

**RAPPAHANNOCK AREA COMMUNITY  
SERVICES BOARD**

**February 17, 2026**

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

**AGENDA**

- I. Call to Order, *Parcell*
- II. \*Minutes, Board of Directors, December 16, 2025, *Parcell*.....4
- III. Public Comment, *Parcell*
- IV. Employee Service Awards, *Wickens*
  - A. Five Years:
    - 1. Tilisha Minor, SAP Manager, Belmont
    - 2. Janet Victory, Case Manager, Jail Based, RRJ
    - 3. Takia Kirk, MH Residential Specialist, Crisis Stabilization
    - 4. Zainabu Koroma, Direct Support Professional, Merchant Sq.
  - B. Ten Years:
    - 1. Vickie Parker, Direct Support Professional, Floater
    - 2. Robert Rezendes, Compliance Specialist
    - 3. Ashley Smith, Direct Support Professional, Scottsdale
    - 4. Gillian Crisp, Day Support Aide, Kings Hwy.
  - C. Fifteen Years:
    - 1. Amy Jindra, Director of Crisis Intervention Services
    - 2. Margith Vaz, MH Residential Counselor, Home Road
    - 3. Lisa Walker, Group Home Manager, New Hope
  - D. Retirements:
    - 1. Anne Longenecker, Special Educator, PEID– with 26 years
    - 2. Sherrie Johnson, Licensed Child/Adolescent Therapist - with 30 years
- V. Employee of the Quarter – Joy Allen, Developmental Support Coordinator, Stafford, *Wickens*.....13
- VI. Board Core Behaviors, *Curcio*.....14

\*Requires Board Approval

VII. **Presentation:** Young Adult Survey Presentation, *Wagaman*

VIII. Program Reports

A. Community Support Services

- 1. Program Update, *Fisher Curtis*.....15
- 2. Residential Vacancies, *Fisher Curtis*.....17

B. Crisis Intervention Services

- 1. Program Update, *Jindra*.....19
- 2. ES ECO/TDO, *Jindra*.....21
- 3. ES Crisis Intervention Team and Co-Response, *Jindra*.....23
- 4. Sunshine Lady House Utilization, *Jindra*.....26

C. Clinical Services

- 1. Program Update, *Kobuchi*.....29
- 2. State Hospital Census, *Kobuchi*.....33
- 3. Same Day Access, *Kobuchi*.....35

D. Compliance

- 1. Program Update, *Terrell*.....41
- 2. Quality Assurance Report, *Terrell*.....
- 3. Point-in-Time Survey, *Terrell*.....
- 4. \*Licensing Reports, *Terrell*.....62

E. Communications

- 1. Monthly Update, *Umble*.....90
- 2. Social Media Review, *Umble*.....101

F. Prevention & Early Intervention

- 1. Program Update, *Wagaman*.....104
- 2. Healthy Families Women and Girls Fund Application, *Wagaman*.....122

G. Finance

- 1. Program Update, *Keeler*.....129
- 2. Summary of Cash Investments, *Keeler*.....130
- 3. Other Post-Employment Benefit, *Keeler*.....131
- 4. Health Insurance, *Keeler*.....132
- 5. Summary of Investments, *Keeler*.....133
- 6. Fee Revenue Reimbursement, *Keeler*.....134
- 7. Write-off Report, *Keeler*.....135
- 8. Payroll Statistics, *Keeler*.....136
- 9. \*Financial Summary, November/December, *Keeler*.....137

\*Requires Board Approval

10.	*Investment Strategy Update & Recommendation, <i>Keeler</i> .....	
11.	Model Resolution, <i>Keeler</i> .....	
12.	VA Mint Trust Agreement, <i>Keeler</i> .....	
H.	Human Resources	
1.	Program Update, <i>Mestler</i> .....	141
2.	Applicant and Recruitment Update, <i>Mestler</i> .....	142
3.	Turnover Report, <i>Mestler</i> .....	146
I.	Deputy Executive Director	
1.	Monthly Update, <i>Williams</i> .....	152
2.	Legislative Updates & Priorities, <i>Williams</i> .....	153
3.	RACSB Strategic Plan Second Quarter Update , <i>Williams</i> .....	172
IX.	Report from the Executive Director, <i>Wickens</i>	
X.	Board Time	
XI.	Closed Session	
XII.	Adjournment	

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# December 2025 Board of Directors Meeting Minutes

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## I. CALL TO ORDER

A meeting of the Board of Directors of the Rappahannock Area Community Services Board was held on December 16, 2025, at 600 Jackson Street and called to order by Chair, Jacob Parcell, at 3:00 p.m. *Attendees included:* Claire Curcio, George Dallas, Susan Gayle, Nancy Beebe, Bridgette Williams, Ashley Terry, Carol Walker, Melissa White, and Matthew Zurasky. *Absent:* Shawn Kiger, Ken Lapin, Tiffany Haynes, and Greg Sokolowski.

## II. MINUTES, BOARD OF DIRECTORS, November 18, 2025

The Board of Directors moved to approve the minutes from the November 18, 2025 meeting.

**ACTION TAKEN:** The Board approved the November 18, 2025 minutes.

Moved by: Ms. Claire Curcio

Seconded by: Ms. Carol Walker

## III. PUBLIC COMMENT

No Action Taken

## IV. SERVICE AWARDS

Mr. Joe Wickens recognized all employees with awards:

5 years

**Sandra Smith**, Accounting Specialist

**Jennifer Beall**, Supervised Apt. Mgr. Lafayette Boarding (not present)

10 years

**Lindsay Steele**, Clinic Coordinator, Stafford

**Gifty Myles-Mills**, MH LPN-Outpatient, Fredericksburg

**Antwan White**, Qualified Intellectual Disability Professional, ICF (not present)

Licensure

**Carly Farrell**, Mental Health Therapist

## 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, Employee Appreciation Spotlight, Ms. Amy Umble -

Ms. Umble presented a PowerPoint presentation highlighting employees, with appreciation and spirit as the central focus. She shared that December was selected as the month to

intentionally recognize staff through acts of kindness, noting that employee recognition plays an important role in retention. Activities included the purchase of t-shirts for all employees, which were distributed by members of the Board and the management team. This effort received excellent feedback from staff. Employees were also given the opportunity to create their own HopeStarter t-shirts through a separate setup. Employees were allowed to wear their HopeStarter gear and jeans each day of the month. Ms. Umble noted that the t-shirts were ordered from Spectrum Designs, a company whose workforce consists of individuals with autism, aligning well with the organization's mission. To date, 432 t-shirts have been distributed and it is anticipated the total will reach approximately 500. She also shared that candy grams were created for employees. Ms. Umble concluded by showing an employee appreciation video featuring participation from Directors and Board members. Ms. Umble said the video will be available via a YouTube link that she will send around to everyone.

## VII. PROGRAM REPORTS

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

1. **Program Update** – Ms. Fisher Curtis provided program updates for Developmental Disabilities Support Services, Developmental Disabilities Residential Services, DD Day Support Rappahannock Adult Activities, Inc. (RAAI), Mental Health Residential Services and Psychosocial Rehabilitation-Kenmore Club.
2. **Residential Vacancies-** Ms. Fisher Curtis reported that one individual has moved into Ross, bringing that program to full capacity. There are currently two vacancies at Igo; however, one individual has been assessed and is expected to move in during February. There is one vacancy remaining at both Merchant and Belmont. At Myers, three move-in dates have been established, with a fourth still in progress; all are anticipated to occur within the next 60 days.

For mental health residential services, Ms. Fisher Curtis reported one new enrollment and no discharges, keeping programs near full capacity, with one transitional bed available and one community vacancy at both Home Road and Lafayette. She also shared that the Permanent Supportive Housing (PSH) program has increased the number of individuals housed to 77, reflecting continued progress.

Mr. Wickens noted that just over a year ago, the agency had more than nine vacancies in group homes, which significantly impacted operations. He shared that being able to reduce that number to only two current vacancies—excluding Myers, which is in the process of opening as a group home—is a significant accomplishment.

3. **Community Outreach Case Management Update-** Ms. Fisher Curtis shared that in receiving funding from the City of Fredericksburg for a Community Outreach Case Manager position to assist in locating housing for the homeless population within the city limits, a quarterly report is required to document progress. The report by Jessica Vaz Williams, Community Outreach Case Manager, was submitted for review at the City Council meeting on 12/9/2025.

Mr. Wickens announced that the report demonstrated the success of the new program. Since then, Jessica Vaz Williams has, unfortunately submitted her

resignation.

- 4. Myers Quarterly Update** – Ms. Fisher Curtis reported on respite utilization at Myers Drive for the period January 1 through November 30, 2025. During this time, 45 individuals received 7,660 hours of respite services at an average occupancy rate of 16 percent, generating \$177,456.74 in total revenue from Medicaid and private pay. Of the total hours provided, a portion was utilized by individuals accepted or pending acceptance for permanent placement, with remaining hours attributable to community respite use. Current census includes 32 individuals, 21 of whom routinely request respite services, including four accepted for future residency. Historical daytime respite data show an average weekday utilization of 3.36 of the six available beds, with recent increases due to limited overnight staffing. Ms. Fisher Curtis stated that maintaining two designated respite beds is expected to continue meeting community needs, with three of four accepted individuals scheduled to move in January 2026.

Board members discussed daytime respite capacity, scheduling, and future demand. Staff clarified that average utilization includes individuals slated to move in and that two designated respite beds are anticipated to meet ongoing need once permanent placements occur. Mr. Wickens noted that advance scheduling is permitted within the two respite beds. Mr. Zurasky requested that respite utilization, particularly daytime demand, continue to be reviewed on a quarterly basis, and the Board agreed to revisit the data at a future meeting.

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

- 1. Program Update** – Ms. Jindra shared a big thank you from the ACT team for all of the Christmas gift wish lists that were filled by employees of the agency for individuals.
- 2. Sunshine Lady House** – Ms. Jindra reported that during November, Sunshine Lady House received 51 prescreens from six localities and accepted 47, for an overall acceptance rate of 92 percent. One individual received ASAM 3.7 medically managed detox services for five days. Four prescreens were denied due to medical acuity, violent behavior, or clinical criteria. The program admitted 37 individuals during the month, primarily from RACSB, with additional admissions from Region 10, Encompass, Prince William County, and Western Tidewater. November utilization was reported at 45 percent, totaling 163 bed days.
- 3. TMACT Audit Memo for ACT North** – Ms. Jindra reported that ACT North underwent a fidelity review on August 18–19, 2025, conducted by the University of North Carolina (UNC) in coordination with DBHDS, with results received November 7, 2025. The program received an overall TMACT score of 3.60, indicating moderate fidelity. The reviewer identified improvement areas related to team meetings, staffing structure, and integration of evidence-based practices, while commending service delivery, medical oversight, community engagement, and person-centered care. Staff have begun addressing lower-scored items and plan additional training and process improvements.

Board members discussed the relationship between fidelity scores and reimbursement, noting that only base and high-fidelity rates apply, with a significant per-diem difference. Ms. Jindra explained that some scoring factors, including nursing and psychiatric staffing levels, carry cost implications. Mr. Parcell recommended further analysis before making

staffing changes. Staff noted confidence in improving the score over time and confirmed that fidelity reviews occur every 18 months, with ongoing technical assistance provided by UNC and DBHDS.

**C. CLINICAL *Ms. Jacque Kobuchi***

- 1. Program Update** – Ms. Kobuchi highlighted that the therapist from Safe Harbor Child Advocacy Center went to a conference paid for by the advocacy center for Crimes Against Children.
- 2. State Hospital Census Report** -Ms. Kobuchi shared that there are currently four individuals on the Extraordinary Barriers List. There are 29 individuals that are at state hospitals receiving treatment from our catchment area.
- 3. Emergency Custody Order (ECO)/ Temporary Detention Order (TDO) Report – November 2025.** Ms. Kobuchi stated that Emergency Services staff completed 176 emergency evaluations in November. Fifty-four individuals were assessed under an emergency custody order and sixty-nine total temporary detention orders were served. Staff facilitated two admissions to Commonwealth Center for Children and Adolescent Hospital, one individual was involuntarily hospitalized outside of our catchment area during the month of November. Data reports were submitted.
- 4. Crisis Intervention Team (CIT) and Co-Response Report-** Ms. Kobuchi reported that the CIT Assessment Center served 19 individuals during the month of November. She presented a chart detailing the number of Emergency Custody Orders (ECOs) by locality, the number of individuals transferred into Crisis Assessment Center (CAC) custody, and those who could have utilized the Assessment Center if additional capacity had been available. The Spotsylvania Co-Response Team served 16 individuals in November, while the Stafford Co-Response Team served 21. Recruitment efforts continue for the Fredericksburg Co-Response Therapist position. Additionally, nine local dispatchers completed Crisis Intervention Team Training (CIT) during the month. Ms. Kobuchi noted that next month Ms. Jindra will be giving these reports because Emergency Services will officially move to our Crisis Intervention Services Division (CIS) effective January 1, 2026.
- 5. Same Day Access** – Ms. Kobuchi reviewed outpatient intake data and Same Day Access (SDA) percentages, noting a slight decrease in November due to the holidays and increased demand, particularly at the Stafford clinic. She clarified that individuals not seen through SDA were scheduled for future appointments and that all individuals requesting services were seen. Board members discussed capacity challenges at Stafford compared to other clinics. Ms. Kobuchi explained that staff have implemented cross-training and coordination efforts, but demand continues to exceed staffing capacity. She noted that options are being explored to share staff resources across clinics, including telehealth and partial in-person support. Board members acknowledged the differing capacity levels among clinics and requested continued monitoring of SDA performance.

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

- 1. Program Update** – Ms. Terrell had no additions to her program update.

2. **Quality Assurance Report** – Ms. Terrell stated the Quality Assurance staff completed chart reviews for the following programs: Mental Health Residential: River Place; Mental Health Child and Adolescent: Caroline. Corrective Action Plans were submitted for all discrepancies.
3. **Licensing Reports** – Ms. Terrell reported that we received approval for three Corrective Action Plans during the month of November. One of the Corrective Action Plans was related to a founded allegation of neglect attributed to program staff not having assessed and mitigated potential risks for a guest that experienced two falls during her stay at a program (Crisis Stabilization/Sunshine Lady House). The other two Corrective Action Plans were related to late incident reports (Emergency Services and Compliance). Corrective Action Plans were provided with additional details regarding the citation and RACSB’s response.

The Board moved to approve the Corrective Action Plans

**ACTION TAKEN: The Board approved the Corrective Action Plans**

Moved by: Ms. Bridgette Williams

Seconded by: Mr. Matt Zurasky

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

1. **Communications Update** - Ms. Umble shared that staff generosity resulted in two SUVs filled with donated gifts, with additional donations still being collected. She noted that two recent employee-related social media posts received strong engagement. She also reminded Board members to see her after the meeting to receive their t-shirts.

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

1. **Program Update** – Ms. Wagaman reported that the Community Collaborative for Youth and Families hosted a holiday service project at River Club on December 12, assembling 34 Jared Boxes for local hospitals. Healthy Families Rappahannock Area hosted a holiday party for families on December 13 in partnership with Toys for Tots, and Early Intervention Case Managers held a sensory-friendly Photos with Santa event on December 15. DBHDS released the annual State Epidemiological Outcomes Workgroup (SEOW) report, and Prevention Services finalized the 2026 community training schedule, both of which were included for Board review. She also reported that the Youth First Conference will not be held in 2026 due to changing community needs and reduced vendor capacity to financially support the event.
2. **SEOW Annual Report** – Ms. Wagaman provided the report for the Board’s review.
3. **2026 Training Calendar** – Ms. Wagaman provided the calendar for the Board’s review.
4. **Virginia Department of Social Services Temporary Assistance for Needy Families Grant (VDSS TANF)- Site Summary** – Ms. Jennings reported that every few years our VDSS TANF Grant administrators complete a site visit. It was a successful visit this year, she thanked the entire team for their participation and contributions.

- 5. Perinatal Hub Grant Application** – Ms. Jennings advised the Board that they are asking for approval for the Perinatal Hub Grant submission. She reported that Healthy Families Rappahannock Area proposes submitting a grant application totaling \$537,418 to support the expansion of a Collaborative Perinatal Health Hub serving Planning District 16. The proposed initiative would establish a coordinated network to support families through home visiting, maternal mental health services, infant developmental screening, parenting education, and resource navigation, with HFRA serving as the central intake and referral point in partnership with local healthcare and community organizations.

The Board moved to approve the Perinatal Hub Grant Application

**ACTION TAKEN: The Board approved the Perinatal Hub Grant Application**

Moved by: Ms. Nancy Beebe

Seconded by: Ms. Susan Gayle

*The Board took a ten-minute break*

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

- 1. Program Update** – Ms. Keeler reported that the ICF Cost Report has been completed. Due to conservative budgeting, staff anticipated a potential payback related to ICF vacancies; however, the agency will instead receive funds. While a payback of approximately \$750,000 had been budgeted, the final result is a reimbursement of approximately \$260,000, representing a positive impact to the budget.
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.

Ms. Keeler reported that overtime costs continue to trend higher than desired. She noted that the most recent pay period was significantly higher than others, in part due to holidays. Programs are actively addressing overtime usage, though some increases are related to higher care-level needs requiring additional one-on-one staffing, as well as vacancies that necessitate overtime coverage. Ms. Jindra added that increased staff absences related to seasonal illness have also contributed. Mr. Dallas asked about the overtime approval process. Ms. Keeler explained that overtime is required to be approved in advance, but acknowledged that vacancies in certain programs limit alternatives.

Mr. Zurasky asked whether this is a recurring trend during November and December. Ms. Keeler stated she was unsure, as she is approaching her one-year anniversary, but noted that overtime is not specifically budgeted, while staffing is budgeted with a slight vacancy rate. Mr. Wickens commented that he believes this is a recurring trend. Ms. Keeler indicated she will review historical data to determine whether this is a consistent pattern or an outlier. Mr. Zurasky agreed

that reviewing the data would be helpful to identify trends and inform any needed action.

9. Ms. Keeler reviewed the Financial Summary.  
The Board moved to approve the financial summary for October.  
**ACTION TAKEN: The Board approved the financial summary for October.**  
Moved by: Mr. Matthew Zurasky  
Seconded by: Ms. Claire Curcio

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

1. **Program Update** – Mr. Mestler reported that they kicked off the mid-year performance evaluation cycle and it ends this Friday. This is the first year the process will be paperless. Overall, it has gone well. Also, attended two High School Career Fairs in November.
2. **Applicant and Recruitment Update** – Mr. Mestler noted that for the month of November, RACSB received 862 applications. Of the applications, 96 applicants listed the RACSB applicant portal as their recruitment source, 21 stated employee referrals as their recruitment source, and 737 listed job boards as their recruitment source. At the end of November, there were 36 open positions, 21 full-time, 15 part-time.
3. **Turnover Report** – Mr. Mestler reported that Human Resources processed a total of five (5) employee separations during the month of November. He noted that all separations were voluntary except for one (1). Ms. Bridgette Williams asked about the reasons for the separations and Mr. Mestler explained that they included failure to report to work, relocation, one separation for cause, and one for personal reasons.

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

1. **Program Update** – Ms. Brandie Williams had no additional comments beyond the submitted report. She was congratulated by Ms. Bridgette Williams on her invitation to serve on Governor-elect Spanberger's Transition Health and Human Resources Policy Committee, which is responsible for developing policy recommendation reports related to potential budgetary, legislative, and executive actions for the incoming administration.
2. **Legislative Updates & Priorities** – Ms. Williams presented her report and noted that the agency is currently in a lull between the election period and the release of the Governor's proposed budget, which is expected shortly before Christmas; therefore, no updated report was provided. She reported that the agency continues to track the Medicaid behavioral health redesign and has not yet received all draft materials for review across the impacted services. The agency submitted informal public comments for all services directly operated by RACSB, with comments provided on behalf of the agency as well as individually by staff. Ms. Williams thanked Board members who also participated in the public comment process. She noted that DMAS is reviewing the feedback and has indicated that updated draft materials will be issued.

3. **2025 – 2028 Strategic Plan First Quarter Update** – Ms. Williams had nothing more to add to report submitted.

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

Mr. Wickens reported that Governor-elect Spanberger has announced her selection for Secretary of Health and Human Resources, Marvin Figueroa. Mr. Figueroa previously served as Deputy Secretary at the U.S. Department of Health and Human Services and has also worked for Senator Mark Warner, with a focus on expanding access to care and improving affordability for Virginians. Mr. Wickens noted that staff feel encouraged by this appointment. He added that no selection has yet been announced for the new Commissioner position.

Mr. Wickens also congratulated Ms. Brandie Williams on her invitation to serve on Governor-elect Spanberger’s Transition Health and Human Resources Policy Committee. Mr. Wickens provided an update on the Crisis Receiving Center, stating that the floor plan design is nearing completion and that architects are currently developing the schematic design. He noted that the design will be reviewed by stakeholders and is expected to be finalized by the end of January. Mr. Wickens shared that the architects will present the design to the Board in the coming months.

In closing, Mr. Wickens thanked the Board for its continued guidance and support throughout the year. He acknowledged the challenges faced, including workforce and budget constraints, as well as major accomplishments such as the development of the new strategic plan, progress on the Crisis Receiving Center, and the successful ceremony with the Governor.

#### IX. **BOARD TIME**

- A. Ms. White said she’d really like to see poinsettia sales at Caroline next year, she’d love to collaborate and assist with that. She appreciated the group home update, thank you, good job. For same day intakes, she thinks the in-school awareness that they are doing at Caroline is increasing that need and exposure of what we do need and where we can get services, that’s probably why the intake is so high – appreciate all your work for that. The financial assistance write-off report, glad to see we have the ability to serve people in need because that’s what we do, good job with explaining that report. Thanks for participating in the Caroline High School Fair. Congratulations Brandie, what a huge opportunity to continue your advocacy. The Caroline positions that are available, would love to connect Mr. Mestler with our CTE Administrator to see if they could get some support with that. Everybody else thank you, appreciate you all.
- B. Ms. Gayle, thank you everybody, you’re doing a great job.
- C. Ms. Walker, I appreciate the transparency with the financial report. I really think you’ve done a great job with the money coming in. I’m sure it’s very confusing but you’ve done a great job in tracking that and letting us know what is going on. Congratulations again, Brandie. Amy, you have done such a good job with communications, good job. What you’re doing to show the staff how much we appreciate their service is really great and they love the pictures I know, so thank you for all you do, thank all of you.

- D. Mr. Dallas, congratulations Brandie. I echo the thanks to everybody. I had a completely unsolicited compliment about RACSB – pertaining to residential services. Please tell people on the line that the reputation is out there, people are seeing this and talking about it and appreciative of it.
- E. Ms. Curcio, congratulations Brandie. I’m looking forward to hearing about the employee engagement survey results. Amy, thank you, I really enjoyed handing out t-shirts to the staff, I hope I get to do that again.
- F. Ms. Terry, I want to thank every single member of the RACSB for your dedication and hard work, it does not go unnoticed as well as your commitment, that’s what drives us to our mission here. Also, everything that you do makes a meaningful difference here in our community. From what I’ve heard, there have been a lot of challenges as well as achievements this year but I think the teamwork is what makes us whole, as well as your passion. I’m truly grateful to have you all in the community I reside and live in and I’m grateful for your time and your energy as well because I understand you have to put a lot into the work in order to see some fruitful things in our community. I hope you take some time to rest, relax, and enjoy time with family and loved ones and have some special moments as well as with yourself and those that you love and cherish. Happy holidays and Happy New Year and I’m excited to participate going forward.
- G. Ms. Williams, Mr. Mestler you’re doing a good job, Ms. Keeler, you Rock! You’ve brought in money and that’s great, we love it. Ms. Brandie Williams, I don’t even know what to say about you, you’re smoking, and so modest down there I don’t even know what to say. I think everyone has done an excellent job in what they’re doing so far. Thank you.
- H. Ms. Beebe, you guys are great, Merry Christmas and thank you.
- I. Mr. Zurasky, Brandie, we are so proud of you, but we’re proud of everybody and you guys do so much to make us proud. This year is a little different, we are not having our Christmas dinner so we are missing the opportunity to see some of those people that have been on the Board for years. Those people whose shoulders we stand on. Recently, Al Collins, former Board member, passed away. A brochure from the service was passed around and if you noticed RACSB is on the cover. I think that reflects how we as a Board feel about what you guys do and we thank you. Wishing everyone a Merry Christmas and a Happy Holiday and looking forward to a wonderful New Year. Thank you.
- J. Mr. Parcell, congratulations again Brandie, like Matt said we couldn’t be more proud, and we couldn’t be more proud of all the staff. We have had a lot of challenges but we’ve also had a lot of opportunities in the last year. This group here has taken those head on. You have taken all the challenges, all the tough times, and all the good times, and you guys have turned it into what we see here today which is great work. We thank you guys for all that I know it’s been a lot of hard work. Be sure to rest, and reflect over the next few weeks as we will be full speed into the new year. Thank you all, looking forward to seeing you in 2026.

The meeting adjourned at 5:09 PM.

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Board of Directors Chair

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Executive Director

January 9, 2026

Dear Joy,

Congratulations on your selection as Employee of the Quarter for the Second Quarter 2026 (covering the months October – December 2025). The following nomination was submitted on your behalf:

*I would like to nominate Joy Allen, Developmental Support Coordinator, Stafford, for Employee of the Quarter.*

*Joy consistently goes above and beyond in her role as Developmental Support Coordinator, and her dedication has an immeasurable impact on both staff and the individuals we serve. Joy is always willing to support new coordinators, taking them under her wing with patience, enthusiasm, and a genuinely positive attitude. She routinely provides hands-on training and shadowing opportunities, sitting alongside new staff to guide them through the many responsibilities of support coordination. Joy prepares detailed resource binders to ensure new team members have the tools they need to be successful as they learn the complexities of their roles.*

*As a passionate advocate, Joy works tirelessly to ensure that individuals and families receive the services and supports they need. Her commitment to person-centered service is evident in everything she does. Joy thoughtfully prepares baskets, gift bags, and snacks for team members during various occasions, helping everyone feel valued and acknowledged. She is always willing to help with caseload coverage or step in wherever support is needed.*

*Joy's dedication, compassion, and teamwork make her an exceptional asset to the Support Coordination Team. It is a true pleasure to work with her, and she is deeply deserving of this recognition. Thank you for everything you do, Joy!*

The Rappahannock Area Community Services Board thanks you for your outstanding level of service to the agency. In recognition of your accomplishments, a one-time salary supplement of \$500 will be added to your paycheck.

Please join us for recognition at the Board of Directors meeting on **Tuesday, January 27, 2026, at 3:00 p.m.**, 600 Jackson Street. The recognition will take place at the start of the meeting, followed by a photo opportunity.

Please RSVP to this email [ddobson@rappahannockareacs.org](mailto:ddobson@rappahannockareacs.org), or call 540.899.4371 to let me know if you are able to attend.

Sincerely,



Joseph Wickens  
Executive Director  
Rappahannock Area Community Services Board

Cc: Derrick Mestler, Human Resources Director

# Board Core Behaviors



Open and Honest  
Communication



Ask  
Tough Questions



Next Level  
Decision Making

## Community Support Services Board Report February 2026

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

RAAI is currently supporting 129 individuals, with 5 current assessments, including 3 with start dates in February and March. Assessments are ongoing across programs as new referrals are received. We are continuing to expand our Community Only program, and have started our third Community Only group at the Massad YMCA.

Despite being closed for numerous days due to weather, January Average Community Engagement hours increased from December. The average hours of community engagement achieved across programs in January was 2.953.

RAAI currently has five open positions across all programs. Interviews are ongoing, and we continue to receive a steady number of applications for each role. Horticulture is offering Volunteer Hours every Tuesday from 10:00am - 2:00pm at the Kings Highway greenhouse. We have had numerous volunteers join us each Tuesday. They have enjoyed different activities including making greenery centerpieces, labeling pots for the Spring Plant sale, and more!

Valentine's Day Bouquet sales will wrap up on Friday, February, 6. Deliveries will take place on the 12<sup>th</sup> and the 13<sup>th</sup>. Planning is underway to celebrate RAAI's 50<sup>th</sup> birthday! This event will be held on May 16<sup>th</sup> at 12:00pm at our Kings Highway location.

RAAI Coordinators have been actively collaborating with regional high schools to provide presentations to families within Special Education departments regarding services available to individuals after they exit the school system. We look forward to continuing to strengthening these collaborative partnerships with local schools.

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

Three individuals successfully transitioned into Myers, and an additional individual has been accepted with a move-in date pending. One individual was also accepted into Igo and is scheduled to move in on February 27.

This period was also marked by loss, as two individuals in our programs passed away. Their unique presence, personalities, and the impact they had on both peers and staff will be deeply missed.

During the severe snow and ice storm that affected the community in January, the DD Residential team demonstrated extraordinary dedication and commitment. Managers and Direct Support Professionals prepared to remain on site for multiple days to ensure continuity of care and the safety of the individuals we support. At several programs, staff parked at nearby businesses and walked considerable distances through hazardous conditions to reach the homes.

One particularly powerful example occurred at Scottsdale Estates Group Home, where staff parked at a local 7-Eleven and carefully crawled across an ice-covered driveway to avoid injury and ensure they could report to work. This moment, captured in a photograph shared on the RACSB Facebook page, exemplifies the depth of commitment shown by this team. Additionally, during the height of the storm, two individuals at other programs required emergency medical attention, and staff ensured they were safely transported and accompanied them to advocate for their medical needs. I am immensely proud of the dedication, compassion, and resilience demonstrated by this team. Their actions reflect an unwavering commitment to the individuals we serve, and I look forward to all that 2026 will bring.

### **Developmental Disabilities Support Services - Jen Acors**

DBHDS awarded 36 DD Waiver slots in January - the meeting had been scheduled for December but was rescheduled. We are in the process of getting Waiver services started for these individuals. We have hired one staff for the support coordination vacancy, this person starts mid-February. In addition, we added another new support coordination position, and another support coordinator has resigned and we are currently in the hiring process for both of these positions. We also have been able to add a brand-new position, an intake support coordinator and are in the hiring process.

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

MH Residential processed two referrals in January. One individual was accepted and moved into Home Road. The other individual completed a pass at Lafayette Boarding House and demonstrated a higher level of independent living skills, suggesting that Home Road may be more appropriate. Unfortunately, the individual has chosen not to attend Kenmore Club, so he will need to work with his case manager to identify alternate structured activity, per program guidelines. Home Road does not currently have any vacancies, so he will be reassessed for Home Road once he determines his weekly structured activity, such as volunteering, paid employment, school, etc.

Two individuals were discharged from MH Residential in January. Both individuals were referred to ACT as part of discharge planning and were enrolled in ACT services on the date they discharged from residential and moved into the community. **Home Road is 100% occupied** with no vacancies!

PSH received two referrals in January and are still in process. There are a total of 77 individuals enrolled in PSH, with 14 open units. DBHDS revised the PSH referral application, which was implemented in January 2026. The application is now 24 pages in length and requires that all supporting documentation be submitted at time of referral, rather than when PSH staff requests additional information during the assessment process. This includes a current mental health diagnosis by a licensed provider or doctor. The length and intensity of the new referral has led to a reduction in PSH referrals.

Jessica Vaz-Williams, Community Outreach Case Manager, resigned from RACSB on January 9. The position is currently posted and applicants are being reviewed. On January 9, 2026, Jessica met with Nancy Price and Lacey Fisher of RACSB, Fredericksburg City Manager, Tim Baroody and Police Chief Betsy Mason, to discuss the challenges she faced while in the position and provide feedback on how the position could be improved for future case managers. Nancy Price, MH Residential Coordinator, has been collaborating with the City of Fredericksburg and the Continuum of Care on ways to approach the position in the future, and have reexamined the specific outcomes that the City would like to see come of this position.

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

January was a quiet month full of looking ahead and planning for the upcoming year. We will be having our Super Bowl Party on Feb 8, and our Valentines Party on Feb 13. We will also be participating in the Coldest Night of the Year walk. We are looking forward to the ice and snow melting so we can be outside more, and get back into a wellness routine for the new year.

# Memorandum

**To:** Joe Wickens, Executive Director

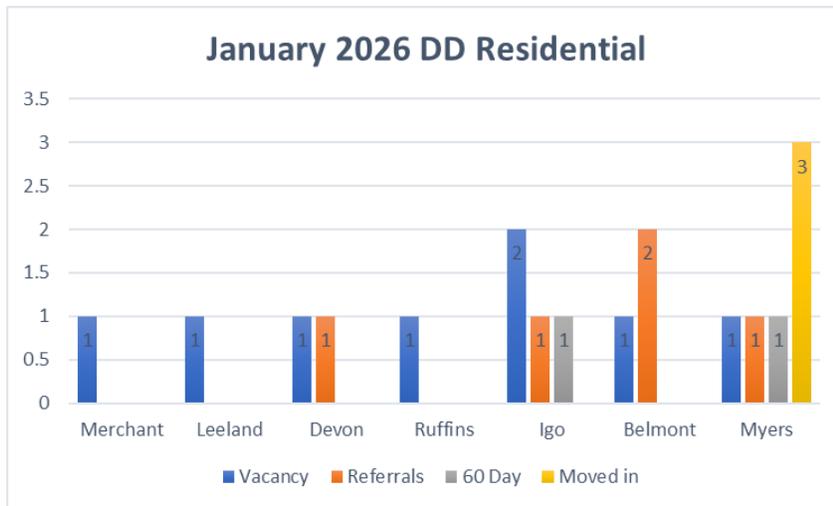
**From:** Lacey Fisher Curtis, CSS Director

**Date:** February 6<sup>th</sup>, 2026

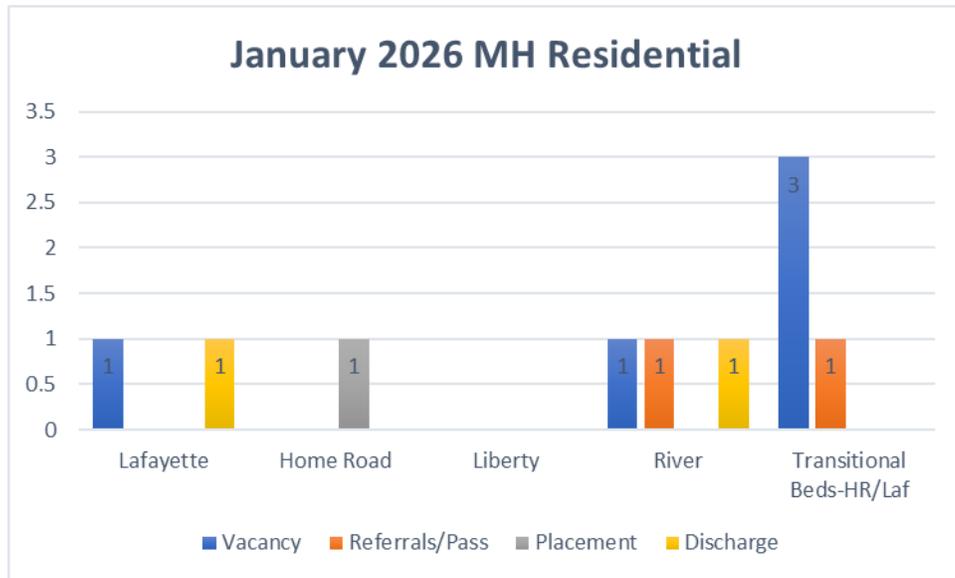
**Re:** Developmental Disabilities and Mental Health Residential Vacancies

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 January, three individuals moved into Myers. Two additional individuals have meetings in February to set move-in dates within 60 days at Myers and Igo. Vacancies remain at Leeland, Devon, Ruffins, Igo, Belmont and Merchant.



Mental Health Residential services had one new admission at Home Road which is now full. Three transitional beds and one community bed remain vacant at Lafayette. Two individuals were discharged, finding placements in the community utilizing ACT services.



Permanent Supportive Housing (PSH) has 77 individuals currently housed with no individuals admitted or discharged in January. The program currently has two referrals who are being assessed for housing. PSH also provides case management to those individuals who are awaiting housing.





## Crisis Intervention Services Program Updates

February 2026

### Crisis Intervention Services, Amy Jindra

The month of January brought unique weather challenges for RACSB. The concrete, snow-ice created hazards everywhere it touched. Staff from Sunshine Lady House (SLH) stayed multiple nights to assure that the program had adequate coverage to serve individuals in crisis. Staff from ACT helped individuals prepare for the storm and assured they were safe throughout the challenging weather. SLH, ACT and Emergency Services had staff that worked diligently to support those in need of urgent and intensive mental health support. I personally wish to express my gratitude for our hard working, dedicated, team. I am grateful for their willingness to serve one another and the individuals needing care.

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

ACT continues to focus on growing our program and increasing our census. We are partnering with a number of community stakeholders and educating them about ACT admission criteria. These efforts are paying off and we have seen an increase in the number of referrals we are receiving. Although not every referral is converted into an enrollment, we did add three new clients to the ACT South team in January and we anticipate three more admissions on ACT North in the coming two weeks. Our goal is to reach 50 total clients on each team. Our current census is 33 clients on ACT North and 36 clients on ACT South for a total of 69 total clients. We are tracking data related to referrals in an effort to implement TMACT review feedback received in August 2025.

ACT continues to serve our clients in a myriad of creative ways. ACT South peers have held cooking demonstration classes, taken clients to the Richmond Science Museum, and held a discussion about Advanced Directives. We are fully staffed and our most recent hire has been trained and is starting to build relationships with our clients as she goes out to meet them in the community.

### Sunshine Lady House, Crisis Stabilization, Latroy Coleman

SLH program received 59 referrals in the month of January 2026. Thirty-six admissions were completed. We continue to advertise and conduct interviews for nursing as well as one



mental health residential specialist position. Our team did an amazing job of showing up and supporting each other as well as guests through the most recent storm. Despite sleep deprivation and storm related injury, the team remained committed to their outlined plans which involved either staying multiple nights at the facility or driving through the bulk of the storm to meet the needs of the program. Almost every employee showed for their assigned shift and I am grateful for their commitment to the program and to their team!

Emergency Services (ES) – Natasha Randall

During the month of January, the Stafford Sheriff's Department Co-Response Team partnered with Juvenile Detectives to deliver targeted psychoeducation addressing youth in crisis, with particular attention to juveniles experiencing suicidal ideation.

**MEMORANDUM**

**To:** Joe Wickens, Executive Director

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

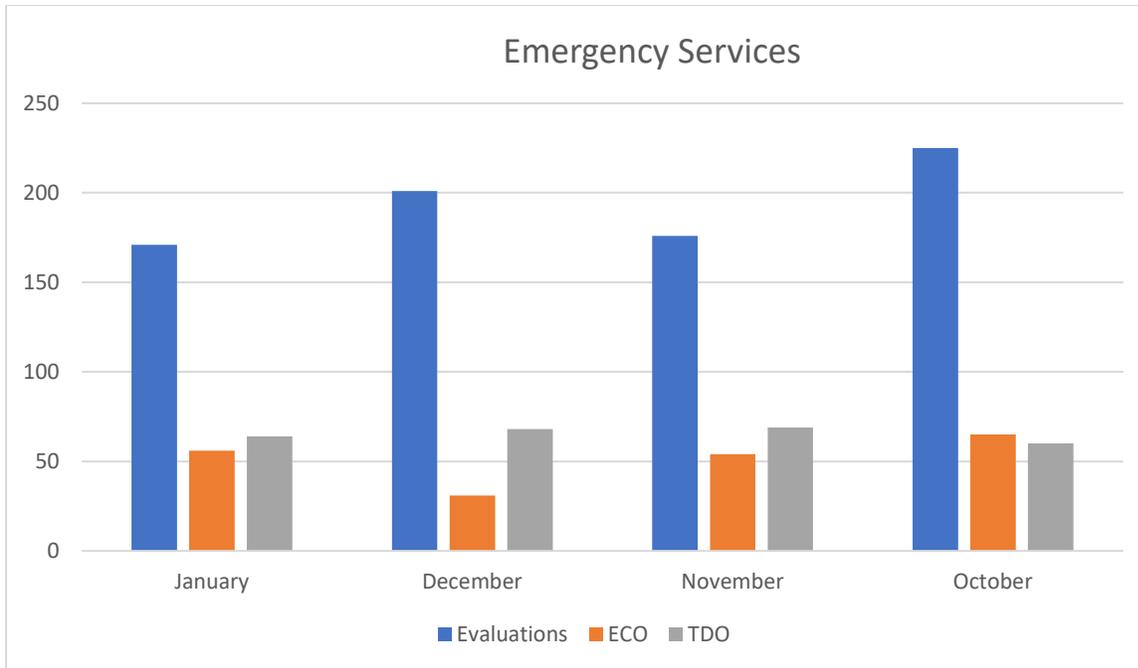
**Date:** February 5, 2026

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

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In January, Emergency Services staff completed 171 emergency evaluations. Of these, fifty-six individuals were assessed under Emergency Custody Orders (ECOs), and sixty-four Temporary Detention Orders (TDOs) were served. Staff facilitated one admission to Western State Hospital. Additionally, three individuals were involuntarily hospitalized outside of the agency's catchment area during January.

Please see the attached data reports.



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

<b>CSB/BHA</b>	Rappahannock Area Community Services Board			<b>Month</b>	January 2026				
<b>1) Number of Emergency Evaluations</b>	<b>2) Number of ECOs</b>			<b>3) Number of Civil TDOs Issued</b>	<b>4) Number of Civil TDOs Executed</b>				<b>5) Number of Criminal TDOs Executed</b>
	Magistrate Issued	Law Enforcement Initiated	Total		Minor	Older Adult	Adult	Total	
171	25	31	56	64	3	3	58	64	0

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

<b>CSB/BHA</b>	Rappahannock Area Community Services	<b>Reporting month</b>	11/1/2025, January 2026	<b>No Exceptions this month</b> →		
<b>Date</b>	<b>Consumer Identifier</b>	<b>1) Special Population Designation</b> <small>(see definition)</small>	<b>1a) Describe "other" in your own words</b> <small>(see definition)</small>	<b>2) "Last Resort" admission</b> <small>(see definition)</small>	<b>3) No ECO, but "last resort" TDO to state hospital</b> <small>(see definition)</small>	<b>4) Additional Relevant Information or Discussion</b> <small>(see definition)</small>
1/15/2026	107145	Adult (18-64) with Medical Acuity		yes	No	Western State

**MEMORANDUM**

**To:** Joe Wickens, Executive Director  
**From:** Natasha Randall, LCSW Emergency Services Coordinator  
**Date:** February 5, 2026  
**Re:** CIT and Co-Response Report

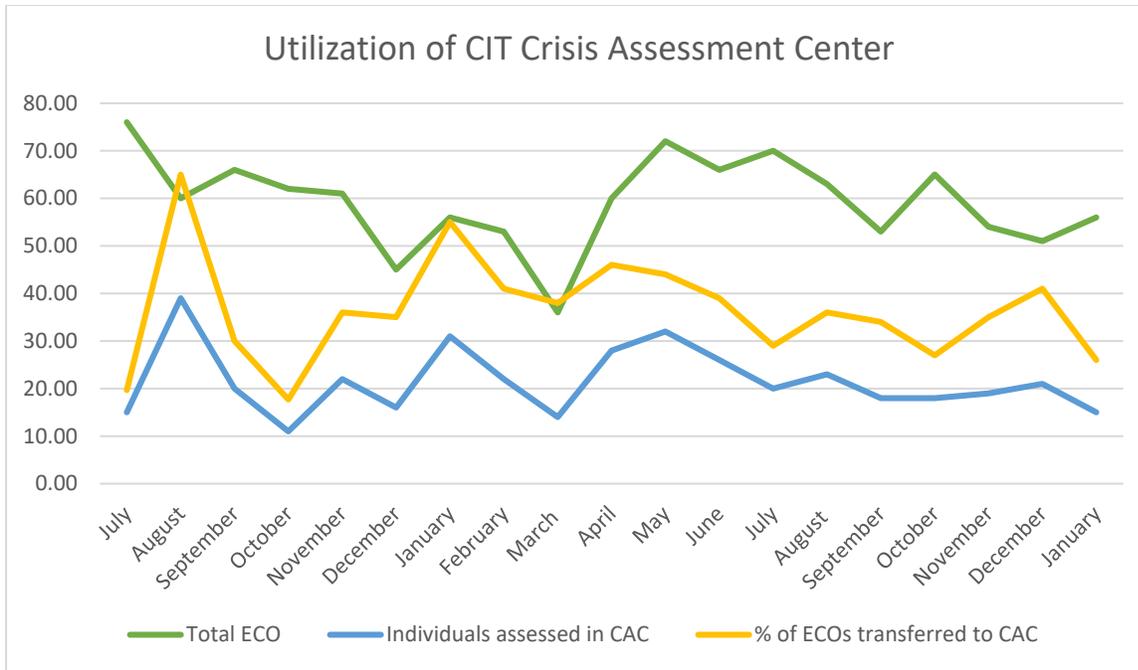
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The CIT Assessment Center served 15 individuals in the month of January 2026. The number of persons served by locality were the following: Fredericksburg 3; Caroline 2; King George 0; Spotsylvania 1; Stafford 9; and 0 from other jurisdictions.

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

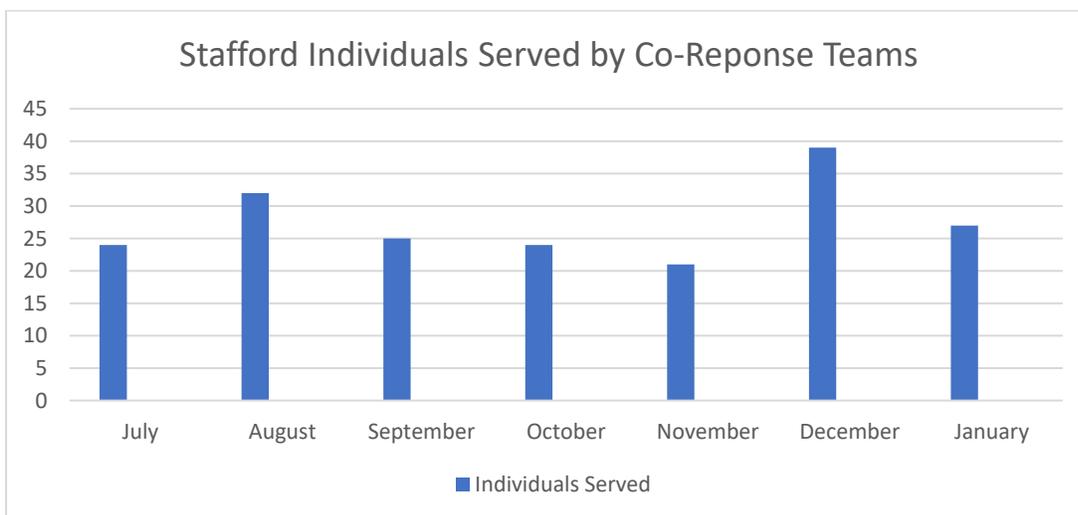
<u>Locality</u>	<u>Total ECO</u>	<u>Custody Transfer</u>	<u>Appropriate for</u>
		<u>to CAC</u>	<u>CAC if Capacity</u>
<b>Caroline</b>	6	2	4
<b>Fredericksburg</b>	13	3	10
<b>King George</b>	3	0	3
<b>Spotsylvania</b>	9	1	8
<b>Stafford</b>	25	9	16
<b><u>Totals</u></b>	<b>56</b>	<b>15</b>	<b>41</b>

# RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD

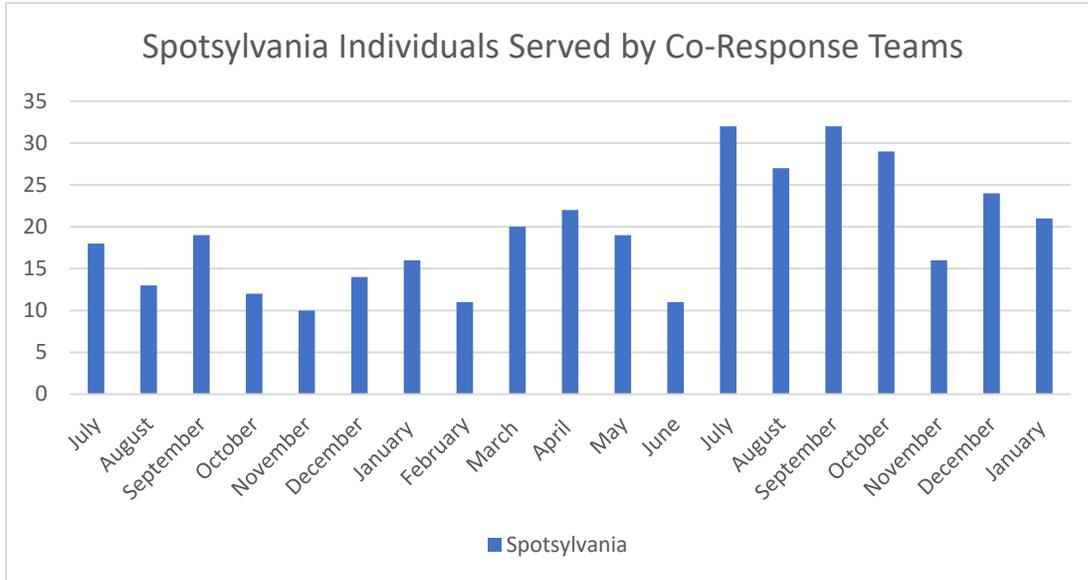


## Co-Response

The Spotsylvania Co-Response Team served 21 individuals in the month of January and the Stafford Co-Response team served 27 individuals. The Fredericksburg Co-Response Therapist position remains vacant.



# RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD



## CIT Training

In the month of January, there was no CIT training; however, we are collaborating with Quantico to provide CIT training for military officers.

# Memorandum

**To:** Joe Wickens, Executive Director

**From:** Amy Jindra, CIS Director

**Date:** February 9, 2026

**Re:** Sunshine Lady House Utilization

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

In the month of January, SLH received 59 referrals. Of the referrals, Sunshine accepted 49. The program referred 3 individuals for inpatient medically managed detox and 5 for urgent or inpatient medical care. In addition, 1 individual required specialized treatment for an eating disorder, 1 individual did not meet clinical criteria due to significant behavioral concerns, and 2 individuals had fevers and were positive for COVID-19. All individuals who were denied admission were referred to additional supports and encouraged to seek SLH in the future if needed. Of those individuals accepted for admission to SLH but did not admit, 2 declined admission due to weather concerns, 5 individuals did not respond to calls, 3 prolonged stays at Snowden or SRMC, 1 chose a local facility, and 2 declined admission. The program admitted 36 of the 49 who met criteria for admission.

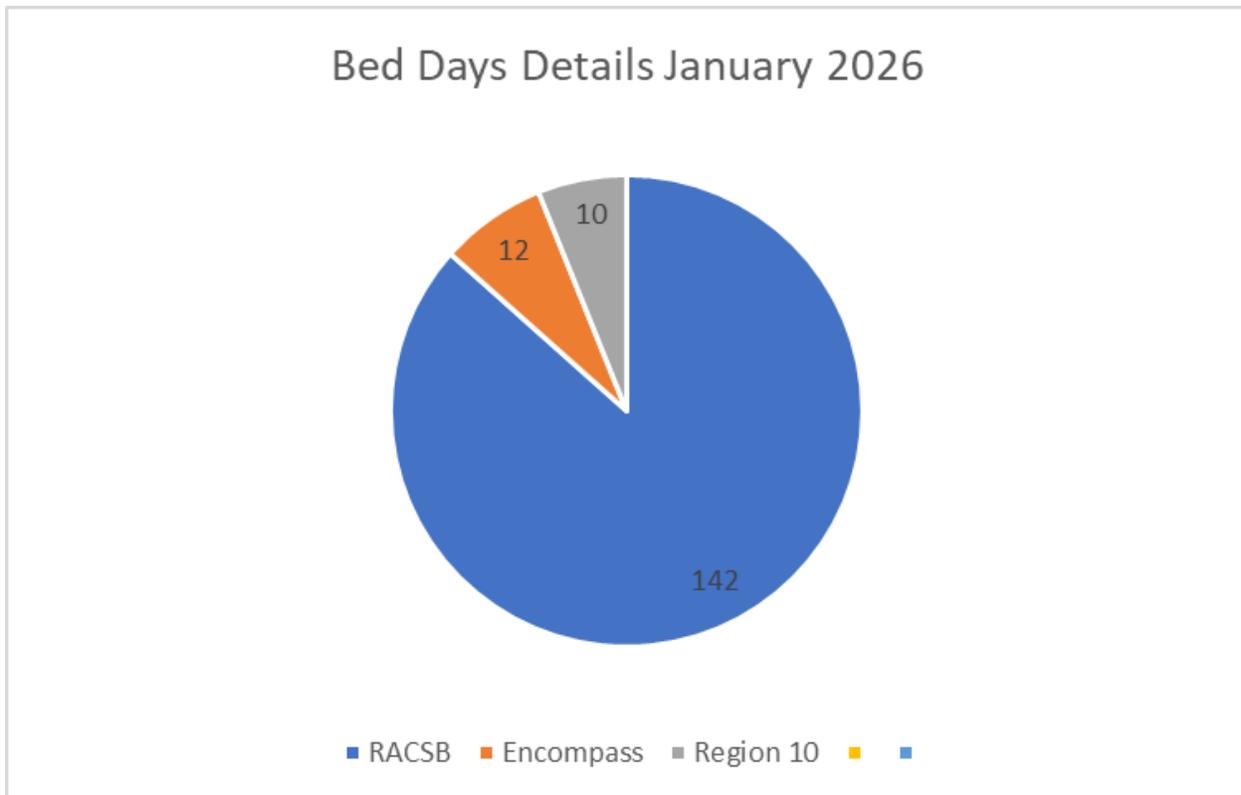
Sunshine Lady House served 31 individuals from RACSB, 2 individuals from Region 10, and 3 individuals from Encompass Community Supports. The program is active on the statewide bed registry and received 1 referral from Valley CSB through the portal. The individual from the bed registry chose a CSU in his/her locality.

Utilization for the month of January equated to 46% or 165 bed days. The program was impacted by the winter weather and only received 2 referrals during a four-day period from January 24 to 27.

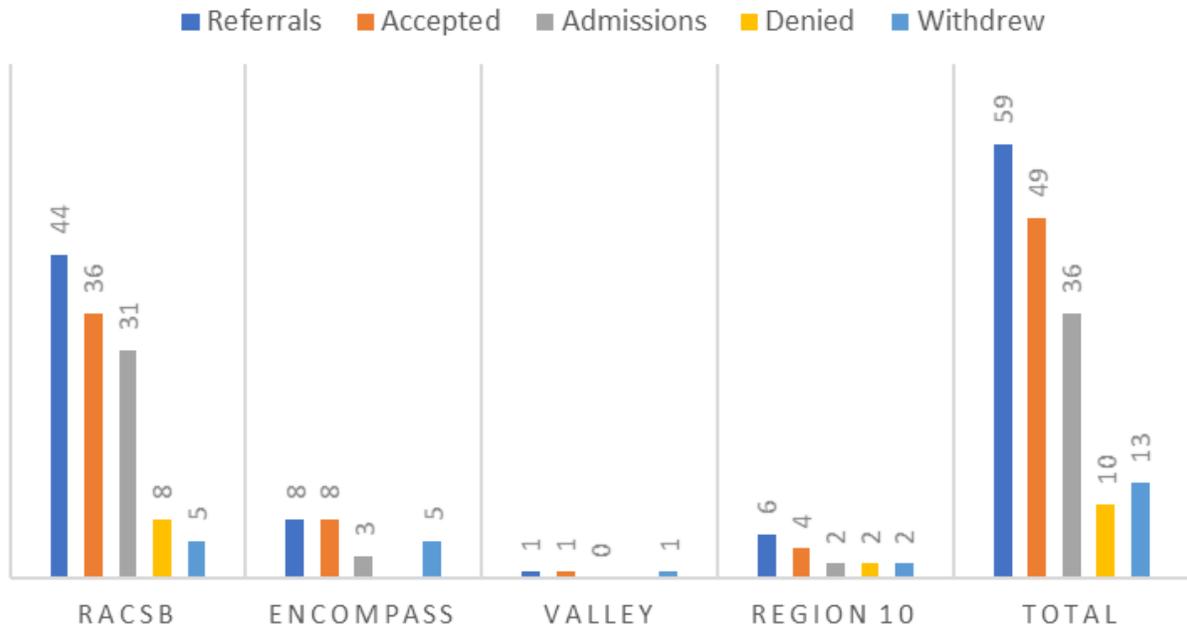
On January 13, SLH coordinator, CIS Director, Assistant Coordinator, Nurse Manager, and LPN Lead met with leadership from Rappahannock Creative Health Care to discuss medical denials and detox needs. In discussion with the medical providers, they clarified for the SLH the high-risk nature of alcohol detox. Due to the complexity of alcohol detox, each referral for someone experiencing alcohol addiction, requires detailed consideration. The team also discussed efforts to support those with medical needs with the most appropriate level of care.

Sunshine Lady House (SLH) works closely with emergency services and participates in the state bed registry organized by the Department of Behavioral Health and Developmental Services (DBHDS). SLH also works with local private hospitals to include Snowden and the behavioral health units at Spotsylvania Regional Medical Center to support individuals to step down to crisis stabilization from inpatient psychiatric care. The program continues to seek ways to help promote the availability of services to help individuals access care.

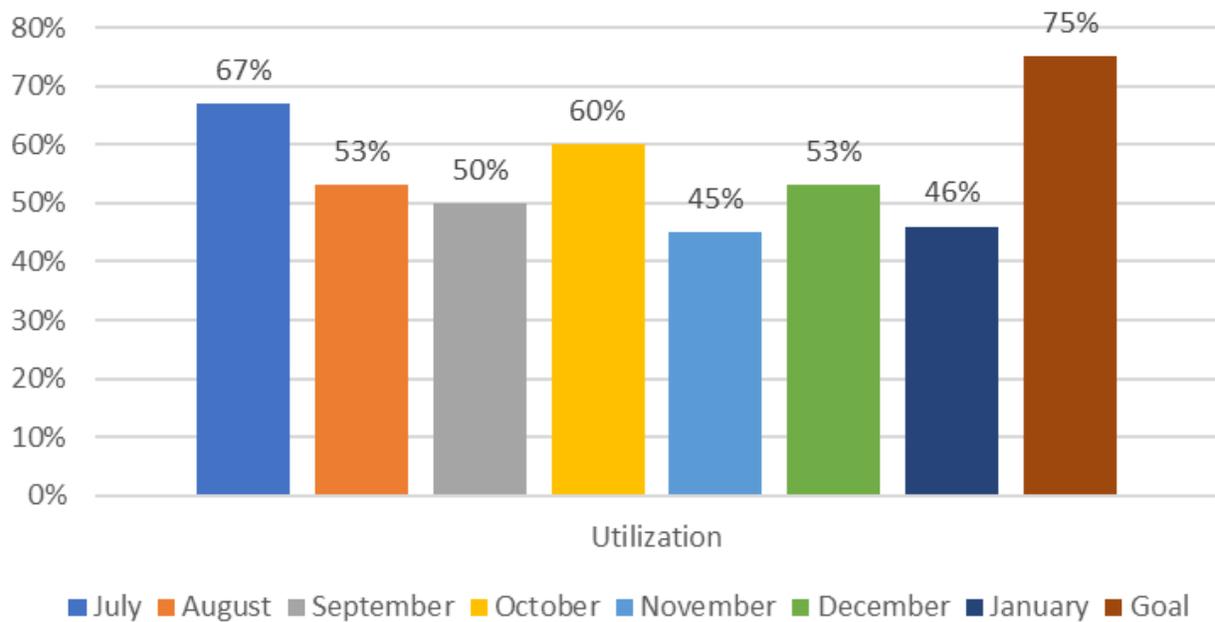
Below are graphs illustrating the data related to Sunshine Lady House's utilization.



## REFERRALS BY LOCALITY JANUARY 2026



## Sunshine Lady House Utilization



To: Joseph Wickens, Executive Director

From: Jacqueline Kobuchi, Director of Clinical Services

Date: 2/6/2026

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

.....  
Outpatient Services

**Caroline Clinic - Nancy Love, LCSW**

Caroline Clinic clinicians completed 34 intakes in January. Sixteen were completed through Same Day Access, ten were scheduled adult intakes and eight were scheduled child and adolescent assessments. The clinic increased the number of adults seen on the same day they called by offering additional slots that better meet client's needs. We also continue to offer two weekly Substance Use groups. Staff attended trainings in January on Competency Restoration and Acceptance and Commitment Therapy. Clinicians continue to assist their clients to maintain their mental health recovery and thrive despite snow and extreme cold that disrupted their routine and social connections.

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

During the month of January, the Fredericksburg Clinic completed 77 intakes with individuals seeking outpatient services. Out of the 77 intakes completed, 51 were scheduled the same day they called in for services. Forty-nine intake assessments were completed over ZOOM while 28 intakes were completed in person. The Fredericksburg Clinic is seeking to provide more in person intake assessments moving forward. We continue to be in the process of transitioning to Same Day Access for children and adolescents, as we were able to utilize available intakes at the outer clinics to have children/adolescents seen when they called in for services. The Children's Services Clinic completed 12 scheduled intakes (all in person) during the month of January. January was a month of change for the Fredericksburg staff, as Sherrie Johnson, LMFT, LPC, retired after over 30 years of providing services to youth and families in the Fredericksburg area. We will all miss her immensely. The Children's Services Clinic welcomed a new clinician, Abigail Arnold, and the Fredericksburg Clinic also welcomed a new Germanna Behavioral Health Tech Intern during the month of January. Several clinicians completed additional restoration training for adults during the snow/ice storm last week, which will enhance clinical skills for individuals providing restoration services.

**King George Clinic - Sarah Davis, LPC**

The King George Clinic continues to offer two weekly Substance Use groups and the weekly Wellness Group. This month, group topics included Narcan, Substance Use Jeopardy, Coping with Triggers During Holidays, Understanding Depression and Anxiety, and Triggers of Depression and Anxiety. There were two graduates from the Substance Use groups. King George Clinic staff provided ten Narcan Trainings this month.

The King George Clinic completed 19 new patient intakes during the month of January. Thirteen were completed via Same Day Access. Three were child and adolescent intakes and three were scheduled intakes. All clinic staff attended a training on Ethics and Dual Diagnosis.

### Spotsylvania Clinic - Katie Barnes, LPC

The Spotsylvania Therapists completed a total of 41 intakes in January. Twenty-seven assessments were completed through Same Day Access, thirteen were scheduled Child and Adolescent assessments and one was a scheduled adult assessment. The clinic continues to offer a weekly Substance Use group focusing on recovery and relapse prevention planning.

RACSB continues to employ a Child and Adolescent Therapist who provides Trauma Focused Cognitive Behavioral Therapy at Safe Harbor Child Advocacy Center. This therapist continues to provide treatment to some of our most vulnerable populations: children and teens who have experienced significant abuse and neglect.

The School-Based Therapist continues to provide therapy at Hugh Mercer Elementary and James Monroe High School. Funding was secured with the MWHC Foundation and Fredericksburg City Schools to continue providing these vital services to students who may be unable to access services outside of the school setting. The therapist offered virtual appointments during the many snow days! The therapist also participated in an ASAM training to support individuals struggling with substance use.

### Stafford Clinic - Lindsay Steele, LCSW

During the month of January, the Stafford clinic met with clients in person, as well as virtually. The clinic has continued with same day access on Mondays, Tuesdays, Wednesdays, and Thursdays. Stafford clinicians completed 25 intakes for adults. Nineteen of these intakes were completed through same day access and six of these were scheduled due to being hospital discharges or priority population. Nine child/adolescent intakes were completed in the month of January. The child/adolescent therapist has continued to engage in EMDR consultation. One adult clinician engaged in training to offer restoration services to clients deemed incompetent to stand trial.

### Medical Services - Jennifer Hitt, RN

During the month of January, 119 new patient evaluations were completed for outpatient medication management. During the snow/ice storm in January, despite the inclement weather closing of Jackson Street for two days, medical appointments were successfully transitioned to all telehealth for those two days. This allowed several patients to keep their scheduled appointments.

### Adult Mental Health Case Management - Patricia Newman

Case Management Services are delivered in a variety of locations, not just in clinics as traditional outpatient services. Many case managers spend their days meeting with individuals at their homes, in hospitals, at the library, the homeless shelter, motels, coffee shops, medical offices, Social Security and even in their cars or on their front porches. We meet the individual where they are, quite literally, in order to provide the best and most easily accessed supports. This snow and ice have presented quite a challenge as many individuals have not been able to adequately clear their property. Case Managers have continued to do their best getting to individuals to ensure they can attend appointments, obtain their medications and receive their services. Our hospital liaison even facilitated a discharge from a state hospital shortly after the storm. A huge shout out of appreciation to our team as well as every staff member within RACSB for keeping things rolling during this winter weather.

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

Our new Child and Adolescent Case Manager for Stafford started in January. She has been busy completing required trainings and shadowing staff this month. She will begin taking new cases in the month of February as training and shadowing continues. The Child and Adolescent Case Management team is fully staffed! We continue to see an increase in parental/guardian requests for residential treatment. Case management staff encourages families to participate in intensive community based services to support children and families and to follow levels of care focusing on least restrictive levels of care before placing children out of the home and out of their community. Children do better when we can provide treatment and support in their home and community. We have referred several cases to our Child Crisis services for stabilization to prevent out-of-home placement as well as a step-down from hospitalization.

### Substance Use Services - Eleni McNeil, LCSW

During the month of January, the SUD program continued to interview applicants for the mobile OBOT's nurse practitioner position. The SUD Services Coordinator attended community stakeholder meetings including Save One Life FXBG. Those served in the month of December in Fredericksburg SUD programs are as follows: Project LINK-34; OBOT-53; ARTS Case Management-39; SUD Outpatient (Fredericksburg)-75.

### Specialty Dockets - Nicole Bassing, LCSW

During the month of January, Adult Recovery Court welcomed one new participant, graduated two and had no terminations. We currently have 37 active participants. The Rappahannock Veterans Docket did not have any new participants this month, but had one graduation and no terminations. We currently have 16 active participants. The Spotsylvania Behavioral Health Docket did not add any new participants, but celebrated one graduation this month. We currently have seven active participants. The Juvenile Recovery Court did not add any new participants, did not have any graduations or terminations and is at six active participants.

The Fredericksburg Therapeutic Docket did not add any new participants, but had one termination this month. We currently have one participant in the program.

### Jail and Detention Services - Portia Bennett

In January, a total of 49 residents were seen at the Rappahannock Juvenile Center for crisis, therapeutic, and medication management services. At the Rappahannock Regional Jail, a total of 71 individuals received crisis and/or therapeutic services and a total of 95 individuals received substance use services. The Psychiatric Nurse Practitioner saw a total of 73 individuals and 285 individuals were prescribed psychotropic medications. Huxley Wills has joined the Detention team as a Behavioral Health Technician Intern from Germanna.

**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  
Jennifer Acors – Coordinator Developmental Services Support Coordination

SUBJECT: State Hospital Census Report

DATE: February 17, 2026

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State Hospital	New	Discharge	Civil	NGRI	Forensic	EBL	Total Census
Catawba Hospital	1		1			1	1
Central State Hospital	1			1			1
Eastern State Hospital					1		1
Northern Virginia Mental Health Institute	1	1					0
Piedmont Geriatric Hospital		1	5			2	5
Southern Virginia Mental Health Institute				1			1
Southwestern Virginia Mental Health Institute							0
Western State Hospital	3	4	3	4	12	1	18
Totals	6	6	9	6	13	4	27

**Extraordinary Barriers List:**

RACSB has four individuals on the Extraordinary Barriers List (EBL) who are hospitalized at Catawba Hospital, 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.

## **Catawba Hospital**

Individual #1: Was placed on the EBL 1/30/2026. Barriers to discharge include coordinating supports in the home or in a supervised setting at time of discharge as this individual is not able to be alone in the home. This individual has a primary diagnosis of a Traumatic Brain Injury. They do not qualify for Medicaid at this time and therefore may require Discharge Assistance Program (DAP) funding. Their treatment team will continue to work with their supports in order to determine the most appropriate plan for their discharge. They will discharge once either in home supports or a supervised facility is identified.

## **Piedmont Geriatric Hospital**

Individual # 2: Was placed on the EBL 12/2025. Barriers to discharge include identifying and being accepted to an assisted living facility (ALF). This individual has a diagnosis of Major Neurocognitive Disorder and is not able to return home to reside with their family. This individual has been accepted to Hughes Home ALF and a discharge date is being coordinated. Discharge Assistance Program (DAP) funding has been approved.

Individual #3: Was placed on the EBL 2/4/2026. Barriers to discharge include identifying and being accepted to an ALF that is able to meet their needs. A neurocognitive assessment has been completed in order to better identify this individual's needs and aid in discharge planning. This individual will discharge once accepted to an ALF. At this time, they do not qualify for the Auxiliary Grant and will likely require assistance from DAP funding.

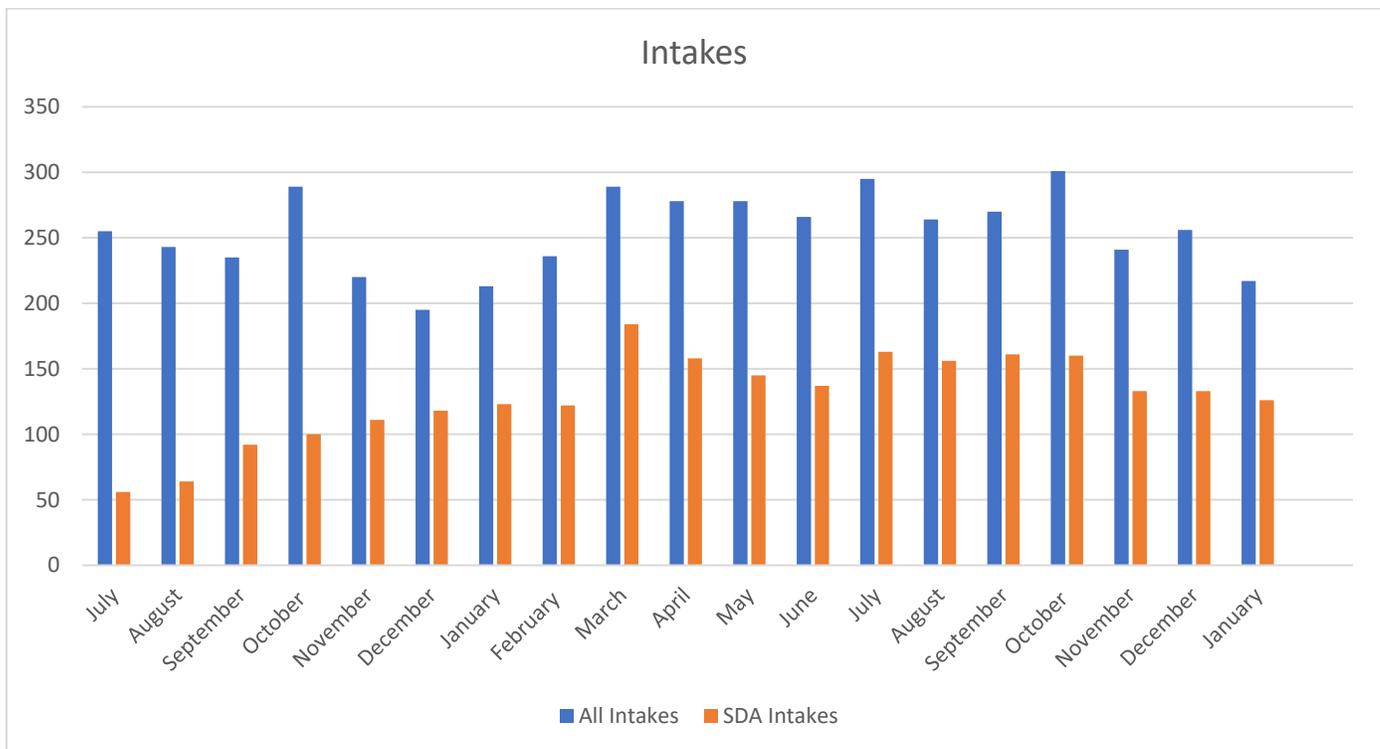
## **Western State Hospital**

Individual #4: Was placed on the EBL 9/2/2025. Barriers to discharge include identifying and being accepted to an assisted living facility. This individual has a diagnosis of a neurocognitive disorder and continues to be resistant to discussing discharge plans as they believe they are able to return to their home. This individual has been denied admission to some facilities due to a history of aggression as well as facilities not being able to meet their needs. Their team continues to send out referrals. This individual will discharge to the community once accepted to an ALF.

**MEMORANDUM**

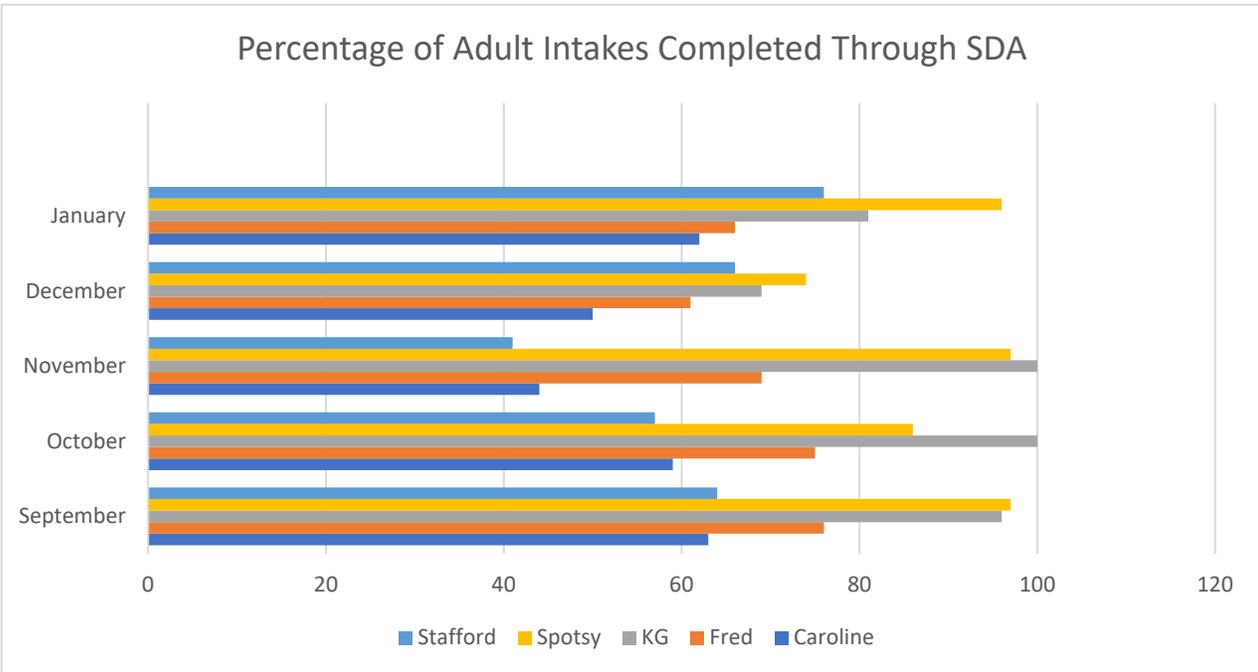
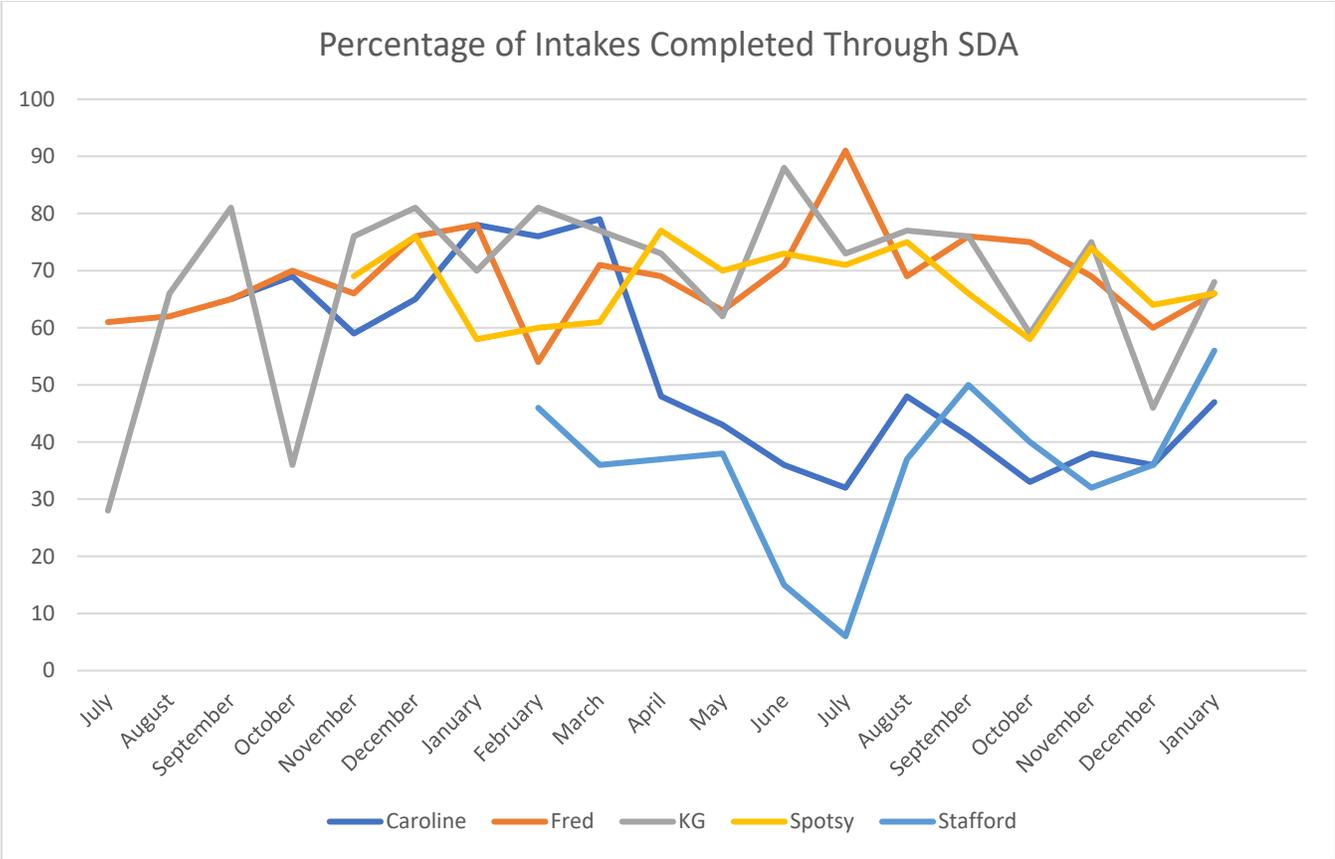
**To:** Joseph Wickens, Executive Director  
**From:** Jacqueline Kobuchi, LCSW, Director of Clinical Services  
**Date:** February 6, 2026  
**Re:** Same Day Access

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.



# RAPPAHANNOCK AREA

COMMUNITY SERVICES BOARD



RACSB  
Program Update Report  
Compliance  
January 2026

**Incident Reports**

- There were 252 incident reports entered into the Electronic Incident Report Tracker during the month of January. This is an increase of 23 from December and an increase of 5 compared to November. All incident reports submitted were triaged by the compliance team.
- The top three categories of reports submitted were Health Concerns (116 reports), Individual Served Injury (34 reports), and Suicide (Noncompletion) (17 reports).
- The Compliance team entered 38 incident reports into the Department of Behavioral and Developmental Services (DBHDS) Electronic Incident reporting system during the month of January (24-Level 2, 14- Level 3). This was an increase of 3 reports from the number of submitted reports during the month of December (28-Level 2, 7- Level 3), and the same number of reports that were entered in November (33-Level 2, 5-Level 3).
- There were no reports elevated to care concerns by DBHDS during January. 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 36 root cause analyses reports were requested in the month of January; an increase of 2 from the amount requested in December, and a decrease of 2 from those requested for the month of November. A total of 2 expanded root cause analyses reports were requested in January (these are more expansive reports usually requested after a series of serious incidents involving a specific individual).

**Human Rights Investigations:**

- The Compliance team conducted 3 Human Rights investigations in January. One of the investigations was founded for medical neglect, one was founded for misuse or misappropriation of assets, goods, or property of an individual receiving services, and

one was founded for hindering an individual's participation in decision making and consent for services.

- The Compliance team conducted 1 fact finding investigation in January regarding a documentation discrepancy on the part of a staff member that was discovered and mitigated prior to it having an impact on quality of care.

### **Internal Reviewers:**

- The Compliance Team met with the Project Link Program to go over audits/audit scores on January 21<sup>st</sup>.
- As part of the Quality Improvement Plan, the Compliance team followed up with 7 different programs/departments to ensure corrective measures were completed and sustained for citations previously issued by DBHDS. Check-ins for corrective processes occur at 3-month and 6-month intervals following Corrective Action Plan (CAP) submission to DBHDS for issued citations. In January, 30 follow-ups were completed (14 3-month check-ins; 16 6-month check-ins). Evidence of correction for all programs/departments was received, filed, and logged for each citation. Additionally, all submitted CAPs were deemed to be effective in resolving cited deficiencies; no CAP amendments were required to be submitted to DBHDS.

### **External Reviewers:**

- Compliance team received and responded to 6 external requests for documentation from insurance agencies seeking information for 10 different individuals receiving RACSB services.
- Compliance team received 6 communications throughout the month of January from Brian Dempsey, DBHDS Incident Management Specialist, regarding serious incident reports.
- Compliance team made and received several collateral contacts with Cassie Purtlebaugh (Regional Advocate), and Lequetta R. Hayes (Senior Human Rights Advocate), with the DBHDS Office of Human Rights regarding the 3 human rights investigations that were being conducted in January.

### **Complaint Call Synopsis**

- The Compliance team did not receive any complaints in the month of January.

### **Special Projects**

- Policy Pro
  - The Compliance team provided feedback and guidance to 3 programs regarding editing and finalizing policies and procedures.
- QI Folio
  - The Compliance team met with QI Folio's representative and moved forward with examining and testing the program for use in chart auditing procedures.
- Facility and Grounds

- The Compliance Team completed a Facility Checklist walkthrough with 1 program in January.
- The Compliance team checked all program cameras to ensure feeds were available and to ensure recording functionality was intact. Issues were reported to IT for remedy.
- The Compliance team began exploring use of a maintenance tracker with IT to create and respond to live facility maintenance work orders.
- The Compliance team developed and communicated proactive emergency steps for programs to take in preparation for the winter storm experienced in January. The team worked together to manage/coordinate cleanup efforts to help ensure continuity of services.
- Trainings
  - The Compliance team conducted an Incident Report Training on January 20 with Caroline RAAI staff.
  - The Compliance team conducted a CPR/First Aid/AED training for new hires on January 7.
  - The Compliance team conducted a Q-tip training on Incident Reporting on January 14.
  - The Compliance team attended DBHDS's Regional Nursing Meeting on "Annual Healthcare Visits" on January 16.
  - The Compliance team conducted the quarterly Health and Safety Committee meeting on January 22.
- DRPT Grant
  - Compliance team worked with Transportation in January to finish and submit the annual DRPT grant in an effort to secure funding for 5 replacement agency vehicles.
- Pre-Program Audits
  - Compliance Specialist reviewed 45 quarterlies and 12 Individual Service Plans (ISPs) for ID/DD Residential Programs during the month of January. Feedback related to any discrepancies notes was provided to the group home supervisor and assistant coordinators.

**To:** Joseph Wickens, Executive Director  
**From:** Stephanie Terrell, Director of Compliance & Human Rights  
**Date:** February 2026  
**Re:** Quality Assurance Report

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

- Drug Court
- Project LINK

## Drug Court

There were four staff members responsible for the selected charts.

Findings for the ten open charts and two closed charts reviewed for Drug Court were as follows:

- Ten charts were reviewed for Assessment compliance:
  - **No discrepancies noted with Assessments.**
- Ten charts were reviewed for Individual Service Plan compliance:
  - **No discrepancies noted with Service Plans.**
- Ten charts were reviewed for Quarterly Review compliance:
  - **No discrepancies noted with Quarterly Reviews.**
- Ten charts were reviewed for Progress Note compliance:
  - **Discrepancies noted with Progress Notes:**
    - Five charts contained Progress Notes that were completed late.
- Two charts were reviewed for Discharge compliance:
  - **No discrepancies noted Discharge Documentation.**

### **Comparative Information:**

In comparing the Drug Court charts from previous audits to the current audits, the average score increased from 72 to a 90 on a 100-point scale.

### **Corrective Action Plan:**

- Notes entered late: In reviewing the charts, it appears almost all of the late notes are coming from group sessions that are scheduled as the last session of the day and staff often need to speak with clients after group. Notes are typically completed the

following morning, but when there is a busy day the next day or a holiday, this is where these notes are getting missed.

- One chart had a note submitted almost two weeks late. In reviewing the chart, it was because the note had been stuck in draft and gone unnoticed for a period of time.

**Correction to minimize errors in the future:**

- Moving forward staff will block 30 minutes after each group or first thing the next morning for documentation time to ensure notes are submitted within 24 hours.
- Documentation guidelines will be reviewed monthly in supervision and staff meetings.
- Supervisor will complete monthly audits of all active charts on each staff and her own caseloads. Chart audits will be reviewed in monthly supervision.
- Supervisor will review the unposted note list sent by IT every day and remind staff of unposted notes that arise on the list.
- Supervisor will review the draft note list sent by IT every day and remind staff of notes stuck in draft so they can be finalized.

Staff Responsible: Specialty Dockets Supervisor, Specialty Docket staff (Case manager and therapists)

## Project LINK

There were four staff members responsible for the selected charts.

Findings for the ten open charts and two closed charts reviewed for Project LINK were as follows:

- Ten charts were reviewed for Assessment compliance:
  - **No discrepancies noted with Assessments.**
- Ten charts were reviewed for Individual Service Plan compliance:
  - **Discrepancies noted with Individual Service Plans:**
    - Four charts were missing preliminary service plans.
    - One chart contained a plan finalized two weeks late.
- Ten charts were reviewed for Quarterly Review compliance:
  - **No discrepancies noted with Quarterly Reviews.**
- Ten charts were reviewed for Progress Note compliance:
  - **No discrepancies noted with Progress Notes.**
- Two charts were reviewed for Discharge compliance:
  - **No discrepancies noted Discharge Documentation.**

**Comparative Information:**

In comparing the Project LINK charts from previous audits to the current audits, the average score increased from 50 to a 95 on a 100-point scale.

### **Corrective Action Plan:**

#### **Missing Preliminary Plans:**

- Project LINK Program Manager, has completed missing outpatient preliminary plans. For future LINK intake assessments, intake clinician will verify at the end of session that all required intake documents are completed. Intake clinicians will utilize an intake checklist to confirm all documents have been reviewed and completed. ALL missing documentation will be updated and completed in the next 90 days, no later than 4/16/2026.

#### **Late finalization of treatment plans:**

- Program manager will continue to review charts during weekly LINK staff meetings and verifying treatment plans are signed and finalized within 24 hours.
- LINK staff will route treatment planning notes to Program Manager for the next 90 days to confirm appropriate documentation.
- Staff will be instructed to review their 'To-Do' list in Avatar at the end of every business day to ensure all necessary documents are finalized.

The Project LINK Program Manager will review and confirm the corrective action is taken by staff.

MEMORANDUM

**To:** Joseph Wickens, Executive Director  
**From:** Stephanie Terrell, Director of Compliance  
**Date:** December 30, 2025  
**Re:** FY2025 Point-in-Time Survey

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Rappahannock Area Community Services Board (RACSB) believes it is important to obtain input from individuals served and stakeholders. This allows RACSB to enhance and create services that meet or exceed the expectation of individuals served, the community and other stakeholders. The point-in-time survey is designed to document the experience and satisfaction of individuals receiving services from RACSB. The survey is distributed at each of the six outpatient clinics. The results are used to evaluate staff performance, identify gaps in services, and key items that are causing dissatisfaction so that action can be taken to improve the experiences of individuals served.

During the week of July 14th, the front desk staff, at each of the six outpatient clinics, distributed the nine-question survey to all individuals who kept their appointments.

A total of 777 (81%) surveys were received from the 959 individuals who kept appointments during the weeks of July 14, 2025. Survey response rate continue to be lower than pre-COVID. Response rate for FY2020 averaged 93%; however, for FY 2022, FY 2023, and FY 2024 the response rates were below 72%.

The number of responses received during the survey week by clinic is as follows:

	<b>Appointments Kept</b>	<b>Surveys Received</b>	<b>Response Rate (FY 2025)</b>
King George	64	59	92%
Spotsylvania	160	160	88%
Caroline	113	101	89%
Stafford	81	77	95%
Fredericksburg	428	303	70%
Carr Drive	113	77	68%

The chart does not include surveys returned that did not include responses.

The purpose of the exercise is to solicit feedback from individuals receiving services regarding their experience with services received from RACSB. The survey assesses the following areas:

- Customer services related to timely response in returning phone calls
- Convenience of appointments scheduled
- Participation in treatment
- Overall satisfaction with services
- Payment for services

Notations below include the percentage of respondents who indicated “agree” and “neutral” to a particular question. A closer look at the questions and information gathered from the responses is as follows:

**Question: “RACSB staff returns my calls in a timely manner.”**

Percentage of “agree” and “neutral”	FY 2025
King George (n=57)	96%
Spotsylvania (n=160)	100%
Caroline (n= 101)	100%
Stafford (n=76)	98%
Fredericksburg (n=293)	96%
Carr Drive (n=70)	90%

Respondents noted concerns with the departments listed below.

Department	Responses
Billing/Reimbursement	8
Psychiatry	24
Mental Health Case Manager	26
Therapy	19
Intellectual or Developmental Disability Support Coordinator	4
Med-line	11

**Comments:**

- Sarah\*
- They always call
- From the receptionist to therapist always answer questions, never rush and are always nice
- staff is always so welcoming and helpful!
- All of the staff does a great job calling.
- THEY ARE VERY RESPONSIVE AND ON TOP OF THINGS
- Everyone is always timely and polite!
- Love this place everyone is amazing and service is great
- anytime i call they always call me back in less than a day if that
- my daughter was doing bi-weekly therapy at home and then transitioned to out patient and her in-home therapist scheduled her appointment for me.
- Never had any issues
- sometimes takes a while to return my calls
- Doctor let an individual run out of meds. was difficult communicating. Did not hear back after lab work was completed despite calling.
- I doing great
- Brittany is awesome!
- They was fast with picking up phone call no long wait time
- You have a great staff! Just wish the med-line returned calls better

- My calls are always efficient & in a very timely manner. Always kind & professional.
- TERRIBLE
- Services for care are great. But I called about employment multiple times and I never get a call back.
- I have been updated i
- Great service
- Let us smoke weed Please. its legal
- They have always haved answered my calls and returned my calls in a timely manner.
- I Love coming here. Going to groups everyday has turned my life around. Christine, Chrissy, Nichole, and Kelly are awesome
- very on top of things for me
- Good
- they are alway proffessional and willing to help
- I am not disagree and grateful for the good services
- Great Job
- I have always recieved great services
- The staff is friendly. My doctor has a good bedside manner and listens to my
- telehealth needs to offered to everyone
- Always good about returning calls and calling when things change
- Is it possible to leave refill request voice mails during non-office hours? Calls are returned! But this would make calling much easier.
- THE FREDERICKSBURG CLINIC WAS GREAT AND PROVIDED ME WITH SO MUCH GREAT INFORMATION AS WELL AS GREAT RESOURCES
- Kinsey is Great!
- I've been asking for three months to discuss billing.
- N/A Communication is great

**Question: Are you participating in telehealth services?**

	Yes	No	Percentage of “very satisfied” and “satisfied” with telehealth services
King George	13	45	100%
Spotsylvania	56	111	100%
Caroline	46	4	100%
Stafford	10	6	100%
Fredericksburg	105	11	100%
Carr Drive	11	4	100%

**Comments:**

- during covid
- not RACSB
- Why come in for a telehealth
- Difficult, with work schedule with no evening options

**Question: “Appointments are scheduled during times that are convenient to me.”**

<b>Percentage of “agree” and “neutral”</b>	<b>FY 2025</b>
King George (n=59)	100%
Spotsylvania (n=160)	100%
Caroline (n= 98)	97%
Stafford (n=74)	96%
Fredericksburg (n=293)	96%
Carr Drive (n=71)	92%

**Comments:**

- I have severe sleep issues and anxiety and stayed up all night to make an 8:30 appt! I need late afternoon
- RACSB Always have an appointment available around my work and clients school schedule
- Same day process can be quite difficult
- They asked what works best for me.
- Yall Really do work with me on what we need. As well as the flexibility of any changes needed to be done due to situations.
- always make sure that we are available. always work together.
- Work with my schedule
- Always able to offer a variety of dates/times
- Just have work doing this tim.
- Steve is very accomadating to my schedule
- I have a very busy schedule & we still get it to work.
- The office is helpful in understanding the need to schedule visits so my grandson does not miss school during the school year.
- yes
- No problems
- very flexible and accomodating
- RACSB always works with me to schedule appointments + helps me find a time that best works for our family
- everything seems to work
- if there is ever anytime an appointments don't fit our schedule they are more then Happy to reschedule for us.
- KG office has the best team. Allison is very helpful upfront. The medical staff truly cares and is
- They are as much as can be fitted in - clinic is very busy
- Always worked with me!
- Scheduled appointments have been fine, but some weeks there is no availability
- scheduled appointment around my week

- Was Going to have to wait til September to see a doctor But I was put on a cancelation list was how I was able to see a doctor
- The services have been great, have no complaints. I look forward to continue coming over here.
- Rachel and staff have always been very mindful of my schedule especially w/ transportation issues and such.
- The time was not on my time
- group times are scheduled at good times for me
- I was able to make appointments in advance time. I can take off of work in time for appointments
- Have times available after work
- I JUST FORGET HALF OF THEM 😊 SORRY 😊
- awesome people
- Let us smoke weed Please. its legal
- Dr. Williams has always asked me if our appointment times are good with me. And if they ever become difficult to let him know
- Great Communication Always
- Could have more meetings available out of work hours. Or more available on weekends.
- Good
- Everything Has Been Smooth. Staff Is Communicative And Friendly. Megan (Therapist) Has Been Sooo Helpful!
- Its hard to get an appointment in a timely manner or at a time that works better for me
- It is a great Place for treatment and all the staff are gorgeous.
- Always very flexible with my schedule
- Always work with my schedule
- They always try to accommodate all our scheduling needs.
- I would like to do telehealth but it seems to be an issue with the doctor everytime somedays I cant always make it in. It will be easier for me and my children to do telehealth appt.
- Megan is amazing, and she helps so much! ❤️
- Always made sure she conciders my work hours.
- very convenient and understandable
- RACSB has worked hard to match my schedules
- Also when it wasn't convenient RACSB staff would make it work for me.
- Always works with me
- thanks for working with my family.
- On my end I'd prefer weekends but I understand that is not available. Friday mornings work well though
- I LOVE YOU GUYS I'm going to miss you
- cancellations, not ontime, keeps rescheduling
- for the most part
- Yes, everything went well very convenient! Ms. Tyler is so nice & helpful.
- Thanks! Very Flexible!
- GREAT TIMELY MANNER
- Kinsey is great!
- I'm retired so any time works for me
- RACSB is Hepful
- Even in time's when something unexpected came up, we were able to still meet in a zoom meeting same day or another day that week

- I ♥ Drug Court
- wonderful!

**Question: “I am pleased with the care I receive at RACSB.”**

<b>Percentage of “agree” and “neutral”</b>	<b>FY 2025</b>
King George (n=57)	96%
Spotsylvania (n=159)	99%
Caroline (n= 99)	98%
Stafford (n=69)	89%
Fredericksburg (n=280)	92%
Carr Drive (n=64)	83%

**Comments:**

- medicaid pays I was hospitalized because Emily wouldn't refill my gabapentin early by 3 days!! Snowden
- Receptionist-Intake-Dr. Premkumar have all been excellent and play a part in the treatment of family member’s mental health.
- n/A no care provided at this point
- they Made a case plan for my best intrest
- Sherri Johnson is a very good therapist. She Really cares about her clients. I have Really seen the change that she has made with my son.
- I am not sure. My daughter says they dont talk about her accident and that the therapist ask questions that are personal and dont have much of anything to do with her accident.
- Olivia is amazing! We love her!
- Everyone at RACSB is truly amazing. They really do care and you feel that
- My child is always happy to see her counselor/therapy provider
- They are very nice and kind. Everything is done correctly
- hust started! Only my second appt
- wonderful staff 😊
- Dr. Young and Lilly are great + have been so accomadating. Lucky to have them here in Caroline!
- Thank you Rosa + Steve.
- In the time when needed
- Love Tammi!
- All 4 of my children have used services at RACSB and we have found them exceptional. The therapist worked well with my children and helped them reach their goals
- the staff at this location is wonderful and always so helpful and polite
- the home services were amazing after my daughter was referred for an emergency evaluation due to her responses on the mental health questionnaire at her ped. office
- EXCELLENT SERVICE!
- GRACE HOOD & IRASENA ARE WONDERFUL PROVIDERS AND I WOULD RECOMMEND THEM TO ANYONE WITH CHILDREN OR CPTSD

- I feel my therapist has been communicative and clear and direct with me
- Heath and staff always helpful Always Friendly!
- lovely staff
- Irasema and Carter are amazing
- Love the care its a blessing for me 💕
- Sydney Dilick is very attentive, understanding, and kind.
- Im very pleased with the process and available services so far
- very polite and friendly service
- Dr. Shamin is a wonderful + caring Dr.
- All staff is very friendly, courteous and personal. Phone calls are returned promptly.
- 10/10
- Great team effort
- Haven't been here long enough to really make a decision to stay or leave. So far so good
- Emily (NP) has been a huge piece of improving my mental health alongside my other specialists.
- 2nd session but staff kind and caring
- EMILY IS EXCELLENT
- YAY!! GO TEAM!!
- let us smoke weed.
- mostly happy with everything here
- If I have ever had an issue they have helped me with it
- Communication is great from the front desk along with my team.
- Brittany + Megan are both incredible! Brittany has gotten me through the most difficult time in my life. I'm forever grateful
- every source is helping me
- Good
- I am listened to and feel cared about
- Love Ms. Williams
- everyone is different so it is a mix of care an none
- N/A first time @ RACSB
- Ms. Jordan does a good job with my 7yr old. He really likes coming to talk with her.
- Love her! No judgements and very straight forward.
- made me feel very comfortable especially given I never open up about my problems or situations
- Yes its has helped me get more stable.
- LORI IS GREAT!
- Kelly has helped me a lot. She's been with me every step of the way.
- VERY Good
- we just started, but sherry seems wonderful and caring
- I struggly agree with RACSB, they provide very positive feedback and answer all concerns
- The therapy is very helpful & therapist very knowledgable & good at keeping sessions on track.
- I have nothing to compare with, but the counselors are kind and are great with the kids.
- Pleasantly surprised how helpful it is
- fairly new but so far so good
- ALWAYS POLITE AND EFFICIENT
- There was a while I was very unsatisfied with the person I was seeing for medication management and some one at son-shine lady helped me find a New Doctor and it has made a whole world of difference
- Dr. Young is fantastic

- emergency help line needs more training.
- My therapist Lilli is fantastic. The psychiatrist (or maybe nurse practitioner) was terrible.

**Question: “With the help of RACSB staff I developed a financial contract.”**

<b>Percentage of “agree” and “neutral”</b>	<b>FY 2025</b>
King George (n= 50)	84%
Spotsylvania (n=134)	83%
Caroline (n= 87)	86%
Stafford (n=56)	72%
Fredericksburg (n=227)	74%
Carr Drive (n=45)	58%

**Comments:**

- Insured through Medicaid
- Insurance used
- I had assistance along the way
- I am answering for my daughter - so I'm not sure.
- I don't know what this means.
- No
- My insurance covers everything
- covered fully by Ins.
- NO
- I have both Humana and Medicaid.
- Insurance seems to work for me and everything is taken care of
- not necessary
- I have no Insurance
- Not sure?
- They take my insurance! Yah!
- DIDN'T NEED THIS
- I HAVE SERVICES THRU THE STATE
- Doesn't apply
- I don't have a financial contract
- Being handled by Social Services
- I still need to set one up.
- I've never had to
- N/A - insurance
- Doesn't apply
- not sure
- Don't know what this is, & I just started services
- I do not know what that is.
- Did not need to

- I am here at the recommendation of the VA. The staff has been awesome with making sure the VA covers their part of the finances.
- not yet
- NO FIN. CONTRACT THAT I AM AWARE OF
- OKAY I WAS TOLD I DID ONE- BUT DON'T REMEMBER
- let us smoke weed
- I'm not sure!
- my insurance covers it
- I have insurance. They did help me get it.
- Medicaid has been a lifesaver
- not sure
- Good
- Haven't heard of this
- Medicaid
- waiting on insurance
- Dont turn me away if I cant pay at the time of Appointment.
- When their was a insurance messup they did help with payments to get paid.
- covered by insurance Doesnt apply
- I have medicade but we did go through our opitions, fees, and stuff.
- I don't know what that means
- Doent apply to me
- Insurance covered fully
- Insurance covered fully
- No
- Dont completely understand whats asked
- I didn't develop a financial contract
- Pharmacy doesn't even tell you, you have a bill until they threaten not to give you your meds
- lost medicaid, went private but am court ordered to services so there is alot of confusion over what I pay
- need to do this
- unsure of meaning
- I believe y'all established it based on your criteria, IMHO.
- I don't remember

**Question: “Have you ever chosen not to use your services due to cost?”**

<b>Percentage of “agree” and “neutral”</b>	<b>FY 2025</b>
King George (n=15)	96%
Spotsylvania (n=78)	91%
Caroline (n=30)	88%
Stafford (n=22)	88%
Fredericksburg (n=222)	98%
Carr Drive (n=24)	42%

**Question: “I was able to provide input for my service goals and objectives.”**

<b>Percentage of “agree” and “neutral”</b>	<b>FY 2025</b>
King George (n=55)	96%
Spotsylvania (n=108)	91%
Caroline (n=30)	88%
Stafford (n=45)	88%
Fredericksburg (n=222)	98%
Carr Drive (n=24)	42%

**Comments:**

- Brie is great
- my old a few years ago therapist seemed okay. but she left racsb. I never saught another
- For my granddaughter
- very reasonable
- I was able to provide My Personal iNput
- I'm going to speak with her today about it
- We have worked out what we need to do and how to do it
- No
- I would probably evaluate quarterly because goals change with other changes
- yes was able to express all concerns etc.
- For each of my children, they were asked to talk through their goals in the very first appointment and with the help of the therapist worked to form an action plan.
- I think those were decided by Social Services
- Intake appointment
- N/A - First Appointment
- It would be beneficial for surrounding counties to meet collectively one a month/Quarter to share stories.
- Probably did this too... BUT DON'T REMEMBER
- let us smoke weed.
- The Recovery Staff listens to all thoughts & concerns. I appreciate all staff who is apart of Recovery court.
- I talked to a lady about what was going on w/ my life.
- They are always asking me what my goals are.
- Everyone I listed earlier are fantastic
- Good
- Just starting treatment
- Is getting there, more focus on other issues
- I devoloped a plan with my therapist and its helped greatly.

- I feel heard and understood
- we just started
- counselors cooperative, responsive, great
- No
- Yes I feel very considered in the recovery plan we have come to build

**Question: “How likely is it that you would recommend RACSB services to family or a friend?”**

Seven hundred and thirty-four individuals responded to this question resulting in a net promoter score of 54.09. This represents a high satiation and strong likelihood that individuals would recommend RACSB services to family or a friend. The NPS of **54.09** reflects excellent overall performance with significantly more advocates than neutral or dissatisfied respondents.

**Thank you for taking part in this survey. The Office of Consumer Affairs is interested in what you have to say about the services you received. Please feel free to make comments in the space provided.**

- The staff & services have been very nice & have went out of their way for my services. I am very please with my services. They are such nice people & good with Patients.
- great Staff
- I used to take meds (controlled substances) adderall-anphetamine salts which were extremely helpful for my adhd and klonopin for my severe anxiety thru RACSB (Now they won't help with anything like these) it's a shame. I wish I could afford a private dr. to get the meds I need.
- RACSB staff always do all that they can to help with whatever needs arrise. Always professional and courteous.
- I have found RACSB To Be Pleasant and Professional.
- Every Appointment started on time as scheduled the Dr. always makes me and my family member feel like she cares and interested in family member's well-being
- I feel like I am a new person 😊
- I would prefer telehealth, but have been told it is not an option.
- It was quick and easy to get my daughter in to be seen. But for an adult, it is quite hard. (in person services).
- very thankful for the services provided to my family!
- Great staff + very welcoming!
- Really great staff, clean facility, and always welcoming!
- Thank you For all the help you provide to my son. His health and mental status has improved. so much.
- ... For the most part, RACSB has been helpful in regarding the success of my daughter that was/is affordable. Thank you~
- Amazing services! Lots of help for my daughter.
- We Appreciate All the RACSB does for our son for 15 yearS
- the therapist and all the taff are good with everyone that comes in Requesting for help. always attentive to their clients needs.
- THANK YOU ALL for everything you all do it's absolutly amazing and you truly help everyone.
- Everyone is friendly & helpful
- The good service start front the front door to end of the visit Thank you.
- Great staff ❤️!
- I have been pleased with the services and feedback from every staff member I've interacted with. Thank you 😊
- The years my family has used the services its always has been a great experience.
- Bring back in person consults with psychiatrist.

- Rosa is very friendly and assists with everything needed to assist with the client. Thank you Rosa 
- The staff has always been very kind and pleasant to talk with
- Thank you
- I am just starting my appts. Looking forward to future progress!
- The least judgemental place I've received service.
- RACSB has been wonderful for us. Conveniently located, always professional and the staff is friendly and knowledgeable. We appreciate it so much.
- Rosa has been so great to schedule with. She is always smiling and assisting us with the best service. She is an asset to RACSB.
- RACSB has always been very helpful and understanding. They have all helped our family through very difficult times!
- May appointments with more advanced notice.
- if I have a team not in same office for ex: therapist out Dr here, they can't seem to connect well.
- I'm very pleased with my counselor Steve. ROSA IS great at the front office Rep. thanks to Everyone Here.
- I am very satisfied with the services I receive at this office.
- 10 out of 10
- I think RACSB is a great place to seek help and hope it continues to be here
- Very nice staff
- Everything is great
- I really enjoy the services my son receives from RACSB.
- overall great. Flexible and feels like they want to help in any way necessary
- People are wonderful at the clinic
- We are so thankful for the staff at RACSB; they have been a valuable resource for my family
- my daughter has been going to Sarah Davis for a few years and she has made a big impact on her. my daughter loves Sarah has improved so much Thanks to Sarah and Dr. P. All the staff here are wonderful
- My child has made a noticeable improvement all across the board since receiving treatment here. Sorry about handwriting (Broken hand, writing with non dominant)
- I'm very thankful that these services were available and the urgency they got my daughter in to help her get help she desperately needs.
- Keep up the good work
- I have used your service for over 3 years and am very pleased with the mental health services I have received. I have encouraged my veteran Brother to seek your help
- Carter is amazing!
- Nurses at this location are always professional + polite.
- Great Place For People in Need + who can't Afford to Reach out other Places
- Excellent Help would highly recommend
- Love the Staff. Always Ready to help w/ any issue.
- Therapist was great and showed she cared. Very professional
- Carly Farrell has been wonderful!
- I have been very pleased with services provided by RACSB for my grandchildren
- Keep up the good work
- I commend RACSB's digital team too for always updating their website whenever the office is closed due to inclement weather. Thank you!
- I have been very pleased
- Everyone is wonderful
- Thank you
- you guys are great !!!

- I am very okay with therapist with RACSB
- I love the service
- No Comment's
- I do not like or agree with how my doctor does things
- great job
- I love all my Doctors and services. They are a great team.
- I Really Like my Pyscatrist Mrs. Hickman
- very helpful for mental health
- Good service, reliable and easy to navigate making appointments and managing refills
- nothing
- this location provides better services than the one in Fredericksburg. I feel cared for here.
- You guys have been wonderful since I have been discharged from CAMPS.
- Today was only my 2nd appointment but I can definitely say it's very beneficial for my overall mental health.
- Staff is very helpful
- I am very satisfied with the services provided. All staff is very polite and helpful. They are always punctual, and I feel heard by my psychiatrist.
- What a great hub for services for a wide variety of needs for those who need special resources
- Been coming here for 2 years and have always felt welcomed and in a safe place.
- Everything has gone pretty smooth her for me. I appreciate the help!
- I have received great service in Therapy. I have no complaints and again I look forward to more assistance in the near future.
- It would be nice to do telehealth at home
- I have been on and off going to RACSB, for a little while. The services are
- No comment
- Always an excellent and relatively streamlined experience.
- Recommend RACSB to everyone that asks if it is a good place for Mental Health services.
- everyone is very kind & polite
- Never had a problem with this facility and/or staff. You should all be commended. Ms. Hickman is the Bomb!
- Nicol
- Everyone is super kind helpful and friendly
- No Input
- Sydney is a great therapist
- I Love it here! Everybody is so personable and friendly. I HATE shots, but my dad comes to appointments with me. When I have had to come alone, they made me comfortable.
- So far so good accomadble, was there when I needed
- EMILY HAS BEEN GREAT!!!!
- Racsb has offered support to help me move further in Life in a positive aspect
- RACSB DOES A GOOD JOB 97% of the Time, The Pharmacy has the occaisional Hiccup.
- let us smoke weed.
- very kind and patient with my social delays
- Some People in this building need to realize that the people who come here are HUMAN and Adults. That respect is both ways ! Some of your female staff needs to learn proper work communication! And to not act like they're going to push you!
- Sydney has been amazingly helpful through these difficult times.
- I have recommended these services to other people and they have gotten help here as well. Thank you. 😊
- I have had a great time here. And wish to continue it.
- I Love what the RACSB has done for me

- Thank You Thank You Thank You!
- Best CSB I have ever enrolled in.
- Everyone is always very welcoming and nice. Thank you for Everything you do
- I recommend it because they are a big part of the community and they help a lot to those who really need help
- Thank You
- The front desk staff are wonderful And Megan + Arianna have been a great asset to my recovery
- None
- Good
- Staff is always friendly + helpful!
- I've been coming to this facility for over 5 or 6 years and I have never had a complaint. the staff is great!! Keep the good job!
- your System is a very well  
The Way you run things are very professional its ran more like a medical profess rather than a clinic Drug clinic Not like methoden clinic (BAD)
- the please growing in the last years because after Dont give to us transtolor and this moment giving the services and this is good for the person went have difficulty problem for talk English.
- I love the kind and non-judgemental space provided
- Starting counseling today
- I see a therapist and she is great. I believe my sessions are helping me.
- very professional service and results are up to my standards.
- The staff are nice + kind. And they get to you in a timely manner.
- Always had the help needed here
- Mrs. Michaela is Great!!! Easy to speak to an caring
- I like the services
- Dr Young has bee an tremendous help to my grandson
- Everyone is wonderful, thoughtful and kind
- You all are wonderful! You truly help everone.
- Talk Therapy
- Kristyn H. is an amazing counselor and Dr Young is thorough and compassionate
- Thank you for all you do.
- We like this clinic for the kids. Everyone has been wonderful and helpful.
- Ms. Sherry Johnson is so amazing 10/10 I will recommend her. She's awesome.
- This is a great service. Kinsey Tyler is amazing and seems like she truly cares and loves her job
- No changes, love Megan (sorry if spelled wrong)
- I'm able to have a better and much healthier life
- The service providers show that they actually care about my outcome not only in the program but in life.
- No
- This program has changed my life for the better!!! I couldn't be more grateful and thankful that I was accepted in this program!!!
- Thank you.
- I have always been treated fairly by everyone
- Everyone has bent over backwards for me for a lot of years
- the services are good
- I think they have done a good job of checking through symptoms at the front office.
- Everyone is easy going and respectful

- very helpful & friendly
- I am very pleased about the services here I am very glad that i choose to work with Racsb very helpful in the goals Im working towards.
- All therapists and doctors I have been provided during my time here have been kind and competent at their jobs. All staff I've interacted with have been the same.
- They've really helped me. We're trying to fix all of my problems.
- So far have been very pleased with services.
- Love this office
- I just wish I could do my med app via zoom having to come into the office isnt always easy for me.
- very happy with my therapist
- GREAT PLACE WITH GREAT STAFF AWESOME PEOPLE
- provide longterm counseleing not just a few months
- The MAP program is Awesome. I enjoy coming to groups. Peer counselors that relate to me helps me with my sobriety. I miss Teresa Quick she was a great therapist.
- I Really Love the service here
- Please keep RACSB and their staff. They are very helpful with the help of my granddaughter. They make sure all of her needs are handle and met.
- I have been seeing RACSB since I was a child. Have been pleased with my services!
- counselors responsive & helpful to CASA for kids in foster care -respond quickly to email, flexible w/scheduling
- I am very happy with RACSB, yall help my daughter so much and I am very thankful
- I've had not issues, nothing bad to say really
- Very good services
- The staff are dynamite 🤩
- Everyone has made me feel very comfortable and has been very nice. I appreciate the help so much.
- The pharmacy Altruix is the only one I've has issues with
- I recieved therapy and mediation services, and both are great. Everyone is very nice polite.
- I WOULD DEFINETLY RECOMMEND RACSB TO FAMILY & FRIENDS
- Thank you
- I have very much enjoyed my time here and all the services that I have had the opertenity of having axess to and using. I'm not sure I'd still be here today if it wasn't for the racsb.
- Thank you for providing adequate service
- Good
- They listen to our needs & always recommend what's best!
- wonderful &completely thorough discussions & descriptions - Highly recommend.
- very happy with all the help for my son
- Great people doing great work
- No comment
- I only wish that counselors could be changed when one isn't working for a child instead of going on a very long wait list until one becomes available
- Good services
- Staff and Carley are great.
- I have many medical issues being and feeling very sick. It makes things very difficult. Carley has brought hope and ideas to continue getting medical care in a community where the is a failure of reverence for life.
- Overall services with doctors are amazing. The emergency helpline needs better training to deal with people with mental health issues.
- I'm thrilled to be able to use this organization to help me.
- I have had issues receiving statements to my home.

- Services are wonderful
- I love yall

In review of information collected the following themes are noted, staff and quality care, communication, scheduling and flexibility, therapeutic impact, and insurance and financial support.

**Staff & Care Quality:** Staff are frequently described as kind, professional, welcoming, caring, and responsive. Many individuals specifically named therapists, doctors, nurses, and front-desk staff who made a meaningful positive impact. Individuals feel listened to, supported, and respected.

**Communication:** Most report timely call-backs, efficient phone service, and clear communication across departments. Many noted that staff answer questions thoroughly and never rush interactions.

**Scheduling & Flexibility:** A major strength is flexibility with scheduling. Staff regularly work around work, school, transportation, and family needs, offer multiple appointment times, and accommodate changes when possible. Telehealth and same-day or rescheduled visits were appreciated when available.

**Therapeutic Impact:** Therapy and group services are described as life-changing, stabilizing, and highly beneficial for both adults and children. Many individuals report personal growth, improved mental health, and positive outcomes.

**Insurance & Financial Support:** Most individuals report insurance (especially Medicaid) covers services fully, and staff are helpful navigating insurance, VA coverage, or payment issues.

Respondents expressed concern with follow-up from calls placed to the “med-line” and clinical staff and addition showed there is potential confusion related to the question regarding the financial contract.

**Action steps for concerns noted:**

- During medical appointments, nursing staff will continue to review procedures for using the med-line with clients, emphasizing the importance of leaving detailed messages and contact information.
- The financial contract question will be revised to enhance clarification.

Overall feedback from the survey is overwhelmingly positive with most respondents praising staff services and care. Staff are frequently described as kind, professional, welcoming, attentive, and caring. Many individuals report feeling heard, respected, and supported, noting positive impacts on mental health, recovery, and family well-being. The staff’s compassion, professionalism, and flexibility stand out as core strengths. While communication around medication, billing, and appointment availability could improve, the general sentiment is that services are effective, supportive, and genuinely caring.

MEMORANDUM

**To:** Joe Wickens, Executive Director  
**From:** Stephanie Terrell, Director of Compliance  
**Date:** February 2, 2026  
**Re:** Licensing Reports

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

Rappahannock Area Community Services Board (RACSB) received approval for 1 CAP during the month of January. The CAP related to a failure to provide services (supervision) necessary to the health, safety, and welfare of an individual receiving services (DD Day Support).

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 #: 101-02-008

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 01-06-2026

Program Type/Facility Name: 02-008 Spotsylvania Clinic

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-105-150. (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	Spotsylvania Clinic This regulation was NOT MET as evidenced by: See OHR citation below.		
12VAC35-115-50. B. (2) - In receiving all services, each individual has the right to: 2. Be protected from harm including abuse, neglect, and exploitation.	N	Spotsylvania Clinic  This regulation was NOT MET as evidenced by:  CHRIS #20250040  "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.  <ul style="list-style-type: none"> <li>• Provider substantiated neglect based on the following: <ul style="list-style-type: none"> <li>◦ Employee #1 was standing in the activity room when Employee #1 witnessed Individual #1 (through the window) rolling down the ramp alone in Individual #1's wheelchair.</li> <li>◦ Employee #1 ran out the door to try and catch Individual #1, but was unsuccessful in</li> </ul> </li> </ul>	PR) 01/29/2026  PR: Individual's plan will be reviewed and updated to reflect current support needs.  A door chime was installed to alert staff to when front doors were opened.  A gate will be installed at the sidewalk entrance, spanning the opening between the railings on each side. The gate will be accessible from both sides.  The three employees in the building at the time of the event will be receiving corrective action for failing to maintain supervision of the individual.  PR: Lead Specialists will review all plans to ensure that all support instructions match safety and support needs of each individual.	02/28/2026 00:00:00

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

License #: 101-02-008

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 01-06-2026

Program Type/Facility Name: 02-008 Spotsylvania Clinic

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
		<p>getting to Individual #1 before the wheelchair hit the curb.</p> <ul style="list-style-type: none"> <li>◦ When Individual #1's wheelchair hit the curb at the bottom of the ramp, Individual #1 fell forward onto Individual #1's knees, and then rolled onto Individual #1's bottom.</li> <li>◦ Entity #1 was called, and Individual #1 was taken to the hospital for observation and released.</li> <li>◦ Per Entity #2, in a review of Individual #1's Plan for Support, the individual should be "supported by remaining in staff's line of sight at all times for the prevention of wandering".</li> <li>◦ Per Entity #2, although the automatic opening feature of the doors are disabled, Individual #1 was able to pry the door open, move outside, and roll down the ramp and across the parking lot, with a total time of the event being three minutes.</li> <li>◦ Per Entity #2, although three staff members were in the building monitoring other individuals, Individual #1 was not within line-of-sight supervision as required by Individual #1's Plan for Support.</li> <li>◦ Employee #1 failed to adequately supervise Individual #1 resulting in Individual #1 rolling down the ramp, hitting the curb, and falling out of the wheelchair.</li> </ul> <p>Failure to provide services (supervision) necessary to health, safety and welfare of the individual is a violation of 12VAC35-115-50 (B)(2).</p>	<p>Walk throughs will be completed at all RAAI sites to ensure no further safety issues remain. Any identified safety issues will be corrected immediately.</p> <p>PR: Lead Specialists will complete any needed plan revisions during person centered reviews and then annually or as supports change moving forward.</p> <p>Site Leaders will review all safety measures for the site by completing facility walks throughs once a month.</p> <p>Coordinator will provide corrective action to all employees notated in the CAP, and as needed for any staff deviating from individuals' support instructions.</p> <p>OHR/OLR) Accepted 01/29/2026</p>	

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

License #: **101-02-008**

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

Date of Inspection: **01-06-2026**

Program Type/Facility Name: **02-008 Spotsylvania Clinic**

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
<b>General Comments / Recommendations:</b>				
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.				
LeQuetta Hayes, Human Rights		(Signature of Organization Representative)		Date
C = Substantial Compliance, N = Non Compliance, NS = Non Compliance Systemic, ND = Non Determined				

MEMORANDUM

**To:** Joe Wickens, Executive Director  
**From:** Stephanie Terrell, Director of Compliance  
**Date:** January 2, 2026  
**Re:** Licensing Reports

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

Rappahannock Area Community Services Board (RACSB) received approval for 10 Corrective Action Plans during the month of December. Five of the CAPs related to founded allegations of neglect on the part of program staff (DD Residential and DD Day Support Programs). Three CAPs related to missing documentation of specific orientation training topics in 2 employee's personnel files. One CAP related to a violation of services due to a lack of support instructions in an individual's person-centered plan (DD Residential). Lastly, one CAP was attributed a violation of sound therapeutic practices (DD Day Support).

The attached CAPs provide additional details regarding the citations 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: 11-26-2025  
Program Type/Facility Name: 01-001 Devon Drive 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	Devon Drive Group Home This regulation was NOT MET as evidenced by: See OHR citation below.		
12VAC35-115-50. B. (2) - In receiving all services, each individual has the right to: 2. Be protected from harm including abuse, neglect, and exploitation.	N	Devon Drive Group Home  This regulation was NOT MET as evidenced by:  CHRIS #20250038  "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.  <ul style="list-style-type: none"> <li>• Provider substantiated neglect based on the following: <ul style="list-style-type: none"> <li>◦ Employee 1 did not monitor Individual 1's full transition into the van, to include ensuring he was seated and supported with fastening his seat belt, resulting in Individual #1 falling backwards off the van, hitting Individual #1's head.</li> </ul> </li> </ul> Failure to provide services necessary to the health, safety	PR) 12/04/2025  PR: The staff responsible (Employee #1) for failing to provide services necessary to the health, safety, and welfare of Individual #1 received corrective action on 11/25/2025.  All staff in the program have been re-trained on the importance of Human Rights specific to abuse and neglect. Staff signed off attesting to their understanding and agreement to abide by policies protecting the human rights of all individuals in services.  All RACSB staff and volunteers will be required to undergo an annual Human Rights training to help ensure continued promotion and support of	11/28/2025 00:00:00

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

License #: 101-01-001

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 11-26-2025

Program Type/Facility Name: 01-001 Devon Drive 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>
		and welfare of the individual is a violation of 12VAC 35-115-50(B)(2).	<p>meeting needs of residents. Newly hired staff will be assigned this course upon hire during the week of their agency orientation.</p> <p>Human Resources and the DD Residential Coordination team and program managers will track annual Human Rights training compliance for all staff through its electronic training system/ database on a monthly basis effectively immediately.</p> <p>The Compliance team will monitor submitted incident reports and any allegations or reports of abuse and neglect on a daily basis to help ensure systematically that incidents of this nature are identified and mitigated quickly.</p> <p>OHR/OLR) Accepted 12/08/2025</p>	

**General Comments / Recommendations:**

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

\_\_\_\_\_  
Cassie Purtlebaugh, Human Rights

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

\_\_\_\_\_  
Date

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

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

License #: 101-02-006

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 11-14-2025

Program Type/Facility Name: 02-006 Fredericksburg

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-105-150. (4) - The provider including its employees, contractors, students, and volunteers shall comply with: 4. Section 37.2-400 of the Code of Virginia and related human rights regulations adopted by the state board;	N	Fredericksburg This regulation was NOT MET as evidenced by: See OHR citation below.		

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

License #: 101-02-006

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 11-14-2025

Program Type/Facility Name: 02-006 Fredericksburg

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-115-50. B. (2) - In receiving all services, each individual has the right to: 2. Be protected from harm including abuse, neglect, and exploitation.	N	<p>Fredericksburg</p> <p>This regulation was NOT MET as evidenced by:</p> <p>A#20250029,0#20250030, #20250031 and #20250032</p> <p>"Neglect" means failure by a person, program, or facility operated, licensed, or funded by the department, excluding those operated by the Department of Corrections, responsible for providing services to do so, including nourishment, treatment, care, goods, or services necessary to the health, safety, or welfare of an individual receiving care or treatment for mental illness, intellectual disability, or substance abuse.</p> <ul style="list-style-type: none"> <li>• Provider substantiated neglect based on the following: <ul style="list-style-type: none"> <li>◦ After reviewing the video footage, Employee #1 was observed driving the van with Individual #1, Individual #2, Individual #3 and Individual #4 in the vehicle in a school zone which was indicated by flashing lights alerting all drivers that the speed limit in the zone was reduced to 25 miles per hour.</li> <li>◦ As Employee #1 entered the reduced speed zone, the speed at which Employee #1 was traveling indicated by the vehicle video surveillance indicated a speed of 37 miles per hour.</li> <li>◦ Employee #1 was heard saying, "We've got to slow down."</li> </ul> </li> </ul>	<p>PR) 12/04/2025</p> <p>PR: Employee #1 received corrective action.</p> <p>Employee #1 was financially responsible to pay the ticket.</p> <p>PR: All RAAI supervisors were made aware of the corrective action procedure that will be followed for anyone who receives an automatic ticket from speeding in a school zone on 11/14/25.</p> <p>Was reviewed during in person meeting on: 08/13/2025</p> <p>Transportation policy attestation will be signed by all staff by 1/30/2026.</p> <p>PR: Site Leaders will hold staff accountable and provide corrective action if necessary.</p> <p>DSPs will be monitored for this and it will be addressed in supervision and notated in their bi annually and annually performance evaluation.</p> <p>Site Leaders will ensure all staff have signed attestation of policy &amp; review corrective action plan during supervision or staff meeting by at least 1/30/26.</p> <p>OHR/OLR) Accepted 12/08/2025</p>	<p>01/30/2026 00:00:00</p>

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

License #: 101-02-006

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 11-14-2025

Program Type/Facility Name: 02-006 Fredericksburg

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
<b>General Comments / Recommendations:</b>				
I understand it is my right to request a conference with the reviewer and the reviewer's supervisor should I desire further discussion of these findings. By my signature on the Corrective Action Plan, I pledge that the actions to be taken will be completed as identified by the date indicated.				
Cassie Purtlebaugh, Human Rights		(Signature of Organization Representative)		Date
C = Substantial Compliance, N = Non Compliance, NS = Non Compliance Systemic, ND = Non Determined				

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

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

Date of Inspection: 11-10-2025  
Program Type/Facility Name: 01-001 Devon Drive 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	Devon Drive Group Home This regulation was NOT MET as evidenced by: See OHR citation below.		
12VAC35-115-50. B. (2) - In receiving all services, each individual has the right to: 2. Be protected from harm including abuse, neglect, and exploitation.	N	Devon Drive Group Home  This regulation was NOT MET as evidenced by:  CHRIS #20250026  "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.  <ul style="list-style-type: none"> <li>• Provider substantiated neglect based on the following: <ul style="list-style-type: none"> <li>◦ Upon review of the video footage, Employee #1 discovered that Individual #1 had fallen and was found on the floor at 9:56 pm.</li> <li>◦ Employee #1 checked on Individual #1 and went back to the office at 9:58 pm.</li> <li>◦ Employee #1 was seen on Employee #1's</li> </ul> </li> </ul>	PR) 12/04/2025  PR: The staff responsible (Employee #1) for failing to provide services necessary to the health, safety, and welfare of Individual #1 received corrective action on 11/25/2025.  All staff in the program have been re-trained on the importance of Human Rights specific to abuse and neglect. Staff signed off attesting to their understanding and agreement to abide by policies protecting the human rights of all individuals in services.  All RACSB staff and volunteers will be required to undergo an annual Human Rights training to help ensure continued promotion and support of	11/28/2025 00:00:00

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

License #: 101-01-001

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 11-10-2025

Program Type/Facility Name: 01-001 Devon Drive 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>phone at 10pm.</p> <ul style="list-style-type: none"> <li>◦ At 10:03 pm, Employee #1 came out of the office with the laptop and sat in the dining area where Employee #1 could see Individual #1, who was still sitting on the floor in the living room.</li> <li>◦ At 10:15 pm, the overnight staff arrived to work, and, at 10:21pm, both staff were seen supporting Individual #1 up into Individual #1's wheelchair, followed by being supported to Individual #1's room.</li> <li>◦ Up until the overnight staff arrived to work, even though Employee #1 had discovered that Individual #1 had fallen, Employee #1 failed to provide care to the individual in response to the fall.</li> <li>◦ Further, video evidence revealed that Individual #1 hit Individual #1's head during the event of the fall; however, Individual #1 did not receive any medical attention for precautionary measures since the fall was not observed by staff.</li> </ul> <p>Failure to provide service necessary to the health, safety and welfare of the individual is a violation of 12VAC 35-115-50(B)(2).</p>	<p>meeting needs of residents. Newly hired staff will be assigned this course upon hire during the week of their agency orientation.</p> <p>Human Resources and the DD Residential Coordination team and program managers will track annual Human Rights training compliance for all staff through its electronic training system/database on a monthly basis effectively immediately.</p> <p>The Compliance team will monitor submitted incident reports and any allegations or reports of abuse and neglect on a daily basis to help ensure systematically that incidents of this nature are identified and mitigated quickly.</p> <p>OHR/OLR) Accepted 12/08/2025</p>	

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

License #: 101-01-001

Date of Inspection: 11-10-2025

Organization Name: Rappahannock Area Community Services Board

Program Type/Facility Name: 01-001 Devon Drive 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>
<b>General Comments / Recommendations:</b>				
I understand it is my right to request a conference with the reviewer and the reviewer's supervisor should I desire further discussion of these findings. By my signature on the Corrective Action Plan, I pledge that the actions to be taken will be completed as identified by the date indicated.				
Cassie Purtlebaugh, Human Rights		(Signature of Organization Representative)		Date
C = Substantial Compliance, N = Non Compliance, NS = Non Compliance Systemic, ND = Non Determined				

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

License #: 101-02-006

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 11-10-2025

Program Type/Facility Name: 02-006 King George Clinic

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-105-150. (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	King George Clinic This regulation was NOT MET as evidenced by: See OHR citation below.		
12VAC35-115-50. B. (2) - In receiving all services, each individual has the right to: 2. Be protected from harm including abuse, neglect, and exploitation.	N	King George Clinic  This regulation was NOT MET as evidenced by:  CHRIS #20250028  "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.  <ul style="list-style-type: none"> <li>• Provider substantiated neglect based on the following: <ul style="list-style-type: none"> <li>◦ Upon review of video footage and Employee #1's statement, Individual #1 was positioned near the back of the van and verbally prompted Individual #1 to "lock [Individual #1's] wheels please."</li> <li>◦ Employee #1 then walked to the driver side of the van and started it.</li> </ul> </li> </ul>	PR) 12/04/2025  PR: The staff responsible (Employee #1) for failing to provide services necessary to the health, safety, and welfare of Individual #1 received corrective action on 11/25/2025.  All staff in the program have been re-trained on the importance of Human Rights specific to abuse and neglect. Staff signed off attesting to their understanding and agreement to abide by policies  protecting the human rights of all individuals in services.  All RACSB staff and volunteers will be required to undergo an annual Human Rights training to help ensure continued promotion and support of meeting needs of residents. Newly hired staff will be assigned this course upon hire during the week of their agency orientation.  Human Resources and the DD Residential Coordination team and program managers will track annual Human Rights training	01/30/2026 00:00:00

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

License #: 101-02-006

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 11-10-2025

Program Type/Facility Name: 02-006 King George Clinic

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
		<ul style="list-style-type: none"> <li>◦ Employee #1 walked around the front of the van and supported another one of Individual #1's peers who was placing pumpkins onto the passenger side.</li> <li>◦ Employee #1 then walked to the back of the van, observed Individual #1 was not there, looked around, and saw that Individual #1 was in the bushes across the parking lot.</li> <li>◦ Employee #1 ran to Individual #1 and called out Individual #1's name. Individual #1 responded, "Yeah." Employee #1 pulled Individual #1 out of the bushes and said, "Are you okay?"</li> <li>◦ Individual #1 responded, "Yeah."</li> <li>◦ Employee #1 observed two scrapes on Individual #1's face, one on the lower left chin and the other on the upper right eyebrow, and a wipe was used to clean them.</li> <li>◦ Upon returning back to site, Individual #1 was taken to the restroom to see if there were any further scratches or bruises. Staff observed a scrape/bruise on Individual #1's left shoulder and a scrape on Individual #1's left forearm.</li> </ul> <p>Failure to provide service necessary to the health, safety and welfare of the individual by failing to properly secure the individual for transport is a violation of 12VAC 35-115-50(B)(2).</p>	<p>compliance for all staff through its electronic training system/database on a monthly basis effectively immediately.</p> <p>The Compliance team will monitor submitted incident reports and any allegations or reports of abuse and neglect on a daily basis to help ensure systematically that incidents of this nature are identified and mitigated quickly.</p> <p>OHR/OLR) Accepted 12/05/2025</p>	

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

License #: 101-02-006

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 11-10-2025

Program Type/Facility Name: 02-006 King George Clinic

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
<b>General Comments / Recommendations:</b>				
I understand it is my right to request a conference with the reviewer and the reviewer's supervisor should I desire further discussion of these findings. By my signature on the Corrective Action Plan, I pledge that the actions to be taken will be completed as identified by the date indicated.				
Cassie Purtlebaugh, Human Rights		(Signature of Organization Representative)		Date
C = Substantial Compliance, N = Non Compliance, NS = Non Compliance Systemic, ND = Non Determined				

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

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

Date of Inspection: 11-26-2025  
Program Type/Facility Name: 01-001 Piedmont Drive 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	Piedmont Drive Group Home This regulation was NOT MET as evidenced by: See OHR citation below.		
12VAC35-115-50. B. (2) - In receiving all services, each individual has the right to: 2. Be protected from harm including abuse, neglect, and exploitation.	N	Stonewall Estates Group Home  This regulation was NOT MET as evidenced by:  CHRIS A#20250033, #20250034, #20250035 and #20250036  "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.  <ul style="list-style-type: none"> <li>• Provider substantiated neglect based on the following: <ul style="list-style-type: none"> <li>◦ On October 23, 2025, at approximately 8:33 AM, Employee #1 received an automated speed camera citation issued by Entity #1.</li> <li>◦ The citation stated that the agency's vehicle recorded traveling 36 MPH in a posted 25</li> </ul> </li> </ul>	PR) 12/04/2025  PR: The staff responsible (Employee #1) for failing to provide services necessary to the health, safety, and welfare of the individuals during transport received corrective action on 11/19/2025.  Employee #1 received a retraining of the RACSB Transportation manual and signed off an attestation of understanding on 11/24/2025. All other program staff will receive a retraining of the RACSB Transportation manual and will sign off on an attestation of understanding.  All RACSB staff and volunteers will be required to undergo an annual Human Rights training to	12/31/2025 00:00:00

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

License #: 101-01-001

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 11-26-2025

Program Type/Facility Name: 01-001 Piedmont Drive 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>MPH school zone around 2400 Block Salem Church Road NB Spotsylvania County VA.</p> <ul style="list-style-type: none"> <li>◦ The violation was documented as: Exceeding the posted speed limit by at least 10 MPH, in violation of §46.2-873 (photo enforced) of the Code of Virginia.</li> </ul> <p>Speeding while transporting individuals is failure to provide services necessary to health, safety and welfare of the individuals, and is a violation of 12VAC35-115-50(B)(2).</p>	<p>help ensure necessary supports are provided to minimize recurrence of neglect regarding ensuring the health, safety, and welfare of all individuals. Newly hired staff will be assigned this course upon hire during the week of their agency orientation.</p> <p>Human Resources and the DD Residential Coordination team and program managers will track annual Human Rights training compliance for all staff through its electronic training system/database on a monthly basis effectively immediately.</p> <p>The Compliance team will monitor submitted incident reports and any allegations or reports of abuse and neglect on a daily basis to help ensure systematically that incidents of this nature are identified and mitigated quickly.</p> <p>OHR/OLR) Accepted 12/08/2025</p>	

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

License #: 101-01-001

Date of Inspection: 11-26-2025

Organization Name: Rappahannock Area Community Services Board

Program Type/Facility Name: 01-001 Piedmont Drive 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>
<b>General Comments / Recommendations:</b>				
I understand it is my right to request a conference with the reviewer and the reviewer's supervisor should I desire further discussion of these findings. By my signature on the Corrective Action Plan, I pledge that the actions to be taken will be completed as identified by the date indicated.				
Cassie Purtlebaugh, Human Rights		(Signature of Organization Representative)		Date
C = Substantial Compliance, N = Non Compliance, NS = Non Compliance Systemic, ND = Non Determined				

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

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

Date of Inspection: 11-12-2025  
Program Type/Facility Name: 01-019 CrisisStab/Sunshine Lady House

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-105-440. (7) - New employees, contractors, volunteers, and students shall be oriented commensurate with the individual's function or job-specific responsibilities within 15 business days. The provider shall document that the orientation covers each of the following policies, procedures, and practices: 7. Serious incident reporting, including when, how, and under what circumstances a serious incident report must be submitted and the consequences of failing to report a serious incident to the department in accordance with this chapter.	N	CrisisStab/Sunshine Lady House  This regulation was NOT MET as evidenced by:  During a review of Employee #3's record it was revealed that there was no evidence of orientation that covers serious incident reporting.	PR) 12/23/2025  A revised orientation packet was implemented that included the documentation of serious incident reporting training.  After the new employee orientation, the documentation will be reviewed for completeness. (New employee orientation is held twice a month). If any documentation is missed, Human Resources will contact the employee for immediate resolution.  HR will review the checklist after each new hire orientation utilizing the new employee HR audit checklist  OLR) Accepted 12/29/2025	12/12/2025

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

License #: 101-01-019

Date of Inspection: 11-12-2025

Organization Name: Rappahannock Area Community Services Board

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

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
<b>General Comments / Recommendations:</b>				
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.				
_____		_____	_____	_____
Angela DAngelo, Licensing Specialist		(Signature of Organization Representative)		Date
C = Substantial Compliance, N = Non Compliance, NS = Non Compliance Systemic, ND = Non Determined				

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

License #: 101-04-015  
Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 11-12-2025  
Program Type/Facility Name: 04-015 Sunshine Lady House Detox

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-105-440. (7) - New employees, contractors, volunteers, and students shall be oriented commensurate with the individual's function or job-specific responsibilities within 15 business days. The provider shall document that the orientation covers each of the following policies, procedures, and practices: 7. Serious incident reporting, including when, how, and under what circumstances a serious incident report must be submitted and the consequences of failing to report a serious incident to the department in accordance with this chapter.	N	Sunshine Lady House Detox  This regulation was NOT MET as evidenced by:  During a review of Employee #3's record it was revealed that there was no evidence of orientation that covers serious incident reporting.	PR) 12/23/2025  A revised orientation packet was implemented that included the documentation of serious incident reporting training.  After the new employee orientation, the documentation will be reviewed for completeness. (New employee orientation is held twice a month). If any documentation is missed, Human Resources will contact the employee for immediate resolution.  HR will review the checklist after each new hire orientation utilizing the new employee HR audit checklist.  OLR) Accepted 12/29/2025	12/12/2025

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

License #: **101-04-015**

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

Date of Inspection: **11-12-2025**

Program Type/Facility Name: **04-015 Sunshine Lady House Detox**

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
<b>General Comments / Recommendations:</b>				
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.				
_____		_____	_____	_____
Angela DAngelo, Licensing Specialist		(Signature of Organization Representative)		Date
C = Substantial Compliance, N = Non Compliance, NS = Non Compliance Systemic, ND = Non Determined				

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

License #: 101-02-011  
Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 12-11-2025  
Program Type/Facility Name: 02-011 Kenmore Club

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-105-440. (4) - New employees, contractors, volunteers, and students shall be oriented commensurate with the individual's function or job-specific responsibilities within 15 business days. The provider shall document that the orientation covers each of the following policies, procedures, and practices: 4. Person-centeredness;	N	Kenmore Club  This regulation was NOT MET as evidenced by:  During a review of Employee #1's record it was revealed that there was no evidence of orientation that covers person-centeredness.	PR) 12/23/2025  A revised orientation packet was implemented that included the documentation of person-centeredness training.  After the new employee orientation, the documentation will be reviewed for completeness. (New employee orientation is held twice a month). If any documentation is missed, Human Resources will contact the employee for immediate resolution.  HR will review the checklist after each new hire orientation utilizing the new employee HR audit checklist.  OLR) Accepted 12/29/2025	12/12/2025

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

License #: 101-02-011  
Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 12-11-2025  
Program Type/Facility Name: 02-011 Kenmore Club

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-105-440. (7) - New employees, contractors, volunteers, and students shall be oriented commensurate with the individual's function or job-specific responsibilities within 15 business days. The provider shall document that the orientation covers each of the following policies, procedures, and practices: 7. Serious incident reporting, including when, how, and under what circumstances a serious incident report must be submitted and the consequences of failing to report a serious incident to the department in accordance with this chapter.	N	Kenmore Club  This regulation was NOT MET as evidenced by:  During a review of Employee #1's record it was revealed that the new employee orientation packet was not thoroughly filled out. The provider failed to show evidence of orientation that covers serious incident reporting.	PR) 12/23/2025  HR has implemented a post-orientation process for review of all documentation.  After the new employee orientation, the documentation will be reviewed for completeness. (New employee orientation is held twice a month). If any documentation is missed, Human Resources will contact the employee for immediate resolution.  HR will review the checklist after each new hire orientation utilizing the new employee HR audit checklist.  OLR) Accepted 12/29/2025	12/12/2025

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

License #: 101-02-011

Date of Inspection: 12-11-2025

Organization Name: Rappahannock Area Community Services Board

Program Type/Facility Name: 02-011 Kenmore Club

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
<b>General Comments / Recommendations:</b>				
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.				
_____		_____	_____	_____
Angela DAngelo, Licensing Specialist		(Signature of Organization Representative)		Date
C = Substantial Compliance, N = Non Compliance, NS = Non Compliance Systemic, ND = Non Determined				

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

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

Date of Inspection: 11-26-2025  
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.		
12VAC35-115-60. B. (4b) - The provider's duties. 4. Providers shall assign a specific person or group of persons to carry out each of the following activities: 4b. Preparation, implementation, and modifications to an ISP based on ongoing review of the medical, mental, and behavioral needs of the individual;	N	Stonewall Estates Group Home  This regulation was NOT MET as evidenced by:  CHRIS #20250037  Providers shall assign a specific person or group of persons to carry out each of the following activities: Preparation, implementation, and modifications to an ISP based on ongoing review of the medical, mental, and behavioral needs of the individual.  <ul style="list-style-type: none"> <li>• Provider substantiated violation of Services based on the following: <ul style="list-style-type: none"> <li>◦ After reviewing video footage, it was determined that staff completed routine nightly checks on Individual #1 at 2:36am, 3:44am, and 4:30am.</li> <li>◦ In addition, investigators spoke to staff who confirmed that the CPAP was cleaned weekly, and the staff responsible signed the cleaning log.</li> </ul> </li> </ul> Although all of these measures are in place, the provider	PR) 12/04/2025  PR: The staff responsible (Employee #1) for failing to provide services necessary to the health, safety, and welfare of the individuals during transport received corrective action on 11/19/2025.  Employee #1 received a retraining of the RACSB Transportation manual and signed off an attestation of understanding on 11/24/2025. All other program staff will receive a retraining of the RACSB Transportation manual and will sign off on an attestation of understanding.  All RACSB staff and volunteers will be required to undergo an annual Human Rights training to	12/31/2025 00:00:00

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

License #: 101-01-001

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 11-26-2025

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>failed to prepare the ISP based on the needs of the individual, which included a lack of instructions relating to this aspect of the individual's service needs.</p>	<p>help ensure necessary supports are provided to minimize recurrence of neglect regarding ensuring the health, safety, and welfare of all individuals. Newly hired staff will be assigned this course upon hire during the week of their agency orientation.</p> <p>Human Resources and the DD Residential Coordination team and program managers will track annual Human Rights training compliance for all staff through its electronic training system/database on a monthly basis effectively immediately.</p> <p>The Compliance team will monitor submitted incident reports and any allegations or reports of abuse and neglect on a daily basis to help ensure systematically that incidents of this nature are identified and mitigated quickly.</p> <p>OHR/OLR) Accepted 12/08/2025</p>	

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

License #: 101-01-001

Date of Inspection: 11-26-2025

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>
<b>General Comments / Recommendations:</b>				
I understand it is my right to request a conference with the reviewer and the reviewer's supervisor should I desire further discussion of these findings. By my signature on the Corrective Action Plan, I pledge that the actions to be taken will be completed as identified by the date indicated.				
Cassie Purtlebaugh, Human Rights		(Signature of Organization Representative)		Date
C = Substantial Compliance, N = Non Compliance, NS = Non Compliance Systemic, ND = Non Determined				

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

License #: 101-02-006  
Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 12-03-2025  
Program Type/Facility Name: 02-006 Fredericksburg

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-105-150. (4) - The provider including its employees, contractors, students, and volunteers shall comply with: 4. Section 37.2-400 of the Code of Virginia and related human rights regulations adopted by the state board;	N	Fredericksburg This regulation was NOT MET as evidenced by: See OHR citation below.		
12VAC35-115-60. B. (2) - The provider's duties. 2. Providers shall ensure that all services, including medical services and treatment, are at all times delivered in accordance with sound therapeutic practice. Providers may deny or limit an individual's access to services if sound therapeutic practice requires limiting the service to individuals of the same sex or similar age, disability, or legal status.	N	Fredericksburg  This regulation was NOT MET as evidenced by:  During an internal investigation, the provider determined the following:  • Employee 1 was heard telling Individual 1, "Grab your shit." Individual 1 did not seem to be bothered by this comment, and did not feel it was said in a demeaning or derogatory manner. • Employee 1 and Employee 2 were observed on their cell phones multiple times in the van, and were not engaged in programming while with the individuals.  This is determined by the provider to be a violation of sound therapeutic practice.	PR) 12/16/2025  PR: Employee #1 received corrective action for using inappropriate language which resulted in not providing sound therapeutic practices.  Employee #2 received corrective action for violating the RAAI cell phone policy  PR: Employee #1 has been scheduled to re-take the two-day Person-Centered Thinking training on 2/12 & 2/13.  All staff on the Specialized Services team will review the cell-phone policy and attest to it by 12/31/25.  All staff who are hired with RAAI are required to take the two-day Person-Centered Thinking training within the first 6 months of employment.	02/13/2026 00:00:00

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

License #: 101-02-006

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 12-03-2025

Program Type/Facility Name: 02-006 Fredericksburg

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
			<p>Person-Centered Thinking approaches are evaluated in their performance evaluations every six months.</p> <p>PR: Specialized Services Site Leader addressed in monthly supervision.</p> <p>Site Leader and Coordinator will ensure Person-Centered Thinking training is completed by end of February class.</p> <p>Site Leader and Coordinator will ensure that the cell-phone policy has been attested to by the 12/31/25 due date.</p> <p>Coordinator will monitor that ongoing refreshers of Person-Centered Thinking language and the Cell-Phone policy will be reviewed annually.</p> <p>Site Leader will discuss Person Centered Thinking practices in monthly supervisions, bi-annually during evaluations, and in real time if required.</p> <p>OHR/OLR) Accepted 12/23/2025</p>	

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

License #: 101-02-006

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 12-03-2025

Program Type/Facility Name: 02-006 Fredericksburg

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
<b>General Comments / Recommendations:</b>				
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.				
Artea Ambrose, Human Rights		(Signature of Organization Representative)		Date
C = Substantial Compliance, N = Non Compliance, NS = Non Compliance Systemic, ND = Non Determined				

## Communications Update, February 2026

- 104 social media posts in January
- Two media releases
- Four blog posts: Staying Grounded During Winter Storms, Inclement Weather Updates, Share Love and Hope This Valentine's Day, and Valentine's Day Sensory Activities for Infants and Toddlers
- One edition of Inside RACSB
- One Spark news posts
- Five Engage posts
- Employee engagement initiatives: Service Projects
- Website: Created a page of listings for Sponsored Placement openings, with a post for each of the six openings; created page for the young adult survey
- Inclement weather updates posted on website (banner on homepage and a blog post for the days when the update was too complex to fit in a banner) and three social media accounts—Facebook, Instagram, LinkedIn

## Blog Posts

## STAYING GROUNDED DURING WINTER STORMS

Winter weather can wreak havoc on our plans and disrupt our routines, which can be stressful for any of us. But when someone in your household has a developmental disability or behavioral health concerns, snowstorms can bring extra challenges.

Changes in routine, power outages, limited access to medications or services, sensory disruptions, and isolation can all take a toll on physical and emotional well-being.

The good news: A little planning can go a long way. Preparing ahead of time can reduce anxiety and help to provide stability in a storm.

An extra set of challenges

Winter storms do more than disrupt travel and interrupt work or school—they disrupt routines, supports, and access to care.

For some individuals:

- **Changes in routine** can cause distress or behavioral challenges.
- **Power outages** may affect medical devices, communication tools, heating, or access to calming activities.
- **Limited transportation** can interrupt therapy, treatment, support groups, or medication refills.
- **Isolation** can worsen symptoms of depression, anxiety, or substance use cravings.
- **Sensory changes** (sirens, wind, darkness, cold, crowded shelters) can feel overwhelming.

Identify the potential issues early and work to mitigate them before the first snowflakes fall

## BEFORE THE STORM

### 1. Make a Personalized Emergency Plan

There is a lot of information about generalized emergency plans, but they can ignore the unique challenges you face. Create a plan that works for your situation by asking yourself these questions:

- Which routines are most important to preserve?
- What supports or services might be disrupted?
- What does my loved one need to feel safe and regulated?

Make a list of emergency contacts, medical providers, preferred calming strategies, communication needs, accommodations, accessible transportation options, backup caregivers, and necessary paperwork (for example, guardianship papers, health records, insurance cards, or details about benefits and supports).

Make sure copies of this list/plan are accessible. Share them with trusted family members, neighbors, or support workers.

### 2. Prepare an Emergency Kit

Start with the standard emergency supplies: flashlights, batteries, water, non-perishable food, radio, blankets, hand warmers, first aid kit, cell phone charger, etc.

Then, add items that will support emotional and behavioral stability:

- **Medications** (at least several days' supply if possible)
- **Comfort or sensory items** (weighted blankets, fidget tools, noise-canceling headphones)
- **Printed coping strategies or visual schedules**
- **Charged devices and power banks**
- **Activities** that help pass time and reduce stress (books, puzzles, art supplies)

Some other helpful things to include:

- A list of important contacts
- Supplies for a support animal if needed
- Laminated cards with phrases/pictures for communicating if an augmentative device is used
- Noise-cancelling headphones or ear plugs
- Extra mobility devices such as canes or walkers

If you are in recovery for substance use disorders, it may be helpful to include a phone numbers for sponsors, support lines, and/or support groups; information about virtual meetings; and a written list of reminders for staying sober during stressful times.

### **3. Plan for Medication and Treatment Access**

Winter storms can make it hard to get to pharmacies or appointments.

- Refill prescriptions early when storms are forecast.
- Ask providers about backup plans or telehealth options.
- Keep a written list of medications, dosages, and prescribing providers.
- If someone receives injections or time-sensitive treatment, ask their provider what to do if appointments are delayed.

### **4. Talk About the Storm—In a Way That Makes Sense**

For some individuals, uncertainty is more upsetting than the storm itself.

- Explain what might happen using clear, simple, and accurate language.
- Use visual supports and/or social stories if helpful. ([Here is a website with free social stories about weather events](#) and [here is a general storm social story, that talks about wind but not snow.](#))
- Reassure them about what will stay the same—and what supports are in place.

Avoid overwhelming details, and check in often to see what questions or fears come up.

## DURING THE STORM

### *Keep Routines When Possible*

When the world outside feels chaotic, routines provide comfort.

- Try to maintain regular meal times, sleep schedules, and daily activities.
- Create a simple “storm day routine” so everyone knows what to expect.
- Be flexible—doing “good enough” is okay.

### *Watch for Signs of Distress*

- Increased anxiety, irritability, or withdrawal
- Changes in sleep or appetite
- Escalation of symptoms or cravings
- Behavioral changes or sensory overload

Respond with patience and compassion. If possible, use familiar coping strategies and give extra reassurance.

### *Stay Connected*

Isolation can make everything feel heavier.

- Check in regularly with friends, family, or support networks by phone or text.
- Use virtual therapy sessions or online support groups if available.
- Encourage connection without pressure—sometimes just knowing support is there helps.

## AFTER THE STORM

### *Ease Back into Routines*

Once the storm passes, it may take time to return to normal.

- Reintroduce routines gradually.
- Expect some emotional “aftershocks”—fatigue, irritability, or sadness are common.
- Celebrate small wins, like getting through the storm safely.

### *Reflect and Adjust Your Plans (if needed)*

After things settle, consider:

- What worked well?
- What was a surprise?
- What was harder than expected?
- What would you change next time?

Update your emergency plan so you're even better prepared in the future.

Resources/Learn More:

- [Winter Preparedness for People with Disabilities](#)
- [Mental Health Expert Offers Tips to Manage Storm-Related Anxiety](#)
- [Ready.gov resources for people with disabilities](#)
- [American Red Cross: Winter Storm Preparedness](#)
- [Winter Preparedness: Mental Health and Substance Use Resources](#)

## INCLEMENT WEATHER UPDATE

On Thursday, Jan. 29, the following programs/facilities will be closed due to inclement weather:

- the 750 Kings Highway site of Rappahannock Adult Activities
- RACSB at River Club
- the Fredericksburg Clinic
- Administrative offices at 600 Jackson Street

***If you have an appointment at the Fredericksburg Clinic, a clinician will reach out to provide services virtually.***

HopeStarters who work at any of the closed facilities should work from home if possible or take inclement weather leave.

# SHARE LOVE AND HOPE THIS VALENTINE'S DAY

## Good to Know:

- Roses and carnations are available for purchase
- The deadline to order is Feb. 6
- Flowers will be delivered Feb. 12-13
- Orders include delivery to the City of Fredericksburg and the counties of Caroline, King George, Spotsylvania, and Stafford

Valentine's Day is all about love: love for partners, friends, family, and our community. This year, you can celebrate the season in a way that's both beautiful *and* meaningful by purchasing flowers that give back.

We're excited to share our [Valentine's Day flower sale](#) featuring classic bouquets of roses and carnations—timeless symbols of love and affection. Even better? Proceeds from every bouquet sold will benefit **Rappahannock Adult Activities**, our day support program for adults with developmental disabilities.

## More Than Flowers

- Build practical and social skills
- Create meaningful friendships
- Pursue passions and personal interests
- Develop hobbies and confidence
- Flourish in our community



Your [flower purchase](#) helps make these opportunities possible. It supports programs that encourage independence, belonging, and joy.

With each bloom you buy, you spark hope for adults with disabilities and their loved ones.

## A Gift with Heart

Whether you're surprising a partner, thanking a friend, celebrating a family member, or simply treating yourself, these bouquets do more than brighten a room.

They tell a story of inclusion and hope—stories of adventures, karaoke, parties, games, and more.

And, your [flower purchase](#) doesn't help just one community charity. [RAAI's](#) participants volunteer with numerous nonprofits and community groups.

## A Gift with History

[RAAI](#) began 50 years ago—not long after RACSB’s own launch in 1970, its leaders recognized a huge gap in community services. At the time, special education was fairly new, and the first waves of students receiving disability services were graduating. However, once they left school, specialized services ended.



These students had been provided opportunities for developing skills and hobbies. And then, they were sitting at home with nowhere to go. Their families and caregivers often gave up careers to care for them during the day. Sometimes, families turned to institutions when they didn’t have the resources to provide daily supervision.

Day programs for adults with developmental disabilities were relatively new to America at that time, and completely new to our region. But RACSB has a long history of providing innovative services to meet community needs. And, so the agency launched Rappahannock Adult Activities 50 years ago.

For five decades, the program has pioneered person-centered care, offering opportunities for participants to grow, develop, and thrive.

## Join Us in Spreading the Love

By choosing roses or carnations from our Valentine's Day flower sale, you're helping [RAAI](#) continue its vital work of supporting adults with developmental disabilities as they grow, connect, and flourish.

Because the best kind of love is the kind that lifts everyone up. 

This Valentine's Day, let your flowers do more.

### **Order a bouquet. Spread the love. Support Rappahannock Adult Activities.**

The deadline to order is Feb. 6. Flowers will be delivered Feb. 12-13. Your order comes with local delivery to the City of Fredericksburg or the counties of Caroline, King George, Spotsylvania, and Stafford.

If you'd like to support RAAI, but don't want to order flowers, you could donate to the program [here](#) or buy shirts and hats to support the program [here](#). (Please note that the first two shirts on our Bonfire site are special shirts with proceeds going to Micah Ecumenical Ministries, but other sales benefit RAAI.)

## SWEET WAYS TO PLAY: VALENTINE'S DAY SENSORY ACTIVITIES FOR INFANTS & TODDLERS

Valentine's Day is approaching—and this celebration of love provides many themes for building skills and exploring sensory play with activities that support early development while keeping things fun, simple, and stress-free. What's not to love about that?

For infants and toddlers with developmental delays, hands-on experiences offer opportunities to promote speech and language development, fine motor and gross motor skills, and regulation. Here are some Valentine-themed ideas that are easy to adapt for different ages and abilities. As always, supervision is key and activities should always be adjusted to meet each child where they are.

## SENSORY ACTIVITIES WITH A VALENTINE'S FLAIR

### ♥ Pink & Red Sensory Bin (Fine Motor + Language)



**What you'll need:**

Shredded paper, fabric scraps, pom-poms, soft balls, plastic hearts, measuring cups, or scoops

**How it helps:**

- **Fine motor:** Grasping, scooping, transferring items

- **Language:** Naming colors, textures, and objects (“soft,” “big,” “red”)

**Try this:**

Model simple words or signs like *in*, *out*, *more*, or *heart*. Follow the child’s interest and narrate what they’re doing.

## ♥ Valentine’s Cereal Bin (Fine Motor + Sensory Regulation)

**What you’ll need:**

Heart-shaped Cheerios (any cereal will work, but the heart shapes add an extra Valentine’s twist), heart-shaped cookie cutters, measuring cups

**How it helps:**

- **Fine motor:** Grasping, scooping
- **Sensory regulation:** Calming activity

**Try this:**

Scoop the cereal and watch it flow, model using pincher fingers to grasp a piece of cereal.

## ♥ Heart Discovery Bottles (Sensory Regulation + Visual Attention)

**What you’ll need:**

Clear plastic bottles filled with water, glitter, small heart shapes, or beads

**How it helps:**

- **Sensory regulation:** Calm visual input
- **Early communication:** Joint attention and turn-taking

**Try this:**

Shake the bottle together and pause to wait—does the child look, point, or vocalize? Respond right away to reinforce communication.

## ♥ Heart Sensory Sticky Activity (Sensory Regulation +Fine Motor)

What you'll need:

Clear Contact paper, duct or painter's tape, foam and felt hearts, pompoms, feathers

How it helps:

- **Sensory regulation:** Textures, calming activity
- **Fine motor:** Grasping

Try this:

Tape the Contact paper to a wall or cabinet, where the tiny one can reach it (with the sticky side of the Contact paper out), and provide a bin with foam and felt hearts, pompoms, tissue paper, feathers, etc. Have toddler stick items to the Contact paper.

Love Languages: Activities that Encourage Speech Development

## ♥ Valentine Sounds & Songs

Ideas:

- Sing familiar tunes with Valentine-themed words
- Use simple phrases like "I love you," "hug," or "kiss"

How it helps:

- Builds imitation skills
- Encourages vocalizations and gestures

Tip:

Don't worry about perfect words. Sounds, babbling, signs, and gestures all count as communication.

## ♥ Book Time with Love-Themed Stories



Examples:

Board books with pictures of families, hugs, animals, or hearts

### How it helps:

- Expands vocabulary
- Encourages pointing, labeling, and shared attention

### Try this:

Pause while reading and wait. Give the child time to look, point, or make a sound before you turn the page.

## WILL YOU BE FINE (MOTOR)? LITTLE HANDS AT WORK

### ♥ Sticker Hearts

#### What you'll need:

Large heart stickers or sticky notes



**How it helps:**

- Strengthens finger muscles
- Builds hand-eye coordination

**Adaptations:**

For children who struggle with peeling, place stickers partially lifted or let them press pre-placed stickers.

 **Valentine Art (Process Over Product!)**

**Ideas:**

- Finger painting with pink and red paint
- Stamping hearts using sponges or potatoes

**How it helps:**

- Encourages exploration and creativity
- Supports fine motor and sensory tolerance

**Remember:**

The experience matters more than how it looks when it's done.

## Fizzy Hearts

### What you'll need:

- Baking soda
- Red or purple food coloring
- Heart molds
- Small bowl
- Spoon
- Water
- Cookie Sheet
- Pipettes
- Vinegar

### How to make the activity:

- Mix baking soda, water, and food coloring in a bowl (add just enough liquid so the baking soda sticks as a sort-of paste; you don't want it to be runny)
- Squish the mixture into silicone heart molds
- Freeze for 30 minutes or longer
- Place the hearts onto a cookie sheet, plastic tray, or shallow tub
- Place vinegar in small bowl
- Use pipette to pick up the vinegar and drop it onto the hearts
- Watch the hearts fizz

### How it helps:

- Supports fine motor skills
- Encourages creativity

### Tip:

Toddlers may struggle with the normal sized pipettes, but they make larger ones that work better for tiny hands.

## GROSS MOTOR ACTIVITIES (MOVE WITH LOVE!)

### ♥ Heart Hop & Crawl

What you'll need:

Paper hearts taped to the floor

How it helps:

- Builds balance, coordination, and strength
- Encourages following simple directions

Try this:

Invite the child to hop, step, or crawl to each heart. Celebrate every attempt.

### ♥ Balloon Love



What you'll need:

Pink or red balloons

How it helps:

- Improves eye tracking and coordination

- Encourages turn-taking and shared joy

**Safety note:**

Always supervise closely and remove broken balloons right away.

## A FINAL NOTE FOR CAREGIVERS

Valentine’s Day activities don’t need to be complicated to be meaningful. Simple, playful moments—filled with warmth, repetition, and responsiveness—are what support development best.

Whether a child is exploring textures, practicing new words, or learning to move their body in new ways, these small moments of connection can have a big impact.

If you have questions about adapting activities for your child or want more ideas tailored to their development, your [early intervention team](#) is always here to help.

# RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD



**Rappahannock Area Community Services Board**

Published by Hootsuite · February 4 at 9:02 AM ·

Don't let this opportunity drain away! 💧 Join our team and fix more than just pipes —help lives.

We're hiring a maintenance technician to help us maintain and repair buildings, while sparking hope and changing lives.

<https://rappahannockareacsb.isolvedhire.com/jobs/1606958>

#NowHiringVA #FXBGVAJobs #MaintenanceHero #CommunityServicesBoard #HopeStarter



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

RappahannockAreaCSB.org



# RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD



**hope\_starter**

hope\_starter 🥳🥳🥳 It's so hard to say goodbye--but we sure do it in style! 😊 Child and Adolescent Therapist Sherrie Johnson retired last week--after 30 YEARS at RACSB!!! In those three decades, Sherrie's huge ❤️ and unflappable nature have changed countless lives--both those of the families she's served and the HopeStarters she's inspired. We're going to miss her so much, but we're so grateful for her years of service, for her compassion, and for her skill as a therapist! Best of luck in your next adventures, Sherrie!!! 🌱👏👏

3d

[View insights](#) [Boost post](#)

Spotsylvania, VA

*Sponsored Placement*  
**VACANCY**

Call:  
540-376-8500

**hope\_starter**

hope\_starter 🌟 Now Accepting New Referrals! 🌟 Our Sponsored Placement Program has an opening for an adult with developmental disabilities who is looking for a safe, supportive place to call home. Through this program, individuals receive personalized support in a family-style setting that promotes independence, dignity, and meaningful connections. It's more than housing--it's a chance to thrive in the community. Check out this opening with provider Charmaine Rhan in Spotsylvania County: <https://rappahannockareacsb.org/charmaine-rhan/>. Charmaine is an experienced caregiver who has worked in special education and as a home health aid. Her home is in a quiet, welcoming neighborhood and offers many accessible features, plus a large backyard and deck perfect for outdoor serenity. To learn more about this--or our other openings, call Sophia Masvaure at 540-376-8500 #SponsoredPlacement #DevelopmentalDisabilityResidential #SupportiveCare

[View insights](#) [Boost post](#)

5 likes  
3 days ago

600 Jackson Street  
Fredericksburg, VA 22401  
540-373-3223  
[RappahannockAreaCSB.org](http://RappahannockAreaCSB.org)



# Social Media Performance Overview

January 2026

## • Summary Metrics

Total Followers:	482	Impressions:	2,840
Posts:	35	Reactions:	88

## • Top-Performing Content: Instagram



Engagement: 16  
Likes: 15  
Views: 159

### Analysis

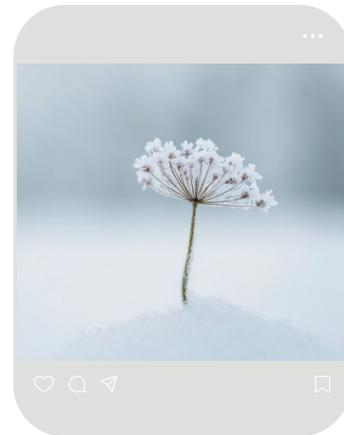
Photo of employees, fun topic, competition, employee engagement, 1 emoji, Monday evening



Engagement: 7  
Likes: 16  
Views: 138

### Analysis

National day, photo of employees and community partners, leaders, three hashtags, three emojis, Friday afternoon



Engagement: 5  
Likes: 3  
Views: 128

### Analysis

Inclement weather announcement

# Social Media Performance Overview

January 2026

## • Summary Metrics

Total Followers:	3,280	Impressions:	41,924
Posts:	40	Reactions:	326

## • Top-Performing Content: Facebook



Engagement: 962  
 Interactions: 78  
 Views: 4,001

### Analysis

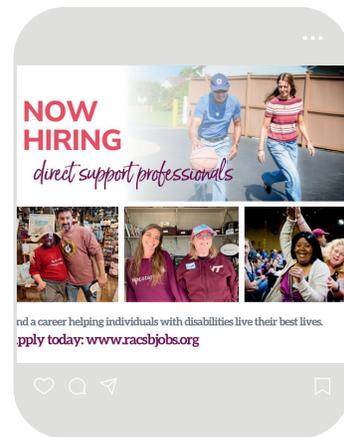
Photo of employees, fun topic, competition, employee engagement, 1 emoji, Monday evening



Engagement: 282  
 Interactions: 44  
 Views: 1,398

### Analysis

National day, photo of employees and community partners, leaders, three hashtags, three emojis, Friday afternoon



Engagement: 198  
 Interactions: 52  
 Views: 3,062

### Analysis

Photos of staff and individuals, recruitment post, shared 14 times, 6 emojis, link, Saturday afternoon

# Social Media Performance Overview

December 2025

## • Summary Metrics

Total Followers:	823	Impressions:	1,517
Posts:	24	Reactions:	51

## • Top-Performing Content: LinkedIn



Engagement: 90  
 Likes: 12  
 Impressions: 168

### Analysis

National day, photo of employees and community partners, leaders, three hashtags, three emojis, Friday afternoon



Engagement: 33  
 Likes: 6  
 Impressions: 99

### Analysis

Photo of employees, fun topic, competition, employee engagement, 1 emoji, Monday evening



Engagement: 4  
 Likes: 4  
 Impressions: 52

### Analysis

Employee achievement, novel topic, community partner, Wednesday afternoon



# Prevention and Early Intervention Services Program Updates

**Michelle Wagaman, Director**

[mwagaman@rappahannockareacsb.org](mailto:mwagaman@rappahannockareacsb.org)  
540-374-3337, ext. 7520

**February 2026**

## **Top 3 for February:**

1. The Virginia Young Adult Survey is now live and runs through April 30, 2026. The survey targets those ages 18 to 25 regarding substance use and mental wellness. Germanna Community College is an official survey partner. With 200 responses utilizing their special code, they will receive a clean data set.
2. The first in the series of virtual lunch and learns focused on resilience was held January 29, 2026. There were 55 registered and 43 attending. This is organized by the Trauma Informed Care Workgroup of the Criminal Justice Reform Alliance.
3. Healthy Families Rappahannock Area has been asked on behalf of Families Forward Virginia to participate in a roundtable hosted by the US Health and Human Services and the Office of the Second Lady. This is related to Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program federal funding. It is scheduled for February 26, 2026.

## **Upcoming Events:**

- The Community Collaborative is hosting a guest speaker on February 13, 2026. Keith Cartwright, former DBHDS ACEs Coordinator, will be presenting on the impact of coalitions and community relationships.
- The Suicide Prevention Coalition is also hosting SAMSHA technical assistance for Crisis Intercept Mapping for the population of Service Members, Veterans and their Families. This 1.5 workshop is scheduled for February 20-21, 2026.
- The Suicide Prevention Coalition is bringing Full Circle Grief to the community to facilitate a post-vention workshop on March 12, 2026. There are currently 29 registered. To learn more and to register: <https://www.signupgenius.com/go/PostventionWorkshop> (flyer included)
- The Trauma Informed Care Workgroup of the Criminal Justice Reform Alliance is hosting a series of virtual lunch and learns focused on resilience. The second session is scheduled for April 30, 2026 at noon. To learn more and to register: <https://www.signupgenius.com/go/Resilience-lunch-and-learn> (flyer included)

## **Substance Abuse Prevention**

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

**Youth Education/Evidence Based Curriculum**s – Jennifer Bateman, Prevention Specialist, will begin

facilitation of the HALO (Healthy Alternatives for Little Ones) curriculum with St. Paul's and 4Seasons day care/preschool centers in King George County this month (schedule adjusted due to inclement weather).

**Coalitions** – The Community Collaborative for Youth and Families is meeting February 13, 2026 in place of the annual Youth First Conference which is being paused in 2026. Keith Cartwright, former DBHDS ACEs Coordinator, is scheduled to present. The next meeting will be April 10, 2026 at 9:00 a.m. at the RACSB at River Club Office. To learn more: <https://www.thecommunitycollaborative.org/>

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

**Alcohol and Vaping Prevention Education** – Jennifer Bateman, Prevention Specialist, continues scheduling for the spring semester with increased outreach to middle schools. Presentations are complete for classes at Courtland High School and Chancellor High School in Spotsylvania County (11 classes/blocks). In January, she's presented to all 7<sup>th</sup> and 8<sup>th</sup> grade students at Chancellor Middle School. Dates are also scheduled for Ni River Middle School, King George Middle and High School, and Spotsylvania High School.

## Suicide Prevention Initiatives

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

**ASIST (Applied Suicide Intervention Skills Training)** – This Living Works curriculum is a 2-day interactive workshop in suicide first aid. Participants learn how to recognize when someone may have thoughts of suicide and to work with the individual to create a plan that will support their immediate safety. The curriculum has been updated and the new versions will be implemented beginning in 2026.

The training will be held on the following dates in 2026: March 25-26; 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.

We have added three (3) training dates at the request of community partners: February 25 for Central Virginia Housing (rescheduled due to weather), February 27 for G-Cubed, and March 14 for Boy Scout Troop 845.

Adult Mental Health First Aid trainings will be held on the following dates in 2026: April 7; 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: May 5; 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: March 3; May 12;

August 18; and November 3 (from 8:30 a.m. to 5:00 p.m.).

To register for Adult Mental Health First Aid Training:  
<https://www.signupgenius.com/go/RACSB-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: February 12 (9:00 a.m. to noon); April 28 (9:00 a.m. to noon); June 4 (9:00 a.m. to noon); 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 partnered with the Virginia Department of Education to address recent legislation related to providing parents with information and resources related to mental health and self-harm. We will be participating in a presentation to school divisions on March 4, 2026. To learn more about this initiative, please visit: [www.lockandtalk.org](http://www.lockandtalk.org)

**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 February 23, 2026 at 1:00 p.m. The Youth and Young Adult workgroup is now meeting in the afternoon to accommodate high school student schedules. We are moving forward with the creation of a local suicide prevention toolkit. The coalition is hosting a full day workshop on post-vention (community response following suicide death; March 12) and crisis intercept mapping for the SMVF population (February 20-21).

## State Opioid Response (SOR)

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

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

**REVIVE! Naloxone Training and Dispensing** – RACSB continues to host virtual trainings twice a month. Additionally, we schedule and host trainings upon the request of community partners. We have encountered challenges with a lack of support from DBHDS for the train-the-trainer and having those we certify become official with the state.

To register for REVIVE! Trainings:  
<https://www.signupgenius.com/go/RACSB-REVIVE2026>

## Additional Initiatives

**Responsible Gaming and Gambling** – RACSB is increasing social media posts related to responsible gambling leading up to the Super Bowl.

**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 is preparing to host another ACE Interface train-the-presenter on February 25, 26, and 27, 2026. We currently have 11 registered.

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. Plans are underway for a third book club session utilizing the book “Burnout: The Secret to Unlocking the Stress Cycle” by Emily Nagoski, PhD, and Amelia Nagoski, DMA. This will launch the first week in May in recognition of Resilience Week in Virginia.

**Community Resilience Initiative** – Course 1 Trauma Informed and Course 2 Trauma Supportive are each 6- hour courses that cover brain science, the individual experiences and ways to build individual and community resilience. (Course 1 is a pre-requisite for Course 2).

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

## Healthy Families Rappahannock Area

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

### December 2025

LOCALITY	NUMBER OF REFERRALS	ASSESSMENTS	NUMBER OF FAMILIES RECEIVING HOME VISITS	NEW ENROLLEES YEAR-TO-DATE
CAROLINE COUNTY	1	1	6	2
CITY OF FREDERICKSBURG	5	4	33	10
KING GEORGE COUNTY	2	0	6	0
SPOTSYLVANIA COUNTY	10	4	57	13
STAFFORD COUNTY	2	3	37	9
OUT OF AREA (REFERRED TO OTHER HF SITES)	0	0	0	0
<b>TOTAL</b>	<b>20</b>	<b>12</b>	<b>139</b>	<b>34</b>

- Healthy Families met all 2<sup>nd</sup> QTR Objectives for VDSS TANF Grant (see attached chart).

- The program exceeded percent capacity for MIECHV Grant expectation of serving 66 families. Total families served through this grant was 73 (111%).
- Healthy Families Rappahannock Area has been asked on behalf of Families Forward Virginia to participate in a roundtable hosted by the US Health and Human Services and the Office of the Second Lady. This is related to MIECHV federal funding. It is scheduled for February 26, 2026.



In every community, there are stories that never make headlines but quietly shape the future. They unfold in living rooms, at kitchen tables, in classrooms, churches, and community centers — wherever someone chooses to lead not with authority, but with love.

Leading by love is not a new idea. It is a legacy deeply rooted in community and history. It is the spirit that carried Harriet Tubman back into danger time and time again so others could walk toward freedom. It is the steady courage of Rosa Parks, whose quiet refusal spoke louder than anger ever could. It is the dream voiced by Dr. Martin Luther King Jr., who reminded a nation that lasting change begins in the heart before it ever reaches the law.

These leaders did not simply demand change. They demonstrated it through compassion, sacrifice, and an unwavering commitment to the well-being of others. They understood something powerful: when you uplift one person, you strengthen an entire community. That same spirit lives on today in less visible but equally meaningful ways.

It lives in the mentor who stays late to help a student believe in themselves. In the neighbor who checks in on a struggling family. In the Family Support Specialist who patiently walks a new family through resources they never knew existed. The ones who listen without judgment when the weight of life feels too heavy to carry alone. Leading by love looks like showing up.

It looks like seeing potential where others see problems. It looks like offering encouragement instead of criticism. It looks like extending a hand, not because it is required, but because it is right.

Black history teaches us that progress is rarely achieved by individuals standing alone. It is built by communities supporting one another through hardship, standing together in moments of uncertainty, and believing that collective care can create lasting change.

When we choose to support one another, we carry that history forward.

- We say that every person matters.
- We say that no one is invisible.
- We say that love is not weakness, but one of the most powerful forces for change.

In a world that often moves quickly past people who are struggling, leading by love asks us to slow down and stand beside them. It reminds us that making a difference does not always require a platform or a spotlight, only a willingness to care. And when we do, something remarkable happens. Confidence grows. Hope returns. Possibility expands.

### *Village Shoutouts*

This month's shout outs belong to

- **Omega Psi Phi Fraternity, Inc**

We are truly Thankful for all the Support you give!



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

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



# The Power of Love

February 2026

## Xy'Aszjah's Story

Xy'Aszjah first connected with our program during one of the most hopeful seasons of her life—while she was pregnant and dreaming about the future she wanted to build for herself and her baby. She came to us with determination, optimism, and a clear desire to create a strong foundation for her growing family.

Soon after, life presented unexpected challenges that required her to leave the area, placing her journey with us on pause before her little one even arrived.

When Xy'Aszjah returned to Fredericksburg, she didn't hesitate. She remembered the encouragement and support she had received from her Family Support Specialist (FSS) and eagerly reached back out. Rejoining the program felt like picking up a conversation that had never truly ended—she was ready, hopeful, and committed to continuing the path she had started.

At the time of her return, Xy'Aszjah and her child were living in the local shelter. With the combined support of the shelter staff and her through the steady guidance of her FSS, she was able to access valuable resources, receive personalized support, and begin taking meaningful steps toward stability. Step by step, she turned determination into action.

Recently, Xy'Aszjah celebrated a milestone that once felt out of reach—moving into her very own apartment. For her, this was more than just a change of address. It was the creation of a safe, stable, and loving home where her child could grow and thrive.

As a single parent, the road has not always been easy. Children don't come with instruction manuals, and the weight of responsibility can feel overwhelming. Yet through her work with her FSS, Xy'Aszjah discovered a deep well of confidence and resilience within herself. She learned to navigate challenges with courage and to trust in her ability to provide the life she envisioned for her family.

Along with securing housing, she also successfully enrolled her child in daycare—another important step that opened doors for learning, development, and social connection while allowing her to continue pursuing her goals.

Xy'Aszjah continues to move forward, accomplishing each goal with quiet strength, perseverance, and an unwavering love for her child. Her story is a powerful reminder of what can happen when determination is met with consistent support, and when someone is empowered to believe that no challenge is too great to overcome.

HFRA is so thankful for our team and their dedication to Lead by Love and to make a difference. The families we serve may never use the word “love” to describe our services, but they feel every bit of it in the support provided by our team.



Love In Action

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





# What's Happening This Month

February 2026



## Hearts of Love Playgroup

Wednesday, February 11, 2026

10 am - 11 am  
Wilderness Presidential Resort  
9220 Plank Rd  
Spotsylvania, VA 22553



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

Help with Storytime and/or Crafts is always welcomed!  
Contact Laurie: [lstrother@rappahannockareacsb.org](mailto:lstrother@rappahannockareacsb.org)  
if you are interested in participating in our Playgroups



Quarterly Quest  
February 27, 2026  
Salem Church Library  
10:30 am - 11:30 pm  
Team Building

## CONTACT US

[hfra@rappahannockareacsb.org](mailto:hfra@rappahannockareacsb.org) 540-374-3366

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



SFY 2026

Healthy Families Initiative

Use Work Plan for FY26 Target numbers

Statistics Elements:		FY26 Target	Q2 Actual	YTD	
Statistics Elements	# of Families Screened	400	54	161	
	Statistics Report, Line 1.				
	# of Families Assessed	240	48	105	
	Statistics Report, Line 2a.				
	# of Home Visits Completed	2671	444	1012	
	Statistics Report, Line 5.				
# of Target Children Served	295	134	284		
Statistics Report, Line 11.					
		Numerator (Actual Outcome)	Denominator (Total Possible)	Enter Comments by Objective if your CasE report shows you not meeting the stated objective standard.	
Maternal Health: Improve maternal health & pregnancy/birth outcomes	<b>Pregnancy Outcomes:</b>				
	<b>Prenatal Care Compliance:</b>	#	N	%	Comments
	75% of prenatally enrolled mothers will receive 80% of their prenatal care visits <sup>1</sup> .	2	2	100%	
	<b>Maternal Mental Health:</b>				
	<b>Depression Referral/Resource Connections:</b>	#	N	%	Comments
	90% of mothers with a positive depression screen will receive resource connections.	3	3	100%	
<b>Maternal Health:</b>					
<b>Postpartum Care:</b>	#	N	%	Comments	
90% of prenatally enrolled mothers will complete a postpartum medical visit within 12 weeks of birth.	3	3	100%		
Child Health	<b>Child Health:</b>				
	<b>Medical Home:</b>	#	N	%	Comments
	85% of target children will have a primary health care provider within 2 months after enrollment or birth of target child.	6	7	86%	
	<b>Well-Child Visits</b>	#	N	%	Comments
	75% of target children will receive recommended well-baby/child visits <sup>2</sup> .	64	68	94%	
	<b>Immunization Completion</b>	#	N	%	Comments
	80% of target children will be up-to-date with immunizations <sup>3</sup> .	89	96	93%	
	<b>Pre-Term Birth</b>	#	N	%	Comments
	90% of active prenatal participants give birth after 37 weeks this quarter.	2	2	100%	
	<b>Child Development &amp; Social-Emotional Development</b>				
<b>Developmental Screening</b>	#	N	%	Comments	
90% of target children will be screened for developmental delays <sup>4</sup> . (NOTE: quarter #s are number of screens conducted only, final % calculated for FY)	48	48	100%		
<b>Developmental Screening: Referral</b>	#	N	%	Comments	
90% of target children with suspected developmental delay will be referred (with parental consent) to appropriate services for assessment to determine need for therapeutic services.	2	2	100%		
Positive Parenting Practices:	<b>Parent-Child Relationships:</b>				
	<b>Parent-Child Interaction Observation</b>	#	N	%	Comments
	90% of participant dyads will be screened using a validated parent-child interaction tool (i.e. CHEERS Check-In) (NOTE: quarter #s are number of screens conducted only, final % calculated for FY)	26	26	100%	
	<b>Father Involvement</b>				
	<b>Father Involvement</b>	#	N	%	Comments
	75% of families with an eligible "father" will complete the HFV PMRM Survey.	126	134	94%	
<b>Parental Practices &amp; Capacity</b>					
<b>Family Self-Assessment</b>	#	N	%	Comments	
75% of families will complete the Survey of Parenting Practices.	11	12	92%		
Relational & Mental Health	<b>Caregiver Mental Health</b>				
	<b>Depression Referral/Resource Connections</b>	#	N	%	Comments
	90% of caregivers with a positive depression screen will receive resource connections.	0	0	N/A	
	<b>Family Support Networks</b>				
	<b>Intimate Partner Violence Resource Connections</b>	#	N	%	Comments
	90% of primary caregivers who screened positive for interpersonal violence this quarter were connected to resources.	0	0	N/A	
<b>Tobacco Cessation Resource Connections</b>	#	N	%	Comments	
90% of primary caregivers who screened positive for tobacco use this quarter were connected to resources.	0	0	N/A		
<b>Substance Use Resource Connections</b>	#	N	%	Comments	
90% of primary caregivers who screened positive for substance use this quarter were connected to resources.	0	0	N/A		
VDSS Consent Completion	<b>Parental Consent:</b>				
	<b>VDSS Consent Form Completion/Decline</b>	#	N	%	Comments
90% of families consented or declined the VDSS Consent Form (Quarter numbers are to date)	128	134	96%		

1: Based on the schedule presented by the American College of Obstetrics and Gynecology.

2: Based on the schedule provided by the American Academy of Pediatrics.

3: As recommended by the schedule presented by the ACIP, AAP, State Health Department, or provider.

4: Screening of each child will occur at least semi-annually until 36 months, and annually thereafter.

## **Healthy Families Rappahannock Area Women & Girls Fund Grant Application**

Healthy Families Rappahannock Area seeks approval to submit an application to the Women & Girls Fund through The Community Foundation of the Rappahannock River Region. The maximum award is \$50,000.

The program seeks support for their initiative titled “Breaking Barriers to Employment for Mothers in Planning District 16.” as outlined below.

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Requesting Board approval to submit a \$50,000 grant application to the Community Foundation’s FY26 Women and Girls Fund for a project titled “**Breaking Barriers to Employment for Mothers in Planning District 16.**” This one-year initiative (July 1, 2026 – June 30, 2027) is designed to strengthen family stability by equipping mothers enrolled in Healthy Families Rappahannock Area (HFRA) with the tools, confidence, and practical skills needed to successfully enter or re-enter the workforce.

Many of the mothers who are served through HFRA express a strong desire to work and provide for their families but face barriers such as gaps in work history, limited resumé and interview skills, lack of professional guidance, childcare challenges, and low confidence. Local ALICE data shows that nearly one in three working families in our region struggle to meet basic needs, and childcare costs alone can exceed \$13,000–\$16,000 annually. Employment readiness is a critical step toward long-term family stability and reduced reliance on public assistance.

This project builds naturally on HFRA’s trusted home visiting model and goal-setting practices. When mothers identify employment and financial stability as personal goals, Family Support Specialists will connect them to a structured series of workshops and individualized coaching sessions focused on:

- Resumé writing and editing support
- Mock interview practice and feedback
- Job application guidance and professional communication skills
- Financial literacy education through Carter Bank & Trust
- Professional expertise from the University of Mary Washington Career Center
- Employment pathway connections through Virginia Career Works



Approximately **154 mothers across PD16** will benefit from this initiative. Participants will leave with a professional resumé, practiced interview skills, increased confidence, and direct connections to workforce and financial resources.

**Measurable outcomes** will include:

- Completion of professional resumé
- Demonstrated improvement in interview skills
- Increased confidence and knowledge of workplace expectations
- Number of job applications submitted, interviews attended, and employment secured
- Ongoing engagement with employment and financial resources

This project is designed for sustainability. The curriculum, tools, and partnerships developed through this grant will be integrated into HFRA’s ongoing services long after the grant period ends.

**Proposed Budget – \$50,000**

<b>Budget Item</b>	<b>Amount</b>
Program Administrative & Data Management Support	\$10,500
Workshops & Professional Facilitation	\$12,000
Workshop Space & Logistics	\$6,000
Materials & Supplies	\$5,000
Childcare Support/Stipends for Workshops & Interviews	\$5,000
Transportation Assistance	\$2,000
Workshop Refreshments	\$1,500
Professional Wardrobe Assistance Vouchers (50 @ \$100)	\$5,000
Advertising & Outreach Materials	\$3,000
<b>Total</b>	<b>\$50,000</b>

This opportunity aligns directly with our mission to walk alongside mothers as they build stable, hopeful futures for their families. By strengthening mothers’ ability to secure meaningful employment, we are strengthening children, families, and the broader community.

**Finance Department  
January 2026 Program Updates**

**Staffing Changes and Opportunities:**

Kerlos Amir, our Accounting Coordinator, continues to train in his role. We have selected a Financial Analyst, Edward Laban, who will be starting on February 2<sup>nd</sup>.

We continue to utilize our financial consultant, Kelly Young Marinoff, on an as-needed basis for software-related support inquiries.

**Reimbursement Department:**

The Reimbursement team has been prioritizing claims aged over 120 days to ensure collection of all outstanding balances and has begun reviewing self-pay collections to identify process improvements aimed at increasing self-pay revenue.

**Accounting Department:**

The Accounting Department completed 1099 vendor filings and the regional mid-year report filing to DBHDS. The team is currently working on the agency mid-year report filing to DBHDS and continues efforts to bring grant reimbursement submissions up to date. Staff also continue cross-training on essential duties to strengthen departmental coverage and continuity.

# Summary of Cash Investments

Depository		Rate	Comments
<b>Atlantic Union Bank</b>			
Checking	\$ 4,844,196	2.50%	
<b>Investment Portfolio</b>			
Cash Equivalents	2,289,485		
Fixed Income	7,083,524		
Total Investment	<u>\$ 9,373,009</u>		
<b>Total Atlantic Union Bank</b>	<u><u>\$ 14,217,204</u></u>		
<b>Other</b>			
Local Gov. Investment Pool	<u>7,108,138</u>	3.83%	Avg. Monthly Yield
<b>Total Investments</b>	<b>\$ 21,325,342</b>		

# Other Post-Employment Benefit (OPEB)

	Cost Basis	Cost Variance From Inception	Market Basis	Market Variance From Inception
<b>Initial Contribution</b>	\$ 954,620		\$ 954,620	
<b>FY 2024 Year-End Balance</b>	\$ 2,131,014	\$ 1,176,394	\$ 4,489,220	\$ 3,534,600
<b>FY 2025 Year-End Balance</b>	\$ 2,130,913	\$ 1,176,293	\$ 4,527,191	\$ 3,572,571
Balance at 7/31/2025	\$ 2,130,413	\$ 1,175,793	\$ 4,552,431	\$ 3,597,811
Balance at 8/30/2025	\$ 2,130,413	\$ 1,175,793	\$ 4,656,347	\$ 3,701,727
Balance at 9/30/2025	\$ 2,130,413	\$ 1,175,793	\$ 4,735,433	\$ 3,780,813
Balance at 10/31/2025	\$ 2,130,413	\$ 1,175,793	\$ 4,787,095	\$ 3,832,475
Unrealized Gain/(Loss)			\$ 28,010	
Balance at 11/30/2025	\$ 2,130,413	\$ 1,175,793	\$ 4,815,105	\$ 3,860,485
Unrealized Gain/(Loss)			\$ 44,393	
Balance at 12/31/2025	\$ 2,130,413	\$ 1,175,793	\$ 4,859,497	\$ 3,904,877

# Health Insurance

<b>FY 2026</b>	<b>Monthly Premiums</b>	<b>Monthly Claims &amp; Fees</b>	<b>Interest</b>	<b>Balance</b>
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
<b>YTD Total</b>	<b>\$1,091,245</b>	<b>\$2,678,319</b>	<b>\$6,136</b>	<b>\$1,452,402</b>

<b>Historical Data</b>	<b>Average Monthly Claims</b>	<b>Monthly Average Difference from PY</b>	<b>Highest Month</b>
<b>FY 2026</b>	<b>\$382,617</b>	<b>\$85,353</b>	<b>\$610,812</b>
<b>FY 2025</b>	<b>\$297,264</b>	<b>\$41,811</b>	<b>\$380,808</b>
<b>FY 2024</b>	<b>\$255,453</b>	<b>\$41,076</b>	<b>\$593,001</b>
<b>FY 2023</b>	<b>\$214,376</b>	<b>(\$97,137)</b>	<b>\$284,428</b>
<b>FY 2022</b>	<b>\$311,513</b>	<b>(\$24,129)</b>	<b>\$431,613</b>
<b>FY 2021</b>	<b>\$335,642</b>	<b>\$14,641</b>	<b>\$588,906</b>

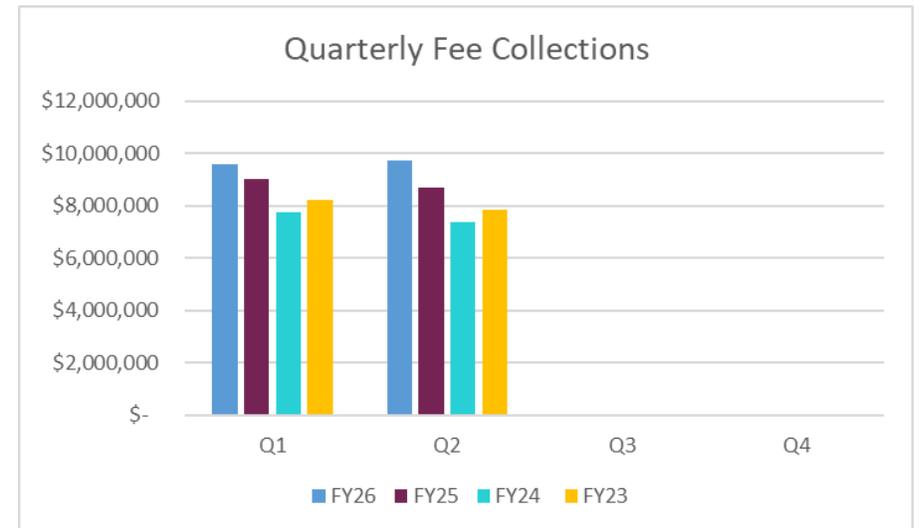
# Summary of Investments

Asset Description	Shares/Face Value	Market Value	Total Cost	Unrealized Gain/Loss	Est. Income	Yield to Maturity	Yield to Cost
State Street U.S. Government Money Market	\$ 106,239.72	\$ 106,239.72	\$ 106,239.72	\$ -	\$ 4,217.72	3.97%	3.97%
US Treasury Bill(02/19/2026)	\$ 700,000.00	\$ 698,810.00	\$ 682,488.58	\$ 16,321.42	\$ 17,511.42	3.66%	4.13%
US Treasury Bill(03/19/2026)	\$ 500,000.00	\$ 497,735.00	\$ 485,496.71	\$ 12,238.29	\$ 14,503.29	3.69%	4.06%
US Treasury Bill(05/26/2026)	\$ 500,000.00	\$ 494,395.00	\$ 494,091.32	\$ 303.68	\$ 5,908.68	3.60%	3.67%
US Treasury Bill(07/09/2026)	\$ 500,000.00	\$ 492,305.00	\$ 482,569.63	\$ 9,735.37	\$ 17,430.37	3.59%	3.95%
<b>Total Cash Equivalents</b>	<b>\$ 2,306,239.72</b>	<b>\$ 2,289,484.72</b>	<b>\$ 2,250,885.96</b>	<b>\$ 38,598.76</b>	<b>\$ 59,571.48</b>	<b>3.70%</b>	<b>3.96%</b>
US Treasury Note (10/15/2026)	\$ 500,000.00	\$ 503,390.00	\$ 502,488.50	\$ 901.50	\$ 23,125.00	3.63%	4.11%
US Treasury Note(11/30/2026)	\$ 600,000.00	\$ 588,654.00	\$ 587,578.13	\$ 1,075.87	\$ 7,500.00	3.58%	3.56%
US Treasury Note (06/15/2026)	\$ 500,000.00	\$ 500,980.00	\$ 500,392.18	\$ 587.82	\$ 20,625.00	3.58%	3.96%
US Treasury Note(01/31/2027)	\$ 500,000.00	\$ 502,745.00	\$ 502,623.20	\$ 121.80	\$ 20,625.00	3.56%	3.76%
US Treasury Note (03/15/2027)	\$ 500,000.00	\$ 503,770.00	\$ 496,308.59	\$ 7,461.41	\$ 21,250.00	3.55%	4.52%
US Treasury Note (04/30/2026)	\$ 500,000.00	\$ 501,360.00	\$ 499,023.44	\$ 2,336.56	\$ 24,375.00	3.73%	4.98%
US Treasury Note (08/15/2027)	\$ 500,000.00	\$ 501,580.00	\$ 495,292.97	\$ 6,287.03	\$ 18,750.00	3.54%	4.10%
US Treasury Note(11/15/2027)	\$ 500,000.00	\$ 488,925.00	\$ 488,059.43	\$ 865.57	\$ 11,250.00	3.54%	3.50%
US Treasury Note (8/31/2026)	\$ 500,000.00	\$ 500,320.00	\$ 495,195.31	\$ 5,124.69	\$ 18,750.00	3.63%	4.35%
US Treasury Note (02/29/2028)	\$ 500,000.00	\$ 504,475.00	\$ 499,988.22	\$ 4,486.78	\$ 20,000.00	3.55%	4.00%
US Treasury Note(05/15/2028)	\$ 500,000.00	\$ 492,540.00	\$ 492,586.18	\$ (46.18)	\$ 14,375.00	3.56%	3.50%
US Treasury Note(09/15/2028)	\$ 500,000.00	\$ 497,365.00	\$ 496,308.59	\$ 1,056.41	\$ 16,875.00	3.59%	3.64%
US Treasury Note(11/15/2028)	\$ 1,000,000.00	\$ 997,420.00	\$ 998,535.16	\$ (1,115.16)	\$ 35,000.00	3.60%	3.55%
<b>Total Fixed Income</b>	<b>\$ 7,100,000.00</b>	<b>\$ 7,083,524.00</b>	<b>\$ 7,054,379.90</b>	<b>\$ 29,144.10</b>	<b>\$ 252,500.00</b>	<b>3.59%</b>	<b>3.96%</b>
<b>1/31/2026</b>		<b>\$ 9,373,008.72</b>	<b>\$ 9,305,265.86</b>	<b>\$ 67,742.86</b>	<b>\$ 312,071.48</b>	<b>3.60%</b>	<b>3.94%</b>

# Fee Revenue Reimbursement- December 31, 2025

RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD							
FEE REVENUE REIMBURSEMENT REPORT AS OF DECEMBER 31, 2025							
AGED CLAIMS		Current Month		Prior Month		Prior Year	
<b>Total Claims Outstanding</b>	<b>Total</b>	100%	\$5,444,181	100%	\$5,501,055	100%	\$6,594,831
	Consumers	35%	\$1,893,371	34%	\$1,884,992	56%	\$3,722,809
	3rd Party	65%	\$3,550,810	66%	\$3,616,062	44%	\$2,872,022
<b>Claims Aged 0-29 Days</b>	<b>Total</b>	56%	\$3,023,888	54%	\$2,960,133	40%	\$2,666,658
	Consumers	0%	\$21,601	1%	\$44,857	1%	\$56,678
	3rd Party	3%	\$174,347	53%	\$2,915,277	40%	\$2,609,980
<b>Claims Aged 30-59 Days</b>	<b>Total</b>	3%	\$167,993	3%	\$167,993	1%	\$95,068
	Consumers	1%	\$40,431	1%	\$36,307	0%	\$5,785
	3rd Party	2%	\$127,562	2%	\$131,687	1%	\$89,283
<b>Claims Aged 60-89 Days</b>	<b>Total</b>	2%	\$106,366	5%	\$247,900	4%	\$231,594
	Consumers	1%	\$35,112	1%	\$34,884	3%	\$184,040
	3rd Party	1%	\$71,254	4%	\$213,016	1%	\$47,554
<b>Claims Aged 90-119 Days</b>	<b>Total</b>	4%	\$200,885	1%	\$79,231	1%	\$92,579
	Consumers	1%	\$33,589	0%	\$5,678	1%	\$42,017
	3rd Party	3%	\$167,296	1%	\$73,554	1%	\$50,563
<b>Claims Aged 120+ Days</b>	<b>Total</b>	36%	\$1,938,696	37%	\$2,045,797	53%	\$3,508,933
	Consumers	32%	\$1,762,638	32%	\$1,763,267	52%	\$3,434,290
	3rd Party	3%	\$176,057	5%	\$282,530	1%	\$74,643

CLAIM COLLECTIONS	
Current Year To Date Collections	\$19,325,389
Prior Year To Date Collections	\$17,715,470
\$ Change from Prior Year	\$1,609,919
% Change from Prior Year	9%



# Write-off Report

Month: Dec 2025		
Write Off Code	Current MTD	Prior MTD
NO FINANCIAL AGREEMENT	\$ 16,523	\$ 2,347
SMALL BALANCE	\$ 26	\$ 20
UNCOLLECTABLE	\$ 20	\$ -
FINANCIAL ASSISTANCE	\$ 163,636	\$ 147,821
NO SHOW	\$ 60	\$ 80
MAX UNITS/BENEFITS	\$ 46,010	\$ 58,230
PROVIDER NOT CREDENTIALLED	\$ -	\$ 810
DIAGNOSIS NOT COVERED	\$ 626	\$ -
NON-COVERED SERVICE	\$ 1,933	\$ 46,749
SERVICES NOT AUTHORIZED	\$ 12,089	\$ 11,992
PAST BILLING DEADLINE	\$ 5,918	\$ -
INSUFFICIENT DOCUMENTATION	\$ 367	\$ -
MCO DENIED AUTH	\$ 63,514	\$ -
INCORRECT PAYER	\$ 3,952	\$ 1,694
INVALID POS/CPT/MODIFIER	\$ 615	\$ -
NO PRIMARY EOB	\$ -	\$ 1,173
SPENDDOWN NOT MET	\$ 41,469	\$ 3,230
<b>TOTAL</b>	<b>\$ 356,758</b>	<b>\$ 274,145</b>

Year to Date: July - Dec 2025		
Write Off Code	Current YTD	Prior YTD
BAD ADDRESS	\$ 9,184	\$ 47,568
BANKRUPTCY	\$ 3,020	\$ -
DECEASED	\$ 2,028	\$ 1,530
NO FINANCIAL AGREEMENT	\$ 83,580	\$ 22,184
SMALL BALANCE	\$ 728	\$ 371
UNCOLLECTABLE	\$ 3,868	\$ 2,100
FINANCIAL ASSISTANCE	\$ 1,294,677	\$ 1,084,550
NO SHOW	\$ 11,919	\$ 3,212
MAX UNITS/BENEFITS	\$ 366,423	\$ 258,828
PROVIDER NOT CREDENTIALLED	\$ 2,896	\$ 9,470
DIAGNOSIS NOT COVERED	\$ 2,216	\$ 4,988
NON-COVERED SERVICE	\$ 37,834	\$ 87,348
SERVICES NOT AUTHORIZED	\$ 113,666	\$ 90,553
PAST BILLING DEADLINE	\$ 6,818	\$ 2,142
INSUFFICIENT DOCUMENTATION	\$ 3,685	\$ 937
MCO DENIED AUTH	\$ 82,921	\$ 9,033
INCORRECT PAYER	\$ 25,230	\$ 18,656
INVALID MEMBER ID	\$ 710	\$ -
INVALID POS/CPT/MODIFIER	\$ 615	\$ -
NO PRIMARY EOB	\$ 5,252	\$ 2,518
SPENDDOWN NOT MET	\$ 93,080	\$ 196,005
<b>TOTAL</b>	<b>\$ 2,150,350</b>	<b>\$ 1,841,992</b>

# Payroll Statistics FY2026

Pay Date	Overtime Hours	Overtime Cost	Average Cost per hour-Overtime	2P Hours	2P Cost	Average Cost per hour-2p	Total Hours	Total Costs
7/11/2025	73.5	\$2,911.46	\$39.61	33.5	\$1,421.70	\$42.44	107	\$4,333.16
7/25/2025	105	\$4,242.78	\$40.41	62	\$2,274.32	\$36.68	167	\$6,517.10
8/8/2025	113.25	\$4,479.56	\$39.55	27.5	\$1,024.79	\$37.27	140.75	\$5,504.35
8/22/2025	105	\$4,497.43	\$42.83	65.75	\$2,703.77	\$41.12	170.75	\$7,201.20
9/5/2025	100	\$4,460.95	\$44.61	45.5	\$3,331.48	\$73.22	145.5	\$7,792.43
9/19/2025	111.75	\$4,500.36	\$40.27	161.75	\$6,688.84	\$41.35	273.5	\$11,189.20
10/3/2025	123.5	\$5,098.84	\$41.29	53	\$2,149.33	\$40.55	176.5	\$7,248.17
10/17/2025	161	\$6,637.94	\$41.23	49.25	\$2,250.06	\$45.69	210.25	\$8,888.00
10/31/2025	146.25	\$5,819.81	\$39.79	49.75	\$2,256.00	\$45.35	196	\$8,075.81
11/14/2025	163.57	\$6,500.68	\$39.74	39.67	\$2,055.09	\$51.80	203.24	\$8,555.77
11/28/2025	222.75	\$8,784.39	\$39.44	182	\$7,094.11	\$38.98	404.75	\$15,878.50
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	149	\$5,923.31	\$39.75	403.5	\$15,715.72
<b>Grand Total</b>	<b>2227.05</b>	<b>\$89,913.58</b>	<b>\$40.37</b>	<b>1099.42</b>	<b>\$47,994.64</b>	<b>\$43.65</b>	<b>3326.47</b>	<b>\$137,908.22</b>

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

**MENTAL HEALTH**

PROGRAM	REVENUE			EXPENDITURES			ACTUAL VARIANCE	VARIANCE / REVENUE
	BUDGET FY 2026	ACTUAL YTD	%	BUDGET FY 2026	ACTUAL YTD	%		
INPATIENT	0	16,950	0.00%	0	16,950	0.00%	-	0%
OUTPATIENT (FED)	3,559,688	1,512,720	42.50%	3,559,688	1,509,017	42.39%	3,703	0%
MEDICAL OUTPATIENT ( R ) (FED)	4,432,876	1,799,216	40.59%	4,432,876	1,848,985	41.71%	(49,769)	-3%
ACT NORTH ( R )	1,108,186	509,026	45.93%	1,108,186	466,841	42.13%	42,185	8%
ACT SOUTH ( R )	1,057,760	576,111	54.47%	1,057,760	433,518	40.98%	142,594	25%
CASE MANAGEMENT ADULT (FED)	1,377,302	563,408	40.91%	1,377,302	576,559	41.86%	(13,151)	-2%
CASE MANAGEMENT CHILD & ADOLESCENT (FED)	1,171,251	406,287	34.69%	1,171,251	467,682	39.93%	(61,395)	-15%
PSY REHAB & KENMORE EMP SER ( R ) (FED)	861,864	321,994	37.36%	861,864	358,639	41.61%	(36,646)	-11%
PERMANENT SUPPORTIVE HOUSING ( R )	4,079,960	4,102,519	100.55%	4,079,960	1,334,878	32.72%	2,767,641	67%
CRISIS STABILIZATION ( R )	2,984,567	1,136,495	38.08%	2,984,567	1,171,619	39.26%	(35,124)	-3%
SUPERVISED RESIDENTIAL	702,775	196,965	28.03%	702,775	306,667	43.64%	(109,703)	-56%
SUPPORTED RESIDENTIAL	1,115,708	356,402	31.94%	1,115,708	452,543	40.56%	(96,140)	-27%
JAIL DIVERSION GRANT ( R )	0	22,295	#DIV/0!	0	0	#DIV/0!	22,295	100%
JAIL & DETENTION SERVICES	796,633	34,386	4.32%	796,633	339,543	42.62%	(305,157)	-887%
<b>SUB-TOTAL</b>	<b>23,248,570</b>	<b>11,554,774</b>	<b>50%</b>	<b>23,248,570</b>	<b>9,283,441</b>	<b>40%</b>	<b>2,271,334</b>	<b>20%</b>

**DEVELOPMENTAL SERVICES**

PROGRAM	REVENUE			EXPENDITURES			ACTUAL VARIANCE	VARIANCE / REVENUE
	BUDGET FY 2026	ACTUAL YTD	%	BUDGET FY 2026	ACTUAL YTD	%		
CASE MANAGEMENT	5,009,320	2,714,840	54.20%	5,009,320	1,972,680	39.38%	742,160	27%
DAY HEALTH & REHAB *	5,928,581	2,686,297	45.31%	5,928,581	2,395,054	40.40%	291,243	11%
GROUP HOMES	7,177,971	3,457,649	48.17%	7,177,971	2,912,620	40.58%	545,030	16%
RESPIRE GROUP HOME	742,838	70,827	9.53%	742,838	220,186	29.64%	(149,359)	-211%
INTERMEDIATE CARE FACILITIES	5,382,884	1,829,361	33.98%	5,382,884	1,986,131	36.90%	(156,770)	-9%
SUPERVISED APARTMENTS	1,869,743	1,293,841	69.20%	1,869,743	788,675	42.18%	505,166	39%
SPONSORED PLACEMENTS	2,412,624	1,060,462	43.95%	2,412,624	889,758	36.88%	170,704	16%
<b>SUB-TOTAL</b>	<b>28,523,961</b>	<b>13,113,276</b>	<b>45.97%</b>	<b>28,523,961</b>	<b>11,165,102</b>	<b>39.14%</b>	<b>1,948,174</b>	<b>15%</b>

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

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

PROGRAM	REVENUE			EXPENDITURES			ACTUAL VARIANCE	VARIANCE / REVENUE
	BUDGET FY 2026	ACTUAL YTD	%	BUDGET FY 2026	ACTUAL YTD	%		
SA OUTPATIENT ( R ) (FED)	2,049,386	691,381	33.74%	2,049,386	832,572	40.63%	(141,191)	-20%
MAT PROGRAM ( R ) (FED)	1,254,477	263,671	21.02%	1,254,477	551,637	43.97%	(287,966)	-109%
CASE MANAGEMENT(with LINK) ( R ) (FED)	404,098	104,091	25.76%	404,098	191,993	47.51%	(87,903)	-84%
RESIDENTIAL ( R )	36,612	15,750	43.02%	36,612	375	1.02%	15,375	98%
PREVENTION ( R ) (FED)	521,955	126,759	24.29%	521,955	257,343	49.30%	(130,584)	-103%
<b>SUB-TOTAL</b>	<b>4,266,528</b>	<b>1,201,651</b>	<b>28%</b>	<b>2,217,142</b>	<b>1,833,921</b>	<b>83%</b>	<b>(491,078)</b>	<b>-41%</b>

**SERVICES OUTSIDE PROGRAM AREA**

PROGRAM	REVENUE			EXPENDITURES			ACTUAL Variance	VARIANCE / REVENUE
	BUDGET FY 2026	ACTUAL YTD	%	BUDGET FY 2026	ACTUAL YTD	%		
EMERGENCY SERVICES ( R )	2,040,456	1,415,110	69.35%	2,040,456	746,318	36.58%	668,792	47%
CHILD MOBILE CRISIS ( R )	271,050	107,047	39.49%	271,050	74,632	27.53%	32,416	30%
CIT ASSESSMENT SITE ( R )	329,029	162,288	49.32%	329,029	157,245	47.79%	5,044	3%
CONSUMER MONITORING ( R ) (FED)	-	55,125	#DIV/0!	0	170,191	#DIV/0!	(115,066)	-209%
ASSESSMENT AND EVALUATION ( R )	514,373	201,701	39.21%	514,373	219,969	42.76%	(18,268)	-9%
<b>SUB-TOTAL</b>	<b>3,154,908</b>	<b>1,941,272</b>	<b>61.53%</b>	<b>3,154,908</b>	<b>1,368,354</b>	<b>43.37%</b>	<b>572,918</b>	<b>30%</b>

**ADMINISTRATION**

PROGRAM	REVENUE			EXPENDITURES			ACTUAL VARIANCE
	BUDGET FY 2026	ACTUAL YTD	%	BUDGET FY 2026	ACTUAL YTD	%	
ADMINISTRATION (FED)	826,292	221,814	26.84%	826,292	221,814	26.84%	0
PROGRAM SUPPORT	27,600	9,200	33.33%	27,600	9,200	33.33%	0
<b>SUB-TOTAL</b>	<b>853,892</b>	<b>231,014</b>	<b>27.05%</b>	<b>853,892</b>	<b>231,014</b>	<b>27.05%</b>	<b>0</b>
ALLOCATED TO PROGRAMS				4,268,473	3,126,283	73.24%	

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

**RACSB**  
**FY 2026 FINANCIAL REPORT**  
Fiscal Year: July 1, 2025 through June 30, 2026  
Report Period: July 1, 2025 through November 30, 2025  
**FISCAL AGENT AND OTHER PROGRAMS**

PROGRAM	REVENUE			EXPENDITURES			ACTUAL VARIANCE	VARIANCE / REVENUE
	BUDGET FY 2026	ACTUAL YTD	%	BUDGET FY 2026	ACTUAL YTD	%		
INTERAGENCY COORDINATING COUNCIL ( R )	1,896,364	779,377	41.10%	1,896,364	627,547	33.09%	151,830	19%
INFANT CASE MANAGEMENT ( R )	939,818	346,563	36.88%	939,818	399,604	42.52%	(53,041)	-15%
EARLY INTERVENTION ( R )	2,719,353	906,884	33.35%	2,719,353	1,172,829	43.13%	(265,945)	-29%
<b>TOTAL PART C</b>	<b>5,555,535</b>	<b>2,032,824</b>	<b>36.59%</b>	<b>5,555,535</b>	<b>2,199,979</b>	<b>39.60%</b>	<b>(167,156)</b>	<b>-8%</b>
HEALTHY FAMILIES ( R )	1,246,855	190,989	15.32%	1,246,855	510,895	40.97%	(319,906)	-167%
<b>TOTAL HEALTHY FAMILY</b>	<b>1,246,855</b>	<b>190,989</b>	<b>15.32%</b>	<b>1,246,855</b>	<b>510,895</b>	<b>40.97%</b>	<b>(319,906)</b>	<b>-167%</b>
COMMUNITY OUTREACH	118,307	56,288	47.58%	118,307	33,792	28.56%	22,496	40%
<b>TOTAL COMMUNITY OUTREACH</b>	<b>118,307</b>	<b>56,288</b>	<b>47.58%</b>	<b>118,307</b>	<b>33,792</b>	<b>28.56%</b>	<b>22,496</b>	<b>40%</b>

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

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

**RECAP FY 2026 BALANCES**

	<u>REVENUE</u>	<u>EXPENDITURES</u>	<u>NET</u>	<u>NET / REVENUE</u>
MENTAL HEALTH	11,554,774	9,283,441	2,271,334	20%
DEVELOPMENTAL SERVICES	13,113,276	11,165,102	1,948,174	15%
SUBSTANCE ABUSE	1,201,651	1,833,921	(632,269)	-53%
SERVICES OUTSIDE PROGRAM AREA	1,941,272	1,368,354	572,918	30%
ADMINISTRATION	231,014	231,014	0	0%
FISCAL AGENT PROGRAMS	2,280,101	2,744,667	(464,566)	-20%
<b>TOTAL</b>	<b>30,322,089</b>	<b>26,626,498</b>	<b>3,695,591</b>	<b>12%</b>

**RECAP FY 2025 BALANCES**

	<u>REVENUE</u>	<u>EXPENDITURES</u>	<u>NET</u>	<u>NET / REVENUE</u>
MENTAL HEALTH	12,101,711	9,699,157	2,402,554	20%
DEVELOPMENTAL SERVICES	11,510,306	12,546,297	(1,035,991)	-9%
SUBSTANCE ABUSE	1,914,765	1,695,431	219,335	11%
SERVICES OUTSIDE PROGRAM AREA	1,580,828	1,507,281	73,546	5%
ADMINISTRATION	849,631	849,631	0	0%
FISCAL AGENT PROGRAMS	2,860,871	3,076,026	(215,155)	-8%
<b>TOTAL</b>	<b>30,818,112</b>	<b>29,373,823</b>	<b>1,444,289</b>	<b>5%</b>

	<u>\$ Change</u>	<u>% Change</u>
Change in Revenue from Prior Year	\$ (496,023)	-1.61%
Change in Expense from Prior Year	\$ (2,747,323)	-9.35%
Change in Net Income from Prior Year	\$ 2,251,301	155.88%

\*Unaudited Report

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

**MENTAL HEALTH**

PROGRAM	REVENUE			EXPENDITURES			ACTUAL VARIANCE	VARIANCE / REVENUE
	BUDGET FY 2026	ACTUAL YTD	%	BUDGET FY 2026	ACTUAL YTD	%		
INPATIENT	0	16,950	0.00%	0	16,950	0.00%	-	0%
OUTPATIENT (FED)	3,559,688	1,826,857	51.32%	3,559,688	1,787,490	50.21%	39,367	2%
MEDICAL OUTPATIENT ( R ) (FED)	4,432,876	2,204,425	49.73%	4,432,876	2,181,454	49.21%	22,971	1%
ACT NORTH ( R )	1,108,186	613,111	55.33%	1,108,186	554,185	50.01%	58,926	10%
ACT SOUTH ( R )	1,057,760	680,136	64.30%	1,057,760	513,660	48.56%	166,476	24%
CASE MANAGEMENT ADULT (FED)	1,377,302	690,133	50.11%	1,377,302	685,116	49.74%	5,017	1%
CASE MANAGEMENT CHILD & ADOLESCENT (FED)	1,171,251	503,047	42.95%	1,171,251	551,467	47.08%	(48,421)	-10%
PSY REHAB & KENMORE EMP SER ( R ) (FED)	861,864	464,534	53.90%	861,864	425,134	49.33%	39,400	8%
PERMANENT SUPPORTIVE HOUSING ( R )	4,079,960	4,373,739	107.20%	4,079,960	1,641,556	40.23%	2,732,183	62%
CRISIS STABILIZATION ( R )	2,984,567	1,324,133	44.37%	2,984,567	1,399,610	46.89%	(75,477)	-6%
SUPERVISED RESIDENTIAL	702,775	343,614	48.89%	702,775	367,721	52.32%	(24,107)	-7%
SUPPORTED RESIDENTIAL	1,115,708	478,300	42.87%	1,115,708	546,404	48.97%	(68,104)	-14%
JAIL DIVERSION GRANT ( R )	0	22,295	#DIV/0!	0	0	#DIV/0!	22,295	100%
JAIL & DETENTION SERVICES	796,633	187,162	23.49%	796,633	405,325	50.88%	(218,163)	-117%
<b>SUB-TOTAL</b>	<b>23,248,570</b>	<b>13,728,436</b>	<b>59%</b>	<b>23,248,570</b>	<b>11,076,075</b>	<b>48%</b>	<b>2,652,361</b>	<b>19%</b>

**DEVELOPMENTAL SERVICES**

PROGRAM	REVENUE			EXPENDITURES			ACTUAL VARIANCE	VARIANCE / REVENUE
	BUDGET FY 2026	ACTUAL YTD	%	BUDGET FY 2026	ACTUAL YTD	%		
CASE MANAGEMENT	5,009,320	3,068,340	61.25%	5,009,320	2,375,100	47.41%	693,240	23%
DAY HEALTH & REHAB *	5,928,581	3,124,589	52.70%	5,928,581	2,847,182	48.02%	277,407	9%
GROUP HOMES	7,177,971	4,102,265	57.15%	7,177,971	3,475,959	48.43%	626,306	15%
RESPIRE GROUP HOME	742,838	79,859	10.75%	742,838	260,974	35.13%	(181,116)	-227%
INTERMEDIATE CARE FACILITIES	5,382,884	2,184,585	40.58%	5,382,884	2,433,705	45.21%	(249,120)	-11%
SUPERVISED APARTMENTS	1,869,743	1,536,000	82.15%	1,869,743	942,509	50.41%	593,491	39%
SPONSORED PLACEMENTS	2,412,624	1,276,809	52.92%	2,412,624	1,051,710	43.59%	225,099	18%
<b>SUB-TOTAL</b>	<b>28,523,961</b>	<b>15,372,447</b>	<b>53.89%</b>	<b>28,523,961</b>	<b>13,387,139</b>	<b>46.93%</b>	<b>1,985,308</b>	<b>13%</b>

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

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

PROGRAM	REVENUE			EXPENDITURES			ACTUAL VARIANCE	VARIANCE / REVENUE
	BUDGET FY 2026	ACTUAL YTD	%	BUDGET FY 2026	ACTUAL YTD	%		
SA OUTPATIENT ( R ) (FED)	2,049,386	924,281	45.10%	2,049,386	993,330	48.47%	(69,049)	-7%
MAT PROGRAM ( R ) (FED)	1,254,477	352,565	28.10%	1,254,477	653,418	52.09%	(300,852)	-85%
CASE MANAGEMENT(with LINK) ( R ) (FED)	404,098	163,592	40.48%	404,098	229,432	56.78%	(65,840)	-40%
RESIDENTIAL ( R )	36,612	18,801	51.35%	36,612	6,465	17.66%	12,336	66%
PREVENTION ( R ) (FED)	521,955	311,369	59.65%	521,955	304,534	58.34%	6,835	2%
<b>SUB-TOTAL</b>	<b>4,266,528</b>	<b>1,770,609</b>	<b>41%</b>	<b>2,217,142</b>	<b>2,187,179</b>	<b>99%</b>	<b>(347,521)</b>	<b>-20%</b>

**SERVICES OUTSIDE PROGRAM AREA**

PROGRAM	REVENUE			EXPENDITURES			ACTUAL Variance	VARIANCE / REVENUE
	BUDGET FY 2026	ACTUAL YTD	%	BUDGET FY 2026	ACTUAL YTD	%		
EMERGENCY SERVICES ( R )	2,040,456	1,595,498	78.19%	2,040,456	884,732	43.36%	710,766	45%
CHILD MOBILE CRISIS ( R )	271,050	131,210	48.41%	271,050	90,192	33.27%	41,018	31%
CIT ASSESSMENT SITE ( R )	329,029	187,874	57.10%	329,029	190,117	57.78%	(2,243)	-1%
CONSUMER MONITORING ( R ) (FED)	-	55,125	#DIV/0!	0	192,739	#DIV/0!	(137,613)	-250%
ASSESSMENT AND EVALUATION ( R )	514,373	252,970	49.18%	514,373	264,062	51.34%	(11,092)	-4%
<b>SUB-TOTAL</b>	<b>3,154,908</b>	<b>2,222,678</b>	<b>70.45%</b>	<b>3,154,908</b>	<b>1,621,842</b>	<b>51.41%</b>	<b>600,837</b>	<b>27%</b>

**ADMINISTRATION**

PROGRAM	REVENUE			EXPENDITURES			ACTUAL VARIANCE
	BUDGET FY 2026	ACTUAL YTD	%	BUDGET FY 2026	ACTUAL YTD	%	
ADMINISTRATION (FED)	826,292	421,333	50.99%	826,292	421,333	50.99%	0
PROGRAM SUPPORT	27,600	13,800	50.00%	27,600	13,800	50.00%	0
<b>SUB-TOTAL</b>	<b>853,892</b>	<b>435,133</b>	<b>50.96%</b>	<b>853,892</b>	<b>435,133</b>	<b>50.96%</b>	<b>0</b>
ALLOCATED TO PROGRAMS				4,268,473	3,126,283	73.24%	

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

**RACSB**  
**FY 2026 FINANCIAL REPORT**  
 Fiscal Year: July 1, 2025 through June 30, 2026  
 Report Period: July 1, 2025 through December 31, 2025  
**FISCAL AGENT AND OTHER PROGRAMS**

PROGRAM	REVENUE			EXPENDITURES			ACTUAL VARIANCE	VARIANCE / REVENUE
	BUDGET FY 2026	ACTUAL YTD	%	BUDGET FY 2026	ACTUAL YTD	%		
INTERAGENCY COORDINATING COUNCIL ( R )	1,896,364	857,315	45.21%	1,896,364	738,891	38.96%	118,424	14%
INFANT CASE MANAGEMENT ( R )	939,818	405,976	43.20%	939,818	464,172	49.39%	(58,196)	-14%
EARLY INTERVENTION ( R )	2,719,353	1,090,015	40.08%	2,719,353	1,386,889	51.00%	(296,874)	-27%
<b>TOTAL PART C</b>	<b>5,555,535</b>	<b>2,353,306</b>	<b>42.36%</b>	<b>5,555,535</b>	<b>2,589,952</b>	<b>46.62%</b>	<b>(236,646)</b>	<b>-10%</b>
HEALTHY FAMILIES ( R )	1,246,855	314,674	25.24%	1,246,855	604,774	48.50%	(290,100)	-92%
<b>TOTAL HEALTHY FAMILY</b>	<b>1,246,855</b>	<b>314,674</b>	<b>25.24%</b>	<b>1,246,855</b>	<b>604,774</b>	<b>48.50%</b>	<b>(290,100)</b>	<b>-92%</b>
COMMUNITY OUTREACH	118,307	56,288	47.58%	118,307	41,936	35.45%	14,352	25%
<b>TOTAL COMMUNITY OUTREACH</b>	<b>118,307</b>	<b>56,288</b>	<b>47.58%</b>	<b>118,307</b>	<b>41,936</b>	<b>35.45%</b>	<b>14,352</b>	<b>25%</b>

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

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

**RECAP FY 2026 BALANCES**

	<u>REVENUE</u>	<u>EXPENDITURES</u>	<u>NET</u>	<u>NET / REVENUE</u>
MENTAL HEALTH	13,728,436	11,076,075	2,652,361	19%
DEVELOPMENTAL SERVICES	15,372,447	13,387,139	1,985,308	13%
SUBSTANCE ABUSE	1,770,609	2,187,179	(416,570)	-24%
SERVICES OUTSIDE PROGRAM AREA	2,222,678	1,621,842	600,837	27%
ADMINISTRATION	435,133	435,133	0	0%
FISCAL AGENT PROGRAMS	2,724,268	3,236,662	(512,394)	-19%
<b>TOTAL</b>	<b>36,253,571</b>	<b>31,944,029</b>	<b>4,309,542</b>	<b>12%</b>

**RECAP FY 2025 BALANCES**

	<u>REVENUE</u>	<u>EXPENDITURES</u>	<u>NET</u>	<u>NET / REVENUE</u>
MENTAL HEALTH	13,715,565	11,527,526	2,188,040	16%
DEVELOPMENTAL SERVICES	14,020,055	14,765,476	(745,421)	-5%
SUBSTANCE ABUSE	2,346,870	2,064,811	282,060	12%
SERVICES OUTSIDE PROGRAM AREA	1,813,936	1,796,028	17,908	1%
ADMINISTRATION	907,856	907,856	0	0%
FISCAL AGENT PROGRAMS	3,269,646	3,629,168	(359,522)	-11%
<b>TOTAL</b>	<b>36,073,928</b>	<b>34,690,864</b>	<b>1,383,064</b>	<b>4%</b>

	<u>\$ Change</u>	<u>% Change</u>
Change in Revenue from Prior Year	\$ 179,643	0.50%
Change in Expense from Prior Year	\$ (2,746,834)	-7.92%
Change in Net Income from Prior Year	\$ 2,926,478	211.59%

\*Unaudited Report

## HUMAN RESOURCES PROGRAM UPDATE- JANUARY 2026

### Training & Compliance

- Facilitated in-person training for 68 staff.
- Continuing our HR file audit, we have audited 85% of our workforce's HR files.
- Distributed annual OSHA 300A logs to each site for posting.
- Streamlined training and documentation requirements for both the ACT program and DD Residential with new training plans and modules.
- Attended Region 1 training committee meeting.

### Employee Engagement

- Feedback to employees regarding the participation success of the employee engagement survey (335 participants – 59%), results to be shared in February.
- Engaged UMW, Office of Continuing and Professional Studies, for our Leadership Assessment.

### Recruitment Notes

- Onboarded eight new Hopestarters.
- Facilitated three internal moves.
- Worked with job boards to make sure our jobs continued to be highly visible, though some system changes they were implementing.
- Attended the Rappahannock Region Healthcare Collaborative.

**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: February 3, 2026

Re: Summary – January 2026 Applicant and Recruitment Update

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For January 2026, RACSB received 376 applications.

Of the applications received, 43 applicants cited the RACSB applicant portal as their recruitment source, 29 cited employee referrals, 4 cited social media, and 300 cited various job boards.

As of the end of January, 30 positions — 19 full-time and 11 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 January 2026.

APPLICANT DATA REPORT  
RACSB FY 2026

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

**RECRUITMENT ACTIVITY REPORT FY 2026**

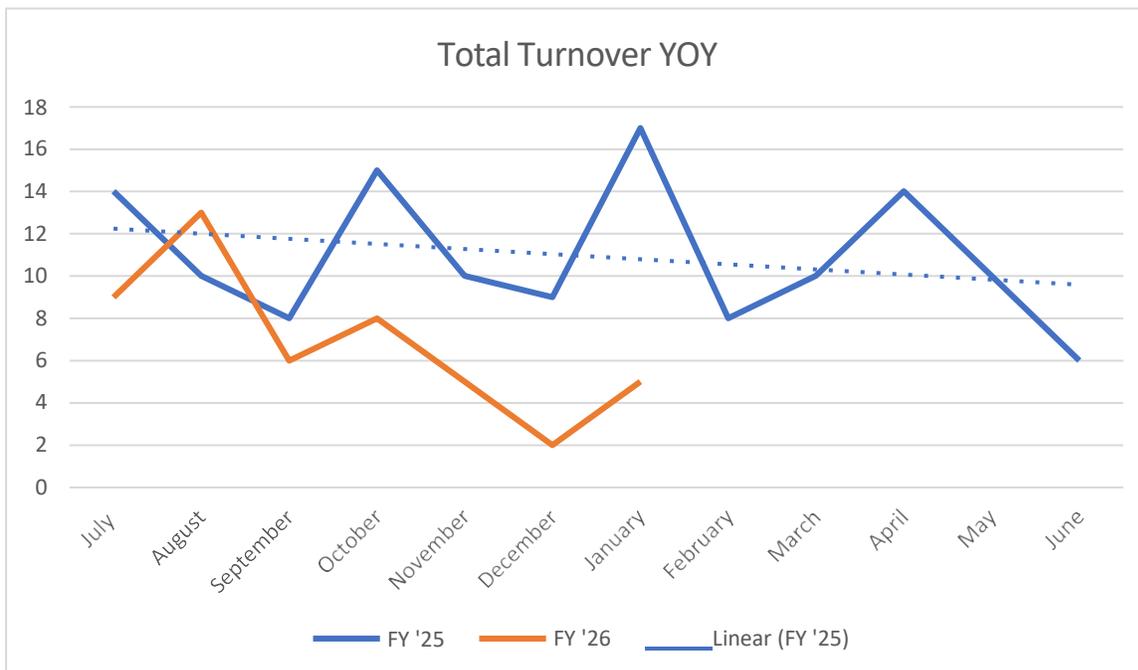
<u>MONTHLY RECRUITMENT</u>	<u>JULY</u>	<u>AUGUST</u>	<u>SEPTEMBER</u>	<u>OCTOBER</u>	<u>NOVEMBER</u>	<u>DECEMBER</u>	<u>JANUARY</u>	<u>FEBRUARY</u>	<u>MARCH</u>	<u>APRIL</u>	<u>MAY</u>	<u>JUNE</u>	<u>TOTAL YTD</u>
<b>External Applicants Hired:</b>													
Part-time	0	1	1	3	3	4	5						17
Full-time	4	3	7	6	3	2	3						28
PRN	0	0	0	0	0	2	6						8
Sub Total External Applicants Hired	4	4	8	9	6	6	8	0	0	0	0		45
<b>Internal Applicants Moved:</b>													
Part-time to Full-time	0	0	0	1	2	2	0						5
PRN As Needed to Full-Time	0	0	0	0	0	2	0						2
Promotions	2	4	4	2	0	1	0						13
Lateral Transfers	3	9	5	2	1	0	2						22
Full-time to Part-time	0	0	0	1	0	0	0						1
Full-time to PRN	0	0	0	0	0	1	1						2
Sub Total Internal Applicant Moves	5	13	9	6	3	6	3	0	0	0	0		45

**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: February 3, 2026  
Re: Summary – Turnover Report – January 2026

Human Resources processed five (5) employee separations in January 2026; four (4) were voluntary, and one (1) was involuntary.



RACSB MONTHLY TURNOVER REPORT  
Jan-26

<u>ORGANIZATIONAL UNIT</u>	<u>NUMBER OF TERMS</u>	<u>VOLUNTARY</u>	<u>INVOLUNTARY</u>	<u>EXPLANATION</u>
Administrative				
<i>Unit Totals</i>	0	0	0	
Clinical Services		1		Retirement
<i>Unit Totals</i>	0	1	0	
Community Support Services		1		Resignation Employment eligibility documentation
		1		Resignation No notice
			1	For cause
<i>Unit Totals</i>	0	2	1	
Crisis Intervention Services		1		Resignation Other opportunity
<i>Unit Totals</i>	0	1	0	
Prevention & Early Intervention Services				
<i>Unit Totals</i>	0	0	0	
<b>Grand Totals for the Month</b>	0	4	1	

Total Average Number of Employees	555
Retention Rate	98.76%
Turnover Rate	1.24%

Total Separations	5
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2/2/2026								
Actively Recruiting to Hire								
Original Date Listed	Days Open	Original Listing #	Pos Number	Job Title	RU	Division	FT	PT
10/1/2025	124	1606958	53	MAINTENANCE TECHNICIAN	1100	Admin	1	
11/19/2025	75	1645889	552	SPECIAL EDUCATOR, PEID	3910	PEID	1	
2/26/2025	341	1546204	571	PSYCHIATRIC NURSE PRACTITIONER, OBOT	4261	Clinical	1	
8/5/2025	181	1651285	58	ASSISTANT COORDINATOR - EMERGENCY SERVICES	2000	CIS	1	
7/29/2025	188	1558524	65	ES THERAPIST, CO-MOBILE RESPONSE	2000	CIS	1	
9/24/2025	131	1601851	71	EMERGENCY SERVICES THERAPIST	2070	CIS	1	
9/2/2025	153	1584974	74	EMERGENCY SERVICES THERAPIST - CHILD & ADOLESCENT	2070	CIS	1	
1/6/2026	27	1679507	N/A	PRN NURSE, RN - CRISIS STABILIZATION	2770	CIS		1
1/13/2026	20	1684251	192	MH NURSE, LPN - CRISIS STABILIZATION	2770	CIS	1	
11/26/2025	68	1651271	195	MH RESIDENTIAL SPECIALIST - CRISIS STABILIZATION	2770	CIS	1	
8/18/2025	168	1574615	67	EMERGENCY SERVICES THERAPIST	4000	CIS	1	
1/30/2026	3	1695506	240	DEVELOPMENTAL SERVICES SUPPORT COORDINATOR - STAFFORD	3300	CSS	1	
1/15/2026	18	1686410	648	DEVELOPMENTAL SERVICES SUPPORT COORDINATOR - SPOTSYLVANIA	3300	CSS	1	
1/15/2026	18	1686420	649	DEVELOPMENTAL SERVICES INTAKE SUPPORT COORDINATOR	3300	CSS	1	
9/9/2025	146	1590165	283	DIRECT SUPPORT PROFESSIONAL - DAY SUPPORT - CAROLINE	3651	CSS		1
1/13/2026	20	1684204	295	DIRECT SUPPORT PROFESSIONAL - KINGS HIGHWAY	3651	CSS	1	
1/13/2026	20	1684288	635	DIRECT SUPPORT PROFESSIONAL - DAY SUPPORT KING GEORGE	3653	CSS		1
1/23/2026	10	1643704	626	DIRECT SUPPORT PROFESSIONAL - DAY SUPPORT KING GEORGE	3653	CSS		1
1/23/2026	10	1690946	301	DIRECT SUPPORT PROFESSIONAL - DAY SUPPORT SPOTSYLVANIA	3654	CSS		1
10/24/2025	101	1628206	389	DIRECT SUPPORT PROFESSIONAL - LEELAND	3772	CSS		1
1/5/2026	28	1677407	386	DIRECT SUPPORT PROFESSIONAL - LEELAND	3772	CSS	1	
1/13/2026	20	1684275	400	GROUP HOME MANAGER - STONEWALL	3773	CSS	1	
11/19/2025	75	1645885	398	DIRECT SUPPORT PROFESSIONAL - STONEWALL	3773	CSS		1
12/3/2025	61	1654941	407	DIRECT SUPPORT PROFESSIONAL - DEVON	3774	CSS		1
12/5/2025	59	1662440	441	DIRECT SUPPORT PROFESSIONAL - NEW HOPE	3778	CSS		1
1/20/2026	13	1585000	492	DIRECT SUPPORT PROFESSIONAL - CHURCHILL	3791	CSS		1
1/22/2026	11	1690647	513	DIRECT SUPPORT PROFESSIONAL - LUCAS ICF	3793	CSS	1	
1/5/2026	28	1677421	515	DIRECT SUPPORT PROFESSIONAL - LUCAS ICF	3793	CSS	1	
12/16/2025	48	1619813	531	DIRECT SUPPORT PROFESSIONAL - MYERS RESPITE	3794	CSS		1
12/29/2025	35	1675059	619	COMMUNITY OUTREACH CASE MANAGER	5980	CSS	1	
<b>Avg days open</b>	<b>73.33</b>						<b>19</b>	<b>11</b>
						Total	30	
<b>Budgeted Vacant</b>								
				Job Title	RU	Division	FT	PT
			55	MAINTENANCE TECHNICIAN	1100	Admin		1
			276	INFANT/CHILD SUPPORT COORDINATOR	3500	PE-ID	1	
			207	NURSE, RN - CRISIS STABILIZATION	2770	CIS		1
			225	RESIDENTIAL COUNSELOR I - LAFAYETTE BOARDING	2786	CSS	1	
			302	DIRECT SUPPORT PROFESSIONAL - KINGS HIGHWAY	3652	CSS		1
			641	DIRECT SUPPORT PROFESSIONAL - DAY SUPPORT ICF	3656	CSS		1
			433	DIRECT SUPPORT PROFESSIONAL - IGO	3777	CSS		1
			452	DIRECT SUPPORT PROFESSIONAL - BELMONT	3781	CSS	1	
			456	DIRECT SUPPORT PROFESSIONAL - BELMONT	3781	CSS		1
			482	DIRECT SUPPORT PROFESSIONAL - GALVESTON	3790	CSS		1
			500	DIRECT SUPPORT PROFESSIONAL - ROSS ICF	3792	CSS	1	
			508	NURSE MANAGER - LUCAS ICF	3793	CSS	1	
			638	OUTPATIENT THERAPIST - FREDERICKSBURG CLINIC	2200	Clinical		1
			620	PSYCHIATRIC NURSE PRACTITIONER	2201	Clinical	1	
							<b>6</b>	<b>8</b>
						Total	<b>14</b>	

**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>
<b>Average Headcount</b>	572	573	587	586	570	571	579	585	583	576	560	561
<b>Monthly Terminations*</b>	14	10	8	15	10	9	17	8	10	14	10	6
<b>Turnover by Month</b>	2.45%	1.75%	1.36%	2.56%	1.75%	1.58%	2.94%	1.37%	1.72%	2.43%	1.79%	1.07%
<b>Cumulative Turnover YTD</b>	2.45%	4.19%	5.54%	8.11%	9.87%	11.45%	14.39%	15.75%	17.46%	19.89%	21.68%	22.77%
<b>Average % Turnover per Month YTD</b>	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>
<b>Average Headcount</b>	558	553	550	548	552	550	555					
<b>Monthly Terminations*</b>	9	13	6	8	5	2	5					
<b>Turnover by Month</b>	1.61%	2.35%	1.09%	1.46%	0.91%	0.36%	0.90%					
<b>Cumulative Turnover YTD</b>	1.43%	3.96%	5.06%	6.52%	7.42%	7.79%	8.69%					
<b>Average % Turnover per Month YTD</b>	1.43%	1.98%	2.17%	1.63%	1.48%	1.30%	1.24%					

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

**RACSB DEPUTY EXECUTIVE DIRECTOR REPORT**  
**January 2026 Monthly Updates**

**Opportunities for Partnership/Input:**

- Kicked off annual state reporting project and timeline development with Netsmart and the other Virginia Community Services Boards which use myAvatarNX and supported the finalization of the needed specifications and business rule documentation for the changes.
- Reviewed bills and participated in VACSB Clearinghouse Committee which meets weekly during the General Assembly session.
- Attended the Virginia Association of Community Services Board’s 2026 Legislative Conference.
- Ongoing participation weekly on the VACSB CCBHC Steering Committee with the engagement with National Council for Mental Wellbeing.
- Negotiated a number of Exhibits D, funding specific addendums for the Performance Contract.
- Ongoing participation in the FY26 HL7 Expansion workgroup. Using the work of the VACSB DMC Data Mapping Workgroup to work to streamline some of the ad-hoc reporting into the expansion effort.
- Participated in the PD16 Healthcare Safety Net meetings facilitated by Mary Washington Hospital and Rappahannock Area Health District with particular focus on how to address the pharmacy needs of the uninsured no longer supported by Moss Free Clinic.
- Attended the first 2026 CSA Virtual Academy virtual training.
- Received demonstrations from 5e Analytics and Clinically AI to review options to streamline our data collection, documentation, and business intelligence.

**Enterprise Data Warehouse (EDW) and HL7 Expansion Workgroup**

DBHDS staff and CSB staff continue to meet at least weekly about the EDW and upcoming annual HL7 Expansion cycle. Rappahannock Area Community Services Board continues to be the lead Netsmart Community Services Board, for those that use MyAvatar. We successfully went live on June 30, 2025. We are excited by the launch of the data quality dashboard which gives us unprecedented access to data quality errors for swift and efficient resolution. RACSB staff serve as chair of the DMC Data Mapping workgroup charged with mapping out the data requirements from DBHDS which CSBs have to complete. The workgroup is partnering with the HL7 Expansion workgroup to incorporate requirements into the new EDW system to reduce duplicate ad-hoc reporting. These groups have combined meetings and efforts as we focus on finalizing specifications for the annual HL7 expansion project for this year. Finalized specifications have been released and shared with vendors.

**VACSB Administrative Policy Committee Highlights**

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

**DBHDS Performance Dashboards**

These remain unavailable due to the transition to the new EDW. RACSB participated in a small group of beta testers for these dashboards. It was our recommendation that more work is needed prior to publication of the dashboards for official use. RACSB staff were selected to view and test the new ID/DD Dashboards. We were able to identify an error in our data transmission and correct. These dashboards are further along than the behavioral health dashboards and should be available shortly.

<b>Information Technology Department Data</b>		
<b>Number of IT Tickets Completed</b>	<b>Zoom Meetings</b>	<b>Total Zoom Participants</b>
January 2026- 914	1,985	4265

To: Joe Wickens, Executive Director

From: Brandie Williams, Deputy Executive Director

Re: Legislative Updates and Priorities- January and February Combined Updates

Date: February 2, 2026

The Rappahannock Area Community Services Board (RACSB) is committed to advocacy to improve performance, quality, and demonstrate the value of services. We recognize the impact that legislative activity at the federal, state, and local level impact the services we offer to the community. This report will provide specific information on current legislative or regulatory topics which impact RACSB.

**Review of Virginia Association of Community Services Board’s Legislative Initiatives:**

Public Policy Actions:

- VACSB provides a unified public policy voice of CSB/BHAs and advocacy partners to the Governor, the General Assembly, DBHDS, DMAS, and other state agencies and local government organizations.
- VACSB builds relationships with legislators and advocates for positive legislation and resources for services.
- VACSB impacts state and federal policy and legislation through grass roots efforts and active participation with national associations, such as NACBHDD.

Annual Conferences:

- Public Policy Conference:  
Held each October, this conference features Virginia and National public policy issues through panels and presentations.
- Legislative Conference:  
Held each January in Richmond, this conference provides knowledge and perspective for all members on current budget and legislative information and advocacy opportunities during the legislative session.

VACSB Public Policy Committee:

- This committee is comprised of varied CSB leadership and meets each Wednesday during Virginia’s General Assembly Session to review each bill which impacts public behavioral health and developmental disabilities services.
- Produces an advocacy document each week during session which outlines these bills, the status, and VACSB position.
- Alison Standring, RACSB Part C System Manager and Brandie Williams, Deputy Executive Director, represent the agency on this committee ensuring a strong voice for our individuals and programs.

**Items of note from the Governor’s Introduced Budget as released 12/17/2025:**

DBHDS Actions:

- Moves \$1.6 million from grants to localities to Central Office to fund data exchange ongoing.
- Expand problem gambling treatment, recovery, and prevention services \$1,040,260.
- Removes \$1,000,000 in funding for dementia services.

- Modify language for adolescent substance use services funding to amend language for earmarked appropriation for adolescent substance use disorder treatment to allow funds to be utilized for more levels of care.

Grants to Localities Actions:

- Provides additional funds from dedicated non-general funds are appropriated to replace general fund appropriation so that call center is fully funded by non-general funds.
- Marcus Alert- No new money to onboard next CSBs, but language change to “Provide flexibility by removing language that requires each program to receive \$600,000. This language change will allow for the establishment of program based on local funding needs in any given year. Additional clarification added that mobile crisis units are sufficient to meet requirement for community care team.
- Early Intervention- No new money; But amends language that funding can be transferred to VDH for localities that use local health departments to administer EI.
- Clarify Payment terms for CSB funding- Amends language to allow for flexibility in payments to CSBs by providing that payments may be made in accordance with performance contracts.

DMAS Actions:

- Ensure appropriate utilization of Crisis Services- Limit mobile crisis to four-hour limit per incident and completely removes community stabilization as a covered service.
- Ensure appropriate utilization of applied behavior analysis by setting 20 hour per week cumulative limit on services. And adds language to coordinate periodic pre and post payment reviews of ABA payments.
- Increase rates for DD Waiver Services (only one we provide that was included was Community Engagement). We are not sure what the new rate will be.
- Adjust the hourly limit on personal care/assistance provided under DD Waiver to mirror the limits included in the CCC+ Waiver. (About 56 hours per week limit).
- Eliminates automatic rebasing and inflation to rates for psychiatric residential treatment facilities and qualifying ARTS service providers.
- Removes live-in caregiver exemption from EVV.
- Delays implementation of Behavioral Re-design of Community Mental Health and Rehabilitative Services for 6 months until January 1, 2027.

**Bills/Legislation of note as of February 4, 2026**

Bill number	Description	VACSB Position
HB37	Developmental disability waivers; financial eligibility standards, sunset repeal	Actively Support
HB103/SB205	Early Intervention Program for Infants and Toddlers with Disabilities; program extension	Monitor
HB267	Workers with disabilities; earned income disregard, cost-of-living adjustment	Support
HB453/SB513	Comprehensive MH, SA, DD crisis services; written plan	Monitor
HB901	Substantial risk orders; eligible petitioners, court jurisdiction	Pending
HB1292/SB735	Temporary detention; certified evaluations, sunset repealed	Actively Oppose
SB228	Localities; Liability insurance, certain waiver of sovereign immunity	Actively Oppose



Virginia Association Of  
Community Services Boards, Inc.  
*Making a Difference Together*

## **VACSB Legislative Update**

**February 4, 2026**

*This update is published weekly during the General Assembly Session. If you have questions or need information, please contact Heather Orrock at [horrock@vacsb.org](mailto:horrock@vacsb.org).*

(804) 330 - 3141

### **VACSB CLEARINGHOUSE BILL DESIGNATION**

#### **DESIGNATION**

**Actively Support**

**Support**

**Monitor**

**Oppose**

**Actively Oppose**

#### **ACTION**

**Advocacy by VACSB Reps**

**Published Statement**

**Online Tracking**

**Published Statement**

**Advocacy by VACSB Reps**

Bill	Catchline	Chief Patron	Committee	Last Action	Position	Date
HB1	Minimum wage; increases incrementally to \$15.00 per hour by January 1, 2028.	Ward	Commerce and Labor	(S) Referred to Committee on Commerce and Labor	Monitor - Same as SB1	02/04/2026
HB5	Employment; paid sick leave, civil penalties.	Convirs-Fowler	Labor and Commerce	(H) Subcommittee recommends reporting	Monitor - Similar to SB199	02/04/2026
HB32	Problem Gambling Treatment and Support Advisory Committee; appointment of additional members.	Krizek	Education and Health	(S) Referred to Committee on Education and Health	Monitor	02/03/2026
HB37	Developmental disability waivers; financial eligibility standards, sunset repeal.	Shin	Health and Human Services	(H) Reported from Health and Human Services (22-Y 0-N)	Actively Support	02/03/2026
HB43	Suicide; abolishes common-law crime.	Simon	Courts of Justice	(H) Reported from Courts of Justice with amendment(s)	Support	02/04/2026
HB66	Medical assistance and social services programs; DMAS and DSS to modernize technology systems.	Feggans	Health and Human Services	(H) Fiscal Impact Statement from Department of Planning and Budget (HB66)	Monitor	02/04/2026
HB103	Early Intervention Program for Infants and Toddlers with Disabilities; program extension.	Ballard	Health and Human Services	(H) Fiscal Impact Statement from Department of Planning and Budget (HB103)	Monitor - Similar to SB205	02/02/2026
HB178	Public schools; student support services, student personal information and data security, report.	Anthony	Education	(H) Subcommittee recommends reporting with substitute (7-Y 3-N)	Monitor - Similar to SB190	02/03/2026

HB209	Peer recovery specialists; VDH & DOC to develop guidelines for hiring.	Price	Health and Human Services	(H) Fiscal Impact Statement from Department of Planning and Budget (HB209)	Monitor - Similar to SB608	01/22/2026
HB225	Marcus Alert Evaluation Task Force; created.	Hope	Health and Human Services	(H) Reported from Health and Human Services with amendment(s) (22-Y 0 N)	Monitor - Same as SB514	02/03/2026
HB231	Autism Advisory Council; name change, membership, staffing, powers and duties.	Cohen	Appropriations	(H) Read first time	Support - Same as SB280	02/04/2026
HB240	Admission to bail; fixing terms of bail, mental health considerations.	Gardner	Courts of Justice	(H) House subcommittee offered	Monitor	02/02/2026
HB245	Jurisdiction of district courts in felony cases; specialty dockets, Behavioral Health Docket Act.	Watts	Courts of Justice	(S) Referred to Committee for Courts of Justice	Monitor	02/04/2026
HB246	Mental illness, neurocognitive disorder, etc.; affirmative defense or reduced penalty.	Watts	Courts of Justice	(H) Reported from Courts of Justice and referred to Appropriations	Support	02/04/2026
HB247	Deferred disposition in a criminal case; persons w/autism or intellectual disabilities, expungement.	Watts	Courts of Justice	(H) Reported from Courts of Justice with amendment(s) and referred to Appropriations	Support - Same as SB416	02/04/2026
HB248	Interjurisdictional law-enforcement agreements; development of behavioral health co-response teams.	Watts	Local Government	(S) Referred to Committee on Local Government	Support - Similar to SB317	01/30/2026

HB257	Comprehensive plan; social determinants of health.	Simonds	Counties, Cities and Towns	(H) Read second time and engrossed	Monitor	02/04/2026
HB267	Workers with disabilities; earned income disregard, cost-of-living adjustment.	Tata	Health and Human Services	(H) Subcommittee recommends reporting with substitute and referring to Appropriations (8-Y 0-N)	Support	01/29/2026
HB298	Public elementary or secondary school students; evidence-based restorative disciplinary practices.	McQuinn	Education	(H) Referred to Committee on Education	Monitor	01/09/2026
HB308	Va. ABC Authority; permitting of retail tobacco product retailers, etc.	Hope	General Laws	(H) Subcommittee recommends reporting with substitute and referring to Appropriations (8-Y 1-N)	Actively Support - Similar to SB620	02/03/2026
HB309	Hospitals; temporary detention for testing, observation, or treatment.	Hope	Health and Human Services	(H) Fiscal Impact Statement from Department of Planning and Budget (HB309)	Monitor	02/04/2026
HB355	Public school students in grades six through 12; annual mental health screening.	Gardner	Education	(H) Committee substitute printed 26107012D-H1	Monitor	02/04/2026
HB453	Comprehensive mental health, substance abuse, & developmt. disability crisis services; written plan.	Willett	Education and Health	(S) Referred to Committee on Education and Health	Monitor - Same as SB513	02/03/2026

HB471	Higher ed. institutions, public; financial aid for students with intellectual disabilities, etc.	Cohen	Appropriations	(H) Subcommittee recommends striking from the docket (7-Y 0-N)	Support	02/04/2026
HB481	Prior authorization; requiring physician review for denial.	Hope	Labor and Commerce	(H) Read third time and passed House (97-Y 0-N 0-A)	Monitor	02/04/2026
HB532	Sage's Law; minor students experiencing gender incongruence, etc.	Hamilton	Education	(H) Fiscal Impact Statement from Department of Planning and Budget (HB532)	Monitor	01/15/2026
HB548	Uniform Health Care Decisions Act; civil penalty.	Hope	Courts of Justice	(H) Fiscal Impact Statement from Department of Planning and Budget (HB548)	Pending - VACSB to speak with Patron	01/21/2026
HB577	Social work; applicants for licensure, criminal background check.	Glass	Health and Human Services	(H) Fiscal Impact Statement from Department of Planning and Budget (HB577)	Monitor	02/04/2026
HB578	Foster care; federal benefits, representative payees.	Glass	Health and Human Services	(H) Fiscal Impact Statement from Department of Planning and Budget (HB578)	Monitor	02/04/2026
HB632	Kinship foster care; barrier crime waiver.	Callsen	Health and Human Services	(H) Fiscal Impact Statement from Department of Planning and Budget (HB632)	Support - Similar to SB305. Related bill HB1060	01/28/2026

HB635	Artificial Intelligence Chatbots Act; established, prohibited practices, penalties.	Maldonado	Communications, Technology and Innovation	(H) Subcommittee recommends continuing to (Voice Vote)	Monitor	02/04/2026
HB642	Cannabis control; establishes framework for creation of retail marijuana market, penalties, report.	Krizek	General Laws	(H) Fiscal Impact statement From VCSC (1/28/2026 9:32 am)	Monitor - Same as SB542	01/28/2026
HB652	Abused or neglected child; "reason to suspect" prenatal substance abuse.	Hayes	Health and Human Services	(H) Assigned sub: Social Services	Monitor - Similar to SB133. Related bills SB36 and HB283.	01/21/2026
HB656	Mental health and substance abuse disorders; network adequacy standards, comparative analyses.	Willett	Health and Human Services	(H) Assigned sub: Behavioral Health	Support - Same as SB524. Was listed as Monitor, moved to Support on 2/4	01/21/2026
HB669	Impersonation of certain licensed professionals by chatbot; definitions, notice, civil liability.	Maldonado	Communications, Technology and Innovation	(H) Fiscal Impact Statement from Department of Planning and Budget (HB669)	Monitor	02/03/2026
HB681	Retired law-enforcement officers; emergency and temporary detention admissions.	Hayes	Health and Human Services	(H) Reported from Health and Human Services (22-Y 0-N)	Monitor - Similar to SB75 and SB395	02/03/2026
HB707	State government; transaction of public business, prohibited website domains.	Hayes	General Laws	(H) Fiscal Impact statement From CLG (2/2/2026 10:07 am)	Monitor	02/02/2026
HB712	Office-based buprenorphine treatment; Board of Medicine to amend regulations.	Wachsmann	Education and Health	(S) Referred to Committee on Education and Health	Support - Similar to SB641	02/03/2026

HB823	Community Living and Family and Individual Supports Waiver; program rule amendments.	Carr	Health and Human Services	(H) Assigned HAPP sub: Health & Human Resources	Actively Support	02/03/2026
HB882	Innovative Internship Fund and Program; eligibility of local government employers & matching funds.	Sullivan	Appropriations	(H) Read second time and engrossed	Support	02/04/2026
HB896	Substantial Risk Order Training Program; established, report.	Sullivan	Public Safety	(H) Fiscal Impact Statement from Department of Planning and Budget (HB896)	Monitor - Related bills HB901 and SB495	01/26/2026
HB901	Substantial risk orders; eligible petitioners, court jurisdiction, constr. possession of firearms.	Sullivan	Public Safety	(H) Referred from Public Safety and referred to Courts of Justice (Voice Vote)	Pending - VACSB to speak with Patron. Was listed as Monitor, moved to Pending on 2/4. Related bills SB495 and HB896.	01/30/2026
HB931	Recovery residences; regulations.	Simon	Health and Human Services	(H) Assigned sub: Behavioral Health	Monitor - Similar to SB270	01/23/2026
HB944	Workplace violence policy required for certain employers; civil penalty.	Clark	Labor and Commerce	(H) Assigned HCL sub: Subcommittee #2	Monitor	01/22/2026
HB976	Person in temporary detention process; alternative transportation provider.	Price	Health and Human Services	(H) Assigned sub: Behavioral Health	Monitor	01/23/2026
HB996	Postsecondary Education Rehabilitation Transition Program; implementation of plan.	Seibold	Education	(H) Subcommittee recommends reporting (10-Y 0-N)	Monitor	02/03/2026
HB1014	Incapacitated persons; finding of lack of capacity to understand act of voting.	Tran	Privileges and Elections	(S) Referred to Committee on Privileges and Elections	Support - Similar to SB34	02/04/2026

HB1060	Foster and adoptive homes; barrier crimes, exceptions.	Callsen	Health and Human Services	(H) Fiscal Impact Statement from Department of Planning and Budget (HB1060)	Monitor - Related bills HB632 and SB305	02/04/2026
HB1097	Driver communication improvement program; drivers diagnosed with autism spectrum disorder, etc.	Laufer	Transportation	(H) Subcommittee recommends reporting (10-Y 0-N)	Support - Related bills HB517 (expands the program) and SB309 (requires driver education programs to include information about the program)	02/03/2026
HB1105	Misdemeanor proceedings; competency treatment.	Kilgore	Courts of Justice	(H) Assigned HCJ sub: Criminal	Support - Same as SB528	01/30/2026
HB1147	Medicine and Nursing, Boards of; continuing education, bias reduction training.	Hayes	Health and Human Services	(H) Committee substitute printed 26105709D-H1	Monitor - Similar to SB22	02/03/2026
HB1194	Minor's health records; parental access.	Scott, P.A.	Health and Human Services	(H) Fiscal Impact Statement from Department of Planning and Budget (HB1194)	Monitor	01/30/2026
HB1207	Paid family and medical leave insurance program; notice requirements, civil action beginning date.	Sewell	Labor and Commerce	(H) Assigned HAPP sub: Commerce Agriculture & Natural Resources	Monitor - Similar to SB2	02/03/2026
HB1223	Health professionals; mandatory suicide training required.	Delaney	Health and Human Services	(H) Assigned sub: Behavioral Health	Monitor	01/23/2026

HB1229	Public elementary and secondary schools; use of seclusion and restraint.	Scott, P.A.	Education	(H) Referred to Committee on Education	Monitor	01/14/2026
HB1282	Licensed substance abuse treatment practitioners; licensure by endorsement, etc.	Cole, J.G.	Health and Human Services	(H) Assigned sub: Health Professions	Monitor	01/23/2026
HB1292	Temporary detention; certified evaluators, sunset repealed.	Price	Health and Human Services	(H) Fiscal Impact Statement from Department of Planning and Budget (HB1292)	Actively Oppose - Same as SB735	01/30/2026
HB1297	Adult protective services; creates adult abuse, neglect, and exploitation central registry.	Carroll	Health and Human Services	(H) Assigned sub: Social Services	Monitor - Similar to SB243	01/23/2026
HB1304	Individuals receiving services in a hospital, training center, etc.; right to send and receive mail.	Ware	Health and Human Services	(H) Assigned sub: Behavioral Health	Monitor - Similar to SB580	01/30/2026
HB1318	Hospitals; emergency department physicians.	Willett	Health and Human Services	(H) Assigned sub: Behavioral Health	Monitor - Same as SB738	01/23/2026
HB1357	Nursing facilities; comprehensive study of quality of care, etc., and operational practices.	McQuinn	Health and Human Services	(H) Assigned HAPP sub: Health & Human Resources	Monitor	02/03/2026
HB1370	Individuals with developmental disabilities; regulations for providers of services.	Mehta	Health and Human Services	(H) Fiscal Impact Statement from Department of Planning and Budget (HB1370)	Monitor - Related bill HB1380	01/26/2026
HB1380	Individuals with developmental disabilities; provides to conduct emergency medical drills, etc.	Seibold	Health and Human Services	(H) Fiscal Impact Statement from Department of Planning and Budget (HB1380)	Monitor - Similar to HB1370	02/04/2026

HB1405	Social services, local departments of; burial assistance program.	McClure	Health and Human Services	(H) Fiscal Impact Statement from Department of Planning and Budget (HB1405)	Actively Support	02/04/2026
HB1411	Defendant; evidence of mental condition admissible.	Schmidt	Courts of Justice	(H) Assigned HCJ sub: Criminal	Pending - VACSB to research	01/30/2026
HB1414	Children; certain injuries to be reported by physicians, etc., penalties for failure to report.	McQuinn	Courts of Justice	(H) Fiscal Impact statement From VCSC (1/23/2026 3:14 pm)	Monitor	01/23/2026
HB1423	Group homes; DBHDS to analyze oversight and accountability, report.	McGuire	Health and Human Services	(H) Fiscal Impact Statement from Department of Planning and Budget (HB1423)	Monitor	01/29/2026
HB1432	Alcoholic beverage or marijuana or marijuana products; underage consumption or possession, etc.	Mehta	General Laws	(H) Referred from General Laws and referred to Courts of Justice (Voice Vote)	Monitor	02/03/2026
HB1462	Supervised billing; Medicaid and health insurance plans.	Maldonado	Labor and Commerce	(H) Assigned HCL sub: Subcommittee #1	Monitor	01/27/2026
HB1489	Hospitals; reports of threats or acts of violence against health care providers; expansion of reporting requirements.	Tran	Health and Human Services	(H) Assigned sub: Health Professions	Pending - VACSB to speak with Parton	01/30/2026
HB1495	Department of Medical Assistance Services; oversight of services facilitators; maintained enrollment in medical assistance programs after failure of services facilitator to conduct eligibility determination.	Tran	Health and Human Services	(H) Fiscal Impact Statement from Department of Planning and Budget (HB1495)	Support	02/04/2026

HB1523	Certified violence prevention professional; certification.	McGuire	Health and Human Services	(H) Assigned sub: Health Professions	Monitor	01/30/2026
HB1526	Health insurance; prior authorization; required contract provisions; work group.	Fowler	Labor and Commerce	(H) Referred to Committee on Labor and Commerce	Pending - VACSB to speak with VAHP	01/27/2026
HJ25	Non-Apparent Disabilities Awareness Wk; designating 3rd full week of Oct 2026 & each succeeding yr.	Price	Rules	(H) Subcommittee recommends reporting (5-Y 0-N)	Support	02/02/2026
SB1	Minimum wage; increases incrementally to \$15.00 per hour by January 1, 2028.	Lucas	Commerce and Labor	(S) Reported from Commerce and Labor and rereferred to Finance and Appropriations (7-Y 6-N)	Monitor - Same as HB1	02/02/2026
SB2	Paid family and medical leave insurance program; definitions, notice requirements, civil action.	Boysko	Commerce and Labor	(S) Committee substitute printed 26106524D-S1	Monitor - Similar to HB1207	02/03/2026
SB18	Children; adjudication of delinquency.	Locke	Courts of Justice	(H) Referred to Committee for Courts of Justice	Monitor	02/03/2026
SB22	Medicine and Nursing, Boards of; continuing education, bias reduction training.	Locke	Education and Health	(S) Read third time and passed Senate (30-Y 8-N 0-A)	Monitor - Similar to HB1147	02/03/2026
SB34	Incapacitated persons; finding of lack of capacity to understand act of voting.	Favola	Privileges and Elections	(S) Fiscal Impact Statement from Department of Planning and Budget (SB34)	Support. Similar to HB1014	01/27/2026
SB35	Juvenile & domestic relations district courts; delinquent juv., mental health/disability evaluation.	Favola	Finance and Appropriations	(S) Passed by for the day Block Vote (Voice Vote)	Monitor	02/04/2026

SB71	Health Care Decisions Act; patients incapable of making informed decisions, absence of next of kin.	Favola	Courts of Justice	(S) Rereferred to Committee for Courts of Justice	Monitor	01/27/2026
SB75	Retired law-enforcement officers; emergency and temporary detention transportation.	Lucas	Health and Human Services	(H) Referred to Committee on Health and Human Services	Monitor - SB395 was incorporated on 1/23. Similar to HB681	02/04/2026
SB171	Minors admitted to inpatient treatment; copies provided to public elementary and secondary schools.	Favola	Education	(H) Referred to Committee on Education	Monitor	02/03/2026
SB190	Public schools; student support services, student personal information and data security, report.	Williams Graves	Education and Health	(S) Reported from Education and Health and rereferred to Finance and Appropriations (15-Y 0-N)	Monitor - Similar to HB178	01/29/2026
SB198	Individuals with developmental or intellectual disabilities; admissibility of statements.	Favola	Courts of Justice	(S) Referred to Committee for Courts of Justice	Monitor	01/09/2026
SB199	Employment; paid sick leave, civil penalties.	Favola	Commerce and Labor	(S) Committee substitute printed 26107021D-S1	Monitor	02/03/2026
SB205	Early Intervention Program for Infants and Toddlers with Disabilities; program extension.	Suetterlein	Education and Health	(S) Fiscal Impact Statement from Department of Planning and Budget (SB205)	Monitor - Similar to HB103	02/02/2026
SB210	Positive behavior support facilitators; scope of practice, supervision, and qualifications.	DeSteph	Education and Health	(S) Read third time and passed Senate (39-Y 0-N 0-A)	Support	02/03/2026

SB228	Localities; liability insurance, certain waiver of sovereign immunity.	Surovell	Local Government	(S) Fiscal Impact statement From CLG (1/21/2026 3:35 pm)	Actively Oppose - Local legal and risk management review indicates the bill would substantially erode sovereign and derivative immunity protections by tying immunity to the absence of liability insurance, exposing local government employees to claims of simple negligence. The proposal is viewed as highly problematic from a liability and risk management perspective, with strong opposition expressed.	01/21/2026
SB243	Adult protective services; creates adult abuse, neglect, and exploitation central registry.	Head	Rehabilitation and Social Services	(S) Referred to Committee on Rehabilitation and Social Services	Monitor - Similar to HB1297	01/12/2026
SB269	Use of artificial intelligence system by mental health service providers; civil penalty.	Favola	General Laws and Technology	(S) Read third time and passed Senate (39-Y 0-N 0-A)	Monitor - Similar to HB668	02/03/2026

SB270	Recovery residences; regulations.	VanValkenburg	Rehabilitation and Social Services	(S) Referred to Committee on Rehabilitation and Social Services	Monitor - Similar to HB931	01/12/2026
SB280	Autism Advisory Council; name change to Autism Commission, membership, powers and duties.	Aird	Rules	(S) Rereferred from Rules to Finance and Appropriations (14-Y 0-N)	Support - Similar to HB231	01/30/2026
SB305	Kinship foster care; barrier crime waiver.	Pekarsky	Rehabilitation and Social Services	(S) Fiscal Impact Statement from Department of Planning and Budget (SB305)	Support - Similar to HB632. Related bill HB1060	01/28/2026
SB309	Driver education programs; voluntary initiatives for drivers with autism spectrum disorder.	Pekarsky	Education and Health	(S) Read third time and passed Senate (39-Y 0-N 0-A)	Support - Related bills HB517 (expands program) and HB1097 (edu. for LEOs and EMS about program)	02/03/2026
SB317	Interjurisdictional law-enforcement agreements; development of behavioral health co-response teams.	Perry	Public Safety	(H) Referred to Committee on Public Safety	Support - Similar to HB248	02/04/2026
SB335	Mental illness, neurocognitive disorder, etc.; affirmative defense or reduced penalty.	Boysko	Courts of Justice	(S) Fiscal Impact Statement from Department of Planning and Budget (SB335)	Support - Similar to HB246	01/27/2026
SB411	Youth Health Protection Act; established, civil penalty.	Peake	Education and Health	(S) Assigned Education sub: Health Professions	Monitor	01/30/2026

SB416	Deferred dispos. in criminal case; persons with autism, intellectual, or developmental disabilities.	Boysko	Courts of Justice	(S) Referred to Committee for Courts of Justice	Support - Same as HB247	01/13/2026
SB421	Pharmacist; remote verification and counseling in opioid treatment programs.	Favola	Education and Health	(S) Assigned Education sub: Health Professions	Actively Support	01/30/2026
SB495	Emergency substantial risk order; allowable petitioners.	Deeds	Courts of Justice	(S) Fiscal Impact Statement from Department of Planning and Budget (SB495)	Pending - VACSB to speak with Patron. Related bills HB901 and HB896.	01/26/2026
SB513	Comprehensive mental health, substance abuse, & developmt. disability crisis services; written plan.	Deeds	Rehabilitation and Social Services	(S) Read third time and passed Senate (40-Y 0-N 0-A)	Monitor - Same at HB453	02/04/2026
SB514	Marcus Alert Evaluation Task Force; created.	Deeds	Rehabilitation and Social Services	(S) Read third time and passed Senate (40-Y 0-N 0-A)	Monitor - Same as HB225	02/04/2026
SB524	Mental health and substance abuse disorders; network adequacy standards, comparative analyses.	Deeds	Education and Health	(S) Senate subcommittee offered	Support - Same as HB656. Was listed as Monitor, moved to Support on 2/4	02/03/2026
SB528	Misdemeanor proceedings; competency treatment.	Stanley	Courts of Justice	(S) Referred to Committee for Courts of Justice	Support - Same as HB1105	01/13/2026
SB534	Emergency custody orders; transportation to treatment center, etc.	Suetterlein	Education and Health	(S) Assigned Education sub: Health	Monitor - Similar to HB11	01/27/2026

SB542	Cannabis control; establishes framework for creation of retail marijuana market, penalties, report.	Aird	Courts of Justice	(S) Reported from Courts of Justice with substitute and rereferred to Finance and Appropriations (9-Y 6-N)	Monitor - Same as HB642	02/04/2026
SB580	Individuals receiving services in a hospital, training center, etc.; right to send and receive mail.	Peake	Education and Health	(S) Fiscal Impact Statement from Department of Planning and Budget (SB580)	Monitor - Similar to HB1304	01/26/2026
SB608	Peer recovery specialists; VDH & DOC to develop guidelines for hiring.	Pillion	Health and Human Services	(H) Referred to Committee on Health and Human Services	Support - Similar to HB209	02/04/2026
SB620	Va. ABC Authority; permitting of retail tobacco product retailers, etc.	Ebbin	Rehabilitation and Social Services	(S) Senate committee offered	Actively Support - Similar to HB308	02/03/2026
SB637	Virginia Human Rights Act; definition of "employer", sovereign immunity.	Ebbin	General Laws and Technology	(S) Reported from General Laws and Technology with amendment and rereferred to Finance and Appropriations (9-Y 6-N)	Monitor	01/28/2026
SB641	Office-based buprenorphine treatment; Board of Medicine to amend regulations.	Pillion	Education and Health	(S) Assigned Education sub: Health Professions	Support - Similar to HB712	01/30/2026
SB678	Special ed. and related services; rights, etc., relating to education of children with disabilities.	Pekarsky	Education and Health	(S) Senate subcommittee offered	Monitor	01/23/2026

SB689	Oral threat to kill or to do bodily harm; employees of local or state dept. of social serv. penalty.	Mulchi	Courts of Justice	(S) Referred to Committee for Courts of Justice	Monitor - Similar to HB1159	01/14/2026
SB699	Virginia Freedom of Information Act; public bodies to post meeting agendas.	Ebbin	General Laws and Technology	(S) Read third time and passed Senate (39-Y 0-N 0-A)	Monitor	02/03/2026
SB735	Temporary detention; certified evaluators, sunset repealed.	Diggs	Education and Health	(S) Fiscal Impact Statement from Department of Planning and Budget (SB735)	Actively Oppose - Same as HB1292	01/30/2026
SB738	Hospitals; emergency department physicians.	Jordan	Education and Health	(S) Fiscal Impact Statement from Department of Planning and Budget (SB738)	Monitor - Same as HB1318	01/22/2026
SB789	Liquid nicotine and nicotine vapor products; certification.	Reeves	Commerce and Labor	(S) Referred to Committee on Commerce and Labor	Support	01/23/2026

**FYI Bills**

Bill	Catchline	Chief Patron	Committee	Last Action	Position	Date
HB38	Public schools; mental health awareness training and instruction, requirements.	Henson	Education	(H) Fiscal Impact Statement from Department of Planning and Budget (HB38)	FYI - Was moved from Pending on 2/4	01/30/2026
HB184	All-Payer Claims Database; SCC's Bureau of Insurance to evaluate, report.	Helmer	Labor and Commerce	(H) Passed House (98-Y 0-N 0-A)	FYI - Was moved from Pending on 2/4	02/04/2026

HB336	Fetal and Infant Mortality Review Team; established, penalty, report.	Anthony	Rules	(H) Fiscal Impact Statement from Department of Planning and Budget (HB336)	FYI - Similar to HB1398	02/02/2026
HB495	School boards; mental health awareness training, anonymous student reporting system.	Guzman	Education	(H) Subcommittee recommends reporting with substitute and referring to Appropriations (7-Y 3-N)	FYI - Was moved from Pending on 2/4	02/03/2026
HB1398	Fetal and Infant Mortality Review Team; established, penalty, report.	Franklin, M.A.	Health and Human Services	(H) Fiscal Impact Statement from Department of Planning and Budget (HB1398)	FYI - Similar to HB336	02/02/2026
HB1514	Employment decisions; automated decision systems; civil penalty.	Tran	General Laws	(H) Assigned HGL sub: Professions/Occupations and Administrative Process	FYI	02/02/2026
SB357	Medicaid Financial Oversight, Office of; established.	McDougle	Education and Health	(S) Assigned Education sub: Health	FYI	01/27/2026
SB603	School boards; policies relating to volunteer student life counseling and support services.	Reeves	Education and Health	(S) Assigned Education sub: Public Education	FYI	02/05/2026

SB826	Marijuana; creates framework for retail sales.	Lucas	Finance and Appropriations	(S) Fiscal Impact statement From VCSC (1/26/2026 11:16 am)	FYI - While SB826 does not have the language about providing revenues to the CSBs for SUD treatment, that language is already in the Code of Virginia. <a href="https://law.lis.virginia.gov/vacode/title4.1/chapter6/section4.1-614/">https://law.lis.virginia.gov/vacode/title4.1/chapter6/section4.1-614/</a> . Was Pending, moved to FYI on 2/4.	01/26/2026
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**Dead Bills**

Bill	Catchline	Chief Patron	Committee	Last Action	Position	Date
HB11	Emergency custody orders; transportation to treatment center, etc.	McNamara	Health and Human Services	(H) Continued to next session in Health and Human Services (Voice Vote)	Continued to next session. Was listed as Monitor.	01/27/2026
HB48	Suicide prevention; VDH to convene work group to develop plan to reduce among at-risk populations.	Reid	Rules	(H) Subcommittee recommends laying on the table (5-Y 0-N)	Subcommittee recommends laying on the table. Was listed as Monitor	01/23/2026

HB180	Work-Based Learning Coordinator Pilot Program; established, report, sunset.	Anthony	Education	(H) Subcommittee recommends laying on the table (6-Y 0-N)	Subcommittee recommended laying on the table. Was listed as Support.	01/30/2026
HB517	Driver communication improvement program; expands program, drivers with autism spectrum disorder.	Martinez	Transportation	(H) Subcommittee recommends laying on the table (8-Y 0-N)	Subcommittee recommended laying on the table. Was listed as Support.	02/03/2026
HB540	Carrying firearms in restricted locations; exception.	Hamilton	Public Safety	(H) Subcommittee recommends passing by indefinitely (7-Y 3-N)	Subcommittee recommended passing by indefinitely.	01/22/2026
HB668	Use of artificial intelligence system by mental health service providers; civil penalty.	Maldonado	Communications, Technology and Innovation	(H) Subcommittee recommends laying on the table (6-Y 4-N)	Subcommittee recommended laying on the table. Was listed as Monitor	02/04/2026
HB782	Health care providers; caller identification information, civil penalty.	Hayes	Health and Human Services	(H) Subcommittee recommends laying on the table (9-Y 0-N 1-A)	Subcommittee recommends laying on the table. Was listed as Monitor.	01/29/2026
HB1159	Oral threat to kill or to do bodily harm; employees of local or state dept. of social serv. penalty.	Cherry	Courts of Justice	(H) Subcommittee recommends laying on the table (7-Y 2-N)	Subcommittee recommended laying on the table. Was listed as Monitor.	01/28/2026

HB1456	Gov't efficiency; agency reporting requirement, etc., jt. subcom. on Gov't Efficiency established.	Williams	Rules	(H) Subcommittee recommends continuing to (Voice Vote)	Subcommittee recommended continuing to 2027. Was listed as Monitor.	02/02/2026
HB1458	Secretary of Health and Human Resources; private equity ownership of health care facilities; work group; report.	Downey	Rules	(H) Subcommittee recommends continuing to (Voice Vote)	Subcommittee recommended continuing to 2027. Was listed as FYI.	02/02/2026
HB1478	In-person visitation policies and procedures at certain facilities.	Davis	Health and Human Services	(H) Stricken from docket by Health and Human Services (22-Y 0-N)	Stricken from docket by committee. Was listed as Pending.	02/03/2026
HB1498	Virginia Interagency Council on Homelessness established; use of state funds for housing and homelessness services; report.	McClure	Rules	(H) Subcommittee recommends laying on the table (5-Y 0-N)	Subcommittee recommended laying on the table. Was listed as FYI.	02/02/2026
HB1501	Boards of Medicine and Nursing; advanced practice registered nurses; feasibility of temporary or provisional licensure; report.	Whittle	Rules	(H) Subcommittee recommends striking from the docket (5-Y 0-N)	Died before review. Subcommittee recommended striking from the docket.	02/02/2026
HJ39	Law-enforcement offices; financial challenges faced as result of increase of custody orders, etc.	Phillips	Rules	(H) Subcommittee recommends laying on the table (5-Y 0-N)	Died before review. Subcommittee recommended striking from the docket.	02/02/2026

SB12	Issuing citations; certain traffic offenses and odor of marijuana, exclusion of evidence.	DeSteph	Courts of Justice	(S) Passed by indefinitely in Courts of Justice (9-Y 5-N)	Committee passed by indefinitely. Was listed as Drop.	01/26/2026
SB36	Child abuse or neglect; prenatal use of a controlled substance or drug as prescribed.	Favola	Rehabilitation and Social Services	(S) Stricken at request of Patron in Rehabilitation and Social Services (15-Y 0-N)	Stricken at request of Patron. Was listed as FYI.	01/23/2026
SB188	Stillbirth Support Grant Program; established.	Williams Graves	Education and Health	(S) Stricken at request of Patron in Education and Health (14-Y 0-N)	Stricken at request of Patron. Was listed as FYI.	01/22/2026
SB372	Employment; expands provisions for paid sick leave, civil penalties.	Carroll Foy	Commerce and Labor	(S) Incorporated by Commerce and Labor (SB199-Favola) (15-Y 0-N)	Incorporated into SB199. Similar to HB5. Was listed as Monitor.	02/02/2026
SB395	Emergency and temporary detention transportation; clarifies term of "law-enforcement officer."	Jordan	Rehabilitation and Social Services	(S) Senate committee offered	Incorporated into SB75	01/23/2026

To: Joe Wickens, Executive Director

From: Brandie Williams, Deputy Executive Director

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

Date: February 6, 2026

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

# Rappahannock Area Community Services Board Strategic Plan Year-One- Quarter Two Update

## Mission

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

## Vision

**Spark Hope. Support Hope. Spread Hope.**

## Values

**Inclusion. Collaboration. Integrity. Resilience.  
Excellence and Innovation**

Priority 1: Access To Services	Quarter 2 Narrative Update
<b>By FY2028, increase total number of individuals served by 5%.</b>	
<b>By June 2026, 100% of programs will establish a metric to measure access to services, establish a benchmark, and percentage for improvement.</b>	100% of programs have established the metric and tentative benchmarks. We will collect data this fiscal year and adjust benchmarks as appropriate.
Strategy #1: By FY2027, 50% of individuals receive 1st service within 10 days of request for service and receive their next two services within 30 days.	DBHDS continues to develop the dashboard that will be used for this metric to keep data consistent. RACSB has also contracted with Netsmart for their KPI Dashboard functionality which will be used to monitor this metric.
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.	Floor plan was finalized following tours of national model programs, Draft staffing structures, revenue and personnel expenses, and policies have been created.
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.	For Q2, 47% of individuals assigned a waiver had a service plan developed and active within 90 days of waiver allocation.
Strategy #4: By June 2026, a plan will be developed to expand access to I/DD Community Engagement day support services. A metric and benchmark will be established to measure progress for the next two years of the plan.	The average community engagement hours per individual per day for the quarter is 3.14 hours as RAAI builds to reach 3.5 hours by the end of the year. Further, they have expanded Community mobile services from 4 groups to 5 groups. The 5 <sup>th</sup> group started at the Massad YMCA on 11/01/2025. They are currently working on assessments for the 6 <sup>th</sup> group, which will be also located at the Massad YMCA.
Strategy #5: By June 30, 2026, partner with four (4) additional middle schools to provide substance use prevention education.	This goal has been met as Prevention has partnered with four additional middle schools including King George Middle School, Freedom Middle School, John J. Wright, Chancellor Middle, and Ni River Middle. In addition, we tabled at SCPS 4E Expo that reached 1,000+ families with an emphasis on middle school students.
Priority 2: Effective and Quality Services	Quarter 1 Narrative Update
<b>By June 2026, 100% of programs will establish a metric to measure effectiveness, establish a benchmark, and percentage for improvement.</b>	100% of programs have established the metric and tentative benchmarks. We will collect data this fiscal year and adjust benchmarks as appropriate.
Strategy #1: By June 2026, RACSB will complete a gap assessment to identify actions needed to move towards CCBHC.	VACSB executed the contract with National Council for Mental Well-being and have served weekly on this engagement. VACSB is working to provide funding for CSBs to complete the required Community Needs Assessment and Gap Assessment.
Strategy #2: By June 2026, RACSB will establish a consumer-based net promoter score process and set performance benchmarks for the next 2 years.	Currently exploring technical options for capturing NPS.
Strategy #3: By June 2026, RACSB will identify collaborative partnerships and begin to formalize with MOUs. RACSB will identify community engagement events and track attendance. Benchmarks will be set for next two year to increase formalized MOUs for partnerships and increase number of community engagement events attended by RACSB.	RACSB has executed MOU/MOA's with 4 community partners during the second quarter of the fiscal year, with mid-year total at 20 agreements. RACSB staff attended 18 community events this quarter with mid-year total of events attending exceeding 32 events.
Strategy #4: By June 2026, RACSB will complete a gap assessment to identify actions needed to move toward offering Primary Care Services	Not yet started. This will be completed in tandem with the CCBHC gap assessment noted above.
Priority 3: Staff retention, workforce support, and talent development	Quarter 1 Narrative Update

<b>By the end of FY2028, increase employee retention as demonstrated by annual turnover rate of 15% or less and achieve a staff engagement score of at least 80% (Average 4.0 out of 5.0 rating) on the annual engagement survey.</b>	As of December 2025, average turnover rate 7.79%. Staff engagement score was 4.13.
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.	RACSB implemented the Employment Engagement Survey in December 2025. Executive leadership has completed a review of the overall results and are working through the development of an action plan. Total average score was 4.13.
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.	In the second quarter, 100% of employees who have voluntarily resigned have been offered an exit interview/survey. 8 completed with an average score of 4.0 out of 5.0 across domains. HR Director and Deputy Executive Director reviewed the results and a separate report will be provided to the Board with more details on the results. <b>Stay interview and implementation plan is still in development.</b>
Strategy #3: By June 2026, RACSB will conduct a needs analysis around employee leadership development needs and develop a curriculum and plan to define and increase development of leadership program.	HR Director secured quotes from three different vendors to complete a needs analysis and provide a leadership development plan. RACSB has selected the University of Mary Washington for this engagement. Focus groups and survey are scheduled to be completed in late February/March 2026 timeframe.
<b>Priority 4: Fiscal and Operational</b>	<b>Quarter 1 Narrative Update</b>
<b>By the end of FY2028, increase year-end positive variance to 1%.</b>	Positive variance at the end of December was \$4,309,542.
<b>Create a sustainability, staffing, and succession plan to reaching towards a balance budget within 3 years for each program within X time frame</b>	This work began for many programs during the recent budget cycle. Template for this plan will be distributed to programs in Q2 with all programs creating draft plans in Q3.
Strategy #1: By June 2026, each program will develop a sustainability, staffing, and succession plan.	This work began for many programs during the recent budget cycle. Template for this plan will be distributed to programs with all programs creating draft plans in Q3 and Q4 in tandem with budget.
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. Metric to be established in Q3 with benchmark established in Q4
Strategy #3: By June 2026, 100% of programs audited will have a minimum comparative score of 80 on audits.	There were six audits completed this quarter with 4/6 meeting the benchmark of 80 or higher comparative score. A total of 10/13 programs have met the metric for the first half of the fiscal year Average score this quarter was 87.5 compared to 90.9 in the first quarter
Strategy #4: By June 2026, RACSB will complete costing engagement through MTM Consulting and present results to Board of Directors.	Not started. Training new Accounting Coordinator, hiring a financial analyst, completing Agency financial audit, and ICF Cost Report are current priorities this quarter.
Strategy #5: By June 2026, RACSB staff will complete a workflow and documentation map process for 5 programs. Any data element or documentation not currently required will be removed and data entry fields will be reduced.	Compliance Director and IT Coordinator are working with the first two programs, MAT and Sunshine Lady House, to map out process and data workflow in order to create efficiencies and reduce administrative burden.