</b>	<b>3.59%</b>	<b>4.00%</b>
<b>11/30/2025</b>		<b>\$ 9,355,201.18</b>	<b>\$ 9,270,424.75</b>	<b>\$ 84,776.43</b>	<b>\$ 334,931.11</b>	<b>3.66%</b>	<b>4.06%</b>

# Fee Revenue Reimbursement- October 31, 2025

RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD							
FEE REVENUE REIMBURSEMENT REPORT AS OF OCTOBER 31, 2025							
AGED CLAIMS		Current Month		Prior Month		Prior Year	
<b>Total Claims Outstanding</b>	<b>Total</b>	100%	\$6,404,651	100%	\$6,043,058	100%	\$6,332,152
	Consumers	29%	\$1,880,952	30%	\$1,842,813	57%	\$3,603,345
	3rd Party	71%	\$4,523,699	70%	\$4,200,245	43%	\$2,728,807
<b>Claims Aged 0-29 Days</b>	<b>Total</b>	61%	\$3,937,484	63%	\$3,798,794	41%	\$2,565,525
	Consumers	1%	\$38,901	1%	\$45,330	2%	\$114,235
	3rd Party	61%	\$3,898,583	62%	\$3,753,464	39%	\$2,451,290
<b>Claims Aged 30-59 Days</b>	<b>Total</b>	5%	\$305,621	2%	\$114,202	2%	\$151,908
	Consumers	1%	\$49,097	0%	\$9,236	1%	\$41,494
	3rd Party	4%	\$256,524	2%	\$104,966	2%	\$110,415
<b>Claims Aged 60-89 Days</b>	<b>Total</b>	1%	\$88,368	2%	\$109,468	2%	\$104,365
	Consumers	0%	\$8,923	0%	\$28,502	1%	\$64,685
	3rd Party	1%	\$79,445	1%	\$80,966	1%	\$39,680
<b>Claims Aged 90-119 Days</b>	<b>Total</b>	2%	\$98,561	2%	\$130,465	1%	\$91,037
	Consumers	0%	\$27,407	0%	\$23,759	1%	\$52,396
	3rd Party	1%	\$71,155	2%	\$106,706	1%	\$38,641
<b>Claims Aged 120+ Days</b>	<b>Total</b>	31%	\$1,974,618	31%	\$1,890,129	54%	\$3,419,317
	Consumers	27%	\$1,756,626	29%	\$1,735,986	53%	\$3,330,536
	3rd Party	3%	\$217,992	3%	\$154,144	1%	\$88,781

CLAIM COLLECTIONS	
Current Year To Date Collections	\$12,508,841
Prior Year To Date Collections	\$12,240,203
\$ Change from Prior Year	\$268,638
% Change from Prior Year	2%



# Write-off Report

Month: Oct 2025		
Write Off Code	Current MTD	Prior MTD
BAD ADDRESS	\$ -	\$ 3,416
BANKRUPTCY	\$ 350	\$ -
DECEASED	\$ 490	\$ 20
NO FINANCIAL AGREEMENT	\$ 715	\$ 735
SMALL BALANCE	\$ 10	\$ 35
UNCOLLECTABLE	\$ -	\$ 1,626
FINANCIAL ASSISTANCE	\$ 188,114	\$ 184,314
NO SHOW	\$ 1,201	\$ 522
MAX UNITS/BENEFITS	\$ 60,953	\$ 88,175
PROVIDER NOT CREDENTIALLED	\$ 230	\$ 1,090
DIAGNOSIS NOT COVERED	\$ 790	\$ 960
NON-COVERED SERVICE	\$ 9,670	\$ 5,931
SERVICES NOT AUTHORIZED	\$ 6,497	\$ 4,668
INSUFFICIENT DOCUMENTATION	\$ 150	\$ -
MCO DENIED AUTH	\$ 2,541	\$ 367
INCORRECT PAYER	\$ 3,324	\$ 2,484
INVALID MEMBER ID	\$ 460	\$ -
SPENDDOWN NOT MET	\$ 8,165	\$ 44,565
<b>TOTAL</b>	<b>\$ 283,660</b>	<b>\$ 338,907</b>

Year to Date: July - Oct 2025		
Write Off Code	Current YTD	Prior YTD
BAD ADDRESS	\$ 9,184	\$ 47,085
BANKRUPTCY	\$ 3,020	\$ -
DECEASED	\$ 1,090	\$ 1,530
NO FINANCIAL AGREEMENT	\$ 47,463	\$ 17,011
SMALL BALANCE	\$ 490	\$ 321
UNCOLLECTABLE	\$ 3,481	\$ 2,100
FINANCIAL ASSISTANCE	\$ 934,939	\$ 772,371
NO SHOW	\$ 11,839	\$ 3,012
MAX UNITS/BENEFITS	\$ 265,027	\$ 158,229
PROVIDER NOT CREDENTIALLED	\$ 2,227	\$ 7,120
DIAGNOSIS NOT COVERED	\$ 1,430	\$ 1,440
NON-COVERED SERVICE	\$ 32,219	\$ 28,452
SERVICES NOT AUTHORIZED	\$ 93,745	\$ 73,706
PAST BILLING DEADLINE	\$ 900	\$ 1,587
INSUFFICIENT DOCUMENTATION	\$ 2,868	\$ 685
MCO DENIED AUTH	\$ 18,470	\$ 7,339
INCORRECT PAYER	\$ 18,011	\$ 12,793
INVALID MEMBER ID	\$ 610	\$ -
NO PRIMARY EOB	\$ 4,725	\$ 1,345
SPENDDOWN NOT MET	\$ 51,611	\$ 161,112
<b>TOTAL</b>	<b>\$ 1,503,349</b>	<b>\$ 1,297,239</b>

# 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
11/14/2025	163.57	\$6,500.68	\$39.74	39.67	\$2,055.09	\$51.80	203.24	\$8,555.77
11/28/2025	222.75	\$8,784.39	\$39.44	182	\$7,094.11	\$38.98	404.75	\$15,878.50
<b>Grand Total</b>	<b>1425.57</b>	<b>\$57,934.20</b>	<b>\$40.64</b>	<b>769.67</b>	<b>\$33,249.49</b>	<b>\$43.20</b>	<b>2195.24</b>	<b>\$91,183.69</b>

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

**MENTAL HEALTH**

PROGRAM	REVENUE			EXPENDITURES			ACTUAL VARIANCE	VARIANCE / REVENUE
	BUDGET FY 2026	ACTUAL YTD	%	BUDGET FY 2026	ACTUAL YTD	%		
INPATIENT	0	19,950	0.00%	0	16,950	0.00%	3,000	15%
OUTPATIENT (FED)	3,559,688	1,295,632	36.40%	3,559,688	1,225,470	34.43%	70,161	5%
MEDICAL OUTPATIENT ( R ) (FED)	4,432,876	1,592,305	35.92%	4,432,876	1,511,763	34.10%	80,541	5%
ACT NORTH ( R )	1,108,186	372,834	33.64%	1,108,186	377,658	34.08%	(4,825)	-1%
ACT SOUTH ( R )	1,057,760	457,593	43.26%	1,057,760	355,336	33.59%	102,257	22%
CASE MANAGEMENT ADULT (FED)	1,377,302	457,017	33.18%	1,377,302	466,078	33.84%	(9,061)	-2%
CASE MANAGEMENT CHILD & ADOLESCENT (FED)	1,171,251	345,240	29.48%	1,171,251	383,096	32.71%	(37,856)	-11%
PSY REHAB & KENMORE EMP SER ( R ) (FED)	861,864	269,041	31.22%	861,864	290,518	33.71%	(21,477)	-8%
PERMANENT SUPPORTIVE HOUSING ( R )	4,079,960	3,834,121	93.97%	4,079,960	1,064,129	26.08%	2,769,992	72%
CRISIS STABILIZATION ( R )	2,984,567	922,675	30.91%	2,984,567	939,654	31.48%	(16,979)	-2%
SUPERVISED RESIDENTIAL	702,775	162,951	23.19%	702,775	248,515	35.36%	(85,564)	-53%
SUPPORTED RESIDENTIAL	1,115,708	304,381	27.28%	1,115,708	360,887	32.35%	(56,506)	-19%
JAIL DIVERSION GRANT ( R )	0	22,295	#DIV/0!	0	0	#DIV/0!	22,295	100%
JAIL & DETENTION SERVICES	796,633	27,011	3.39%	796,633	274,672	34.48%	(247,661)	-917%
<b>SUB-TOTAL</b>	<b>23,248,570</b>	<b>10,083,044</b>	<b>43%</b>	<b>23,248,570</b>	<b>7,514,726</b>	<b>32%</b>	<b>2,568,318</b>	<b>25%</b>

**DEVELOPMENTAL SERVICES**

PROGRAM	REVENUE			EXPENDITURES			ACTUAL VARIANCE	VARIANCE / REVENUE
	BUDGET FY 2026	ACTUAL YTD	%	BUDGET FY 2026	ACTUAL YTD	%		
CASE MANAGEMENT	5,009,320	2,365,647	47.22%	5,009,320	1,584,412	31.63%	781,234	33%
DAY HEALTH & REHAB *	5,928,581	2,156,837	36.38%	5,928,581	1,948,743	32.87%	208,094	10%
GROUP HOMES	7,177,971	2,482,394	34.58%	7,177,971	2,361,444	32.90%	120,949	5%
RESPIRE GROUP HOME	742,838	59,640	8.03%	742,838	182,141	24.52%	(122,502)	-205%
INTERMEDIATE CARE FACILITIES	5,382,884	1,343,365	24.96%	5,382,884	1,594,260	29.62%	(250,896)	-19%
SUPERVISED APARTMENTS	1,869,743	1,057,637	56.57%	1,869,743	635,879	34.01%	421,758	40%
SPONSORED PLACEMENTS	2,412,624	846,800	35.10%	2,412,624	722,755	29.96%	124,045	15%
<b>SUB-TOTAL</b>	<b>28,523,961</b>	<b>10,312,319</b>	<b>36.15%</b>	<b>28,523,961</b>	<b>9,029,636</b>	<b>31.66%</b>	<b>1,282,683</b>	<b>12%</b>

(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 October 31, 2025  
**SUBSTANCE ABUSE**

PROGRAM	REVENUE			EXPENDITURES			ACTUAL VARIANCE	VARIANCE / REVENUE
	BUDGET FY 2026	ACTUAL YTD	%	BUDGET FY 2026	ACTUAL YTD	%		
SA OUTPATIENT ( R ) (FED)	2,049,386	564,212	27.53%	2,049,386	672,359	32.81%	(108,146)	-19%
MAT PROGRAM ( R ) (FED)	1,254,477	272,363	21.71%	1,254,477	449,669	35.85%	(177,306)	-65%
CASE MANAGEMENT(with LINK) ( R ) (FED)	404,098	92,764	22.96%	404,098	156,099	38.63%	(63,334)	-68%
RESIDENTIAL ( R )	36,612	12,699	34.69%	36,612	375	1.02%	12,324	97%
PREVENTION ( R ) (FED)	521,955	28,759	5.51%	521,955	217,363	41.64%	(188,604)	-656%
<b>SUB-TOTAL</b>	<b>4,266,528</b>	<b>970,798</b>	<b>23%</b>	<b>2,217,142</b>	<b>1,495,865</b>	<b>67%</b>	<b>(416,920)</b>	<b>-43%</b>

**SERVICES OUTSIDE PROGRAM AREA**

PROGRAM	REVENUE			EXPENDITURES			ACTUAL Variance	VARIANCE / REVENUE
	BUDGET FY 2026	ACTUAL YTD	%	BUDGET FY 2026	ACTUAL YTD	%		
EMERGENCY SERVICES ( R )	2,040,456	1,279,675	62.72%	2,040,456	609,103	29.85%	670,572	52%
CHILD MOBILE CRISIS ( R )	271,050	53,807	19.85%	271,050	59,296	21.88%	(5,489)	-10%
CIT ASSESSMENT SITE ( R )	329,029	136,703	41.55%	329,029	136,367	41.45%	336	0%
CONSUMER MONITORING ( R ) (FED)	-	55,125	#DIV/0!	0	141,129	#DIV/0!	(86,004)	-156%
ASSESSMENT AND EVALUATION ( R )	514,373	161,692	31.43%	514,373	177,384	34.49%	(15,692)	-10%
<b>SUB-TOTAL</b>	<b>3,154,908</b>	<b>1,687,003</b>	<b>53.47%</b>	<b>3,154,908</b>	<b>1,123,280</b>	<b>35.60%</b>	<b>563,723</b>	<b>33%</b>

**ADMINISTRATION**

PROGRAM	REVENUE			EXPENDITURES			ACTUAL VARIANCE
	BUDGET FY 2026	ACTUAL YTD	%	BUDGET FY 2026	ACTUAL YTD	%	
ADMINISTRATION (FED)	826,292	180,295	21.82%	826,292	180,295	21.82%	0
PROGRAM SUPPORT	27,600	9,200	33.33%	27,600	9,200	33.33%	0
<b>SUB-TOTAL</b>	<b>853,892</b>	<b>189,495</b>	<b>22.19%</b>	<b>853,892</b>	<b>189,495</b>	<b>22.19%</b>	<b>0</b>
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 October 31, 2025  
**FISCAL AGENT AND OTHER PROGRAMS**

PROGRAM	REVENUE			EXPENDITURES			ACTUAL VARIANCE	VARIANCE / REVENUE
	BUDGET FY 2026	ACTUAL YTD	%	BUDGET FY 2026	ACTUAL YTD	%		
INTERAGENCY COORDINATING COUNCIL ( R )	1,896,364	623,502	32.88%	1,896,364	507,353	26.75%	116,149	19%
INFANT CASE MANAGEMENT ( R )	939,818	269,467	28.67%	939,818	337,089	35.87%	(67,622)	-25%
EARLY INTERVENTION ( R )	2,719,353	643,038	23.65%	2,719,353	961,038	35.34%	(317,999)	-49%
<b>TOTAL PART C</b>	<b>5,555,535</b>	<b>1,536,007</b>	<b>27.65%</b>	<b>5,555,535</b>	<b>1,805,479</b>	<b>32.50%</b>	<b>(269,472)</b>	<b>-18%</b>
HEALTHY FAMILIES ( R )	1,246,855	180,850	14.50%	1,246,855	416,303	33.39%	(235,453)	-130%
<b>TOTAL HEALTHY FAMILY</b>	<b>1,246,855</b>	<b>180,850</b>	<b>14.50%</b>	<b>1,246,855</b>	<b>416,303</b>	<b>33.39%</b>	<b>(235,453)</b>	<b>-130%</b>
COMMUNITY OUTREACH	118,307	56,288	47.58%	118,307	25,555	21.60%	30,733	55%
<b>TOTAL COMMUNITY OUTREACH</b>	<b>118,307</b>	<b>56,288</b>	<b>47.58%</b>	<b>118,307</b>	<b>25,555</b>	<b>21.60%</b>	<b>30,733</b>	<b>55%</b>

(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 October 31, 2025

**RECAP FY 2026 BALANCES**

	<u>REVENUE</u>	<u>EXPENDITURES</u>	<u>NET</u>	<u>NET / REVENUE</u>
MENTAL HEALTH	10,083,044	7,514,726	2,568,318	25%
DEVELOPMENTAL SERVICES	10,312,319	9,029,636	1,282,683	12%
SUBSTANCE ABUSE	970,798	1,495,865	(525,066)	-54%
SERVICES OUTSIDE PROGRAM AREA	1,687,003	1,123,280	563,723	33%
ADMINISTRATION	189,495	189,495	0	0%
FISCAL AGENT PROGRAMS	1,773,145	2,247,337	(474,192)	-27%
<b>TOTAL</b>	<b>25,015,803</b>	<b>21,600,338</b>	<b>3,415,465</b>	<b>14%</b>

**RECAP FY 2025 BALANCES**

	<u>REVENUE</u>	<u>EXPENDITURES</u>	<u>NET</u>	<u>NET / REVENUE</u>
MENTAL HEALTH	10,293,517	7,416,402	2,877,115	28%
DEVELOPMENTAL SERVICES	9,928,478	9,344,777	583,701	6%
SUBSTANCE ABUSE	1,595,397	1,284,997	310,400	19%
SERVICES OUTSIDE PROGRAM AREA	1,659,748	1,153,238	506,510	31%
ADMINISTRATION	540,544	540,544	0	0%
FISCAL AGENT PROGRAMS	2,411,956	2,334,243	77,713	3%
<b>TOTAL</b>	<b>26,429,642</b>	<b>22,074,202</b>	<b>4,355,440</b>	<b>16%</b>

	<u>\$ Change</u>	<u>% Change</u>
Change in Revenue from Prior Year	\$ (1,413,839)	-5.35%
Change in Expense from Prior Year	\$ (473,863)	-2.15%
Change in Net Income from Prior Year	\$ (939,975)	-21.58%

\*Unaudited Report

## **HUMAN RESOURCES PROGRAM UPDATE- November 2025**

### Training & Compliance

- Facilitated in-person training for 87 staff.
- Continuing our HR file audit, we have audited 73% of our workforce's HR files.
- Participated in the HFRA VDSS virtual site visit.
- Attended Region 1 Training Committee meeting.

### Employee Engagement

- FY26 mid-year performance evaluation cycle opened. This will be the first year this process will be paperless.

### Recruitment Notes

- Participated in two high school career fairs, Caroline High School and Stafford County career expo.
- Hosted, with Germanna, a virtual BHT open house.

**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: December 5, 2025

Re: Summary – November 2025 Applicant and Recruitment Update

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For November 2025, RACSB received 862 applications.

Of the applications received, 96 applicants listed the RACSB applicant portal as their recruitment source, 21 listed employee referrals, 8 listed social media, and 737 listed various job boards.

As of the end of November, 36 positions — 21 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 November 2025.

APPLICANT DATA REPORT

RACSB FY 2026

<b>APPLICANT DATA</b>	<b>Jul-25</b>	<b>Aug-25</b>	<b>Sep-25</b>	<b>Oct-25</b>	<b>Nov-25</b>
Female	212	319	425	262	515
Male	37	72	101	98	159
Not Supplied	75	129	175	114	188
<b>Total</b>	<b>324</b>	<b>520</b>	<b>701</b>	<b>474</b>	<b>862</b>
<b>ETHNICITY</b>					
White	85	106	164	102	210
African American	118	195	263	198	243
Hispanic	7	25	22	17	54
Asian	5	11	10	3	95
American Indian	2	2	2	2	2
Native Hawaiian	3	0	1	2	3
Two or More Races	92	126	212	138	227
Not Supplied	12	55	27	12	28
<b>RECRUITMENT SOURCE</b>					
RACSB Website	35	80	91	51	96
Employee Referrals	12	20	19	21	21
Indeed.com	232	387	504	363	649
Social Media					8
Other -	34	23	70	27	59
Zip Recruiter	11	10	17	12	29
Job Fair	0	0	0	0	0
<b>Total # of Applicants</b>	<b>324</b>	<b>520</b>	<b>701</b>	<b>474</b>	<b>862</b>

**RECRUITMENT ACTIVITY REPORT FY 2026**

<b><u>MONTHLY RECRUITMENT</u></b>	<b><u>JULY</u></b>	<b><u>AUGUST</u></b>	<b><u>SEPTEMBER</u></b>	<b><u>OCTOBER</u></b>	<b><u>NOVEMBER</u></b>	<b><u>DECEMBER</u></b>	<b><u>JANUARY</u></b>	<b><u>FEBRUARY</u></b>	<b><u>MARCH</u></b>	<b><u>APRIL</u></b>	<b><u>MAY</u></b>	<b><u>JUNE</u></b>	<b><u>TOTAL YTD</u></b>
<b>External Applicants Hired:</b>													
Part-time	0	1	1	3	3								8
Full-time	4	3	7	6	3								23
PRN													0
Sub Total External Applicants Hired	<b>4</b>	<b>4</b>	<b>8</b>	<b>9</b>	<b>6</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>		<b>31</b>
<b>Internal Moves:</b>													
Part-time to Full-time	0	0	0	1	2								3
PRN As Needed to Full-Time	0	0	0	0	0								0
Promotions	2	4	4	2	0								12
Lateral Transfers	3	9	5	2	1								20
Full-time to Part-time	0	0	0	1	0								1
Full-time to PRN	0	0	0	0	0								0
Sub Total Internal Applicant Moves	<b>5</b>	<b>13</b>	<b>9</b>	<b>6</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>		<b>36</b>

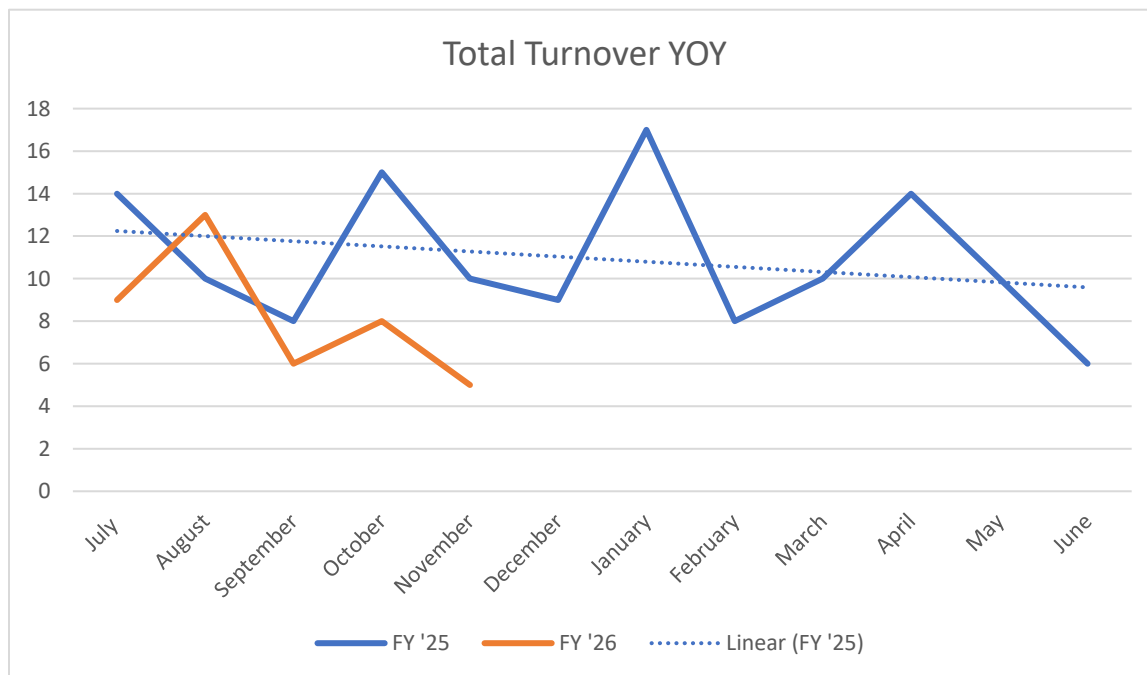
11/24/2025								
Actively Recruiting to Hire								
Original Date Listed	Days Open	Original Listing #	Pos Number	Job Title	RU	Division	FT	PT
10/31/2025	24	1633174	644	FINANCIAL ANALYST	1000	Admin	1	
10/1/2025	54	1606958	53	MAINTENANCE TECHNICIAN	1100	Admin	1	
11/19/2025	5	1645889	552	SPECIAL EDUCATOR, PEID	3910	PEID	1	
11/5/2025	19	1636834	43	CENTRAL ACCESS ASSOCIATE	2200	Clinical	1	
11/5/2025	19	1636838	607	THERAPIST, CHILD/ADOLESCENT	2220	Clinical	1	
8/18/2025	98	1574690	163	CHILD/ADOLESCENT CASE MANAGER - STAFFORD	2500	Clinical	1	
2/26/2025	271	1437967	571	PSYCHIATRIC NURSE PRACTITIONER, OBOT	4261	Clinical	1	
8/5/2025	111	1564763	58	ASSISTANT COORDINATOR - EMERGENCY SERVICES	2000	CIS	1	
7/29/2025	118	1558524	65	ES THERAPIST, CO-MOBILE RESPONSE	2000	CIS	1	
9/24/2025	61	1601851	71	EMERGENCY SERVICES THERAPIST	2070	CIS	1	
9/2/2025	83	1584974	74	EMERGENCY SERVICES THERAPIST - CHILD & ADOLESCENT	2070	CIS	1	
8/18/2025	98	1574615	67	EMERGENCY SERVICES THERAPIST	4000	CIS	1	
11/21/2025	3	1646730	246	DEVELOPMENTAL SERVICES SUPPORT COORDINATOR - SPOTSYLVANIA	3300	CSS	1	
9/9/2025	76	1590165	283	DIRECT SUPPORT PROFESSIONAL - DAY SUPPORT - CAROLINE	3651	CSS	1	1
9/5/2025	80	1587702	642	DIRECT SUPPORT PROFESSIONAL - DAY SUPPORT - KINGS HIGHWAY	3652	CSS		1
11/14/2025	10	1643704	626	DIRECT SUPPORT PROFESSIONAL - KING GEORGE	3653	CSS		1
11/14/2025	10	1643709	628	DIRECT SUPPORT PROFESSIONAL - DAY SUPPORT ICF	3655	CSS		1
9/29/2025	56	1605415	313	DIRECT SUPPORT PROFESSIONAL - KINGS HIGHWAY	3658	CSS		1
11/14/2025	10	1643701	334	DIRECT SUPPORT PROFESSIONAL - DAY SUPPORT SPOTSYLVANIA	3658	CSS		1
9/2/2025	83	1585006	383	NURSE, LPN - WOLFE ICF	3771	CSS		1
10/24/2025	31	1628206	389	DIRECT SUPPORT PROFESSIONAL - LEELAND	3772	CSS		1
11/19/2025	5	1645885	398	DIRECT SUPPORT PROFESSIONAL - STONEWALL	3773	CSS		1
9/2/2025	83	1585003	399	DIRECT SUPPORT PROFESSIONAL - STONEWALL	3773	CSS		1
11/4/2025	20	1635431	402	DIRECT SUPPORT PROFESSIONAL - DEVON	3774	CSS	1	
10/24/2025	31	1628201	405	DIRECT SUPPORT PROFESSIONAL - DEVON	3774	CSS	1	
10/14/2025	41	1619804	646	DIRECT SUPPORT PROFESSIONAL - RUFFINS POND	3775	CSS		1
9/2/2025	83	1584995	424	DIRECT SUPPORT PROFESSIONAL - PIEDMONT	3776	CSS	1	
10/24/2025	31	1628192	429	DIRECT SUPPORT PROFESSIONAL - IGO	3777	CSS	1	
8/27/2025	89	1581959	436	DIRECT SUPPORT PROFESSIONAL - NEW HOPE	3778	CSS	1	
9/2/2025	83	1585000	492	DIRECT SUPPORT PROFESSIONAL - CHURCHILL	3791	CSS		1
11/21/2025	3	1646712	519	DIRECT SUPPORT PROFESSIONAL - LUCAS ICF	3793	CSS		1
9/2/2025	83	1584991	521	NURSE LPN - LUCAS ICF	3793	CSS	1	
10/14/2025	41	1619823	629	DIRECT SUPPORT PROFESSIONAL - MYERS RESPITE	3794	CSS		1
10/14/2025	41	1619830	633	DIRECT SUPPORT PROFESSIONAL - MYERS RESPITE	3794	CSS		1
8/5/2025	111	1564685	525	DIRECT SUPPORT PROFESSIONAL - MYERS RESPITE	3794	CSS	1	
<b>Avg days open</b>	<b>59.00</b>						<b>21</b>	<b>15</b>
							<b>Total 36</b>	
<b>Budgeted Vacant</b>				<b>Job Title</b>	<b>RU</b>	<b>Division</b>	<b>FT</b>	<b>PT</b>
						Admin		
			276	INFANT/CHILD SUPPORT COORDINATOR	3500	PE-ID	1	
			195	MH RESIDENTIAL SPECIALIST - CRISIS STABILIZATION	2770	CIS	1	
			203	NURSE, RN - CRISIS STABILIZATION	2770	CIS	1	
			225	RESIDENTIAL COUNSELOR I - LAFAYETTE BOARDING	2786	CSS	1	
			246	DEVELOPMENTAL SERVICES SUPPORT COORDINATOR	3300	CSS	1	
			302	DIRECT SUPPORT PROFESSIONAL - KINGS HIGHWAY	3652	CSS		1
			331	DIRECT SUPPORT PROFESSIONAL - DAY SUPPORT SPOTSYLVANIA	3653	CSS	1	
			641	DIRECT SUPPORT PROFESSIONAL - DAY SUPPORT ICF	3656	CSS		1
			390	DIRECT SUPPORT PROFESSIONAL - LEELAND	3772	CSS		1
			433	DIRECT SUPPORT PROFESSIONAL - IGO	3777	CSS		1
			452	DIRECT SUPPORT PROFESSIONAL - BELMONT	3781	CSS	1	
			456	DIRECT SUPPORT PROFESSIONAL - BELMONT	3781	CSS		1
			482	DIRECT SUPPORT PROFESSIONAL - GALVESTON	3790	CSS		1
			500	DIRECT SUPPORT PROFESSIONAL - ROSS ICF	3792	CSS	1	
			638	OUTPATIENT THERAPIST - FREDERICKSBURG CLINIC	2200	Clinical		1
			42	OFFICE ASSOCIATE II - FREDERICKSBURG CLINIC	2200	Clinical	1	
			620	PSYCHIATRIC NURSE PRACTITIONER	2201	Clinical	1	
							<b>10</b>	<b>7</b>
							<b>Total 17</b>	

**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: December 5, 2025  
Re: Summary – Turnover Report – November 2025

Human Resources processed five (5) employee separations in November 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	552							
Monthly Terminations*	9	13	6	8	5							
Turnover by Month	1.61%	2.35%	1.09%	1.46%	0.91%							
Cumulative Turnover YTD	1.43%	3.96%	5.06%	6.52%	7.42%							
Average % Turnover per Month YTD	1.43%	1.98%	2.17%	1.63%	1.48%							

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

RACSB MONTHLY TURNOVER REPORT

Nov-25

<u>ORGANIZATIONAL UNIT</u>	<u>NUMBER OF TERMS</u>	<u>VOLUNTARY</u>	<u>INVOLUNTARY</u>	<u>EXPLANATION</u>
<b>Administrative</b>				
<i>Unit Totals</i>	0	0	0	
<b>Clinical Services</b>				
			1	For cause
<i>Unit Totals</i>	1	0	1	
<b>Community Support Services</b>				
		1		Resigned - job abandonment
		1		Resigned - relocation
		1		Resigned - unknown
<i>Unit Totals</i>	3	3	0	
<b>Crisis Intervention Services</b>				
		1		Resigned - personal reasons
<i>Unit Totals</i>	1	1	0	
<b>Prevention &amp; Early Intervention Services</b>				
<i>Unit Totals</i>	0	0	0	
<b>Grand Totals for the Month</b>	<b>5</b>	<b>4</b>	<b>1</b>	

<b>Total Average Number of Employees</b>	<b>552</b>
<b>Retention Rate</b>	<b>98.52%</b>
<b>Turnover Rate</b>	<b>1.48%</b>

<b>Total Separations</b>	<b>5</b>
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## RACSB DEPUTY EXECUTIVE DIRECTOR REPORT

### November 2025 Monthly Updates

#### **Opportunities for Partnership/Input:**

- Accepted the invitation to serve on Governor-elect Spanberger’s Transition Health and Human Resources Policy Committee and attended initial kick-off meeting. This committee is tasked with shaping policy recommendation reports detailing potential budgetary, legislative, and executive actions for the incoming administration. Work will be organized across Day 1, First 100 Days, and longer-term horizons.
- Kicked off annual state reporting project and timeline development with Netsmart and the other Virginia Community Services Boards which use myAvatarNX.
- Participated as voting member of the Virginia Bed Registry Council.
- Attended multiple meetings on DMAS Behavioral Health Re-Design and coordinated internal efforts to facilitate public comment on applicable draft policies.
- 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 20<sup>th</sup> anniversary event.
- Participated in the PD16 Healthcare Safety Net meetings facilitated by Mary Washington Hospital and Rappahannock Area Health District.

#### **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 participated in a small group of beta testers for these dashboards. It was our recommendation that more work is needed prior to publication of the dashboards for official use.

<b>Information Technology Department Data</b>		
<b>Number of IT Tickets Completed</b>	<b>Zoom Meetings</b>	<b>Total Zoom Participants</b>
Nov 2025- 885	1,726	3773

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**

	<b>Name</b>	<b>Email</b>	<b>Phone Number</b>	<b>District</b>	<b>Localities served in PD16</b>
Senate	Bryce Reeves	<a href="mailto:senatorreeves@senate.virginia.gov">senatorreeves@senate.virginia.gov</a>	804-698-7528	28th	Spotsylvania
Senate	Tara Durant	<a href="mailto:senatordurant@senate.virginia.gov">senatordurant@senate.virginia.gov</a>	804-698-7527	27th	Spotsylvania; Fredericksburg; Stafford
Senate	Richard Stuart	<a href="mailto:senatorstuart@senate.virginia.gov">senatorstuart@senate.virginia.gov</a>	804-698-7525	25th	Caroline; King George; Spotsylvania
Senate	Jeremy McPike	<a href="mailto:senatormcpike@senate.virginia.gov">senatormcpike@senate.virginia.gov</a>	804-698-7529	29th	Stafford;
House	Hillary Pugh Kent	<a href="mailto:DelHKent@house.virginia.gov">DelHKent@house.virginia.gov</a>	804-698-1067	67th	Caroline; King George
House	Nicole Tarlton Cole	Email not yet published		66th	Caroline; Spotsylvania
House	Phillip A Scott	<a href="mailto:DelPscott@house.virginia.gov">DelPscott@house.virginia.gov</a>	804-698-1063	63rd	Spotsylvania;
House	Joshua G. Cole	<a href="mailto:DelJCole@house.virginia.gov">DelJCole@house.virginia.gov</a>	804-698-1065	65th	Spotsylvania; Fredericksburg; Stafford
House	Stacey Carroll	Email not yet published		64th	Stafford;
House	Candi Mundon King	<a href="mailto:DelCMundonKing@house.virginia.gov">DelCMundonKing@house.virginia.gov</a>	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, <b>Bryan Metts</b>
Spotsylvania Board of Supervisors	Deborah Frazier, Jacob Lane, Lori Hayes, Chris Yakabouski, Gerald Childress, Drew Mullins, <b>David Goosman</b>
Fredericksburg City Council	Timothy Duffy, Charlie Frye, Jr., Kerry Devine, Jannan Holmes, Susanna Finn, Will Mackintosh, <b>Matt Rowe, Joy Crump</b>
Stafford Board of Supervisors	Dr. Pamela Yeung, Darrell English, Crystal Vanuch, Deuntay Diggs, <b>Maya Guy, Kecia Evans</b>

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
<b>By FY2028, increase total number of individuals served by 5%.</b>	During the first quarter, RACSB served 7,867 individuals.
<b>By June 2026, 100% of programs will establish a metric to measure access to services, establish a benchmark, and percentage for improvement.</b>	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
<b>By June 2026, 100% of programs will establish a metric to measure effectiveness, establish a benchmark, and percentage for improvement.</b>	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
<b>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.</b>	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.
<b>Priority 4: Fiscal and Operational</b>	<b>Quarter 1 Narrative Update</b>
<b>By the end of FY2028, increase year-end positive variance to 1%.</b>	At the end of the first quarter, the agency has a positive variance of \$4,272,186.
<b>Create a sustainability, staffing, and succession plan to reaching towards a balance budget within 3 years for each program within X time frame</b>	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.