

**RAPPAHANNOCK AREA COMMUNITY
SERVICES BOARD**

June 16, 2026

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

AGENDA

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XII. Board Time

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XIV. Adjournment

May 2026 Board of Directors Meeting Minutes

I. CALL TO ORDER

A meeting of the Board of Directors of the Rappahannock Area Community Services Board was held on May 19, 2026, at 600 Jackson Street and called to order by Chair, Jacob Parcell, at 3:00 p.m. Attendees included: Claire Curcio, George Dallas, Ken Lapin, Greg Sokolowski, Ashley Terry, Carol Walker, and Matthew Zurasky. Absent: Nancy Beebe, Susan Gayle, Melissa White and Bridgette Williams.

II. PUBLIC COMMENT

No Action Taken

III. SERVICE AWARDS – *Mr. Joseph Wickens*

Mr. Joseph Wickens recognized all employees with awards:

5 years

Kelsey Wilkinson, ID/DD Residential Specialist, Sponsored Placement

Siara Samuels, Support Coordinator

Tom Schafer, Psychosocial Advocate – Kenmore Club (not present)

20 years

Floretta Ramsuer, Direct Support Professional – Galveston

Michelle Wagaman, Director Prevention & Early Intervention Services

28 years – Retirement: 1997- 2026

Jen Acors, DD Support Coordinator

IV. CERTIFICATE OF RECOGNITION – *Mr. Joseph Wickens*

1. **Sherry Norton-Williams** – Top MHFA Instructor in Virginia for the 5th Straight Year in a Row.

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 on to the next level of decision making.

VI. BOARD PRESENTATION, **Financial Report Year Ended June 30, 2025**, presented by Mr. Joshua Roller of Robinson, Farmer, Cox Associates, PLLC, Certified Public Accountants.

The Board moved to approve the Financial Report
ACTION TAKEN: The Board approved the Financial Report
Moved by: Mr. Greg Sokolowski
Seconded by: Ms. Claire Curcio

VII. **MINUTES, BOARD OF DIRECTORS, April 21, 2026**

The Board of Directors moved to approve the minutes from the April 21, 2026 meeting.
ACTION TAKEN: The Board approved the April 21, 2026 minutes.
Moved by: Ms. Claire Curcio
Seconded by: Mr. Matt Zurasky

VIII. **APPOINTMENT OF OFFICERS, Mr. Jacob Parcell**

Mr. Parcell stated that it was time to nominate new officers for the Board. He noted that nominations are now open to the full Board, with officer elections to be decided at the June meeting.

IX. **DEPUTY EXECUTIVE DIRECTOR, Mr. Joseph Wickens (in the absence of Ms. Brandie Williams)**

Mr. Wickens asked if there were any questions regarding the program update. Mr. Parcell asked whether the Board could receive a presentation or overview of the Patient Portal Optimization initiative so members could better understand what it looks like from a patient's perspective. He noted that the presentation could be relatively brief, but that it would be helpful for the Board to see what the "front door" experience looks like for patients.

Mr. Lapin added that Ms. Williams recently presented on the Strategic Plan at the Virginia Association of Community Services Boards Conference and did an excellent job with the presentation.

X. **EXECUTIVE DIRECTOR, Mr. Joseph Wickens**

Mr. Wickens thanked Board members George and Nancy for attending the Program Tour last week, noting that it was a great success. He shared that the next Program Tour is scheduled for June 23rd and encouraged interested Board members to let staff know if they would like to attend. Mr. Wickens also informed the Board that the Commission on Accreditation of Rehabilitation Facilities (CARF) will be onsite for its visit May 27–29. Board members are invited to attend the orientation session on May 27th at 8:30 a.m., and he asked members to advise staff if they are able to participate. Mr. Wickens stated that he continues to be in discussions with Virginia Department of Behavioral Health and Developmental Services regarding funding for the CRC, with additional updates expected at next month's meeting. He noted there appears to be some optimism that additional funding may become available. Lastly, Mr. Wickens shared that the new Virginia Department of Behavioral Health and Developmental Services Commissioner, Darryl Washington, will be visiting on June 17th from 3:00 p.m. to 5:30 p.m.

XI. **PROGRAM REPORTS**

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

1. **Program Update** – Ms. Fisher Curtis shared the April 2026 Community Support Services report, which included updates across DD Day Support, DD Residential, DD Support Services, MH Residential, and Kenmore Club programs. Ms. Fisher Curtis also highlighted the success of the recent RAAI 50th Birthday Celebration held last Saturday, noting the event had a large turnout and thanking everyone who attended. She shared that the Executive

Director was dunked in the dunk tank multiple times, making for a fun and memorable event, and encouraged members to view photos posted on the RAAI Facebook page. Ms. Fisher Curtis further noted the success of the Art of Recovery event through Kenmore Club, which also had a strong turnout, and thanked everyone for their support and participation.

2. **Residential Vacancies** – Ms. Fisher Curtis shared the April 2026 Residential Vacancies memorandum, which provided updates on Developmental Disabilities and Mental Health Residential Services. Ms. Fisher Curtis reported that three individuals have upcoming move-in dates for DD Residential programs, with Leeland and Ruffins expected to be fully occupied by June 1st. Additional assessments are ongoing for openings at Merchant, Belmont, and Igo. Mental Health Residential Services reported one discharge to a lower level of support and several current vacancies across residential locations. Permanent Supportive Housing currently serves 78 individuals, with two additional individuals accepted and awaiting housing placement.
3. **Mental Health Residential Restructure** – Ms. Fisher Curtis presented a memorandum regarding proposed Mental Health Residential restructuring efforts in response to anticipated funding reductions and upcoming Medicaid redesign changes related to Community Psychiatric Support and Treatment (CPST). Ms. Fisher Curtis reported that the review is focused on strengthening fiscal stability, improving operational efficiency, aligning staffing structures with program needs, and maintaining high-quality, person-centered services. Ms. Fisher Curtis emphasized their commitment to minimizing service disruption, supporting staff through transitions, and maintaining regulatory compliance throughout the process. Additional information and recommendations will be provided to the Board as planning continues.

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

1. **Program Update** – Ms. Jindra gave the May 2026 Crisis Intervention Services program updates. She reported ongoing FY27 budget planning efforts and highlighted a recent luncheon hosted for regional law enforcement agencies to discuss plans for the new Crisis Receiving Center. ACT programs reported a combined census of 73 clients, continued program growth, successful client engagement activities including the first annual kickball tournament, and ongoing preparation for upcoming Commission on Accreditation of Rehabilitation Facilities and TMACT reviews. Sunshine Lady House reported 28 admissions and 77 referrals in April, with staffing transitions continuing to impact operations, though new staff additions are expected to improve stability. Emergency Services leadership also reported active recruitment efforts and optimism regarding the quality of candidates applying for open positions.
2. **Emergency Custody Order (ECO)/Temporary Detention Order (TDO) Report – April 2026** – Ms. Jindra provided an update on Emergency Services activity for April, reporting a total of 213 emergency evaluations. Of these, 68 individuals were assessed under Emergency Custody Orders (ECOs) and 80 Temporary Detention Orders (TDOs) were served. Staff facilitated two admissions to the Commonwealth Center for Children and Adolescents. Additionally, six individuals were involuntary hospitalized outside of the agency’s catchment area during this period.
3. **Crisis Intervention Team (CIT) and Co-Response Report** – Ms. Jindra provided an update on CIT and Co-Response services for April.

The CIT Assessment Center served 20 individuals. Co-Response teams in Spotsylvania and Stafford served a combined total of 94 individuals, while the Fredericksburg Co-Response Therapist position remains vacant. Additionally, staff conducted CIT dispatcher training and continued to monitor utilization trends of the Crisis Assessment Center. These updates highlight both the effectiveness of crisis diversion efforts and the on-going need for expanded capacity and staffing to meet community demand.

4. **Sunshine Lady House** – Ms. Jindra shared the Sunshine Lady House Utilization Report for April 2026. She reported that Sunshine Lady House served 30 individuals during the month, including 28 new admissions, and received referrals from seven Community Services Boards and Behavioral Health Authorities. The program accepted over 78% of referrals, with some deferred due to medical or psychiatric acuity. Ms. Jindra also shared plans to begin serving individuals under Temporary Detention Orders (TDOs) in the coming months and emphasized continued collaboration with Emergency Services to provide appropriate levels of crisis care. Utilization for April was reported at 34%, compared to the program goal of 75%

C. CLINICAL, *Ms. Jacque Kobuchi*

1. **Program Update** – Ms. Kobuchi provided the May 2026 Clinical Services report, which included updates across outpatient clinics, case management, specialty dockets, substance use services, medical services, and jail-based services. She reported continued high utilization of Same Day Access services across clinics, ongoing substance use and wellness group programming, and active recruitment efforts to address clinical vacancies. Specialty Dockets reported participant graduations and continued enrollment growth, while Child and Adolescent Support Services highlighted several successful residential discharges and reunification efforts. Jail and Detention Services also reported continued provision of crisis, therapeutic, medication management, and substance use services to individuals at the regional jail and juvenile detention center.
2. **State Hospital Census Report** – Ms. Kobuchi shared the State Hospital Census Report for May 2026. She reported a total census of 33 individuals across state hospitals, including civil, NGRI, forensic, and Extraordinary Barriers List (EBL) cases. RACSB currently has two individuals on the EBL at Piedmont Geriatric Hospital and Western State Hospital due to challenges securing appropriate community placements. Staff provided updates on ongoing discharge planning efforts, including coordination with assisted living and memory care facilities and potential utilization of Discharge Assistance Program (DAP) funding to support community placement needs.
3. **Same Day Access** – Ms. Kobuchi shared the Same Day Access (SDA) report for May 2026. She reported continued strong utilization of SDA services across RACSB outpatient clinics, with many adult intakes being completed through same-day appointments. The Stafford Clinic initiated a waitlist in April due to staffing shortages; however, other clinics are assisting Stafford residents while newly hired staff are onboarded and trained. Ms. Kobuchi expressed optimism that the waitlist will be resolved over the coming months as vacancies are filled and caseload capacity increases.

Mr. Zurasky voiced concerns regarding the Stafford waitlist, noting that Stafford had previously been the last clinic to eliminate a waitlist and is now the first

clinic to have one again. Ms. Kobuchi explained that Stafford has historically been RACSB's most difficult clinic to staff due to its proximity to Northern Virginia, where many potential employees pursue employment opportunities. She noted that staff were pleased to fill the vacant positions quickly and emphasized that no one wanted to implement a waitlist; however, the agency did not have the capacity to absorb additional clients into other clinics that are already managing very full caseloads. Ms. Kobuchi stated she would continue providing the Board with monthly updates regarding the clinic's progress.

D. COMPLIANCE, *Ms. Stephanie Terrell*

1. **Program Update** – Ms. Terrell shared the April 2026 Compliance Program Update Report. She reported 272 incident reports were entered during the month, with the most common categories involving health concerns, individual injuries, and safety concerns. The Compliance team submitted 22 serious incident reports to Virginia Department of Behavioral Health and Developmental Services and noted that no reports were elevated to care concerns during April. Ms. Terrell also completed multiple root cause analyses, chart reviews, corrective action follow-ups, and external documentation requests. Additional updates included ongoing preparations for upcoming Commission on Accreditation of Rehabilitation Facilities surveys, successful HUD inspections resulting in A ratings for three group homes, implementation of the Point-in-Time Survey across outpatient clinics, and continued staff training initiatives.
2. **3rd Quarter FY2026 Incident Report Review** – Ms. Terrell reported that RACSB served 7,790 individuals during the quarter and processed 788 incident reports, including 90 incidents reported to Virginia Department of Behavioral Health and Developmental Services through the CHRIS system. Health concerns remained the most frequently reported category, followed by individual injuries and safety concerns. Ms. Terrell also reviewed trends involving falls, medication errors, peer-on-peer incidents, and incident levels, noting that root cause analyses and corrective actions were completed as required. Ongoing program responses included staff retraining, policy revisions, environmental modifications, and updates to individual service plans to improve health and safety outcomes.
3. **Licensing Reports** – Ms. Terrell shared the April 2026 Licensing Report update. She reported that Virginia Department of Behavioral Health and Developmental Services approved one Corrective Action Plan (CAP) during the month of April. The CAP was related to a neglect citation involving a prescription error within Mental Health Outpatient Services. Ms. Terrell also noted that the agency submitted corrective actions and responses to address the identified area of noncompliance.

The Board moved to approve the Corrective Action Plan

ACTION TAKEN: The Board approved the Corrective Action Plan

Moved by: Ms. George Dallas

Seconded by: Ms. Claire Curcio

E. COMMUNICATIONS, *Ms. Amy Umble*

1. **Monthly Update** – Ms. Umble presented the May 2026 Communications Update. She highlighted RACSB participation in numerous community outreach and wellness events throughout the month, as well as ongoing communications and engagement efforts. Updates included increased social media activity, website enhancements, and several successful employee engagement service

projects supporting individuals served through RACSB programs and community partners.

2. **May Metrics Report** – Ms. Umble referred to her May 2026 Communications Report highlighting RACSB’s outreach, marketing, and community engagement efforts.

Ms. Umble added that, in addition to the communications highlights, there are new Federal and State compliance guidelines related to websites and public-facing documents. She noted that there is still some uncertainty regarding how Community Services Boards fit within the requirements, and that Virginia Department of Behavioral Health and Developmental Services recently held a meeting for communications representatives to provide guidance. Ms. Umble reported that the Virginia Association of Community Services Boards consulted legal counsel and determined that, because RACSB is an operating board and not part of a locality, the agency has an additional year to come into compliance, though implementation will be a significant undertaking.

Mr. Zurasky asked whether the requirements applied to all RACSB social media platforms, and Ms. Umble confirmed that the guidelines extend to social media, websites, brochures, and emails. Mr. Parcell asked whether the requirements were related to patient privacy regulations under 42 CFR and what the primary compliance concern was intended to address. Ms. Umble explained that the focus is on accessibility, including ensuring compatibility with screen readers, use of plain language, and maintaining appropriate color contrast ratios so that information is accessible to as many individuals as possible.

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

1. **Program Update** – Ms. Wagaman presented the May 2026 Prevention and Early Intervention Services report. She highlighted community outreach, prevention education, suicide prevention initiatives, and early intervention programming occurring throughout the region. Updates included recognition of Healthy Families Rappahannock Area receiving the \$50,000 Women and Girls Fund transformative grant, strong participation in the Virginia Young Adult Survey, continued substance abuse and suicide prevention trainings, and ongoing collaboration with schools and community partners. Ms. Wagaman also reported that the Infant Development Program currently serves 518 children and received 78 referrals in April, while Healthy Families Rappahannock Area continues to provide home visiting and family support services across Planning District 16.

The Board took a ten-minute break

G. FINANCE, *Ms. Sara Keeler*

1. **Program Update** – Ms. Keeler provided the April 2026 Finance Department Program Update. She reported recent staffing changes within the department, including the hiring of a new Accounts Payable employee – which now has the department fully staffed. The Reimbursement Department provided updates regarding resolution of outstanding Anthem claims and efforts to address aging claims. The Accounting Department reported completion of FY2027 budget meetings, continued preparation of the agency budget, ongoing setup of the agency’s new MINT account, and continued staff cross-training efforts to strengthen operational continuity and departmental coverage.

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 March.

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

Moved by: Ms. Carol Walker

Seconded by: Ms. Ashley Terry

H. HUMAN RESOURCES, *Mr. Derrick Mestler*

1. **Program Update** – Mr. Mestler shared the April 2026 Human Resources Program Update. He reported ongoing training and compliance initiatives, onboarding of new employees, recruitment efforts, and employee engagement activities. Human Resources facilitated training for 117 staff, continued leadership development planning in partnership with the University of Mary Washington, and onboarded eight new employees during the month. Mr. Mestler also reported continued recruitment activity for vacant positions, preparation for Open Enrollment, and organization of a Financial Wellness Fair for employees. The Board also received updates regarding turnover trends, exit interview feedback, applicant activity, and ongoing recruitment and retention efforts across the agency.

XII. BOARD TIME

- A. Ms. Walker, I want to thank Human Resources, and Mr. Mestler, the numbers look really good. I'm so glad we have the staff that we need now and I'm so proud of the fact that we are able to retain them – my compliments to Mr. Mestler and all of you because we're in a really good place. I remember when we needed a lot of staff and it was challenging so thank you for that.
- B. Mr. Dallas, congratulations to Healthy Families, also to Mr. Wickens for putting together the Program Tour last week. For a newbie, it was very insightful but most evident was the enthusiasm and passion that was present in every office we went to. So, you talk about retention, that's what retains people, that enthusiasm is contagious and that's you guys setting the right climate, that's your middle management guys facilitating that – giving responsibility – and that all helps retention and that was very obvious and I was very pleased to be a part of that. Thank you to whomever put that all together.
- C. Ms. Curcio, I want to pass on a comment I heard from a very conservative member of the Stafford Sheriffs Office and how much he appreciated the ride-a-long therapist and I was very surprised to hear that and he said that the other day they needed her in three places at one time.
- D. Mr. Sokolowski, I'm always taking the time to thank the work being done by the division directors and all those on the outer circle but I'd like to take this time to thank Ms. Diana for all that she does in taking notes meticulously and supporting everybody else.

- E. Mr. Lapin, thank you all for everything you have done and are doing we appreciate it and let your people know we appreciate them too.
- F. Mr. Zurasky, I am going to speak for the Board, if I can, to wish best wishes, *fair winds and following seas*, for Jen Acors having worked with her for not all of her 28 years here, just an amazing person – wish her well in retirement.
- G. Ms. Terry, thank you all so much, finance glad to see you are fully staffed, due in part to HR. Compliance, great work with the HUD inspections, you passed all three of those, and no complaints I see in the notes so kudos to you. Little wins like that are amazing. Really not a little win because I'm sure a lot of work came from that. Congratulations to Healthy Families, I'm excited to see how they do and how the community responds. Program services everything sounds good. Thank you so much. Thank you to the Board members too, I appreciate you.
- H. Mr. Parcell, thank you for another great month. I did get a report from one Board member, Ms. Bridgette Williams that she was unable to make the meeting, she sends her apologies. Thank you to all the staff for all the great reports. I was down in Richmond earlier and one of the staff members were being recognized there as a nominee for being a Peer Recovery Specialist. I think like always when we see our staff out in the community it goes beyond the day we talk about this meeting but all of your hard work it is truly evident that you are not just good at what you do you guys are the best you guys really beat the pack. That's your leadership making it happen so thank you. I wish you the best of luck during the CARF review. Thank you for all of your hard work. If there is anything the Board can do to support you better, please let us know.

The meeting adjourned at 4:43 PM.

Board of Directors Chair

Executive Director

Board Core Behaviors



Open and Honest
Communication



Ask
Tough Questions



Next Level
Decision Making

Rappahannock Area Community Services Board
Executive Committee Meeting Minutes

Wednesday, June 10, 2026 at 10:00 a.m.
600 Jackson Street, Board Room 208, Fredericksburg, VA

Attendees: *Executive Committee:* Jacob Parcell, Matt Zurasky, Claire Curcio, Nancy Beebe, and
Staff Members: Joseph Wickens and Derrick Mestler

MINUTES

Call to Order – Jacob Parcell

A meeting of the Executive Committee of the Rappahannock Area Community Services Board was held at 600 Jackson Street on June 10, 2026.

I. Employee Handbook Update (attachment) Mestler

Mr. Mestler reviewed recommended revisions and updates of RACSB’s Employee Handbook with the Executive Committee.

The Board approved the recommendations with added changes to the Employee Handbook. It was moved by Ms. Curcio and seconded by Mr. Zurasky.

II. Executive Director FY26 Work Plan Review (attachment) Wickens

Mr. Wickens reviewed and provided an update to his FY 2026 work plan, which is also the agency’s strategic plan, with the Executive Committee.

III. Closed Session – VA CODE § 2.2 – 3711 A (4), A (7), and A (15) Parcell

Mr. Parcell requested a motion for a closed meeting. Matter to be discussed: Executive Director Employment Agreement

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

The motion was unanimously approved.

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

A roll call vote was conducted:

Nancy Beebe – Voted Aye
Matt Zurasky – Voted Aye

Jacob Parcell – Voted Aye
Claire Curcio – Voted Aye

IV. Action on Closed Session: Parcell

The Executive Committee unanimously approved the Executive Director Employment Agreement as well as compensation to include a merit increase based on performance and one-time bonus.

V. RACSB Bylaws Update (attached) Parcell

Due to time constraints and limited recommended changes, the Executive Committee decided to move this item to the next Board of Directors meeting.

VI. Adjournment Parcell

The meeting adjourned at 12:45pm

RACSB's Mission, Vision, and Values

Mission:

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

Vision:

Spark Hope, Spread Hope, Support Hope

Values:

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 & 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.

~~RACSB advocates and actively promotes the beliefs that:~~

- ~~◇ All people have the right to participate in the life of the community and this should not be diminished by the presence of mental illness, intellectual disability, or alcohol and other drug dependence.~~
- ~~◇ Programs and services should be provided to meet the identified needs of all five political jurisdictions in Planning District 16.~~
- ~~◇ Services are best provided at the community level which maximizes the use of natural supports and local networks of care.~~
- ~~◇ Services should be delivered at the earliest possible time to prevent or reduce more costly and traumatic interventions in the future.~~
- ~~◇ The empowerment of people is achieved by recognizing their worth, dignity, strengths, and ability to make informed decisions.~~
- ~~◇ The system of care should be ethically, racially, culturally, age, gender and language appropriate.~~
- ~~◇ The development of a well-trained and diverse workforce is essential to an effective, efficient and outcome-oriented service delivery system.~~

- ◇—~~Individuals with mental disabilities and chemical dependency should have access to a continuum of quality programs and services which are accessible, affordable, and adapted to meet individual needs.~~
- ◇—~~Ethical practices are inherent in the provision of quality programs and services.~~
- ◇—~~Services and supports should be accountable to those they serve, their families and their community, taxpayers and funding sources.~~
- ◇—~~Interagency collaboration and public/private partnerships promote the delivery of comprehensive services in the least restrictive environment.~~
- ◇—~~The provision of services should be sensitive to the health, safety, and well-being of the community.~~

1.3 RESPONSIBILITY

- A. *Board of Directors*: The Board of Directors of RACSB ~~establishes~~ ~~and practices.~~ ~~approves~~ all personnel policies.
- ~~B. *Human Resource Committee*: The Chairperson of the Board appoints the Personnel Committee, a standing committee composed of several members of the Board. The Personnel Committee shall:~~
- ~~◇ Review personnel policies and practices annually and present recommended revisions to the Board for consideration.~~
 - ~~◇ Review the Board's classification and compensation plan annually and present recommended revisions to the Board for consideration.~~
 - ~~◇ Advise the Board regarding personnel policies and practices, and the employment or discharge of the Executive Director.~~
- C. *Executive Director*: The Executive Director, or their designee, ~~is the agency head and is appointed by the Board of Directors. S/he is the Chief Human Resource Officer of the Board and is responsible for ensuring consistent application of the personnel policies and practices within the agency. S/he is also responsible for the approval of position classifications and descriptions for new positions. The Executive Director approves all new hires, terminations, promotions, demotions, transfers, reallocations, and position elimination.~~ will ensure those policies are implemented and administered through appropriate staff and operational processes.
- D. *Human Resource Director Manager*: The Human Resource ~~Director~~ ~~Manager~~ is responsible for:
- ◇ Developing policies which are consistent with agency goals and objectives; which comply with federal, state and local laws, statutes and regulations; and which are in keeping with good employee relations management.
 - ◇ Distributing information contained in the manual and any revisions or additions.
 - ◇ Providing interpretation of policies.
 - ◇ Monitoring consistent application of these policies within the agency.
 - ◇ Developing and classifying descriptions for new positions.
 - ◇ Reviewing and monitoring the agency's compliance with stated policies and practices and implementing necessary procedures.
 - ◇ Assuring that the agency is functioning in compliance with legislated standards and mandates.
 - ◇ Serving as an advisor to the Reviewon personnel matters.
 - ◇ Communicating changes in personnel policies and practices to Board employees and orienting new employees to personnel procedures.
- E. *Manual Handbook*: It is RACSB's policy to develop and maintain this Employee Handbook to inform all employees of approved personnel policies, procedures, and practices. Each employee of RACSB shall ~~have access to receive a copy of~~ the Employee Handbook and shall be required to ~~acknowledge that they have~~ read and will abide by the policies contained herein.
- F. *Legislative compliance*: The RACSB personnel policies and practices are designed to comply with applicable laws and standards, ~~The Title VII/Equal Employ conflicts with any state or federal law, that is part of each year's program application and performance contract and is signed by the Board Chairperson.~~ including those outlined in the Performance Contract. If the employee handbook contradicts any state or federal law, state and federal law supersedes any policy in the handbook.

- G. *Fiscal resources*: All provisions of these policies pertaining to pay and benefits are contingent upon available funding.

~~2.3 POSITION ABOLISHMENT AND ESTABLISHMENT (Accomplished through 2.5 and 2.12)~~

~~When organizational needs dictate a change in duties and responsibilities in a position that reflect more than a gradual change, the existing position will be abolished, a new position established, and the recruitment policy or staffing changes policy, as appropriate, will be applied.~~

~~The pay of the person selected to fill the new position will be determined in accordance with the promotion, transfer, demotion, or starting pay provisions of this policy, as appropriate.~~

~~An incumbent of the abolished position who is not selected to fill the new position will be treated according to the reduction in force policy.~~

~~2.4 REALLOCATION (This is accomplished through the position re-grade in 2.6)~~

~~It is the policy of RACSB to adjust the compensation of an employee when the duties and responsibilities of a position increase or decrease as a result of gradual change.~~

~~A. *Upward reallocation*: Incumbents of positions that are reallocated upward receive an increase in compensation of 10% of the employee's current annual salary, or the minimum of the new grade, whichever is greater.~~

~~B. *Downward reallocation*: If a change in duties results in a downward reallocation and the employee's salary is at or below the maximum of the new salary grade, there is no change in salary. If the employee's salary is above the maximum of the new salary grade, the employee's salary rate is maintained for a grace period of six (6) months. At the end of the six-month period, such an employee's salary will be adjusted to the maximum of the new salary grade.~~

~~The employee is also eligible to receive any applicable general salary adjustments or portion thereof, provided the maximum salary of the lower grade is not exceeded.~~

~~The employee affected by a downward reallocation must be informed of this action in writing and advised of the six (6) month grace period in advance.~~

~~The Executive Director must approve a reallocation request. The Executive Director or his designee is responsible for informing employees of reallocation action in writing.~~

2.5 REDUCTION-IN-FORCE

Should a reduction in force be necessary, it is the policy of RACSB to administer the reduction in a manner that is fair, consistent, and sensitive to the needs of its employees as well as the overall needs of the Board and its programs.

When a reduction in staff is required by a decrease in funding or other unexpected contingency, the policy of the Board is to give as much notice as possible.

The Executive Director, **or their designee**, will make the decision as to which programs or service areas should be reduced, with recommendations from the Division Directors **and Human Resources**. Individual positions to be reduced will be based on program needs. The following factors will be considered after program needs:

- ◇ **Seniority with RACSB.**
- ◇ The individual's contribution to the work of the program, performance evaluations, ~~incident reports,~~ **and formal counseling, etc.;**
- ◇ ~~Equal Employment Opportunity mandates~~

~~The Division Directors will make recommendations to the Executive Director for his/her their final approval of the individual positions to be reduced based on the above criteria. Before the reduction is implemented,~~ Affected employees will be given **first** consideration for any open position within the Board for which they are qualified.

In the event of termination due to reduction in force, affected employees ~~will~~ **may** receive ~~two (2) weeks'~~ **two (2) weeks'** severance pay **at the discretion of the Executive Director or their designee.** ~~at the employee's regular rate of pay in addition to the employee's accumulated annual leave.~~

2.6 GRADED SALARY PLAN

RACSB's compensation policies provide uniformity and consistency in treatment of employees. These policies establish guidelines for determining starting salary and procedures for general salary adjustments, promotions, demotions, reallocations, position abolishment and establishment, and rehires. These policies provide flexibility within established guidelines.

~~Classified~~ Graded positions will be assigned to a salary grade within the agency's graded salary structure to provide:

- ◇ Competitive salaries with comparable jobs in the relevant labor market;
- ◇ Internal consistency and equitable standards among existing job classes; and
- ◇ Effective use of available funds.

A salary grade is a pay range, which identifies the minimum, midpoint, and maximum compensation rates authorized for each job class. ~~Each salary grade is uniform in length.~~

~~All rates in the scales of pay are those authorized for full-time employment for twelve (12) months with due allowance for holidays and leaves of absence with pay. Rates for part-time service shall be proportionate to the rates for full-time service.~~

All employee position and/or pay changes will be effective at the beginning of a pay period.

- A. *Structure adjustment:* To keep the RACSB salary structure competitive with the labor market, the Graded Salary Plan may be adjusted periodically. A structure adjustment is a uniform percentage change in the dollar values of all salary grades applied to all ~~classified~~ graded positions. The competitive position of the current salary structure and the financial resources of RACSB will determine the percentage multiplier.

Employees' compensation will be the same grade in the adjusted salary structure on the effective date of the structure adjustment.

Structure adjustments require approval of the Board of Directors prior to implementation.

- B. *Position re-grade:* A position re-grade is the change in salary grade assignment of a specific job to establish equity with comparable jobs in the labor market and/or internal equity between job grades and positions within the agency.

The degree of change in a position's salary grade will be determined by the competitive position of the job's salary and financial resources of RACSB.

The degree of change in employee compensation as the result of a position re-grade will be based on the current labor market, available funding, and the need to treat all employees of a class equitably.

Employees will not be paid at a rate of pay below the minimum salary of their assigned grade. To ensure consistent survey methodology, the Human Resources ~~Manager~~ Department is responsible for conducting compensation surveys to support structure adjustments and position re-grades, and making appropriate recommendations.

Position regrades require approval by the Executive Director, ~~or their designee~~, prior to implementation.

2.7 PROMOTION

A promotion is the selection of an employee from a job in one salary grade for a position in a higher salary grade as a result of posting and filling a vacant position.

When an employee is promoted, the employee's base compensation shall be increased ~~10%~~ 8% of the employee's current salary. If the salary is still below the minimum of the new grade, the employee's compensation shall be increased to the minimum salary of the new grade at the time of promotion. ~~Merit increases are not made to employees who have been promoted to a higher salary/pay within the current fiscal year.~~

2.8 DEMOTION

A demotion is the assignment of an employee from a position in one salary grade to a position in a lower salary grade.

When an employee is demoted, voluntarily or due to a disciplinary action, to a position in a lower salary grade, the employee's base compensation shall be decreased by the percentage difference between the employee's current salary grade and the new salary grade, not to go below the minimum of the new position's grade.

- A. ~~Voluntary demotion: If the demotion is voluntary (employee initiated), the employee shall be assigned the new salary grade based on a 10% reduction per grade.~~
- B. ~~Disciplinary demotion: An employee may be assigned to a position in a lower grade in lieu of termination under the Standards of Conduct policy. The demoted employee's pay is reduced by 10%, per grade.~~
- C. ~~Reduction in force: An employee may be offered a position in a lower salary grade as a result of a reduction in staff necessitated by economic conditions, funding considerations, reorganization, and lack of work and/or job abolition.~~

~~If the employee's current salary is above the maximum of the new salary grade, the salary will be reduced to the maximum of the new grade on the effective date of the demotion.~~

~~If the employee's current salary is at or below the maximum of the new salary grade, the employee's salary remains unchanged.~~

2.11 CATEGORIES OF EMPLOYEES

- A. *Full-time*: Employees who are scheduled to work between thirty (30) and forty (40) hours per week and are eligible for all benefits programs.
- B. *Part-time*: Employees who are scheduled less than forty (40) less than thirty (30) hours per week and are eligible for limited voluntary benefit programs.
- C. *PRN*: are not assigned a regular, fixed schedule. Instead, they are called in to work as needed to fill gaps caused by staff shortages, sick days, vacations, or spikes in demand. There is no guarantee of a minimum number of hours, and they are not eligible for benefits. Programs can create minimum schedule requirements with approval from Human Resources.
- ~~D. *Temporary*: Employees who are not eligible for any benefits programs.~~
- ~~E. *Non-graded, relief workers and substitutes*: Employees who are not eligible for any benefits programs.~~
- ~~F. *Exempt employees*: Employees who are in Grade 10 and above and otherwise qualify as exempt shall be considered exempt and thus are not eligible for overtime pay.~~
- ~~G. *Non-exempt employees*: Employees in Grades 1 through 9 and employees who do not otherwise qualify as exempt shall be considered non-exempt and thus are eligible for overtime pay as outlined in the FLSA.~~

~~The Human Resource Manager Director shall review all positions on a quarterly basis annually to ensure that the correct FLSA exemption is declared. (Move under FLSA policy)~~

2.12 STAFFING CHANGES

Under certain circumstances, staffing changes may be necessary to allow for the continued provision of essential services and/or to help avoid reductions-in-force. This policy will apply when necessitated in the determination of the Executive Director by economic conditions, funding considerations, reorganization, lack of work and/or job abolition, and, under such conditions, overrides any agency internal or external recruitment requirements. The Executive Director has the final authority in determining positions that will be abolished permanently or “frozen” (left vacant indefinitely) as a result of funding shortages, reorganization, or lack of work. The Executive Director can reassign employees in a position to be abolished or frozen into any other vacant essential position within the agency.

The Executive Director will determine whether such reassignments will be on an ~~ongoing on-a continued~~ or temporary basis, and can change temporary reassignments to an ongoing status if and when it becomes appropriate. ~~Employees who are regularly reassigned will need to go through any recruitment process in place to be considered for the position they moved from should it become vacant and recruitment implemented.~~

If the position to which the employee is reassigned has a lower or equal salary grade, the Demotion/~~Reduction in Force~~ policy or the Lateral Transfer policy, as applicable, will apply. If and when an employee whose pay was changed due to such a change is reassigned back to ~~his/her~~ ~~their~~ original position, the employee’s salary will be adjusted to what it was before the employee was reassigned, with any applicable pay increases that occurred taken into account.

If the position that the employee is reassigned to is of a higher salary grade, the promotion policy will apply. ~~employee’s salary will be increased by 10% 8% or the minimum salary of the new grade, whichever is higher.~~

If the reassignment is temporary, the Executive Director can reassign the employee back to ~~his/her~~ ~~their~~ original position or another position of the same salary grade as the employee’s original position when such a position becomes available. The employee’s compensation would then return to the grade and salary that it was before the employee was reassigned ~~to the higher grade,~~ with any applicable pay increases that occurred while in the reassignment period taken into account.

2.13 DIFFERENTIAL PAY

Group Home, 24-Hour Programs, and Supervised Apartment staff ~~who are not in overtime status~~ will receive a differential calculated as follows for working:

- ◇ Saturday: Anytime from 4:00 p.m. through 12:00 midnight: \$1.00/per hour differential
- ◇ Sunday: Anytime from 8:00 a.m. through 6:00 p.m.: \$1.00/per hour differential
- ◇ Thanksgiving holidays (4th Thursday/Friday in November): \$1.00/per hour differential

Emergency Services Back-up Pay:

- ◇ 8-hour primary on-call, Friday and Saturday, 12a-8a - \$150/instance
- ◇ 8-hour backup on-call, M-F 12a-8a, Sat- Sun - \$50/instance
- ◇ Weeknight, 7p-8a, on-call backup - \$75/instance
- ◇ Prescreen assessment while on-call- \$150/screen

ACT after-hours on-call stipend:

- ◇ \$270.83/month

After-hours Emergency Services staff on-call during the following days will receive differential pay as noted:

- ◇ Thanksgiving holidays (4th Thursday/Friday in November): \$100.00/~~per day~~ shift
- ◇ Christmas Eve Day: \$200.00/~~per day~~ shift
- ◇ Christmas Day: \$200.00/~~per day~~ shift

~~Community Support Services~~ 24-hour programs (DD Residential, MH Residential, ACT, Sunshine Lady House)

- ◇ Christmas Eve: Time and a Half
- ◇ Christmas Day: Time and a Half

3.1.3 MERIT INCREASES

Employees meeting requirements and who have completed their probationary period, ~~been employed a minimum of one (1) year~~ will be eligible to receive any merit-based pay increases approved by the Board of Directors. ~~The Board of Directors will determine the provision of merit increases based on performance evaluations. The Board will also determine approve the criteria to be met in order for employees to receive the merit increase.~~

3.8 SEPARATION OF EMPLOYEES

- A. *Voluntary terminations (Resignations and Retirement):* An employee may leave employment with RACSB voluntarily by resignation. The employee should submit a signed letter of resignation indicating the effective date and reasons for separation to ~~his/her~~ **their** immediate supervisor.

Voluntary separation of employees at Grade ~~8~~ **9** or below-requires at least fourteen (14) calendar days advance notice. Voluntary separation of employees at Grade ~~9~~ **10** or above requires at least 30 calendar days advance notice. If the required period of notice is not given, the employee's annual leave balance will be reduced by the amount of time equivalent to the unfulfilled required notice **and they will be marked ineligible for rehire.**

3.9 REFERENCES/VERIFICATIONS

It shall be the policy of RACSB to provide reference seekers with information on number of years of service and job title. Written, position related references for present and past employees will only be done with appropriate releases on file. This shall include employment references as well as employment/financial verifications. ~~Financial~~ **All reference and verification requests** shall be forwarded to the Human Resource Department for completion.

4.3 EDUCATIONAL LEAVE

~~An employee who on his/her own initiative seeks to further his/her education at a college or university may request an educational leave without pay on a full-time or part-time basis. The request for educational leave must be submitted in writing to his/her immediate supervisor not less than three (3) months prior to the effective date.~~

~~Approval must be obtained from the immediate supervisor, Division Director or his/her designee, and the Executive Director. Criteria to be considered in the evaluation and approval of the request for educational leave include:~~

- ~~◇ *Current and projected program staffing levels.* If approved at the first level, the immediate supervisor will be required to present a formal written plan of action to the respective Division Director and Executive Director describing how the workload of the impacted program area shall be streamlined and distributed amongst existing staff, ensuring uninterrupted service to individuals receiving services and compliance with all agency policies, procedures, and standards. The immediate supervisor shall also conduct a review of the employee's performance and outstanding responsibilities and certify that his/her work is current and in compliance with all agency policies, procedures and standards. Such a review shall be conducted immediately prior to the employee taking educational leave as well as immediately prior to the employee returning from educational leave.~~
- ~~◇ *Relationship of course content to duties and responsibilities.*~~
- ~~◇ *Program goals and objectives.*~~

~~In addition to the above listed criteria, the employee must agree to return to RACSB after the completion of approved educational leave and remain employed with RACSB for the amount of time in which s/he was on educational leave.~~

~~Once all approvals have been obtained, the request must be forwarded to the Office of Human Resources for inclusion in the employee's personnel file. Educational leave normally will not exceed a period of 12 months. Should an extension be necessary, the employee must request an extension in writing to the Executive Director for approval.~~

~~Leave accruals and benefits will be affected in accordance with the leave without pay policy.~~

4.7 **DEATH IN THE FAMILY BEREAVEMENT LEAVE**

~~Death in the family Bereavement leave is defined as a paid leave of absence granted in connection with the death of an immediate family member. that requires the attendance of the employee. This leave shall not exceed three workdays and is in addition to any accrued, but unused annual, sick or family/personal leave. Because death in the family leave is in addition to any accrued, but unused annual, sick or family/personal leave, employees should not charge absences for such leave to annual, sick or family/personal leave unless they have exceeded the amount of death in the family leave provided under this policy.~~ Full time employees are eligible for 24 hours of bereavement leave per occurrence. Part time and PRN employee are not eligible for bereavement pay.

~~An additional leave of absence not to exceed two (2) days per calendar year, which would be in addition to any accrued, but unused annual, sick or family/personal leave, may be taken and charged to family/personal leave for the same purpose as death in the family leave in extenuating circumstances.~~

Immediate family shall include:

spouse	son	brother	grandparents
mother	daughter	sister	grandparent-in-law
father	son-in-law	sister-in-law	grandchildren
stepfamily	mother-in-law	daughter-in-law	brother-in-law
father-in-law	or other individual designated in writing as alternate immediate family at time of employment		

Immediate family consists of:

- Spouse
- Children: Biological, adopted, step, foster, legal wards
- Parents: Biological, adoptive, step, foster, in-law
- Siblings: Brothers, sisters, step siblings, half siblings, in-law
- Grandparents: Biological, adoptive, step, foster, in-law
- Grandchildren: Biological, adoptive, step, foster, in-law

~~Death in the family Bereavement leave must be requested and approved by the immediate supervisor. Supervisors can request proof for the need of this leave. and then approved by the Division Director, and Executive Director. Death in the family leave is not accumulative.~~

5.4 PAY RATE

Generally, a new employee shall be paid the minimum rate of pay for ~~his/her~~ **their** grade. Exceptions to setting starting pay at the entry level are determined by:

- ◇ The availability of suitably qualified applicants;
- ◇ The applicant's knowledge, skills, and abilities that relate to the position's requirements; and
- ◇ Available fiscal resources.

When it becomes necessary in accordance with the criteria above to offer a position at a higher than entry level, the Executive Director, **or designee**, will approve the pay rate. ~~may approve up to the midpoint of a salary grade. In situations where it is necessary to set the starting pay above the midpoint of a salary grade, the Executive Director must obtain approval of the Board of Directors. Guidelines for such action include, but are not limited to, unusual local market conditions that require a greater starting pay to attract a qualified applicant.~~

All pay increases or decreases shall occur at the beginning of a pay period following the Human Resource processing.

~~6.5~~ HOPE STARTER BONUS

~~A. Purpose: The RACSB Hope Starter award is a means for the agency to promote productivity and to provide immediate and visible recognition of employee contributions.~~

~~B. Eligibility: All full and part-time agency employees up to the director level are eligible to receive bonus awards. Independent contractors and temporary employees, whether contracted by the agency or through an agency, are not eligible to receive an award.~~

~~C. Procedures:~~

- ~~1. Award Criteria: The RACSB Hope Starter Bonus award is to be used to recognize employee contributions that have exceeded expectations for exceptional performance. The employee contribution must be for an action or accomplishment that is beyond the scope of the employee's regular day-to-day activities and assignments. For example, the award could be for an employee who uses initiative and creativity to solve a challenging problem. It could also be for a one-time exceptional achievement that might not be otherwise noticed, such as volunteering for extra assignments during critical times while fulfilling all of the employee's ongoing work duties.~~

~~The RACSB Hope Starter Bonus award should be tied to a discrete action rather than awarded for a situation of consistently exceptional performance. The latter situation should be addressed by means of a merit increase, bonus or promotion. The award should be presented to the employee within 30 days of the achievement.~~

- ~~2. Award Amount: The RACSB Hope Starter Bonus award will be in an amount not to exceed \$250.00 (two hundred fifty dollars). All awards are considered taxable income and will be reflected on the employee's income earnings statement.~~

- ~~3. Award Recommendations: RACSB employees with the title Lead, Supervisor, Coordinator, Manager or Director have authority to recommend bonus awards for their employees. Recommendations must be made by the employee's supervisor, who must submit the recommendation to Human Resources and ultimately approved by the Executive Director.~~

~~6.6 DIRECT SUPPORT PROFESSIONALS ADVANCED EDUCATION TRAINING GRANT~~

~~A. Purpose: RACSB may provide advance payment as outlined in this policy for educational expenses (tuition, books, materials, licensing) not to exceed \$2,500 in a 12-month period for full and part-time Direct Support Professional employees in pursuit of certification as a Certified Nursing Assistant (C.N.A.) or licensure as a Licensed Practical Nurse (L.P.N.) through Germanna Community College.~~

~~B. Eligibility: Direct Support Professional employees, both full and part-time who are enrolled in Germanna's nursing program and who commit to a year of employment by RACSB or who are enrolled in Germanna's program and who have been employed by RACSB at a minimum of six months are eligible for the Advanced Education Training Grant.~~

~~C. Procedures: Approval for the advance education training grant is based on the course and its relevance to the employee's current or potential future position, approval of the employee's Division Director, Human Resources, and the Executive Director, and execution and approval of the Advanced Education Training Grant Agreement. Approval of any grant pursuant to this Policy is subject to the final approval of the Executive Director in the Executive Director's sole and absolute discretion.~~

~~The Advanced Education Training Grant Agreement may be obtained from Human Resources and must be completed by the employee. The agreement includes repayment requirements of advanced expenses if the employee does not complete the course or if the employee leaves RACSB prior to completion of required commitment to work periods.~~

~~Once completed, the employee submits the agreement to his or her Division Director. The Division Director should assess the agreement, taking into account the employee's current and future assignments and potential impact on the employee's work responsibilities. If approved, the agreement is forwarded to Human Resources for review and approval, and subsequently forwarded to the Executive Director for final approval, in the Executive Director's sole and absolute discretion.~~

~~The approval process and decision will be communicated to the requesting employee within two weeks of submission of the agreement. An employee having questions regarding this policy or the Advanced Education Training Grant Agreement should contact Human Resources.~~

7.4 INCLEMENT WEATHER

During inclement weather, the decision to close any or all of Rappahannock Area Community Services Board (RACSB) programs and/or buildings, or **switch to virtual work options**, shall be made by the Executive Director or their designee.

- A. Information on any closings or delayed openings will appear on **Fredericksburg.com**, RACSB's website and RACSB's Facebook page. ~~and broadcast on the radio station WBQB (101.5).~~ Supervisors will communicate specific program information regarding inclement weather with their employees.

Each employee will be responsible for referring to the aforementioned websites and looking for communication from their supervisor ~~or radio station in the evening or the following morning~~ for an official announcement on closing, delays, or **switching to virtual work** due to inclement weather.

If there is no announcement stating that a program(s) of RACSB is closed, **delayed or switching to virtual work**, programs will be open and employees will be expected to report to work at their usual starting time.

The Executive Director or their designee will **work to give as much advance notice as possible of closures, delays, or switching to virtual work and communicate the decision with leadership each day of the inclement weather event.** ~~follow the same procedure each succeeding day during a weather event.~~

- B. *Employee Compensation during inclement weather:* Hours that program(s) of RACSB are officially closed due to inclement weather, **or an employee is in a position that is not designated as one that can do virtual work**, will be counted as hours worked for all full-time employees, and inclement weather leave may be used. Part-time and PRN employees, along with contractors and temporary support staff, will not be paid for hours when the agency is closed.

If a program(s) of RACSB is officially open, **or has been switched to virtual work**, and an employee is still unable to get to work because of adverse weather conditions or **is unable to work virtually due to not being prepared to do so**, the employee may charge the time absent to Annual or Family/Personal Leave or, if Annual or Family/Personal leave is not available, to Leave Without Pay.

- C. *Makeup days:* Should the agency be closed for more than three (3) full days within a fiscal year due to inclement weather, the decision to make those days up will be at the discretion of the Executive Director. Potential makeup days shall include single-day holidays, should these be insufficient, Saturdays will be considered.

- D. ~~Emergency Services~~, 24-hour programs (**Crisis Division, Maintenance, and DD Residential program employees**). Due to the nature of the services provided, **all** the staff of these programs will report as scheduled even during inclement weather. During inclement weather events, employees should be prepared to stay onsite until relief arrives.

- E. *Informing individuals receiving services:* It is the responsibility of the impacted programs to inform the individuals receiving services in their programs, after notification/authorization of the Executive Director, of our inclement weather policy and program(s) and/or building(s) closures. The impacted programs will reschedule appointments and/or group meetings.

- F. *Notification of media:* No Community Services Board employee, other than the Executive Director or their designee, shall inform the media (radio, newspaper, etc.) of closure due to inclement weather.

7.12 EMPLOYEE SERVICE RECOGNITION (add)

E. Retirement Recognition: Employees who retire after completing at least 15 years of continuous service with RACSB will receive:

- A retirement bonus of \$50 for each year of continuous service;
- A commemorative keepsake honoring their service;
- A retirement celebration hosted by their program with a budget approved by the Division Director;
- Recognition at a Board meeting.

7.13 EMPLOYEE OF THE QUARTER RECOGNITION

- A. *Purpose:* The purpose of the Employee of the Quarter Recognition (~~formerly Employee of the Month~~) policy is to recognize any existing full-time or part-time RACSB employee (~~with the exception of the Executive Director and any staff person directly supervised by the Executive Director~~) for outstanding job performance, work ethic, and dedication to individuals receiving services.
- B. *Policy:* It is the policy of RACSB to recognize employees on a quarterly basis (four times per fiscal year) as follows:
1. First Quarter (July through September) awarded in October
 2. Second Quarter (October through December) awarded in January
 3. Third Quarter (January through March) awarded in April
 4. Fourth Quarter (April through June) awarded in July
- C. *Nomination:* Nominations may be made by any RACSB employee (supervisors and/or peers).
- D. *Eligibility:* To be eligible for consideration, nominees must have a current performance evaluation (conducted within the previous 12-months) ~~that meets or exceeds standards. on file in Human Resources.~~ Only nominations submitted for the current quarter will be considered. Staff members are encouraged to submit updated nominations in subsequent quarters for individuals not selected based on the initial nomination. ~~The Executive Director and any staff person directly supervised by the Executive Director are~~ All Director level staff are not eligible for this recognition. Once selected as Employee of the Quarter, the staff member will not be eligible for consideration again until the next fiscal year (July 1st through June 30th).
- E. *Selection:* The Employee of the Quarter will be selected by a majority vote cast by a Committee of eighteen (18) employees, ~~Coordinators/Supervisors/Managers~~ that is appointed by the Executive Director, ~~or their designee,~~ every two years and is representative of ~~all a majority of~~ RACSB program areas. Any tie in the vote will be decided by the Executive Director.
- F. *Recognition:* The Employee of the Quarter recipient receives a one-time \$500.00 ~~salary supplement- bonus~~ and a ~~certificate of recognition plaque~~ to be presented at a regularly scheduled meeting of the RACSB Board of Directors. Recipients are also recognized in RACSB publications and clinic lobbies. All nominees receive a copy of their nomination along with a ~~certificate of recognition. All bonuses are subject to taxes. two movie tickets.~~
- G. *Responsibility:* The Administrative Associate to the Executive Director (or other designee) is responsible for maintaining the nominations, tallying the votes, and notifying the recipient.

7.15 Attendance (New)

All employees are expected to arrive on time and ready to work every day they are scheduled to work.

If unable to arrive at work on time or if an employee will be absent for an entire day, the employee must contact the supervisor at least 1 hour prior to the start of their shift. Each program will establish a call-out procedure.

Excessive absenteeism or tardiness may result in discipline up to and including termination. Failure to show up or call in for a scheduled shift without prior notice also may result in discipline up to and including

termination. If an employee fails to report to work or call in to inform the supervisor of the absence for 3 consecutive days or more, the employee will be considered to have voluntarily resigned employment.

8.1 COMMUNICABLE DISEASES POLICY (re-write)

RACSB's decisions involving persons who have communicable diseases shall be based on current and well-informed medical judgments concerning the disease, the risks of transmitting the illness to others, the symptoms and special circumstances of each individual who has a communicable disease, and a careful weighing of the identified risks and the available alternative for responding to an employee with a communicable disease.

Communicable diseases include, but are not limited to, measles, influenza, viral hepatitis-A (infectious hepatitis), viral hepatitis-B (serum hepatitis), human immunodeficiency virus (HIV infection), AIDS, AIDS-Related Complex (ARC), leprosy, Severe Acute Respiratory Syndrome (SARS), including the SARS-CoV-2 (coronavirus) and tuberculosis. RACSB may choose to broaden this definition within its best interest and in accordance with information received through the Centers for Disease Control and Prevention (CDC).

RACSB will not discriminate against any job applicant or employee based on the individual having a communicable disease. Applicants and employees shall not be denied access to the workplace solely on the grounds that they have a communicable disease.

RACSB reserves the right to exclude a person with a communicable disease from the workplace facilities, programs and functions if the organization finds that, based on a medical determination, such restriction is necessary for the welfare of the person who has the communicable disease and/or the welfare of others within the workplace.

RACSB will comply with all applicable statutes and regulations that protect the privacy of persons who have a communicable disease. Every effort will be made to ensure that procedurally sufficient safeguards are in place to maintain the personal confidence of persons with communicable diseases.

8.1.1 Tuberculosis Screening

A. Each new employee, contractor, student, or volunteer who will have direct contact with individuals receiving services shall obtain a statement of certification by a qualified licensed practitioner indicating the absence of tuberculosis in a communicable form within 30 days of employment or initial contact with individuals receiving services. The employee shall submit a copy of the original screening to the provider.

B. All employees, contractors, students, or volunteers in substance abuse co-occurring outpatient or residential treatment services shall receive tuberculosis education on an

annual basis. The education shall focus on self-presentation in the event of exposure to active tuberculosis or the development of symptoms of active tuberculosis.

C. Any employee, contractor, student, or volunteer who comes in contact with a known case of active tuberculosis disease or who develops symptoms of active tuberculosis disease, including fever, chills, hemoptysis, cough, fatigue, night sweats, weight loss, or anorexia, of three weeks duration shall be screened as determined appropriate for continued contact with employees, contractors, students, volunteers, or individuals receiving services based on consultation with the local health department.

D. No employee, contractor, student, or volunteer suspected of having active tuberculosis shall be permitted to return to work or have contact with employees, contractors, students, volunteers, or individuals receiving services until a physician has determined that the person is free of active tuberculosis.

7.16 Exclusion Screening Policy (New)

RACSB is committed to compliance with federal and state laws that prohibit the use of federal healthcare program funds to pay for items or services furnished, ordered, prescribed, managed, or supported by an excluded individual or entity.

A. Covered Individuals and Entities

All individuals and entities who provide, manage, supervise, bill for, or support services that may be paid for, directly or indirectly, by Medicaid, Medicare, or any other federal healthcare program must be screened for exclusion.

This includes, but is not limited to, prospective employees, current employees, volunteers, interns, temporary staff, agency personnel, independent contractors, subcontractors, vendors, consultants, Board members, and any other individual or entity whose work may involve federally funded healthcare programs.

B. Required Databases and Timing

RACSB shall screen covered individuals and entities against the U.S. Department of Health and Human Services Office of Inspector General List of Excluded Individuals and Entities, the System for Award Management exclusions database, and any additional exclusion databases required by federal or state law.

Screening shall occur before employment begins, before a contract is executed, and monthly thereafter for all covered individuals and entities. Monthly screenings should be conducted on a consistent schedule and no more than 31 days apart.

C. Documentation and Record Retention

RACSB shall maintain documentation of all exclusion screenings for audit purposes. Documentation shall include, at minimum, the name of the individual or entity screened, the date of the screening, the databases searched, the search results, resolution of any potential matches, and any corrective action taken.

Screening records shall be retained in accordance with RACSB's records retention schedule and applicable federal and state requirements.

D. Potential Matches

Any potential match shall be reviewed and verified using additional identifying information, such as Social Security number, date of birth, address, National Provider Identifier, employer identification number, or other available identifiers.

Potential matches shall be promptly escalated to the Compliance Officer or designee for review and resolution.

E. Confirmed Exclusions

If an individual or entity is confirmed to be excluded, RACSB shall immediately remove the individual or entity from any involvement in services, items, claims, contracts, or activities funded directly or indirectly by Medicaid, Medicare, or any other federal healthcare program.

RACSB may terminate employment, contracts, or other agreements as appropriate and consistent with applicable law and organizational policy.

The Compliance Officer shall assess whether any claims, payments, services, or contracts were affected by the exclusion and shall determine whether repayment, self-disclosure, notification to regulatory agencies, or other corrective action is required.

F. Employee and Contractor Reporting Obligations

Employees, contractors, and other covered individuals or entities are required to notify RACSB immediately if they become aware of any actual or potential exclusion, sanction, suspension, debarment, criminal charge, conviction, licensure action, or other matter that may affect eligibility to participate in Medicaid, Medicare, or any other federal healthcare program.

Good-faith reporting under this policy shall not result in retaliation.

G. Oversight and Auditing

The Compliance Officer or another designated individual is responsible for overseeing the exclusion screening process and ensuring that required procedures are followed.

The Compliance Officer or designee shall conduct periodic audits to confirm adherence to this policy and shall report findings as appropriate through RACSB's compliance oversight structure.

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8.3. DRUG AND ALCOHOL POLICY

RACSB maintains a drug-free workplace and is committed to protecting the safety, health, and well-being of all employees and other individuals in our workplace. This policy applies to all RACSB employees.

A. DRUGS AND ALCOHOL GENERALLY

Definitions

- **“Illegal drug,”** unless otherwise specified, includes illicit substances, such as Controlled Substances under the federal Controlled Substances Act,¹ or substances that are not legally obtainable, and includes the unauthorized use or abuse of prescription medications or over-the-counter medications.
- **“Legal drug,”** includes prescription medications and over-the-counter medications.
- **“Impaired” or “impairment,”** is defined as inability or impending inability to engage in safe, professional activities and duties due to a behavioral, mental, or physical response related to the use of illegal or legal drugs or alcohol.
- **“Under the influence,”** is defined as having ingested an illegal or legal drug within a period of time for which it could impair an individual or would result in a positive drug or alcohol test.

Prohibited Activities

Employees who violate any aspect of this policy may be disciplined up to and including termination. RACSB employees are prohibited from:

- (i) reporting to work, working or otherwise being on RACSB premises or engaged in RACSB job duties while under the influence of illegal drugs or alcohol, or being impaired by legal drugs;
- (ii) operating or occupying RACSB vehicles or equipment under the influence of illegal drugs or alcohol, or while being impaired by legal drugs;
- (iii) possessing illegal drugs, paraphernalia, or open containers of alcohol in any RACSB vehicle, on RACSB premises or while on RACSB business;
- (iv) illegally using, possessing, manufacturing, selling, or distributing illegal or legal drugs or alcohol, or making arrangements to do any of these activities, while on RACSB premises or while engaged in RACSB job duties;
- (v) abusing or being impaired by legal drugs while at work or otherwise on RACSB premises or engaged in RACSB job duties.

¹ Under RACSB policy, cannabis oil lawfully obtained pursuant to a valid, written certification is not deemed an “illegal drug” despite its designation in the federal Controlled Substances Act.

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B. PRESCRIPTION AND OVER-THE-COUNTER MEDICATIONS

Legal Drug Use

Use of legal drugs (*i.e.*, prescribed and over-the-counter medications), is not prohibited. An employee may work under the influence of legal drugs provided that the employee is not impaired. Employees using legal drugs and reporting to work are responsible for understanding the potential effects such medications may have on their ability to work and otherwise conduct themselves in a safe and appropriate manner. Employees may always request an updated copy of their job descriptions from Human Resources to take to their medical providers to discuss the impact, if any, legal drug use may have on their performance of their job duties.

Provider Acknowledgments for Potentially Impairing Drugs

Employees who seek to work under the influence of legal drugs that may cause impairment may be required to provide a letter from their medical provider certifying that the employee can perform their job functions safely without harm to themselves or others while under the influence of the prescribed or certified medication. This may include but is not limited to employees with lawful certifications for cannabis oil, prescriptions for opiates, or medications that may make an employee dizzy, sleepy, unable to stay alert, or otherwise impact their reaction time or ability to operate a vehicle safely. Such a provider letter may negate a positive test for tetrahydrocannabinol (THC), or another substance listed below, pursuant to the testing procedures set forth below, provided that the employee does not test positive for THC or another substance that is inconsistent with the employee's certification or prescription. An example of the medical provider letter is attached as **Appendix A** to this policy.

If an employee's provider is unable to certify that the employee can safely perform their job functions without harm to themselves or others while under the influence of the prescribed or certified medication, the employee may be put on unpaid leave as a reasonable accommodation or may be asked to work with Human Resources in exploring other potential accommodations to enable the employee to safely perform their job functions.

C. VOLUNTARY TREATMENT FOR SUBSTANCE ABUSE

RACSB recognizes that substance abuse and dependence are treatable illnesses and that early intervention and support improve the prospects for successful recovery. Accordingly, to support our employees, RACSB:

- Encourages employees to seek help if they are concerned that they or their family member may have a substance abuse problem;
- Encourages employees to seek professional help to assess suspected substance abuse and identify appropriate sources of help; and
- Allows the use of accrued paid leave while seeking treatment for substance abuse problems.

RACSB also allows and encourages employees to participate in an Employee Assistance Program (EAP) and may make available other services and treatment for substance abuse. Such services may

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be covered by an employee benefit plan but are the ultimate financial responsibility of the employee. Employees will not be subject to discipline under this policy for coming forward and seeking assistance for substance abuse, provided that such action by the employee occurs before RACSB determines that the employee may have violated this policy, such as by testing positive for an illegal drug under this policy.

D. DRUGS AND ALCOHOL TESTING

RACSB reserves the right to require employees and job applicants to submit to drug and alcohol testing. Testing **normally** will be required under any of the following circumstances.

1. Pre-employment testing
2. Reasonable suspicion testing
3. Post-incident or accident testing
4. Rehabilitative testing

Employees will be subject to disciplinary action, subject to the procedures and discipline policies set forth below, if the employee's drug test comes back positive for:

- illegal drugs;
- legal drugs that are not prescribed or are not taken as prescribed; or
- the presence of alcohol exceeding a Blood Alcohol Content ("BAC") of 0.02%.

Employees who refuse to submit to required testing under this policy or who are found to have tampered with their test sample will be deemed to have tested positive and subject to discipline.

Drugs on Screening Panel

<u>Drug</u>	<u>Screen</u>	<u>GC/MS</u>
Cocaine	15 ng/ml	8ng/ml
Opiates	30 ng/ml	40 ng/ml
Amphetamines	300 ng/ml	50 ng/ml
Phencyclidine PCP	3 ng/ml	10ng/ml

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Types of Testing

1. Pre-Employment Testing

RACSB believes accident prevention and a safe work environment begin with hiring. For that reason, offers of employment are conditioned on results of a pre-employment drug test. Any applicant who is offered employment is required to submit to a drug test as part of the hiring process and the results will be released to RACSB's Human Resources Department. RACSB may notify prospective supervisors if the new hire passed or failed the screening. If an applicant tests positive, RACSB will rescind its conditional offer of employment, or will terminate the new hire's employment. If any applicant refuses to submit to the test, then RACSB will likewise rescind the offer of employment.

2. Reasonable Suspicion Testing

RACSB reserves the right under all applicable laws to test any employee for alcohol and illegal drugs if the employee shows cause. Supervisors should use the reasonable suspicion evaluation form attached as **Appendix B** to this policy to identify potential impairment or an employee being under the influence of illegal drugs or alcohol.

3. Post-Incident Testing

Any employee involved in a work-related incident or work-related vehicular accident may be required to take a drug and alcohol test following an "incident," which for purposes of this policy, is defined as to mean any event that:

- Requires first aid or medical attention and occurring in or on RACSB's premises, or off property but while performing work on behalf of RACSB because of:
 - Injury to an employee as a result of that employee's actions,
 - Injury to a client or to another employee, if caused by action or omission of the employee; or
- Could result in a worker's compensation claim;
- Results in damage to RACSB or a client's property; or
- Results in an environmental, safety, or health incident.

In the event of an incident, RACSB will require the employee to obtain a drug and alcohol test *when there is a reasonable basis to conclude that drug or alcohol use may have contributed to the incident* as soon as possible and in no case more than four (4) hours after the incident takes place, unless the employee is not physically able to be tested. If a failure to obtain a drug and alcohol test within four (4) hours of the incident is caused by the employee's refusal to submit to testing or lack of cooperation with RACSB or the testing site, RACSB will deem the employee to have tested positive in violation of this policy.

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4. Rehabilitative Testing

Consistent with RACSB's desires to encourage employees who proactively seek help with substance abuse and to give employees a "second chance" for violations of this policy, as appropriate, RACSB may conduct rehabilitative testing to confirm that the employee is drug and alcohol free before returning to work. RACSB may require rehabilitative testing at any time within a six (6) month period after the employee returns to work. Such testing may be on a random or scheduled basis.

Consequences of a Positive Test

Generally, a positive test for drugs or alcohol in violation of this policy will be considered a policy violation and may result in termination. However, RACSB may give employees who test positive a "second chance" to remain employed and drug free. Specifically, RACSB intends to offer employees who test positive the choice to enter into a Last Chance Agreement with RACSB, in which the employee would agree to participate in an EAP or substance abuse counseling program while remaining employed by RACSB. An example of a Last Change Agreement is attached as **Appendix C**.

Employees who test positive a second time within two (2) years of entering such a Last Chance Agreement will be subject to immediate termination. RACSB reserves the right to terminate employees without a second chance based on the particular circumstances at issue.

E. TESTING PROCEDURES

Testing under this policy will be coordinated by Human Resources, who will work with a testing lab or licensed healthcare company selected by RACSB and certified by the U.S. Department of Health and Human Services (or its designated agency), following the laboratory's standard policies for specimen collection and chain of custody, as well as applicable laws and regulations.

The drug test may be conducted using a sample of the employee or applicant's urine, saliva, or hair, or by another method that provides comparable accuracy. The alcohol test may be conducted by breath, or by another method that provides comparable accuracy. The test will detect the presence of the drugs on the above screening panel.

Evaluations: The MRO will review the test results. The MRO will discuss with the employee in question any positive test results and applicable prescriptions before forwarding the results to RACSB.

Confidentiality: RACSB will maintain all test results in each employee's confidential medical file. The results of drug and alcohol test will not be disclosed without the prior written consent of the individual or a court order.

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F. SEARCHES AND INSPECTIONS

To help ensure that drugs and alcohol do not enter or affect the workplace, RACSB reserves the right to conduct searches or inspections pursuant to workplace investigations or whenever there is reason to believe that the employee has been involved in a violation of this policy. RACSB may conduct these searches without employee consent. RACSB will attempt to have the employee and one other management representative present during searches. When the subject employee is unavailable, or refuses to be present, RACSB reserves the right to remove locks and otherwise enter employee desks and other RACSB property for the purpose of a search. Employee interference with workplace investigations or searches may result in disciplinary action up to and including termination.

G. DISCLOSURE OF ALCOHOL AND DRUG CHARGES/CONVICTIONS

During the course of the employee's employment with RACSB, employees are required to disclose and all criminal charges and convictions involving actual or alleged drug or alcohol use. The exception to this requirement is that employees are not required to disclose charges or convictions arising from simple possession of marijuana. An employee's failure to disclose a criminal charge or conviction under this policy may result in discipline up to and including termination of employment.

H. THIRD PARTIES

RACSB employees who reasonably suspect that a third party is under the influence of drugs or alcohol should report such suspicion to an RACSB supervisor immediately. Contractors, volunteers, or other third parties who perform work or otherwise are on RACSB premises or carrying out activities on behalf of RACSB may be asked to leave and not return should there exist a reasonable suspicion the third party is under the influence of drugs or alcohol.

I. RESERVATIONS OF RIGHTS

RACSB reserves the right to amend this policy at any time with or without advance notice for business reasons or to comply with changes in applicable laws.

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Appendix A
PERSONAL AND CONFIDENTIAL

Date

Letter for Medical Provider Regarding Use of Potentially Impairing Legal Drug

Dear Provider,

Your patient, _____, who is a Rappahannock Area Community Service Board (“RACSB”) employee, has indicated that you have issued a certification for cannabis oil or a prescription for a medication that may cause impairment, such as by making the employee dizzy, sleepy, unable to stay alert, or otherwise impact the employee’s reaction time. Our drug and alcohol policy requires that employees who take medication that may have impairing effects, even medication that is prescribed or certified by a health care provider, must still be able to perform their job functions safely after having ingested the medication.

We have enclosed a copy of the employee’s current job description. Please review the job description and certify by signing below that the employee can carry out their job functions without harm to themselves or others while using or having ingested the medication. Alternatively, please propose alternative accommodations, if any, that could reduce the threat of harm.

Thank you,

HR Director
Rappahannock Area Community Service Board

I certify that I have reviewed the attached job description, and can confirm the following:

The employee is my current patient.

The employee can perform their job functions safely without harm to themselves or others while using or having ingested the medication.

The following accommodations will enable the employee to perform their job functions safely without harm to themselves or others while taking the prescription, include:

Health Care Provider

Signature: _____

Printed Name: _____

Date: _____

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PART 2: OBSERVATIONS

(Place a checkmark next to any of the following observations exhibited by the employee.)

Walking:

- Stumbling Staggering Falling Unsteady Swaying
 Holding on Other (describe) _____

Speech:

- Slurred Slow Incoherent Rambling Shouting
 Whispering Other (describe) _____

Standing:

- Swaying Needed Support Feet Wide Apart Sagging
 Unable to Stand Other (describe) _____

Demeanor:

- Hyperactive Hallucination Euphoria Hostile Confused
 Silent Sleepy Laughter Depressed Profane
 Irrational Other (describe) _____

Appearance:

- Eye redness Inflamed eyes Hand tremors Clothing disarray
 Dilated pupils Runny nose Red, raw nostrils Profuse perspiration
 Other (describe) _____

Actions:

- Fighting Hostile Paranoid Fumbling Nausea Erratic
 Threatening Other (describe) _____

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Other Observations:

(List below any other observations not included in this checklist. Also provide details for any accident that the employee in question caused or was involved in.)

PART 3: EMPLOYEE RESPONSES

(Note: Instruct the employee that he/she is not required to answer personal medical questions, but the information may explain certain observations.)

Are you feeling ill? If yes, what are your symptoms?

Are you under a doctor's care?

When did you last visit the doctor?

Are you taking a prescribed medication? If yes, when did you last take it?

Do you have a cold? If yes, are you taking cold medication?

Did you drink alcohol or an alcoholic beverage today? If yes, when did you start and when did you stop?

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Other Explanation: (Document employee’s additional explanation or reasons for conduct, if any)

Testing

- Employee has agreed to testing Employee has refused testing

PART 4: CONCLUSIONS

- Based on above observations and responses, I have reasonable suspicion the Employee is under influence of alcohol or drugs
- Based on above observations and responses, the Employee is unfit to perform work safely

Additional Remarks, if any:

Signatures:

Person Reporting	Date

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Appendix C

[Date]

PERSONAL AND CONFIDENTIAL

[Employee Name]
[Address]

Re: Last Chance Agreement

[Name],

RACSB is committed to a safe and healthy working environment for its employees. We also have an obligation to our partners and the public to conduct our operations safely and effectively; therefore, we have established rules prohibiting substance abuse.

You have recently displayed actionable behavior in violation of RACSB's Drug and Alcohol policy, including but not limited to [] testing positive for drugs and/or alcohol, [] reporting to work under the influence of drugs and/or alcohol, or [] other _____. While RACSB has the right to terminate your employment for these policy violations, RACSB wishes to take _____ into consideration [e.g., length of employment, admission, performance, etc.]. Therefore, RACSB will allow you to continue with your employment conditioned on your agreement to the following:

1. For 90 days, you will:
 - a) undergo a minimum of _____ substance abuse counseling sessions (may consider EAP services or outside counseling services);
 - b) attend a minimum of _____ Alcoholics Anonymous, Narcotics Anonymous, or similar recovery program meeting per week; and
 - c) submit signed proof from your substance abuse counselor or sponsor to RACSB following each meeting and/or session.
2. You will be subject to unannounced and periodic substance testing on dates and at times determined by RACSB in its discretion for a period of up to 6 months from the date of this Agreement.
3. If you test positive for any illegal drugs within 2 years of entering into this Agreement, you may be subject to immediate termination.
4. If you possess or use illegal drugs on RACSB's work premises or during working time, or engage in any other conduct in violation of RACSB's Drug and Alcohol policy, you may be subject to immediate discharge.
5. In the event you do not complete or refuse to complete any of the above steps, you may be subject to immediate discharge.

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6. You understand that this Agreement does not alter your status as an at-will employee, meaning that either you or RACSB may end your employment for any reason, with or without cause or advance notice, at any time.

By signing below, you acknowledge that you understand and agree to the terms above.

Sincerely,

HR Director
Rappahannock Area Community Service Board

I acknowledge that I have read carefully, understand, and voluntarily agree to the foregoing.

[Employee]

Date

Rappahannock Area Community Services Board Strategic Plan

Executive Director Work Plan

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	Update
By FY2028, increase total number of individuals served by 5%.	
By June 2026, 100% of programs will establish a metric to measure access to services, establish a benchmark, and percentage for improvement.	100% of programs have established the metric and tentative benchmarks. We will collect data this fiscal year and adjust benchmarks as appropriate.
Strategy #1: By FY2027, 50% of individuals receive 1st service within 10 days of request for service and receive their next two services within 30 days.	DBHDS dashboard report of this measure shows that we 59% of individuals receive their first service within 10 days of request for service and receive their next two within 30 days.
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 plans continue to move toward request for proposals in August. Leadership from IT, facility maintenance, CIS, Clinical divisions meet regularly with the architect to streamline costs and prepare for renovations. More recent, higher cost estimates of construction have delayed progress until more state funding can be secured. Projected RACSB's CRC policies and procedures, staffing plan, and operational budget have been drafted.
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 will not be met though progress continues. In the last quarter, 44% of individuals assigned a waiver had a service plan developed and Active within 90 days of waiver allocation. Since then, 57% of individuals have been completed and we are expecting it to continue to rise through the end of this quarter.
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 increasing community engagement hours to 3.5 per individual. Current Q3 average is 3.06.
Strategy #5: By June 30, 2026, partner with four (4) additional middle schools to provide substance use prevention education.	RACSB Prevention has partnered with 4 new middle schools during this fiscal year. These schools include King George Middle School, Ni River, Chancellor, and Freedom Middle School.
Priority 2: Effective and Quality Services	Update
By June 2026, 100% of programs will establish a metric to measure effectiveness, establish a benchmark, and percentage for improvement.	100% of programs have established the metric and tentative benchmarks. We will collect data this fiscal year and adjust benchmarks as appropriate.
Strategy #1: By June 2026, RACSB will complete a gap assessment to identify actions needed to move towards CCBHC.	The state has delayed application for CCBHC at least another year. VACSB has paused contracting for this assessment for CSBs. RACSB will complete an internal gap assessment in Quarter 4.
Strategy #2: By June 2026, RACSB will establish a consumer-based net promoter score process and set performance benchmarks for the next 2 years.	RACSB has purchased the technology needed and created the survey. This process was tested internally during Q3 and has been launched in this quarter. Data to be obtained to determine benchmark at the end of this quarter.
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 over 50 events this fiscal year. 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	This will be completed in tandem with the CCBHC gap assessment noted above.
Priority 3: Staff retention, workforce support, and talent development	Update

By the end of FY2028, increase employee retention as demonstrated by annual turnover rate of 15% or less and achieve a staff engagement score of at least 80% on the annual engagement survey.	Cumulative turnover rate is currently 14.59%. The employee engagement survey was completed, results reviewed, and communication provided to employees and the Board. Our average score was 78%
Strategy #1: By December 2025, RACSB will design and implement an Employee Engagement Survey. Based on the feedback received, RACSB will establish a benchmark measured key engagement areas for the next two years.	The Employee Engagement Survey has been developed. The first implementation occurred during the first two weeks of December 2025. During Q3, results were reviewed and three priority areas were designated as action areas based on the results. These include increasing leadership communication and transparency, strengthening consistency across the agency, and evaluating total rewards, well-being, and sustainable work practices.
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. Stay interview process has been developed and started with Executive Leadership receiving stay interviews. This process will be replicated with coordinators during Q4 and then proceed to next level staff during Q1 of next year.
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.	University of Mary Washington is currently conducting a needs analysis and assist with leadership development programming.
Priority 4: Fiscal and Operational	Update
By the end of FY2028, increase year-end positive variance to 1%.	We are projected to end this fiscal year with a positive year-end variance.
Create a sustainability, staffing, and succession plan to reaching towards a balance budget within 3 years for each program within X time frame	This work began for many programs during the recent budget cycle. Template for this plan will be completed during Q4.
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 completed by each program in Q4.
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. Monitoring will occur to establish benchmarks by end of the quarter.
Strategy #3: By June 2026, 100% of programs audited will have a minimum comparative score of 80 on audits.	15 programs were audited. 12 programs met the minimum score of 80%. Total average score is 75%. Due to CARF preparation, QA stopped chart audits. As a result, performance will likely remain at 75% for the year.
Strategy #4: By June 2026, RACSB will complete costing engagement through MTM Consulting and present results to Board of Directors.	Not started. Due to ongoing staff transition and priorities in the Finance department, this has not been completed.
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.	IT and Compliance continue to work with MAT, SLH, MH Outpatient, SUD Outpatient to streamline workflows and incorporate documentation requirements. They also worked with Early Intervention to build export to facilitate data entry into TRAC-IT via import.

**BYLAWS OF
RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD**

ARTICLE I - NAME

The name of this Board shall be Rappahannock Area Community Services Board (RACSB), hereby governed by the Board of Directors (Board), serving the City of Fredericksburg and the Counties of Caroline, King George, Spotsylvania, and Stafford.

ARTICLE II - PURPOSE

The purpose of this Board shall be to act as a direct agent of the City of Fredericksburg and the Counties of Caroline, King George, Spotsylvania, and Stafford, Virginia, in the establishment and operation of community mental health, developmental, and substance use services as provided for in Subtitle II, Chapter 5, §37.2-500 through §37.2-512, Code of Virginia (1950) as amended.

The core of program services to be provided by RACSB shall include:

- Crisis services for individuals with a mental illness or substance use disorder,
- same day mental health screenings,
- outpatient mental health and substance abuse services,
- psychiatric rehabilitation services,
- peer support and family support services, and
- care coordination services.

It is the intent of RACSB to provide any such services to every adult who has serious mental illness, child who has or is at risk of serious emotional disturbance, and individual who has a substance use disorder in a timely manner and at a location that is near the individual.

RACSB shall, subject to such funds as may be appropriated therefor, also provide a comprehensive system of inpatient, outpatient, day support, residential, prevention, early intervention, and other appropriate mental health, developmental, and substance use services necessary to provide individualized services and supports to persons with mental illness, developmental disability, or substance use.

In order to provide comprehensive mental health, developmental and substance use services within a continuum of care, the Board shall function as a single point of entry into publicly funded mental health, developmental and substance use services within Planning District 16.

ARTICLE III - POWERS AND DUTIES

The Board as a direct agent of the governmental entities which have established it shall be subject to the laws and regulations relating to such agencies of those governments and shall have

the general powers, duties and responsibilities of an operating board as outlined in § 37.2-504, Code of Virginia. These are the following:

- a. Review and evaluate public and private community mental health, developmental, and substance use services and facilities that receive funds from it and advise the local governing bodies of each city or county that established it as to its findings.
- b. Pursuant to § 37.2-508, submit to the governing body of each city or county that established it, a performance contract for community mental health, developmental and substance use services for its approval prior to submission of the contract to the Department of Behavioral Health and Developmental Services.
- c. Within amounts appropriated for this purpose, provide services authorized under the performance contract.
- d. In accordance with its approved performance contract, enter into contracts with other providers for the delivery of services or operation of facilities.
- e. Provide a copy of the independent annual audit of the total revenues and expenditures of the Board to the local governing bodies in Planning District 16 and to the Department of Behavioral Health and Developmental Services.
- f. Make policies or regulations concerning the delivery of services and operation of facilities under its direction or supervision, subject to applicable standards, policies or regulations adopted by the Board of Behavioral Health and Developmental Services.
- g. Appoint an executive director of community mental health, developmental, and substance use services, who meets the minimum qualifications established by the Department of Behavioral Health and Developmental Services, and prescribe his/her duties. The compensation of the executive director shall be fixed by the operating Board within the amounts made available by appropriation for this purpose.
- h. Prescribe a reasonable schedule of fees for services provided by personnel or facilities under the jurisdiction or supervision of the Board and establish procedures for the collection of those fees. All fees collected shall be included in the performance contract submitted to the local governing bodies in Planning District 16, pursuant to subsection 2 of this section and §37.2-508 and shall be used only for community mental health, developmental, and substance use purposes. Every Board shall institute a reimbursement system to maximize the collection of fees from individuals receiving services under their jurisdiction or supervision, consistent with the provisions of §37.2-511, and from responsible third-party payors. RACSB shall not attempt to bill or collect fees for time spent participating in commitment hearings for involuntary admissions pursuant to

Article 5 (§37.2-814 et seq.) of Chapter 8.

- i. Accept or refuse gifts, donations, bequests, or grants of money or property from any source and utilize the same as authorized by the governing body of each city or county that established it.
- j. Seek and accept funds through federal grants. In accepting federal grants, the Board shall not bind the governing body of any city or county that established it to any expenditures or conditions of acceptance without the prior approval of the governing body.
- k. Notwithstanding any provision of law to the contrary, disburse funds appropriated to it in accordance with such regulations as may be established by the governing body of each city or county that established it.
- l. Apply for and accept loans as authorized by the governing body of each city or county that established it.
- m. Develop joint written agreements, consistent with policies adopted with the State Board of Behavioral Health and Developmental Services, with local school divisions; health departments; Boards of social services; housing agencies, where they exist, courts; sheriffs; area agencies on aging; and regional offices of the Department for Aging and Rehabilitative Services. The agreements shall specify the services to be provided to individuals. All participating agencies shall develop and implement the agreements and shall review the agreements annually.
- n. Take all necessary and appropriate actions to maximize the involvement and participation of individuals receiving services and family members of individuals receiving services in policy formulation and services planning, delivery, and evaluation.
- o. Institute, singly or in combination with other community services boards or behavioral health authorities, a dispute resolution mechanism that is approved by the Department of Behavioral Health and Developmental Services and enables individuals receiving services and family members of individuals receiving services to resolve concerns, issues, or disagreements about services without adversely affecting their access to or receipt of appropriate types and amounts of current or future services from the community services board.
- p. Notwithstanding the provisions of §37.2-400 or any regulations adopted thereunder, release data and information about individual receiving services to the Department of Behavioral Health and Developmental Services so long as the Department implements procedures to protect the confidentiality of that data and information in accordance with applicable regulations to include, but not limited to, HIPAA, HITECH, 42 CFR Part 2, and CURES Act.

- q. Have authority, notwithstanding any provision of law to the contrary, to receive state and federal funds directly from the Department of Behavioral Health and Developmental Services and act as its own fiscal agent, when authorized to do so by the governing body of each city or county that established it.

ARTICLE IV – EXECUTIVE DIRECTOR

The Executive Director is the direct agent of the Board and is responsible to the Board for program planning and development and for the implementation and operating of all elements of RACSB services programs. It shall be the duty of the Executive Director to review and evaluate community mental health, developmental, and substance use services and to undertake such other activities as the Board may direct from time to time. The Executive Director shall serve at the pleasure of the operating Board and be employed under an annually renewable contract that contains performance objectives and evaluation criteria. The Department shall approve the selection of the executive director for adherence to minimum qualifications established by the Department and the salary range of the executive director.

ARTICLE V - MEMBERSHIP

- Section 1. The membership of the Board shall consist of no more than fifteen (15) persons approved and appointed by the Council of the City of Fredericksburg and Boards of Supervisors of the Counties of Caroline, King George, Spotsylvania, and Stafford. The membership shall be broadly representative of the community. One-third of the appointments to the Board shall be individuals who are receiving or who have received services or family members of individuals who are receiving or who have received services, ~~at least one of whom shall be an individual receiving services.~~ One or more appointments may be nongovernmental services providers. No employee of the community services board or employee or Board member of an organization that receives funding from any community services board shall be appointed a member of that Board. The Board of Directors shall not be composed of a majority of local government officials, elected or appointed, as members, nor shall any participating locality be represented on the Board by more than two officials, elected or appointed.
- Section 2. Members shall specifically exclude any employee of the Virginia Department of Behavioral Health and Developmental Services and members of the State Board of Behavioral Health and Developmental Services. The membership of the Board shall consist of three (3) persons from each jurisdiction.
- Section 3. A member of the Board shall be appointed for a term of three years from July 1 of the year of appointment, except that of the members appointed or reappointed following the change in term commencing from January 1 to July 1, several shall be appointed for terms of two and one half or three and one half years so as that the terms expire on June 30. No person shall be eligible to serve more than three full

three-year terms; however, a person first appointed to fill an unexpired term may serve three additional full three year terms. The remainder of a term to which a member is first appointed to fill a vacancy shall not constitute a term in determining the member's eligibility for reappointment. However, after a one-year period has elapsed since the end of the member's last three-year term, the governing body may reappoint that member.

Section 4. Board members will complete a comprehensive orientation process to ensure that the Board member becomes familiar with the organization's vision, mission, strategic direction, values, ethics, financial matters, governance practice, and policies. Board members will participate in ongoing education to include presentation on agency programs and initiatives.

Section 45. Vacancies shall be filled for the unexpired terms in the same manner as the original appointment.

Section 56. Any member of the Board of Directors may be removed by the appointing authority for cause, after being given a written statement of the causes and an opportunity to be heard thereon.

ARTICLE VI - OFFICERS OF THE BOARD AND THEIR DUTIES

Section 1. The officers of the Board shall consist of a Chairman, Vice-Chairman, and Secretary who shall be elected from the Board and shall serve at the pleasure of the Board.

Section 2. The duties of the Chairman shall be as follows:

- a. To preside at all meetings of the Board and Executive Committee.
- b. To appoint all committees deemed necessary for the operation of the Board.
- c. To work closely with the RACSB Executive Director.
- d. To monitor and encourage Board member attendance at all scheduled meetings.
- e. To perform any other duties determined by the Board.

Section 3. The Vice Chairman shall, in the absence of the Chairman, perform the duties of the Chairman.

Section 4. The Secretary shall keep an accurate record of all meetings of the Board and Executive Committee. The Secretary shall send out notices of meetings of the Board and Executive Committee and other duties as requested by the Board.

ARTICLE VII - NOMINATIONS, ELECTIONS, AND TERMS OF OFFICE

Section 1. ~~A Nominating Committee shall be appointed by the Chairman no later than the April meeting of the Board. It shall be the duty of the Nominating Committee to nominate candidates for the offices of Chairman, Vice Chairman, Secretary and report these nominations no later than the May meeting of the Board.~~ Election of officers shall occur at the last meeting held in the fiscal year. Prior to the election, additional nominations from the floor shall be permitted for all offices (provided the nominee consents). Officers shall assume office July 1.

Section 2. The term of office shall be for one year. No officer may serve more than two consecutive terms in the same office. The election shall be by ballot if there is more than one nominee for the same office. A quorum must be present and voting in order to constitute an election.

Section 3. Any vacancy occurring in the officers shall be filled by the Board.

ARTICLE VIII – MEETINGS

Section 1. The Board shall meet monthly, on the third Tuesday every month, or such other day as the Board should determine.

Section 2. Special meetings may be called by the Chairman or upon written request of three members of the Board. No business may be transacted except that which is included in the call.

Section 3. A quorum for all Board meetings shall consist of a simple majority of the ~~official membership of the Board.~~ currently appointed Board members.

Section 4. In the event a quorum is not present at a Board meeting, five or more Board members may reconstitute into a Committee of the Board to act for the Board and to perform official acts on behalf of the Board, subject to ratification by a quorum of the Board.

Section 5. Board members are required to attend a minimum of eight monthly meetings each fiscal year to assure that their locality receives equitable representation.

Section 46. The Executive Committee shall meet at the discretion of the Chairman.

Section 57. The quorum for all Executive Committee meetings shall be three members.

~~Section 6. In the event a quorum is not present at a Board meeting, five or more Board members may reconstitute into a Committee of the Board to act for the Board and to perform official acts on behalf of the Board, subject to ratification by a quorum of the Board.~~

~~Section 7. Board members are required to attend a minimum of eight monthly meetings each fiscal year to assure that their locality receives equitable representation.~~

ARTICLE IX - COMMITTEES

Section 1. Executive Committee

The Executive Committee shall conduct necessary business on behalf of the Board between regular meetings. This is the only committee permanently empowered to act on behalf of the Board. Regular reports to the overall Board will be made for all actions taken on its behalf. Membership includes the elected officers of the Board in addition to the immediate past chairman of the Board. If no past chairman exists, then a member at large will be appointed to serve on the Executive Committee.

Section 2. Task Forces.

The Chairman may establish task forces composed of Board members and/or citizens to address and make recommendations on specific issues when this is deemed appropriate.

ARTICLE X - CONFLICT OF INTEREST

The membership of the Board shall conduct all of its activities in such a manner as to preclude possible conflict of interest. No member of the Board shall vote on an issue in which they have direct or indirect interest or fiduciary responsibility. Board members shall sign a conflict of interest document and an ethical code of conduct document annually.

ARTICLE XI - PARLIAMENTARY AUTHORITY

Robert's Rules of Order, Revised, shall govern the Board in all cases to which they are applicable and in which they are not inconsistent with these bylaws. Further, all Board meetings are considered public meetings and will include the opportunity for public comment not to exceed 3 minutes per commenter.

ARTICLE XII - AMENDMENTS

These bylaws may be amended within the powers allocated to the Board at any regular meeting of the Board by a two-thirds vote of those present and voting, notice having been submitted in writing to the members two weeks prior to the meeting.

Community Support Services Board Report May 2026

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

RAAI is currently supporting 131 individuals, with continuous assessments and admissions happening across all programs.

We have opened our 8th Community Only group at the Fredericksburg Field House. This has been a very exciting addition to the Community Only program as we are continuing to expand across the community.

May community engagement hours for the month were 3,076. We are looking forward to the spring weather and being able to enjoy more outdoor activities! In the month of May, we volunteered in our community for 137 hours at places like the Rappahannock Regional Landfill, St. Peter's Lutheran Church, Empower House, and the Fredericksburg Food Co Op.

Horticulture volunteerism is ramping back up! Volunteer hours will be posted on our Facebook page and will be open to all community members. Thank you to everyone who came out to shop and support our program.

RAAI's 50th Birthday Party was a success! Thank you to everyone who came out to celebrate 50 years of RAAI's impact to the community. A big thank you to Joe Wickens and Lacey Fisher Curtis for volunteering to sit in the dunk tank. It was a wonderful time reminiscing, seeing old friends, and celebrating new ones!

Developmental Disabilities (DD) Residential Services - Courtney Ross

Two individuals were accepted for placement into DD Residential at Merchant Square Supervised Apartment Program (SAP) with move-in dates being finalized. Four individuals successfully moved into DD Residential programs, two in Sponsored Placement and two at Ruffin's Pond Group Home. One individual is slated to move into Leeland Road Group Home on June 1st.

Developmental Disabilities Support Services – Christina Rezendes

We continued to support individuals who were awarded the DD waiver in March to get connected to services. We are currently down to 16 individuals. Some individuals are still waiting on their Medicaid to be approved while others are in the process of being opened to support coordination services. We recently submitted 112 SARFs for our upcoming WSAC meeting in June for the last round of DD waivers. Our Intake Support Coordinator completed 18 screenings for the month of May which is projected to bring in approximately \$5,900.00. We currently support 1,061 individuals with active case management and 806 individuals on the DD waitlist. Jen has officially retired as of May 30th after 29 years. We are planning a "Coffee,

Coordination & Communication” monthly training option for Support Coordinators beginning in August that will have a specific topic and rotate at each clinic site. This is to help with increasing training, building morale and allowing staff to be more familiar with the different clinic sites.

Mental Health (MH) Residential Services - Nancy Price

The Department of Behavioral Health and Developmental Services provided notice that the Transitional Bed Exhibit D contract will not be renewed for FY27, resulting in the loss of funding for transitional beds at Home Road and Lafayette. The program currently has two individuals residing in transitional beds at Lafayette, and DBHDS has offered a short-term agreement to continue funding for up to four months to support a successful transition process. The previous three vacant transitional beds are now available for community referrals.

Mental Health Residential has begun a restructuring process to support FY27 budget needs and anticipated Behavioral Health Redesign changes. This restructuring includes transitioning away from renting units at Home Road and revising the staffing structure so that managers and assistant managers oversee documentation and authorization responsibilities, while staff focus primarily on providing direct care services to individuals. This is an ongoing project that will require close monitoring of budgets, staffing patterns, and occupancy rates.

Liberty Street and River Place staff have been diligently working to prepare for the CARF survey on May 27-29! Home Road enrolled one individual on May 22.

PSH received two referrals and enrolled one individual in May. The total individuals enrolled in PSH is now 80, with 11 open slots.

Psychosocial Rehabilitation- Kenmore Club- Anna Loftis

As summer approaches, Kenmore Club has lots of plans to enjoy the weather. We had a successful day at the park to celebrate the end of May. This month we will be going to the Fredericksburg Nationals baseball game and the Marine Corps Museum. We will also be continuing our walks downtown and continuing with our popular \$5 movie outings. We are working on transitioning to more vocational oriented programming so we have also reinstated the afternoon unit meetings.

Memorandum

To: Joe Wickens, Executive Director

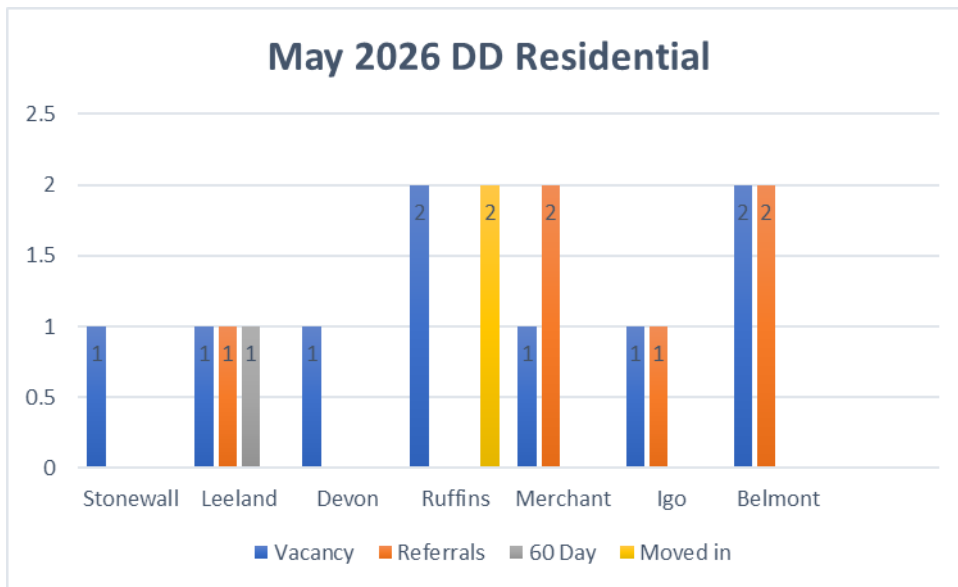
From: Lacey Fisher Curtis, CSS Director

Date: June 8th 2026

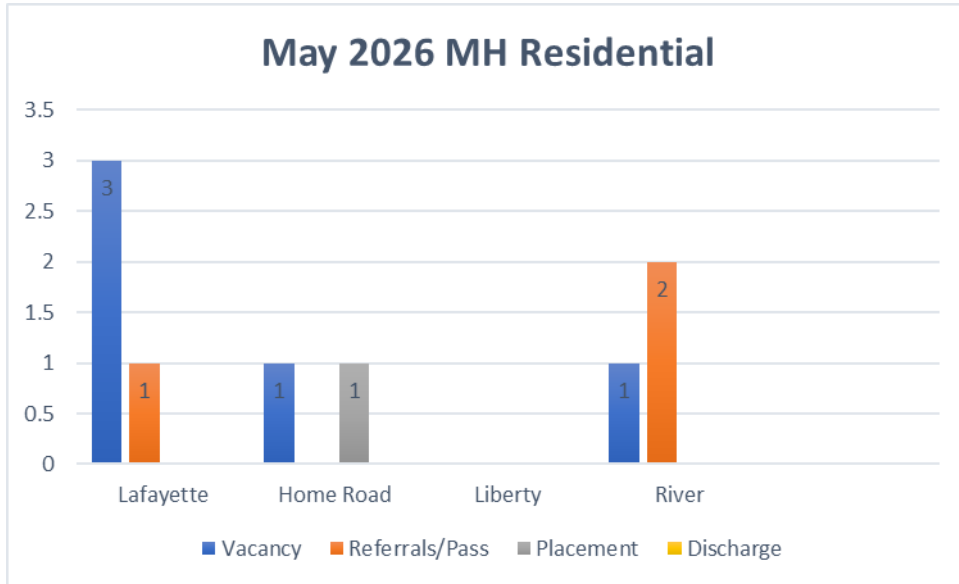
Re: Developmental Disabilities and Mental Health Residential Vacancies

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.

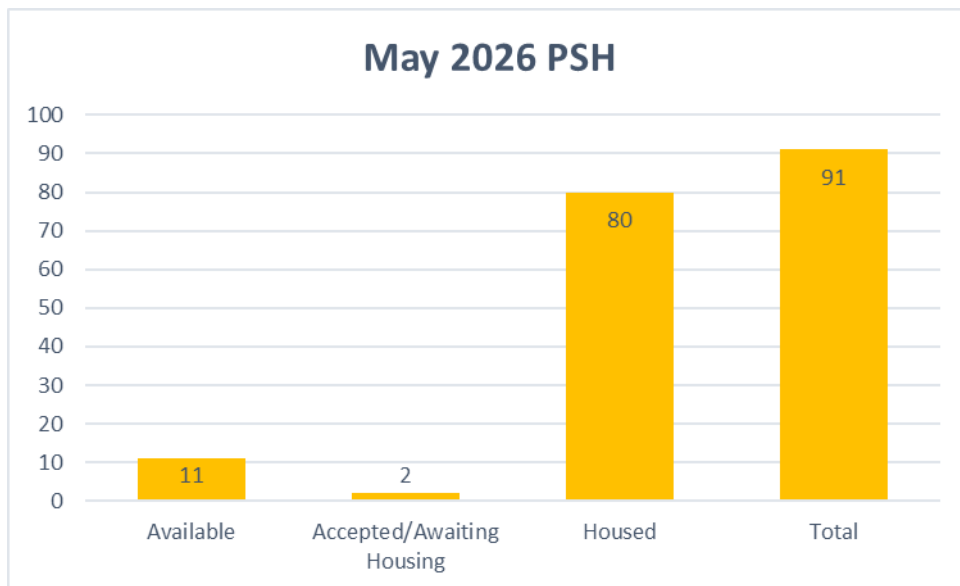
In May, two individuals moved into Ruffins Pond and one more is slated to move in June 1st to Leeland; these programs will then be full. Merchant, Belmont, and Igo are assessing individuals for their current openings.



RACSB was notified in May that transitional funding for 6 beds will not be renewed for FY27, these beds will now be open for community referrals. Mental Health Residential services had one new admission in May and had no individuals discharge to a lower level of support. Four individuals have discharges scheduled for June.



Permanent Supportive Housing (PSH) has 80 individuals currently housed with two individuals admitted during May. The program currently has two individuals accepted and waiting for housing. PSH also provides case management to those individuals who are awaiting housing.





Crisis Intervention Services Program Updates

May 2026

Crisis Intervention Services, Amy Jindra

During the month of May, two of the Crisis Intervention Services division programs participated in the CARF survey. Both ACT and Sunshine were well-prepared and it showed in the surveyors' feedback. ACT was surveyed for the first time. Congratulations to all of the CARF programs as we had the privilege to hear high praise from the surveyors.

Assertive Community Treatment (ACT) - Sarah McClelland

May was a busy month for ACT. We had a CARF review on May 28th to determine if ACT could become CARF-accredited for the first time. Our CARF reviewer was Dawn Rucker who runs a large non-profit community mental health facility in Detroit. She reported being impressed with ACT services and spent significant time talking with clients and staff. ACT staff on both the North and South teams had been preparing for this visit, a little bit at a time, for several months. It was a success and there were no recommendations for changes by the reviewer. ACT continues to work hard growing our program and increasing our census, which currently stands at 78, as we have had multiple new admissions this month. Melissa Conmy has resigned as the ACT North Mental Health Specialist. She will be transitioning to the therapist role at Sunshine Lady House and we are going to miss her but are excited that she will have the opportunity to advance her career as she continues to pursue clinical licensure. ACT will get this position posted and will begin the interview process to fill this position as soon as possible with anticipation of having someone in place by the end of June. ACT also had another cookout at Old Mills Park. The cookouts, which happen once per quarter are always a huge success and one of our most well-attended events by ACT clients. It was good to see everyone at the cookout and even our newly enrolled clients were there to participate. Looking toward June, ACT South is taking a trip to Virginia Beach for the day with specific clients, some of whom have never seen the ocean before.

Sunshine Lady House, Crisis Stabilization, Latroy Coleman

SLH program served thirty- five individuals in the month of May 2026. The program received forty-three referrals outside of Planning District 16. SLH is actively interviewing for



the shortages within the program. Current staffing patterns have created some impact on programming, specifically admission times. Current staff has remained committed to programming, some offering extra shifts and working later to assist with program deficits. We have been fortunate to have individuals from other programs that have expressed a willingness to assist. SLH would like to offer our deepest appreciation to Elizabeth Brown, ACT nurse. She reached out to the program when she became aware of our shortage and offered to pick up. Elizabeth has worked most all weekends within the program for the last two months. She has also extended additional time to assist. We are grateful for her commitment to SLH. Thanks to all that have been willing!

Emergency Services (ES) – Natasha Randall

For the month of May, the Emergency Services Coordinator, in collaboration with the Director of Crisis Intervention Services, met with the Stafford County Sheriff's Office to participate in the recognition of our Co-Responder for her outstanding work and dedication in serving clients within Stafford County.

Additionally, the Emergency Services Coordinator, Director of Crisis Intervention Services, and Emergency Services Assistant Coordinator participated in a drone training demonstration provided by the Sheriff's Office. During the visit, staff were also given a tour of the SWAT vehicle and Mobile Command Center, providing valuable insight into the specialized resources and operations available to support public safety and crisis response efforts within the community.

MEMORANDUM

To: Joe Wickens, Executive Director

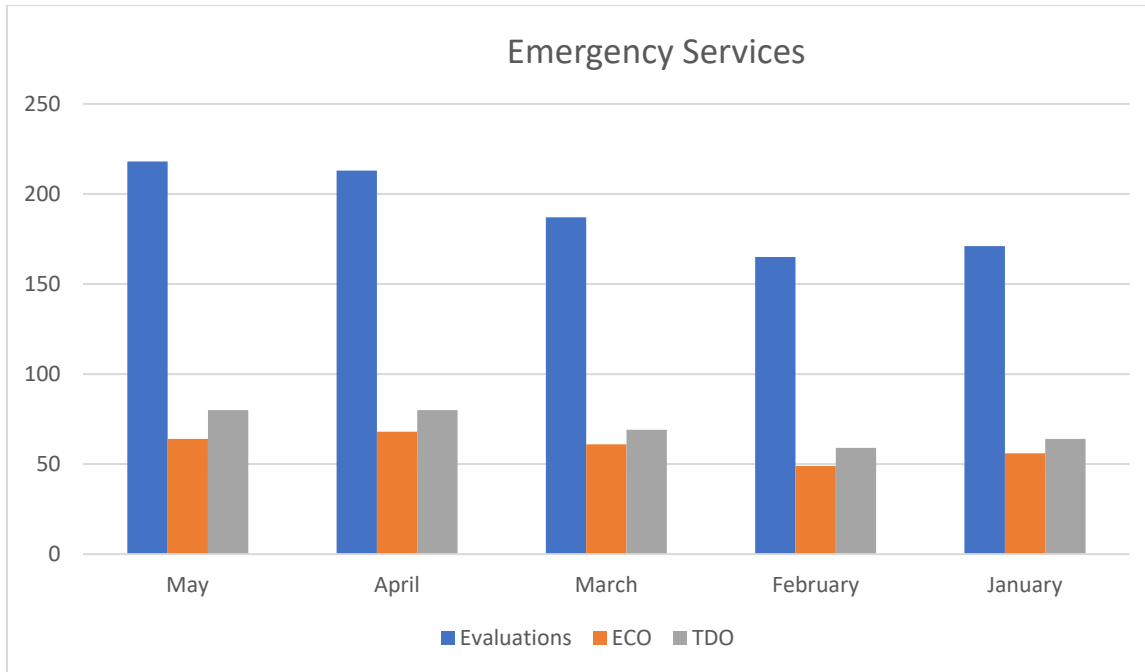
From: Natasha Randall, Emergency Services Coordinator

Date: June 9, 2026

Re: Emergency Custody Order (ECO)/Temporary Detention Order (TDO) Report – May 2026

In May, Emergency Services staff completed 218 emergency evaluations. Of these, 64 individuals were assessed under Emergency Custody Orders (ECOs), and 77 Temporary Detention Orders (TDOs) were served. Staff facilitated one admission to Northern Virginia Mental Health Institute (NVMHI).

Please see the attached data reports.



FY26 CSB/BHA Form (Revised: 07/01/2025)

CSB/BHA	Rappahannock Area Community Services Board			Month	May 2026				
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	
	218	25	39		64	77	7	1	

FY '26 CSB/BHA Form (Revised: 07/01/2025)

CSB/BHA	Rappahannock Area Community Services	Reporting month	4/1/2026, May 2026		No Exceptions this month →	
Date	Consumer Identifier	1) Special Population Designation <small>(see definition)</small>	1a) Describe "other" in your own words <small>(see definition)</small>	2) "Last Resort" admission <small>(see definition)</small>	3) No ECO, but "last resort" TDO to state hospital <small>(see definition)</small>	4) Additional Relevant Information or Discussion <small>(see definition)</small>
5/3/2025	56505	Adult (18-64) with ID or DD		Yes	No	NVMHI

MEMORANDUM

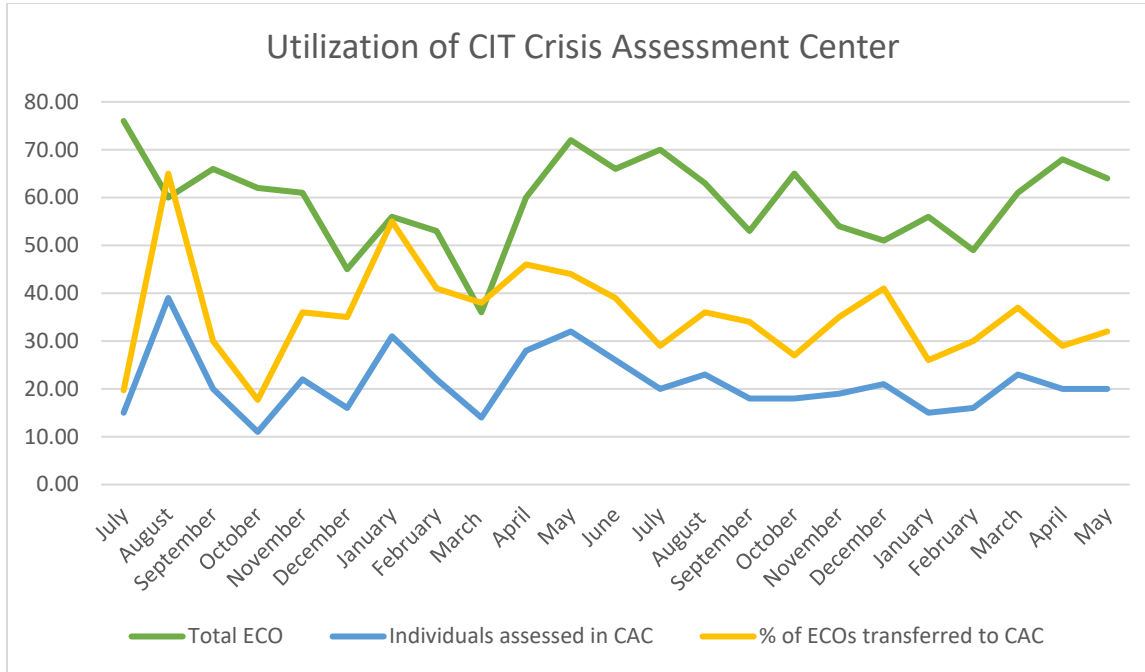
To: Joe Wickens, Executive Director
From: Natasha Randall, LCSW Emergency Services Coordinator
Date: June 3, 2026
Re: CIT and Co-Response Report

The CIT Assessment Center served 20 individuals in the month of May 2026. The number of persons served by locality were the following: Fredericksburg 2; Caroline 1; King George 1; Spotsylvania 5; Stafford 11; 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:

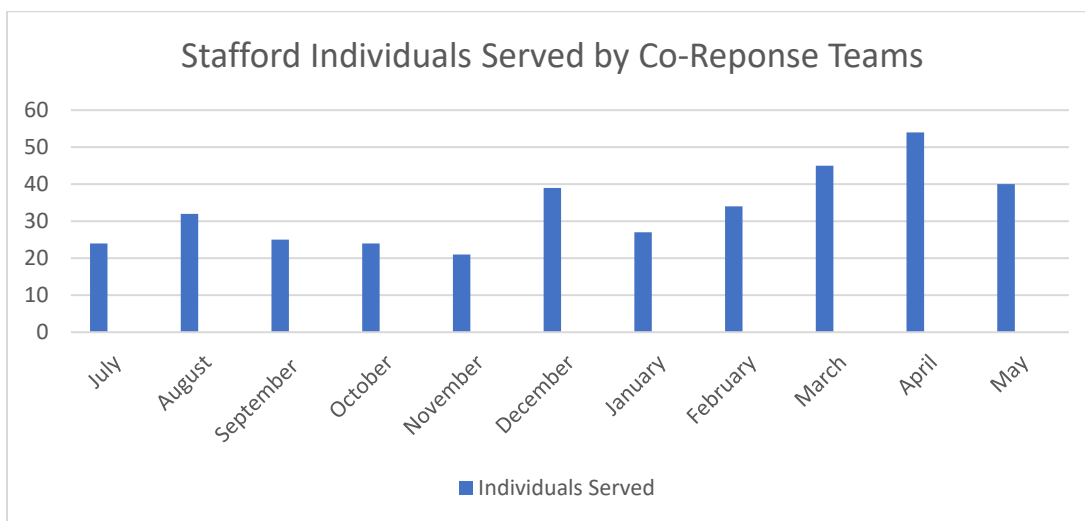
<u>Locality</u>	<u>Total ECO</u>	<u>Custody Transfer</u> <u>to CAC</u>	<u>Appropriate for</u> <u>CAC if Capacity</u>
Caroline	2	1	1
Fredericksburg	10	2	8
King George	6	1	5
Spotsylvania	13	5	8
Stafford	33	11	22
<u>Totals</u>	64	20	44

RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD

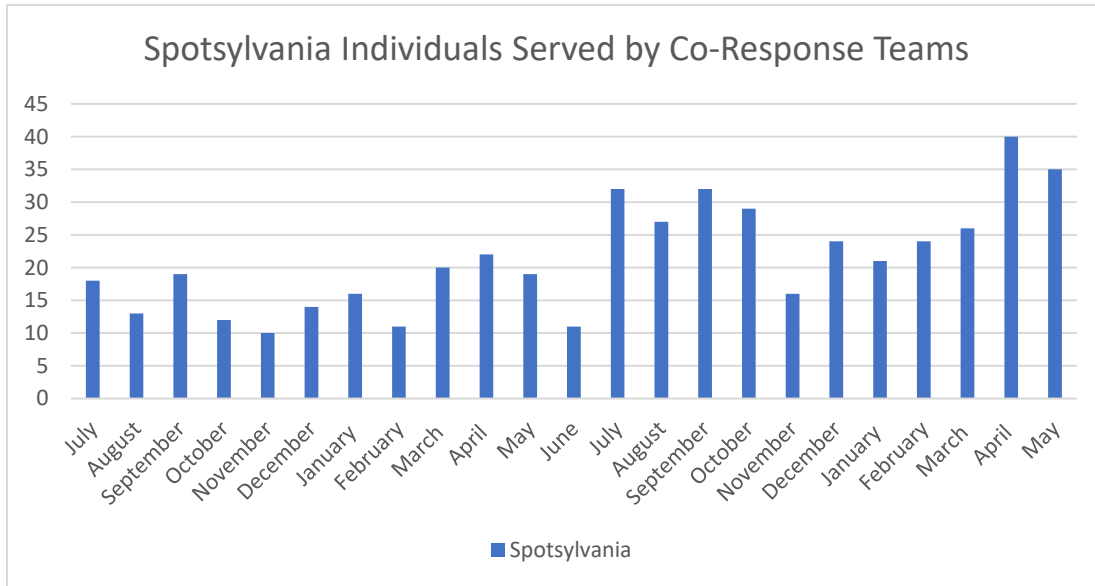


Co-Response

The Spotsylvania Co-Response Team served 35 individuals in the month of May and the Stafford Co-Response team served 40 individuals. The Fredericksburg Co-Response Therapist position remains vacant.



RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD



CIT Training

In the month of May, we didn't have any trainings but prepared to send the CIRT team from Spotsylvania to Dallas, Texas for the International Co-Responder Alliance Conference.

Memorandum

To: Joe Wickens, Executive Director

From: Amy Jindra, CIS Director

Date: June 9, 2026

Re: Sunshine Lady House Utilization

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

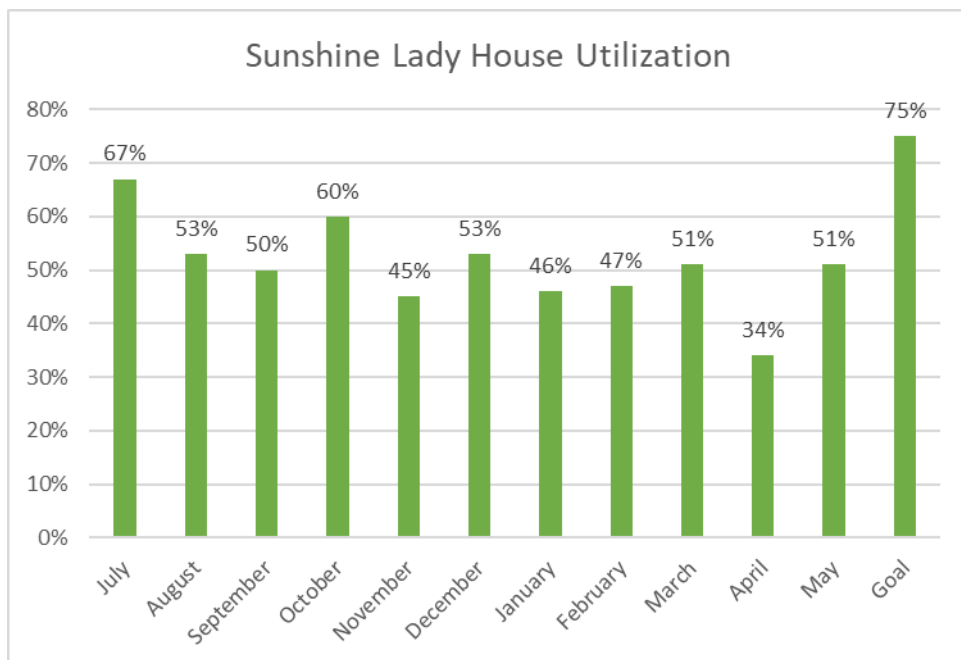
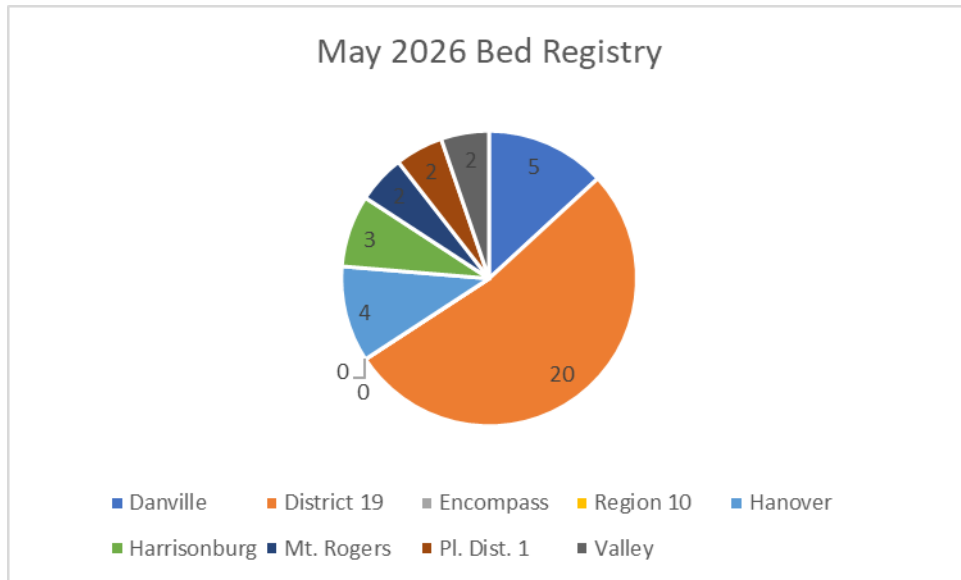
Sunshine Lady House (SLH) admitted 35 individuals and served 40 during the month of May. Sunshine provided detox observation services for one guest during the month. Protocols included nursing assessments and additional oversight during the initial days of the guest's stay. The program supported individuals for a total of 184 bed days or 51% utilization. SLH also supported individuals from Encompass and Region 10 CSB. The program received 53 referrals from RACSB, Encompass and Region 10 combined.

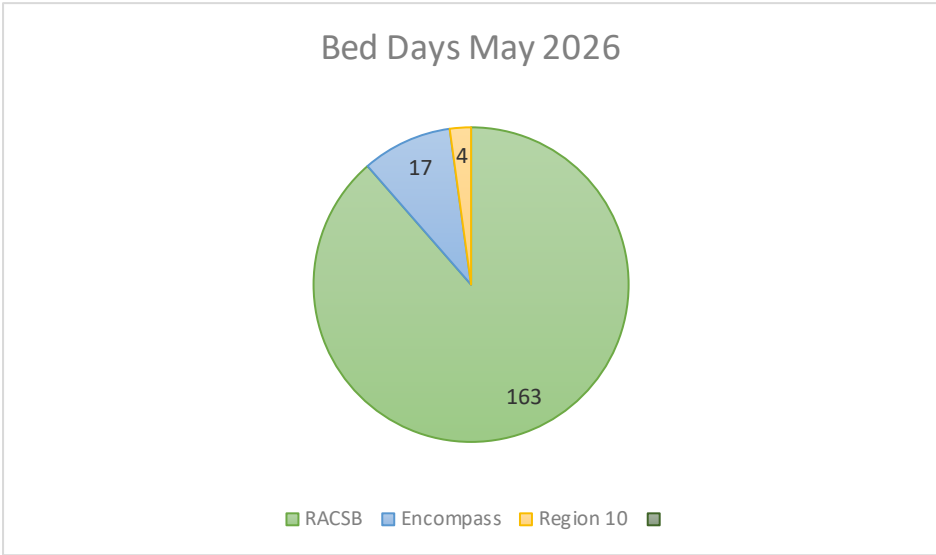
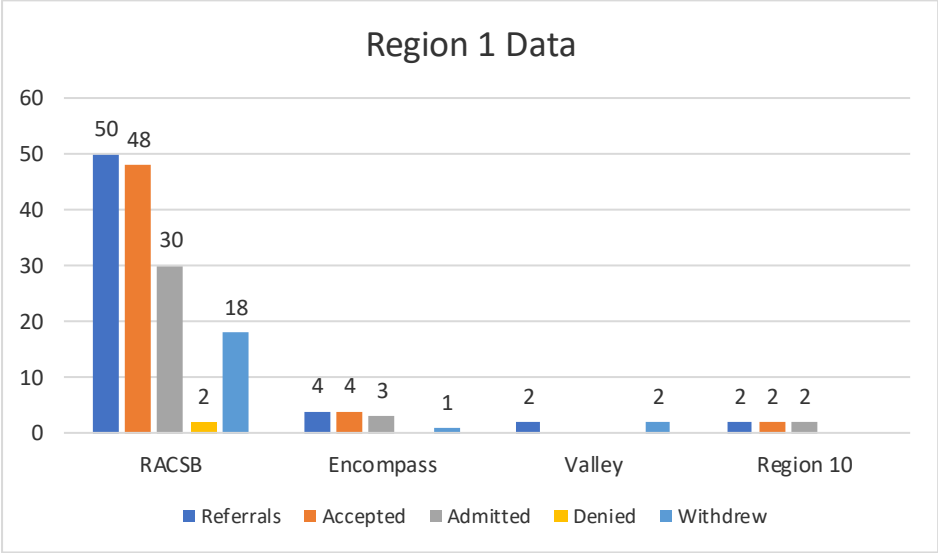
The state bed registry has also been active but working through some system improvement efforts. The program had 30 referrals through the bed registry. All 30 were accepted to other facilities. The program supported individuals stepping down from Snowden and Spotsylvania Regional Medical Center as well. SLH receives the bulk of referrals from Emergency Services, including from co-responders. Sunshine also received referrals from ACT for individuals in their program's services.

Sunshine will also receive referrals for those under Temporary Detention Order. The program during the month of May, created a hearing room for supporting individuals process through the temporary hold. In addition, SLH provided tours for local special justices, defense attorneys, and independent evaluators. Hearing dates have been established with the appropriate professional coverage as well.

The program has also developed procedures for accepting external provider referrals. Referrals for services will now be able to come from private providers, Veterans' Affairs, or other community partners. Sunshine will also have a process for internal agency providers to provide direct referrals for the program.

Below are graphs illustrating the data related to Sunshine Lady House's utilization.





To: Joseph Wickens, Executive Director
From: Jacqueline Kobuchi, Director of Clinical Services
Date: 6/8/2026
Re: Report to RACSB Board of Directors for the June Board Meeting

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Outpatient Services

Caroline Clinic - Nancy Love, LCSW

The Caroline Clinic continues to offer two weekly Substance Use groups that are well attended. Two individuals successfully completed substance use treatment last month. Clinicians completed 41 new assessments in May. Fourteen were scheduled adult intakes and five were scheduled child and adolescent intakes. Twenty-two adult intakes were seen the same day the individual called in requesting services. Intakes were completed via telehealth and in-person to increase accessibility for individuals seeking behavioral health services. Last month, a clinician attended training on Cognitive Processing Therapy and a coordinator attended Ethics training.

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

During the month of May, the Fredericksburg Clinic completed 81 assessments with adults seeking outpatient services. Out of the 81 intake assessments completed, 54 were completed via Same Day Access. Thirty-nine intake assessments were completed in-person while 42 were completed via telehealth. The Children’s Services Clinic completed 14 intakes during the month of May (all in-person). Out of the 14 intakes completed, two were completed via Same Day Access. The remaining 12 assessments were scheduled due to acuity or treatment needs. The Children’s Services Clinic has a current vacancy for a Child/Adolescent Therapist position and several interviews have been completed and continue. The Fredericksburg Front Desk welcomed a new Office Associate at the end of May. Our Mental Health Peer Recovery Specialist, Kelly Argueta, was nominated for Peer of the Year and we are grateful for her being recognized for all of her hard work and dedication to individuals served. The Clinic Coordinator had the opportunity to participate in a panel and conversation hosted by local chapters of the Zeta Phi Beta Sorority and Phi Beta Sigma Fraternity as part of their mental health awareness program, focusing on mental health, boundaries, and overload in a high-demanding world.

King George Clinic - Sarah Davis, LPC

The King George Clinic continues to offer two weekly Substance Use groups. This month, group topics included Narcan training, Effects of Cannabis, Stages of Addiction, Stigmas and Myths. There were two group graduates during May. The King George Clinic will begin another round of the Mental Health Wellness Group in June. We will also offer an Adolescent Wellness Group starting on June 24th. The Adolescent Wellness

Group will include topics such as Emotional Identification, Anger/Impulse Control, Substance Prevention, Conflict Resolution, Responsibility/Accountability, Social Skills and Stress/Time Management. Clinic staff have provided 20 individuals with Narcan training and provided 18 individuals with Narcan Kits. The King George Clinic completed 19 new patient intakes during the month of May. Twelve were completed via Same Day Access. Seven were child and adolescent intakes. One staff attended a training on Practicing Clinical Skills to Prevent Suicide in Adults and a Military Competency training. Two staff attended a training on Integrated Discharges. One staff attended an Ethics training on Peer Provision of Services. One staff attended a training on Cognitive Processing Therapy. We received the following feedback from an individual who recently completed treatment through our weekly Substance Use groups: "I have done a lot of these programs and I actually liked this one. I learned some things."

Spotsylvania Clinic - Katie Barnes, LPC

The Spotsylvania Therapists completed 60 intakes in May. Thirty-five assessments were completed through Same Day Access, seventeen were scheduled Child and Adolescent assessments, and two were scheduled adult assessments. Six anger management assessments were completed in preparation for the Anger Management Group Therapy beginning in June. The clinic continues to offer a weekly Substance Use group focusing on recovery and relapse prevention planning.

The School-Based Therapist wrapped up another successful year providing therapy at Hugh Mercer Elementary and James Monroe High School. She plans to offer services at James Monroe High School and Children's Services Clinic over the summer. This program is an asset to the community by increasing access to therapeutic services!

The partnership with Safe Harbor Child Advocacy Center concluded on May 29. We are saddened to see our partnership come to an end, but we are deeply grateful for the opportunity to have served so many children and families through the provision of trauma-focused therapy services.

Stafford Clinic – Lindsay Steele, LCSW

The Stafford Clinic welcomed a new therapist, Lily Shelton, on May 24th who came to us from Sunshine Lady House. We also have a new therapist, Naomi Othman, starting on July 6th who comes to us from Emergency Services. We expect to continue to have a waitlist through July as we onboard new staff and build caseloads. Individuals on the waitlist are contacted weekly and staff at other clinics are assisting with intakes as much as possible.

Medical Services - Jennifer Hitt, RN

During the month of May, 101 evaluations were completed for new patients in the MHOP Medical program. The Mental Health Outpatient Nurse Manager is assisting Mobile OBOT in interviewing for the Mobile OBOT Nurse. MHOP Medical continues to offer Acute Care Clinic appointments weekly. We have hired a new nurse practitioner, LaWanda Hubbard, and she will begin working in our Outpatient medical program on July 20th.

Case Management - Adult - Patricia Newman

During the month of May, the Adult MHCM team would like to highlight a positive story regarding a young person who has expressed readiness for discharge from MHCM Services. This individual enrolled in MHCM Services in 2022. They have participated in medication management services, RACSB Supervised Residential, as well as, took advantage of the services offered at SLH during a crisis situation. This individual has maintained stability for some time now, has established full time employment, as well as, developed and maintained stable relationships. During a recent meeting with their case manager, they expressed that they felt as though they were ready to discharge from our service. We are so happy to see the progress this individual made toward their goals, as well as, their dedication to their mental health wellness.

Child and Adolescent Support Services - Donna Andrus, MS

Child and Adolescent Case Management prepared for CARF in the month of May. The supervisor, senior case manager and two guardians were interviewed by CARF. We had a successful discharge for a child that had been placed in residential and group home placements since January 2024. The child is in foster care and had several residential facility placements then stepped down to a therapeutic group home. He was able to successfully complete this program and a pre-adoptive therapeutic foster home was identified prior to discharge. The foster parents had been volunteer mentors through Wendy's Weekend Miracles and had met the young man and began getting to know him while he was in the group home. They decided to become foster parents so they could become his pre-adoptive placement. The family had a welcome home party for the child and our case manager was able to attend with the foster care worker to celebrate.

Specialty Dockets - Nicole Bassing, LCSW

During the month of May, Adult Recovery Court welcomed three new participants, graduated one participant and had one termination. We currently have 38 active participants. The Rappahannock Veterans Docket added two new participants this month, had one graduation and no terminations. We currently have 13 active participants. The Spotsylvania Behavioral Health Docket welcomed one new participant, did not have any graduations or terminations. We currently have 13 active participants. The Juvenile Recovery Court added one participant, did not have any graduations or terminations. We currently have five active participants. The Fredericksburg Therapeutic Docket currently has one active participant with no new clients added this month. We are expecting our new Specialty Docket Therapist to start on June 8, 2026!

Substance Use Services - Eleni McNeil, LCSW

During the month of May, the SUD program conducted interviews for the Mobile OBOT peer recovery specialist position. The Mobile OBOT nurse vacancy was posted as well. The SUD services coordinator attended Recovery Behind Walls community stakeholder meeting, the RRJ medical meeting, SARAT, and the SOR kickoff meeting to review expectations for the upcoming grant year. Project LINK staff attended the Community Baby Shower hosted by Mary Washington Hospital and presented to King George DSS on Project LINK services. Staff attended the following trainings: AI and Ethics; Peer Symposium; Q-TIP Integrated Discharge; Cognitive Processing Therapy; Competency Restoration Services Training; Motivational Interviewing Skills Workshop.

Those served in the month of May in Fredericksburg SUD programs is as follows: **Project LINK-30; OBOT-70; ARTS Case Management-38; SUD Outpatient (Fredericksburg)-63; SUD Peer Services- 18.** We received the following referrals: **RAASAP: 24; Community Based Probation/Pretrial: 13; District 21 Probation & Parole: 5**

Jail and Detention Services - Portia Bennett

In May, a total of 38 residents were seen at the Rappahannock Juvenile Center for crisis, therapeutic, and medication management services. At the Rappahannock Regional Jail, a total of 109 individuals received crisis and/or therapeutic services, and a total of 181 individuals received substance use services. The Psychiatric Nurse Practitioner saw a total of 92 individuals, and 295 individuals were prescribed psychotropic medications. Monica Cooper is a student in the Liberty University Master of Social Work program and will intern at the jail.

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 Curtis – Community Support Services Director
Amy Jindra – Crisis Intervention Services Director
Nancy Price – MH Residential Coordinator
Sarah McClelland - ACT Coordinator
Christina Rezendes – Coordinator Developmental Services Support Coordination

SUBJECT: State Hospital Census Report

DATE: June 16, 2026

State Hospital	New	Discharge	Civil	NGRI	Forensic	EBL	Total Census
Catawba Hospital			1				1
Central State Hospital		0					0
Eastern State Hospital							0
Northern Virginia Mental Health Institute	1	2					0
Piedmont Geriatric Hospital			4			1	4
Southern Virginia Mental Health Institute				1			1
Southwestern Virginia Mental Health Institute							0
Western State Hospital	6	4	3	3	16	1	22
Totals	7	6	8	4	16	2	28

Extraordinary Barriers List:

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

Piedmont Geriatric Hospital

Individual #1: Was placed on the EBL 2/20/26. Barriers to discharge include identifying and being accepted to a nursing home or assisted living facility that can meet their needs. This individual utilizes a wheelchair, requires assistance with most activities of daily living and presents with confusion at times, requiring additional support as they can become combative when being redirected by staff. This individual's family is supportive and involved. They were accepted to a facility; however, it appears as though this may not be the best fit and other facilities are being explored. Their Discharge Assistance Program (DAP) funding has been approved.

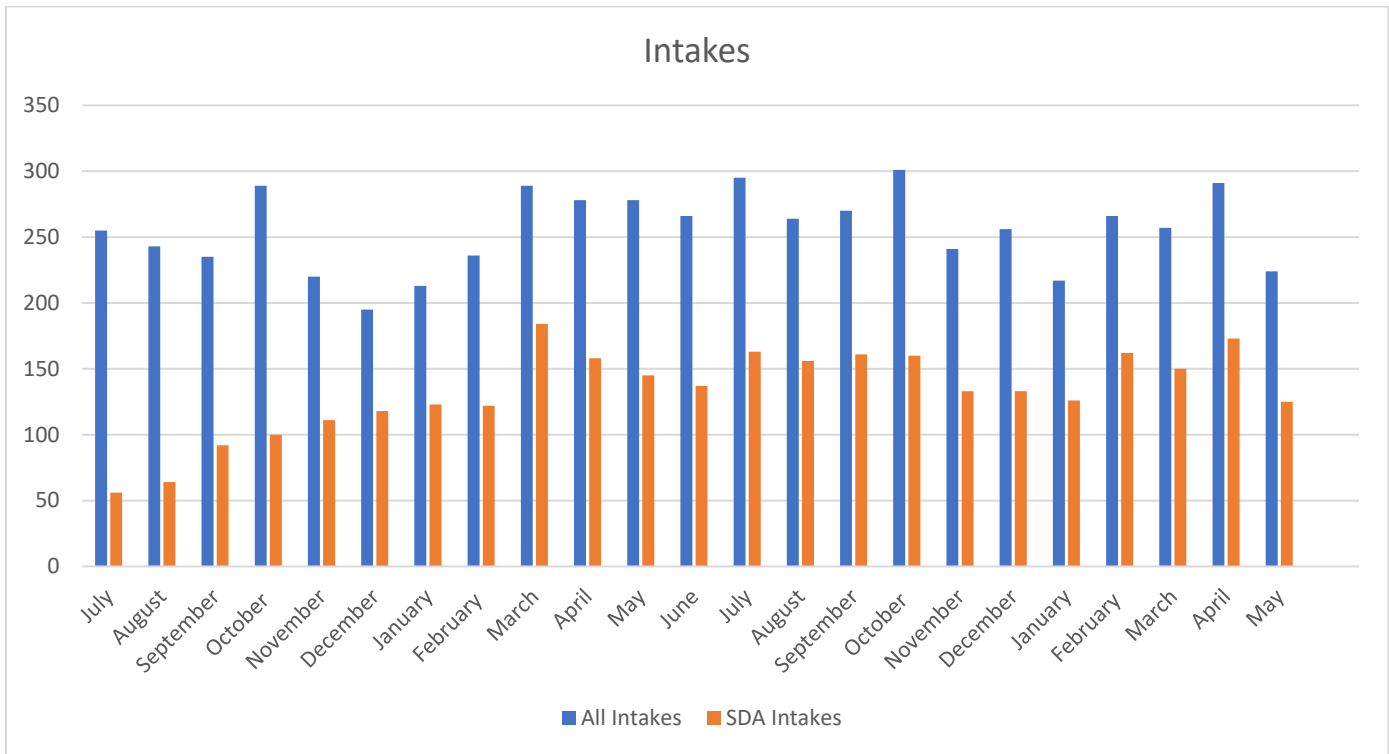
Western State Hospital

Individual #2: Was placed on the EBL 9/2/2025. Barriers to discharge include identifying and being accepted to an assisted living facility. This individual has a diagnosis of a neurocognitive disorder and is not able to reside independently. This individual requires a memory care setting as they are not able to safely navigate the community on their own. They have been referred to quite a few memory care facilities but have been denied due to a history of some aggression. Their team continues to send out referrals and is hoping to find a facility willing to accept them and able to meet their needs. They may require Discharge Assistance Program (DAP) funds to help to pay for their care in the community.

MEMORANDUM

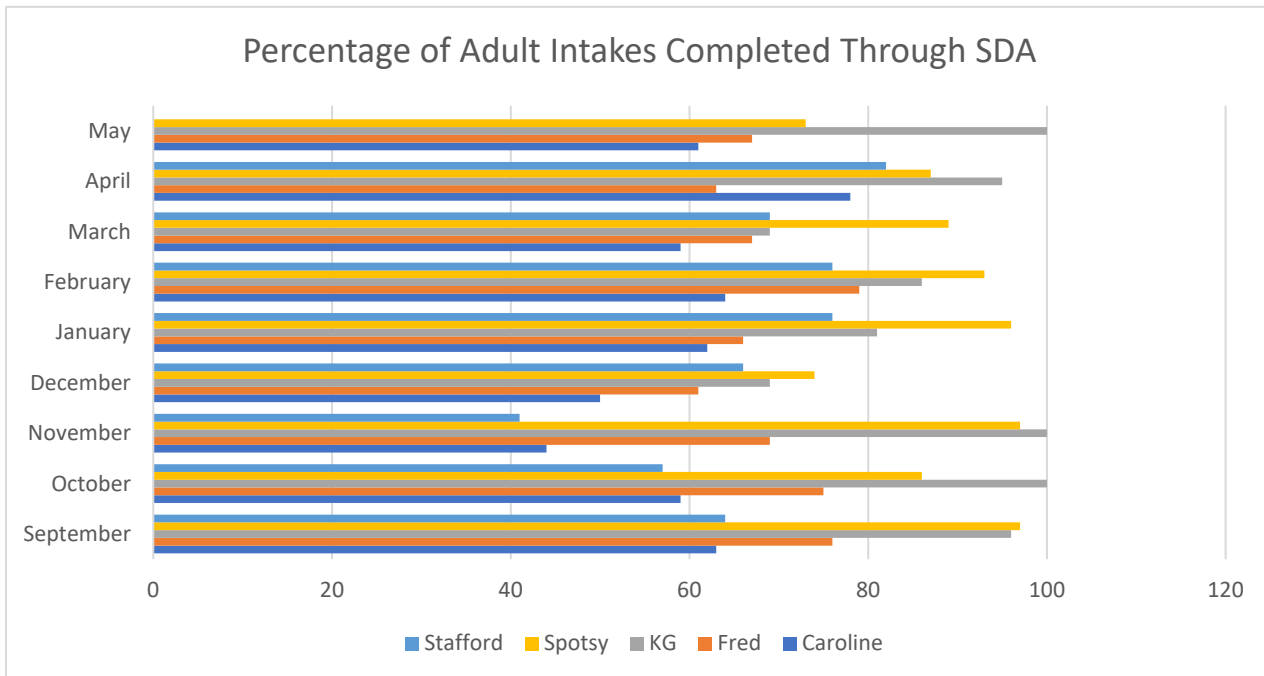
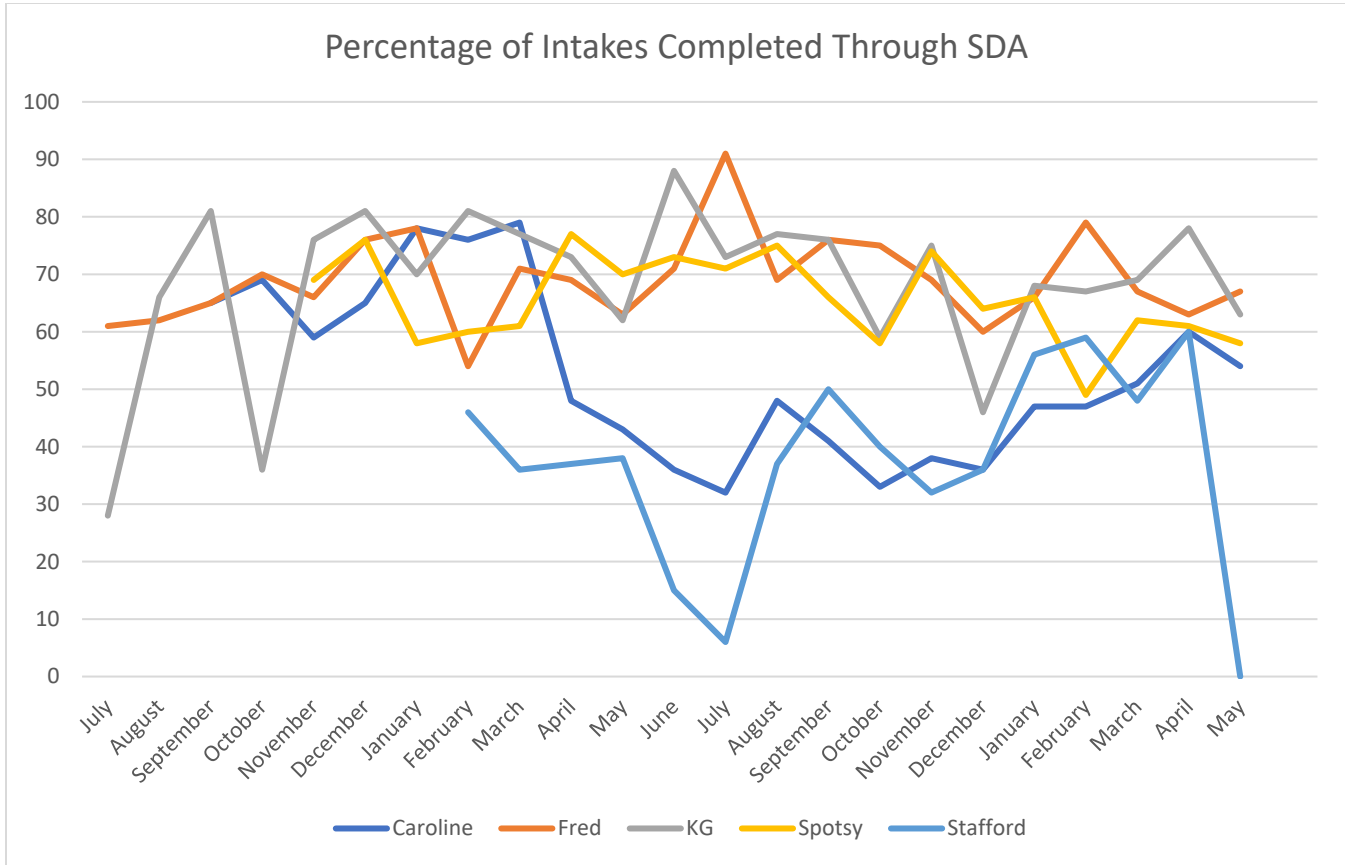
To: Joseph Wickens, Executive Director
From: Jacqueline Kobuchi, LCSW, Director of Clinical Services
Date: June 8, 2026
Re: Same Day Access

Below is data on the number of intakes completed at our outpatient clinics, and the percentage of those completed through Same Day Access. Individuals not seen through SDA received scheduled appointments, many times at their request or based on their needs. The Stafford Clinic initiated a waitlist in April due to a significant staffing shortage. Other clinics are assisting with providing services to Stafford residents and it's hoped the waitlist will be resolved in the next several months. Candidates have been selected for the vacant positions. One therapist started on May 22nd and a second is starting on July 6th.



RAPPAHANNOCK AREA

COMMUNITY SERVICES BOARD



RACSB
Program Update Report
Compliance
May 2026

Incident Reports

- There were 276 Incident Reports entered into the Electronic Incident Report Tracker during the month of May. This is an increase of 4 from April and a decrease of 14 compared to March. All incident reports submitted were triaged by the Compliance Team.
- The top three categories of reports submitted in May were Health Concerns (96 reports), Individual Served Injury (46 reports), and Med Non-Compliance (22 reports).
- The Compliance Team entered 22 incident reports into the Department of Behavioral and Developmental Services (DBHDS) electronic incident reporting system during the month of May (19-Level 2, 3- Level 3). This is the same as the number of submitted reports during the month of April (16-Level 2, 6- Level 3), and an increase of 1 from the number of submitted reports during the month of March (18-Level 2, 3- Level 3).
- There were no reports elevated to care concerns by DBHDS during May. 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 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 21 root cause analyses reports were requested in the month of May; a decrease of 7 from the amount requested in April, and a decrease of 2 from those requested for the month of March. Two expanded root cause analyses reports were requested in May (these are more expansive reports usually requested after a series of serious incidents involving a specific individual).

Human Rights Investigations:

- The Compliance team conducted 2 human rights investigations in May. One investigation was for medication-related neglect and the other was for an allegation of physical abuse. The investigative team determined both allegations investigated to be unsubstantiated.

Internal Reviewers:

- As part of the Quality Improvement Plan, the Compliance Team followed up with 4 different programs/departments to ensure corrective measures were completed and sustained for citations previously issued by DBHDS. Check-ins for corrective processes occur at initial completion, 3-month, and 6-month intervals following Corrective Action Plan (CAP) submissions to DBHDS for issued citations. In May, 16 follow ups were completed (5 initial completion check ins, 2 3-month check-ins; 9 6-month check-ins). All CAP actions were deemed to be effective in resolving previously cited deficiencies with the exception of 1 program that was cited in November 2025 for late incident reporting. That program received another citation in May for submitting a late incident report, just prior to the 6-month check-in for their previous deficiency. Consequently, this program is required to submit another CAP at this point for the new citation with a more comprehensive correction plan, to include staff receiving DBHDS-issued training.

External Reviewers:

- The Compliance Team prepared and participated for CARF in May by reviewing submitted client charts, answering programs' questions, addressing physical property needs, coordinating a schedule for the auditors, assembling information packets for auditors and directors, participating in an orientation meeting, and being available for technical assistance during the audit conducted May 27th to 30th.
- The Compliance Team received and responded to external requests for documentation from 3 different insurance providers seeking information for 32 different individuals' records.
- The Compliance Team corresponded with Brian Dempsey, DBHDS Incident Management Specialist, on 3 occasions in May regarding serious incident reports.

Complaint Call Synopsis

- The Compliance Team received a complaint on May 26 related to double parking of an agency vehicle and for staff being on their cell phone while supporting individuals in the community. Correction for this complaint was handled at the program level.
- The Compliance Team received a complaint on May 28 related to an issue an individual was having with a roommate. While this was not something that was within the scope of resolution by the Compliance Team, they did connect the individual with his case manager to discuss.

Special Projects

- The Compliance Team collected Point-in-Time surveys from all of the clinics and began result analysis processes.
- Trainings
 - The Compliance Team conducted Person Centered Thinking Training on May 7 and 8.

- The Compliance Team hosted a Q-Tip training on Policy Pro processes for editing policy and assigning policies for attestation on May 13.
- The Compliance Team hosted a Q-Tip training on Integrated discharge process on May 14.
- The Compliance Team conducted Therops recert on May 20.

MEMORANDUM

To: Joe Wickens, Executive Director
From: Stephanie Terrell, Director of Compliance
Date: June 8, 2026
Re: Licensing Reports

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

Rappahannock Area Community Services Board (RACSB) received approval for 1 CAP during the month of May. The CAP was related to citations from one DD Residential program that included neglect, failing to provide a safe physical environment, failing to tailor an ISP to the specific needs of an individual, failing to ensure service record entries were at all times authentic, accurate, complete, timely, and pertinent, and failing to obtain consent for services.

The attached CAP provides additional details regarding the citation and RACSB's responses/actions.

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

License #: 101-01-001
Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 04-22-2026
Program Type/Facility Name: 01-001 Stonewall Estates Group Home

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-105-150. (4) - The provider including its employees, contractors, students, and volunteers shall comply with: 4. Section 37.2-400 of the Code of Virginia and related human rights regulations adopted by the state board;	N	Stonewall Estates Group Home This regulation was NOT MET as evidenced by: See OHR citation below.		5/31/2026
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	Stonewall Estates Group Home This regulation was NOT MET as evidenced by: CHRIS A#20260005 "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. Some of Individual #1's diagnoses (Diagnosis #1, Diagnosis #2, Diagnosis #3, Diagnosis #4, and Diagnosis #5) can cause some of the following medical and safety concerns for Individual #1: <ul style="list-style-type: none"> • Pressure Injuries • Aspiration Pneumonia • Skin conditions 	PR) 05/11/2026 Management staff (Employee #1) did not adequately monitor to ensure program policies and procedures were implemented related to providing services necessary to the health, safety, and welfare of Individual #1. Employee #1 received corrective action on 4/23/2026 and no longer works at Stonewall Estates Group Home effective 4/26/2026. All staff at Stonewall Estates Group Home will be re-trained on the DD Residential Group Home policies regarding Medication Administration and DD Residential Charting Requirements as evidenced in the RACSB online training platform by 5/31/2026. Systematically, all program managers will be re-trained and sign off on an attestation of understanding regarding administration of medications, consent, documentation, and adequate follow through on vaccinations by 5/31/2026. Additionally, an on-site checklist will be created by 5/31/2026 with an implementation date of 7/1/2026 to be completed at all DD Residential programs a minimum of quarterly by	5/31/2026

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		<ul style="list-style-type: none"> • Risk of Falls • History of Seizures <p>Provider substantiated for neglect, medication-related, based on the following:</p> <ul style="list-style-type: none"> • Review of documentation including MARs (Medication Administration Records) revealed the following: <ul style="list-style-type: none"> ◦ Individual #1 was prescribed Medication #1 as PRN 1 tablet as needed for fever or pain. ◦ Individual #1 was prescribed Medication #2 as PRN as needed prior to medical appointments. <ul style="list-style-type: none"> ▪ Medication #1 was documented as being administered to Individual #1 for inconsistent reasons and not as prescribed on more than one occasion (i.e. 12/23/25 -red eyes, vocalizing/cry; 12/24/25-crying, and 12/28/25 no documented time or reason for administration). ▪ Medication #2 had 8 pills that could not be accounted for based on documentation of MARs, controlled substance count, and staff interviews. ▪ Additionally, it is significant to note that Medication #2 requires written informed consent; however, this was not obtained, and the provider was previously cited for a violation specific to obtaining written informed consent for this specific medication. It was not 	<p>the DD Nurse Manager or DD Residential Assistant Coordinator. The checklist will include sample monitoring of MARs, Controlled Medication book, and vaccination status.</p> <p>All RACSB staff, volunteers, and contractors will be required to undergo a Human Rights training upon recruitment and at a minimum of annually thereafter to help ensure continued understanding of their roles and responsibilities in preventing neglect of individuals in services.</p> <p>OHR/OLR) Accepted 05/20/2026</p>	

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		<p>authorized for use by Individual #1's guardian.</p> <p>Provider substantiated for neglect based on the following:</p> <ul style="list-style-type: none"> • It was recommended by Entity #1 that, in 2025, Individual #1 receive Medication #3 and Medication #4 (vaccinations). • Staff failed to ensure that Individual #1 receive both of the recommended vaccinations. • In December, 2025, Individual #1 became severely ill to the point of hospitalization and was diagnosed with Medical Condition #1 and Medical Condition #2. • Individual #1's nightstand had traces of mold in the cabinet below its drawer. • Individual #1's bed had a missing post which exposed a metal bolt that was sticking up and created a potential safety issue for Individual #1. <p>Advocate substantiated for neglect based on the following:</p> <ul style="list-style-type: none"> • Individual #1's ISP has an identified risk of pressure injury for Individual #1 and states the following: • "[Individual #1] is at risk for developing pressure injuries due to periods of limited mobility and the use of adaptive equipment such as a transport chair and shower chair. Prolonged sitting or remaining in one position can place pressure on certain areas of the skin. • Supports and Strategies to Mitigate Risk: <ul style="list-style-type: none"> ◦ Staff encourage and assist [Individual #1] to 		

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		<p>change positions frequently to relieve pressure.</p> <ul style="list-style-type: none"> ◦ All staff should support [Individual #1] with positioning and mobility every hour of the day to include while sitting or supporting [Individual #1] to the restroom. ◦ Encourage small, frequent shifts in position when [Individual #1] is in [Individual #1's] recliner or bed by asking [Individual #1] to turn over. <ul style="list-style-type: none"> ▪ During an OHR onsite inspection, the following was revealed: <ul style="list-style-type: none"> • Human Rights Advocate asked Employee #1 to describe the overnight supervision policy. Employee #1 reported that staff are to check on individuals every two hours. • Human Rights Advocate requested a copy of the overnight supervision policy. Staff reported that there was not a current overnight supervision policy in place and that it is based on the individual's ISP. • Human Rights Advocate reviewed overnight supervision logs for Individual #1 from October, 2025, November, 2025, and December, 2025, and discovered the following: 		

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		<ul style="list-style-type: none"> ◦ October 18, 2025-No documented supervision checks occurred until 2:30am. ◦ November 27, 2025-No documented supervision checks occurred from 1am through 7am. ◦ November 23, 2025-No supervision checks occurred until 1:00am. ◦ November 14, 2025-No supervision checks were documented for entire shift on overnight supervision log (8:00 pm-7:00am). ◦ December 01, 2025-No supervision checks occurred from 11:30pm to 5:00am. ◦ December 04, 2025-No supervision checks occurred after 2:30am through 7:00am. ◦ December 14, 2025-No supervision checks documented for entire shift on overnight supervision log (8:00pm-7:00am). ◦ December 15, 2025-No 		

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		<p>supervision checks documented for entire shift on overnight supervision log (8:00pm-7:00am).</p> <ul style="list-style-type: none"> ◦ December 18, 2025-No supervision checks documented for entire shift on overnight supervision log (8:00pm-7:00am). ◦ December 22, 2025-No supervision checks documented for entire shift on overnight supervision log (8:00pm-7:00am). <p>Provider failed to provide services necessary to the health, safety, or welfare of Individual #1 which is a violation of 12VAC35-115-50(B)(2).</p>		

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12VAC35-115-50. C. (3a) - In services provided in residential and inpatient settings, each individual has the right to: 3. Live in a humane, safe, sanitary environment that gives each individual, at a minimum: 3a. Reasonable privacy and private storage space;	N	<p>Stonewall Estates Group Home</p> <p>This regulation was NOT MET as evidenced by:</p> <p>CHRIS C#20260003/12VAC35-115-50(C)(3)</p> <p>Provider substantiated for failing to provide a safe physical environment based on the following:</p> <ul style="list-style-type: none"> Internal investigation revealed that Individual #1's recliners at both day support program and in the group home were broken with the one at the day program reportedly being discarded. Several staff interviewed were unable to recall when the recliner in the group home became broken; however, Employee #2 was able to recall noticing that the recliner was broken before November, 2025. Employee #2 also reported that the recliner in the group home was not functioning well mechanically, and that when Individual #1 would sit in the recliner, one side was not level which caused Individual #1 to slide from the recliner. <p>Failing to provide Individual #1 with a recliner to sit in that is not broken is failing to provide a physical environment that is safe and is a violation of 12VAC35-115-50(C)(3).</p>	<p>PR) 05/11/2026</p> <p>Management staff (Employee #1) did not adequately monitor to ensure program policies and procedures were implemented related to providing a physical environment that is safe for Individual #1. Employee #1 received corrective action on 4/23/2026 and no longer works at Stonewall Estates Group Home effective 4/26/2026.</p> <p>All staff at Stonewall Estates Group Home will be re-trained on the DD Residential Group Home policy regarding Physical Environment as evidenced in the RACSB online training platform by 5/31/2026.</p> <p>Systematically, an on-site checklist will be created by 5/31/2026 with an implementation date of 7/1/2026 to be completed at all DD Residential programs a minimum of quarterly by the DD Nurse Manager or DD Residential Assistant Coordinator. This checklist will include sample monitoring of the physical environment while on site.</p> <p>All RACSB staff, volunteers, and contractors will be required to undergo a Human Rights training upon recruitment and at a minimum of annually thereafter to help ensure continued understanding of their roles and responsibilities in ensuring the rights of individuals in services.</p> <p>OHR/OLR) Accepted 05/20/2026</p>	5/31/2026

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12VAC35-115-60. B. (5) - The provider's duties. 5. Providers shall not deliver any service to an individual without an ISP that is tailored specifically to the needs and expressed preferences of the individual and, in the case of a minor, the minor and the minor's parent or guardian or other person authorized to consent to treatment pursuant to § 54.1-2969 A of the Code of Virginia. Services provided in response to emergencies or crises shall be deemed part of the ISP and thereafter documented in the ISP.	N	<p>Stonewall Estates Group Home</p> <p>This regulation was NOT MET as evidenced by:</p> <p>CHRIS C#20260004</p> <p>Providers shall not deliver any service to an individual without an ISP that is tailored specifically to the needs and expressed preferences of the individual and, in the case of a minor, the minor and the minor's parent or guardian or other person authorized to consent to treatment pursuant to § 54.1-2969 A of the Code of Virginia.</p> <p>Human Rights Advocate's review of Individual #1's ISP revealed the following:</p> <ul style="list-style-type: none"> Part V on page 5 of Individual #1's ISP (Date Created: 11/20/2025) notes personal health and safety concerns such as Diagnosis #1, Diagnosis #2, Diagnosis #3, and Diagnosis #4 but failed to note how to support the needs identified for Individual #1 specific to Diagnosis #1, Diagnosis #2, Diagnosis #3, and Diagnosis #4. <p>Provider failed to tailor an ISP specific to the needs of Individual #1, which is a violation of 12VAC35-115-60(B) (5).</p>	<p>PR) 05/11/2026</p> <p>Management staff (Employee #1) did not follow program policies and procedures to ensure an ISP tailored to the specific needs of Individual #1 was in place. Employee #1 received corrective action on 4/23/2026 and no longer works at Stonewall Estates Group Home effective 4/26/2026.</p> <p>The ISPs for all individuals at Stonewall Estates Group Home will be reviewed and appended as needed to include support instructions specific to the needs of the individuals.</p> <p>Systematically, the DD Residential program supervisors will complete peer chart audits at a minimum of 1 chart per quarter which will include a review of the ISP to ensure it is tailored specifically to the needs of the individuals. All program supervisors will be responsible for thorough support instructions in each individual's ISP. Failure to meet these expectations will result in corrective coaching for responsible staff.</p> <p>The RACSB Compliance team as well as the DD Residential Assistant Coordinators will help with oversight and monitoring that this information is in the individual's record through periodic annual reviews of documentation.</p> <p>OHR/OLR) Accepted 05/20/2026</p>	5/31/2026
12VAC35-115-60. B. (8) - The provider's duties. 8. Providers shall ensure that the entries in an individual's services record are at all	N	<p>Stonewall Estates Group Home</p> <p>This regulation was NOT MET as evidenced by:</p> <p>CHRIS C#20260004</p> <p>Providers shall ensure that the entries in an individual's</p>	<p>PR) 05/14/2026</p> <p>Management staff (Employee #1) did not adequately monitor to ensure program policies and procedures were implemented related to authenticity, accuracy, complete, timely, and pertinent documentation for Individual #1.</p>	5/31/2026

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License #: 101-01-001

Organization Name: Rappahannock Area Community Services Board

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Program Type/Facility Name: 01-001 Stonewall Estates Group Home

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
times authentic, accurate, complete, timely, and pertinent.		<p>services record are at all times authentic, accurate, complete, timely, and pertinent.</p> <p>Provider's internal investigation revealed the following:</p> <ul style="list-style-type: none"> • Provider's policy for documenting controlled substances is as follows: • "For newly ordered controlled medications, the manager/supervisor will ultimately be responsible for logging the new inventory of medications into the controlled count inventory book." • "A count will be completed and documented for all controlled medications in the controlled count inventory book (red book) at every shift change". <ul style="list-style-type: none"> ◦ Review of the group home policy and procedure manual regarding controlled inventory medications and documentation specific to controlled medication for Individual #1 determined the following: <ul style="list-style-type: none"> ▪ When Medication #2 was received from the pharmacy, proper documentation to include regular counts during staff shift changes in the controlled medication inventory log were not completed in accordance with group home policy. ◦ Individual #1's ISP states the following: [Individual #1] sometimes requires medication before appointments to help with anxiety. <ul style="list-style-type: none"> ▪ It is significant to note that the medication noted in this bullet requires written informed consent; however, 	<p>Employee #1 received corrective action on 4/23/2026 and no longer works at Stonewall Estates Group Home effective 4/26/2026.</p> <p>All staff at Stonewall Estates Group Home will be re-trained on program policies regarding Medication Management and Administration and will sign off on attestations as evidenced in the RACSB online training platform. All program managers will be required to review the policy regarding Documentation and will sign off on attestations as evidenced in the RACSB online training platform by 5/31/2026.</p> <p>Systematically, an on-site checklist will be created by 5/31/2026 with an implementation date of 7/1/2026 to be completed at all DD Residential programs a minimum of quarterly by the DD Nurse Manager or DD Residential Assistant Coordinator. This checklist will include sample monitoring of MARs and controlled medication logs. DD Residential program supervisors will complete peer chart audits at a minimum of 1 chart per quarter which will include a review of the ISP to help ensure it is accurate, complete, and timely. All program supervisors will be responsible for accurate support instructions in each individual's ISP. Failure to meet these expectations will result in corrective coaching for responsible staff.</p> <p>All RACSB staff, volunteers, and contractors will be required to undergo a Documentation training upon recruitment and at a minimum of annually thereafter to help ensure continued understanding of their roles and responsibilities in ensuring accurate documentation.</p> <p>OHR/OLR) Accepted 05/20/2026</p>	

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

License #: 101-01-001

Date of Inspection: 04-22-2026

Organization Name: Rappahannock Area Community Services Board

Program Type/Facility Name: 01-001 Stonewall Estates Group Home

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
		<p>this was not obtained, and the provider was previously cited for a violation specific to obtaining written informed consent for this specific medication. It was not authorized for use by Individual #1's guardian.</p> <p>Review of Individual #1's MARs, controlled count inventory book (red book), medical documentation, and provider interview with Employee #1 revealed the following:</p> <ul style="list-style-type: none"> • ◦ On December 28, 2025, Employee #2 failed to document the time and reason for administering Medication #1 (PRN). ◦ Medication #2 was administered prior to a doctor's appointment on April 03, 2025, and November 20, 2025, however, staff failed to sign off on the MAR that Medication #2 was administered on those dates. <p>Human Rights Advocate's review of Individual #1's ISP revealed the following:</p> <ul style="list-style-type: none"> ◦ Review of Part II of Individual #1's ISP (Date Created 8/20/25) on page 12 states the following: [Individual #1] has done well with the support plan and has had a decrease in those targeted behaviors on [Individual #1] plan. [Individual #1's] active PBS services will end on 10/27/20 as [Individual #1} has been doing so well and [Individual #1's] behaviors have decreased. Staff will continue to follow [Individual #1's] PBS plan and if [Individual #1's] behaviors increase PBS services can be explored again for [Individual #1]. ◦ Stating on 8/20/2025 that PBS services will 		

**DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
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<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>end on 10/27/20 is failing to ensure that entries in Individual #1's ISP is pertinent.</p> <p>Provider failed to ensure that the entries in Individual #1's services record were at all times authentic, accurate, complete, timely, and pertinent which is a violation of 12VAC35-60(B)(8).</p>		
12VAC35-115-70. A. (1c) - Each individual has a right to participate meaningfully in decisions regarding all aspects of services affecting him. This includes the right to: 1. Consent or not consent to receive or participate in services: 1c. The individual's services record shall include the signature or other indication of the individual's or his authorized representative's consent.	N	<p>Stonewall Estates Group Home</p> <p>This regulation was NOT MET as evidenced by: CHRIS C#20260004</p> <p>Each individual has a right to participate meaningfully in decisions regarding all aspects of services affecting him. This includes the right to: Consent or not consent to receive or participate in services.</p> <p>The individual's services record shall include the signature or other indication of the individual's or his authorized representative's consent.</p> <ul style="list-style-type: none"> • Provider's internal investigation revealed the following: <ul style="list-style-type: none"> ◦ Review of Individual #1's Support log notes from the past year revealed that there was neither evidence of ongoing communications with Individual #1's legal guardians concerning medical appointments, invitation to participate in those appointments, nor relation of outcomes of appointments. ◦ A review of emails sent to the guardians from the group home indicated that electronic communications were infrequent, lacked pertinent details regarding medical follow up or upcoming appointments for Individual #1, 	<p>PR) 05/14/2026</p> <p>Management staff (Employee #1) did not ensure program policies and procedures were implemented related to Documentation and Communication for Individual #1. Employee #1 received corrective action on 4/23/2026 and no longer works at Stonewall Estates Group Home effective 4/26/2026.</p> <p>All program managers will be required to review the policies regarding Documentation, Charting Requirements, and Communication and will sign off on attestations as evidenced in the RACSB online training platform by 5/31/2026.</p> <p>DD Residential program supervisors will complete peer chart audits at a minimum of 1 chart per quarter which will include a review of documentation regarding communications with guardian/AR/family. All program supervisors will be responsible for documentation, charting requirements, and communications within their programs. Failure to meet these expectations will result in corrective coaching for responsible staff.</p> <p>All RACSB staff, volunteers, and contractors will be required to undergo a Human Rights training upon recruitment and at a minimum of annually thereafter to help ensure continued understanding of their roles and responsibilities in ensuring individuals' rights to participate</p>	5/31/2026

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		<p>and did not fully answer questions or meet requests for information when posed by the guardians.</p> <ul style="list-style-type: none"> ◦ The record does not contain evidence that medication lists or medical information was communicated, either verbally or in writing, to Individual #1's guardians. ◦ A review of the records and interviews indicate that Individual #1's legal guardians were neither fully communicated with nor invited to fully participate in decision-making processes regarding medical care. ◦ Documentation failed to indicate thorough follow-up in sending medical information to the guardians, as requested. ◦ Quarterly person-centered reviews from the group home indicate that the reviews were sent out for legal guardian signature, but signed copies were not in Individual #1's record. Additional attempts or follow ups to gain legal signatures from the guardians are likewise not documented in the residential chart. 	<p>meaningfully in decisions regarding all aspects of services related to their care.</p> <p>OHR/OLR) Accepted 05/20/2026</p>	

**DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
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<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
General Comments / Recommendations:				
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.				
Heather Hilleary, Human Rights		(Signature of Organization Representative)		Date
C = Substantial Compliance, N = Non Compliance, NS = Non Compliance Systemic, ND = Non Determined				

Communications Update, May 2026

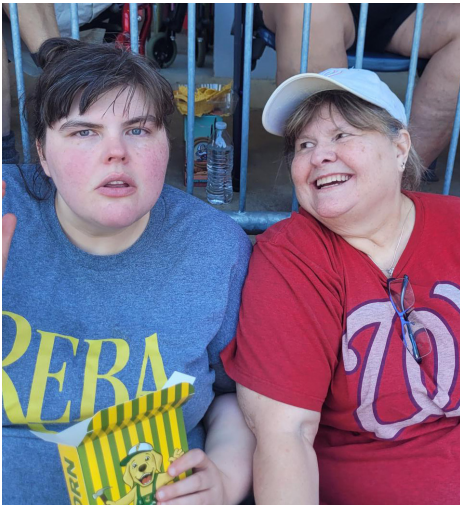
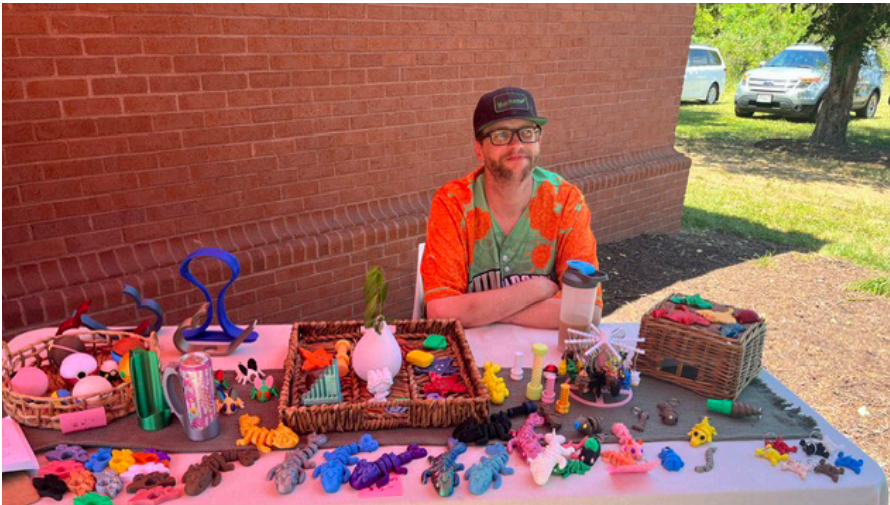
RACSB was present at these community events:

- May 16, First Community Baby Shower, Rappahannock Area Health District/Germanna Community College
- May 16, Zeta Phi Beta Sorority Mental Health Roundtable
- May 20, Central Virginia VA Health Care System VA2K

Additional communications information:

- 103 social media posts in April
- Website updates: new footer (with button for patient portal), new blog post, 18 pages updated (this mainly had to do with tweaking pages to work with the new footer)
- Employee Engagement: We packed 50 boxes for toddlers, tweens, and teens at Mary Washington Hospital. Mary Washington Healthcare was very appreciative and said that they were so low on boxes for those age groups that they expected to use these boxes right away. June's service project will be a blood drive and July's will be a school supply drive for children served by RACSB programs. Additionally, the Internal Communications/Employee Engagement Committee created a form to gauge employee interest in "extracurricular" clubs like book groups, board games, and crafting.

Communications June 2026 Report



Communications Metrics for May 2026

Social Media:

- 102 posts
- 72,677 impressions
- 89 shares
- 990 reactions

Website:

- 10,256 users
- 63,625 views

Top five pages:

Staff portal, home, contact us, employment, emergency services

Instagram

- 497 followers
- 26 posts
- 2,129 impressions
- 3 shares
- 130 reactions

Top Four Posts:



hope_starter After nearly three decades of service, we recently gathered to celebrate the retirement of Jen Acors, Coordinator of Support Coordination!

For 28 years, Jen has been an advocate for individuals with developmental disabilities and a mentor to countless support coordinators.

To say she is a "guru" is an understatement. Jen mastered the incredibly complex world of developmental disability Medicaid waivers—a system that can be overwhelming for families to navigate, but is life-changing. Thanks to Jen's expertise and guidance, thousands of local families secured the crucial waivers needed for respite care, day support, residential funding, and so much more. She didn't understand just the paperwork; she understood the impact it had on people's lives.

Jen, thank you for leaving our community so much brighter and stronger than you found it. We will miss your wisdom, your leadership, and your heart, but we wish you the absolute best as you step into this next well-deserved chapter! 🌟

3d



hope_starter

hope_starter 🏡🏡 We love root, root, rooting for the home team! 🏡🏡 Our Leeland Road Group Home crew--residents, family members, and staff--recently enjoyed a FredNats game, made especially awesome by the home team win and the souvenir bobbleheads! 🏡
[#TakeMeOutToTheBallgame](#) [#FredNats](#) [#GroupHomeLife](#)

1w

View insights Boost post

👍 🗨️ 📌

👤 Liked by clean.images and 12 others

May 27



hope_starter

hope_starter Everyone deserves support, understanding, and a chance to thrive. During Pride Month, we're spreading hope by recognizing the importance of mental health in the LGBTQ+ community. Research shows that LGBTQ+ individuals experience higher rates of anxiety, depression, and other mental health challenges, often due to experiences such as stigma, discrimination, rejection, or social isolation. The good news is that support matters. Connection matters. Hope matters. So, we're sharing a few mental health tips that can help LGBTQ+ individuals navigate difficult emotions, build resilience, and prioritize their well-being. If you or someone you know is struggling, remember that help is available. Reaching out for support is a sign of strength, and no one has to face life's challenges alone.
[#PrideMonth](#) [#MentalHealthMatters](#) [#YouAreNotAlone](#) [#SpreadHope](#)

6d

View insights Boost post

👍 🗨️ 📌



hope_starter

hope_starter 🌟 Congratulations to Kelly Argueta, nomin for Virginia Peer of 2026! 🌟 Our incredible team of HopeStarters truly shined at the ar Voices for Recovery Luncheon & Awards hosted by SAAR celebrating the power of peer support, recovery, and the people making a difference every day. We're proud to recognize Kelly and all those helping inspire hope and ch in our communities. 💙

1w



samanthasellman Congratulations♥♥♥♥ Kelly is absolute amazing♥♥♥♥




1w 1 like Reply

Facebook

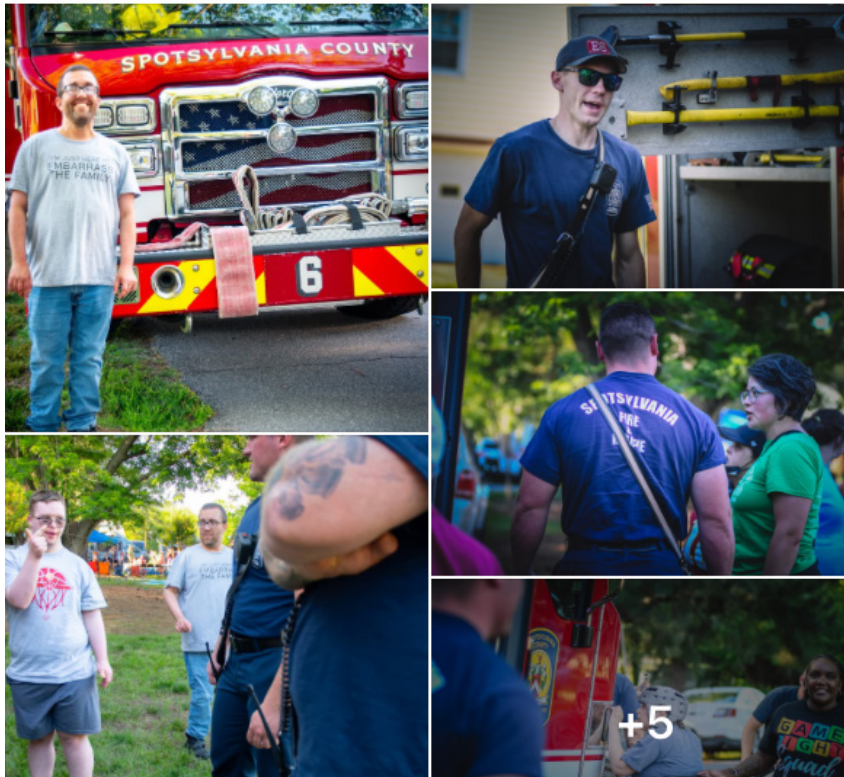
- 3,488 followers
- 50 posts
- 85 shares
- 810 reactions
- 69,077 impressions

Top Three Posts:

 **Kappanannock Area Community Services Board** Published by Hootsuite · June 5 at 2:02 PM · 

  Shout out to [Spotsylvania County Fire, Rescue, and Emergency Management!](#) Thank you so much for stopping by a recent cookout at our Churchill Drive Group Home. The partygoers--people served by our Developmental Disability Residential Services, caretakers, guardians, and friends--loved seeing the firetruck and meeting firefighters. And while they had a blast checking out the truck, this was more than a party trick. Getting familiar with firetrucks and firefighters outside of emergencies makes those crises less frightening when they do happen. Thank you so much for being such good neighbors and for taking time out of your busy day to visit with us! 

[#SpotsyFireAndRescue](#) [#SpotsylvaniaCounty](#) [#GroupHomeLife](#) [#ResidentialServices](#) [#DevelopmentalDisabilities](#) [#LikeAGoodNeighbor](#) [#Firefighters](#) See less





Rappahannock Area Community Services Board

Published by Amy Umble · May 20 at 11:22 AM



NewsTalk1230 WFVA
May 16 at 11:42 PM

There were plenty of smiles, hugs and stories Saturday as [Rappahannock Adult Activities - RAAI](#) celebrated 50 years of service with a gathering that



Rappahannock Area Community Services Board

Published by Hootsuite · June 5 at 8:32 AM

After nearly three decades of service, we recently gathered to celebrate the retirement of Jen Acors, Coordinator of Support Coordination!... [See more](#)



[See insights](#)

[Create ad](#)

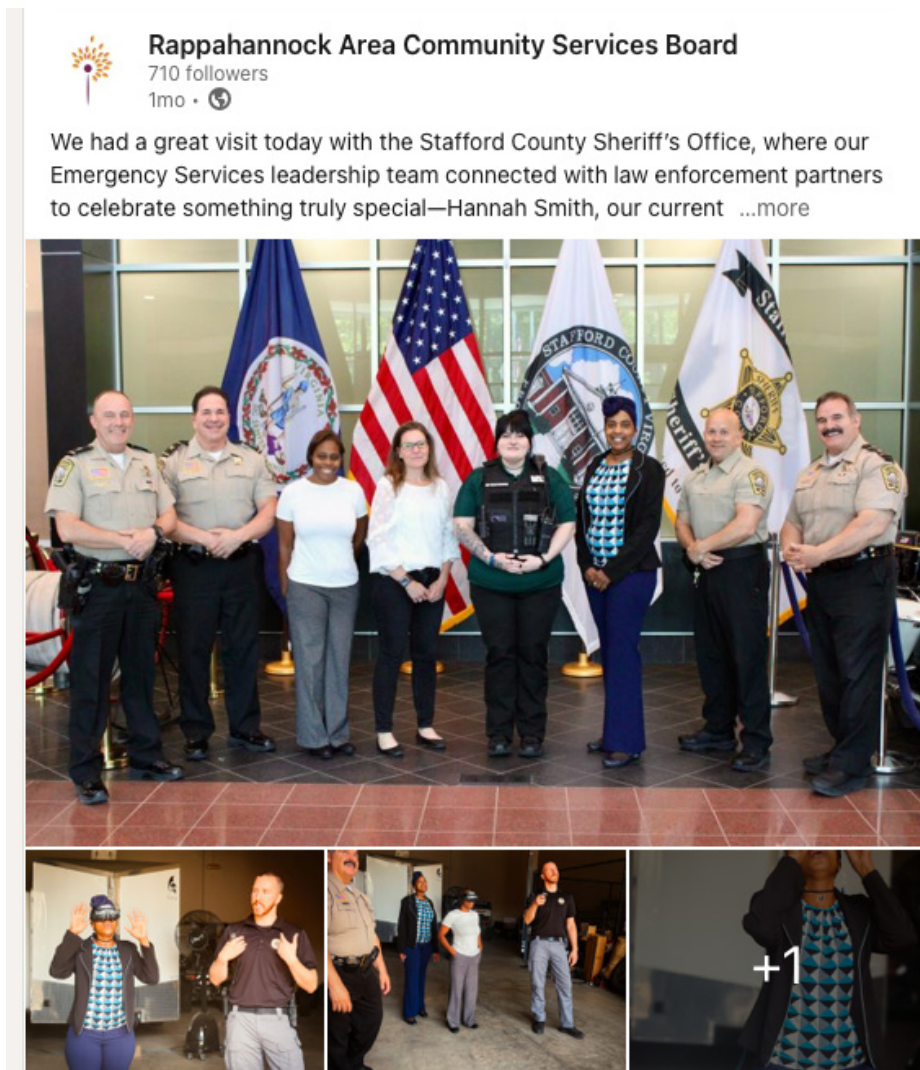
👍 130 💬 51 ➦ 1



LinkedIn

- 876 followers
- 26 posts
- 1,472 impressions
- 2 shares
- 5 reactions

Top Three Posts:





Rappahannock Area Community Services Board

710 followers
1w · 🌐

✨ Congratulations to Kelly Argueta, nominee for Virginia Peer of 2026! ✨
Our incredible team of HopeStarters truly shined at the annual Voices for Recovery Luncheon & Awards hosted by SAARA, celebrating the power ...more



👤 Brandie Williams and 5 others

1 comment



Rappahannock Area Community Services Board

710 followers
1w · 🌐

Explore Your Path to Recovery 🌱

Recovery isn't "one size fits all." Our Recovery Exploration Group is designed to help you discover the tools, communities, and creative outlets that work ...more

Recovery Exploration

A support group for discovering different paths in recovery.

Mondays, noon to 2 p.m.

www.rappahannockareacsb.org/support-groups

Recovery Exploration Group

1st Monday of each month at noon:

Visit an AA meeting: Meet in front of the Falmouth Fire Department, 250 Butler Rd. in Stafford

2nd Monday of each month at noon:

Mystery recovery meeting, meet in Room 138 at 600 Jackson Street in Fredericksburg

3rd Monday of each month at 1 p.m.:

Meet at Community Canvas to make art, Fredericksburg Baptist Church, 1019 Princess Anne Street

4th Monday of each month at noon:

Mystery recovery meeting, meet in Room 138 at 600 Jackson Street in Fredericksburg

Recruitment Posts

We use social media to recruit new employees, community training attendees, and individuals receiving services. Sometimes, these posts are blatantly recruiting:



But, sometimes, they are less obvious. About 80 percent of job-seekers check out the social media presence of a company before accepting a job. Nearly 70 percent of millennials visit a company's social media to evaluate its brand, and about two-thirds of job seekers view a company's social media to get an idea about its culture and diversity.

While there aren't corresponding statistics for guardians looking for residential placements, families are often encouraged to check out an agency's social media to get a feel for the people who will be taking care of their loved one and to get a glimpse at what they can expect if their loved one moves in. Anecdotally, I am in several Facebook groups for parents of adults with disabilities, including two specifically for parents who are considering or who are using residential services. Parents worry a lot about finding a good fit, and they routinely check out social media feeds when evaluating agencies.

So, posts that aren't blatantly recruitment posts are also recruitment posts. Posts that show HopeStarter spirit days, parties, recognitions, service projects, etc. go a long way to helping potential employees check out our workplace culture. And, posts that show group home residents going to a baseball game, having a cookout, and playing games at home really help families see that their loved ones can have a lovely future while supported by our residential services.



Blog Post: The Healing Power of Making

The healing journey can encompass many things: therapy, medication, mindfulness, exercise, healthy eating, and more. Each plays an essential role in recovery. But we shouldn't overlook something just as powerful: Creativity.

The act of making something can have a huge impact on our mental wellbeing.

This doesn't mean you need to finish a masterpiece or compose a symphony. You don't need special skills or talents to create. You simply need a bit of curiosity and some brain power.

Creativity is the act of making a new connection. It's not about painting a masterpiece; it's about putting two things together in a way that is new to you. Whether that's mixing a new spice into a recipe, finding a different route home to see the sunset, or choosing a specific color of ink to match your mood in a journal—that is a creative act.

In mental health, creativity acts as a bridge between the internal and external. When we are struggling, our feelings can feel like an invisible, tangled mess inside us. Creativity allows us to take a piece of that "mess" and put it outside of ourselves—onto a page, into a dance, or into a song.

Creativity isn't a gift given to a few; it's a toolkit built into everyone. Healing begins the moment you give yourself permission to play without needing a "good" result.

Creativity doesn't require artistic talent or years of experience. It simply means making something—writing, drawing, cooking, gardening, dancing, crafting, taking photographs, playing music, or even rearranging a space in your home. Creative activities can offer a healthy way to process emotions, reduce stress, and reconnect with yourself.

Why Creativity Supports Mental Health

1. Creativity Helps Express Difficult Emotions

Some feelings can be hard to put into words. Anxiety, grief, sadness, stress, or frustration may feel overwhelming or difficult to explain. Sometimes, even joy can be challenging to describe.

Creative activities provide another language.

Writing in a journal, painting with colors that reflect your mood, or creating music can help externalize emotions rather than holding them inside.

2. Creative Activities Can Reduce Stress

Many creative hobbies encourage focus on the present moment, similar to mindfulness practices. When you're immersed in knitting, sketching, woodworking, baking, or photography, your attention shifts away from racing thoughts and toward the activity in front of you.

This can create a calming effect and help lower stress.

3. Creativity Builds Confidence

Trying something new and seeing progress—even small progress—can boost confidence and create a sense of accomplishment.

Finishing a poem, growing a plant, completing a craft project, or learning a new recipe can remind us: I am capable of creating something valuable.

4. Creativity Encourages Joy and Connection

Creative hobbies often lead to social connection through classes, groups, clubs, or sharing interests with others. Social connection is an important protective factor for mental health.

Creativity can also help us rediscover joy during difficult times.

5. Creativity Exercises Your Brain

We know that using different parts of the brain can jumpstart emotional healing. Studies have shown that creating requires parts of the brain to work together.

Creativity is Attainable for Each of Us

It's true that some people are more naturally creative than others. But, we can all encourage our brains to be more creative. Here are some ways to boost your creativity:

Allow time for daydreaming

Don't focus on perfection—praise yourself for new ideas instead of worrying about their viability

Be curious

Spend time in nature

Give yourself permission to be playful

Take a walk

Practice creativity (try some of the activities and prompts below)

Creativity Is About Process, Not Perfection

One of the biggest misconceptions about creativity is believing you have to be "good" at it.

You don't.

Creative expression for mental wellness isn't about producing something worthy of display—it's about exploring, processing, and experiencing.

The goal isn't perfection. It's participation.

Creative Exercises to Support Mental Wellness

Looking for ways to bring more creativity into your routine? Try one of these simple activities:

1. Emotion Drawing

Take a blank sheet of paper and ask:

“If my current mood had colors, shapes, or textures, what would it look like?”

Draw without judgment.

No artistic skill required.

2. Five-Minute Free Writing

Set a timer for five minutes and write continuously without editing.

Prompts:

What am I carrying today?

What do I need right now?

What would I say to myself as a friend?

3. Gratitude Photography Challenge

Spend a week taking photos of things that bring comfort, joy, or peace.

Examples:

A favorite mug

Sunlight through a window

A pet

Nature

A meaningful place

4. Build a Mood Playlist

Create playlists for:

Calm

Motivation

Comfort

Hope

Energy

Music can influence mood and provide emotional support.

5. Try Creative Gardening

Plant flowers, herbs, or vegetables—or care for a houseplant.

Gardening combines creativity, routine, and connection with nature.

6. Create a “Hope Collage”

Using magazines, printed images, or digital tools, build a collage representing:

Goals

Sources of strength

Things you want more of in life

People or places that bring comfort

7. Experiment in the Kitchen

Cooking can be creative, sensory, and grounding.

Try:

A new recipe

Decorating baked goods

Creating colorful meals

8. Move Creatively

Dance in your living room. Stretch to music. Explore movement without worrying about appearance or performance.

Movement can help release stress and improve mood.

When Creativity Becomes Part of Healing

Creative activities aren't a replacement for professional mental health support, but they can become valuable tools alongside counseling, treatment, medication, peer support, or other wellness practices.

Healing doesn't always happen through big breakthroughs. Sometimes it happens quietly—in moments spent creating, exploring, and reconnecting with ourselves.

You don't need to be an artist to benefit from creativity.

You only need permission to begin.

What's one creative activity that helps you relax, recharge, or feel more like yourself?

Here are five prompts to get your creative juices flowing:

1. The “Color of Your Day” Scribble

Goal: To externalize a mood without needing words.

The Prompt: Pick one color that matches how you feel right now. Grab a scrap piece of paper and just move the pen or crayon around. Don't draw a shape or an object—just focus on the movement. Is it a jagged scribble? A soft, loopy

circle? A heavy press of the pen?

The Healing Connection: This helps “vent” an emotion out of your body and onto the paper.

2. Found-Object “Altars”

Goal: To practice mindfulness and noticing beauty in the mundane.

The Prompt: Go for a five-minute walk (even just around your house) and collect three small things that catch your eye—a smooth stone, a fallen leaf, a colorful button, or a patterned piece of junk mail. Arrange them on a table in a way that looks “right” to you.

The Healing Connection: This grounds you in the present moment and reminds you that you have the power to create order and beauty out of small things.

3. The “Blackout” Poem

Goal: To lower the pressure of the “blank page.”

The Prompt: Take an old newspaper, a page from a recycled book, or even a junk mail flyer. Circle 5 to 10 words that jump out at you. Use a dark marker to cross out every other word on the page. The words that remain are your poem.

The Healing Connection: It shifts the creative process from “generating” to “discovering,” which is much less intimidating when you’re feeling overwhelmed.

4. The Five-Senses Snapshot

Goal: To engage the senses and break a cycle of repetitive thoughts.

The Prompt: If you could “capture” this exact moment in a jar, what would it look, smell, and feel like? Write down:

One color you see.

One texture you feel.

One sound you hear.

One scent in the air.

The Healing Connection: Sensory engagement is a classic “grounding” technique used to manage anxiety and stay in the “now.”

5. Kitchen Improvisation

Goal: To see everyday chores as an opportunity for play.

The Prompt: Next time you make a sandwich or a cup of tea, change one small thing. Use a different mug, cut the bread into a new shape, or add a garnish you usually save for “special” occasions.

The Healing Connection: It reinforces the idea that creativity isn’t a separate activity—it’s a mindset you can bring to your entire life.

Prevention and Early Intervention Services Program Updates

Michelle Wagaman, Director

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

June 2026

Top 5 for June:

1. Thank you to Prevention Specialists Jennifer Bateman and Sherry Norton-Williams for all of their efforts to complete the tobacco merchant education and retailer visits for nearly 300 stores prior to June 30, 2026.
2. The General Assembly passed and Governor Spanberger signed House Bill 308 which will have a significant effect on tobacco/nicotine merchant law. (more information on next page) Additionally, House Bill 360 was signed which will restrict Kratom access in Virginia. The new regulations raise the legal purchase age to 21 and mandate a secure “behind the counter” storage. This legislation also outlaws highly concentrated, synthetic forms of substances like 7-OH.
3. Kudos to the Early Intervention Team as they prepare to transition a large number of children/families served to the school systems.
4. RACSB Prevention Services once again participated in the Ceili Leahy Day of Service at James Monroe High School on May 26th. Students completed a number of service projects throughout the City. They assembled 20 mental wellness resource kits for middle and high schools plus assembled nearly 2,000 REVIVE! kits. Our service project was supported by Mayor Kerry Devine and Deputy Superintendent Dr. Matthew Eberhardt.
5. Teen Mental Health First Aid was implemented for some students participating in the CHAMP Program at Brooke Point High School. All three participating high schools have committed to another year of implementation for the 2026-2027 academic year.

Upcoming Events:

- Partners in Aging coalition is hosting their annual “Art of Aging Expo” on June 10, 2026.
- Fredericksburg Pride is scheduled for June 27, 2026.
- The Trauma Informed Care Workgroup of the Criminal Justice Reform Alliance is hosting a series of virtual lunch and learns focused on resilience. The third session is scheduled for July 30, 2026 at noon. Barbara Gustavson, Discover Next Step, will be presenting “Everyday Resilience: Brain-Based Strategies to Regroup and Reset.” To learn more and to register:
<https://www.signupgenius.com/go/Resilience-lunch-and-learn>

Substance Abuse Prevention

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

Youth Education/Evidence Based Curriculums – Jennifer Bateman, Prevention Specialist, has concluded facilitation of the HALO (Healthy Alternatives for Little Ones) curriculum with St. Paul’s and 4Seasons day care/preschool centers in King George County. After a short break, curriculums will resume for a new academic year.

Coalitions – The Community Collaborative for Youth and Families is scheduled to meet again on July 10, 2026. To learn more: <https://www.thecommunitycollaborative.org/>

Tobacco Control – The Prevention Services Team is nearing completion for this two-year cycle of merchant education. By June 30, 2026, nearly 300 tobacco and vape merchants will receive education and store audits. The new cycle for CounterTools will begin July 1, 2026 and CSB Prevention Teams will have another two years to repeat the visits.

House Bill 308 goes into effect July 1, 2026 and will have a significant effect on tobacco/vape laws and local communities. It transitions and provides a more comprehensive structure for the current licensing and enforcement responsibilities related to liquid nicotine and retail tobacco projects from the Department of Taxation to a permitting system to be administered by the Virginia Alcoholic Beverage Control Authority. This also requires unannounced buyer operations and helps ensure retail products are not being sold to those under age 21. Additionally, it increases the violations for sale to minors. <https://lis.virginia.gov/bill-details/20261/HB308>).

Alcohol and Vaping Prevention Education – Jennifer Bateman, Prevention Specialist, has started scheduling for the 2026-2027 academic year. We are grateful for ongoing partnerships with individuals schools and the invitation to return annually.

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 training will be held on the following dates in 2026: July 28-29; and September 23-24 (8:30 a.m. to 5:00 p.m. both days).

To register: <https://www.signupgenius.com/go/RACSB-ASIST-Training2026>

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

Adult Mental Health First Aid trainings will be held on the following dates in 2026: July 21; September

29; and December 25 (from 8:30 a.m. to 5:00 p.m.).

Mental Health First Aid in Spanish trainings are scheduled for the following dates in 2026: August 4; and October 15 (from 8:30 a.m. to 5:00 p.m.).

Youth Mental Health First Aid training is scheduled for the following dates in 2026: August 18; and November 3 (from 8:30 a.m. to 5:00 p.m.). We have added one (1) training date this summer in partnership with Caroline County Public Schools. Additionally, Stafford County Public Schools are planning to train all secondary administrative staff in Youth MHFA this summer. At the request of Fredericksburg Department of Social Services, we have also added a training specific to foster parents in August.

To register for Adult Mental Health First Aid Training:
<https://www.signupgenius.com/go/RACSB-MHFA2026>

To register for Adult Mental Health First Aid in Spanish Training:
<https://www.signupgenius.com/go/RACSB-MHFA-Spanish2026>

To register for Youth Mental Health First Aid Training:
<https://www.signupgenius.com/go/RACSB-YMHFA2026>

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

safeTALK will be held on the following dates in 2026: September 16 (2:00 p.m. to 5:00 p.m.); and November 16 (1:00 p.m. to 4:00 p.m.).

To register for safeTALK Training:
<https://www.signupgenius.com/go/RACSB-SafeTALK2026>

Lock and Talk Virginia – Region 1 will release two (2) new training curriculums this month. Each are approximately 3-hours in duration. They will be recognized as approved suicide prevention trainings by DBHDS and support CSBs in meeting the training requirements in the Performance Contract. This provides an alternative to ASIST, safeTALK and QPR.

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 is scheduled for August 24, 2026. Efforts to form a workgroup to address post-vention are moving forward. Additionally, there is an opportunity to host a training for faith leaders - Collaborating in Care: Ministry and Mental Health (CCMM) Training Day. We are hoping to host the training in October to correspond with Spiritual Care Week. The Youth and Young Adult Workgroup is supporting Mental Health America Fredericksburg Region to host a second annual teen mental health summit on September 26, 2026. We are also exploring the creation of a mural.

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. We continue to provide support to the Save 1 Life Fredericksburg harm reduction initiative.

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. The new DBHDS REVIVE coordinator is implementing changes and piloting some new processes.

To register for REVIVE! Trainings:

<https://www.signupgenius.com/go/RACSB-REVIVE2026>

Additional Initiatives

Responsible Gaming and Gambling – DBHDS has indicated CSBs will be directed to conduct a new Community Needs Assessment on this topic. This will involve environmental scans, focus groups, surveys, and other activities. This was originally completed in 2022.

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.

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. The next one is scheduled for July 30, 2026 at noon. The topic is "Everyday Resilience: Brain-Based Strategies to Regroup and Reset" with Barbara Gustavson, founder, Discover Next Steps.

The third book club session utilizing the book "Burnout: The Secret to Unlocking the Stress Cycle" by Emily Nagoski, PhD, and Amelia Nagoski, DMA, is being pushed to the fall due to low registrations.

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

Course 1 is scheduled for July 14, and October 22.

Course 2 is scheduled for May 28 and November 12.

To register: <https://www.signupgenius.com/go/RACSB-CRI-Training2026>

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.

May 2026

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	4	26	14
KING GEORGE COUNTY	3	3	1	0
SPOTSYLVANIA COUNTY	9	6	42	13
STAFFORD COUNTY	7	4	21	12
OUT OF AREA (REFERRED TO OTHER HF SITES)	0	0	0	0
TOTAL	25	17	96	41

To balance the FY 2027 program budget, Healthy Families Rappahannock Area eliminated three (3) Family Support Specialist positions as of June 19, 2026. This staffing loss reduces the number of home visitors to four (4) and the number of families being served to 88, effective July 1, 2026. The Healthy Families America Best Practice Standards caseload capacity for FTE Family Support Specialists is 22 families each (with a weighted caseload).

The program completed their technical assistance annual site visit from Healthy Families Virginia on May 27, 2026. The program is designated as meeting expectations of the Essential and Safety Standards.



JUNE

2026

Healthy Families Rappahannock Area Newsletter

Mel's Desk



As summer arrives, families across our community look forward to sunshine-filled days, family vacations, backyard cookouts, and creating lasting memories with the people they love most. While this season brings joy and excitement, it also serves as an important reminder that the warmer months can present increased safety risks for children, particularly our youngest and most vulnerable.

Recently, our community was devastated by the heartbreaking loss of a life-old infant in Spotsylvania County after being left unattended in a vehicle on one of the hottest days of the year. This unimaginable tragedy has left many grieving and serves as a powerful reminder of how quickly a routine day can turn into a life-changing event. While no family ever expects something like this to happen, moments of stress, exhaustion, distraction, and overwhelming responsibilities can affect even the most loving and caring parents.

At Healthy Families Rappahannock Area (HFRA), we believe that education, awareness, and support are some of the most powerful tools in preventing tragedies before they occur. Every day, our dedicated home visitors work alongside families, helping them navigate the challenges of parenthood while providing valuable guidance on child safety, healthy development, and family well-being. As the only home visiting program serving new families throughout Planning District 16, according to Families Forward Virginia, Healthy Families Rappahannock Area is uniquely positioned to provide critical support to parents during some of the most important years of a child's life. Through education, prevention, and relationship-building, we help families create safe, nurturing environments where children can thrive.

Every child deserves a safe start. Every parent deserves support. And every one of us has a role to play in building a stronger, safer community for families.

-Melodie "Mel" Jennings

BYE SCHOOL
HELLO POOL

IT'S SUMMER TIME



www.healthyfamiliesrappahannock.org

Scan to Donate



JUNE 2026

Healthy Families
Rappahannock Area
Newsletter

Did you know?...

Fathers play a vital role in a child's growth, development, and overall well-being. When fathers are actively involved in their children's lives, they help build a strong foundation of love, security, and confidence that can last a lifetime. Research shows that children with engaged fathers are more likely to perform well in school, develop healthy relationships, and have higher self-esteem. Whether through daily caregiving, words of encouragement, teaching life skills, or simply being present, fathers provide unique support that helps children thrive emotionally, socially, and academically. Their involvement not only strengthens the parent-child bond but also contributes to healthier, stronger families and communities.

For 10+ years, Healthy Families Rappahannock Area has had the privilege of supporting an amazing fatherhood program called Village Fathers. Meeting virtually each week, this program is dedicated to empowering, encouraging, and supporting fathers throughout our community. Village Fathers creates a space where men can connect, grow, and strengthen their roles as fathers and positive role models.

Village Fathers helps build stronger families, healthier children, and a more connected community, ensuring that no father has to navigate this journey alone. For more information about Village Fathers email info@villagefathers.com

Support Shoutouts

This month's shout outs belong to

- Mary Washington Hospital
- Battlefield Elementary
- Miranda Abila

We are truly Thankful for all the Support you give!

Be A Part of the
Village
Scan to Donate



Community Partners.

Are you making a difference in our community?...We would love you to be a part of our Community Advisory Committee. We truly believe it takes a Village to make a difference! Please consider joining us at our next virtual meeting.

Community Advisory Committee meets every other month...Contact us today for more information hfra@rappahannockareacsb.org

The Greatness of June

Don't forget to celebrate and create memories in every moment you can...

June is the gateway to summer, celebrated for its perfect weather, longest daylight hours, and the official start of the season. It's a vibrant month packed with cultural events, fresh beginnings, and outdoor adventures.

Special Events happening in the Fredericksburg Area in June:

- National Dairy Month - Go Get Your ICE CREAM!
- Shakespeare on the Lawn June 6th - Historic Kenmore
- FAM Downtown Sounds June 5th
- Jazz in the Park June 12th - Virginia Credit Union Stadium
- Father's Day - June 21st -
- Father's Day Car Show & Contest - Pleasants Landing on Lake Anna June 20th
- First Friday Rideout (Family Friendly Bike Ride) Riverfront Park June 5th
- Fathers & Families Fun Walk/Run June 13th Pratt Park
- Juneteenth Celebration at Market Square June 19th
- Banda Concert - Fredericksburg Fairgrounds June 21st
- Pride Festival June 27th Riverfront Park



www.healthyfamiliesrappahannock.org

June 2026

CALL

To

ACTION!



scan QR

Refer
a family

MAKE
a donation

Join Our Village



email us today at hfra@rappahannockareacsb.org



www.healthyfamiliesrappahannock.org

hopestarter | RAPPAHANNOCK AREA
COMMUNITY SERVICES BOARD



June 2026

HAPPY FATHER'S DAY

What's Happening This Month

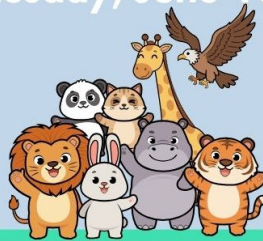
JuneTeenth!



Jungle in June

Wednesday, June 10, 2026

10 am - 11 am
Alum Spring Park
1 Greenbrier Dr
Fredericksburg, VA 22401



1 pm - 2 pm
Hillcrest UMC
2208 Lafayette Blvd,
Fredericksburg



CONTACT US

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540-374-3366

www.healthyfamiliesrappahannock.org





Healthy Families Rappahannock Area – Grant Application Material, Infant and Early Childhood Home Visiting Program (MIECHV) June 2026

Healthy Families Rappahannock Area (HFRA), a program of the Rappahannock Area Community Services Board, pending Board approval, plans to submit a grant application in the total amount of \$600,807 (base funding of \$400,000 and supplemental funding of \$200,807) for the Maternal, Infant and Early Childhood Home Visiting Program (MIECHV) to strengthen and expand services to the City of Fredericksburg and the Counties of Spotsylvania and Caroline (the identified MIECHV at-risk communities of Planning District 16). Base funding covers program MIECHV funded home visitors and the supplemental consideration will provide funding for utilizing a model enhancement (for example: Program Coordinators, Administrative Assistant/Data Entry etc.).

MIECHV funding has been a part of HFRA since 2011. This grant cycle will be from September 30, 2026 through September 29, 2027.

In FY 2026, HFRA was able to serve 154 families at any one time. However, due to funding and the reduction of home visiting staff, HFRA currently serves **88** families in all of Planning District 16 (City of Fredericksburg and the Counties of Spotsylvania, Caroline, Stafford, and King George). Due to HRSA (Health Resources and Services Administration) identification of at-risk communities, HFRA MIECHV funded staff serve a total of **66** families and their children in the City of Fredericksburg and the Counties of Spotsylvania and Caroline.

HFRA has requested additional funding in hopes of hiring two (2) part-time Family Support Specialists (FSS) and one (1) part-time Administrative Assistant/Data Entry Clerk. The addition of the two part-time FSSs will allow HFRA to serve an additional **28** families (14 per FSS). This addition will increase the caseload capacity to a total of **116** families and children being served overall.

The \$600,807 request includes:

1. Partial funding of salary and fringe benefits of four (4) key existing staff positions to ensure strong leadership, fidelity to the model, and partnership coordination:
 - One (1) Program Coordinator (50%)
 - One (1) Family Resource Specialist (50%)
 - Two (2) Family Support Specialist (25%)
2. Full-time funding (100%) of salary and fringe for one (1) Program Supervisor and two (2) existing Family Support Specialist positions
3. Full funding of salary only for two (2) part-time Family Support Specialist positions (proposed/vacant)
4. Partial Funding of part-time Administrative Assistant/Data Entry position (proposed/vacant) (50%)

HFRA recognizes the need for home visiting services in this community and we are hopeful of the ability to increase our capacity of families served.



Healthy Families Rappahannock Area FY 2026 Healthy Families Virginia Mid-Cycle Site Visit (May 27, 2026)

Healthy Families Rappahannock Area (HFRA) is proud to share the results of the Fiscal Year 2026 Healthy Families Virginia Mid-Cycle Site Visit conducted May 27, 2026. The review affirmed the program's strong commitment to providing high-quality, family-centered services and maintaining fidelity to the Healthy Families America model.

The site visit team recognized HFRA's well-established foundation of excellence, highlighting the program's dedication to families, quality service delivery, and continuous improvement. HFRA successfully met all Safety Standards and the majority of Essential Standards reviewed, demonstrating a strong commitment to family safety, program integrity, and evidence-based practice. The review further noted the team's exceptional relationship-building skills, meaningful family engagement, effective use of service plans, and strengths-based approach to supporting families.

Several areas were identified as notable strengths, including high staff retention, collaborative team dynamics, strong supervisory support, and consistent implementation of key program tools. HFRA's Equity Plan was specifically recognized as a model of inclusive practice, reflecting meaningful input from staff, families served, and leadership. The review team also commended the program culture of support and its dedication to creating an environment where both families and staff can thrive.

As part of its commitment to continuous quality improvement, HFRA will focus on strengthening consistency in documentation practices, including Creative Outreach, CHEERS observations, supervisory documentation, and reflective supervision. While reviewers noted that quality services are being delivered consistently, improvements in documentation will help ensure that records fully reflect the exceptional work already taking place with families.

The site visit concluded with HFRA achieving a Healthy Families Virginia Performance Tier of "Meets" and maintaining full Healthy Families America accreditation through September 30, 2028. The program remains committed to implementing the recommendations outlined in the report and has already established action steps to strengthen documentation consistency, enhance staff training, and further align practices with Healthy Families America Best Practice Standards.

HFRA is grateful for the valuable feedback provided by Healthy Families Virginia and remains dedicated to delivering high-quality, relationship-based services that empower families, strengthen communities, and improve outcomes for children Planning District 16.

Mid-Cycle Site Visit Report

Healthy Families Virginia

Site Name	Rappahannock Area - VA021
Program Manager Name	Melodie Jennings
Program Manager Email	mjennings@rappahannockareacsb.org
TA/QA Name	Jakeeta Scott
TA/QA Email	jscott@familiesforwardva.org
Fiscal Year Period	26
Start Date of Visit	Wednesday, May 27, 2026
Date of Report	Thursday, May 28, 2026

This report summarizes the impressions and recommendations of the Healthy Families Virginia TA/QA Specialist team, who represents Healthy Families Virginia (HFV) and Prevent Child Abuse Virginia (PCAV). This report includes both strengths and next steps for further growth. Where appropriate, 8th Ed. Healthy Families America Best Practice Standards (HFA BPS) or Healthy Families Virginia Best Practice Recommendations (BPR) are cited. The recommended next steps are intended to support updates to your annual Quality Improvement Plan and planning for technical assistance based on program needs. This Site Visit Report indicates HFV’s adherence to Healthy Families America MSS Standards Q-4.8 & Q-5.

General Impressions and Site Strengths

Rappahannock Area Healthy Families demonstrates a strong, well-established foundation grounded in commitment to families, quality service delivery, and continuous improvement. The site successfully met all Safety Standards and the majority of Essential Standards, reflecting consistent attention to family safety and program fidelity. Staff show meaningful engagement with families, with clear evidence of strong relationship-building, active participation in goal setting, and effective use of service plans to guide work. Documentation of key tools such as FROGs, level changes, and service plans is consistently completed, and the site’s equity plan stands out as a model of inclusive practice with input from staff, families, and leadership. Additionally, high staff retention, collaborative team dynamics, and strong supervisory involvement contribute to a stable and supportive environment where families and staff alike can thrive. Overall, the team’s dedication, strengths-based approach, and alignment with best practices position the program for continued success.

Overall Site Challenges and Areas for Growth

The primary opportunities for growth at the site center on strengthening consistency and ensuring that documentation fully reflects the quality work already taking place. While staff demonstrate strong understanding and implementation of core practices, there are inconsistencies in how these practices are documented across areas such as CASIE, CHEERS observations, reflective supervision, and creative outreach. Variability in documentation—including incomplete FROG domains, inconsistent supervision notes, and occasional misalignment between documentation and actual service delivery—can impact the

site's ability to fully demonstrate adherence to Best Practice Standards. With targeted training, coaching, and a continued focus on alignment between practice, policy, and documentation, the site is well-positioned to strengthen consistency and clearly showcase the high-quality, strength-based work already being done.

Site Goals and Focus for Next Year

Over the next year, the site will build on its strong foundation by focusing on improving consistency between practice and documentation. Key efforts will include strengthening CASIE documentation (FROG, CHEERS, outreach, and referrals), enhancing reflective supervision, and ensuring greater consistency in CHEERS observations and Creative Outreach practices. The site will continue to support staff through targeted training, maintain strong service planning with measurable goals, and ensure full training compliance. By leveraging its stable and collaborative team, the program is well positioned to strengthen alignment with Best Practice Standards while continuing to provide high-quality, strength-based services to families.

Site is fully accredited by Healthy Families America through:

Saturday, September 30, 2028

TA/QA Site Visit Review Process

Documents reviewed for site visit:

Program outcomes

Relevant state and model level reports

Family files

Supervision documentation

Training records

Discussions completed for site visit with:

Program Supervisor(s)

Host Agency Representative*

Program Management

*Annual meeting with Host Agency Representative required by VDSS.

Safety and Essential Standards

Healthy Families America Multi-Site System Standard Q-4.5

The Central Administration annually monitors adherence to all Safety and Essential Standards in the HFA Best Practice Standards. Feedback is provided to sites where challenges are identified.

Safety Standards

9-3.B Legally Permissible Background Checks	In adherence
10-2.D Orientation Training	In adherence
12-1.B Supervision Frequency and Duration (practice)	In adherence
GA-3.C Informed Consent to Release Information	In adherence

GA-4.A Child Abuse and Neglect Reporting (policy)	In adherence
GA-4.B Reports Suspected Child Abuse & Neglect to Proper Authorities (practice)	In adherence

Essential Standards

2-1.B FROG Uniformity - Practice	In adherence
3-3.B Post-Enrollment Creative Outreach (practice)	Out of adherence
4-2.C Level Changes in Supervision (practice)	In adherence
5-4.B Equity Plan	In adherence
6-1.C Service Plan with Families (practice)	In adherence
6-2.B Family Goal Development (practice)	In adherence
6-3.B CHEERS Used to Assess PCI (practice)	Out of adherence
6-3.C PCI Addressed and Promoted (practice)	In adherence
6-3.E SUP support staff in assessing, addressing, promoting PCI (practice)	Out of adherence
9-1.D Screening & Selection of Direct Service Staff	In adherence
10-4.A HFA Core FROG Training	In adherence
10-4.B HFA Core Foundations Training	In adherence
10-4.C HFA Core Supervision Training	In adherence
12-2.B Reflective Supervision provided (practice)	Out of adherence
GA-3.A Family Rights & Confidentiality (policy and forms)	In adherence
GA-3.B Family Rights & Confidentiality (practice)	In adherence

Feedback for Essential Standards out of adherence:

Creative Outreach: Building on the site's strong engagement practices, the site will strengthen Creative Outreach by ensuring consistent implementation and documentation aligned with Standard 3-3.B. This will

include clarifying policy expectations, providing targeted CASIE training with examples, and conducting monthly monitoring. These efforts will ensure outreach practices consistently meet duration, documentation, and supervision requirements while reflecting intentional family engagement.

CHEERS (practice): Building on the site’s strong use of observation to support parent-child interactions, the site will strengthen CHEERS practice by ensuring documentation consistently reflects direct observation and alignment with Standard 6-3.B. This will include ongoing coaching to support staff in distinguishing observed versus reported information, along with the use of peer and file review feedback to promote consistency. These efforts will ensure CHEERS documentation is accurate, consistent, and reflective of high-quality practice across staff.

Supervisory Support of CHEERS: Building on the site’s strong supervisory practices, the site will strengthen supervision support of CHEERS by ensuring documentation consistently reflects intentional, reflective guidance aligned with Standard 6-3.E. The site will support supervisors in clearly documenting how they guide staff in assessing and strengthening parent-child interactions through CHEERS, with a focus on reflective strategies and skill development rather than task-based discussion. These efforts will ensure supervision consistently highlights how staff are supported in building their observation and interaction skills.

Reflective Supervision (documentation): Building on the site’s strong foundation in reflective supervision, the site will strengthen consistency across supervisors by ensuring documentation clearly reflects the use of reflective strategies aligned with Standard 12-2.B. The site will support supervisors in consistently documenting how they hold reflective space and guide staff in critical thinking and decision-making, rather than focusing primarily on administrative or directive guidance. Emphasis will be placed on documenting how reflective strategies are used to support staff in determining next steps. These efforts will promote consistent, high-quality reflective supervision practices across all supervisors.

Healthy Families Virginia Assurances

Assurances

Governance and Administration	In adherence
Training and Professional Development	In adherence
Recruitment and Ongoing Effective Supervision	In adherence
Standardized Assessment Process	In adherence
Cultural Humility	In adherence
Quality Assurance and Continuous Quality Improvement (quarterly PDSAs)	In adherence
Evaluation and Data Collection	In adherence
Healthy Families Virginia Network Meeting (attendance)	In adherence

Technical Assistance planned or provided on the following topics:

Family goal plans

Family service plans

Supervision documentation

Casie data entry

Training plans for new staff

Policies and procedures

Reflective Strategies/parallel process

**Healthy Families Virginia
Performance Tier:**

Meets

**Date of finalized report (reviewed and
approved by Central Administration
and Site Leadership):**

Friday, May 29, 2026



is a part of



Site Visit Report - Site Response

Site Name and HFA ID

Rappahannock Area - VA021

Name of Individual Responding to Site Visit Report Melodie Jennings

Email mjennings@rappahannockareacsb.org

Phone Number (540) 498-3138

Date of Response Friday, May 29, 2026

Site Responsibility - Providing Next Steps

Check the box next to each section of your site visit report where your site was marked out of adherence.

A text box will appear for each selected section so you can describe your next steps.

I need to submit next steps for the following areas of my site visit report:

Safety and Essential Standards (any out of adherence standards from the tables)

Safety/Essential Standards

3-3.B - Creative Outreach - HFRA will review Policy and Procedures with staff to ensure everyone is on the same page when it comes to this Policy. FSS and Supervisor will discuss CO during supervision to ensure dates are captured and follow Policy 3.3.B. Supervisors will ensure that dates match both on CO level change forms as well as in case reports.

6-3.B - During monthly Purpose meetings, site will continue to practice observation of CHEERS and how to document. Supervisors will review HV logs to ensure that staff are correctly identifying whether the visit was observed or reported.

6-3.E - Supervisors will meet monthly to review files with each other to ensure consistency in documentation. Supervisors will use TA and ask for support in their documentation. During Supervision with PM, random reviews of supervision notes will be made to ensure quality and consistency between both supervisors.

12-2.B - Supervisors will meet monthly to review files with each other to ensure consistency in documentation. Making sure their is a full circle of events. Supervisors will reach out to TA for a minimum of quarterly reviews to ensure accuracy and consistency in their documentation.

Please indicate your understanding of your site performance based on your Site Visit Report:

Based on the 8th Edition Best Practice Standards, the VDSS funding formula performance tiers are based on the number of standards in adherence as follows:

Performance Tier	Safety Standards	Essential Standards
Exceptional	6/6	15/16 or 16/16
Exceeds	6/6	13/16 or 14/16
Meets	6/6	12/16 or less
Does Not Meet	5/6 or less	N/A

As a reminder there are 6 Safety Standards and 16 Essential Standards

My Site Visit Report indicates a Healthy Families Virginia Performance Tier of:

Meets

Do you wish to have your site re-evaluated at State Panel for any Safety or Essential Standards you were rated out of adherence?

No

INSTRUCTIONS FOR SAFETY/ESSENTIAL STANDARDS:

Please check the box for all standards your site was marked in adherence for.

For any standards you were marked out of adherence on, you can select either "Out of adherence" or "Requesting re-evaluation". You will be re-evaluated only on those standards you indicate for re-evaluation.

I understand that in order for my re-evaluation to potentially impact my VDSS annual funding formula I must be re-evaluated no later than November of each fiscal year period. Any re-evaluations and subsequent potential upgrades occurring after November of each calendar year will impact the following fiscal year's funding determinations.

I understand that the re-evaluation process is only open to me if my site was rated as a "Meets" or "Does Not Meet" level at my most recent site visit.

I understand that I can only be re-evaluated once per QA visit.

Please enter any comments, feedback, or context you'd like incorporated into your Site Visit Report or other general feedback:

We truly appreciated all the feedback we received and have already set up plans to improve consistency in documentation.

Would it be possible to add the number of files reviewed and out of those how many were out of adherence? It would be nice to know if those files are connected to current staff (those that will still be with us after June 19th) :).

Finance Department May 2026 Program Updates

Staffing Changes and Opportunities:

Carley Hurd has transitioned into the vacant Accounts Payable position after previously serving as a Healthy Families Family Support Specialist.

Following a successful transition of responsibilities to internal staff, all duties previously performed by contractor Suzanne Poe have been absorbed by the team. Accordingly, her services will no longer be required.

Reimbursement Department:

The Reimbursement team is focused on resolving and collecting all aged claims to ensure revenue is realized within fiscal year 2026. A key priority is monitoring the payment status of outstanding Anthem claims. Following resolution of the underlying issue in April, the team is actively working to ensure all claims are processed and paid by the end of June.

In addition, the Reimbursement team is implementing a process to submit eligible outstanding debt to the Tax Debt Setoff Program, with the goal of improving consumer revenue recovery and reducing accounts receivable balances.

Accounting Department:

The Accounting Department is finalizing the FY2027 budget for presentation to the Board. The agency's MINT account setup has been completed, and funds are scheduled to be invested in early June.

Staff also supported the CARF review process and are actively providing documentation for the Medicaid Patient Fund Account engagements across all three ICF programs. In addition, the ICF cost settlements have been finalized, and the corresponding true-up payments were received at the end of May.

The department continues to invest in staff development through training for new roles and cross-training on critical functions across positions. These efforts are intended to strengthen departmental coverage, enhance operational resilience, and ensure continuity of operations, and will continue throughout the fiscal year.

Summary of Cash Investments

(as of May 31, 2026)

Depository		Rate	Comments
Atlantic Union Bank			
Checking	\$ 4,880,835	2.50%	
Investment Portfolio			
Cash Equivalents	1,425,323		
Fixed Income	8,031,891		
Total Investment	<u>\$ 9,457,214</u>		
Total Atlantic Union Bank	<u>\$ 14,338,049</u>		
Other			
Local Gov. Investment Pool	<u>7,196,630</u>	3.74%	Avg. Monthly Yield
Total Investments	\$ 21,534,679		

Other Post-Employment Benefit (OPEB)

	Cost Basis	Cost Variance From Inception	Market Basis	Market Variance From Inception
Initial Contribution	\$ 954,620		\$ 954,620	
FY 2024 Year-End Balance	\$ 2,131,014	\$ 1,176,394	\$ 4,489,220	\$ 3,534,600
FY 2025 Year-End Balance	\$ 2,130,913	\$ 1,176,293	\$ 4,527,191	\$ 3,572,571
Balance at 7/31/2025	\$ 2,130,413	\$ 1,175,793	\$ 4,552,431	\$ 3,597,811
Balance at 8/30/2025	\$ 2,130,413	\$ 1,175,793	\$ 4,656,347	\$ 3,701,727
Balance at 9/30/2025	\$ 2,130,413	\$ 1,175,793	\$ 4,735,433	\$ 3,780,813
Balance at 10/31/2025	\$ 2,129,910	\$ 1,175,290	\$ 4,787,095	\$ 3,832,475
Balance at 11/30/2025	\$ 2,129,910	\$ 1,175,290	\$ 4,815,105	\$ 3,860,485
Balance at 12/31/2025	\$ 2,129,910	\$ 1,175,290	\$ 4,859,497	\$ 3,904,877
Balance at 1/31/2026	\$ 2,129,910	\$ 1,175,290	\$ 4,962,474	\$ 3,904,877
Balance at 2/28/2026	\$ 2,129,402	\$ 1,175,290	\$ 5,025,548	\$ 3,904,877
Unrealized Gain/(Loss)			\$ (122,468)	
Realized Gain/(Loss)				
Fees & Expenses				
Balance at 3/31/2026	\$ 2,129,402	\$ 1,175,290	\$ 4,903,079	\$ 3,904,877
Unrealized Gain/(Loss)			\$ 198,132	
Realized Gain/(Loss)			\$ 708	
Fees & Expenses	\$ (507)		\$ (1,215)	
Balance at 4/30/2026	\$ 2,128,895	\$ 1,175,290	\$ 5,100,704	\$ 3,904,877

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
December	\$425,834	\$473,491	\$743	\$1,632,653
January	\$429,881	\$610,812	\$679	\$1,452,402
February	\$672,215	\$435,917	\$627	\$1,689,327
March	\$459,713	\$402,400	\$720	\$1,747,360
April	\$429,029	\$494,032	\$688	\$1,683,046
May	\$435,380	\$504,250	\$711	\$1,614,887
YTD Total	\$3,087,582	\$4,514,917	\$8,882	\$1,614,887

Historical Data	Average Monthly Claims	Monthly Average Difference from PY	Highest Month
FY 2026	\$410,447	\$113,183	\$610,812
FY 2025	\$297,264	\$41,811	\$380,808
FY 2024	\$255,453	\$41,076	\$593,001
FY 2023	\$214,376	(\$97,137)	\$284,428
FY 2022	\$311,513	(\$24,129)	\$431,613
FY 2021	\$335,642	\$14,641	\$588,906

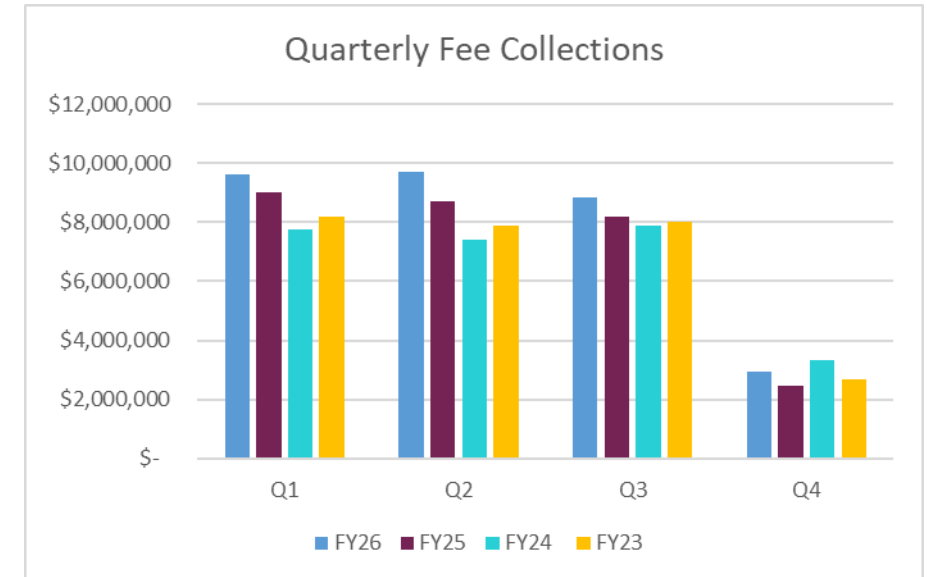
Summary of Investments

Asset Description	Shares/Face Value	Market Value	Total Cost	Unrealized Gain/Loss	Est. Income	Yield to Maturity	Yield to Cost
State Street U.S. Government Money Market	\$ 630,210.82	\$ 630,210.82	\$ 630,210.82	\$ -	\$ 22,296.96	3.55%	3.55%
US Treasury Bill(07/09/2026)	\$ 500,000.00	\$ 498,085.00	\$ 482,569.63	\$ 15,515.37	\$ 17,430.37	3.66%	3.95%
US Treasury Bill(09/08/2026)	\$ 300,000.00	\$ 297,027.00	\$ 296,426.63	\$ 600.37	\$ 3,573.37		
Total Cash Equivalents	\$ 1,430,210.82	\$ 1,425,322.82	\$ 1,409,207.08	\$ 16,115.74	\$ 43,300.70	3.61%	3.75%
US Treasury Note (10/15/2026)	\$ 500,000.00	\$ 501,575.00	\$ 501,256.91	\$ 318.09	\$ 23,125.00	3.77%	4.11%
US Treasury Note(11/30/2026)	\$ 600,000.00	\$ 592,566.00	\$ 587,578.13	\$ 4,987.87	\$ 7,500.00	3.75%	3.56%
US Treasury Note (06/15/2026)	\$ 500,000.00	\$ 500,065.00	\$ 500,392.18	\$ (327.18)	\$ 20,625.00	3.72%	3.96%
US Treasury Note(01/31/2027)	\$ 500,000.00	\$ 500,995.00	\$ 501,761.14	\$ (766.14)	\$ 20,625.00	3.74%	3.76%
US Treasury Note (03/15/2027)	\$ 500,000.00	\$ 501,680.00	\$ 496,308.59	\$ 5,371.41	\$ 21,250.00	3.73%	4.52%
US Treasury Note (08/15/2027)	\$ 500,000.00	\$ 498,865.00	\$ 497,423.79	\$ 1,441.21	\$ 18,750.00	3.84%	4.10%
US Treasury Note(11/15/2027)	\$ 1,000,000.00	\$ 975,780.00	\$ 980,323.79	\$ (4,543.79)	\$ 22,500.00	3.84%	3.61%
US Treasury Note (8/31/2026)	\$ 500,000.00	\$ 499,995.00	\$ 498,545.10	\$ 1,449.90	\$ 18,750.00	3.78%	4.35%
US Treasury Note (02/29/2028)	\$ 500,000.00	\$ 500,040.00	\$ 499,988.22	\$ 51.78	\$ 20,000.00	3.82%	4.00%
US Treasury Note(05/15/2028)	\$ 500,000.00	\$ 489,395.00	\$ 494,017.95	\$ (4,622.95)	\$ 14,375.00	3.82%	3.50%
US Treasury Note(09/15/2028)	\$ 500,000.00	\$ 492,890.00	\$ 496,308.59	\$ (3,418.59)	\$ 16,875.00	3.82%	3.64%
US Treasury Note(11/15/2028)	\$ 1,000,000.00	\$ 987,420.00	\$ 998,535.16	\$ (11,115.16)	\$ 35,000.00	3.83%	3.55%
US Treasury Note(02/15/2029)	\$ 500,000.00	\$ 493,010.00	\$ 500,000.00	\$ (6,990.00)	\$ 17,500.00	3.82%	3.50%
US Treasury Note(04/15/2029)	\$ 500,000.00	\$ 497,615.00	\$ 500,404.00	\$ (2,789.00)	\$ 19,375.00	3.91%	3.80%
Total Fixed Income	\$ 8,100,000.00	\$ 8,031,891.00	\$ 8,052,843.55	\$ (20,952.55)	\$ 276,250.00	3.80%	3.85%
5/31/2026		\$ 9,457,213.82	\$ 9,462,050.63	\$ (4,836.81)	\$ 319,550.70	3.77%	3.81%

Fee Revenue Reimbursement- April 30, 2026

RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD							
FEE REVENUE REIMBURSEMENT REPORT AS OF APRIL 30, 2026							
AGED CLAIMS		Current Month		Prior Month		Prior Year	
Total Claims Outstanding	Total	100%	\$6,057,318	100%	\$5,787,727	100%	\$6,314,007
	Consumers	32%	\$1,924,236	33%	\$1,898,754	33%	\$2,093,488
	3rd Party	68%	\$4,133,082	67%	\$3,888,973	67%	\$4,220,519
Claims Aged 0-29 Days	Total	63%	\$3,822,313	58%	\$3,385,351	63%	\$3,989,326
	Consumers	0%	\$27,392	1%	\$36,434	1%	\$58,645
	3rd Party	63%	\$3,794,921	58%	\$3,348,917	62%	\$3,930,680
Claims Aged 30-59 Days	Total	2%	\$143,216	2%	\$131,091	2%	\$121,973
	Consumers	1%	\$44,441	0%	\$22,075	1%	\$67,001
	3rd Party	2%	\$98,775	2%	\$109,016	1%	\$54,972
Claims Aged 60-89 Days	Total	1%	\$71,013	2%	\$93,493	2%	\$121,310
	Consumers	0%	\$22,219	0%	\$28,285	1%	\$55,677
	3rd Party	1%	\$48,794	1%	\$65,208	1%	\$65,633
Claims Aged 90-119 Days	Total	1%	\$64,615	2%	\$92,193	1%	\$85,189
	Consumers	1%	\$30,356	0%	\$22,910	1%	\$47,123
	3rd Party	1%	\$34,259	1%	\$69,283	1%	\$38,066
Claims Aged 120+ Days	Total	32%	\$1,956,161	36%	\$2,085,598	32%	\$1,996,210
	Consumers	30%	\$1,799,827	31%	\$1,789,050	30%	\$1,865,042
	3rd Party	3%	\$156,334	5%	\$296,549	2%	\$131,168

CLAIM COLLECTIONS	
Current Year To Date Collections	\$31,072,452
Prior Year To Date Collections	\$28,368,576
\$ Change from Prior Year	\$2,703,876
% Change from Prior Year	10%



Write-off Report

Month: Apr 2026		
Write Off Code	Current MTD	Prior Year MTD
BAD ADDRESS	\$ -	\$ 290
BANKRUPTCY	\$ 180	\$ -
DECEASED	\$ 20	\$ -
NO FINANCIAL AGREEMENT	\$ 2,837	\$ 9,604
SMALL BALANCE	\$ 36	\$ 235
UNCOLLECTABLE	\$ 1,102	\$ 10
FINANCIAL ASSISTANCE	\$ 131,546	\$ 264,290
NO SHOW	\$ 200	\$ 1,640
MAX UNITS/BENEFITS	\$ 49,408	\$ 44,202
PROVIDER NOT CREDENTIALLED	\$ 1,360	\$ 1,815
DIAGNOSIS NOT COVERED	\$ -	\$ 620
NON-COVERED SERVICE	\$ -	\$ 1,823
SERVICES NOT AUTHORIZED	\$ 2,798	\$ 16,056
PAST BILLING DEADLINE	\$ 365	\$ -
INSUFFICIENT DOCUMENTATION	\$ 297	\$ -
MCO DENIED AUTH	\$ 7,908	\$ -
INCORRECT PAYER	\$ 1,613	\$ 3,616
INVALID MEMBER ID	\$ -	\$ -
INVALID POS/CPT/MODIFIER	\$ -	\$ -
NO PRIMARY EOB	\$ 320	\$ 169
SPENDDOWN NOT MET	\$ 2,034	\$ 5,730
STATE FUNDS EXHAUSTED	\$ -	\$ -
TOTAL	\$ 202,023	\$ 350,100

Year to Date: July - Apr 2026		
Write Off Code	Current YTD	Prior YTD
BAD ADDRESS	\$ 9,214	\$ 49,554
BANKRUPTCY	\$ 3,200	\$ 250
DECEASED	\$ 2,895	\$ 3,155
NO FINANCIAL AGREEMENT	\$ 103,087	\$ 86,297
SMALL BALANCE	\$ 861	\$ 904
UNCOLLECTABLE	\$ 4,970	\$ 23,292
FINANCIAL ASSISTANCE	\$ 1,880,959	\$ 1,907,946
NO SHOW	\$ 12,744	\$ 5,972
MAX UNITS/BENEFITS	\$ 534,853	\$ 427,082
PROVIDER NOT CREDENTIALLED	\$ 5,604	\$ 17,445
DIAGNOSIS NOT COVERED	\$ 5,335	\$ 6,088
NON-COVERED SERVICE	\$ 46,330	\$ 55,932
SERVICES NOT AUTHORIZED	\$ 148,788	\$ 145,216
PAST BILLING DEADLINE	\$ 7,443	\$ 4,211
INSUFFICIENT DOCUMENTATION	\$ 76,210	\$ 954
MCO DENIED AUTH	\$ 109,301	\$ 9,989
INCORRECT PAYER	\$ 38,143	\$ 25,146
INVALID MEMBER ID	\$ 710	\$ -
INVALID POS/CPT/MODIFIER	\$ 680	\$ 100
NO PRIMARY EOB	\$ 7,881	\$ 3,184
SPENDDOWN NOT MET	\$ 181,358	\$ 368,375
STATE FUNDS EXHAUSTED	\$ -	\$ 19,150
TOTAL	\$ 3,180,568	\$ 3,160,241

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
12/12/2025	120.75	\$4,795.23	\$39.71	47.5	\$2,646.26	\$55.71	168.25	\$7,441.49
12/26/2025	174.73	\$7,148.91	\$40.91	36.5	\$1,566.23	\$42.91	211.23	\$8,715.14
1/9/2026	148	\$5,937.04	\$40.12	63.25	\$2,805.76	\$44.36	211.25	\$8,742.80
1/23/2026	103.5	\$4,305.79	\$41.60	33.5	\$1,803.59	\$53.84	137	\$6,109.38
2/6/2026*	254.5	\$9,792.41	\$38.48	41	\$1,915.29	\$46.71	295.5	\$11,707.70
2/20/2026	50.35	\$2,025.40	\$40.23	34.75	\$2,341.23	\$67.37	85.1	\$4,366.63
3/6/2026	21	\$873.72	\$41.61	40.5	\$2,715.08	\$67.04	61.5	\$3,588.80
3/20/2026	16.75	\$679.84	\$40.59	25.75	\$1,305.58	\$50.70	42.5	\$1,985.42
4/3/2026	19.75	\$782.88	\$39.64	15	\$1,146.50	\$76.43	34.75	\$1,929.38
4/17/2026	32.5	\$1,361.70	\$41.90	24.25	\$1,762.78	\$72.69	56.75	\$3,124.48
5/1/2026	58.5	\$2,396.90	\$40.97	33.25	\$2,114.03	\$63.58	91.75	\$4,510.93
5/15/2026	60.25	\$2,418.14	\$40.14	65.77	\$2,725.68	\$41.44	126.02	\$5,143.82
5/29/2026	51.5	\$2,027.01	\$39.36	63.25	\$2,986.61	\$47.22	114.75	\$5,013.62
Grand Total	2537.65	\$102,479.17	\$40.38	1293.94	\$61,084.11	\$47.21	3831.59	\$163,563.28

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

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	19,950	0.00%	-	0%
OUTPATIENT (FED)	3,559,688	2,951,155	82.90%	3,559,688	2,927,356	82.24%	23,799	1%
MEDICAL OUTPATIENT (R) (FED)	4,432,876	3,709,137	83.67%	4,432,876	3,562,054	80.36%	147,083	4%
ACT NORTH (R)	1,108,186	1,066,901	96.27%	1,108,186	929,857	83.91%	137,044	13%
ACT SOUTH (R)	1,057,760	1,269,588	120.03%	1,057,760	868,908	82.15%	400,680	32%
CASE MANAGEMENT ADULT (FED)	1,377,302	1,186,025	86.11%	1,377,302	1,137,001	82.55%	49,024	4%
CASE MANAGEMENT CHILD & ADOLESCENT (FED)	1,171,251	890,269	76.01%	1,171,251	921,782	78.70%	(31,513)	-4%
PSY REHAB & KENMORE EMP SER (R) (FED)	861,864	781,232	90.64%	861,864	704,255	81.71%	76,977	10%
PERMANENT SUPPORTIVE HOUSING (R)	4,079,960	5,495,531	134.70%	4,079,960	2,779,204	68.12%	2,716,327	49%
CRISIS STABILIZATION (R)	2,984,567	2,335,741	78.26%	2,984,567	2,327,519	77.99%	8,222	0%
SUPERVISED RESIDENTIAL	702,775	561,712	79.93%	702,775	613,073	87.24%	(51,361)	-9%
SUPPORTED RESIDENTIAL	1,115,708	707,995	63.46%	1,115,708	926,051	83.00%	(218,056)	-31%
JAIL DIVERSION GRANT (R)	0	1,000	#DIV/0!	0	0	#DIV/0!	1,000	100%
JAIL & DETENTION SERVICES	796,633	447,939	56.23%	796,633	678,042	85.11%	(230,103)	-51%
SUB-TOTAL	23,248,570	21,424,175	92%	23,248,570	18,395,054	79%	3,029,121	14%

DEVELOPMENTAL SERVICES

PROGRAM	REVENUE			EXPENDITURES			ACTUAL VARIANCE	VARIANCE / REVENUE
	BUDGET FY 2026	ACTUAL YTD	%	BUDGET FY 2026	ACTUAL YTD	%		
CASE MANAGEMENT	5,009,320	4,548,898	90.81%	5,009,320	4,026,033	80.37%	522,864	11%
DAY HEALTH & REHAB *	5,928,581	5,138,358	86.67%	5,928,581	4,709,921	79.44%	428,437	8%
GROUP HOMES	7,177,971	6,202,190	86.41%	7,177,971	5,808,648	80.92%	393,542	6%
RESPIRE GROUP HOME	742,838	206,191	27.76%	742,838	464,772	62.57%	(258,580)	-125%
INTERMEDIATE CARE FACILITIES	5,382,884	3,405,348	63.26%	5,382,884	4,221,568	78.43%	(816,220)	-24%
SUPERVISED APARTMENTS	1,869,743	2,331,459	124.69%	1,869,743	1,546,065	82.69%	785,393	34%
SPONSORED PLACEMENTS	2,412,624	2,025,352	83.95%	2,412,624	1,683,962	69.80%	341,390	17%
SUB-TOTAL	28,523,961	23,857,795	83.64%	28,523,961	22,460,968	78.74%	1,396,827	6%

(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 April 30, 2026
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	1,622,422	79.17%	2,049,386	1,629,493	79.51%	(7,071)	0%
MAT PROGRAM (R) (FED)	1,254,477	882,780	70.37%	1,254,477	1,088,185	86.74%	(205,405)	-23%
CASE MANAGEMENT(with LINK) (R) (FED)	404,098	322,695	79.86%	404,098	377,903	93.52%	(55,208)	-17%
RESIDENTIAL (R)	36,612	31,005	84.69%	36,612	10,685	29.18%	20,320	66%
PREVENTION (R) (FED)	521,955	641,742	122.95%	521,955	481,458	92.24%	160,284	25%
SUB-TOTAL	4,266,528	3,500,644	82%	4,266,528	3,587,723	84%	(87,079)	-2%

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	2,328,411	114.11%	2,040,456	1,451,937	71.16%	876,474	38%
CHILD MOBILE CRISIS (R)	271,050	205,609	75.86%	271,050	154,460	56.99%	51,149	25%
CIT ASSESSMENT SITE (R)	329,029	290,217	88.20%	329,029	369,498	112.30%	(79,282)	-27%
CONSUMER MONITORING (R) (FED)	-	0	#DIV/0!	0	256,741	#DIV/0!	(256,741)	0%
ASSESSMENT AND EVALUATION (R)	514,373	408,814	79.48%	514,373	436,344	84.83%	(27,530)	-7%
SUB-TOTAL	3,154,908	3,233,050	102.48%	3,154,908	2,668,980	84.60%	564,071	17%

ADMINISTRATION

PROGRAM	REVENUE			EXPENDITURES			ACTUAL VARIANCE
	BUDGET FY 2026	ACTUAL YTD	%	BUDGET FY 2026	ACTUAL YTD	%	
ADMINISTRATION (FED)	826,292	615,031	74.43%	826,292	615,031	74.43%	0
PROGRAM SUPPORT	27,600	23,000	83.33%	27,600	23,000	83.33%	0
SUB-TOTAL	853,892	638,031	74.72%	853,892	638,031	74.72%	0
ALLOCATED TO PROGRAMS				4,268,473	3,126,283	73.24%	

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

RACSB
FY 2026 FINANCIAL REPORT
 Fiscal Year: July 1, 2025 through June 30, 2026
 Report Period: July 1, 2025 through April 30, 2026
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	1,559,754	82.25%	1,896,364	1,257,803	66.33%	301,951	19%
INFANT CASE MANAGEMENT (R)	939,818	605,679	64.45%	939,818	725,551	77.20%	(119,872)	-20%
EARLY INTERVENTION (R)	2,719,353	1,807,486	66.47%	2,719,353	2,257,288	83.01%	(449,802)	-25%
TOTAL PART C	5,555,535	3,972,919	71.51%	5,555,535	4,240,642	76.33%	(267,723)	-7%
HEALTHY FAMILIES (R)	1,246,855	782,701	62.77%	1,246,855	1,008,740	80.90%	(226,038)	-29%
TOTAL HEALTHY FAMILY	1,246,855	782,701	62.77%	1,246,855	1,008,740	80.90%	(226,038)	-29%
COMMUNITY OUTREACH	118,307	56,288	47.58%	118,307	54,297	45.89%	1,991	4%
TOTAL COMMUNITY OUTREACH	118,307	56,288	47.58%	118,307	54,297	45.89%	1,991	4%

(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 April 30, 2026

RECAP FY 2026 BALANCES

	<u>REVENUE</u>	<u>EXPENDITURES</u>	<u>NET</u>	<u>NET / REVENUE</u>
MENTAL HEALTH	21,424,175	18,395,054	3,029,121	14%
DEVELOPMENTAL SERVICES	23,857,795	22,460,968	1,396,827	6%
SUBSTANCE ABUSE	3,500,644	3,587,723	(87,079)	-2%
SERVICES OUTSIDE PROGRAM AREA	3,233,050	2,668,980	564,071	17%
ADMINISTRATION	638,031	638,031	0	0%
FISCAL AGENT PROGRAMS	4,811,908	5,303,678	(491,770)	-10%
TOTAL	57,465,604	53,054,434	4,411,169	8%

RECAP FY 2025 BALANCES

	<u>REVENUE</u>	<u>EXPENDITURES</u>	<u>NET</u>	<u>NET / REVENUE</u>
MENTAL HEALTH	20,417,070	18,814,972	1,602,098	8%
DEVELOPMENTAL SERVICES	22,036,885	23,972,621	(1,935,736)	-9%
SUBSTANCE ABUSE	3,284,039	3,652,053	(368,014)	-11%
SERVICES OUTSIDE PROGRAM AREA	3,259,280	2,919,919	339,360	10%
ADMINISTRATION	1,085,256	1,085,256	0	0%
FISCAL AGENT PROGRAMS	5,236,958	5,827,967	(591,010)	-11%
TOTAL	55,319,486	56,272,787	(953,301)	-2%

	<u>\$ Change</u>	<u>% Change</u>
Change in Revenue from Prior Year	\$ 2,146,117	3.88%
Change in Expense from Prior Year	\$ (3,218,352)	-5.72%
Change in Net Income from Prior Year	\$ 5,364,471	-562.73%

*Unaudited Report

MEMORANDUM

To: Joe Wickens, Executive Director

From: Sara Keeler, Director of Finance and Administration

Date: June 8, 2026

Re: Collection Policy Revision and Recommendation for Board Approval

A review and reconsideration of the current reimbursement collection policy is respectfully requested. Based on recent operational considerations, certain revisions may improve collection outcomes, increase revenue recovery, and encourage more consistent client payment activity.

Under the current policy, unpaid accounts are classified as uncollectable and become eligible for submission to the Virginia Tax Debt Set Off Program only after a client has been discharged for 12 months and no payments have been received for a period of 2 years.

It is proposed that the policy be revised so that unpaid balances become eligible for classification as uncollectable and submission to the Tax Debt Set Off Program after a client has been discharged for 6 months and no payments have been received for 6 months.

Applicable regulations require only a 90-day period for non-payment, regardless of discharge status. As such, the proposed revision would continue to provide clients with a reasonable opportunity to satisfy outstanding balances while enabling the organization to pursue collection efforts in a more timely and effective manner.

Implementation of this change may provide several benefits, including:

- Increased overall revenue recovery
- Greater encouragement of timely and consistent client payments
- Reduction in the accumulation of long-outstanding accounts
- Improved operational efficiency within the collection process

Consideration of this proposal is appreciated, and further discussion regarding its potential benefits and implementation is welcomed.

Please see below for current Reimbursement Collection Policy and suggested revision.

CURRENT POLICY:

b. Uncollectable Accounts: Unpaid balances deemed uncollectable through any available means will be charged to "Bad Debt" at the time so deemed, or after 12 months from discharge, whichever is earlier. Unpaid balances being pursued through legal means, such as the Debt Set-Off program, wage garnishments, or collection agency activity, will be charged to "Bad Debt" at the time determined uncollectable. Accounts are generally deemed "uncollectable" if collection activities are unsuccessful and no payments have been obtained for two years.

SUGGESTED POLICY:

b. Uncollectable Accounts: Unpaid balances deemed uncollectable through any available means will be charged to "Bad Debt" ~~at the time so deemed, or after 12~~ 6 months from discharge, ~~whichever is earlier.~~ Unpaid balances being pursued through legal means, such as the Debt Set-Off program, wage garnishments, or collection agency activity, will be charged to "Bad Debt" at the time determined uncollectable. Accounts are generally deemed "uncollectable" if collection activities are unsuccessful and no payments have been obtained for ~~two years~~ 6 months.

HUMAN RESOURCES PROGRAM UPDATE- May 2026

Training & Compliance

- Facilitated in-person training for 51 staff
- Completed CARF survey!
- HR Director attended VACSB.

Recruitment Notes

- Onboarded six new Hopestarters, one of whom filled the HR vacancy
- Continued to work with our external posting vendors to increase applicant flow.

Benefit Notes

- The annual open enrollment, the time when employees select their benefits for the next fiscal year, took place from May 11th to 26th. During this short window, all benefit-eligible employees, ~478, completed the process!
- Employees received their final annual evaluations in May. A big thank you to all our leaders for taking the time to make sure performance feedback was given to our employees. At the end of the month, we had 99% of the 566 evaluations completed and submitted on time!
- Held a Financial Wellness Fair, May 14th



Office of Human Resources

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

RappahannockAreaCSB.org

MEMORANDUM

To: Joe Wickens, Executive Director

From: Derrick Mestler, Human Resources Director

Date: June 4, 2026

Re: Summary – May 2026 Applicant and Recruitment Update

For May 2026, RACSB received 261 applications.

Of the 261 applications received, 58 applicants cited the RACSB applicant portal as their recruitment source, 18 cited employee referrals, and 185 cited various job boards.

As of the end of May, 39 positions — 21 full-time and 18 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 May 2026.

RECRUITMENT ACTIVITY REPORT FY 2026

<u>MONTHLY RECRUITMENT</u>	<u>JULY</u>	<u>AUGUST</u>	<u>SEPTEMBER</u>	<u>OCTOBER</u>	<u>NOVEMBER</u>	<u>DECEMBER</u>	<u>JANUARY</u>	<u>FEBRUARY</u>	<u>MARCH</u>	<u>APRIL</u>	<u>MAY</u>	<u>JUNE</u>	<u>TOTAL YTD</u>
External Applicants Hired:													
Part-time	0	1	1	3	3	4	5	5	6	4	0		32
Full-time	4	3	7	6	3	2	3	4	6	3	5		46
PRN	0	0	0	0	0	2	6	1	5	1	1		16
Sub Total External Applicants Hired	4	4	8	9	6	8	14	10	17	7	6		93
Internal Applicants Moved:													
Part-time to Full-time	0	0	0	1	2	2	0	1	1	0	0		7
PRN As Needed to Full-Time	0	0	0	0	0	2	0	0	0	0	1		3
Promotions	2	4	4	2	0	1	0	1	8	2	3		27
Lateral Transfers	3	9	5	2	1	0	2	1	5	4	0		32
Full-time to Part-time	0	0	0	1	0	0	0	0	0	0	0		1
Full-time to PRN	0	0	0	0	0	1	1	0	0	1	0		3
Sub Total Internal Applicant Moves	5	13	9	6	3	6	3	3	14	7	4		73

APPLICANT DATA REPORT
RACSB FY 2026

APPLICANT DATA	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26
Female	212	319	425	262	515	233	279	132	203	270	169	
Male	37	72	101	98	159	69	65	31	32	57	48	
Not Supplied	75	129	175	114	188	110	32	11	6	19	44	
Total	324	520	701	474	862	412	376	174	241	346	261	
ETHNICITY												
White	85	106	164	102	210	102	116	65	100	139	59	
African American	118	195	263	198	243	136	153	66	93	122	117	
Hispanic	7	25	22	17	54	14	24	17	12	15	9	
Asian	5	11	10	3	95	10	5	3	3	4	4	
American Indian	2	2	2	2	2	3	3	0	0	2	1	
Native Hawaiian	3	0	1	2	3	0	0	0	3	4	0	
Two or More Races	92	126	212	138	227	119	43	12	16	48	19	
Not Supplied	12	55	27	12	28	28	32	11	14	12	52	
RECRUITMENT SOURCE												
RACSB Website	35	80	91	51	96	58	43	50	75	88	58	
Employee Referrals	12	20	19	21	21	15	29	14	18	20	18	
Indeed.com	232	387	504	363	649	293	248	72	102	184	109	
Social Media	0	0	0	0	8	1	1	0	1	1	6	
Other -	34	23	70	27	67	30	30	24	40	28	35	
Zip Recruiter	11	10	17	12	29	15	25	14	193	25	35	
Job Fair	0	0	0	0	0	0	0	0	0	0	0	
Total # of Applicants	324	520	701	474	870	412	376	174	429	346	261	0

5/25/2026						
Actively Recruiting to Hire						
Original Date Listed	Days Open	Job Title	RU	Division	FT	PT
5/6/2026	19	PROPERTY MAINTENANCE TECHNICIAN	1100	Property Management	1	
11/19/2025	187	SPECIAL EDUCATOR, PEID	3910	PEID	1	
2/19/2026	95	THERAPIST, CHILD & ADOLESCENT	2220	Clinical	1	
4/30/2026	25	PSYCHIATRIC NURSE PRACTITIONER	2201	Clinical	1	
5/4/2026	21	MOBILE OBOT PEER RECOVERY SPECIALIST	4261	Clinical	1	
5/20/2026	5	NURSE, MOBILE OBOT	4261	Clinical	1	
8/5/2025	293	ASSISTANT COORDINATOR - EMERGENCY SERVICES	2000	CIS	1	
7/29/2025	300	ES THERAPIST, CO-MOBILE RESPONSE	2000	CIS	1	
9/24/2025	243	EMERGENCY SERVICES THERAPIST	2070	CIS	1	
2/5/2026	109	NURSE, RN - CRISIS STABILIZATION	2770	CIS		1
2/5/2026	109	NURSE, RN - CRISIS STABILIZATION	2770	CIS		1
3/6/2026	80	NURSE, RN - CRISIS STABILIZATION	2770	CIS		1
1/13/2026	132	MH NURSE, LPN - CRISIS STABILIZATION	2770	CIS	1	
4/15/2026	40	MH RESIDENTIAL SPECIALIST	2770	CIS	1	
11/26/2025	180	MH RESIDENTIAL SPECIALIST	2770	CIS	1	
8/18/2025	280	EMERGENCY SERVICES THERAPIST	4000	CIS	1	
3/6/2026	80	DIRECT SUPPORT PROFESSIONAL - KINGS HIGHWAY	3652	CSS		1
4/24/2026	31	DIRECT SUPPORT PROFESSIONAL - DAY SUPPORT, SPECIALIZED SERVICES	3658	CSS		1
5/11/2026	14	DIRECT SUPPORT PROFESSIONAL - SPECIALIZED SERVICES	3658	CSS		1
5/11/2026	14	DIRECT SUPPORT PROFESSIONAL - SPECIALIZED SERVICES	3658	CSS		1
4/24/2026	31	DIRECT SUPPORT PROFESSIONAL - DAY SUPPORT ICF	3656	CSS		1
5/20/2026	5	GROUP HOME/ RESPITE MANAGER - MYERS DRIVE	3794	CSS	1	
5/20/2026	5	ASSISTANT GROUP HOME MANAGER - MYERS RESPITE/GROUP HOME	3794	CSS	1	
4/24/2026	31	ASSISTANT GROUP HOME MANAGER - STONEWALL	3773	CSS	1	
3/18/2026	68	DIRECT SUPPORT PROFESSIONAL - Stonewall	3773	CSS		1
4/6/2026	49	DIRECT SUPPORT PROFESSIONAL - Stonewall	3773	CSS	1	
3/6/2026	80	DIRECT SUPPORT PROFESSIONAL - FLOATER	3771	CSS		1
3/6/2026	80	DIRECT SUPPORT PROFESSIONAL - FLOATER	3771	CSS		1
12/3/2025	173	DIRECT SUPPORT PROFESSIONAL - DEVON	3774	CSS		1
2/27/2026	87	DIRECT SUPPORT PROFESSIONAL - IGO	3777	CSS		1
12/5/2025	171	DIRECT SUPPORT PROFESSIONAL - NEW HOPE	3778	CSS		1
5/11/2026	14	DIRECT SUPPORT PROFESSIONAL - NEW HOPE	3778	CSS	1	
2/27/2026	87	DIRECT SUPPORT PROFESSIONAL - GALVESTON	3790	CSS		1
3/27/2026	59	DIRECT SUPPORT PROFESSIONAL - ROSS ICF	3792	CSS	1	
5/11/2026	14	DIRECT SUPPORT PROFESSIONAL - ROSS ICF	3792	CSS		1
3/12/2026	74	DIRECT SUPPORT PROFESSIONAL - LUCAS ICF	3793	CSS	1	
12/16/2025	160	DIRECT SUPPORT PROFESSIONAL - MYERS RESPITE	3794	CSS		1
5/4/2026	21	DIRECT SUPPORT PROFESSIONAL - MYERS RESPITE	3794	CSS	1	
4/15/2026	40	DIRECT SUPPORT PROFESSIONAL - MYERS RESPITE	3794	CSS		1
Avg days open	91.76				21	18
				Total Positions in Recruitment	39	
Budgeted Vacant		Job Title	RU	Division	FT	PT
				ADMIN		
		INFANT/CHILD SUPPORT COORDINATOR	3500	PE-ID	1	
		FT NURSE RN - CRISIS STABILIZATION	2770	CIS		1
		Lead Nurse, LPN - Crisis Stabilization	2770	CIS		1
		UNLICENSED EMERGENCY SERVICES THERAPIST	2000	CIS		1
		DEVELOPMENTAL SERVICES SUPPORT COORDINATOR - SPOTSYLVANIA	3300	CSS	1	
		RESIDENTIAL COUNSELOR I - LAFAYETTE BOARDING	2786	CSS	1	
		DIRECT SUPPORT PROFESSIONAL - BELMONT	3781	CSS	1	
		DIRECT SUPPORT PROFESSIONAL - BELMONT	3781	CSS		1
		DIRECT SUPPORT PROFESSIONAL - ROSS ICF	3792	CSS	1	
		NURSE LPN - ROSS ICF	3792	CSS		1
		DIRECT SUPPORT PROFESSIONAL - RUFFINS POND	3775	CSS	1	
		DIRECT SUPPORT PROFESSIONAL - KINGS HIGHWAY	3652	CSS		1
		SUPERVISOR - DD SUPPORT COORDINATION	3300	CSS		
		DEVELOPMENTAL SERVICES SUPPORT COORDINATOR	3300	CSS		
		OUTPATIENT THERAPIST - FREDERICKSBURG CLINIC	2200	Clinical		1
					9	4
				Total	13	

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

MEMORANDUM

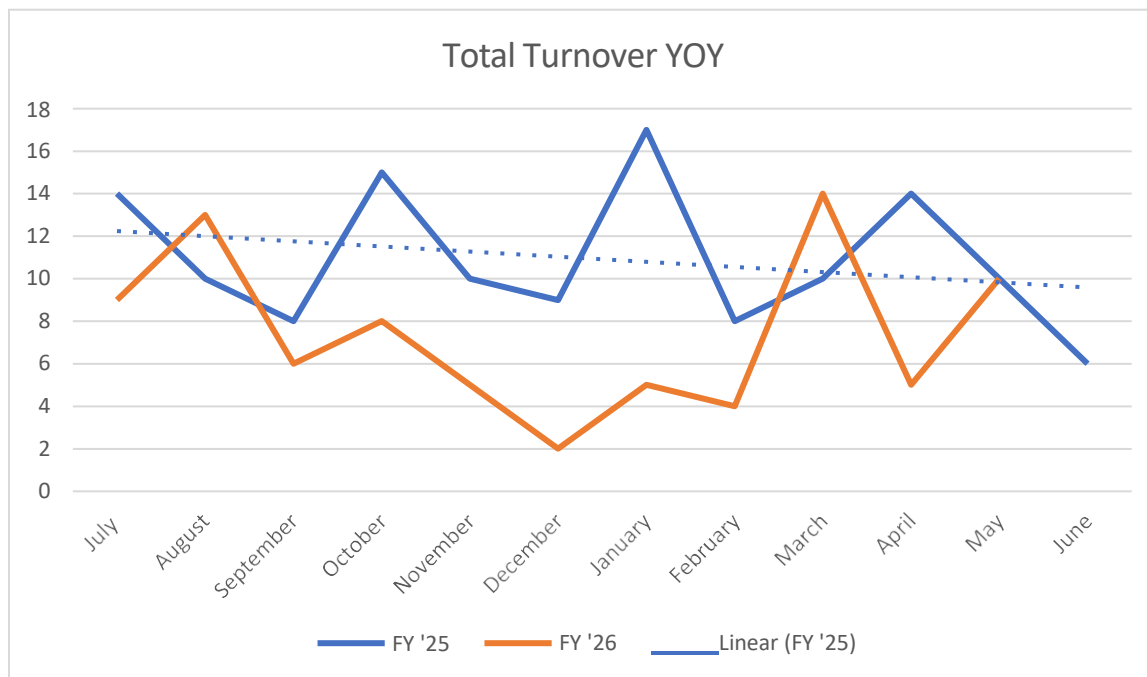
To: Joe Wickens, Executive Director

From: Derrick Mestler, Human Resources Director

Date: June 4, 2026

Re: Summary – Turnover Report– June 2026

Human Resources processed ten (10) employee separations in May 2026; all of them were voluntary.



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	550	555	561	561	561	557	
Monthly Terminations*	9	13	6	8	5	2	5	4	14	5	10	
Turnover by Month	1.61%	2.35%	1.09%	1.46%	0.91%	0.36%	0.90%	0.71%	2.50%	0.89%	1.80%	
Cumulative Turnover YTD	1.43%	3.96%	5.06%	6.52%	7.42%	7.79%	8.69%	9.40%	11.91%	12.80%	14.59%	
Average % Turnover per Month YTD	1.43%	1.98%	2.17%	1.63%	1.48%	1.30%	1.24%	1.17%	1.32%	1.28%	1.33%	

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

RACSB MONTHLY TURNOVER REPORT
May-26

<u>ORGANIZATIONAL UNIT</u>	<u>NUMBER OF TERMS</u>	<u>VOLUNTARY</u>	<u>INVOLUNTARY</u>	<u>EXPLANATION</u>
Administrative		1		Relocation
		1		Personal
<i>Unit Totals</i>	2	2	0	
Clinical Services				
<i>Unit Totals</i>	0	0	0	
Community Support Services		3		Personal
		1		Job abandonment
		1		Other Opportunity
		1		Retirement
<i>Unit Totals</i>	6	6	0	
Crisis Intervention Services		1		Further education
		1		Personal
<i>Unit Totals</i>	2	2	0	
Prevention & Early Intervention Services				
<i>Unit Totals</i>	0	0	0	
Grand Totals for the Month	10	10	0	

Total Average Number of Employees	557
Retention Rate	98.20%
Turnover Rate	1.80%

Total Separations	10
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Office of Human Resources

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

RappahannockAreaCSB.org

MEMORANDUM

To: Joe Wickens, Executive Director

From: Derrick Mestler, Human Resources Director

Date: June 4, 2026

Re: Requirement for a Written Cafeteria Plan Document

To maintain the favorable tax treatment of our employee pre-tax benefits, federal tax law requires that these benefits be offered through a formal Section 125 Cafeteria Plan. A fundamental requirement of a cafeteria plan is the existence of a written plan document that describes the benefits offered, employee eligibility, election procedures, and the rules governing participation.

Attached is the Rappahannock Area CSB Flexible Spending Account (FSA) Plan, which meets the applicable requirements for a written cafeteria plan. Staff recommends that the Board of Directors approve the Certificate of Resolution and authorize the Executive Director to execute the accompanying Execution Agreement and any related documents necessary to implement the plan.

CERTIFICATE OF RESOLUTION

The undersigned authorized representative of **Rappahannock Area Community Service Board** (the Employer) hereby certifies that the following resolutions were duly adopted by the governing body of the Employer on _____, and that such resolutions have not been modified or rescinded as of the date hereof:

RESOLVED, that the form of amended and restated Welfare Benefit Plan, effective July 01, 2026, presented to this meeting (and a copy of which is attached hereto) is hereby approved and adopted, and that the proper agents of the Employer are hereby authorized and directed to execute and deliver to the Plan Administrator of said Plan one or more counterparts of the Plan.

RESOLVED, that the Plan Administrator shall be instructed to take such actions that the Plan Administrator deems necessary and proper in order to implement the Plan, and to set up adequate accounting and administrative procedures for the provision of benefits under the Plan.

RESOLVED, that the proper agents of the Employer shall act as soon as possible to notify the employees of the Employer of the adoption of the Plan and to deliver to each employee a copy of the Summary Plan Description of the Plan, which Summary Plan Description is attached hereto and is hereby approved.

The undersigned further certifies that attached hereto as Exhibits, are true copies of Rappahannock Area Community Service Board's Benefit Plan Document and Summary Plan Description approved and adopted at this meeting.

Company: Rappahannock Area Community Service Board

Signature:

Printed
Name:

Title:

Date:

Execution Agreement

IN WITNESS WHEREOF, Rappahannock Area Community Service Board has caused its authorized officer to execute this amended and restated Plan document as of _____, the same to be effective **July 01, 2026**, unless otherwise indicated herein.

Company: Rappahannock Area Community Service Board

Signature:

Printed
Name:

Title:

Date:

Rappahannock Area Community Service Board

Rappahannock Area Community Service Board
600 Jackson Street, Attn: Human Resources
Fredericksburg, VA 22401

Rappahannock Area CSB FSA Plan

Plan Document

Amended and Restated July 01, 2026

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Rappahannock Area Community Service Board

Rappahannock Area CSB FSA Plan

INTRODUCTION

The company amends and restates this Plan as of July 01, 2026 with an original effective date of July 01, 2020. Its purpose is to provide benefits for those Employees who shall qualify hereunder and their Dependents and beneficiaries. The concept of this Plan is to allow Employees to elect between cash compensation or certain nontaxable benefit options as they desire. The Plan shall be known as the Rappahannock Area CSB FSA Plan (the "Plan").

The intention of the Employer is that the Plan qualify as a "Cafeteria Plan" within the meaning of Section 125 of the Internal Revenue Code of 1986, as amended, and that the benefits which an Employee elects to receive under the Plan be excludable from the Employee's income under Section 125(a) and other applicable sections of the Internal Revenue Code of 1986, as amended.

I. ARTICLE - PLAN DEFINITIONS

01. **"Administrator"** means the Employer, unless another person or entity has been designated by the Employer pursuant to the Article titled: "Administration" to administer the Plan on behalf of the Employer. If the Employer is the Administrator, the Employer may appoint any person, including but not limited to the Employees of the Employer, to perform the duties of the Administrator. Any person so appointed shall signify acceptance by filing written acceptance with the Employer. Upon the resignation or removal of any individual performing the duties of the Administrator, the Employer may designate a successor.
02. **"Benefit"** or **"Benefit Options"** means any of the optional benefit choices available to a Participant as outlined in the Article titled: "Benefit Information".
03. **"Cafeteria Plan Benefit Dollars"** means the amount available to Participants to purchase Benefit Options as provided under the Article titled: "Benefit Information". Each dollar contributed to this Plan shall be converted into one Cafeteria Plan Benefit Dollar.
04. **"Code"** means the Internal Revenue Code of 1986, as amended or replaced from time to time.
05. **"Compensation"** means the amounts received as compensation by the Participant from the Employer during a Plan Year.
06. **"Dependent"** means any individual who qualifies as a dependent under an Insurance Contract for purposes of coverage under that Contract only or under Code Section 152 (as modified by Code Section 105(b)). Any child of a Plan Participant who is determined to be an alternate recipient under a qualified medical child support order under ERISA Sec. 609 shall be considered a Dependent under this Plan.

"Dependent" shall include any Child of a Participant who is covered under an Insurance Contract, as defined in the Contract, or under the Health Flexible Spending Account or as allowed by reason of the Affordable Care Act.

For purposes of the Health Flexible Spending Account, a Participant's "Child" includes his or her natural child, stepchild, foster child, adopted child, or a child placed with the Participant for adoption. A Participant's Child will be an eligible Dependent until reaching the limiting age of 26, without regard to student status, marital status, financial dependency or residency status with the Employee or any other person. When the child reaches the applicable limiting age, coverage will end at the end of the calendar year.

The phrase "placed for adoption" refers to a child whom the Participant intends to adopt, whether or not the adoption has become final, who has not attained the age of 18 as of the date of such placement for adoption. The term "placed" means the assumption and retention by such Employee of a legal obligation for total or partial support of the child in anticipation of adoption of the child. The child must be available for adoption and the legal process must have commenced.

07. **"Effective Date"** means July 01, 2020.
08. **"Election Period"** means the period, established by the Administrator, immediately preceding the beginning of each Plan Year, such period to be applied on a uniform and nondiscriminatory basis for all Employees and Participants. However, an Employee's initial Election Period shall be determined pursuant to the Article titled: "Participant Elections".
09. **"Eligible Employee"** means any Employee who has satisfied the provisions of the Section titled: "Eligibility".

An individual shall not be an "Eligible Employee" if such individual is not reported on the payroll

records of the Employer as a common law employee. In particular, it is expressly intended that individuals not treated as common law employees by the Employer on its payroll records are not "Eligible Employees" and are excluded from Plan participation even if a court or administrative agency determines that such individuals are common law employees and not independent contractors.

10. **"Employee"** means any person who is currently or hereafter employed by the Employer.
The term Employee shall include leased employees within the meaning of Code Section 414(n)(2).
11. **"Employer"** means Rappahannock Area Community Service Board and any successor which shall maintain this Plan; and any predecessor which has maintained this Plan. In addition, where appropriate, the term Employer shall include any Participating, or Adopting Employer.
12. **"ERISA"** means the Employee Retirement Income Security Act of 1974, as amended from time to time.
13. **"Insurance Contract"** means any contract issued by an Insurer underwriting a Benefit, or any self-funded arrangement providing any Benefit offered for health and welfare coverage to Eligible Employees of the Employer.
14. **"Insurance Premium Payment Plan"** means the plan of benefits contained in the "Benefit Options" section of this Plan, which provides for the payment of Premium Expenses.
15. **"Insurer"** means any insurance company that underwrites a Benefit or any self-funded arrangement under this Plan.
16. **"Key Employee"** means an Employee described in Code Section 416(i)(1) and the Treasury regulations thereunder.
17. **"Participant"** means any Eligible Employee who elects to become a Participant pursuant to the Section titled: "Application to Participate" and has not for any reason become ineligible to participate further in the Plan.
18. **"Plan"** means the flexible benefits plan described in this instrument, including all amendments thereto.
19. **"Plan Year"** means the 12-month period beginning July 01 and ending June 30. The Plan Year shall be the coverage period for the Benefits provided for under this Plan. In the event a Participant commences participation during a Plan Year, then the initial coverage period shall be that portion of the Plan Year commencing on such Participant's date of entry and ending on the last day of such Plan Year.
20. **"Premium Expenses"** or **"Premiums"** means the Participant's cost for the Benefits described in the Section titled: "Benefit Options".
21. **"Premium Expense Reimbursement Account"** means the account established for a Participant pursuant to this Plan to which part of his or her Cafeteria Plan Benefit Dollars may be allocated and from which Premiums of the Participant shall be paid or reimbursed. If more than one type of insured Benefit is elected, sub-accounts shall be established for each type of insured Benefit.
22. **"Run-out Period"** means the set number of days after the plan year ends that allows you to submit claims for eligible expenses incurred during the Plan Year.
23. **"Salary Redirection"** means the contributions made by the Employer on behalf of Participants pursuant to the Section titled: "Salary Redirection". These contributions shall be converted to Cafeteria Plan Benefit Dollars and allocated to the funds or accounts established under the Plan pursuant to the Participants' elections made under the Article titled: "Participant Elections".
24. **"Salary Redirection Agreement"** means an agreement between the Participant and the Employer under which the Participant agrees to reduce his or her Compensation or to forego all or part of the increases in such Compensation and to have such amounts contributed by the Employer to the Plan on the Participant's behalf. The Salary Redirection Agreement shall apply only to Compensation that has not been actually or constructively received by the Participant as of the date of the agreement (after taking this Plan and Code Section 125 into account) and, subsequently does not become currently available to the Participant.
25. **"Spouse"** means "spouse" as defined in an Insurance Contract, then, for purposes of coverage under that Insurance Contract only, "spouse" shall have the meaning stated in the Insurance Contract. In all other cases, "spouse" shall have the meaning stated under applicable federal or state law.

II. ARTICLE - PARTICIPATION

01. **ELIGIBILITY**

An individual is eligible to participate in this Plan if the individual:

- a. is an Eligible Employee as defined in the Article titled: "Definitions";
- b. is working an average of 0.00 hours or more per week;
- c. is eligible for the group medical plan;

02. **EFFECTIVE DATE OF PARTICIPATION**

An Eligible Employee shall become a Participant effective as of the first of the month following the date eligibility requirements were met.

03. **APPLICATION TO PARTICIPATE**

An Employee who is eligible to participate in this Plan shall, during the applicable Election Period, complete an application to participate in a manner set forth by the Administrator. The election shall be irrevocable until the end of the applicable Plan Year unless the Participant is entitled to change his or her Benefit elections pursuant to the Section titled: "Change in Status".

An Eligible Employee shall also be required to complete a Salary Redirection Agreement during the Election Period for the Plan Year during which they wish to participate in this Plan. Any such Salary Redirection Agreement shall be effective for the first pay period beginning on or after the Employee's effective date of participation pursuant to the Section titled: "Effective Date of Participation".

Notwithstanding the foregoing, an Employee who is eligible to participate in this Plan and who is covered by the Employer's insured Benefits under this Plan shall automatically become a Participant to the extent of the Premiums for such insurance, unless the Employee elects, during the Election Period, not to participate in the Plan.

04. **TERMINATION OF PARTICIPATION**

A Participant shall no longer participate in this Plan upon the occurrence of any of the following events:

- a. **Termination of employment.** The termination of Participant's employment, subject to the provisions of the Section titled: "Termination of Employment"
- b. **Death.** The Participant's death, subject to the provisions of the Section titled: "Death" or
- c. **Termination of the plan.** The termination of this Plan, subject to the provisions of the Section titled: "Termination".

05. **TERMINATION OF EMPLOYMENT**

If a Participant's employment with the Employer is terminated for any reason other than death, his or her participation in the Benefit Options provided under the Section titled: "Benefit Options" shall be governed in accordance with the following:

- a. **Insurance Benefit.** With regard to Benefits which are insured, the Participant's participation in the Plan shall cease, subject to the Participant's right to continue coverage under any Insurance Contract for which premiums have already been paid.
- b. **Dependent Care FSA.** With regard to the Dependent Care Flexible Spending Account, the Participant's participation in the Plan shall cease and no further Salary Redirection contributions shall be made. However, such Participant may submit claims for employment-related Dependent Care Expense reimbursements for expenses within 92 days after the end of the Plan Year, limited by the balance in the Participant's Dependent Care Flexible Spending Account as of the date of termination.
- c. **Health FSA, COBRA applicability.** With regard to the Health Flexible Spending Account, the Participant may submit claims for expenses that were incurred during the portion of the Plan Year for which contributions to the Health Flexible Spending Account have already been made. Thereafter, the health benefits under this Plan including the Health Flexible Spending Account, shall be applied and administered consistent with such further rights that a Participant and his or her Dependents may be entitled to pursuant to Code Section 4980B and the Section titled: "Continuation of Coverage" of the Plan.

06. **REINSTATEMENT OF A FORMER PARTICIPANT**

An Employee whose participation terminates and returns to an eligible status less than thirty days

later may re-enroll within thirty days of returning to an eligible status with a commencement date of the first of the month following the adjusted eligibility date. An Employee who re-enrolls in a Health Flexible Spending Account or Dependent Care Account after such time must re-enter the Plan and reinstate their original elections for that Plan Year with adjustments to the annual election amount as the Administrator deems necessary to prorate the annual election amount over the remainder of the Plan Year. Expenses incurred by the employee during the time that the employee was not a Participant will not be covered expenses unless COBRA was elected pursuant to the Article titled: "Continuation of Coverage (COBRA)".

Any Employee who terminates employment and is rehired into an eligible status after thirty days from the date of termination will be treated as a new enrollee under the Plan. If such Employee returns within the same Plan Year, prior contributions made to the Health Flexible Spending Account and/or the Dependent Care Account will be taken into consideration so as not to exceed Plan or IRS maximums.

07. **DEATH**

If a Participant dies, his or her participation in the Plan shall immediately cease. However, such Participant's spouse or Dependents may submit claims for expenses or benefits for the remainder of the Plan Year or until the Cafeteria Plan Benefit Dollars allocated to a particular specific benefit are exhausted. In no event may reimbursements be paid to someone who is not a spouse or Dependent. If the Plan is subject to the provisions of Code Section 4980B, then those provisions and related regulations shall apply for purposes of the Health Flexible Spending Account.

III. ARTICLE - CONTRIBUTIONS TO THE PLAN

01. SALARY REDIRECTION

Subject to the provisions of the section titled "Employer Contributions," benefits under the Plan shall be financed by Salary Redirections sufficient to support the benefits that a Participant has elected hereunder and to pay the Participant's Premium Expenses. The salary administration program of the Employer shall be revised to allow each Participant to agree to reduce his or her pay during a Plan Year by an amount determined necessary to purchase the elected Benefit Options. The amount of such Salary Redirection shall be specified in the Salary Redirection Agreement and shall be applicable for a Plan Year. Notwithstanding the above, for new Participants, the Salary Redirection Agreement shall only be applicable from the first day of the pay period following the Employee's entry date up to and including the last day of the Plan Year. These contributions shall be converted to Cafeteria Plan Benefit Dollars and allocated to the funds or accounts established under the Plan pursuant to the Participant's elections made under the Section titled: "Initial Elections".

Any Salary Redirection shall be determined prior to the beginning of a Plan Year (subject to initial elections pursuant to the Section titled: "Initial Elections") and prior to the end of the Election Period and shall be irrevocable for such Plan Year. However, a Participant may revoke a Benefit election or a Salary Redirection Agreement after the Plan Year has commenced and make a new election with respect to the remainder of the Plan Year, if both the revocation and the new election are on account of and consistent with a change in status and such other permitted events as determined under the Article titled: "Participant Elections" and are consistent with the rules and regulations of the Department of the Treasury. Salary Redirection amounts shall be contributed on a pro rata basis for each pay period during the Plan Year. All individual Salary Redirection Agreements are deemed to be part of this Plan and incorporated by reference hereunder.

02. APPLICATION OF CONTRIBUTIONS

As soon as reasonably practical after each payroll period, the Employer shall apply the Salary Redirection to provide the Benefits elected by the affected Participants. Any contribution made or withheld for the Health Flexible Spending Account or Dependent Care Flexible Spending Account shall be credited to such fund or account. Amounts designated for the Participant's Premium Expense Reimbursement Account shall likewise be credited to such account for the purpose of paying Premium Expenses.

03. PERIODIC CONTRIBUTIONS

Notwithstanding the requirement provided above and in other Articles of this Plan that Salary Redirections be contributed to the Plan by the Employer on behalf of an Employee on a level and pro rata basis for each payroll period, the Employer and Administrator may implement a procedure in which Salary Redirections are contributed throughout the Plan Year on a periodic basis that is not pro rata for each payroll period. However, with regard to the Health Flexible Spending Account, the payment schedule for the required contributions may not be based on the rate or amount of reimbursements during the Plan Year.

04. EMPLOYER CONTRIBUTIONS

The Employer may provide non-elective contributions in the form of Employer Funding into the Health Flexible Spending Account and Dependent Care Spending Account to the extent as described in the Section Titled: "Limitation on Allocations". Such contributions may be prorated for Participants who begin participating in the middle of the Plan Year. Contributions or matching contributions made to the Health Flexible Spending Account and Dependent Care Spending Account generally do not count toward the annual contribution limit as described in the Section Titled: "Limitation on Allocations".

IV. ARTICLE - BENEFITS

01. **BENEFIT OPTIONS**

Each Participant may elect any one or more of the following optional Benefits:

- Health Flexible Spending Account
- Dependent Care Flexible Spending Account

In addition, each Participant shall have a sufficient portion of his or her Salary Redirections applied to the following Benefits unless the Participant elects not to receive such Benefits:

- Group Medical Plan
- Group Dental Plan
- Group Vision Plan

02. **HEALTH FLEXIBLE SPENDING ACCOUNT BENEFIT**

Each Participant may elect to participate in the Health Flexible Spending Account option, in which case the Article titled: "Health Flexible Spending Account" shall apply.

03. **DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT BENEFIT**

Each Participant may elect to participate in the Dependent Care Flexible Spending Account option, in which case the Article titled: "Dependent Care Flexible Spending Account" shall apply.

04. **HEALTH INSURANCE BENEFIT**

- a. **Coverage for Participant and Dependents.** Each Participant may elect to be covered under a health Insurance Contract for the Participant, his or her Spouse, and his or her Dependents.
- b. **Employer selects contracts.** The Employer may select suitable health Insurance Contracts for use in providing this health insurance benefit, which contracts will provide uniform benefits for all Participants electing this Benefit.
- c. **Contract incorporated by reference.** The rights and conditions with respect to the benefits payable from such health Insurance Contract shall be determined therefrom, and such Insurance Contract shall be incorporated herein by reference.

05. **DENTAL INSURANCE BENEFIT**

- a. **Coverage for Participant and/or Dependents.** Each Participant may elect to be covered under the Employer's dental Insurance Contract. In addition, the Participant may elect either individual or family coverage under such Insurance Contract.
- b. **Employer selects contracts.** The Employer may select suitable dental Insurance Contracts for use in providing this dental insurance benefit, which contracts will provide uniform benefits for all Participants electing this Benefit.
- c. **Contract incorporated by reference.** The rights and conditions with respect to the benefits payable from such dental Insurance Contract shall be determined therefrom, and such dental Insurance Contract shall be incorporated herein by reference.

06. **VISION INSURANCE BENEFIT**

- a. **Coverage for Participant and/or Dependents.** Each Participant may elect to be covered under the Employer's vision Insurance Contract. In addition, the Participant may elect either individual or family coverage.
- b. **Employer selects contracts.** The Employer may select suitable vision Insurance Contracts for use in providing this vision insurance benefit, which contracts will provide uniform benefits for all Participants electing this Benefit.
- c. **Contract incorporated by reference.** The rights and conditions with respect to the benefits payable from such vision Insurance Contract shall be determined therefrom, and such vision Insurance Contract shall be incorporated herein by reference.

07. **NONDISCRIMINATION REQUIREMENTS**

- a. **Intent to be nondiscriminatory.** It is the intent of this Plan to provide benefits to a classification of employees which the Secretary of the Treasury finds not to be discriminatory

in favor of the group in whose favor discrimination may not occur under Code Section 125.

- b. **25% concentration test.** It is the intent of this Plan not to provide qualified benefits as defined under Code Section 125 to Key Employees in amounts that exceed 25% of the aggregate of such Benefits provided for all Eligible Employees under the Plan. For purposes of the preceding sentence, qualified benefits shall not include benefits which (without regard to this paragraph) are includible in gross income.
- c. **Adjustment to avoid test failure.** If the Administrator deems it necessary to avoid discrimination or possible taxation to Key Employees or a group of employees in whose favor discrimination is prohibited by Code Section 125, it may, but shall not be required to, reduce contributions or non-taxable Benefits in order to assure compliance with this Section. Any act taken by the Administrator under this Section shall be carried out in a uniform and nondiscriminatory manner. If the Administrator decides to reduce contributions or non-taxable Benefits, following manner is one option available. First, the non-taxable Benefits of the affected Participant (either an employee who is highly compensated or a Key Employee, whichever is applicable) who has the highest amount of non-taxable Benefits for the Plan Year shall have his or her non-taxable Benefits reduced until the discrimination tests set forth in this Section are satisfied or until the amount of his or her non-taxable Benefits equals the non-taxable Benefits of the affected Participant who has the second highest amount of non-taxable Benefits. This process shall continue until the nondiscrimination tests set forth in this Section are satisfied. With respect to any affected Participant who has had Benefits reduced pursuant to this Section, the reduction shall be made proportionately among Health Flexible Spending Account Benefits and Dependent Care Flexible Spending Account Benefits, and once all these Benefits are expended, proportionately among insured Benefits. Contributions which are not utilized to provide Benefits to any Participant by virtue of any administrative act under this paragraph shall be forfeited and deposited into the benefit plan surplus.

08. **NON-TAX DEPENDENT COVERAGE**

- a. If (i) Employee Salary Redirections are made to fund Benefits under the Plan, and (ii) the Employer allows a Participant to elect to cover a Non-Tax Dependent through the Participant's coverage under group Medical, Dental or Vision benefit(s), a Participant who elects to participate in the Salary Redirection program may pay on a pre-tax basis through salary reduction contributions the Participant's portion of the premium cost of coverage under the Employer's Medical, Dental or Vision Benefits, provided that the full fair market value of such Medical, Dental or Vision coverage for any such Non-Tax Dependent shall be includible in the Participant's gross income as a taxable benefit in accordance with applicable federal income tax rules. For purposes of this Plan, the Participant electing coverage for Non-Tax Dependent(s) shall be treated as receiving, at the time that coverage is received, cash compensation equal to the full fair market value of such coverage and then as having purchased the coverage with after-tax employee contributions.
- b. Notwithstanding the foregoing, no Medical Care or Dependent Care expenses incurred by or with respect to a Non-Tax Dependent of a Participant shall be eligible for reimbursement as eligible expenses under the Health Flexible Spending Account or Dependent Care Flexible Spending Account.

V. ARTICLE - PARTICIPANT ELECTIONS

01. **INITIAL ELECTIONS**

An Employee who meets the eligibility requirements of the Section titled: "Eligibility" on the first day of, or during, a Plan Year may elect to participate in this Plan for all or the remainder of such Plan Year, provided they elect to do so on or before their effective date of participation pursuant to the Section titled: "Effective Date of Participation".

Notwithstanding the foregoing, an Employee who is eligible to participate in this Plan and who is covered by the Employer's insured benefits under this Plan shall automatically become a Participant to the extent of the Premiums for such insurance unless the Employee elects, during the Election Period, not to participate in the Plan.

02. **SUBSEQUENT ANNUAL ELECTIONS**

During the Election Period prior to each subsequent Plan Year, each Participant shall be given the opportunity to elect, on an election of benefits form or electronically, as provided by the Administrator, which spending account Benefit options they wish to participate in. Any such election shall be effective for any Benefit expenses incurred during the Plan Year which immediately follows the end of the Election Period. With regard to subsequent annual elections, the following options shall apply:

- a. A Participant or Employee who failed to initially elect to participate may elect different or new Benefits under the Plan during the Election Period;
- b. A Participant may terminate his or her participation in the Plan by notifying the Administrator in writing or by electronic notification, as determined by the Employer, during the Election Period that they do not want to participate in the Plan for the next Plan Year;
- c. An Employee who elects not to participate for the Plan Year following the Election Period will have to wait until the next Election Period before again electing to participate in the Plan, except as provided for in the Section titled: "Change of Status".

03. **FAILURE TO ELECT**

With regard to Benefits available under the Plan for which no Premium Expenses apply, any Participant who fails to complete a new benefit election pursuant to the Section titled: "Subsequent Annual Elections" by the end of the applicable Election Period shall be deemed to have elected not to participate in the Plan for the upcoming Plan Year. No further Salary Redirections shall therefore be authorized or made for the subsequent Plan Year for such Benefits, subject to the provisions of the Section titled: "Change in Status" below.

With regard to Benefits available under the Plan for which Premium Expenses apply, any Participant who fails to complete a new benefit election pursuant to the Section titled: "Subsequent Annual Elections" by the end of the applicable Election Period shall be deemed to have made the same Benefit elections as are then in effect for the current Plan Year. The Participant shall also be deemed to have elected Salary Redirection in an amount necessary to purchase such Benefit options.

04. **CHANGE IN STATUS**

- a. **Change in status defined.** Any Participant may change a Benefit election after the Plan Year (to which such election relates) has commenced and make new elections with respect to the remainder of such Plan Year if, under the facts and circumstances, the changes are necessitated by and are consistent with a change in status which is acceptable under rules and regulations adopted by the Department of the Treasury, the provisions of which are incorporated by reference. Notwithstanding anything herein to the contrary, if the rules and regulations conflict with any of the provisions of this Plan, then such rules and regulations shall control. See below in this Section for other situations in which changes in Benefit elections are permitted.

In general, a change in election is not consistent if the change in status is the Participant's divorce, annulment or legal separation from a Spouse, the death of a Spouse or Dependent, or a Dependent's ceasing to satisfy the eligibility requirements for coverage, and the Participant's election under the Plan is to cancel accident or health insurance coverage for any individual other than the one involved in such event. In addition, if the Participant, Spouse or Dependent gains eligibility for coverage under any other plan, then a Participant's election under the Plan to cease or decrease coverage for that individual under the Plan is consistent with that change in status only if coverage for that individual becomes applicable or is increased under said other plan. Also, if the Participant, Spouse or Dependent loses eligibility for coverage under any other plan, then a Participant's election under the Plan to start or increase coverage for that individual under the Plan is consistent with that change in

status only if coverage for that individual ceases or is decreased under said other plan.

Regardless of the consistency requirement, if the individual, or the individual's Spouse or Dependent, becomes eligible for continuation coverage under the Employer's group health plan as provided in Code Section 4980B or any similar state law, then the individual may elect to increase payments under this Plan in order to pay for the continuation coverage. However, this does not apply for COBRA eligibility due to divorce, annulment or legal separation.

Any new election shall be effective at such time as the Administrator shall prescribe, but not earlier than the first pay period beginning after the election form is completed and returned to the Administrator. For the purposes of this subsection, a change in status shall only include the following events or other events permitted by Treasury regulations:

1. Legal Marital Status: events that change a Participant's legal marital status, including marriage, divorce, death of a Spouse, legal separation or annulment;
2. Number of Dependents: Events that change a Participant's number of Dependents, including birth, adoption, placement for adoption, or death of a Dependent;
3. Employment Status: Any of the following events that change the employment status of the Participant, Spouse, or Dependent: termination or commencement of employment, a strike or lockout, commencement or return from an unpaid leave of absence, or a change in worksite. In addition, if the eligibility conditions of this Plan or other employee benefit plan of the Employer of the Participant, Spouse, or Dependent depend on the employment status of that individual and there is a change in that individual's employment status with the consequence that the individual becomes (or ceases to be) eligible under the plan, then that change constitutes a change in employment under this subsection;
4. Dependent satisfies or ceases to satisfy the eligibility requirements: An event that causes the Participant's Dependent to satisfy or cease to satisfy the requirements for coverage due to attainment of age, student status, or any similar circumstance; and
5. Residency: A change in the place of residence of the Participant, Spouse or Dependent, that would lead to a change in status (such as a loss of HMO coverage).

For the Dependent Care Flexible Spending Account, a Dependent becoming or ceasing to be a "Qualifying Dependent" as defined under Code Section 21(b) shall also qualify as a change in status.

Notwithstanding anything in this Section to the contrary, the gain of eligibility or change in eligibility of a child, as allowed under Code Sections 105(b) and 106, and IRS Notice 2010-38, shall qualify as a change in status.

- b. **Special enrollment rights.** Notwithstanding subsection (a), the Participants may change an election for accident or health coverage during a Plan Year and make a new election that corresponds with the special enrollment rights provided in Code Section 9801(f), including those authorized under the provisions of the Children's Health Insurance Program Reauthorization Act of 2009 (CHIP), provided that such Participant meets the sixty (60) day notice requirement imposed by Code Section 9801(f) (or such longer period as may be permitted by the Plan and communicated to Participants). Such change shall take place on a prospective basis, unless otherwise required by Code Section 9801(f) to be retroactive.
- c. **Qualified Medical Support Order.** Notwithstanding subsection (a), in the event of a judgment, decree, or order (including approval of a property settlement) (collectively, an "order") resulting from a divorce, legal separation, annulment, or change in legal custody (including a qualified medical child support order defined in ERISA Section 609) that requires accident or health coverage for a Participant's child (including a foster child who is a Dependent of the Participant):
 1. The Plan may change an election to provide coverage for the child if the order requires coverage under the Participant's plan; or
 2. The Participant shall be permitted to change an election to cancel coverage for the child if the order requires the former Spouse to provide coverage for such child, under that individual's plan, and such coverage is actually provided.
- d. **Medicare or Medicaid.** Notwithstanding subsection (a), a Participant may change elections to cancel accident or health coverage for the Participant or the Participant's Spouse or Dependent if the Participant or the Participant's Spouse or Dependent is enrolled in the accident or health coverage of the Employer and becomes entitled to coverage (i.e., enrolled) under Part A or Part B of Title XVIII of the Social Security Act (Medicare) or Title XIX of the Social Security Act (Medicaid), other than coverage consisting solely of benefits under Section 1928 of the Social Security Act (the program for distribution of pediatric vaccines). If the Participant or the Participant's Spouse or Dependent who has been entitled to Medicaid or

Medicare coverage loses eligibility, that individual may prospectively elect coverage under the Plan if a benefit package option under the Plan provides similar coverage.

- e. **Cost increase or decrease.** Notwithstanding subsection (a), if the cost of a Benefit provided under the Plan increases or decreases during a Plan Year, then the Plan shall automatically increase or decrease, as the case may be, the Salary Redirections of all affected Participants for such Benefit. Alternatively, if the cost of a benefit package option increases significantly, the Administrator shall permit the affected Participants to either make corresponding changes in their payments or revoke their elections and, in lieu thereof, receive on a prospective basis coverage under another benefit package option with similar coverage, or drop coverage prospectively if there is no benefit package option with similar coverage.

A cost increase or decrease refers to an increase or decrease in the amount of elective contributions under the Plan, whether resulting from an action taken by the Participants or an action taken by the Employer.

- f. **Loss of coverage.** Notwithstanding subsection (a), if the coverage under a Benefit is significantly curtailed or ceases during a Plan Year, affected Participants may revoke their elections of such Benefit and, in lieu thereof, elect to receive on a prospective basis coverage under another plan with similar coverage, or drop coverage prospectively if no similar coverage is offered.
- g. **Addition of a new benefit.** Notwithstanding subsection (a), if, during the period of coverage, a new benefit package option or other coverage option is added, an existing benefit package option is significantly improved, or an existing benefit package option or other coverage option is eliminated, then the affected Participants may elect the newly-added option, or elect another option if an option has been eliminated prospectively and make corresponding election changes with respect to other benefit package options providing similar coverage. In addition, those Eligible Employees who are not participating in the Plan may opt to become Participants and elect the new or newly improved benefit package option.
- h. **Loss of coverage under certain other plans.** Notwithstanding subsection (a), a Participant may make a prospective election change to add group health coverage for the Participant, the Participant's Spouse or Dependent if such individual loses group health coverage sponsored by a governmental or educational institution, including a state children's health insurance program under the Social Security Act, the Indian Health Service or a health program offered by an Indian tribal government, a state health benefits risk pool, or a foreign government group health plan.
- i. **Change of coverage due to change under certain other plans.** Notwithstanding subsection (a), a Participant may make a prospective election change that is on account of and corresponds with a change made under the plan of a Spouse, former Spouse's employer or Dependent's employer if (1) the cafeteria plan or other benefits plan of the Spouse, former Spouse's employer or Dependent's employer permits its participants to make a change; or (2) the cafeteria plan permits participants to make an election for a period of coverage that is different from the period of coverage under the cafeteria plan of a Spouse, former Spouse's employer or Dependent's employer.
- j. **Change in dependent care provider.** Notwithstanding subsection (a), a Participant may make a prospective election change that is on account of and corresponds with a change by the Participant in a dependent care provider. The availability of dependent care services from a new dependent care provider is similar to a new benefit package option becoming available. A cost change is allowable in the Dependent Care Flexible Spending Account only if the cost change is imposed by a dependent care provider who is not related to the Participant, as defined in Code Section 152(a)(1) through (8).
- k. Notwithstanding subsection (a), a Participant may prospectively revoke his or her election of group health plan coverage if (i) the Participant or a covered dependent is eligible for a Special Enrollment Period to enroll in a Qualified Health Plan through a Marketplace, or seeks to enroll in a Qualified Health Plan through a Marketplace during the Marketplace's annual open enrollment period, and (ii) the Participant, or any covered dependents intend to enroll in a Qualified Health Plan through a Marketplace that is effective no later than the day immediately following the effective date of the revocation.
- l. **Health Flexible Spending Account cannot change due to insurance change.** A Participant shall not be permitted to change an election to the Health Flexible Spending Account as a result of a cost or coverage change under any health insurance benefits.

VI. ARTICLE - HEALTH FLEXIBLE SPENDING ACCOUNT

01. **ESTABLISHMENT OF BENEFIT**

This Health Flexible Spending Account is intended to qualify as a medical reimbursement plan under Code Section 105 and shall be interpreted in a manner consistent with such Code Section and the Treasury regulations thereunder. Participants who elect to participate in this Health Flexible Spending Account may submit claims for the reimbursement of allowable Medical Expenses. All amounts reimbursed shall be periodically paid from amounts allocated to the Participant's Health Flexible Spending Account. Periodic payments reimbursing Participants from the Health Flexible Spending Account shall in no event occur less frequently than monthly.

02. **DEFINITIONS**

For the purposes of this Article and the Plan, the terms below have the following meanings:

- a. **"Health Flexible Spending Account"** means the account established for a Participant pursuant to this Plan to which part of his or her Cafeteria Plan Benefit Dollars may be allocated and from which all allowable Medical Expenses incurred by the Participant, his or her Spouse and his or her Dependents may be reimbursed.
- b. **"Highly Compensated Participant"** means, for the purposes of this Article and determining discrimination under Code Section 105(h), a participant who is:
 1. one of the 5 highest paid officers;
 2. a shareholder who owns (or is considered to own, applying the rules of Code Section 318) more than 10 percent in value of the stock of the Employer; or
 3. among the highest paid 25 percent of all Employees (other than exclusions permitted by Code Section 105(h)(3)(B) for those individuals who are not Participants).
- c. **"Medical Expenses"** means any expense for medical care within the meaning of the term "medical care" as defined in Code Section 213(d) and the rulings and Treasury regulations thereunder, and not otherwise used by the Participant as a deduction in determining his or her tax liability under the Code. "Medical Expenses" can be incurred by the Participant, his or her Spouse and his or her Dependents. "Incurred" means, with regard to Medical Expenses, when the Participant is provided with the medical care that gives rise to the Medical Expense and not when the Participant is formally billed or charged for, or pays for, the medical care.

A Participant may not be reimbursed for the cost of other health coverage such as premiums paid under plans maintained by the employer of the Participant's Spouse or individual policies maintained by the Participant or his or her Spouse or Dependent.
- d. A Participant may not be reimbursed for "qualified long-term care services" as defined in Code Section 7702B(c).
- e. The definitions of the Article titled: "Plan Definitions" are hereby incorporated by reference to the extent necessary to interpret and apply the provisions of this Health Flexible Spending Account.

03. **FORFEITURES**

A Participant in the Health Care Flexible Spending Account may roll over up to \$680.00 of unused funds at the end of one Plan Year to the next Plan Year. The maximum limit may increase from year-to-year as provided under IRS Notice 2020-33 and Section 125(i) of the Internal Revenue Code. These funds can be used during the following Plan Year for expenses incurred in that Plan Year. Amounts carried over do not affect the maximum amount of salary redirections otherwise permitted for said next Plan Year. Unused amounts are those remaining after all eligible expenses for the Plan Year have been reimbursed. These amounts may not be cashed out or converted to any other taxable or nontaxable benefit. Unused amounts in excess of maximum limit will be forfeited.

04. **LIMITATION ON ALLOCATIONS**

Notwithstanding any provision contained in this Health Flexible Spending Account to the contrary, the maximum amount of salary redirections that may be allocated to the Health Flexible Spending Account by a Participant in any Plan Year is \$3,400.00. The maximum limit may increase from year-to-year pursuant to Section 125(i)(2) of the Internal Revenue Code.

Carryover: A Participant in the Health Care Flexible Spending Account may roll over up to \$680.00 of unused funds at the end of one Plan Year to the next Plan Year. The maximum limit may increase from year-to-year as provided under IRS Notice 2020-33 and Section 125(i) of the Internal Revenue Code. These funds can be used during the following Plan Year for expenses incurred in

that Plan Year. Amounts carried over do not affect the maximum amount of salary redirections otherwise permitted for said next Plan Year. Unused amounts are those remaining after all eligible expenses for the Plan Year have been reimbursed. These amounts may not be cashed out or converted to any other taxable or nontaxable benefit. Unused amounts in excess of maximum limit will be forfeited.

05. **NONDISCRIMINATION REQUIREMENTS**

- a. **Intent to be nondiscriminatory.** It is the intent of this Health Flexible Spending Account not to discriminate in violation of the Code and the Treasury regulations thereunder.
- b. **Adjustment to avoid test failure.** If the Administrator deems it necessary to avoid discrimination under this Health Flexible Spending Account, it may, but shall not be required to, reject any elections or reduce contributions or Benefits in order to assure compliance with this Section. Any act taken by the Administrator under this Section shall be carried out in a uniform and nondiscriminatory manner. If the Administrator decides to reject any elections or reduce contributions or Benefits, the following manner is one option available. First, the Benefits designated for the Health Flexible Spending Account by the member of the group in whose favor discrimination may not occur pursuant to Code Section 105 that elected to contribute the highest amount to the fund for the Plan Year shall be reduced until the nondiscrimination tests set forth in this Section and/or the Code are satisfied, or until the amount designated for the fund equals the amount designated for the fund by the member of the group in whose favor discrimination may not occur pursuant to Code Section 105 who has elected the second highest contribution to the Health Flexible Spending Account for the Plan Year. This process shall continue until the nondiscrimination tests set forth in this Section or the Code are satisfied. Contributions which are not utilized to provide Benefits to any Participant by virtue of any administrative act under this paragraph shall be forfeited and credited to the benefit plan surplus.

06. **COORDINATION WITH CAFETERIA PLAN**

All Participants under the Plan are eligible to receive Benefits under this Health Flexible Spending Account. Enrollment under the Cafeteria Plan shall constitute enrollment under this Health Flexible Spending Account. In addition, other matters concerning contributions, elections and the like shall be governed by the general provisions of the Cafeteria Plan.

07. **HEALTH FLEXIBLE SPENDING ACCOUNT CLAIMS**

- a. **Expenses must be incurred during Plan Year.** All eligible Medical Expenses incurred by a Participant, his or her Spouse and his or her Dependents during the Plan Year shall be reimbursed, subject to the Section titled: "Termination of Employment", even though the submission of such a claim occurs after his or her participation hereunder ceases; but provided that the Medical Expenses were incurred during the applicable Plan Year. Medical Expenses are treated as having been incurred when the Participant is provided with the Medical care that gives rise to the Medical Expenses, not when the Participant is formally billed or charged for, or pays for the Medical care.
- b. **Reimbursement available throughout Plan Year.** The Administrator shall direct the reimbursement to each eligible Participant for all allowable Medical Expenses, up to a maximum of the amount designated by the Participant for the Health Flexible Spending Account for the Plan Year. Reimbursements shall be made available to the Participant throughout the year without regard to the level of Cafeteria Plan Benefit Dollars which have been allocated to the fund at any given point in time. Furthermore, a Participant shall be entitled to reimbursements only for amounts in excess of any payments or other reimbursements under any health care plan covering the Participant and/or his or her Spouse or Dependents.
- c. **Payments.** Reimbursement payments under this Plan shall be made directly to the Participant. However, in the Administrator's discretion, payments may be made directly to the service provider. The application for payment or reimbursement shall be made to the Administrator on an acceptable form within a reasonable time after incurring the debt or paying for the service. The application shall include a written statement from an independent third party stating that the Medical Expense has been incurred and the amount of such expense. Furthermore, the Participant shall provide a written statement that the Medical Expense has not been reimbursed or is not reimbursable under any other health plan coverage and, if reimbursed from the Health Flexible Spending Account, such amount will not be claimed as a tax deduction. The Administrator shall retain a file of all such applications.
- d. **Claims for reimbursement.** Claims for the reimbursement of Medical Expenses incurred in any Plan Year shall be paid as soon after a claim has been filed as is administratively practicable; provided however, that if a Participant fails to submit a claim within 92 days after the end of the Plan Year, those Medical Expense claims shall not be considered for reimbursement by the Administrator. However, if a Participant terminates employment during the Plan Year, claims for the reimbursement of Medical Expenses must be submitted

within 92 days after the end of the Plan Year.

08. **DEBIT AND CREDIT CARDS**

Participants may, subject to a procedure established by the Administrator and applied in a uniform nondiscriminatory manner, use debit and/or credit (stored value) cards ("cards") provided by the Administrator and the Plan for payment of Medical Expenses, subject to the following terms:

- a. **Card only for Medical Expenses.** Each Participant issued a card shall certify that such card shall only be used for Medical Expenses. The Participant shall also certify that any Medical Expense paid with the card has not already been reimbursed by any other plan covering health benefits and that the Participant will not seek reimbursement from any other plan covering health benefits.
- b. **Card issuance.** Such card shall be issued upon the Participant's Effective Date of Participation and reissued or remain in effect for each Plan Year the Participant remains a Participant in the Health Flexible Spending Account. Such card shall be automatically cancelled upon the Participant's death or termination of employment, or if such Participant has a change in status that results in the Participant's withdrawal from the Health Flexible Spending Account.
- c. **Maximum dollar amount available.** The dollar amount of coverage available on the card shall be the amount elected by the Participant for the Plan Year. The maximum dollar amount of coverage available shall be the maximum amount for the Plan Year as set forth in the Section titled: "Limitation on Allocations".
- d. **Only available for use with certain service providers.** The cards shall only be accepted by such merchants and service providers as have been approved by the Administrator.
- e. **Card use.** The cards shall only be used for Qualified Expense purchases as defined in Code Section 213(d) and the rulings and Treasury regulations thereunder, including, but not limited to, the following:
 1. Co-payments for doctor and other medical care;
 2. Purchase of drugs prescribed by a health care provider, including, if permitted by the Administrator, over-the-counter medications as allowed under IRS regulations;
 3. Purchase of medical items such as eyeglasses, syringes, crutches, etc.
- f. **Substantiation.** Such purchases by the cards shall be subject to confirmation by the Administrator, usually by requiring the Participant to submit a receipt from a service provider describing the service, the date and the amount. The Administrator shall also follow the requirements set forth in Revenue Ruling 2003-43 and Notice 2006-69. All charges shall be conditional pending confirmation by the Administrator.
- g. **Correction methods.** If such purchase is later determined by the Administrator to not qualify as a Medical Expense, the Administrator, in its discretion, shall use one of the following correction methods to make the Plan whole. Until the amount is repaid, the Administrator shall take further action to ensure that further violations of the terms of the card do not occur, up to and including denial of access to the card.
 1. Repayment of the improper amount by the Participant;
 2. Withholding the improper payment from the Participant's wages or other compensation to the extent consistent with applicable federal and state law;
 3. Claims substitution or offset of future claims until the amount is repaid; and
 4. If subsections (1) through (3) fail to recover the amount, consistent with the Employer's business practices, the Employer may treat the amount as any other business indebtedness.

VII. ARTICLE - DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT

01. **ESTABLISHMENT OF ACCOUNT**

This Dependent Care Flexible Spending Account is intended to qualify as a program under Code Section 129 and shall be interpreted in a manner consistent with such Code Section. Participants who elect to participate in this program may submit claims for the reimbursement of Employment-Related Dependent Care Expenses. All amounts reimbursed shall be paid from amounts allocated to the Participant's Dependent Care Flexible Spending Account.

02. **DEFINITIONS**

For the purposes of this Article and the Plan, the terms below shall have the following meaning:

- a. **"Dependent Care Flexible Spending Account"** means the account established for a Participant pursuant to this Article to which part of his or her Cafeteria Plan Benefit Dollars may be allocated and from which Employment-Related Dependent Care Expenses of the Participant may be reimbursed for the care of the Qualifying Dependents of Participants.
- b. **"Earned Income"** means earned income as defined under Code Section 32(c)(2), but excluding such amounts paid or incurred by the Employer for dependent care assistance to the Participant.
- c. **"Employment-Related Dependent Care Expenses"** means the amounts paid for those expenses of a Participant that, if paid by the Participant, would be considered employment related expenses under Code Section 21(b)(2). Generally, they include expenses for household services and for the care of a Qualifying Dependent, to the extent that such expenses are incurred to enable the Participant to be gainfully employed for any period during which there are one or more Qualifying Dependents with respect to such Participant. Employment-Related Dependent Care Expenses are treated as having been incurred when the Participant's Qualifying Dependents are provided with the dependent care that gives rise to the Employment-Related Dependent Care Expenses, not when the Participant is formally billed or charged for, or pays for, the dependent care. The determination of whether an amount qualifies as an Employment-Related Dependent Care Expense shall be made subject to the following rules:
 1. If such amounts are paid for expenses incurred outside the Participant's household, they shall constitute Employment Related Dependent Care Expenses only if incurred for a Qualifying Dependent (as defined in the "Definitions" Section of the Article titled: "Dependent Care Flexible Spending Account") who regularly spends at least eight (8) hours per day in the Participant's household;
 2. If the expense is incurred outside the Participant's home at a facility that provides care for a fee, payment, or grant for more than six (6) individuals who do not regularly reside at the facility, the facility must comply with all applicable state and local laws and regulations, including licensing requirements, if any; and
 3. Employment-Related Dependent Care Expenses of a Participant shall not include amounts paid to or incurred by a child of such Participant who is under the age of 19 or to an individual who is a Dependent of such Participant or such Participant's Spouse.
- d. **"Qualifying Dependent"** means, for Dependent Care Flexible Spending Account purposes,
 1. a Participant's Dependent (as defined in Code Section 152(a)(1)) who has not attained age 13;
 2. a Dependent or Spouse of a Participant who is physically or mentally incapable of caring for himself or herself and has the same principal place of abode as the Participant for more than one-half of such taxable year; or
 3. a child that is deemed to be a Qualifying Dependent described in paragraph (1) or (2) above, whichever is appropriate, pursuant to Code Section 21(e)(5).
- e. The definitions of the Article titled: "Definitions" are hereby incorporated by reference to the extent necessary to interpret and apply the provisions of this Dependent Care Flexible Spending Account.

03. **DEPENDENT CARE FLEXIBLE SPENDING ACCOUNTS**

The Administrator shall establish a Dependent Care Flexible Spending Account for each Participant who elects to apply Cafeteria Plan Benefit Dollars to Dependent Care Flexible Spending Account benefits.

04. **INCREASES IN DEPENDENT CARE FLEXIBLE SPENDING ACCOUNTS**

A Participant's Dependent Care Flexible Spending Account shall be increased each pay period by the amount of Cafeteria Plan Benefit Dollars that they elected to apply toward his or her Dependent Care Flexible Spending Account pursuant to elections made under Article V hereof.

05. **DECREASES IN DEPENDENT CARE FLEXIBLE SPENDING ACCOUNTS**

A Participant's Dependent Care Flexible Spending Account shall be reduced by the amount of any Employment-Related Dependent Care Expense reimbursements paid or incurred on behalf of the Participant pursuant to the Section titled: "Dependent Care Flexible Spending Account Claims" hereof.

06. **ALLOWABLE DEPENDENT CARE REIMBURSEMENT**

Subject to limitations contained in the Section titled: "Limitation on Payments" below, and to the extent of the amount contained in the Participant's Dependent Care Flexible Spending Account, a Participant who incurs Employment-Related Dependent Care Expenses shall be entitled to receive from the Employer full reimbursement for the entire amount of such expenses incurred during the Plan Year or portion thereof during which they are a Participant.

07. **ANNUAL STATEMENT OF BENEFITS**

On or before January 31st of each calendar year, the Employer shall furnish to each Employee who was a Participant and received benefits under the Section titled: "Definitions" during the prior calendar year, a statement of all such benefits paid to or on behalf of such Participant during the prior calendar year. This statement is set forth on the Participant's Form W-2.

08. **FORFEITURES**

The amount in a Participant's Dependent Care Flexible Spending Account as of the end of any Plan Year (and after the processing of all claims for such Plan Year pursuant to the Section titled: "Dependent Care Flexible Spending Account Claims" hereof) shall be forfeited and credited to the benefit plan surplus. In such event, the Participant shall have no further claim to such amount for any reason.

09. **LIMITATION ON PAYMENTS**

- a. **Code limits.** Notwithstanding any provision contained in this Article to the contrary, amounts paid from a Participant's Dependent Care Flexible Spending Account in or on account of any tax year of the Participant shall not exceed the lesser of the Earned Income limitation described in Code Section 129(b) or \$7,500.00 (or cannot exceed \$7,500.00 as provided under Code Section 129 or \$3,750.00 if a separate tax return is filed by a Participant who is married as determined under the rules of paragraphs (3) and (4) of Code Section 21(e)).

10. **NONDISCRIMINATION REQUIREMENTS**

- a. **Intent to be nondiscriminatory.** It is the intent of this Dependent Care Flexible Spending Account that contributions or benefits not discriminate in favor of the group of employees in whose favor discrimination is prohibited under Code Section 129(d).
- b. **25% test for shareholders.** It is the intent of this Dependent Care Flexible Spending Account that not more than 25 percent of the amounts paid by the Employer for dependent care assistance during the Plan Year will be provided for the class of individuals who are shareholders or owners (or their Spouses or Dependents), each of whom (on any day of the Plan Year) owns more than 5 percent of (i) the stock of, or (ii) the capital or profits interest in, the Employer.
- c. **Adjustment to avoid test failure.** If the Administrator deems it necessary to avoid discrimination or possible taxation to a group of employees in whose favor discrimination is prohibited by Code Section 129, it may, but shall not be required to, reject any elections or reduce contributions or non-taxable benefits in order to assure compliance with this Section. Any act taken by the Administrator under this Section shall be carried out in a uniform and nondiscriminatory manner. If the Administrator decides to reject any elections or reduce contributions or Benefits, the following manner is one option available. First, the Benefits designated for the Dependent Care Flexible Spending Account by the affected Participant that elected to contribute the highest amount to such account for the Plan Year shall be reduced until the nondiscrimination tests set forth in this Section are satisfied, or until the amount designated for the account equals the amount designated for the account of the affected Participant who has elected the second highest contribution to the Dependent Care Flexible Spending Account for the Plan Year. This process shall continue until the nondiscrimination tests set forth in this Section are satisfied. Contributions which are not utilized to provide Benefits to any Participant by virtue of any administrative act under this paragraph shall be forfeited.

11. **COORDINATION WITH CAFETERIA PLAN**

All Participants under the Cafeteria Plan are eligible to receive Benefits under this Dependent Care Flexible Spending Account. The enrollment and termination of participation under the Cafeteria Plan shall constitute enrollment and termination of participation under this Dependent Care Flexible Spending Account. In addition, other matters concerning contributions, elections and the like shall be governed by the general provisions of the Cafeteria Plan.

12. **DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT CLAIMS**

The Administrator shall direct the payment of all qualified Dependent Care claims to the Participant upon the presentation to the Administrator of documentation of such expenses in a form satisfactory to the Administrator. However, in the Administrator's discretion, payments may be made directly to the service provider. In its discretion in administering the Plan, the Administrator may utilize forms and require documentation of costs as may be necessary to verify the claims submitted. At a minimum, the form shall include a statement from an independent third party as proof that the expense has been incurred during the Plan Year and the amount of such expense. In addition, the Administrator may require that each Participant who desires to receive reimbursement under this Program for Employment-Related Dependent Care Expenses submit a statement which may contain some or all of the following information:

- a. The Dependent or Dependents for whom the services were performed;
- b. The nature of the services performed for the Dependent, the cost of which the Participant wishes reimbursement;
- c. The relationship, if any, of the person performing the services to the Participant;
- d. If the services are being performed by a child of the Participant, the age of the child;
- e. A statement as to where the services were performed;
- f. If any of the services were performed outside the home, a statement as to whether the Dependent for whom such services were performed spends at least 8 hours a day in the Participant's household;
- g. If the services were being performed in a day care center, a statement:
 1. that the day care center complies with all applicable laws and regulations of the state of residence,
 2. that the day care center provides care for more than 6 individuals (other than individuals residing at the center), and
 3. of the amount of fee paid to the provider.
- h. If the Participant is married, a statement containing the following:
 1. the Spouse's salary or wages, if they are employed, or
 2. if the Participant's Spouse is not employed, that
 - i. he or she is incapacitated, or
 - ii. he or she is a full-time student attending an educational institution, and the months of the year during which they attend such institution.
- i. **Claims for reimbursement.** If a Participant fails to submit a claim within 92 days after the end of the Plan Year, those claims shall not be considered for reimbursement by the Administrator. However, if a Participant terminates employment during the Plan Year, claims for the reimbursement of Dependent Care Expenses must be submitted within 92 days after the end of the Plan Year.

VIII. ARTICLE - ERISA PROVISIONS

01. CLAIM FOR BENEFITS

- a. **Insurance claims.** Any claim for Benefits underwritten by Insurance Contract(s) shall be made to the Insurer. If the Insurer denies any claim, the Participant or beneficiary shall follow the Insurer's claims review procedure.
- b. **Health FSA claims.** If a Participant fails to submit a claim under the Health Flexible Spending Account within 92 days after the end of the Plan Year, those claims shall not be considered for reimbursement by the Administrator. However, if a Participant terminates employment during the Plan Year, claims for the reimbursement must be submitted within 92 days after the end of the Plan Year. Once a claim is submitted, the following timetable for claims and the rules below apply:

Notification of whether claim is accepted or denied	30 days
Extension due to matters beyond the control of the Plan	15 days
Insufficient information on the claim:	
Notification of	15 days
Response by Participant	45 days
Review of claim denial	60 days

The Plan Administrator will provide written or electronic notification of any claim denial. The notice will state:

1. The specific reason or reasons for the denial.
2. Reference to the specific Plan provisions on which the denial was based.
3. A description of any additional material or information necessary for the claimant to perfect the claim and an explanation of why such material or information is necessary.
4. A description of the Plan's review procedures and the time limits applicable to such procedures. This will include a statement of the right to bring a civil action under Section 502 of ERISA following a denial on review.
5. A statement that the claimant is entitled to receive, upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to the Claim.
6. If the denial was based on an internal rule, guideline, protocol, or other similar criterion, the specific rule, guideline, protocol, or criterion will be provided with the denial free of charge. If this is not practical, a statement will be included that such a rule, guideline, protocol, or criterion was relied upon in making the denial and a copy will be provided free of charge to the claimant upon request.

When the Participant receives a denial, the Participant shall have 180 days following receipt of the notification in which to appeal the decision. The Participant may submit written comments, documents, records, and other information relating to the Claim. If the Participant requests, the Participant shall be provided, free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to the Claim.

The period of time within which a decision on review is required to be made will begin at the time an appeal is filed in accordance with the procedures of the Plan. This timing is without regard to whether all the necessary information accompanies the filing.

A document, record, or other information shall be considered relevant to a Claim if it:

1. was relied upon in making the claim determination;
2. was submitted, considered, or generated in the course of making the claim determination, without regard to whether it was relied upon in making the claim determination;
3. demonstrated compliance with the administrative processes and safeguards designed to ensure and to verify that claim determinations are made in accordance with Plan documents and Plan provisions have been applied consistently with respect to all claimants; or

4. constituted a statement of policy or guidance with respect to the Plan concerning the denied claim.

The review will take into account all comments, documents, records, and other information submitted by the claimant relating to the Claim, without regard to whether such information was submitted or considered in the initial claim determination. The review will not afford deference to the initial denial and will be conducted by a fiduciary of the Plan who is neither the individual who made the adverse determination nor a subordinate of that individual.

- c. **Forfeitures.** Any balance remaining in the Participant's Dependent Care Flexible Spending Account or Health Flexible Spending Account as of the end of the time for claims reimbursement for each Plan Year shall be forfeited and deposited in the benefit plan surplus of the Employer pursuant to the Section titled: "Forfeitures", whichever is applicable. Provided, any provision of the Plan to the contrary notwithstanding, where a Participant has properly appealed the denial of a claim and the appeal has not been finally resolved or the appeal has been finally resolved in favor of the Participant, no forfeiture shall take place as to any such balance in dispute. If any such claim is denied on appeal, the amount held beyond the end of the Plan Year shall be forfeited and credited to the benefit plan surplus. If the Plan Administrator is unable to make payment to any Participant or other person to whom a payment is due under the Plan because it cannot ascertain the identity or whereabouts of such Participant or other person after reasonable efforts have been made to identify or locate such person, then such payment and all subsequent payments otherwise due to such Participant or other person shall be forfeited and returned to the Employer following a reasonable time after the date any such payment first became due.

02. **APPLICATION OF BENEFIT PLAN SURPLUS**

Any forfeited amounts credited to the benefit plan surplus may, but need not be, separately accounted for after the close of the Plan Year (or after such further time specified herein for the filing of claims) in which such forfeitures arose. In no event shall such amounts be carried over to reimburse a Participant for expenses incurred during a subsequent Plan Year for the same or any other Benefit available under the Plan; nor shall amounts forfeited by a particular Participant be made available to such Participant in any other form or manner, except as permitted by Treasury regulations. Amounts in the benefit plan surplus shall be used to defray any administrative costs and experience losses or used to provide additional benefits under the Plan.

03. **NAMED FIDUCIARY**

The Administrator shall be the named fiduciary pursuant to ERISA Section 402 and shall be responsible for the management and control of the operation and administration of the Plan.

04. **GENERAL FIDUCIARY RESPONSIBILITIES**

The Administrator and any other fiduciary under ERISA shall discharge their duties with respect to this Plan solely in the interest of the Participants and their beneficiaries and

- a. for the exclusive purpose of providing Benefits to Participants and their beneficiaries and defraying reasonable expenses of administering the Plan;
- b. with the care, skill, prudence and diligence under the circumstances then prevailing that a prudent person acting in like capacity and familiar with such matters would use in the conduct of an enterprise of a like character and with like aims; and
- c. in accordance with the documents and instruments governing the Plan insofar as such documents and instruments are consistent with ERISA.

05. **NONASSIGNABILITY OF RIGHTS**

The right of any Participant to receive any reimbursement under the Plan shall not be alienable by the Participant by assignment or any other method, and shall not be subject to the rights of creditors, and any attempt to cause such right to be so alienated or subjected shall not be recognized, except to such extent as may be required by law.

IX. ARTICLE - ADMINISTRATION

01. PLAN ADMINISTRATION

The Employer shall be the Administrator, unless the Employer elects otherwise. The Employer may appoint any person or persons, including, but not limited to, one or more Employees of the Employer, to perform the duties of the Administrator. Any person so appointed shall signify acceptance by filing written acceptance with the Employer. An Administrator may resign by delivering a written resignation to the Employer or may be removed by the Employer by delivery of written notice of removal, to take effect at a date specified therein, or upon delivery if no date is specified. Upon the resignation or removal of any individual performing the duties of the Administrator, the Employer may designate a successor. The Employer shall be empowered to appoint and remove the Administrator from time to time as it deems necessary for the proper administration of the Plan to ensure that the Plan is being operated for the exclusive benefit of the Employees entitled to participate in the Plan in accordance with the terms of ERISA, the Plan and the Code.

The operation of the Plan shall be under the supervision of the Administrator. It shall be a principal duty of the Administrator to see that the Plan is carried out in accordance with its terms, and for the exclusive benefit of Employees entitled to participate in the Plan. The Administrator shall have full power and discretion to administer the Plan in all of its details and determine all questions arising in connection with the administration, interpretation, and application of the Plan. The Administrator may establish procedures, correct any defect, supply any information, or reconcile any inconsistency in such manner and to such extent as shall be deemed necessary or advisable to carry out the purpose of the Plan. The Administrator shall have all powers necessary or appropriate to accomplish the Administrator's duties under the Plan. The Administrator shall be charged with the duties of the general administration of the Plan as set forth under the Plan, including, but not limited to, in addition to all other powers provided by this Plan:

- a. To make and enforce such procedures, rules and regulations as the Administrator deems necessary or proper for the efficient administration of the Plan;
- b. To interpret the provisions of the Plan, the Administrator's interpretations thereof in good faith to be final and conclusive on all persons claiming benefits by operation of the Plan;
- c. To decide all questions concerning the Plan and the eligibility of any person to participate in the Plan and to receive benefits provided by operation of the Plan;
- d. To reject elections or to limit contributions or Benefits for certain highly compensated participants if it deems such to be desirable in order to avoid discrimination under the Plan in violation of applicable provisions of the Code;
- e. To provide Employees with a reasonable notification of their benefits available by operation of the Plan and to assist any Participant regarding the Participant's rights, benefits or elections under the Plan;
- f. To keep and maintain the Plan documents and all other records pertaining to and necessary for the administration of the Plan;
- g. To review and settle all claims against the Plan, to approve reimbursement requests, and to authorize the payment of benefits if the Administrator determines such should be paid. This authority specifically permits the Administrator to settle disputed claims for benefits and any other disputed claims made against the Plan;
- h. To establish and communicate procedures to determine whether a medical child support order is qualified under ERISA Section 609; and
- i. To appoint such agents, counsel, accountants, consultants, and other persons or entities as may be required to assist in administering the Plan.

Any procedure, discretionary act, interpretation or construction taken by the Administrator shall be done in a nondiscriminatory manner based upon uniform principles consistently applied and shall be consistent with the intent that the Plan shall continue to comply with the terms of Code Section 125 and the Treasury regulations thereunder.

02. EXAMINATION OF RECORDS

The Administrator shall make available to each Participant, Eligible Employee and any other Employee of the Employer, for examination at reasonable times during normal business hours, such records as pertain to their interest under the Plan.

03. PAYMENT OF EXPENSES

Any reasonable administrative expenses shall be paid by the Employer unless the Employer determines that administrative costs shall be borne by the Participants under the Plan or by any Trust Fund which may be established hereunder. The Administrator may impose reasonable conditions for payments, provided that such conditions shall not discriminate in favor of highly compensated employees.

04. INSURANCE CONTROL CLAUSE

In the event of a conflict between the terms of this Plan and the terms of an Insurance Contract of an independent third party Insurer or other benefit program that is self-insured whose product is then being used in conjunction with this Plan, the terms of the Insurance Contract shall control as to those Participants receiving coverage under such Insurance Contract. For this purpose, the Insurance Contract shall control in defining the persons eligible for insurance, the dates of their eligibility, the conditions which must be satisfied to become insured, if any, the benefits Participants are entitled to and the circumstances under which insurance terminates.

05. INDEMNIFICATION OF ADMINISTRATOR

The Employer agrees to indemnify and to defend to the fullest extent permitted by law any Employee serving as the Administrator or as a member of a committee designated as Administrator (including any Employee or former Employee who previously served as Administrator or as a member of such committee) against all liabilities, damages, costs and expenses (including attorney's fees and amounts paid in settlement of any claims approved by the Employer) occasioned by any act or omission to act in connection with the Plan, if such act or omission is in good faith.

X. ARTICLE - AMENDMENT OR TERMINATION OF PLAN

01. AMENDMENT

The Employer, at any time or from time to time, may amend any or all of the provisions of the Plan without the consent of any Employee or Participant. No amendment shall have the effect of modifying any benefit election of any Participant in effect at the time of such amendment, unless such amendment is made to comply with Federal, state and local laws, statutes and regulations.

02. TERMINATION

The Employer reserves the right to terminate this Plan, in whole or in part, at any time. In the event the Plan is terminated, no further contributions shall be made. Benefits under any Insurance Contract shall be paid in accordance with the terms of the Insurance Contract.

No further additions shall be made to the Health Flexible Spending Account or Dependent Care Flexible Spending Account, but all payments from such accounts shall continue to be made according to the elections in effect until 90 days after the termination date of the Plan. Any amounts remaining in any such fund or account as of the end of such period shall be forfeited and deposited in the benefit plan surplus after the expiration of the filing period.

XI. ARTICLE - MISCELLANEOUS

01. PLAN INTERPRETATION

All provisions of this Plan shall be interpreted and applied in a uniform, nondiscriminatory manner. This Plan shall be read in its entirety and not severed except as provided in the Section titled: "Severability".

02. GENDER AND NUMBER

Wherever any words are used herein in the masculine, feminine or gender neutral, they shall be construed as though they were also used in another gender in all cases where they would so apply, and whenever any words are used herein in the singular or plural form, they shall be construed as though they were also used in the other form in all cases where they would so apply.

03. WRITTEN DOCUMENT

This Plan, in conjunction with any separate written document which may be required by law, is intended to satisfy the written Plan requirement of Code Section 125 and any Treasury regulations thereunder relating to cafeteria plans.

04. EXCLUSIVE BENEFIT

This Plan shall be maintained for the exclusive benefit of the Employees who participate in the Plan.

05. PARTICIPANT'S RIGHTS

This Plan shall not be deemed to constitute an employment contract between the Employer and any Participant or to be a consideration or an inducement for the employment of any Participant or Employee. Nothing contained in this Plan shall be deemed to give any Participant or Employee the right to be retained in the service of the Employer or to interfere with the right of the Employer to discharge any Participant or Employee at any time regardless of the effect which such discharge shall have upon him as a Participant of this Plan.

06. ACTION BY THE EMPLOYER

Whenever the Employer under the terms of the Plan is permitted or required to do or perform any act or matter or thing, it shall be done and performed by a person duly authorized by the Employer.

07. EMPLOYER'S PROTECTIVE CLAUSES

- a. **Insurance purchase.** Upon the failure of either the Participant or the Employer to obtain the insurance contemplated by this Plan (whether as a result of negligence, gross neglect or otherwise), the Participant's Benefits shall be limited to the insurance premium(s), if any, that remained unpaid for the period in question and the actual insurance proceeds, if any, received by the Employer or the Participant as a result of the Participant's claim.
- b. **Validity of insurance contract.** The Employer shall not be responsible for the validity of any Insurance Contract issued hereunder or for the failure on the part of the Insurer to make payments provided for under any Insurance Contract. Once insurance is applied for or obtained, the Employer shall not be liable for any loss which may result from the failure to pay Premiums to the extent Premium notices are not received by the Employer.

08. NO GUARANTEE OF TAX CONSEQUENCES

Neither the Administrator nor the Employer makes any commitment or guarantee that any amounts paid to or for the benefit of a Participant under the Plan will be excludable from the Participant's gross income for federal or state income tax purposes, or that any other federal or state tax treatment will apply to or be available to any Participant. It shall be the obligation of each Participant to determine whether each payment under the Plan is excludable from the Participant's gross income for federal and state income tax purposes, and to notify the Employer if the Participant has reason to believe that any such payment is not so excludable. Notwithstanding the foregoing, the rights of Participants under this Plan shall be legally enforceable.

09. INDEMNIFICATION OF EMPLOYER BY PARTICIPANTS

If any Participant receives one or more payments or reimbursements under the Plan that are not for a permitted Benefit, such Participant shall indemnify and reimburse the Employer for any liability it may incur for failure to withhold federal or state income tax or Social Security tax from such payments or reimbursements. However, such indemnification and reimbursement shall not exceed the amount of additional federal and state income tax (plus any penalties) that the Participant would have owed if the payments or reimbursements had been made to the Participant

as regular cash compensation, plus the Participant's share of any Social Security tax and Medicare tax that would have been paid on such compensation, less any such additional income tax, Social Security tax, and Medicare tax actually paid by the Participant.

10. **FUNDING**

Unless otherwise required by law, contributions to the Plan need not be placed in trust or dedicated to a specific Benefit, but may instead be considered general assets of the Employer. Furthermore, and unless otherwise required by law, nothing herein shall be construed to require the Employer or the Administrator to maintain any fund or segregate any amount for the benefit of any Participant, and no Participant or other person shall have any claim against, right to, or security or other interest in, any fund, account or asset of the Employer from which any payment under the Plan may be made.

11. **GOVERNING LAW**

This Plan is governed by the Code and the Treasury regulations issued thereunder (as they might be amended from time to time). In no event does the Employer guarantee the favorable tax treatment sought by this Plan. To the extent not preempted by Federal law, the provisions of this Plan shall be construed, enforced and administered according to the laws of Virginia.

12. **SEVERABILITY**

If any provision of the Plan is held invalid or unenforceable, its invalidity or unenforceability shall not affect any other provisions of the Plan, and the Plan shall be construed and enforced as if such provision had not been included herein.

13. **CAPTIONS**

The captions contained herein are inserted only as a matter of convenience and for reference, and in no way define, limit, enlarge or describe the scope or intent of the Plan, nor in any way shall affect the Plan or the construction of any provision thereof.

14. **CONTINUATION OF COVERAGE (COBRA)**

Notwithstanding anything in the Plan to the contrary, in the event any benefit under this Plan subject to the continuation coverage requirement of Code Section 4980B becomes unavailable, each Participant will be entitled to continuation coverage as prescribed in Code Section 4980B, and related regulations. This Section shall only apply if the Employer employs at least twenty (20) employees on more than 50% of its typical business days in the previous calendar year.

15. **FAMILY AND MEDICAL LEAVE ACT (FMLA)**

Notwithstanding anything in the Plan to the contrary, in the event any benefit under this Plan becomes subject to the requirements of the Family and Medical Leave Act and regulations thereunder, this Plan shall be operated in accordance with Regulation 1.125-3.

16. **HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)**

Notwithstanding anything in this Plan to the contrary, this Plan shall be operated in accordance with HIPAA and regulations thereunder.

17. **UNIFORM SERVICES EMPLOYMENT AND REEMPLOYMENT RIGHTS ACT (USERRA)**

Notwithstanding any provision of this Plan to the contrary, contributions, benefits and service credit with respect to qualified military service shall be provided in accordance with the Uniform Services Employment And Reemployment Rights Act (USERRA) and the regulations thereunder.

18. **COMPLIANCE WITH HIPAA PRIVACY STANDARDS**

- a. **Application.** If any benefits under this Cafeteria Plan are subject to the Standards for Privacy of Individually Identifiable Health Information (45 CFR Part 164, the "Privacy Standards"), then this Section shall apply.
- b. **Disclosure of PHI.** The Plan shall not disclose Protected Health Information to any member of the Employer's workforce unless each of the conditions set out in this Section are met. "Protected Health Information" shall have the same definition as set forth in the Privacy Standards but generally shall mean individually identifiable information about the past, present or future physical or mental health or condition of an individual, including information about treatment or payment for treatment.
- c. **PHI disclosed for administrative purposes.** Protected Health Information disclosed to members of the Employer's workforce shall be used or disclosed by them only for purposes of Plan administrative functions. The Plan's administrative functions shall include all Plan payment functions and health care operations. The terms "payment" and "health care operations" shall have the same definitions as set out in the Privacy Standards, but the term

"payment" generally shall mean activities taken to determine or fulfill Plan responsibilities with respect to eligibility, coverage, provision of benefits, or reimbursement for health care. Genetic information will not be used or disclosed for underwriting purposes.

- d. **PHI disclosed to certain workforce members.** The Plan shall disclose Protected Health Information only to members of the Employer's workforce who are authorized to receive such Protected Health Information, and only to the extent and in the minimum amount necessary for that person to perform his or her duties with respect to the Plan. "Members of the Employer's workforce" shall refer to all employees and other persons under the control of the Employer. The Employer shall keep an updated list of those authorized to receive Protected Health Information.
1. An authorized member of the Employer's workforce who receives Protected Health Information shall use or disclose the Protected Health Information only to the extent necessary to perform his or her duties with respect to the Plan.
 2. In the event that any member of the Employer's workforce uses or discloses Protected Health Information other than as permitted by this Section and the Privacy Standards, the incident shall be reported to the Plan's privacy officer. The privacy officer shall take appropriate action, including:
 - i. investigation of the incident to determine whether the breach occurred inadvertently, through negligence or deliberately; whether there is a pattern of breaches; and the degree of harm caused by the breach;
 - ii. appropriate sanctions against the persons causing the breach which, depending upon the nature of the breach, may include oral or written reprimand, additional training, or termination of employment;
 - iii. mitigation of any harm caused by the breach, to the extent practicable; and
 - iv. documentation of the incident and all actions taken to resolve the issue and mitigate any damages.
- e. **Certification.** The Employer must and hereby does provide certification to the Plan that it agrees to adopt all required provisions as mandated under HIPAA for all non-exempt group health plans, including the following:
1. Not use or further disclose the information other than as permitted or required by the Plan documents or as required by law;
 2. Ensure that any agent or subcontractor, to whom it provides Protected Health Information received from the Plan, agrees to the same restrictions and conditions that apply to the Employer with respect to such information;
 3. Not use or disclose Protected Health Information for employment-related actions and decisions or in connection with any other benefit or employee benefit plan of the Employer;
 4. Report to the Plan any use or disclosure of the Protected Health Information of which it becomes aware that is inconsistent with the uses or disclosures permitted by this Section, or required by law;
 5. Make available Protected Health Information to individual Plan members in accordance with Section 164.524 of the Privacy Standards;
 6. Make available Protected Health Information for amendment by individual Plan members and incorporate any amendments to Protected Health Information in accordance with Section 164.526 of the Privacy Standards;
 7. Make available the Protected Health Information required to provide an accounting of disclosures to individual Plan members in accordance with Section 164.528 of the Privacy Standards;
 8. Make its internal practices, books and records relating to the use and disclosure of Protected Health Information received from the Plan available to the Department of Health and Human Services for purposes of determining compliance by the Plan with the Privacy Standards;
 9. If feasible, return or destroy all Protected Health Information received from the Plan that the Employer still maintains in any form, and retain no copies of such information when no longer needed for the purpose for which disclosure was made, except that, if such return or destruction is not feasible, limit further uses and disclosures to those purposes that make the return or destruction of the information infeasible; and

10. Ensure the adequate separation between the Plan and members of the Employer's workforce, as required by Section 164.504(f)(2)(iii) of the Privacy Standards.

19. **COMPLIANCE WITH HIPAA ELECTRONIC SECURITY STANDARDS**

Under the Security Standards for the Protection of Electronic Protected Health Information (45 CFR Part 164.300 et. seq., the "Security Standards"):

- a. **Implementation.** The Employer agrees to implement reasonable and appropriate administrative, physical and technical safeguards to protect the confidentiality, integrity and availability of Electronic Protected Health Information that the Employer creates, maintains or transmits on behalf of the Plan. "Electronic Protected Health Information" shall have the same definition as set out in the Security Standards, but generally shall mean Protected Health Information that is transmitted by or maintained in electronic media.
- b. **Agents or subcontractors shall meet security standards.** The Employer shall ensure that any agent or subcontractor to whom it provides Electronic Protected Health Information shall agree, in writing, to implement reasonable and appropriate security measures to protect the Electronic Protected Health Information.
- c. **Employer shall ensure security standards.** The Employer shall ensure that reasonable and appropriate security measures are implemented to comply with the conditions and requirements set forth in the Section titled: "Compliance with HIPAA Privacy Standards".

20. **MENTAL HEALTH PARITY AND ADDICTION EQUITY ACT**

Notwithstanding anything in the Plan to the contrary, the Plan will comply with the Mental Health Parity and Addiction Equity Act and ERISA Section 712.

21. **GENETIC INFORMATION NONDISCRIMINATION ACT (GINA)**

Notwithstanding anything in the Plan to the contrary, the Plan will comply with the Genetic Information Nondiscrimination Act.

22. **WOMEN'S HEALTH AND CANCER RIGHTS ACT**

Notwithstanding anything in the Plan to the contrary, the Plan will comply with the Women's Health and Cancer Rights Act of 1998.

23. **NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT**

Notwithstanding anything in the Plan to the contrary, the Plan will comply with the Newborns' and Mothers' Health Protection Act.

RACSB DEPUTY EXECUTIVE DIRECTOR REPORT

May 2026 Monthly Updates

Opportunities for Partnership/Input:

- Ongoing participation in the FY26 HL7 Expansion workgroup. Using the work of the Virginia Association of Community Services Board's (VACSB) Data Management Committee (DMC) Data Mapping Workgroup to work to streamline some of the ad-hoc reporting into the expansion effort.
- Continued ongoing negotiation and push back on proposed changes. Reviewed the entire draft Performance Contract, including all proposed revisions from the Department of Behavioral Health and Developmental Services (DBHDS) thus far, and provided comments/advocacy as part of the VACSB Administrative Policy Committee. Participated in meetings specific to changes around unspent balances, Accounts Receivable Reporting, and changes to the warrant payment process.
- Presented at the VACSB Training and Development Conference on Strategic Planning. Contacted by Open Minds to do a national, virtual webinar of this presentation after they heard positive reviews.
- Finished up budget meetings with programs and Director of Finance to develop initial FY27 Budget proposal.
- Arranged and attended DBHDS-led meeting around new American's with Disabilities Act Web Access requirements.
- Finalized Center on Accreditation of Rehabilitation Facilities (CARF) written performance analysis in preparation for our CARF review.
- Participated in CARF review, particularly the administrative review on strategic planning, performance analysis, finance, human resources, and information technology.
- Initiated and managed request for proposals for RACSB cleaning services. Facilitated the mandatory pre-bid meeting and provided the required questions and answers document for posting on eVA procurement website.
- Met with representative from Virginia Department of Medical Assistance Services (DMAS) to discuss concerns, challenges, and opportunities of the re-design of Psychosocial Rehabilitation Services.

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 are meeting every week with Netsmart to track both the expansion as well as the optimization of state reporting. User Acceptance Testing for the Netsmart CSBs is anticipated to begin first of May 2026, however, we still not received the required development needed to initiate full testing. We have continued to navigate ongoing state reporting challenges with Netsmart and have started meetings with Netsmart leadership to support successful resolution.

DBHDS Performance Dashboards

These recently were released after an extended period 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.

Those changes were not made. Monthly report to the Board on these performance dashboards is included in this board packet.

Information Technology Update

Total Number of Tickets Closed in April- 944

State Reporting Transition to DBHDS

Our largest and most critical initiative remains the transition of State Reporting processes to meet updated requirements from DBHDS.

The project is currently in its final stages, with staff working closely with our vendor, Netsmart, to address remaining technical challenges and ensure accurate data submission. While several technical hurdles remain, progress continues toward a successful implementation. The transition is scheduled to be completed by the end of the current fiscal year. We are completing some testing, but waiting on Netsmart to resolve the remaining technical hurdles to test in earnest.

In addition to preparing for the upcoming reporting transition, our Team continues to address data quality issues identified over the first year of HL7 reporting. Current efforts are focused on validating and correcting information related to inaccurate insurance errors, Specialty Populations and Substance Use History errors to ensure reporting accuracy and compliance with state requirements. Netsmart has solved the Substance Use errors, but are still working to replay any rejected messages from the original problem. The other two errors are still in the development stages to be repaired by Netsmart.

KPI Dashboard Development

We continue to work with Netsmart on the development and implementation of Key Performance Indicator (KPI) dashboards. The initial dashboard building is in progress with Netsmart, and RACSB staff are reviewing dashboard content, data accuracy, and reporting functionality. Once finalized, these dashboards will provide leadership and program managers with improved visibility into organizational performance metrics and support data-driven decision making.

Appointment Reminder System

Implementation of the TeleVox automated communication platform has officially begun. TeleVox will allow staff to automate appointment reminders and appointment confirmation messages through multiple communication channels. This project is expected to reduce missed appointments, improve client engagement, and decrease the administrative burden associated with manual reminder calls. It looks like Televox and Netsmart are able to seamlessly communicate with each other without staff intervention.

To: Joe Wickens, Executive Director

From: Brandie Williams, Deputy Executive Director

Re: DBHDS Data Dashboard Report

Date: June 8, 2026

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

Dashboard Report			
Measure	Month of Measure	State Average	RACSB
Same Day Access-Appointment Offered	FY2026	44.60%	100.00%
Same Day Access-Appointment Kept	FY2026	Not Available	59.00%
SUD Initiation	FY2026	83.70%	79.40%
SUD Engagement	FY2026	35.70%	44.80%
Universal Adult Columbia Screenings	FY2026	70.80%	94.70%
Universal Child/Adolescent Columbia Screenings	FY2026	75.20%	88.30%
DLA-Adult	FY2026	37.00%	Ave. Composite Score 3.94
DLA-Child	FY2026	52.00%	Ave. Composite Score 3.94
SMVF Military Status	FY2026	90.00%	93.20%
SMVF Columbia	FY2026	70.80%	92.30%
ACT State Hospitalizations-Change in # Individuals	FY2026	-52.30%	-33.30%
ACT State Hospitalizations-Change in # Bed Days	FY2026	-36.10%	-52.30%
ACT State Hospitalizations-Change in Associated Costs	FY2026	-32.80%	-52.00%

*Significant discrepancies in the services sent and received by DBHDS for these measures. RACSB has provided feedback on discrepancies but have not yet seen an update to the dashboard.

To: Joe Wickens, Executive Director
 From: Brandie Williams, Deputy Executive Director
 Subject: State of the Workforce and Compensation Update FY2026
 Date: June 9, 2026

Since the June 2024 Board of Director’s meeting, RACSB executive staff committed to providing consistent updates on the State of Workforce and Compensation in order to evaluate the agency recruitment, retention, and compensation actions. Please find the requested update for June 2026 below:

Overall Workforce Impact Summary for FY2025/FY2026:

Fiscal Year 2025				Fiscal Year 2026			
Quarter One	Quarter Two	Quarter Three	Quarter Four	Quarter One	Quarter Two	Quarter Three	Quarter Four
Significant Risk	Moderate to Significant Risk	Moderate Risk	Sufficient /Minimal Risk	Sufficient/ Minimal Risk	Moderate Risk	Moderate Risk	Moderate to Significant Risk

Overall Workforce Impact Detail by Month for Current Fiscal Year:

Month	Rating	Notes
July	Sufficient/Minimal Risk	There are no waitlists for services with eligible individuals receiving service within 30 days and increase in number of intakes completed same day; Some Licensing Citations (4 citations); Documentation is consistent with two programs exceeding the chart audit benchmark of a score of at least 80. Required trainings are completed on time; Overtime hours are not less than 100 per pay period (137 hours average per pay period for a total of 274); Open positions are below 30 at 13 open positions; Open positions are filled within 2-3 months (Average days open 67.92; 2.3 months). Turnover rate exceeds 0.8% at 1.61%.
August	Moderate Risk	There are no waitlists for services with eligible individuals receiving service within 30 days and slight decrease in number of intakes completed same day; Moderate Licensing Citations (6 citations); Documentation is consistent with two programs exceeding the chart audit benchmark of a score of at least 80. Required trainings are completed on time; Overtime hours are not less than 100 per pay period (155 hours average per pay period for a total of 311.5); Open positions are below 30 at 15 open positions; Open positions are filled within 2-3 months (Average days open 58.61; 1.95 months). Turnover rate exceeds 0.8% at 2.35%.

September	Sufficient/Minimal Risk	There are no waitlists for services with eligible individuals receiving service within 30 days and increase in number of intakes completed same day; Some Licensing Citations (2 citations); Documentation is inconsistent with two programs exceeding the chart audit benchmark of a score of at least 80 and one program not meeting. Required trainings are completed on time; Overtime hours are not less than 100 per pay period (198.5 hours average per pay period for a total of 419); Open positions are below 30 at 27 open positions; Open positions are filled within 2-3 months (Average days open 39; 1.3 months). Turnover rate exceeds 0.8% at 1.09%.
October	Moderate Risk	There are no waitlists for services with eligible individuals receiving service within 30 days and increase in number of intakes completed same day; One Licensing Citations (1 citation); Documentation is consistent with three programs exceeding the chart audit benchmark of a score of at least 80. Required trainings are completed on time; Overtime hours are not less than 100 per pay period (194.25 hours average per pay period for a total of 582.75); Open positions are not below 30 at 28 open positions; Open positions are filled within 2-3 months (Average days open 41.05; 1.36 months). Turnover rate exceeds 0.8% at 1.46%.
November	Moderate Risk	There are no waitlists for services with eligible individuals receiving service within 30 days and decrease in number of intakes completed same day; Some/moderate Licensing Citations (3 citations); Documentation is inconsistent with one program exceeding the chart audit benchmark of a score of at least 80 and one program not meeting. Required trainings are completed on time; Overtime hours are not less than 100 per pay period (303.99 hours average per pay period for a total of 607.99); Open positions are not below 30 at 36 open positions; Open positions are filled within 2-3 months (Average days open 59; 1.96 months). Turnover rate exceeds 0.8% at 0.91%.
December	Moderate Risk	There are no waitlists for services with eligible individuals receiving service within 30 days and slight decrease in number of intakes completed same day; Significant Licensing Citations (10 citations); Documentation is inconsistent with one program not meeting minimum score expectation. Required trainings are completed on time; Overtime hours are not less than 100 per pay period (189.74 hours average per pay period for a total of 379.48); Open positions are not below 30 at 31 open positions; Open positions are filled within 2-3 months (Average days open 74.45; 2.48 months). Turnover rate is below 0.8% at 0.36%.

January	Moderate Risk	There are no waitlists for services with eligible individuals receiving service within 30 days and slight decrease in number of intakes completed same day; Some Licensing Citations (1 citation); Documentation is consistent with two programs exceeding the chart audit benchmark of a score of at least 80. Required trainings are completed on time; Overtime hours are not less than 100 per pay period (174.125 hours average per pay period for a total of 348.25); Open positions are equal to 30 at 30 open positions; Open positions are filled within 2-3 months (Average days open 73.33; 2.44 months). Turnover rate exceeds 0.8% at 0.9%.
February	Moderate Risk	There are no waitlists for services with eligible individuals receiving service within 30 days and increase in number of intakes completed same day; Some/Moderate Licensing Citations (3 citations); No audits conducted due to CARF preparation. Required trainings are completed on time; Overtime hours are not less than 100 per pay period (190.3 hours average per pay period for a total of 380.6); Open positions are not below 30 at 38 open positions; Open positions are filled within 2-3 months (Average days open 70.6; 2.35 months). Turnover rate is below 0.8% at 0.71%.
March	Moderate Risk	There are no waitlists for services with eligible individuals receiving service within 30 days and decrease in number of intakes completed same day; Some Licensing Citations (1 citation); No audits conducted due to CARF preparation. Required trainings are completed on time; Overtime hours are less than 100 per pay period (51.75 hours average per pay period for a total of 103.5); Open positions are not below 30 at 43 open positions; Open positions are filled within 2-3 months (Average days open 70.6; 2.35 months). Turnover rate exceeds 0.8% at 2.5%.
April	Moderate to Significant Risk	One clinic had to start a waitlist for services for services with eligible individuals receiving service within 30 days and increase in number of intakes completed same day; Impacts on SLH services due to nursing and staff shortages; Some Licensing Citations (1 citation); No audits conducted due to CARF preparation. Required trainings are completed on time; Overtime hours are less than 100 per pay period (45.75 hours average per pay period for a total of 91.5); Open positions are not below 30 at 35 open positions; Open positions are not filled within 2-3 months (Average days open 92.73; 3.09 months). Turnover rate exceeds 0.8% at 0.89%.

May	Moderate to Significant Risk	One clinic remains on waitlist for services with eligible individuals receiving service within 30 days and increase in number of intakes completed same day; Impacts on SLH services due to nursing and staff shortages; Minimal impact on other programs to pull nursing coverage. Some Licensing Citations (1 citation); No audits conducted due to CARF preparation. Required trainings are completed on time; Overtime hours are not less than 100 per pay period (110.84 hours average per pay period for a total of 419); Open positions are not below 30 at 39 open positions; Open positions are not filled within 2-3 months (Average days open 91.76; 3.06 months). Turnover rate exceeds 0.8% at 1.8%.
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Barriers and Threats to RACSB Workforce:

- *Sustained competition:* There remains competition for our workforce. There are differential impacts based on position type. We are experiencing increases in both our open positions and average days to fill open positions. Staffing shortages in certain positions have impacted service delivery and we had to start a waitlist again in one of our clinic locations.
- *Maintenance versus Strategic Growth:* RACSB has been focused on maintaining program at current levels for multiple years. Over the past two years, the agency has focused on right-sizing programs, optimizing efficiencies, and increasing productivity of current services. Completion of sustainability, succession, and staffing plans at each program level will assist in understanding where there are opportunities for strategic growth.
- *Legislative and Funding Uncertainty:* The recent political climate and actions have increased fears around job stability and sufficient funding resources.

Living Wage Criteria:

The Living Wage Criteria and amounts have not been updated since date below, so the chart remains accurate at this time. RACSB’s current entry level salary equates to \$22.00 per hour.

Living Wage as of 2/15/2026	
Area	1 Adult, 0 Children
Virginia	\$25.72
Stafford	\$29.29
Spotsylvania	\$27.82
Fredericksburg	\$25.38
King George	\$24.07
Caroline	\$21.52
PD-16 Average	\$25.61

Living Wage as of 2/14/2024	
Area	1 Adult, 0 Children
Virginia	\$24.03
Stafford	\$27.47
Spotsylvania	\$26.46
Fredericksburg	\$23.07
King George	\$23.68
Caroline	\$21.60
PD-16 Average	\$24.46

Living Wage as of 2/10/2025	
Area	1 Adult, 0 Children
Virginia	\$25.65
Stafford	\$29.78
Spotsylvania	\$28.37
Fredericksburg	\$25.50
King George	\$23.69
Caroline	\$21.69
PD-16 Average	\$25.81

Financial Position and Considerations:

- As of April 2026, RACSB is demonstrating a positive variance of \$4,411,169, of which approximately \$3,200,000 is restricted carryover funds.
- Current balanced budget proposal includes 2% merit increase for employees, vacancy rate of 5%, and \$2,524,917 to capital expenses.
- The General Assembly is anticipated to pass a 2% increase for state employees for FY27. Additionally, a 2% bonus was passed for FY26 in the caboose budget for state employees. Although not near sufficient to fund increases at the level above, RACSB does receive a limited amount of funding as a result of this measure. We estimate receiving approximately \$268,635 for the FY27 action and the same amount for the additional FY26 bonus restricted to use only for additional salary actions.