
April 2026 Board of Directors Meeting Minutes

I. CALL TO ORDER

A meeting of the Board of Directors of the Rappahannock Area Community Services Board was held on April 21, 2026, at 600 Jackson Street and called to order by Chair, Jacob Parcell, at 3:00 p.m. *Attendees included:* Nancy Beebe, Claire Curcio, George Dallas, Carol Walker, Greg Sokolowski, Bridgette Williams, and Matthew Zurasky. *Absent:* Susan Gayle, Ken Lapin, Ashley Terry, and Melissa White.

II. PUBLIC COMMENT

No Action Taken

III. SERVICE AWARDS – *Mr. Wickens*

Mr. Joe Wickens recognized all employees with awards:

10 years

Salomey Oti, Direct Support Professional, Wolfe Street ICF Group Home

Alexis Fox, Horticulture Specialist, RAAI Kings Hwy. (not present)

20 years

Sophia Masvaure, Supervisor, Sponsored Placement

IV. LICENSURES – *Mr. Wickens*

1. **Grace Hood**, Licensed Child/Adolescent Therapist (LCSW)
2. **Irasema Tucto**, Licensed Professional Counselor (LPC)

V. EMPLOYEE OF THE 3RD QUARTER FY2026 – *Mr. Wickens*

1. **Hannah Smith**, Co-Responder Therapist, Emergency Services

VI. BOARD CORE BEHAVIORS – *Ms. 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.

- ## VII. BOARD PRESENTATION, **Benefit Recommendations FY2027**, by USI Representatives, *Mr. Scott Flora and Mr. Greg Snow*- The presentation provided an overview of RACSB's employee health, dental, and vision insurance programs and the financial outlook for the upcoming plan year. The medical program, administered by Anthem Blue Cross Blue Shield, currently offers four plan options and operates under a self-funded model with stop loss protection. While initial projections indicated a potential increase of over 10% to the medical

budget, strategic negotiations and adjustments—particularly increasing the specific stop loss limit to \$500,000—reduced the recommended budget increase to approximately 3%. The organization also continues to benefit from a wellness fund and negotiated savings on pharmacy rebates, helping to offset rising healthcare costs.

In addition to medical coverage, the presentation addressed dental and vision plans. The dental program, administered by Delta Dental, is projected to require a 10.7% contribution increase due to claims exceeding budgeted levels, though no changes to benefits are recommended. For vision coverage, a market review resulted in a recommendation to transition from Anthem to MetLife for improved network access and value, with no change in employee contributions. Overall, the recommendation for July 2026 is to renew current medical and dental plans with modest contribution increases, implement the updated stop loss strategy, and transition vision carriers, ensuring continued cost management while maintaining comprehensive employee benefits.

VIII. PROGRAM REPORTS

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

- 1. Program Update** – Ms. Fisher Curtis shared that the Community Support Services programs continued to show strong performance and growth in March 2026, with an emphasis on expanding services and increasing community engagement. Rappahannock Adult Activities, Inc. (RAAI) is currently supporting 135 individuals and continues to grow its Community-Only program across multiple locations, with additional expansion planned. Individuals served averaged over three hours of community engagement per day and contributed 201 volunteer hours, reflecting a continued focus on meaningful community integration. Across Developmental Disabilities services, residential placements progressed with new admissions anticipated, while Support Coordination teams assisted individuals with newly awarded waivers and secured additional resources for those in urgent need. Additionally, as the organization moves into the spring months, programs are preparing for key initiatives and community events, including RAAI's 50th anniversary celebration and the Kenmore Club's Art of Recovery Show, underscoring continued commitment to engagement, growth, and quality service delivery.
- 2. Residential Vacancies** – Ms. Fisher Curtis provided an update on Mental Health Residential Services stating they also demonstrated positive movement, with individuals transitioning to lower levels of care and ongoing referrals being evaluated. Permanent Supportive Housing remains highly utilized. Coordination with the Department of Social Services resulted in notable Medicaid reimbursements supporting program sustainability.
- 3. Myers Drive Group Home/Respite Quarterly Report** – Ms. Fisher Curtis shared that during the first quarter of 2026, the Myers Drive Group Home/Respite program provided services to 11 individuals by delivering a total of 310.5 hours of respite care. The majority of services (262.5 hours) were reimbursed through Medicaid while a smaller portion (48 hours) was privately paid by families, resulting in total program revenue of \$6,799.25 for the quarter. The program's transition to a dual facility license in January has increased flexibility allowing support for both respite guests and group home residents simultaneously. Demand for respite services remains strong with 35 scheduling requests received during the reporting period. While some requests could not be accommodated due to staffing and capacity constraints, efforts

were made to reschedule families whenever possible. Overall, the program continues to meet a critical community need while working to balance service demand with available resources.

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

- 1. Program Update** – Ms. Jindra gave the Board an update on Crisis Intervention Services, highlighting continued growth and system improvements across the division. Staff engagement efforts have generated valuable feedback to enhance service delivery and workplace culture, while external consultants provided recommendations to improve access to crisis services. The Assertive Community Treatment (ACT) program expanded to 72 clients, increasing service delivery and community partnerships, including housing support initiatives. Sunshine Lady House served 43 individuals during the month and continues to address staffing transitions while enhancing care through new hires and upcoming implementation of an automated medication dispensing system. Emergency Services maintained strong collaboration with law enforcement partners and hosted a regional luncheon to strengthen coordination. Notable recognition was given to co-responder therapist, Hannah Smith, for exceptional service.
- 2. Emergency Custody Order (ECO)/Temporary Detention Order (TDO) Report – March 2026** – Ms. Jindra provided an update on Emergency Services activity for March, reporting a total of 187 emergency evaluations. Of these, 61 individuals were assessed under Emergency Custody Orders (ECOs) and 69 Temporary Detention Orders (TDOs) were executed. Staff facilitated one admission to Catawba State Hospital and one admission to Commonwealth Center for Children and Adolescent. Additionally, two individuals were involuntary hospitalized outside of the agency’s catchment area during March.
- 3. Crisis Intervention Team (CIT) and Co-Response Report** – Ms. Jindra provided an update on CIT and Co-Response services for March. The CIT Assessment Center served 23 individuals. Co-Response teams in Spotsylvania and Stafford served a combined total of 71 individuals, while the Fredericksburg Co-Response Therapist position remains vacant. Additionally, staff conducted CIT dispatcher training and continued to monitor utilization trends of the Crisis Assessment Center. These updates highlight both the effectiveness of crisis diversion efforts and the on-going need for expanded capacity and staffing to meet community demand.
- 4. Sunshine Lady House** – Ms. Jindra provided the Board an update Sunshine Lady House utilization and program developments. Sunshine Lady House, a 12-bed crisis stabilization unit, served a significant number of individuals in March, including both local residents and referrals from other community services boards through the statewide bed registry. The program maintained a focus on providing comprehensive, 24/7 care and coordinated transitions from hospitals, while also addressing medical and behavioral needs and appropriately managing admissions based on acuity and safety considerations.

C. CLINICAL, *Ms. Jacque Kobuchi*

- 1. Program Update** – Ms. Kobuchi provided the Board a comprehensive Clinical Services report highlighting continued strong demand for outpatient and behavioral health services across all clinics. A significant number of intakes were completed in March, with many utilizing Same Day Access, demonstrating improved accessibility for individuals seeking care. Clinics continue to expand both in-person and telehealth services, offer substance use groups, and provide

ongoing staff training in evidence-based practices such as trauma-focused therapy and EMDR. Staffing vacancies remain in some areas, though recruitment efforts are ongoing. Additionally, outpatient medical services completed over 100 diagnostic evaluations, and a new nurse practitioner has been onboarded to support the Mobile OBOT program, enhancing substance use treatment capacity. Ms. Kobuchi also highlighted progress across case management, specialty dockets, and substance use services. Notable outcomes included successful client engagement and recovery milestones, increased referrals from community partners, and active participation in recovery and veterans court programs. Child and adolescent services continue to support high-need populations, including those transitioning from state hospital settings. Jail-based services remain active, providing crisis, therapeutic, and medication management to a large number of individuals. Overall, the division continues to demonstrate strong service delivery, community collaboration, and commitment to improving behavioral health outcomes across the region.

2. **State Hospital Census Report** -Ms. Kobuchi provided the State Hospital Census Report, noting a total census of 33 individuals, including 11 new admissions and 8 discharges during the reporting period. The majority of individuals remain classified as forensic cases, reflecting ongoing statewide trends impacting bed availability and length of stay. Three individuals remain on the Extraordinary Barriers List due to challenges in securing appropriate community placements, including the need for nursing home care, memory care placement, and completion of the NGRI process. One individual has since been approved for discharge, demonstrating progress in addressing barriers and transitioning individuals back into the community.
3. **Same Day Access** - Ms. Kobuchi provided an update on Same Day Access (SDA) services across outpatient clinics, highlighting continued utilization as a key strategy for improving timely access to care. A substantial portion of adult intakes continues to be completed through SDA, with variability across clinic locations based on client needs and preferences. Individuals not served through SDA were scheduled for appointments, often due to clinical appropriateness or patient request. Overall intake volumes remain strong, reflecting sustained demand for services, while SDA continues to support efficient engagement and reduce barriers to entry for individuals seeking behavioral health treatment.

D. COMPLIANCE, *Ms. Stephanie Terrell*

1. **Program Update** – Ms. Terrell shared the Compliance Report for March 2026, noting continued oversight and quality improvement efforts across the agency. A total of 290 incident reports were reviewed during the month, with the most common categories involving health concerns, injuries, and safety. The Compliance team submitted required reports to DBHDS, conducted five human rights investigations (with a mix of substantiated and unsubstantiated findings), and completed 25 root cause analyses to address identified issues. Importantly, no incidents were elevated to care concerns by DBHDS, and all corrective action plans reviewed were found to be effective, with no amendments required. Additional activities included ongoing CARF accreditation preparation, internal chart audits, follow-up reviews to ensure sustained compliance, and responses to external documentation requests. The team also facilitated multiple trainings and implemented quality improvement initiatives, including development of program-specific audit tools. Overall, the report reflects a strong focus on compliance, risk management, and continuous quality improvement throughout the organization.

2. Licensing Reports – Ms. Terrell informed the Board of recent licensing activity from the Department of Behavioral Health and Developmental Services (DBHDS), which included two approved corrective action plans (CAPs) for areas of non-compliance within DD Residential services. The citations addressed a late incident report and a failure to obtain timely medical follow-up for an individual whose condition worsened. Both issues were investigated, and corrective actions were implemented and accepted by DBHDS, demonstrating the agency’s commitment to compliance, accountability, and continuous improvement in service delivery.

The Board moved to approve the Corrective Action Plans

ACTION TAKEN: The Board approved the Corrective Action Plans

Moved by: Ms. Carol Walker

Seconded by: Ms. Bridgette Williams

E. PREVENTION & EARLY INTERVENTION, Ms. Michelle Wagaman

1. Program Update – Ms. Wagaman provided an update on Prevention and Early Intervention Services, highlighting ongoing community outreach, education, and early intervention efforts. March saw an increase in referrals to early intervention programs. Significant progress was made in community engagement initiatives, including exceeding state targets for the Virginia Young Adult Survey and training over 2,500 individuals in REVIVE! Naloxone administration, primarily students. Prevention staff continue to provide substance use education, suicide prevention training, and collaborate with community partners to address behavioral health needs across the region.

Additional updates included continued support for families through home visiting programs, which currently serve over 500 children, and participation in community events and awareness campaigns such as Child Abuse Prevention Month and National Home Visiting Week. The division remains actively engaged in coalition work, public health initiatives, and training programs aimed at strengthening resilience, reducing substance use, and improving overall community wellness.

F. FINANCE, Ms. Sara Keeler

- 1. Program Update** – Ms. Keeler provided a program update from the Finance Department outlining recent staffing changes, operational improvements, and ongoing financial management efforts. Several internal promotions were noted, along with restructuring within the department to enhance efficiency, including the addition of an Accounts Payable Technician position. The Reimbursement team is actively working to improve billing processes through automation and is prioritizing the resolution of aged claims and appeals, particularly those related to Anthem. Additionally, the Accounting Department has begun preparations for the FY2027 budget, initiated new system setup efforts, and is focusing on staff training and cross-training to strengthen operational continuity. These initiatives reflect a continued emphasis on efficiency, accuracy, and long-term financial planning within the department.
2. Ms. Keeler reviewed the Summary of Cash Investments.
3. Ms. Keeler reviewed the Other Post Employment Benefit.
4. Ms. Keeler reviewed the Health Insurance.
5. Ms. Keeler reviewed the Summary of Investments.

6. Ms. Keeler reviewed the Fee Revenue Reimbursement and Collections.
7. Ms. Keeler reviewed the Write-Off Report.
8. Ms. Keeler reviewed the Payroll Statistics.
9. Ms. Keeler reviewed the Financial Summary.

The Board moved to approve the financial summary for February.

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

Moved by: Ms. Bridgette Williams

Seconded by: Ms. Claire Curcio

The Board took a ten-minute break

G. MINUTES, BOARD OF DIRECTORS, March 17, 2026

The Board of Directors moved to approve the minutes from the March 17, 2026 meeting.

ACTION TAKEN: The Board approved the March 17, 2026 minutes.

Moved by: Ms. Claire Curcio

Seconded by: Ms. Carol Walker

H. Benefit Recommendations for FY2027 – Presentation given by USI

The Board of Directors moved to approve the changes to the benefit plan.

ACTION TAKEN: The Board approved changes to the benefit plan.

Moved by: Ms. Nancy Beebe

Seconded by: Mr. George Dallas

I. HUMAN RESOURCES, Mr. Derrick Mestler

1. **Program Update** – Mr. Mestler provided the Human Resources Program Update for March 2026. He highlighted ongoing efforts in training, compliance, recruitment, and employee engagement. During March, HR facilitated in-person training for 144 staff, hosted workers' compensation training for leadership, and completed a comprehensive audit of all employee HR files. Additional initiatives included participation in regional training collaboration and continued leadership development efforts through focus groups in partnership with UMW. HR also reported onboarding seventeen new employees and ongoing efforts to enhance recruitment through external vendors. Employee engagement activities included participation in a naloxone kit assembly event. The department continues to collaborate with its benefits broker on FY2027 planning and renewal, reflecting a continued focus on workforce development, engagement, and organizational support. He also noted an internal promotion in his department for Allison Terry.
2. **Applicant and Recruitment Update** – Mr. Mestler provided the March 2026 Applicant and Recruitment Update. RACSB received a total of 429 applications during the month. Of those, 75 applicants cited the RACSB applicant portal as their recruitment source, 18 cited employee referrals, and 336 cited various job boards. As of the end of March, there were 40 positions actively being recruited, including 27 full-time and 13 part-time roles. Mr. Mestler noted that a summary was provided outlining the number of external applicants hired, internal promotions, and total applicants for the month.
3. **Turnover Report** – Mr. Mestler presented the March 2026 Turnover Report. RACSB experienced fourteen (14) employee separations during the month, nine

(9) were voluntary, five (5) were involuntary. He added that despite the spike in separations, we are trending lower in the overall year to date of last year at this time. Additionally, they continue to track the exit interviews.

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

1. **Program Update** – Ms. Williams highlighted ongoing engagement in state and regional initiatives, legislative collaboration, and strategic planning efforts. Ms. Williams continued to participate in key committees and workgroups, including VACSB and DBHDS initiatives, while also engaging with elected officials and community partners to advance behavioral health priorities. Internal efforts included evaluation of electronic medication administration systems, participation in service projects, and collaboration with HR and Finance on benefits planning and budget development. Ms. Williams also provided updates on data and technology initiatives, including continued leadership in the Enterprise Data Warehouse (EDW) and HL7 expansion efforts, which aim to improve reporting efficiency and data quality. Progress includes development of data dashboards, ongoing system optimization, and preparation for user testing. Additionally, the agency plans to transition from Zoom to Microsoft Teams for most virtual services to improve efficiency and reduce costs. IT activity remained high, reflecting continued reliance on technology to support operations and service delivery.
2. **Strategic Plan – Third Quarter Update** – Ms. Williams gave the Board an update on the 2025–2028 Strategic Plan. She reported continued progress across all priority areas, with 100% of programs now having established metrics and benchmarks to measure both access to services and service effectiveness. Efforts to improve timely access to care, expand community engagement, and strengthen partnerships are ongoing, including prevention programming in additional schools and multiple new formal agreements with community partners. While some targets—such as timely service initiation for waiver individuals—have not yet been fully met, data collection and process improvements are underway to support continued progress. Updates also highlighted positive trends in workforce stability and organizational operations. The agency reported a cumulative turnover rate within target range and completion of the employee engagement survey, with action steps identified to enhance communication, transparency, and staff well-being. Financially, RACSB ended the quarter with a positive variance, and program audits reflected strong compliance outcomes. Several initiatives, including the CCBHC gap assessment and certain operational improvements, have experienced delays but are expected to move forward in the coming quarters. Overall, the organization continues to make steady progress toward implementation of its strategic goals.

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

Mr. Wickens reported that, at present, only one Board member has confirmed participation for the upcoming April 28th Board tour. While staff members could be invited to fill remaining capacity, he emphasized the importance of maximizing Board member participation. He noted that the tour presents a valuable opportunity for members and expressed concern about them missing it due to scheduling conflicts. Accordingly, he recommended that, if agreeable to the Board, the April tour be rescheduled to a later date

that would allow for greater member attendance. The June 23rd Board tour will remain as scheduled. A proposed alternate date for the April tour will be shared in the coming days.

X. BOARD TIME

- A. Mr. Dallas, congratulations again to Hannah Smith for her quarterly recognition and her meritorious award for Stafford's Sheriff Office, that is pretty significant. I also wanted to highlight Mel Jennings desk notes. I don't know if you've ever read them, but they've got so much enthusiasm in them it just makes you bubble and smile and it's very obvious she loves what she does. I have seen over the past six months that is very emblematic of all the Hopestarters – and so I just wanted to make note of that. It is somewhat contagious!
- B. Ms. Walker, thank you for all that you do, the work you do here is fabulous and you all can see great rewards and we can see great rewards in what you're doing so thank you again.
- C. Ms. Curcio, I was impressed to read of all the different trainings that were going on, both that you were going to and that you were offering. I think that is a very important thing so thank you.
- D. Ms. Beebe, thank you, you are doing a great job, always have, appreciate it.
- E. Ms. Williams, thank you. Even though I was not here last month, I thank a lot of you guys for the cards and the flowers for the loss of my son. I think overall you all are doing a really good job.
- F. Mr. Zurasky, I would like to thank the staff for a solution to our on-going healthcare health plan. I think you came up with an excellent option for us and it makes a whole lot of fiscal sense but more importantly, being able to have affordable healthcare for our employees is quite the feather in your cap.
- G. Mr. Sokolowski, thank you once again, every time I look at these reports and see the numbers of all that you do incoming, outgoing, intake, outtake, everything that goes on in just a 28 to 30 day period of time, I'm just shocked by what does get done here through you all and your staff, so thank you always, greatly appreciate it.
- H. Mr. Parcell, overall great reports, they were very concise, very to the point in all the pieces so thank you there, very easy to consume and hopefully provide some value there. We are getting consistent results from leadership and that is great to see, it gives us place to take it to the next level. Thank you for all the hard work and extra hours. Also, thank you Diana for all the organization and everything, it makes it very easy to go forward.

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

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

- CRC and Personnel

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

The motion was unanimously approved.

Upon reconvening, Mr. Parcell called for a certification from all members that, to the best of their knowledge, the Board discussed only matters lawfully exempted from

statutory open meeting requirements of the Freedom of Information Act; and only public business matters identified in the motion to convene the closed meeting.

A roll call vote was conducted:

Greg Sokolowski – Voted Aye
Nancy Beebe – Voted Aye
Bridgette Williams – Voted Aye
George Dallas – Voted Aye

Jacob Parcell – Voted Aye
Matthew Zurasky – Voted Aye
Carol Walker – Voted Aye
Claire Curcio – Voted Aye

The meeting adjourned at 5:24 PM.

Board of Directors Chair

Executive Director