July 2026

DBHDS
Virginia Department of Behavioral Health and Developmental Services

Health Trends

UV Awareness Month

In July, the American Academy of Dermatology (AAD) raises awareness about **ultraviolet (UV)** sun rays being the root cause of most skin cancers and encourages the public to take precautions (1).

The AAD recommends the public #PracticeSafeSun the year-round by following three simple steps while outdoors:

- Seek shade when appropriate
- Wear sun-protective clothing
- Apply a broad-spectrum, water-resistant sunscreen with an SPF of 30 or higher

Sunscreen

Decoding a sunscreen label can be confusing especially if you don't understand the meaning of "broad spectrum" and "SPF".

- A broad-spectrum sunscreen is defined by the Food and Drug Administration (FDA) as one that can protect from the sun's harmful ultraviolet A (UVA) and ultraviolet B (UVB) rays.
- The FDA meaning of SPF is "Sun Protection Factor" or how well a sunscreen protects from sunburn.

Another confusing thing about SPF is the number that follows it. This number tells how much UVB light a sunscreen can filter out.

- SPF 15 filters out 93% of the sun's UVB rays.
- SPF 30 filters out 97% of the sun's UVB rays.
- It's important to note NO sunscreen can filter out 100% of the sun's UVB rays.

Reading and following the directions on the sunscreen label will help you to get the most protection out of the product.

- Most sunscreens recommend applying the sunscreen at least 15 to 20 minutes before sun exposure.
- To reapply every 2 hours, especially after sweating or being in the water because sunscreen will break down on the skin losing its ability to protect.
- Never spray sunscreen directly on the face. Spray onto hands and then apply to the face.

There is actually no such thing as water-proof sunscreen. All sunscreens wash off the skin. The FDA no longer allows manufactures to claim sunscreens are water-proof.

There are FDA approved "water resistant" sunscreens which are required to pass testing to make this claim on the label. Water resistant means how long the sunscreen will stay on wet skin.

Water-resistant sunscreen stays effective for 40 minutes in the water. Very water-resistant sunscreen stays effective for 80 minutes in the water. Even if your skin remains dry while using a water-resistant sunscreen, it needs to be reapplied every 2 hours (1)(2).

Please direct any questions or concerns regarding the Office of Integrated Health Supports Network "Health Trends" newsletter to
communitynursing@dbhds.virginia.gov

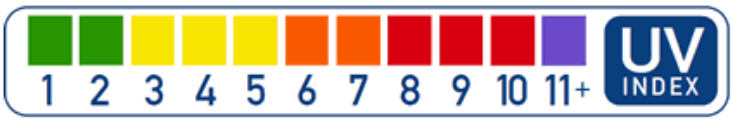
Sun-Protective Clothing

Wearing sunscreen outside, particularly while in direct sun, doesn't block 100% of the sun's UV rays. That's why it's important to also seek shade and wear sun-protective clothing — such as…

- A lightweight long-sleeved shirt and pants
  - When selecting clothing, avoid fabrics with a loose or open weave, such as lace. A long-sleeved denim shirt provides an SPF of about 1,700, while a white t-shirt provides an SPF of about 7. While at the beach or pool, dry clothing offers more sun protection than wet clothing. For more effective sun protection, select clothing with an ultraviolet protection factor (UPF) number on the label (2).
- A wide-brimmed hat
  - A hat is a simple and effective way to cover up the face and neck. When selecting a hat, choose one that has a wide brim, which will protect the ears, as well as the head and neck. Avoid baseball hats or straw hats with holes, as these are not as effective in protecting you outdoors (2).
- Sunglasses with UV protection
  - When purchasing sunglasses, always look for lenses that offer UV protection. Lenses that appear dark do not necessarily offer UV protection, so make sure to read the label before purchasing. Also, large-framed or wraparound sunglasses offer more sun protection than a sunglass style like aviators (2).
- Shoes that cover the feet
  - If you're wearing sandals or flip-flops or going barefoot, be sure to apply sunscreen to all exposed skin (2).

UV Index

The UV Index provides a forecast of the expected risk of overexposure to UV radiation from the sun. The National Weather Service calculates the UV index forecast for most ZIP codes across the U.S., and Environmental Protection Agency (EPA) publishes this information. The UV Index is accompanied by recommendations for sun protection and is a useful tool for planning sun-safe outdoor activities. The higher the UV index number is the greater the chance of sun damage to the skin (3). https://www.epa.gov/sunsafety/uv-index-1



App of the Month

The Environmental Protection Agency (EPA) Sunwise App offers a UV Index which provides a daily and hourly forecast of the expected intensity of ultraviolet (UV) radiation from the sun. Some exposure to sunlight is enjoyable. However, too much sun can be dangerous. Overexposure to the sun's ultraviolet radiation can cause immediate damage, such as sunburn, and long-term problems, such as skin cancer and cataracts. (*App of the Month is not endorsed by DBHDS Office of Integrated Health Supports Network. User accepts full responsibility for utilization of app).*

References
1. American Academy of Dermatologist Association (AAD). (2026). It's UV Awareness Month! Take a look at how AAD promotes sun safety year-round [Internet]
2. American Cancer Society. (2024, June). How to protect your skin from UV rays, The American Cancer Society medical and editorial content team. [Internet]
3. The United States Environmental Protection Agency (EPA). (2026). Learn about the UV index. [Internet]

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BCBA

Getting to Know Home and Community Based Services (HCBS) Team

Introducing the Home and Community Based Services (HCBS) team working within the Office of Community Network Supports (CNS) part of the Division of Developmental Services (DS) at the Virginia Department of Behavioral Health and Developmental Services (DBHDS).

Their work involves a team effort to review and ensure HCBS Settings Rule compliance for over 6,000 provider settings throughout the Commonwealth. Their work requires continuous collaboration with numerous offices within DBHDS and other states agencies.

The HCBS Vision

Individuals receiving Medicaid HCBS must have every opportunity to live with the same rights, freedoms, and degree of self-determination, and have the opportunity to integrate within their community, as anyone not receiving Medicaid Home and Community-Based services.

Individuals receiving Waiver funding must have the same opportunity to live as freely and independently as you and me.

- HCBS Settings Rule embraces presumed competence, person-centered approaches, and empowerment.
- Presumed competence is a strengths-based approach which assumes people with disabilities have the ability to learn, think and understand.
- To include the ability to make choices (*may even include choices their supports, natural and paid, disagree with*), determine their own goals and be the person in charge of their life path.

The HCBS Settings Rule applies for all individuals who receive 1915 (C, I and K) services. In Virginia, this impacts individuals who receive services from the Community Living (CL), Family and Individual Supports (FIS), Building Independence (BI) and CCC+ (Commonwealth Coordinated Care) Waivers.

The HCBS team does not review every service as they assume compliance with those services that are occurring in the community. Even though some services are not being reviewed (*unless a complaint is received*), they are still required to be compliant with the HCBS Settings Rule according to the Centers for Medicare and Medicaid Services (CMS).

Document Review to Determine Provider Compliance

- HCBS policies
- HCBS rights disclosure form
- Lease/Resident agreements
- Community participation policy
- Behavioral policy
- Camera policy
- Person Centered Plan
- Evidence of staff training
- Documentation/Daily notes
- Person Centered Review
- Activity calendar
- Program Rules
- Pictures of the home/bedrooms
- Modification documentation

The HCBS Newsletter "*The Download*" is sent out over the Provider Listserv twice a month. Trainings on HCBS Settings Rule are offered throughout the year to providers, support coordinators, individuals, family members, and guardians. They also offer in-person trainings at CSBs with support coordinators.

HCBS can be found on the DBHDS website under the "Providers" tab at the top, on the drop-down under "Developmental Services for Providers".

HCBS Toolkit can be located on the DMAS Website.

ABA Snippets …

From Fiction to Function: The Rise of AI in Clinical Practice

Regardless of your feelings about science fiction, the rapid growth of AI may have you cautiously thinking about its purpose in healthcare. While there are many advantages to using AI, behaviorists should be mindful of potential risks currently being explored in research and practice (1,2,3,4). As we navigate through this exciting terrain of clinical possibilities, we are currently charting new territory into an ever-evolving world of using AI.

Clinicians have reported using generative AI to summarize reports, write session notes, develop programming, complete administrative duties (e.g. scheduling), predict clinical outcomes, and determine treatment dosage to meet medical necessity among other applications (1,3,4). Peck and colleagues (2025) found ChatGPT responses to questions about ABA clinical work were rated higher by BACB certificates' compared to the authors of the study (3). To give a personal example, I used CoPilot to help me create the title for this snippet.

Despite the capabilities of these applications, here are a few examples from the references below when considering risks and benefits of using AI in practice:

- Organizations should obtain legal and technical guidance when developing AI policies and procedures.
- Disclose the use of AI, ensure consumers consent to its use.
- Have protections against potential biases and hallucinations in AI responses.
- Understand the risks of client data entered into AI systems.
- Abide by HIPAA, ethical requirements, and state and federal laws (1,2,4).

AI should not replace the expertise of a clinician, but to be used with caution as a tool. As the field of ABA boldly goes into new frontiers, its intersections with AI will require careful, collaborative navigation. It's important that we all do our due diligence to stay attuned to this brave new world of using AI in practice.

You may contact DBHDS about these efforts via the following: John.Tolson@dbhds.virginia.gov

References
1. Behavior Analyst Certification Board. (2024, July). BACB Newsletter: July 2024.
2. Council of Autism Service Providers (CASP). (2026). Practice parameters for artificial intelligence use in applied behavior analysis. AI Community Work Group.
3. Peck, S., O'Brien, C., Bourret, J., & Agostinelli, D. (2025). ChatGPT versus clinician responses to questions in ABA: Preference, identification, and level of agreement. Journal of Applied Behavior Analysis, 58(4), 1-13.
4. Womack, R. (2026, April 24-25). Integrating AI: Considerations, safeguards, and applications for ABA clinical use [Workshop]. Virginia Association for Behavior Analysis, Loudon, VA, United States.