
March 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 March 17, 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, Ken Lapin, Ashley Terry, Carol Walker, and Matthew Zurasky. Absent: Susan Gayle, Tiffany Haynes, Greg Sokolowski, Melissa White, and Bridgette Williams.

II. PUBLIC COMMENT

No Action Taken

III. SERVICE AWARDS

Mr. Joe Wickens recognized all employees with awards:

5 years

Ellen Achiaa, Direct Support Professional, Ross Drive ICF Group Home (not present)

Angela Berry, Nurse Manager, ACT North

Evelyn Dixon, Group Home Manager, Piedmont Drive Group Home (not present)

10 years

Rachel Mcaleese, Same Day Access Liaison, Fredericksburg (not present)

Ebony Williams, Direct Support Professional, Wolfe Street ICF Group Home (not present)

IV. 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.

V. BOARD PRESENTATION, **Mental Health Residential Services**, *Ms. Nancy Price-*

Ms. Price provided an overview of Mental Health Residential Services, highlighting the program's role in supporting adults with serious mental illness through structured, transitional services aimed at promoting independence and community stability. The residential continuum includes varying levels of support, from 24-hour staffed settings to more independent apartment living, allowing individuals to transition to less intensive environments over time. Additionally, the DBHDS Transitional Housing program continues to support individuals discharging from state hospitals, with strong outcomes including low readmission

rates and successful transitions within the residential system.

Program performance remains strong, with continued admissions and a high number of successful transitions and “graduations” to lower levels of care. Community bed occupancy remains high, and additional referrals are pending for transitional beds. Ms. Price also noted ongoing efforts to align with Behavioral Health Redesign initiatives and emphasized the importance of Medicaid eligibility, housing resources, and staffing to sustain and enhance services moving forward.

VI. PROGRAM REPORTS

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

- 1. Program Update** - Ms. Fisher Curtis provided an update on Community Support Services, noting continued growth and strong community engagement across programs. RAAI is currently supporting 131 individuals, with additional participants scheduled to begin services in the coming months, and continues to expand its Community Only programming and partnerships with local schools. DD Residential Services reported successful placements and ongoing efforts to enhance programming and safety through grant opportunities, while DD Support Services continues to connect individuals to waiver services and prepare for the next round of waiver slot assignments. Mental Health Residential Services reported steady activity with referrals, transitions, and discharges, including individuals successfully moving into independent community housing. Medicaid processing efforts have resulted in reimbursement gains, and Permanent Supportive Housing continues to expand, now serving 78 individuals with additional capacity available. Recruitment efforts are ongoing across programs to support continued service delivery and growth. Ms. Fisher Curtis also reported that they hired a Community Outreach Manager.
- 2. Residential Vacancies** – Ms. Fisher Curtis provided an update on residential vacancies across Developmental Disabilities and Mental Health programs. In February, one individual moved into Igo, with an additional move-in scheduled for March. While vacancies remain across several DD residential sites, referrals have been received for most programs, indicating continued demand for services. Mental Health Residential Services reported no new admissions during the month; however, several individuals successfully transitioned to lower levels of care, including two placements in the community. Current vacancies include transitional and community beds across multiple sites. Permanent Supportive Housing continues to expand, with 78 individuals currently housed and additional individuals in the intake and assessment process.
- 3. Anne Felder Grant** – Ms. Fisher Curtis shared that all Developmental Disability programs submitted applications for the Anne Felder Grant through the Community Foundation, which supports initiatives that enhance the lives of individuals with intellectual and developmental disabilities. Proposed projects include sensory and adaptive equipment and inclusive gardening enhancements for Day Support programs, emergency preparedness and safety equipment for Residential Services, and portable technology to improve real-time access to services for individuals receiving Support Coordination.

These initiatives are designed to promote safety, independence, and community inclusion while reducing barriers to services. If awarded, the funding will strengthen program capacity, improve quality of care, and enhance overall outcomes for individuals served across DD programs.

The Board moved to approve the Anne Felder Grant Submission

ACTION TAKEN: The Board approved the Grant Submission

Moved by: Mr. Matt Zurasky

Seconded by: Ms. Carol Walker

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

- 1. Program Update** – Ms. Jindra provided an update on Crisis Intervention Services, highlighting continued efforts to improve service delivery, access to care, and community collaboration. In February, leadership participated in regional Crisis Intercept Mapping to strengthen support systems for veterans and service members, and staff engaged in training to enhance auditing and quality improvement processes. Across programs, teams are implementing new tools and workflows, including expanded use of Microsoft Teams, to improve communication, coordination, and fidelity to service models. Program updates also reflected ongoing growth and workforce development efforts. Assertive Community Treatment (ACT) continues to expand with a goal of increasing enrollment, while Crisis Stabilization has added PRN nursing staff and is actively recruiting to support service delivery. Emergency Services staff participated in cross-jurisdictional training and ride-alongs to strengthen crisis response and de-escalation skills. Overall, programs remain focused on enhancing quality of care, staff support, and community partnerships.
- 2. Emergency Custody Order (ECO)/Temporary Detention Order (TDO) Report – February 2026** – Ms. Jindra provided an update on Emergency Services activity for February, reporting a total of 165 emergency evaluations. Of these, 49 individuals were assessed under Emergency Custody Orders (ECOs), and 58 Temporary Detention Orders (TDOs) were executed. Staff also facilitated several state hospital admissions, including placements at Northern Virginia Mental Health Institute and the Commonwealth Center for Children and Adolescents, as well as two involuntary hospitalizations outside of the service area. These efforts reflect continued demand for crisis intervention services and the team's ongoing coordination to ensure individuals receive appropriate levels of care.
- 3. Crisis Intervention Team (CIT) and Co-Response Report** – Ms. Jindra provided an update on CIT and Co-Response services for February. The CIT Assessment Center served 16 individuals, with demand exceeding current capacity, as an additional 33 individuals were identified as appropriate for services but unable to be accommodated. Co-Response teams in Spotsylvania and Stafford served a combined total of 48 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 ongoing need for expanded capacity and staffing to meet community demand.
- 4. Sunshine Lady House** – Ms. Jindra provided an update on Sunshine Lady House, a 12-bed adult crisis stabilization program offering 24/7 services to

individuals experiencing psychiatric crises. In February, the program served 42 individuals and received 52 referrals, maintaining a 92% acceptance rate, with referrals coming from four additional localities. Services continue to include medication management, therapy, peer support, and crisis intervention. Ms. Jindra also noted that while admissions to formal detox services have been limited, the program is supporting individuals with a history of substance use through observation protocols. These individuals are monitored for potential withdrawal needs, allowing for rapid transition to medically managed care if necessary. This information will be added to future reports to provide a more complete picture of services delivered.

Additionally, TBD Solutions conducted a utilization review in preparation for the Crisis Receiving Center (CRC), offering recommendations to enhance referral pathways and access to services. Opportunities are being explored to strengthen partnerships with community providers, including the VA, to improve utilization of Sunshine Lady House. Ongoing efforts, including focus groups and collaboration with internal programs and external partners, are aimed at ensuring timely access to appropriate levels of care.

C. CLINICAL *Ms. Jacque Kobuchi*

1. **Program Update** – Ms. Kobuchi provided an update on Clinical Services, highlighting continued strong demand for outpatient and support services across the region. Clinics reported high volumes of intakes, many completed through Same Day Access, as well as ongoing substance use programming and staff training to enhance service delivery. Medical Services completed over 100 new patient evaluations for medication management, while recruitment efforts continue for key positions. Case Management and Child and Adolescent Services noted both successful transitions to independent living and ongoing challenges related to hospital discharges and placement options for youth with complex needs.

Substance Use Services and Specialty Dockets continue to demonstrate strong engagement, with active participation, graduations, and collaboration with community partners to expand treatment options. Jail and detention-based services also remained active, providing crisis, therapeutic, and medication management support to a significant number of individuals. Overall, programs remain focused on improving access, strengthening outcomes, and addressing workforce needs to meet increasing demand. Mr. Dallas noted that an update for Spotsylvania was missing. Ms. Kobuchi explained that the Clinic Coordinator for Spotsylvania was out on unexpected leave resulting in no report this month.

2. **State Hospital Census Report** -Ms. Kobuchi provided the State Hospital Census Report, noting a total census of 27 individuals across state facilities, with 7 new admissions and 8 discharges during the reporting period. The report reflects a continued balance between admissions and discharges, with individuals placed across multiple facilities, including Western State Hospital and Piedmont Geriatric Hospital.

Additionally, there are four individuals currently on the Extraordinary Barriers List (EBL), all of whom are clinically ready for discharge but remain hospitalized due to challenges such as locating appropriate placements, guardianship needs, or court-related processes. Staff continue to work closely with treatment teams and community providers to address these barriers, including pursuing assisted living and nursing home placements, memory care options, and coordinating conditional release plans.

3. **Same Day Access** - Ms. Kobuchi provided an update on Same Day Access (SDA) services across outpatient clinics, noting an overall increase in demand for services in February, particularly among children. A total of 266 intakes were completed during the month, with 162 (approximately 61%) conducted through Same Day Access. Individuals not seen through SDA were scheduled for appointments based on preference or clinical need. SDA utilization remained strong across all localities, with February adult SDA intake percentages reported as follows: Caroline (64%), Fredericksburg (79%), King George (86%), Spotsylvania (93%), and Stafford (76%). Staff continue to monitor trends and adjust service delivery to ensure timely access to care while meeting the varying needs of individuals seeking services.

D. COMPLIANCE, *Ms. Stephanie Terrell*

1. **Program Update** – The Compliance team reported that 252 incident reports were entered in February, reflecting a slight decrease from January and an increase compared to December. The most common categories included health concerns, individual injuries, and safety-related incidents. A total of 24 incidents were reported to DBHDS, with fewer high-level incidents compared to the prior month. Additionally, 28 root cause analyses were requested, including four expanded reviews, and two incidents were elevated to care concerns, prompting recommendations for reassessment of individual support plans and potential system improvements. The Compliance team also continued quality improvement and oversight activities, including follow-up on corrective action plans, all of which were found to be effective with no required amendments. No human rights investigations or complaint calls were reported in February. Additional efforts included responding to external documentation requests, preparing for CARF accreditation, advancing the QI Folio project, implementing facility maintenance tracking, conducting multiple staff trainings, and completing pre-program audits to ensure compliance and quality across services.
2. **2nd Quarter Incident Report** – Ms. Terrell provided the 2nd Quarter FY2026 Incident Report Review, noting that 762 incident reports were received and triaged during the reporting period, reflecting a decrease from the previous quarter but an increase compared to the same period last year. Of these, 134 incidents were reported to DBHDS, including 96 Level 2, 26 Level 3, and 12 abuse/neglect/exploitation reports. Health concerns continued to represent the largest category of incidents, accounting for approximately 40% of all reports, with common issues including illness, seizures, and urinary tract infections. Analysis of trends indicated increases in certain areas such as individual injuries and sentinel events, while decreases were noted in peer-on-peer incidents and some safety-related categories. Root cause analyses were completed for all Level 2 and Level 3 incidents, with findings used to inform staff training, service plan updates, environmental modifications, and policy improvements. Overall, staff continue to use incident data to identify trends, strengthen preventative measures, and enhance the quality and safety of services provided.
3. **Licensing Reports** – Ms. Terrell reported that RACSB received approval for three Corrective Action Plans (CAPs) from the Department of Behavioral Health and Developmental Services (DBHDS) Office of Licensing during the month of February. The approved CAPs addressed findings related to a founded allegation of neglect and issues with participation in decision-making and consent in DD Residential services, a founded allegation of exploitation involving both staff and a contracted provider in DD Residential services, and a founded allegation of

hindering participation and informed consent within MH Outpatient services. Staff implemented corrective actions to address these areas of noncompliance and ensure adherence to regulatory standards.

The Board moved to approve the Corrective Action Plans

ACTION TAKEN: The Board approved the Corrective Action Plans

Moved by: Mr. Ken Lapin

Seconded by: Ms. Carol Walker

E. COMMUNICATIONS, Ms. Amy Umble

1. Communications Update - Ms. Umble provided a Communications Update for February, highlighting RACSB's presence at several community events, including local school engagements, a Black Mental Health Panel, a family reunification event, and the Coldest Night of the Year fundraiser supporting Micah Ecumenical Ministries. Outreach efforts included 145 social media posts, a blog post focused on mental health and hope, multiple internal and external publications, and continued employee engagement initiatives such as assembling and donating 56 birthday kits to the Fredericksburg Area Food Bank. Website updates are underway, including a transition to a new hosting platform and updates to key resources to improve functionality and accessibility.

F. PREVENTION & EARLY INTERVENTION, Ms. Michelle Wagaman

1. Program Update – Ms. Wagaman provided an update on Prevention and Early Intervention Services, highlighting continued growth and community engagement across programs. The Virginia Young Adult Survey is underway, with RACSB reaching 66% of its response target. Early Intervention services saw an increase in referrals in February, and the Parent Education–Infant Development program continues to serve over 500 children with a range of developmental supports. Prevention efforts remain focused on youth and community education, including substance use prevention, tobacco and vaping outreach, and school-based programming that has reached over 1,700 students this academic year. The team remains actively engaged in suicide prevention and opioid response initiatives, including trainings such as ASIST, Mental Health First Aid, and REVIVE!, as well as coalition work and community partnerships. Additional initiatives include trauma-informed care training, responsible gambling awareness, and resilience-building efforts. Healthy Families Rappahannock Area continues to support families through home visiting services, currently serving 139 families, and recently participated in a federal roundtable highlighting the impact of early childhood home visiting programs.

The Board recessed for a ten-minute break. Upon reconvening, a full quorum was present; therefore, items requiring Board approval were advanced on the agenda.

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

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

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

Moved by: Ms. Ashley Terry

Seconded by: Ms. Claire Curcio

H. DEPUTY EXECUTIVE DIRECTOR, Ms. Brandie Williams

1. Award for STEP-VA Enhancement funds- Ms. Williams reported that RACSB was awarded \$221,352 in STEP-VA Enhancement funds from DBHDS to

support the implementation of technology-based solutions aimed at improving access to services and reducing administrative burden on clinical staff. While the original request was \$475,440, the partial award will fund the implementation of Bells AI Scribe and Bells AI Quality Coach, including initial setup, one year of subscription services, and indirect costs. This initiative aligns with RACSB's strategic priorities and is intended to enhance service delivery through innovative technology.

Mr. Dallas inquired about ongoing costs beyond the initial funding period. Ms. Williams stated that annual costs are estimated at approximately \$100,000. She noted that the anticipated return on investment includes improved operational efficiencies and increased billable service time, as clinicians will spend less time on documentation outside of sessions. The funding also provides an opportunity for clinicians to adopt and consistently use the technology, positioning the organization to realize future fiscal gains.

2. **RACSB Comprehensive Behavioral Health Care Clinic & Crisis Receiving Center Project Application** - Ms. Williams reported that RACSB has submitted applications for Congressionally Directed Spending and Community Project Funding to support the Comprehensive Behavioral Health Care Clinic and Crisis Receiving Center project. Applications were submitted through both the U.S. Senate and House of Representatives, requesting \$12 million from each opportunity to support architectural, engineering, and construction costs for a new trauma-informed behavioral health clinic and crisis receiving center. The project meets federal eligibility requirements, and the application has received strong community support, including letters from more than 28 elected officials and community partners.
Ms. Curcio asked when the money would be available. Ms. Williams said it would not be available until FY2027.

ACTION TAKEN: The Board approved both the award for STEP-VA Enhancement funds and the Comprehensive Behavioral Health Project Application

Moved by: Ms. Claire Curcio

Seconded by: Ms. Carol Walker

I. **FINANCE, Ms. Sara Keeler**

1. **Financial Summary** – Ms. Keeler reviewed the Financial Summary for January.

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

Moved by: Ms. Nancy Beebe

Seconded by: Ms. Carol Walker

2. **Investment Strategy Update & VA MINT Recommendation** – Ms. Keeler presented an update on RACSB's investment strategy, referencing prior discussions with Atlantic Union Bank and the Board's decision in October 2025 to delay participation in the Virginia Municipal Investment Trust (VA MINT) pending performance evaluation. She reported that, since its launch in July 2025, VA MINT has outperformed the Local Government Investment Pool (LGIP) by an average of 14 basis points (0.14%) per month over the past six months. Based on this performance, staff recommended that the Board adopt a resolution authorizing participation in VA MINT to enhance net interest earnings.

Board members asked several follow-up questions. Mr. Zurasky inquired about participation levels and any changes in management; Ms. Keeler stated she would confirm the number of participating organizations and noted no known changes in leadership or structure. Ms. Terry asked about forecasting and liquidity; Ms. Keeler advised that no formal forecast has been issued beyond the expectation that VA MINT will continue to outperform LGIP, and that funds would be managed conservatively to maintain sufficient operating reserves. Mr. Wickens added that 13 organizations had joined VA MINT as of January. Mr. Parcell recommended a minor revision to the resolution language to clarify spending authority parameters, including adding “within the financial policy of the Board.” Staff will revise the resolution accordingly for final adoption, and Mr. Parcell will return to sign.

ACTION TAKEN: The Board approved Investment Strategy Update & VA Mint Recommendation for Adoption

Moved by: Mr. George Dallas

Seconded by: Ms. Ashley Terry

3. **Program Update** – Ms. Keeler provided a program update highlighting several internal staff promotions within the Finance Department. Kelli Lawrence Byrd was promoted from Assistant Accounting Coordinator to Accounting Coordinator and is performing very well in her new role. Following that promotion, Ed Laban, who brings a strong accounting background, was promoted from Financial Analyst to Assistant Accounting Coordinator. Additionally, Danny Peng, previously a Financial Technician and the runner-up candidate for the Financial Analyst position, was promoted to Financial Analyst. Ms. Keeler noted that these changes reflect three successful internal promotions. She also shared that the Financial Technician position has been restructured into a second Accounts Payable role to better meet departmental needs, and recruitment is underway. The team is enthusiastic about the new roles and structure. Mr. Wickens commended Ms. Keeler for demonstrating effective succession planning by developing staff and placing the right people in the right positions.
4. Ms. Keeler reviewed the Summary of Cash Investments.
5. Ms. Keeler reviewed the Other Post Employment Benefit.
6. Ms. Keeler reviewed the Health Insurance.
7. Ms. Keeler reviewed the Summary of Investments.
8. Ms. Keeler reviewed the Fee Revenue Reimbursement and Collections.
9. Ms. Keeler reviewed the Write-Off Report.
10. Ms. Keeler reviewed the Payroll Statistics.

J. HUMAN RESOURCES, *Mr. Derrick Mestler*

1. **Program Update** – Mr. Mestler provided the Human Resources Program Update for February 2026. In Training and Compliance, HR facilitated in-person training for 145 staff and has completed audits on 92% of employee HR files. A survey has also been launched to gather feedback on training sessions, beginning with THEROPS and expanding to all in-person trainings by the end of FY2026. In Employee Engagement, survey results were shared with all staff, and team members participated in engagement activities, including assembling candy

grams and birthday cake kits for the Food Bank. HR achieved 100% participation in employee exit interviews for the month and continues to partner with the University of Mary Washington on a leadership assessment initiative to support development planning. In Recruitment, ten new employees were onboarded and three internal staff moves were facilitated. HR also continues to work with its broker in preparation for open enrollment, evaluating both current and potential benefits vendors.

- 2. Applicant and Recruitment Update** – Mr. Mestler provided the February 2026 Applicant and Recruitment Update. RACSB received a total of 174 applications during the month. Of those, 50 applicants cited the RACSB applicant portal as their recruitment source, 14 cited employee referrals, and 110 cited various job boards. As of the end of February, there were 38 positions actively being recruited, including 24 full-time and 14 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 February 2026 Turnover Report. RACSB experienced four (4) employee separations during the month, all of which were voluntary. Separations included one in Administrative Services due to relocation and three in Community Support Services for reasons including unsatisfactory schedule, other employment opportunities, and one unknown reason.

The organization's average headcount for the month was 561. RACSB reported a retention rate of 99.29% and a turnover rate of 0.71% for February, reflecting continued overall workforce stability.

- 4. FY26 Employee Engagement Survey Results** – Mr. Mestler, presented the results of the FY26 Employee Engagement Survey conducted in December 2025, which achieved a 59% participation rate and included over 700 employee comments. He reported that the Executive Leadership Team reviewed the results and identified three organization-wide priorities aimed at improving employee experience and retention.

The identified priorities include: (1) increasing leadership communication and transparency by providing clearer updates and expanding opportunities for two-way dialogue; (2) strengthening consistency across the agency by addressing variations in supervision, aligning expectations, and conducting a leadership development assessment to inform training; and (3) evaluating total rewards, employee well-being, and sustainable work practices, including reviewing leave structures, considering merit and COLA increases during the budget process, and assessing workflow redundancies to improve efficiency.

A presentation of the survey results was provided to the Board for review.

Ms. Beebe inquired about the status of the proposed Paid Family and Medical Leave Insurance Program being advanced by the Virginia General Assembly. Mr. Mestler, provided an overview of the program, explaining that it is a state-administered insurance program that will provide paid leave benefits to employees for qualifying family and medical reasons. He noted that the program is expected to be funded through employer and employee payroll contributions beginning in 2028, with benefits anticipated to become available shortly thereafter. Mr. Mestler added that RACSB will continue to monitor developments and assess any potential impacts to the organization's policies, benefits, and budget as additional details become available.

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

1. **Program Update** – The Board received the Deputy Executive Director’s report for February 2026, which highlighted ongoing engagement in statewide and national initiatives, including participation in VACSB committees, CCBHC planning efforts, and presentations at the Open Minds Program Management Institute. Updates were provided on the Enterprise Data Warehouse (EDW) and HL7 Expansion workgroup, where RACSB continues to play a leadership role in data mapping and reporting improvements. Progress on DBHDS performance dashboards was also discussed, with continued testing and refinement underway. Additionally, staff reported on efforts to streamline technology resources, including transitioning from Zoom to Microsoft Teams to improve efficiency and reduce costs.
2. **Legislative Updates & Priorities** – Ms. Williams, provided a legislative update and reviewed current priorities and activity from the Virginia General Assembly. She highlighted RACSB’s ongoing involvement through the VACSB Clearinghouse Committee and noted key items within the state budget and legislative session that may impact community services boards, including funding considerations, behavioral health initiatives, and regulatory changes. Ms. Williams also provided an overview of specific bills being tracked, their current status, and RACSB’s position where applicable. Mr. Parcell commended Ms. Williams on all her work on the report.

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

Mr. Wickens reported that, upon further consideration, the proposed change to move Board meetings to the fourth week of the month will not be implemented, as it would create operational challenges and delay the timely dissemination of information. He requested that Board packets be distributed one day later than the current schedule, on Wednesdays rather than Tuesdays. Mr. Wickens also informed the Board of upcoming program tours and requested that members reserve April 28 for a Spotsylvania program tour, which will include a visit to the Crisis Receiving Center (CRC). A second tour is scheduled for June 23 to visit additional Spotsylvania programs. An itinerary will be provided in advance. Mr. Wickens provided an update on the CRC project, noting that multiple funding avenues are being explored, including federal, state, and local sources. He stated that the project remains on schedule for issuance of a Request for Proposal (RFP) in mid-June and that staff continue to work with architects to reduce project costs in response to state guidance. Mr. Wickens discussed the potential listing of the Roxbury property. Following a discussion, the Board expressed its support and indicated no concerns with the Executive Director proceeding with listing the property. Mr. Wickens announced the upcoming VACSB Training and Development Conference to be held May 6–7 and requested that Board members notify him or Diana within one week if they plan to attend so that registration arrangements may be made. Lastly, Mr. Wickens announced that Board member, Ms. Bridgette Williams, recently experienced the unexpected passing of her son at the age of 40. He noted that additional details will be shared as they become available and encouraged Board members to extend their support during this difficult time.

VIII. BOARD TIME

- A. Mr. Dallas, Lacey thank you for the time, the pre-meeting, I appreciate that, and thanks for all that you all do.

- B. Ms. Curcio, I said I was impressed with the results of the survey, I want to also tell you about a lady who went and visited one of the homes for her child to potentially get services – and she didn't know which one she was at – but she was in tears when she was telling me how wonderful it was. I was very impressed. It was a residential group home and it was so clean and everything she said she couldn't do for her child they said they could do there for them.
- C. Ms. Beebe, thank you.
- D. Mr. Lapin, I continue to appreciate everything that you guys do, thank you.
- E. Mr. Zurasky, thank you all for another great month, hope everyone survived yesterday's weather. We didn't lose power but if we had, I was going to go up to Myers Drive. Thank you for another good month.
- F. Ms. Terry, condolences to Ms. Bridgette, that's heartbreaking. Happy early birthday to RAAI who is celebrating their 50th, and its great to hear about all the successful places with residents. I do pray all goes well with filling those positions because I know how hard it can be to be under staffed. Also, thank you to compliance for all your great details in your report, I appreciate them. I love the monthly service projects that continue and the Virginia Young Adult Survey has some good momentum so happy about that. I also loved your plans about suicide prevention and how that can move forward. Healthy Families, love to hear that their visit went well and I'm really pleased to know that a child and a family was able to attend because that is so impactful for those legislators. I'm also very pleased to hear about the partial award that grant is going to fund for the Bells AI, that's amazing. Finance congratulations on the three promotions, and HR hats off as always great job thank you so much wonderful to see that retention rate, that was phenomenal. Thank you to the entire team and special thank you to the Executive Director.
- G. Mr. Parcell, thank you to all the Board members for taking time and staying engaged and for following all of our board core behaviors. Staff, thank you for all the hard work not just in the reporting but actually the work that goes into reporting the results. As Claire said, we can see results month over month but the stuff we don't see is when people come up and say things about what you folks live and breathe every single day – and that's making sure our clients have the best quality treatments, the best facilities, the best everything every single time. That doesn't show up in a report. Thanks for all you do. See you all next month. In the meantime, if there is anyway the Board can better support you just let us know.

The meeting adjourned at 5:30 PM.

Board of Directors Chair

Executive Director