

**RAPPAHANNOCK AREA COMMUNITY  
SERVICES BOARD**

**April 21, 2026**

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

**AGENDA**

- I. Call to Order, *Parcell*
- II. \*Minutes, Board of Directors, March 17, 2026, *Parcell*.....4
- III. Public Comment, *Parcell*
- IV. Employee Service Awards, *Wickens*
  - A. Ten Years:
    - 1. **Salomey Oti**, Direct Support Professional, Wolfe Street ICF Group Home
  - B. Twenty Years:
    - 1. **Sophia Masvaure**, Supervisor, Sponsored Placement
- V. Licensures, *Wickens*
  - 1. **Grace Hood**, Licensed Child/Adolescent Therapist (LCSW)
  - 2. **Irasema Tucto**, Licensed Professional Counselor (LPC)
- VI. Employee of the 3<sup>rd</sup> Quarter FY2026, *Wickens*
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- IX. Program Reports
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XI. Board Time

XII. Adjournment

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# March 2026 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 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. **2<sup>nd</sup> 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 50<sup>th</sup>, 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.

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Board of Directors Chair

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Executive Director

April 7, 2026

Dear Hannah,

Congratulations on your selection as Employee of the Quarter for the Third Quarter 2026 (covering the months January –March 2026). The following nominations were submitted on your behalf:

1. I would like to nominate Hannah Smith for Employee of the Quarter. Having had the privilege of working directly with Hannah in the field, I can personally attest to her exceptional competence, unwavering professionalism, and compassionate approach to crisis mental health services.

Hannah's commitment to our community is unmatched, but her recent actions truly define what it means to be a Hope Stater. She was recently recognized for excellence in the field by the Stafford Sheriff's Department for her critical role in assisting to save a life. During this high-stakes, intense crisis situation, Hannah demonstrated remarkable calm and clinical skill. She went above and beyond her routine duties to ensure the individual was treated with the utmost dignity and respect, successfully guiding them to safety and necessary care.

Hannah is dedicated to our clients, bringing kindness and compassion to every interaction, even under immense pressure. She is not just a participant in our mission; she is a "Hope Starter" who proactively brings stability and hope to those in our community facing their darkest moments.

I am incredibly proud to have Hannah as a colleague. Her dedication, professionalism, and heart for service are truly an inspiration.

2. I am writing, along with input from several colleagues, to strongly recommend Hannah Smith for recognition.

Hannah serves as a Co-Responder Therapist with Emergency Services, working in close partnership with law enforcement to engage individuals experiencing crises within their home environments. In this highly demanding and autonomous role, she consistently demonstrates exceptional integrity, sound clinical judgment, and unwavering professionalism. Although Hannah works outside the main office and apart from her coworkers and supervisor, she remains deeply connected to her team. She operates independently with confidence and competence, yet she consistently steps forward to assist with responsibilities that might otherwise fall to others. Her proactive support of colleagues and her intentional efforts to ease the workload of staff reflect not only strong teamwork, but also natural leadership.

Hannah upholds the highest ethical standards and approaches every interaction with compassion and clinical excellence. She has been formally commended and honored by the



Stafford County Sheriff's Department for her outstanding clinical skills and her professional, compassionate crisis intervention services within the community. She is frequently recognized with kudos for her willingness to speak at stakeholders engagements, where she provides thoughtful education and insight regarding mental illness and treatment options.

Community partners have also expressed appreciation for Hannah's professional and compassionate coordination of client drop-offs at the local hospital, highlighting her ability to represent RACSB with integrity and composure — even in complex and high-pressure situations. Her calm presence, dedication to clients, and collaborative spirit with law enforcement and community partners exemplify the very best of our organization's values and mission.

We wholeheartedly believe this recognition is not only well deserved, but also a true reflection of Hannah's profound and lasting impact on our Emergency Services team and the community we serve.

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, April 21, 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@rappahannockareacsb.org](mailto:ddobson@rappahannockareacsb.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 March 2026

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

RAAI is currently supporting 135 individuals, with 4 additional individuals with start dates in April.

We are continuing to expand our Community Only program. We currently operating 3 groups at the Massad YMCA, 3 groups at the Ron Rosner YMCA, 1 group at the KG YMCA, and are planning to start a group at the Fredericksburg Branch Library.

March community engagement hours for the month were 3.347 average hours per individual. We are looking forward to the spring weather and being able to enjoy more outdoor activities! In the month of March, we volunteered in our community for 201 hours.

RAAI is continuing to hire for all open positions. We have continued to expand the Specialized Services team as they continue to grow and have three staff starting the next New Employee Orientation for that team. We have hired for the Lead Specialist position for the King George and Caroline programs, and have happily promoted the current Caroline Site Leader into the Lead Specialist position. We will be receiving applications & conducting interviews for the Caroline Site Leader position soon.

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!

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. We will have food trucks, individuals displaying and selling items that they make, face painting, music, and more! This will be a family fun event that is open to the community.

Spring Plant Sale planning and growing is currently underway. We are opening on April 10<sup>th</sup>! Monday-Friday 10-4 and Saturdays 9-12.

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

One individual successfully moved into Myers Drive Respite/Group Home on March 27. One individual was accepted for placement into Sponsored Placement with a move-in date scheduled in April.

Our team is conducting multiple assessments and anticipate accepting 4 individuals into DD residential programs in the coming month.

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

We are continuing to assist individuals who were awarded the DD waiver in January and March get connected to services. Some are waiting on Medicaid; some are in the process of opening. In addition, we obtained three Community Living Waiver slots for individuals in emergent situations: one individual whose behaviors have led her parents to request immediate residential placement; one individual who declined the FIS waiver awarded in March and instead requested a CL waiver; and another individual who currently lives with her elderly mother, who is no longer able to provide care and is exploring group home or nursing home placement options. We applied for grants from the Commonwealth Community Trust (CCT) Charitable Fund Awards for 13 individuals in March. The Charitable Fund Award provides funds for equipment and/or services to individuals with disabilities who demonstrate a financial need. The maximum amount of the award per individual is \$1000. RACSB has applied for this grant for multiple years for individuals. We are waiting to see who will receive funding from this grant.

Christina Rezendes has been hired as the Coordinator for Support Coordination. We are pleased that she will have the opportunity to shadow Jen Acors prior to Jen's retirement.

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

MH Residential supported two individuals with transitioning to a lower level of support within our program. Three individuals were referred to MH Residential in March. One individual is currently incarcerated and is expected to remain in jail through October 2026, per his public defender. We are maintaining close contact with the RACSB team at RRJ and his case manager, and will assess him for skill building services once his release date is established. Another individual was a diversion referral from Northwestern CSB. Unfortunately, this individual's records indicated that she requires 1:1 support for 8 hours a day due to suicidal ideations, which is outside the scope of our services. Lastly, one individual is currently being assessed for a community bed at Home Road.

Nancy Price continues to work closely with the Department of Social Services (DSS) to process Medicaid applications and spend downs in a timely manner. In March 2026, DSS processed spend downs for three individuals that dated back to August 2025, November 2025, and December 2025. As a result, Home Road will receive a Medicaid reimbursement in the amount of \$43,358 for services provided to those three residents.

PSH processed three referrals in March, discharged one individual, and enrolled two new individuals. The total individuals enrolled in PSH is now 79, with 12 open slots.

PSH staff represented RACSB at the Community Connections Expo on March 17. The Community Connections Expo is an all-day event that connects individuals and families to free community resources and vital health services in the Fredericksburg area.

Corey Banks accepted the position of Community Outreach Case Manager and joined RACSB for orientation on March 30. Corey and his wife welcomed a new baby on April 2 and he plans to begin his new position on April 20.

**Kenmore Club- Anna Loftis**

As we move into the spring, our primary focus is on the upcoming Art of Recovery Show at the beginning of May. Club and community members have dedicated significant time to creating beautiful artwork, and with the support of Germanna students, the show is shaping up to be just as successful as last year.

While the end of March was relatively low-key, April brings a full calendar with many outdoor events planned, along with the administration of our annual satisfaction survey.

# Memorandum

**To:** Joe Wickens, Executive Director

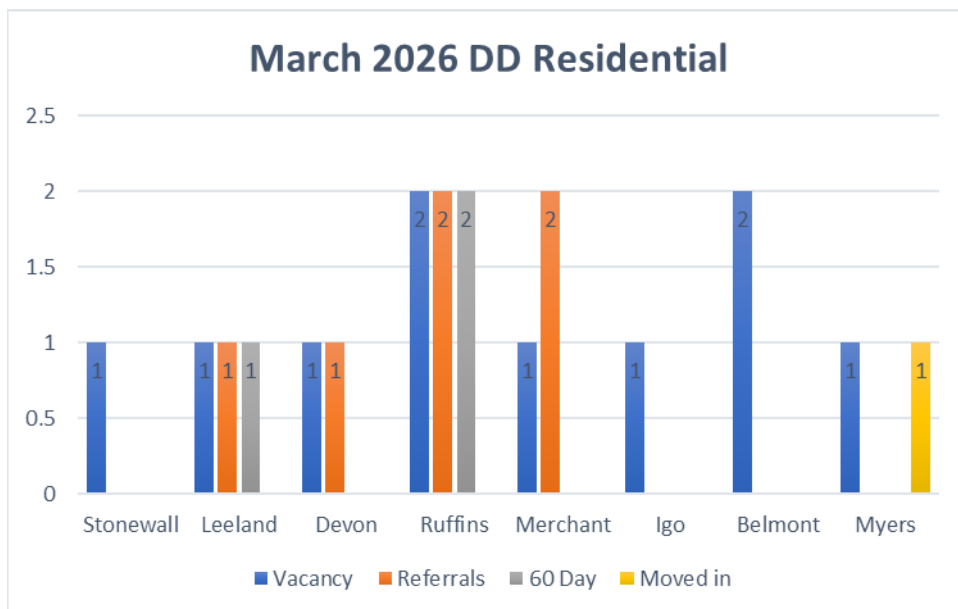
**From:** Lacey Fisher Curtis, CSS Director

**Date:** April 3, 2026

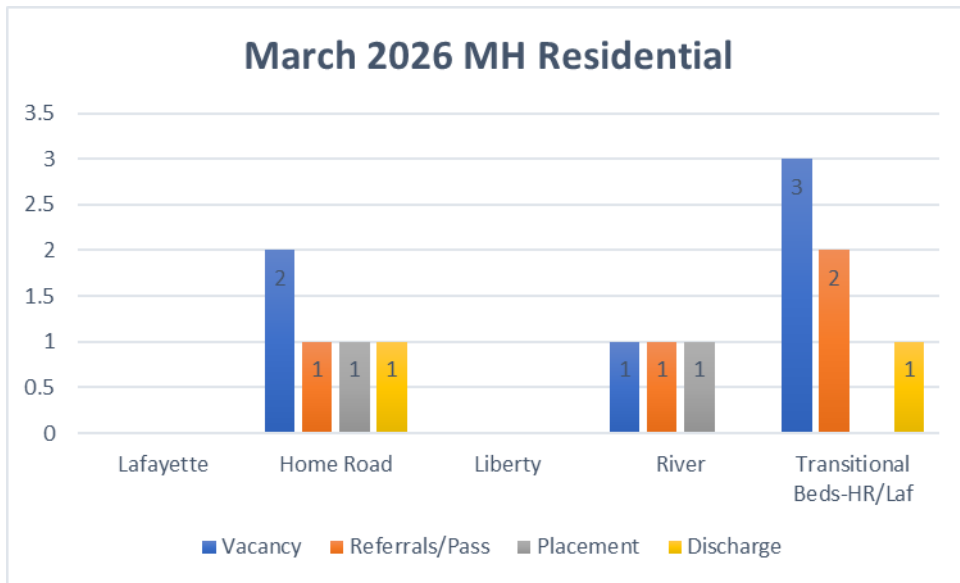
**Re:** Developmental Disabilities and Mental Health Residential Vacancies

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.

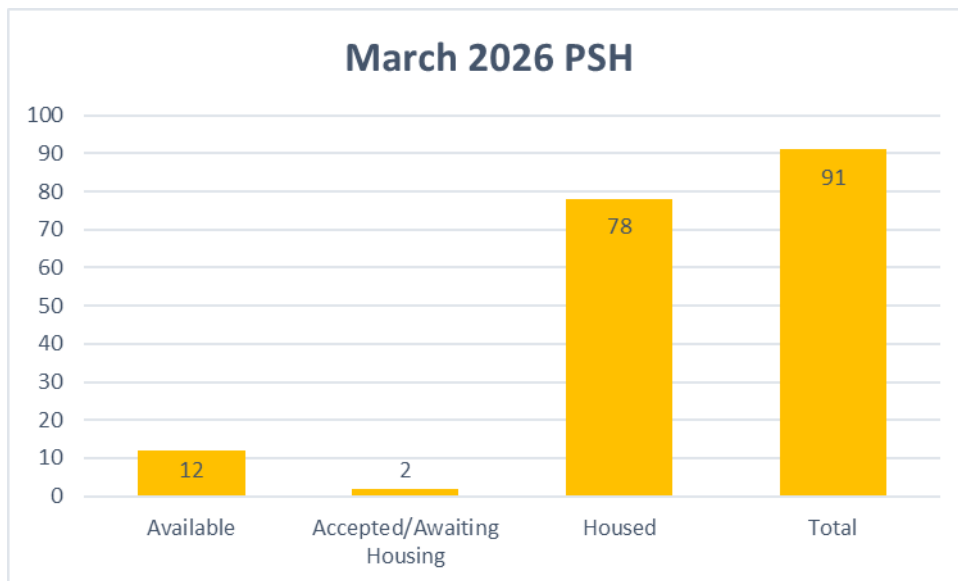
In March, two individuals were discharged due to medical reasons. Two new individuals moved in; one individual moved into Myers and one to Sponsored Placement. Four individuals were accepted into services. Two individuals are determining move-in dates to Ruffins Pond, one individual into Leeland, and one into Sponsored Placement. Myers is now full and in the next 60 days we anticipate Ruffins and Leeland to be full as well. Merchant is assessing two individuals for their current opening but anticipate another two openings by those moving to Ruffins.



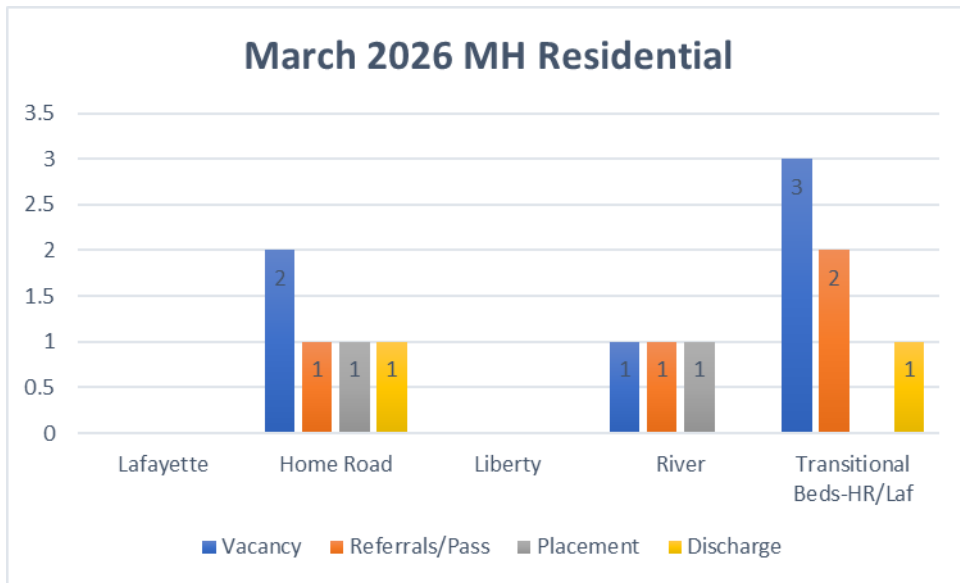
Mental Health Residential services had two admissions and two individuals step down to lower levels of support. Three transitional beds at Lafayette, one community bed at River, and two at Home Road are currently vacant with 3 referrals/passes occurring.



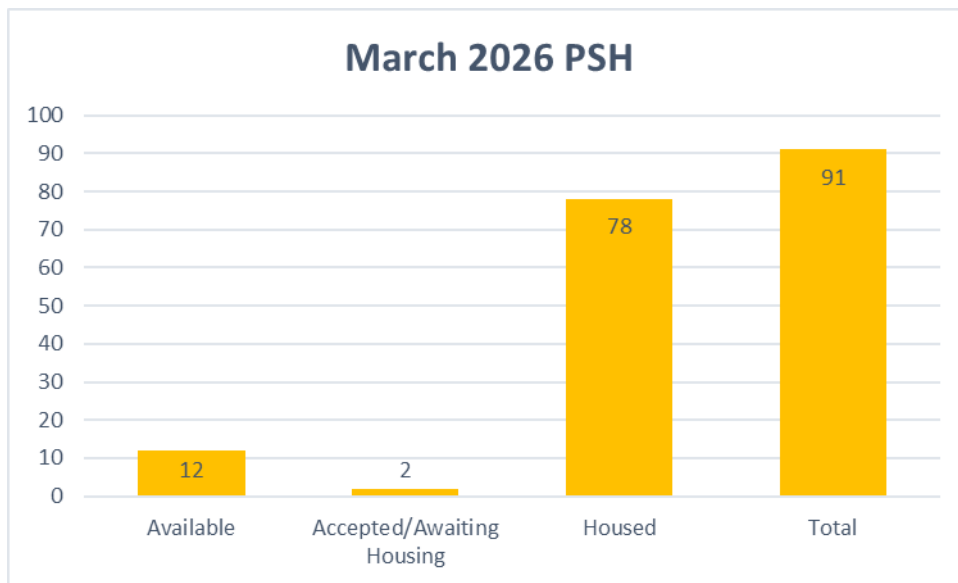
Permanent Supportive Housing (PSH) has 78 individuals currently housed with two individuals admitted and one discharged in February. The program currently has two individuals accepted and two more who are being assessed for housing. PSH also provides case management to those individuals who are awaiting housing.



Mental Health Residential services had two admissions and two individuals step down to lower levels of support. Three transitional beds at Lafayette, one community bed at River, and two at Home Road are currently vacant with 3 referrals/passes occurring.



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# Memorandum

**To:** Lacey Fisher Curtis, Community Support Services Director

**From:** Courtney Ross, DD Residential Coordinator

**Date:** April 9, 2026

**Re:** Myers Drive Group Home/Respite Quarterly Report

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A total of 11 different individuals were provided respite supports at Myers Drive Group Home/Respite (Myers) during the period of January 1, 2026 through March 31, 2026. The total hours billed for those 11 individuals' services during this time frame yielded 310.50 hours. Of these 310.50 hours, 262.50 hours were billed to Medicaid and 48 hours were billed to the individual or their family at the out-of-pocket rate of \$11.44 per hour. The revenue billed to Medicaid was \$6,250.13 and the revenue generated from families paying the private pay rate was \$549.12. The revenue total for respite services for the time period was \$6,799.25.

As of January 9, 2026, Myers Home began operating under its dual facility license, allowing the program to support two respite guests at a time, with the other four bedrooms designated for group home residents. Between January 1 and March 31, 2026, the program received 35 scheduling requests from current and former respite families, along with one request from the active intake waitlist. Of the 35 requests, 13 could not be accommodated due to staffing limitations, capacity being at maximum, or the inability to support emergency-level needs. However, 9 of those 13 families were successfully offered and scheduled into alternative available dates and times.



## Crisis Intervention Services Program Updates

April 2026

### Crisis Intervention Services, Amy Jindra

During the month of March, the Crisis Intervention Division shared the employee engagement program outcomes. The feedback from the surveys have opened a myriad of discussions with staff and leadership to explore opportunities to improve services, RACSB culture, and working conditions. We are so grateful for the dedicated staff who want to elevate their work environments and enhance service delivery.

TBD Solutions, consultants for the Crisis Receiving Services, conducted focus groups with community partners and agency programs at the end of February and early March. They provided feedback summary and detailed options for improving access to services in the crisis division. The consultants have provided invaluable knowledge and resources to support growth and access to crisis services.

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

The ACT team's census has grown to 72 clients, which has increased both client contacts and Medicaid billing. The team continues to reach out to community partners seeking referrals and appreciates those who have sent clients our way. A new group for younger clients in their twenties has been a great success. The North Team Lead started a role-playing game with three clients as a fun and creative way to help them build social skills. Clients have been so engaged that they continued talking about the game on the van ride home after group. ACT North has partnered with RACSB's Permanent Supportive Housing program. There are three unhoused individuals who are currently able to stay in a motel while they await an apartment through PSH. The funding for this motel is being provided by a grant for transitional housing from Region Ten. These individuals have had long histories of unstable housing and this will finally be a chance for them to have a safe place to call home. The team is also preparing for our first CARF accreditation review, with a site visit scheduled 5/27/26 – 5/29/26.

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

Sunshine Lady House (SLH) served 43 individuals in the month of March 2026. SLH team has experienced some changes to the staffing pattern which has created some shortages.



While there are shortages, we have moved ahead with training our new PRN staff. We have welcomed our new staff on board and are excited about them becoming a part of the team! We are currently hiring for a therapist and a mental health residential specialist.

Sunshine anticipates a successful CARF visit. As usual, the program consistently seeks ways to improve services. In May, Sunshine will receive through DBHDS funding, an automated medication dispensing machine. The machine will provide for after hour access to prescribed medications. Allowing nursing staff to access medication for guests in crisis at all hours will greatly enhance care.

#### Emergency Services (ES) – Natasha Randall

For the month of March, the Emergency Services Coordinator, in collaboration with the Director of Crisis Intervention Services, hosted a law enforcement luncheon at Harry's Ale House in downtown Fredericksburg. The event brought together representatives from all five partner agencies to engage in collaborative dialogue focused on strengthening interagency communication and enhancing coordination in response to mental health crises.

Hannah Smith, co-responder therapist with Stafford County Sheriff's Office, received notice that she is being recommended for a meritorious award at the annual Stafford County Sheriff's Office award ceremony in May. Rarely are civilians honored with such a recognition. The recommendation comes from leadership and command staff at the Sheriff's Office. Congratulations, Hannah!

**MEMORANDUM**

**To:** Joe Wickens, Executive Director

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

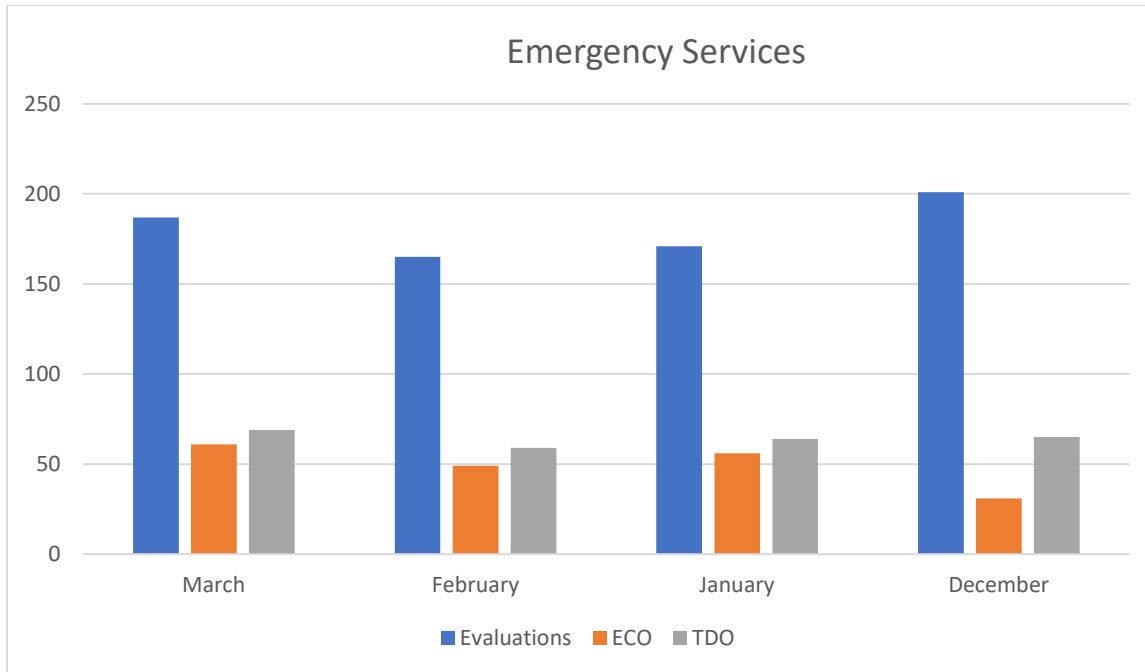
**Date:** April 5, 2026

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

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In March, Emergency Services staff completed 187 emergency evaluations. Of these, sixty-one individuals were assessed under Emergency Custody Orders (ECOs), and 69 Temporary Detention Orders (TDOs) were served. Staff facilitated one admission to Catawba State Hospital and one admission to Commonwealth Center for Children and Adolescent. Additionally, two individuals were involuntarily hospitalized outside of the agency's catchment area during March.

Please see the attached data reports.



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

<b>CSB/BHA</b>	<b>Rappahannock Area Community Services Board</b>	<b>Month</b>	<b>March 2026</b>						
<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	
	187	23	38		61	69	2	2	

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

<b>CSB/BHA</b>	Rappahannock Area Community Services	<b>Reporting month</b>	2/1/2026, March 2026		<b>No Exceptions this month</b> <span style="color: blue;">←→</span>	
<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>
3/18/2026	121840	Older Adult with Medical Acuity		Yes	No	Catawba
3/21/2026	72910	Adolescent with ID/DD		Yes	No	CCCA

**MEMORANDUM**

**To:** Joe Wickens, Executive Director  
**From:** Natasha Randall, LCSW Emergency Services Coordinator  
**Date:** April 6, 2026  
**Re:** CIT and Co-Response Report

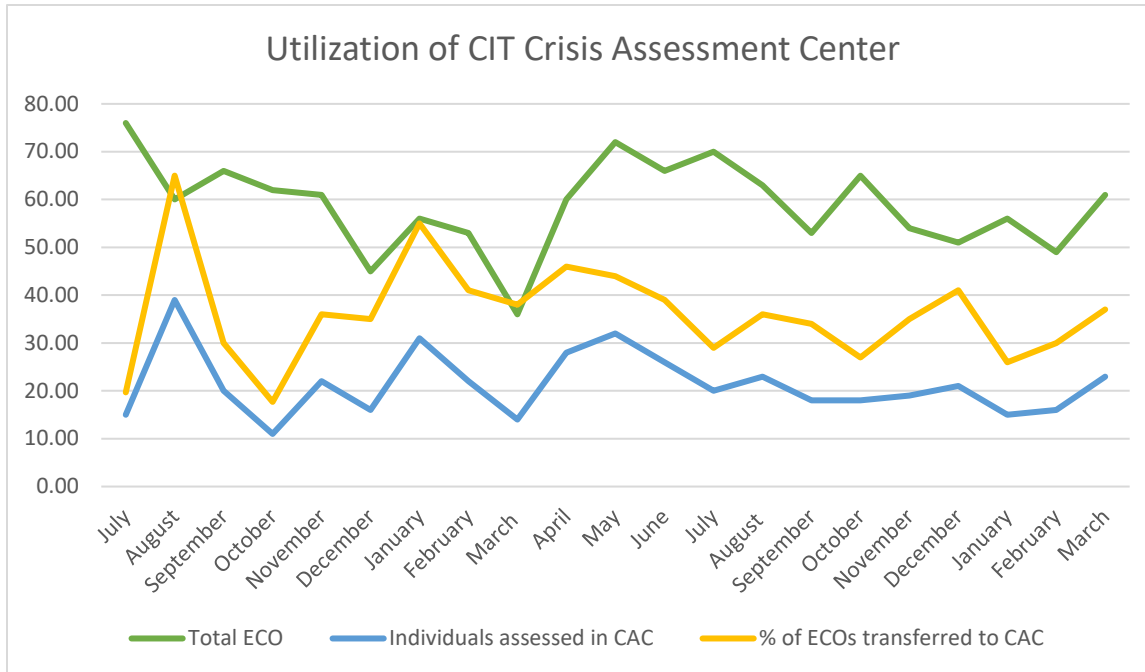
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The CIT Assessment Center served 23 individuals in the month of March 2026. The number of persons served by locality were the following: Fredericksburg 9; Caroline 1; King George 0; Spotsylvania 4; Stafford 9; and 0 from other jurisdictions.

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:

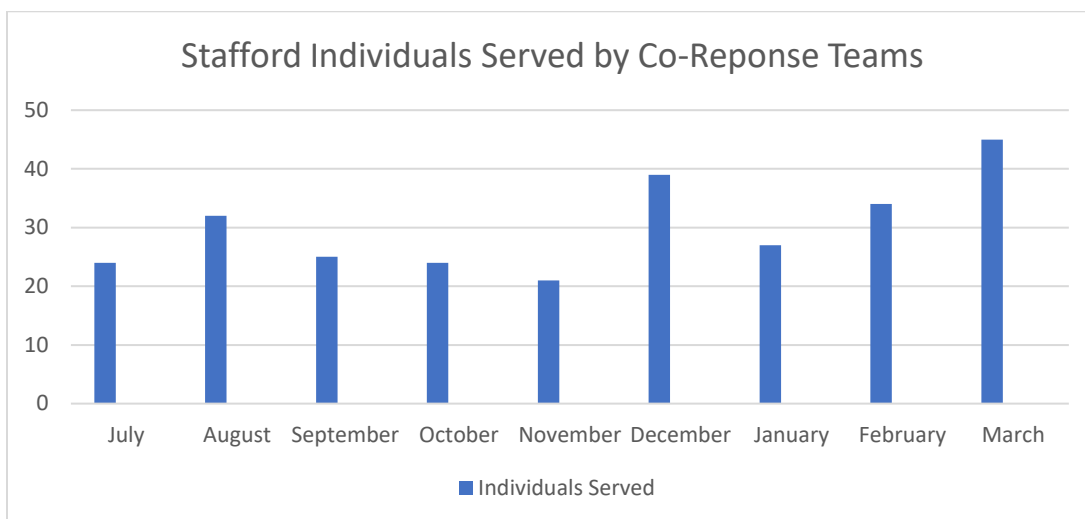
<u>Locality</u>	<u>Total ECO</u>	<u>Custody Transfer</u> <u>to CAC</u>	<u>Appropriate for</u> <u>CAC if Capacity</u>
<b>Caroline</b>	5	1	4
<b>Fredericksburg</b>	22	9	13
<b>King George</b>	0	0	0
<b>Spotsylvania</b>	12	4	8
<b>Stafford</b>	22	9	13
<b><u>Totals</u></b>	<b>61</b>	<b>23</b>	<b>38</b>

# RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD

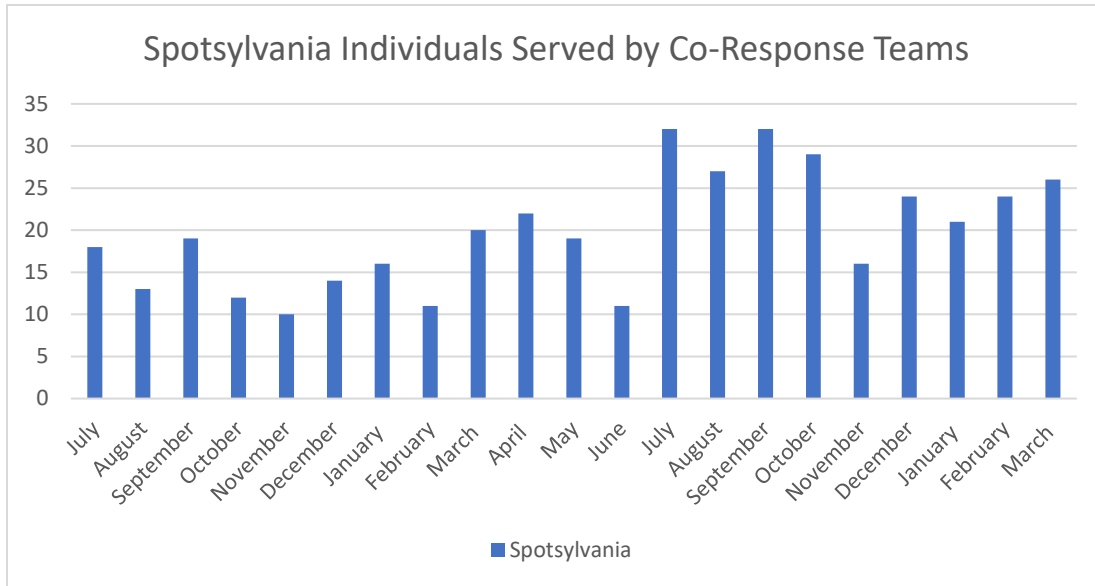


## Co-Response

The Spotsylvania Co-Response Team served 26 individuals in the month of March and the Stafford Co-Response team served 45 individuals. The Fredericksburg Co-Response Therapist position remains vacant.



# RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD



## CIT Training

In the month of March, we were able to train over 26 law enforcement officers within multiple jurisdictions on CIT.

# Memorandum

**To:** Joseph Wickens, Executive Director

**From:** Amy Jindra, CIS Director

**Date:** April 14, 2026

**Re:** Sunshine Lady House Utilization

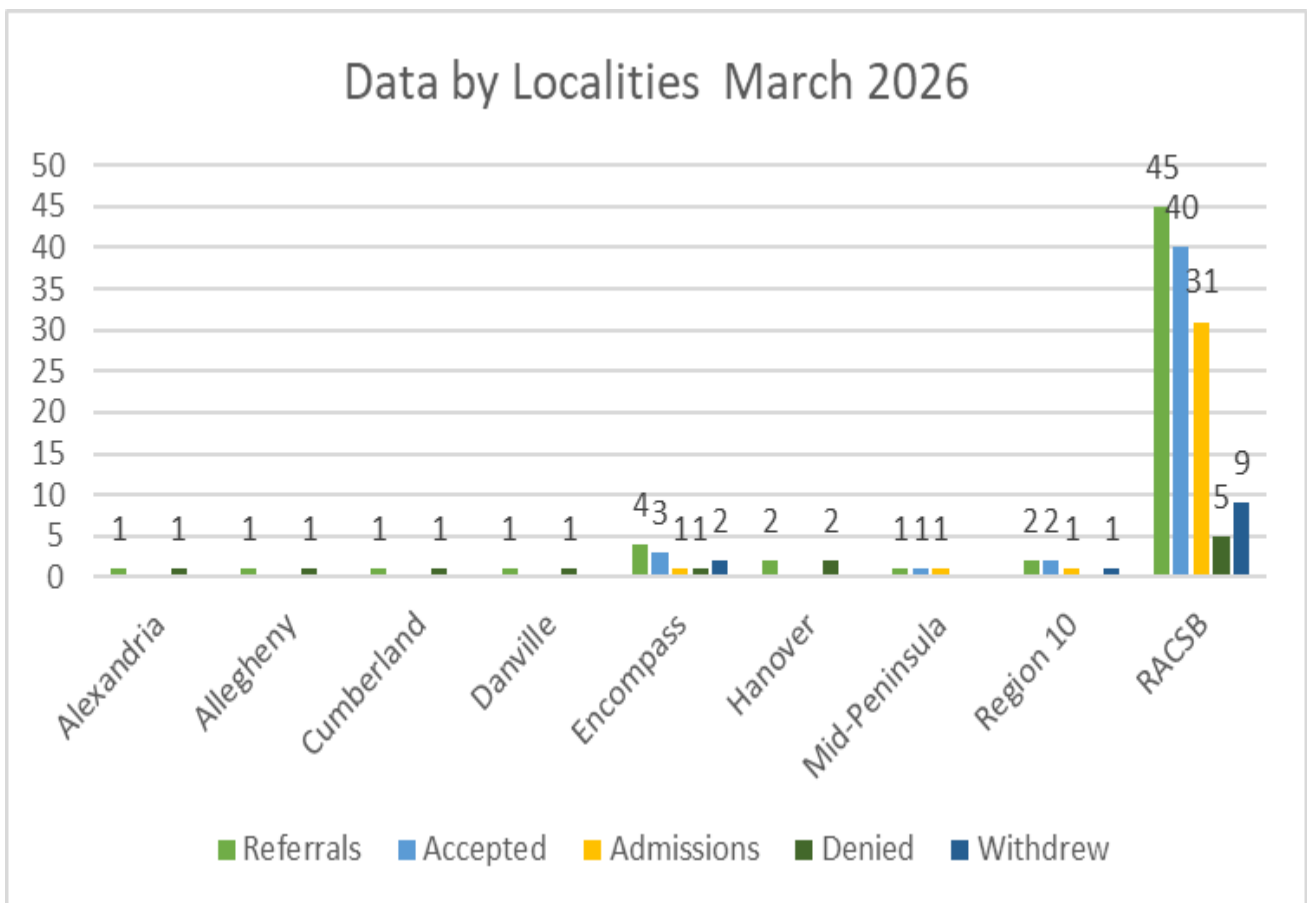
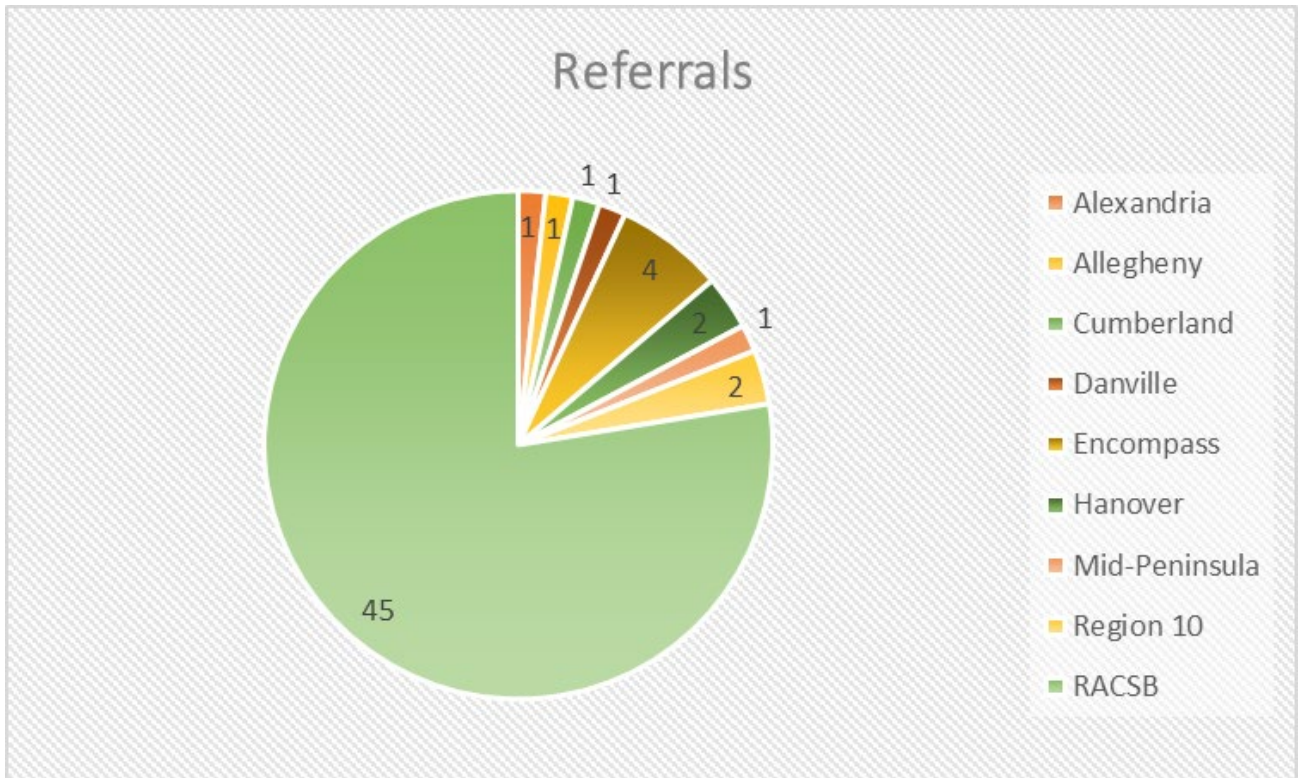
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Sunshine Lady House for Wellness and Recovery, is a 12-bed, adult residential crisis stabilization unit. The program provides 24/7 access to services for individuals experiencing a psychiatric crisis. Services include medication management, therapy,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

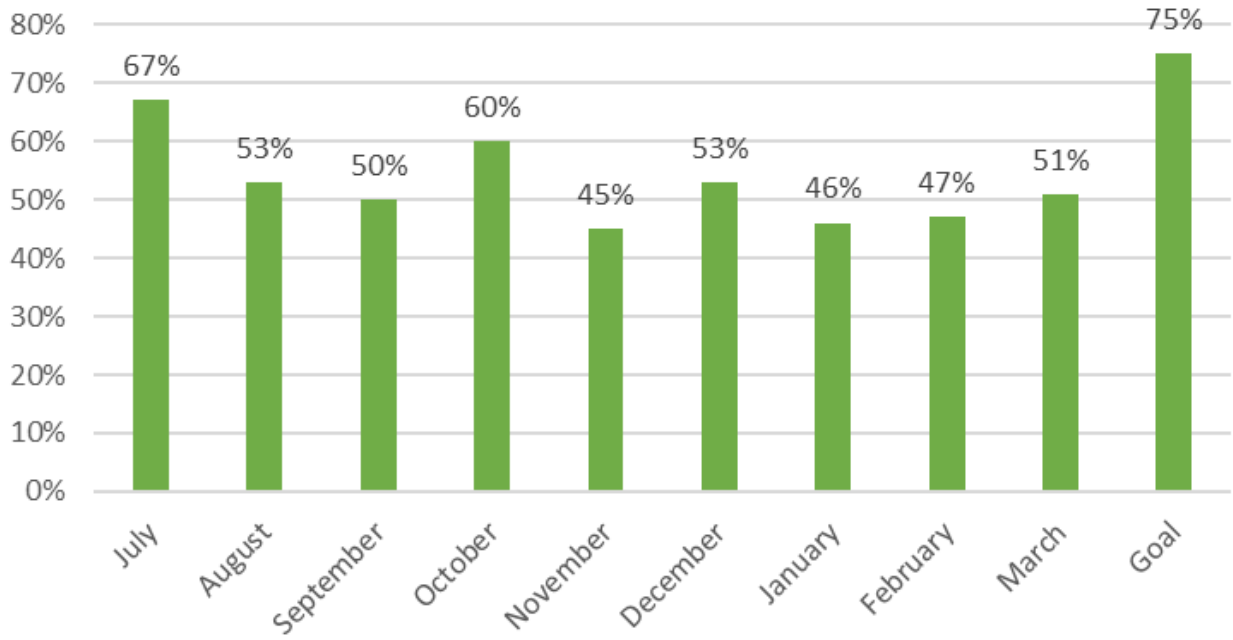
Sunshine Lady House (SLH) admitted 34 individuals during the month of March. An additional eight individuals were supported at the program as a result of admitting at the end of February. As a result of the state-wide bed registry, Sunshine received referrals from eight community services boards in addition to RACSB emergency services. The program supported individuals stepping down from Snowden and Spotsylvania Regional Medical Center. SLH served three individuals from outside RACSB catchment for a total of 16 beds. The remaining 31 March admissions are from King George, Spotsylvania, Stafford, Caroline counties and Fredericksburg City. SLH referred individuals to medical care for unmanaged diabetic needs and fragile health needs. The program did deny two individuals due to active aggressive behaviors. Individuals on the bed registry were also referred to other CSUs across the state. Some of those individuals opted to attend crisis stabilization services closer to their homes.

Sunshine continues to offer observation protocols for individuals with recent substance use or extensive history of addiction. When appropriate and medically necessary, those guests can transition to medically managed detox services while at the program.

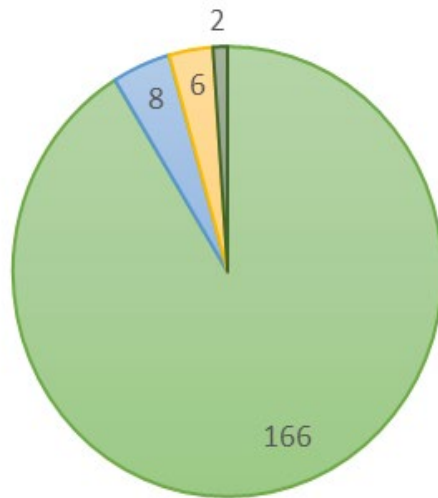
Below are graphs illustrating the data related to Sunshine Lady House's utilization.



### Sunshine Lady House Utilization



### Bed Days March 2026



■ RACSB   
 ■ Encompass   
 ■ Region 10   
 ■ Middle Peninsula

To: Joseph Wickens, Executive Director

From: Jacqueline Kobuchi, Director of Clinical Services

Date: 4/10/2026

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

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## Outpatient Services

### Caroline Clinic - Nancy Love, LCSW

Caroline Clinic clinicians completed 39 intakes in March. Twenty were completed the same day the individual called in requesting services. Fourteen adult assessments and five child and adolescent assessments were scheduled. Adult intakes that were scheduled were often at the request of the individual or based on their needs. The clinic offers two weekly substance use groups and staff provides Narcan training on an ongoing basis. We also continue to see an increase in substance use referrals. One clinician attended training last month in Eye Movement Desensitization and Reprocessing (EMDR) and the Caroline Clinic Coordinator attended leadership training.

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

During the month of March, the Fredericksburg Clinic completed 97 intakes with adults seeking outpatient services. Out of the 97 intakes completed, 65 were completed by utilizing Same Day Access. Fifty-three intakes were completed in-person and 44 intakes were completed via telehealth. This continues to be a shift over the last few months, as more intakes were completed in-person in comparison to telehealth. The Children's Services Clinic completed 17 intakes with children/adolescents (all in person). The Children's Clinic was able to utilize Same Day Access for two children/adolescent intakes- 15 intakes were scheduled as hospital discharges or urgent cases. The Children's Services Clinic has a current vacancy for a Child/Adolescent Therapist position and has been conducting interviews over the past month. The Fredericksburg Clinic has a vacancy at the front desk and interviews are in progress. We have had one clinician complete EMDR training at the Fredericksburg Clinic. Our Mental Health Peer Recovery Specialist was also nominated for Peer of the Year!

### 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 Values, Relapse Prevention, Substance Use Bingo, Connection, Goals and Inspirations, Physical Wellness, Environmental Wellness. The King George Clinic completed 29 new patient intakes during the month of March. Twenty were completed via Same Day Access. Four were child and adolescent intakes and five were scheduled intakes. Two staff attended a training on Human Trafficking and Trauma Informed Care. Two staff attended a training on Ethics and Artificial Intelligence in the CSB. One

staff attended a training on Advanced Trauma Focused-Cognitive Behavioral Therapy. One staff attended a training on Conflict Prevention and Resolution Skills.

### Spotsylvania Clinic - Katie Barnes, LPC

The Spotsylvania Therapists completed a total of 52 intakes in March. Thirty-two assessments were completed through Same Day Access, sixteen were scheduled Child and Adolescent assessments and four were scheduled adult assessments. The clinic continues to offer a weekly substance use group focusing on recovery and relapse prevention planning. Two group members successfully discharged from group this month!

RACSB employs 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 therapist also has specialized training (Training in Adoption Competency) to support children who are not residing with biological parents.

The School-Based Therapist continues to provide therapy at Hugh Mercer Elementary and James Monroe High School. Funding was secured with Fredericksburg City school to continue providing these vital services to students who may be unable to access services outside of the school setting. She offered virtual and in-person sessions during Spring Break.

Therapists attended a variety of trainings this month to include Human Trafficking: Hope for Justice, Trauma-Focused Cognitive Behavioral Therapy, Emotional Freedom Technique (EFT), Ethics, and Motivational Interviewing. Therapists have provided in-person training to a Master's Level Intern who has been observing assessments and assisting with group.

### Stafford Clinic - Lindsay Steele, LCSW

During the month of March, 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 16 intakes for adults. 11 of these intakes were completed through same day access and five of these were scheduled due to being hospital discharges or priority population. Seven child/adolescent intakes were completed in the month of March. The Stafford clinic has two vacancies for clinicians. One position has been filled with a pending start date and interviews have been conducted for the second position and this is in the process of being filled.

### Medical Services - Jennifer Hitt, RN

During the month of March, Outpatient Medical completed 108 diagnostic evaluations for new patients. Kojo Yeboah-Mensah, PMHNP, started agency orientation 3/30 for the Mobile OBOT Program, but will be shadowing various members of the medical team for program orientation.

### Case Management - Adult - Patricia Newman

The Mental Health Case Management team would like to highlight the success of an individual served through our program who is on Conditional Release. As a part of their Conditional Release, they are required to participate in meaningful activities throughout the week. They have chosen to offer their services, volunteering with a local non-profit in the community and have since become a valuable volunteer who has been spotlighted by this organization on multiple occasions because of their dedication and the wonderful job that they do. This individual has also worked diligently to gain knowledge about mental health wellness and actively participates in services in order to maintain their stability. We are excited to see their progress and share their success.

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

In the month of March, child and adolescent case management assisted five children with discharges from the Commonwealth Center for Children. We had one discharge that had been in the state hospital four months. We have seen an increase in number of children being admitted to the Commonwealth Center for Children this fiscal year. We had no children at the Commonwealth Center between March 13th and March 21st. If a CCCA discharge is not opened to child and adolescent case management services, our state hospital discharge liaison case manager monitors the kids for 90 days post discharge from the state hospital to provide support if needed and to try to prevent readmissions. Many of these children have been foster children this year and several have discharged to out of state residential facilities. Child and adolescent case management is currently working with two children placed in out of state facilities, one in Massachusetts and one in Tennessee who was placed in March by her legal guardians.

### Specialty Dockets - Nicole Bassing, LCSW

During the month of March, Adult Recovery Court welcomed four new participants, graduated three participants and had no terminations. We currently have 38 active participants. The Rappahannock Veterans Docket did not have any new participants this month, but had one graduation and had no terminations. We currently have 13 active participants. The Spotsylvania Behavioral Health Docket welcomed one new participant, and did not have any graduations or terminations. We currently have seven active participants. The Juvenile Recovery Court did not add any new participants, and did not have any graduations or terminations. We currently have six active participants. The Fredericksburg Therapeutic Docket currently has one active participant with no new clients added this month.

Substance Use Services - Eleni McNeil, LCSW

During the month of March, the SUD program filled the Mobile OBOT's Nurse Practitioner vacancy and the new PMHNP began on 3/30/2026. The SUD Services Coordinator attended Save One Life FXBG and also facilitated co-occurring disorders training for the month's CIT cohort. Monthly consultation to agency clinicians was also facilitated to improve competency working with those with substance use disorders.

Those served in the month of March in Fredericksburg SUD programs is as follows: **Project LINK-36; OBOT-64; ARTS Case Management-46; SUD Outpatient (Fredericksburg)-83; SUD Peer Services- 18**

We received SUD referrals from the following community stakeholders: **RAASAP-26; District 21 Probation and Parole-4; Community Based Probation-10; Pretrial-1**

Jail and Detention Services - Portia Bennett

In March, a total of 40 residents were seen at the Rappahannock Juvenile Center for crisis, therapeutic, and medication management services. At the Rappahannock Regional Jail, a total of 103 individuals received crisis and/or therapeutic services, and a total of 105 individuals received substance use services. The Psychiatric Nurse Practitioner saw a total of 74 individuals, and 323 individuals were prescribed psychotropic medications. There are no staff updates.

**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: April 21, 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
Eastern State Hospital		1					0
Northern Virginia Mental Health Institute	1	2					0
Piedmont Geriatric Hospital	1		3			1	3
Southern Virginia Mental Health Institute				1			1
Southwestern Virginia Mental Health Institute							0
Western State Hospital	8	4	3	4	18	2	27
Totals	11	8	7	6	18	3	33

**Extraordinary Barriers List:**

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

## **Piedmont Geriatric Hospital**

Individual #1: Was placed on the EBL 2/20/26. Barriers to discharge include identifying and being accepted to a nursing home. This individual utilizes a wheelchair, presents with confusion at times and requires additional support as they can become combative when being redirected by staff. This individual's family is supportive and involved. Referrals continue to be sent out to nursing facilities. Many nursing homes do not have beds available, have waitlists or are hesitant to accept this individual due to a history of some aggression.

## **Western State Hospital**

Individual #2: Was placed on the EBL 9/2/2025. Barriers to discharge include identifying and being accepted to an assisted living facility. This individual has a diagnosis of a neurocognitive disorder and is not able to reside independently. This individual requires a memory care setting. They have been referred to quite a few memory care facilities but have been denied due to a history of some aggression. Their team continues to send out referrals. It is likely that this individual will require Discharge Assistance Program (DAP) funds to help to pay for their care in the community.

Individual #3: Was placed on the EBL 1/14/26. Barriers to discharge include working through the Not Guilty by Reason of Insanity (NGRI) process. This individual has been completing passes to the community at Gateway Homes NGRI Group Home. Their passes have been successful and their CRP was approved by the Court on 4/10/2026. They are scheduled to discharge from the hospital on 4/15/2026.

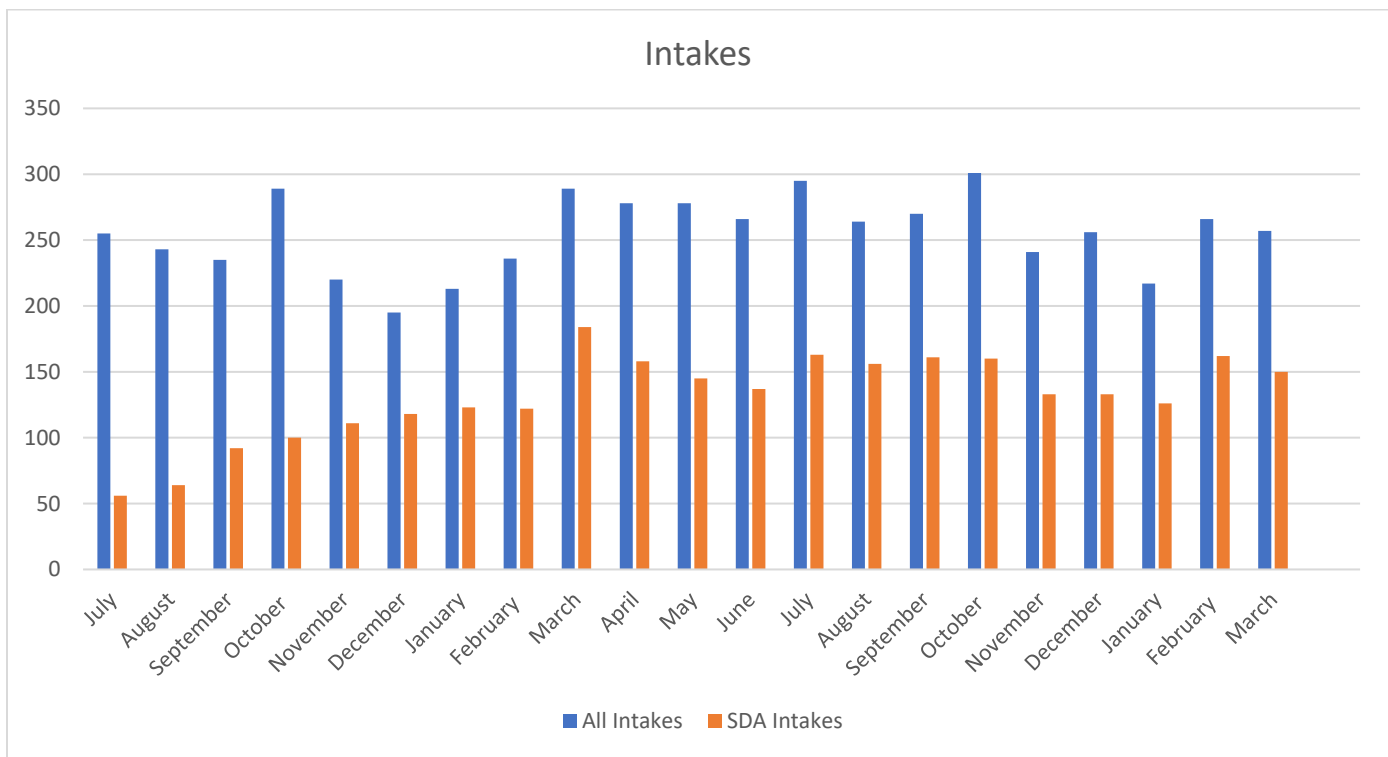
# RAPPAHANNOCK AREA

COMMUNITY SERVICES BOARD

## MEMORANDUM

**To:** Joseph Wickens, Executive Director  
**From:** Jacqueline Kobuchi, LCSW, Director of Clinical Services  
**Date:** April 10, 2026  
**Re:** Same Day Access

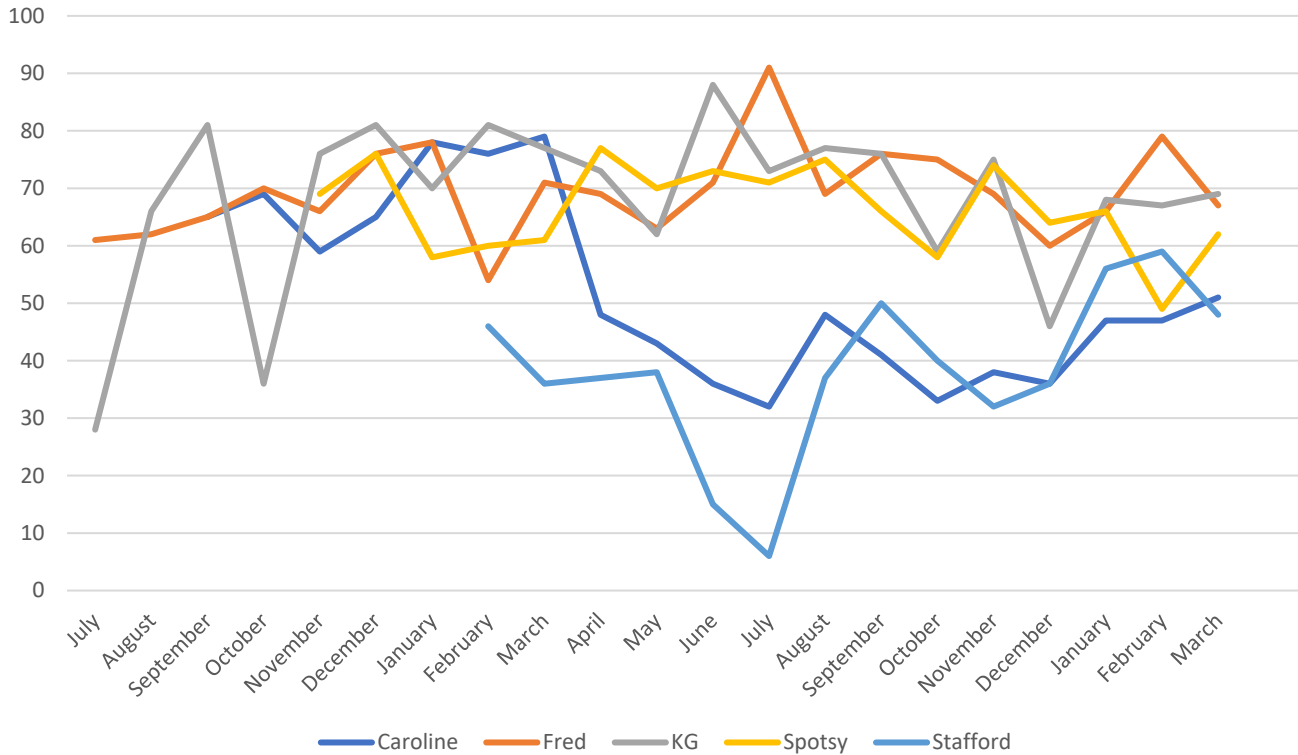
Below is data on the number of intakes completed at our outpatient clinics, and the percentage of those completed through Same Day Access. Individuals not seen through SDA received scheduled appointments, many times at their request or based on their needs.



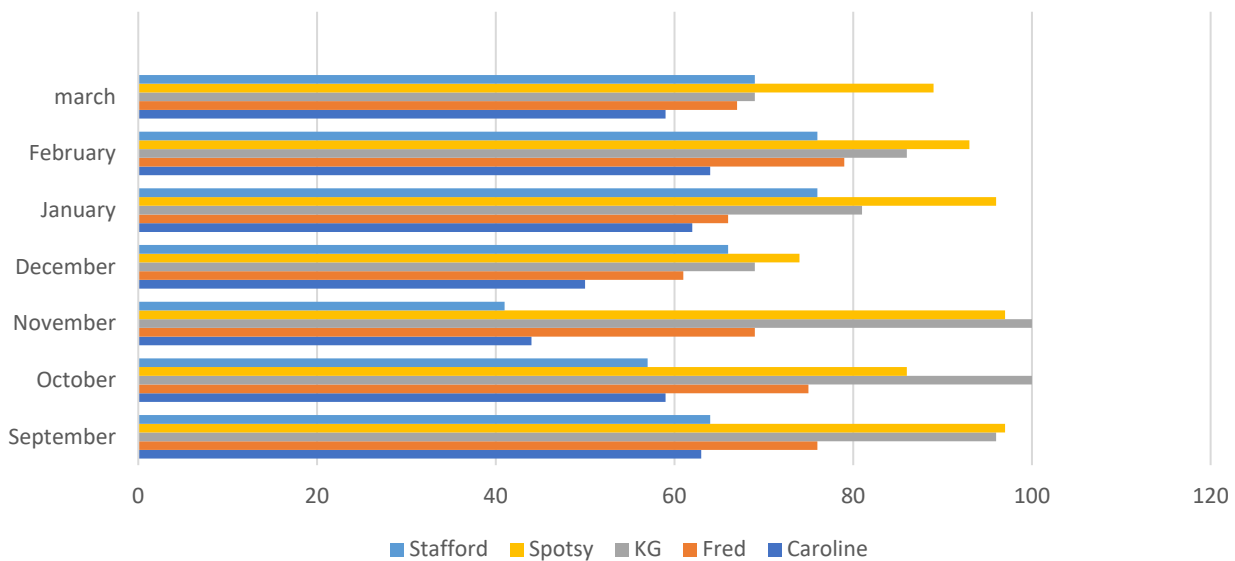
# RAPPAHANNOCK AREA

COMMUNITY SERVICES BOARD

### Percentage of Intakes Completed Through SDA



### Percentage of Adult Intakes Completed Through SDA



RACSB  
Program Update Report  
Compliance  
March 2026

**Incident Reports**

- There were 290 Incident Reports entered into the Electronic Incident Report Tracker during the month of March. This is an increase of 38 from February and an increase of 32 compared to January. All incident reports submitted were triaged by the compliance team.
- The top three categories of reports submitted in February were Health Concerns (132 reports), Individual Served Injury (45 reports), and Individual Served Safety (29 reports).
- The Compliance team entered 24 incident reports into the Department of Behavioral and Developmental Services (DBHDS) electronic incident reporting system during the month of March (18-Level 2, 6- Level 3). This was the same number of submitted reports as during the month of February (20-Level 2, 4- Level 3), and a decrease of 14 from the number of submitted reports during the month of January (24-Level 2, 14- Level 3).
- There were no reports elevated to care concerns by DBHDS during March. 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 the 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 completed 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 25 root cause analyses reports were requested in the month of March; a decrease of three from the amount requested in February, and a decrease of 11 from those requested for the month of January. One expanded root cause analysis report was requested in March (these are more expansive reports usually requested after a series of serious incidents involving a specific individual).

**Human Rights Investigations:**

- The Compliance team conducted five human rights investigations in March. Two were unfounded for neglect, and one was unfounded for dignity. One investigation for neglect was substantiated, and one investigation for consent and dignity was also substantiated.

### **Internal Reviewers:**

- The Compliance team completed 64 exit audits for charts of vacating staff.
- As part of the Quality Improvement Plan, the Compliance team followed up with two 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 March, 10 follow-ups were completed (9 3-month check ins; 1 6-month check in). All submitted CAPs were deemed to be effective by programs/departments in resolving cited deficiencies; no CAP amendments were required to be submitted to DBHDS.
- The Compliance team continued CARF preparation efforts by conducting pre-reviews of eligible charts, reviewing program policies, completing accessibility documentation, and assessing physical property needs to ensure any necessary touch-ups and repairs are addressed.

### **External Reviewers:**

- Compliance team received and responded to 6 external requests for documentation from two different insurance providers seeking information for 63 different individuals' records.
- Compliance team received three communications throughout the month of March from Brian Dempsey, DBHDS Incident Management Specialist, regarding serious incident reports. The team also followed up on inquiries related to two CHRIS reports from Jessica Wright, Serious Incident Unit Investigator with DBHDS.

### **Complaint Call Synopsis**

- The Compliance team received two complaints in the month of March. One of the complaints was resolved at the program level, and one was investigated by Compliance and found to be unsubstantiated.

### **Special Projects**

- QI Folio
  - The Compliance team worked with QI Folio to set up a program specific audit tool for use by DD Residential Services.
- Trainings
  - The Compliance team hosted the CARF Q-Tip on March 4.
  - The Compliance team conducted an Incident Report/Critical Incident Reporting Training on March 9 with a therapist.
  - The Compliance team attended the VRSA Workers Comp training on March 10.
  - The Compliance team hosted the ID/DD Service Plan & Quarterly Q-Tip on March 11.

- The Compliance team attended the WHODAS Pilot Group Takeaway Training on March 12.
- The Compliance team hosted a Q-Tip on properly transferring client EHR episodes on March 18.
- The Compliance team hosted the MH/SA Service Plan & Quarterly Q-Tip on March 25.
- Pre-Program Audits
  - Compliance Specialist reviewed 28 quarterlies and 12 Individual Service Plans (ISPs) for ID/DD Residential Programs during the month of March. Feedback related to any discrepancy note provided to the group home supervisor and assistant coordinators.

MEMORANDUM

**To:** Joe Wickens, Executive Director  
**From:** Stephanie Terrell, Director of Compliance  
**Date:** April 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 2 CAPs during the month of February. One CAP related to a late incident report, and one cap related to failure to acquire timely medical follow up for an individual whose condition changed during an illness. Both citations were issued to DD Residential.

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: **02-18-2026**  
Program Type/Facility Name: **01-001 Stonewall Estates Group Home**

<b>Standard(s) Cited</b>	<b>Comp</b>	<b>Description of Noncompliance</b>	<b>Actions to be Taken</b>	<b>Planned Comp. Date</b>
12VAC35-105-160. D. (2) - The provider shall collect, maintain, and report or make available to the department the following information: 2. Level II and Level III serious incidents shall be reported using the department's web-based reporting application and by telephone or email to anyone designated by the individual to receive such notice and to the individual's authorized representative within 24 hours of discovery. Reported information shall include the information specified by the department as required in its web-based reporting application, but at least the following: the date, place, and circumstances of the serious incident. For serious injuries and deaths, the reported information shall also include the nature of the individual's injuries or circumstances of the	NS	<p>Stonewall Estates Group Home This regulation was NOT MET (SYSTEMIC) as evidenced by:</p> <p>CHRIS Number: 20260045 Date/Time of Discover: 01/30/2026 5:31AM Enter Date/Time: 02/04/2026 1:15PM Reporting Delay: 103:44:00 Location Name: Stonewall Estates Group Home</p> <p>Note: As this is provider's second step in the Progressive Citation Cycle for the same regulation within a one-year period, measured on a rolling basis, provider has demonstrated systemic noncompliance. Provider was previously cited for late reporting</p> <ul style="list-style-type: none"> <li>The first citation was issued on 6/27/25 and is now non-compliant.</li> </ul>	<p>PR) 03/09/2026</p> <p>Incident reports will be entered into the CHRIS Program within the 24-hour deadline. To help ensure understanding of expected timelines for incident report submission, Stonewall Estates Group Home Direct Support Professionals (DSPs), the Manager, and the Assistant Manager will be assigned the e-learning course on incident reporting as a refresher training on the incident reporting process. This training will be documented in employee files within the agency's electronic training platform with a deadline of 3/31/2026.</p> <p>An annual e-learning course on incident reporting will continue to be assigned to all residential program staff annually to ensure continued understanding of expected protocols and deadlines for submitting incident reports.</p> <p>Monitoring and oversight of timeliness for incident reporting protocols and timeline expectations will be provided by the group home manager daily. Additionally, Quality Assurance and the DD Residential Coordinator will monitor for incidents and timeliness of</p>	3/31/2026

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

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

Date of Inspection: 02-18-2026  
Program Type/Facility Name: 01-001 Stonewall Estates Group Home

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
death and any treatment received. For all other Level II and Level III serious incidents, the reported information shall also include the consequences that resulted from the serious incident. Deaths that occur in a hospital as a result of illness or injury occurring when the individual was in a licensed service shall be reported.			reports on a daily basis to ensure Level II and Level III incidents are entered in a timely fashion into the CHRIS system.  OLR) Accepted 03/13/2026	

**General Comments / Recommendations:**

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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.

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Lakesha Steele, Incident Management Unit	(Signature of Organization Representative)	Date
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C = Substantial Compliance, N = Non Compliance, NS = Non Compliance Systemic, ND = Non Determined

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

Investigation ID: 288

License #: 101-01-001

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 03-12-2026

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

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
<p>12VAC35-105-720. A. (4) - The provider shall implement a policy, appropriate to the scope and level of service offered, that addresses provision of adequate and appropriate medical care. This policy shall describe how: 4. The provider will manage medical care needs or respond to abnormal findings.</p>	N	<p>Stonewall Estates Group Home</p> <p>This regulation was NOT MET as evidenced by:</p> <p>The Virginia Department of Behavioral Health and Developmental Services received a complaint regarding a DBHDS licensed Group Home and the service provided to Individual #1.</p> <p>As a result of the complaint, documentation was requested for review from the Provider. In review of Progress Notes and additional documentation, it was found that Individual #1 was diagnosed with Diagnosis #1 on 12/24/25.</p> <p>In the days following the diagnosis, the following was documented: 12/25/25-Individual #1 was noted to be unable to stand and required additional support for toileting. Individual #1 refused to eat.</p> <p>12/26/25-Individual #1 required two staff for lifts due to weakness from Diagnosis #1. Individual #1 had Gatorade but refused to eat more than a few bites. Individual #1 was noted to be congested.</p> <p>12/27/25-It was noted that Individual #1 continued to appear weak. Individual #1 could not stand and refused to eat.</p> <p>12/28/25-Individual #1 continued to have a running nose and "apparent weakness." Individual #1 chose to remain in the bedroom. A wheelchair was used due to Individual #1's weakness.</p> <p>Based on this information, Individual #1 experienced symptoms of weakness, change in appetite and decreased mobility due to the weakness. This was abnormal for Individual #1 and should have prompted medical follow up.</p>	<p>PR) 03/27/2026</p> <p>The Assistant Manager of the program was issued corrective action on 2/4/2026 in regards to neglect with respect to the delay in seeking treatment for Individual #1. The program manager is no longer employed with the agency effective 1/9/2026.</p> <p>All Stonewall Estates Group Home staff received refresher training regarding medical treatment and attested to the Emergency Preparedness policy with a deadline of 3/13/26.</p> <p>Systematically, the Emergency Preparedness policy was reviewed and revised to ensure additional oversight is added when the manager is absent from the program to provide additional oversight to ensure adequate medical treatment is provided per policy. Additionally, all group home staff in each program received refresher training regarding medical treatment including change in medical status and signed off on their understanding by attesting to the Emergency Preparedness policy with a deadline of 3/13/26.</p> <p>All RACSB staff, volunteers, and contractors will be required to undergo a Human Rights training upon recruitment and at a minimum of annually thereafter to help ensure continued understanding of their roles and responsibilities in preventing abuse, neglect, and exploitation of individuals in services including adequate and appropriate medical care.</p> <p>The Compliance team will monitor incident reports on a daily basis to help ensure systematically that incidents of this nature are identified and mitigated quickly or avoided</p>	3/13/2026

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

Investigation ID: 288

License #: 101-01-001

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 03-12-2026

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

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
			altogether. OLR) Accepted 03/31/2026	

**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.

\_\_\_\_\_  
Jessica Wright, Investigator

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

\_\_\_\_\_  
Date

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

## Prevention and Early Intervention Services Program Updates

**Michelle Wagaman, Director**

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

**April 2026**

### **Top 5 for April:**

1. April is Child Abuse Prevention Month. You may notice blue pinwheels around town to raise awareness.
2. National Home Visiting Week is recognized April 20-24, 2026.
3. The Virginia Young Adult Survey collection period ends April 30, 2026. The survey targets those ages 18 to 25 regarding substance use and mental wellness. As of April 9, 2026, RACSB has 279 completed responses and 241 fulfilled incentives. This is 140% of the state provided target of 200 responses. Statewide, there are 4,935 responses. If every CSB reaches their target, there would be 6,000 responses. There are 295 responses specific to Germanna Community College.
4. Early Intervention received 84 referrals in March (increase from 73 the prior month).
5. In the third quarter, RACSB trained 2,561 people in REVIVE! All but 186 were middle and high school students who received the training as part of substance abuse prevention education in Health/PE classes. Kudos to Jennifer Bateman, Prevention Specialist, for all of her work within our local schools.

### **Upcoming Events:**

- Rappahannock Area Kids on the Block is once again scheduled to perform at the Multicultural Fair hosted by the University of Mary Washington.
- 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>
- Operation Medicine Cabinet (DEA Drug Takeback Day) is coming up on April 25, 2026 from 10:00 a.m. to 2:00 p.m. at multiple locations throughout Planning District 16.
- Mental Health America of Fredericksburg Region is hosting their annual March for Mental Health on May 2, 2026.

### **Parent Education – Infant Development Program**

There are currently 508 children enrolled in the program receiving a combination of services to include service coordination, speech therapy, physical therapy, occupational therapy and educational developmental services. We are scheduling 14 consistent assessments per week. We had 84 referrals in March. There are currently 14 providers on staff. PE-ID has one (1) open position at this time to replace a recently retired Developmental Specialist. We are working to streamline some of our practices to include the use of interpreters. We are currently piloting AI interpretation devices.

## Part C and Infant/Child Case Management

Alison Standring, Part C System Manager, represented RACSB and/or the Council Coordinators Association (CoCoA) as co-chairperson in the following groups and/or meetings since the last report: Rappahannock Area Interagency Coordinating Council meeting March 19; VACSB Developmental Services Council meeting March 23; Chaired CoCoA Steering committee meeting with DBHDS to discuss allocation formula options March 30; RACSB Leadership Focus Group March 24; Region 1 Leadership Series, Conflict Prevention March 24; Division for Early Childhood Service Coordination Community of Practice – Elevating and Understanding Service Coordination in Early Intervention March 25; Division for Early Childhood Coffee Chat April 2.

Infant Case Managers received 84 referrals in the month of March, an increase of 11 compared to the prior month.

## Substance Abuse Prevention

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

**Youth Education/Evidence Based Curriculums** – Jennifer Bateman, Prevention Specialist, continues 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.

**Coalitions** – The Community Collaborative for Youth and Families met April 10, 2026 and used the meeting as a focus group for the Teen Violence Prevention Workgroup. The next quarterly meeting is scheduled for July 10, 2026. 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, spent significant time in March directly in the middle and high schools. Presentations took place at Chancellor Middle School, Ni River Middle School, King George Middle and High School, Courtland High School, and Spotsylvania High School. She has reached 3,000 students so far this academic year!

## 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: July 28-29; and September 23-24 (8:30 a.m. to 5:00 p.m. both days).

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

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

Adult Mental Health First Aid trainings will be held on the following dates in 2026: 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: 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: 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 is finalizing two (2) new training curriculums as well as the May is Mental Health Month awareness campaign. Visit [www.lockandtalk.org](http://www.lockandtalk.org) to learn more.

**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 April 27, 2026 at 1:00 p.m. The meeting will focus on the report of the SMVF Crisis Intercept Mapping. The Youth and Young Adult workgroup will continue 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 hosted a full day workshop on March 12, 2026 on post-vention (community response following suicide death) with nearly 40 attendees.

## State Opioid Response (SOR)

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

**Coalitions** – The Opioid Workgroup meets monthly and is an interdisciplinary professional group.

Plans for 2026 are underway to update the group mission and vision. We continue to provide support to the Save 1 Life Fredericksburg harm reduction initiative.

**REVIVE! Naloxone Training and Dispensing** – RACSB continues to host virtual trainings twice a month. Additionally, we schedule and host trainings upon the request of community partners. DBHDS has hired a new REVIVE coordinator and we look forward to their renewed efforts to support community implementation.

To register for REVIVE! Trainings:

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

## **Additional Initiatives**

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

**ACEs Interface** – RACSB Prevention Services offers in-person trainings for community members to learn more about the impact of adversity in childhood on brain development and how toxic stress can impact individual and community health.

RACSB Prevention is part of the Trauma Informed Care Workgroup under the Criminal Justice Reform Alliance. The group will host quarterly virtual lunch and learns in 2026. The next one is scheduled for April 30, 2026 at noon and Keith Cartwright is presenting “Relationships, Relationships, Relationships!”

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). The classes are held from 9:00 a.m. to 4:00 p.m.

Course 1 is scheduled for April 9, July 14, and October 22.

Course 2 is scheduled for May 28 and November 12.

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

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

## Healthy Families Rappahannock Area

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

### March 2026

LOCALITY	NUMBER OF REFERRALS	ASSESSMENTS	NUMBER OF FAMILIES RECEIVING HOME VISITS	NEW ENROLLEES YEAR-TO-DATE
CAROLINE COUNTY	0	1	12	2
CITY OF FREDERICKSBURG	7	5	31	13
KING GEORGE COUNTY	2	1	3	0
SPOTSYLVANIA COUNTY	13	5	61	13
STAFFORD COUNTY	4	4	34	10
OUT OF AREA (REFERRED TO OTHER HF SITES)	1	1	0	0
<b>TOTAL</b>	<b>27</b>	<b>17</b>	<b>141</b>	<b>38</b>

HFRA was invited to be a part of the live ballot for the Women and Girls Fund. Title of our project is “Breaking Barriers to Employment for Mothers in PD16” We will be collaborating with UMW, Workforce, Carter Bank and Trust, and Sparks Daycare, to offer workshops on resume writing, interview skills and mock interviews.

April is Child Abuse Prevention Month and April 20<sup>th</sup> – 24<sup>th</sup> is National Home Visiting Week. Each direct service staff will receive a tote bag filled with these goodies (provided by HFRA Board members) that has their names and “Not all Superheroes wear capes, some Home Visit” in celebration of all they do.



Healthy Families  
Rappahannock Area  
Newsletter



APRIL  
2026

## Mel's Desk



April has always been one of my favorite months, a time filled with celebration, reflection, and purpose. Between special birthdays and the beauty of spring in full bloom, it brings a sense of joy and renewal.



It is also a meaningful time as we recognize **Child Abuse Prevention Month**, reminding us all of the role we play in creating safe, nurturing environments where children and families can thrive. So when you see the Blue Pinwheels around, Give a Honk and show your support also.

My favorite part of April (outside of family birthdays) is it allows us the opportunity to uplift and celebrate the incredible work of our Family Support Specialists and Resource Specialists, with **National Home Visiting Week** (April 20<sup>th</sup> -24<sup>th</sup>). Our team of Dedicated professionals show up week after week, stepping into homes and meeting families exactly where they are. With compassion at the heart of everything they do, they build trusting relationships, provide encouragement during challenging moments, and equip families with tools and resources to thrive.

Their unwavering commitment, empathy, and guidance help to create ripple effects of positive change, making a lasting difference in the lives of children and families each and every day.

I truly believe our community is blessed because of their commitment...Not All Superheroes Wear Capes - Some Home Visit!  
-Melodie "Mel" Jennings



hopestarter | RAPPAHANNOCK AREA  
COMMUNITY SERVICES BOARD

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

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2026

Healthy Families Rappahannock Area Newsletter

### Support Shoutouts

This month's shout outs belong to

- Slyestrong Foundation
- Little Hands
- Ashley Clay
- Community Threads

We are truly Thankful for all the Support you give!

Be A Part of the Village Scan to Donate



### Did You Know?....

Healthy Families Rappahannock Area (HFRA) is a nationally recognized, evidenced-based FREE home visiting program that offers personalized in-home support and resources for families in Planning District 16.

Families who participate in HFRA receive weekly home visits where they build nurturing relationships with their children, champion their children's health and development, and cultivate a flourishing future for their family.

Families can enroll in services as early as pregnancy, ensuring support begins even before their child is born. From that point forward, families receive ongoing guidance, education, and resources tailored to their unique needs, continuing through their child's early years up to age five or until the child is enrolled in preschool.

### In 2025, HFRA ....



Completed Home Visits



Served 357 Families



Zero Founded Cases Child Abuse in active families



13 Families Graduated HFRA in 2025!

### Community Partners.

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

Community Advisory Committee meets every other month...Contact us today for more information [hfra@rappahannockareacsb.org](mailto:hfra@rappahannockareacsb.org)

## Rebekah & Gianna THEIR STORY...

When Rebekah and Gianna were first connected with Healthy Families, they entered the program during a time of heightened need and uncertainty, yet demonstrated an incredible level of motivation and perseverance. From the very beginning, she approached each visit with openness and a willingness to learn, consistently engaging in services and applying the strategies discussed. Her commitment to growth has been evident in the way she has embraced feedback, followed through with recommendations, and taken initiative to strengthen and create a stable, nurturing environment for her family.

Rebekah's progress reflects meaningful and lasting change, and she has made tremendous strides toward stability, confidence, and long-term success. Her efforts serve as a powerful example of what can be achieved through determination, consistency, and a genuine commitment to positive change. We are especially excited to see Rebekah beginning her journey toward becoming a Parent Ambassador. This step reflects not only her personal progress, but also her desire to give back, support others, and serve as a positive role model within the community. Her voice and experience have the power to uplift and encourage other families who may be walking a similar path.

Rebekah and Gianna's growth are a testament to their strength and commitment, and we have been an honored to walk alongside them during this time.



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

April 2026

CALL

To

ACTION!



scan QR

Refer a family

MAKE a donation

Join Our Village



email us today at [hfra@rappahannockareacs.org](mailto:hfra@rappahannockareacs.org)



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





# What's Happening This Month

April 2026

## April Showers Playgroup

10 am - 11 am  
Fredericksburg Preschool  
Heritage Park  
1003 Heritage Place  
Fredericksburg, VA 22401

Wednesday, April 8, 2026



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

## CHAIR ZUMBA

11 am - 12 pm  
Jubilation  
1301 Ashford Cir  
Fredericksburg, VA 22401



Trivia for a Cause  
6 pm - 8 pm  
Brock's Riverside Grill  
503 Sophia St  
Fredericksburg, VA 22401

## CONTACT US

hfra@rappahannocareacs.org      540-374-3366  
www.healthyfamiliesrappahannock.org





WITH THE SUPPORT OF  
LOCAL  
LAW ENFORCEMENT



# OPERATION MEDICINE CABINET

**April 25, 2026**

**10 a.m. to 2 p.m.**

**Drop off your Expired or Unused Medications and Sharps!  
Drive up, drop off and drive out! No questions asked.  
Twelve Locations to Serve You (\* Narcan Training Available):**

### CAROLINE COUNTY

#### **Walgreens**

104 West Broaddus Avenue  
Bowling Green, VA 22427  
**NO SHARPS ACCEPTED**

#### **Mary Washington Primary Care and Pediatrics**

8051 Prosperity Way  
Ruther Glen, VA 22546  
**NO SHARPS ACCEPTED**

### CITY OF FREDERICKSBURG

#### **Fredericksburg Police Department**

2200 Cowan Boulevard  
Fredericksburg VA 22401  
**NO SHARPS ACCEPTED**

#### **Mary Washington Hospital Tompkins (\*)**

**Martin Medical Plaza**  
1101 Sam Perry Boulevard  
Fredericksburg, VA 22401

#### **University of Mary Washington Bell Tower**

1301 College Avenue  
Fredericksburg VA 22401  
**NO SHARPS ACCEPTED**

#### **Wegmans**

2281 Carl D. Silver Parkway  
Fredericksburg, VA 22401  
**NO SHARPS ACCEPTED**

### SPOTSYLVANIA COUNTY

#### **Chancellor's Village**

12100 Chancellor's Village Lane  
Fredericksburg, VA 22407  
**NO SHARPS ACCEPTED**

#### **Mary Washington Healthcare (\*) Emergency and Outpatient Center – Lees Hill**

10401 Spotsylvania Avenue  
Fredericksburg, VA 22408

#### **CVS Courtland Commons**

9767 Courthouse Road  
Spotsylvania, VA 22553  
**NO SHARPS ACCEPTED**

#### **Spotsylvania Regional Medical Center (\*)**

4600 Spotsylvania Parkway  
Fredericksburg, VA 22408  
**NO SHARPS ACCEPTED**

### KING GEORGE COUNTY

#### **Walmart/Petco Parking Lot**

16375 Merchant's Lane  
King George, VA 22485  
**NO SHARPS ACCEPTED**

### STAFFORD COUNTY

#### **Stafford Hospital (\*)**

101 Hospital Center Boulevard  
Stafford, VA 22554



**Finance Department  
March 2026 Program Updates**

**Staffing Changes and Opportunities:**

Ed Laban, formerly Financial Analyst, has been promoted to Assistant Accounting Coordinator. Danny Peng, previously Financial Technician, has been promoted to Financial Analyst.

The Financial Technician position has been eliminated and replaced with a second Accounts Payable Technician role at the same pay grade. The organization is currently reviewing applications to fill the Accounts Payable Technician position.

**Reimbursement Department:**

Reimbursement has initiated efforts to identify manual tasks that can be automated, with the goal of reducing time spent on billing procedures and improving overall efficiency. In parallel, the team is addressing claims aged over 60 days, prioritizing them from oldest to newest to support timely resolution. Additionally, work is ongoing to process appeals for outstanding claims related to the Anthem issue.

**Accounting Department:**

The Accounting Department has initiated departmental meetings for the FY2027 budget in preparation for the first round of budget development. The setup of the agency's new account with MINT is currently underway. Additionally, staff are participating in training for new roles and cross-training on essential functions across positions to enhance departmental coverage and maintain operational continuity. These efforts are expected to continue throughout the fiscal year.

# Summary of Cash Investments

(as of March 31, 2026)

Depository		Rate	Comments
<b>Atlantic Union Bank</b>			
Checking	\$ 6,523,274	2.50%	
<b>Investment Portfolio</b>			
Cash Equivalents	1,362,816		
Fixed Income	8,046,209		
Total Investment	<u>\$ 9,409,025</u>		
<b>Total Atlantic Union Bank</b>	<u>\$ 15,932,299</u>		
<b>Other</b>			
Local Gov. Investment Pool	<u>7,151,699</u>	3.77%	Avg. Monthly Yield
<b>Total Investments</b>	<b>\$ 23,083,999</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	\$ 2,129,910	\$ 1,175,290	\$ 4,787,095	\$ 3,832,475
Balance at 11/30/2025	\$ 2,129,910	\$ 1,175,290	\$ 4,815,105	\$ 3,860,485
Balance at 12/31/2025	\$ 2,129,910	\$ 1,175,290	\$ 4,859,497	\$ 3,904,877
Unrealized Gain/(Loss)			\$ 103,485	
Realized Gain/(Loss)			\$ 676	
Fees & Expenses			\$ (1,184)	
<b>Balance at 1/31/2026</b>	\$ 2,129,910	\$ 1,175,290	\$ 4,962,474	\$ 3,904,877
Unrealized Gain/(Loss)			\$ 63,074	
Realized Gain/(Loss)				
Fees & Expenses	\$ (508)			
<b>Balance at 2/28/2026</b>	\$ 2,129,402	\$ 1,175,290	\$ 5,025,548	\$ 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
February	\$672,215	\$435,917	\$627	\$1,689,327
March	\$459,713	\$402,400	\$720	\$1,747,360
<b>YTD Total</b>	<b>\$2,223,173</b>	<b>\$3,516,636</b>	<b>\$7,483</b>	<b>\$1,747,360</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>\$390,737</b>	<b>\$93,473</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>

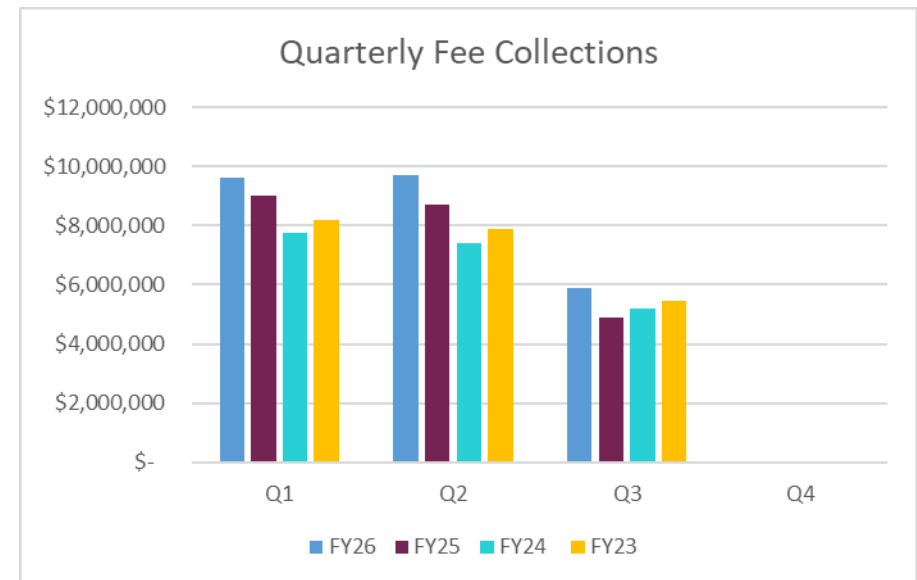
# Summary of Investments

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	\$ 70,585.87	\$ 70,585.87	\$ 70,585.87	\$ -	\$ 2,359.69	3.59%	3.59%
US Treasury Bill(04/02/2026)	\$ 300,000.00	\$ 299,970.00	\$ 298,760.60	\$ 1,209.40	\$ 1,239.40	3.60%	3.69%
US Treasury Bill(05/26/2026)	\$ 500,000.00	\$ 497,215.00	\$ 494,091.32	\$ 3,123.68	\$ 5,908.68	3.65%	3.67%
US Treasury Bill(07/09/2026)	\$ 500,000.00	\$ 495,045.00	\$ 482,569.63	\$ 12,475.37	\$ 17,430.37	3.66%	3.95%
<b>Total Cash Equivalents</b>	<b>\$ 1,370,585.87</b>	<b>\$ 1,362,815.87</b>	<b>\$ 1,346,007.42</b>	<b>\$ 16,808.45</b>	<b>\$ 26,938.14</b>	<b>3.63%</b>	<b>3.73%</b>
US Treasury Note (10/15/2026)	\$ 500,000.00	\$ 502,260.00	\$ 502,488.50	\$ (228.50)	\$ 23,125.00	3.77%	4.11%
US Treasury Note(11/30/2026)	\$ 600,000.00	\$ 590,184.00	\$ 587,578.13	\$ 2,605.87	\$ 7,500.00	3.75%	3.56%
US Treasury Note (06/15/2026)	\$ 500,000.00	\$ 500,400.00	\$ 500,392.18	\$ 7.82	\$ 20,625.00	3.71%	3.96%
US Treasury Note(01/31/2027)	\$ 500,000.00	\$ 501,545.00	\$ 501,761.14	\$ (216.14)	\$ 20,625.00	3.74%	3.76%
US Treasury Note (03/15/2027)	\$ 500,000.00	\$ 502,415.00	\$ 496,308.59	\$ 6,106.41	\$ 21,250.00	3.73%	4.52%
US Treasury Note (04/30/2026)	\$ 500,000.00	\$ 500,440.00	\$ 499,023.44	\$ 1,416.56	\$ 24,375.00	3.60%	4.98%
US Treasury Note (08/15/2027)	\$ 500,000.00	\$ 499,375.00	\$ 497,423.79	\$ 1,951.21	\$ 18,750.00	3.84%	4.10%
US Treasury Note(11/15/2027)	\$ 1,000,000.00	\$ 975,120.00	\$ 976,321.15	\$ (1,201.15)	\$ 22,500.00	3.84%	3.61%
US Treasury Note (8/31/2026)	\$ 500,000.00	\$ 499,920.00	\$ 498,545.10	\$ 1,374.90	\$ 18,750.00	3.78%	4.35%
US Treasury Note (02/29/2028)	\$ 500,000.00	\$ 501,640.00	\$ 499,988.22	\$ 1,651.78	\$ 20,000.00	3.82%	4.00%
US Treasury Note(05/15/2028)	\$ 500,000.00	\$ 490,490.00	\$ 492,586.18	\$ (2,096.18)	\$ 14,375.00	3.82%	3.50%
US Treasury Note(09/15/2028)	\$ 500,000.00	\$ 494,845.00	\$ 496,308.59	\$ (1,463.59)	\$ 16,875.00	3.82%	3.64%
US Treasury Note(11/15/2028)	\$ 1,000,000.00	\$ 991,910.00	\$ 998,535.16	\$ (6,625.16)	\$ 35,000.00	3.83%	3.55%
US Treasury Note(02/15/2029)	\$ 500,000.00	\$ 495,665.00	\$ 500,000.00	\$ (4,335.00)	\$ 17,500.00	3.82%	3.50%
<b>Total Fixed Income</b>	<b>\$ 8,100,000.00</b>	<b>\$ 8,046,209.00</b>	<b>\$ 8,047,260.17</b>	<b>\$ (1,051.17)</b>	<b>\$ 281,250.00</b>	<b>3.78%</b>	<b>3.94%</b>
<b>3/31/2026</b>		<b>\$ 9,409,024.87</b>	<b>\$ 9,393,267.59</b>	<b>\$ 15,757.28</b>	<b>\$ 308,188.14</b>	<b>3.76%</b>	<b>3.88%</b>

# Fee Revenue Reimbursement- February 28, 2026

RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD							
FEE REVENUE REIMBURSEMENT REPORT AS OF FEBRUARY 28, 2026							
AGED CLAIMS		Current Month		Prior Month		Prior Year	
<b>Total Claims Outstanding</b>	<b>Total</b>	100%	\$5,313,284	100%	\$5,307,799	100%	\$5,966,411
	Consumers	36%	\$1,892,414	36%	\$1,929,705	65%	\$3,876,841
	3rd Party	64%	\$3,420,870	64%	\$3,378,095	35%	\$2,089,570
<b>Claims Aged 0-29 Days</b>	<b>Total</b>	55%	\$2,917,012	54%	\$2,861,012	29%	\$1,739,808
	Consumers	1%	\$39,579	1%	\$31,324	1%	\$65,600
	3rd Party	3%	\$174,347	3%	\$174,347	28%	\$1,674,209
<b>Claims Aged 30-59 Days</b>	<b>Total</b>	2%	\$125,920	3%	\$146,232	3%	\$207,969
	Consumers	0%	\$13,590	1%	\$31,027	2%	\$93,759
	3rd Party	2%	\$112,330	2%	\$115,204	2%	\$114,210
<b>Claims Aged 60-89 Days</b>	<b>Total</b>	2%	\$97,733	3%	\$141,397	3%	\$189,745
	Consumers	0%	\$1,477	1%	\$38,763	1%	\$62,641
	3rd Party	2%	\$96,256	2%	\$102,635	2%	\$127,104
<b>Claims Aged 90-119 Days</b>	<b>Total</b>	2%	\$98,397	2%	\$94,802	1%	\$65,837
	Consumers	1%	\$34,733	1%	\$35,667	0%	\$3,882
	3rd Party	1%	\$63,664	1%	\$59,136	1%	\$61,955
<b>Claims Aged 120+ Days</b>	<b>Total</b>	39%	\$2,074,221	39%	\$2,064,365	63%	\$3,763,051
	Consumers	34%	\$1,803,034	34%	\$1,792,924	61%	\$3,650,958
	3rd Party	5%	\$271,187	5%	\$271,441	2%	\$112,093

CLAIM COLLECTIONS	
Current Year To Date Collections	\$25,193,989
Prior Year To Date Collections	\$22,592,459
\$ Change from Prior Year	\$2,601,530
% Change from Prior Year	12%



# Write-off Report

Month: Feb 2026		
Write Off Code	Current MTD	Prior Year MTD
BAD ADDRESS	\$ -	\$ 1,146
BANKRUPTCY	\$ -	\$ 250
DECEASED	\$ -	\$ -
NO FINANCIAL AGREEMENT	\$ 9,678	\$ 7,097
SMALL BALANCE	\$ 97	\$ 111
UNCOLLECTABLE	\$ -	\$ 175
FINANCIAL ASSISTANCE	\$ 152,580	\$ 174,427
NO SHOW	\$ 245	\$ 720
MAX UNITS/BENEFITS	\$ 44,023	\$ 49,320
PROVIDER NOT CREDENTIALLED	\$ 1,348	\$ 4,730
DIAGNOSIS NOT COVERED	\$ 2,122	\$ 320
NON-COVERED SERVICE	\$ 8,297	\$ 4,363
SERVICES NOT AUTHORIZED	\$ 15,686	\$ 14,693
PAST BILLING DEADLINE	\$ 30	\$ 748
INSUFFICIENT DOCUMENTATION	\$ 2,910	\$ -
MCO DENIED AUTH	\$ -	\$ 956
INCORRECT PAYER	\$ 7,776	\$ 362
INVALID MEMBER ID	\$ -	\$ -
INVALID POS/CPT/MODIFIER	\$ -	\$ -
NO PRIMARY EOB	\$ 2,309	\$ 130
SPENDDOWN NOT MET	\$ 12,385	\$ 34,407
STATE FUNDS EXHAUSTED	\$ -	\$ 19,150
<b>TOTAL</b>	<b>\$ 259,484</b>	<b>\$ 313,105</b>

Year to Date: July - Feb 2026		
Write Off Code	Current YTD	Prior YTD
BAD ADDRESS	\$ 9,184	\$ 49,264
BANKRUPTCY	\$ 3,020	\$ 250
DECEASED	\$ 2,875	\$ 1,530
NO FINANCIAL AGREEMENT	\$ 94,825	\$ 64,691
SMALL BALANCE	\$ 825	\$ 515
UNCOLLECTABLE	\$ 3,868	\$ 2,642
FINANCIAL ASSISTANCE	\$ 1,590,372	\$ 1,378,164
NO SHOW	\$ 12,224	\$ 4,092
MAX UNITS/BENEFITS	\$ 444,521	\$ 319,042
PROVIDER NOT CREDENTIALLED	\$ 4,244	\$ 15,110
DIAGNOSIS NOT COVERED	\$ 4,968	\$ 5,308
NON-COVERED SERVICE	\$ 46,330	\$ 53,504
SERVICES NOT AUTHORIZED	\$ 138,804	\$ 107,804
PAST BILLING DEADLINE	\$ 7,008	\$ 4,152
INSUFFICIENT DOCUMENTATION	\$ 75,913	\$ 937
MCO DENIED AUTH	\$ 96,661	\$ 9,989
INCORRECT PAYER	\$ 34,775	\$ 20,615
INVALID MEMBER ID	\$ 710	\$ -
INVALID POS/CPT/MODIFIER	\$ 680	\$ 100
NO PRIMARY EOB	\$ 7,561	\$ 3,015
SPENDDOWN NOT MET	\$ 154,202	\$ 284,936
STATE FUNDS EXHAUSTED	\$ -	\$ 19,150
<b>TOTAL</b>	<b>\$ 2,733,572</b>	<b>\$ 2,344,810</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	41	\$1,915.29	\$46.71	295.5	\$11,707.70
2/20/2026	50.35	\$2,025.40	\$40.23	34.75	\$2,341.23	\$67.37	85.1	\$4,366.63
3/6/2026	21	\$873.72	\$41.61	40.5	\$2,715.08	\$67.04	61.5	\$3,588.80
3/20/2026	16.75	\$679.84	\$40.59	25.75	\$1,305.58	\$50.70	42.5	\$1,985.42
4/3/2026	19.75	\$782.88	\$39.64	15	\$1,146.50	\$76.43	34.75	\$1,929.38
<b>Grand Total</b>	<b>2334.9</b>	<b>\$94,275.42</b>	<b>\$40.38</b>	<b>1107.42</b>	<b>\$51,495.01</b>	<b>\$46.50</b>	<b>3442.32</b>	<b>\$145,770.43</b>

**RACSB**  
**FY 2026 FINANCIAL REPORT**  
Fiscal Year: July 1, 2025 through June 30, 2026  
Report Period: July 1, 2025 through February 28, 2026

**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	2,365,666	66.46%	3,559,688	2,383,199	66.95%	(17,533)	-1%
MEDICAL OUTPATIENT ( R ) (FED)	4,432,876	2,859,527	64.51%	4,432,876	2,858,080	64.47%	1,446	0%
ACT NORTH ( R )	1,108,186	831,421	75.03%	1,108,186	742,300	66.98%	89,121	11%
ACT SOUTH ( R )	1,057,760	890,594	84.20%	1,057,760	693,195	65.53%	197,399	22%
CASE MANAGEMENT ADULT (FED)	1,377,302	920,689	66.85%	1,377,302	910,622	66.12%	10,067	1%
CASE MANAGEMENT CHILD & ADOLESCENT (FED)	1,171,251	685,641	58.54%	1,171,251	736,957	62.92%	(51,316)	-7%
PSY REHAB & KENMORE EMP SER ( R ) (FED)	861,864	570,660	66.21%	861,864	565,462	65.61%	5,198	1%
PERMANENT SUPPORTIVE HOUSING ( R )	4,079,960	4,901,461	120.14%	4,079,960	2,211,629	54.21%	2,689,832	55%
CRISIS STABILIZATION ( R )	2,984,567	1,730,455	57.98%	2,984,567	1,869,612	62.64%	(139,156)	-8%
SUPERVISED RESIDENTIAL	702,775	425,225	60.51%	702,775	496,475	70.64%	(71,250)	-17%
SUPPORTED RESIDENTIAL	1,115,708	576,542	51.67%	1,115,708	742,668	66.56%	(166,126)	-29%
JAIL DIVERSION GRANT ( R )	0	1,000	#DIV/0!	0	0	#DIV/0!	1,000	100%
JAIL & DETENTION SERVICES	796,633	267,567	33.59%	796,633	542,512	68.10%	(274,945)	-103%
<b>SUB-TOTAL</b>	<b>23,248,570</b>	<b>17,043,398</b>	<b>73%</b>	<b>23,248,570</b>	<b>14,769,661</b>	<b>64%</b>	<b>2,273,738</b>	<b>13%</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	3,790,326	75.67%	5,009,320	3,207,179	64.02%	583,147	15%
DAY HEALTH & REHAB *	5,928,581	4,100,877	69.17%	5,928,581	3,782,610	63.80%	318,267	8%
GROUP HOMES	7,177,971	5,241,453	73.02%	7,177,971	4,679,676	65.19%	561,778	11%
RESPIRE GROUP HOME	742,838	128,860	17.35%	742,838	368,457	49.60%	(239,597)	-186%
INTERMEDIATE CARE FACILITIES	5,382,884	2,911,135	54.08%	5,382,884	3,367,147	62.55%	(456,012)	-16%
SUPERVISED APARTMENTS	1,869,743	2,016,820	107.87%	1,869,743	1,256,611	67.21%	760,209	38%
SPONSORED PLACEMENTS	2,412,624	1,660,882	68.84%	2,412,624	1,365,078	56.58%	295,804	18%
<b>SUB-TOTAL</b>	<b>28,523,961</b>	<b>19,850,352</b>	<b>69.59%</b>	<b>28,523,961</b>	<b>18,026,757</b>	<b>63.20%</b>	<b>1,823,596</b>	<b>9%</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 February 28, 2026  
**SUBSTANCE ABUSE**

PROGRAM	REVENUE			EXPENDITURES			ACTUAL VARIANCE	VARIANCE / REVENUE
	BUDGET FY 2026	ACTUAL YTD	%	BUDGET FY 2026	ACTUAL YTD	%		
SA OUTPATIENT ( R ) (FED)	2,049,386	1,283,312	62.62%	2,049,386	1,309,828	63.91%	(26,515)	-2%
MAT PROGRAM ( R ) (FED)	1,254,477	406,486	32.40%	1,254,477	858,208	68.41%	(451,723)	-111%
CASE MANAGEMENT(with LINK) ( R ) (FED)	404,098	242,220	59.94%	404,098	304,385	75.32%	(62,166)	-26%
RESIDENTIAL ( R )	36,612	24,903	68.02%	36,612	6,465	17.66%	18,438	74%
PREVENTION ( R ) (FED)	521,955	318,563	61.03%	521,955	385,459	73.85%	(66,896)	-21%
<b>SUB-TOTAL</b>	<b>4,266,528</b>	<b>2,275,484</b>	<b>53%</b>	<b>4,266,528</b>	<b>2,864,345</b>	<b>67%</b>	<b>(588,861)</b>	<b>-26%</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	1,939,802	95.07%	2,040,456	1,187,640	58.20%	752,162	39%
CHILD MOBILE CRISIS ( R )	271,050	155,264	57.28%	271,050	122,293	45.12%	32,971	21%
CIT ASSESSMENT SITE ( R )	329,029	239,045	72.65%	329,029	303,117	92.12%	(64,071)	-27%
CONSUMER MONITORING ( R ) (FED)	-	0	#DIV/0!	0	211,869	#DIV/0!	(211,869)	0%
ASSESSMENT AND EVALUATION ( R )	514,373	328,543	63.87%	514,373	353,004	68.63%	(24,461)	-7%
<b>SUB-TOTAL</b>	<b>3,154,908</b>	<b>2,662,655</b>	<b>84.40%</b>	<b>3,154,908</b>	<b>2,177,923</b>	<b>69.03%</b>	<b>484,732</b>	<b>18%</b>

**ADMINISTRATION**

PROGRAM	REVENUE			EXPENDITURES			ACTUAL VARIANCE
	BUDGET FY 2026	ACTUAL YTD	%	BUDGET FY 2026	ACTUAL YTD	%	
ADMINISTRATION (FED)	826,292	419,946	50.82%	826,292	419,946	50.82%	0
PROGRAM SUPPORT	27,600	16,100	58.33%	27,600	16,100	58.33%	0
<b>SUB-TOTAL</b>	<b>853,892</b>	<b>436,046</b>	<b>51.07%</b>	<b>853,892</b>	<b>436,046</b>	<b>51.07%</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**  
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 Report Period: July 1, 2025 through February 28, 2026  
**FISCAL AGENT AND OTHER PROGRAMS**

PROGRAM	REVENUE			EXPENDITURES			ACTUAL VARIANCE	VARIANCE / REVENUE
	BUDGET FY 2026	ACTUAL YTD	%	BUDGET FY 2026	ACTUAL YTD	%		
INTERAGENCY COORDINATING COUNCIL ( R )	1,896,364	1,247,003	65.76%	1,896,364	995,123	52.48%	251,880	20%
INFANT CASE MANAGEMENT ( R )	939,818	519,994	55.33%	939,818	595,789	63.39%	(75,795)	-15%
EARLY INTERVENTION ( R )	2,719,353	1,405,082	51.67%	2,719,353	1,827,125	67.19%	(422,043)	-30%
<b>TOTAL PART C</b>	<b>5,555,535</b>	<b>3,172,080</b>	<b>57.10%</b>	<b>5,555,535</b>	<b>3,418,038</b>	<b>61.52%</b>	<b>(245,958)</b>	<b>-8%</b>
HEALTHY FAMILIES ( R )	1,246,855	411,173	32.98%	1,246,855	807,418	64.76%	(396,245)	-96%
<b>TOTAL HEALTHY FAMILY</b>	<b>1,246,855</b>	<b>411,173</b>	<b>32.98%</b>	<b>1,246,855</b>	<b>807,418</b>	<b>64.76%</b>	<b>(396,245)</b>	<b>-96%</b>
COMMUNITY OUTREACH	118,307	56,288	47.58%	118,307	49,708	42.02%	6,580	12%
<b>TOTAL COMMUNITY OUTREACH</b>	<b>118,307</b>	<b>56,288</b>	<b>47.58%</b>	<b>118,307</b>	<b>49,708</b>	<b>42.02%</b>	<b>6,580</b>	<b>12%</b>

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

**RACSB**  
**FY 2026 FINANCIAL REPORT**  
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**RECAP FY 2026 BALANCES**

	<u>REVENUE</u>	<u>EXPENDITURES</u>	<u>NET</u>	<u>NET / REVENUE</u>
MENTAL HEALTH	17,043,398	14,769,661	2,273,738	13%
DEVELOPMENTAL SERVICES	19,850,352	18,026,757	1,823,596	9%
SUBSTANCE ABUSE	2,275,484	2,864,345	(588,861)	-26%
SERVICES OUTSIDE PROGRAM AREA	2,662,655	2,177,923	484,732	18%
ADMINISTRATION	436,046	436,046	0	0%
FISCAL AGENT PROGRAMS	3,639,541	4,275,164	(635,623)	-17%
<b>TOTAL</b>	<b>45,907,476</b>	<b>42,549,895</b>	<b>3,357,581</b>	<b>7%</b>

**RECAP FY 2025 BALANCES**

	<u>REVENUE</u>	<u>EXPENDITURES</u>	<u>NET</u>	<u>NET / REVENUE</u>
MENTAL HEALTH	16,259,862	15,245,664	1,014,198	6%
DEVELOPMENTAL SERVICES	17,738,935	19,584,079	(1,845,144)	-10%
SUBSTANCE ABUSE	2,605,119	2,678,432	(73,313)	-3%
SERVICES OUTSIDE PROGRAM AREA	2,581,962	2,334,613	247,349	10%
ADMINISTRATION	1,003,397	1,003,397	0	0%
FISCAL AGENT PROGRAMS	4,221,878	4,762,284	(540,406)	-13%
<b>TOTAL</b>	<b>44,411,154</b>	<b>45,608,470</b>	<b>(1,197,316)</b>	<b>-3%</b>

	<u>\$ Change</u>	<u>% Change</u>
Change in Revenue from Prior Year	\$ 1,496,322	3.37%
Change in Expense from Prior Year	\$ (3,058,574)	-6.71%
Change in Net Income from Prior Year	\$ 4,554,896	-380.43%

\*Unaudited Report

## HUMAN RESOURCES PROGRAM UPDATE- March 2026

### Training & Compliance

- Hosted VRSA for Worker Compensation Training for all of Leadership.
- Participated in our bi-monthly Regional Training Committee meeting.
- Facilitated in-person training for 144 staff.
- Continuing our HR file audit, we have audited **100%** of our workforce's HR files.
- Hosted a THEROPS train-the-trainer recertification.

### Employee Engagement

- Two members of the team participated in the employee engagement event to assemble naloxone kits.
- Held Leadership Focus groups with UMW as part of our Leadership Assessment project for leadership development planning.

### Recruitment Notes

- Onboarded seventeen new Hopestarters.
- Continued to work with our external posting vendors to increase applicant flow.

### Benefit Notes

- USI, benefit broker, held FY27 annual renewal meeting.
- Continued to work on our benefit offerings for FY27.



**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: April 6, 2026

Re: Summary – March 2026 Applicant and Recruitment Update

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For March 2026, RACSB received 429 applications.

Of the applications received, 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, 40 positions — 27 full-time and 13 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 February 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	132	203			
Male	37	72	101	98	159	69	65	31	32			
Not Supplied	75	129	175	114	188	110	32	11	6			
<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>174</b>	<b>241</b>			
<b>ETHNICITY</b>												
White	85	106	164	102	210	102	116	65	100			
African American	118	195	263	198	243	136	153	66	93			
Hispanic	7	25	22	17	54	14	24	17	12			
Asian	5	11	10	3	95	10	5	3	3			
American Indian	2	2	2	2	2	3	3	0	0			
Native Hawaiian	3	0	1	2	3	0	0	0	3			
Two or More Races	92	126	212	138	227	119	43	12	16			
Not Supplied	12	55	27	12	28	28	32	11	14			
<b>RECRUITMENT SOURCE</b>												
RACSB Website	35	80	91	51	96	58	43	50	75			
Employee Referrals	12	20	19	21	21	15	29	14	18			
Indeed.com	232	387	504	363	649	293	248	72	102			
Social Media	0	0	0	0	8	1	1	0	1			
Other -	34	23	70	27	67	30	30	24	40			
Zip Recruiter	11	10	17	12	29	15	25	14	193			
Job Fair	0	0	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>174</b>	<b>429</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	5	6				28
Full-time	4	3	7	6	3	2	3	4	6				38
PRN	0	0	0	0	0	2	6	1	5				14
<b>Sub Total External Applicants Hired</b>	<b>4</b>	<b>4</b>	<b>8</b>	<b>9</b>	<b>6</b>	<b>8</b>	<b>14</b>	<b>10</b>	<b>17</b>	<b>0</b>	<b>0</b>		<b>80</b>
<b>Internal Applicants Moved:</b>													
Part-time to Full-time	0	0	0	1	2	2	0	1	1				7
PRN As Needed to Full-Time	0	0	0	0	0	2	0	0	0				2
Promotions	2	4	4	2	0	1	0	1	8				22
Lateral Transfers	3	9	5	2	1	0	2	1	5				28
Full-time to Part-time	0	0	0	1	0	0	0	0	0				1
Full-time to PRN	0	0	0	0	0	1	1	0	0				2
<b>Sub Total Internal Applicant Moves</b>	<b>5</b>	<b>13</b>	<b>9</b>	<b>6</b>	<b>3</b>	<b>6</b>	<b>3</b>	<b>3</b>	<b>14</b>	<b>0</b>	<b>0</b>		<b>62</b>

# Vacancy List

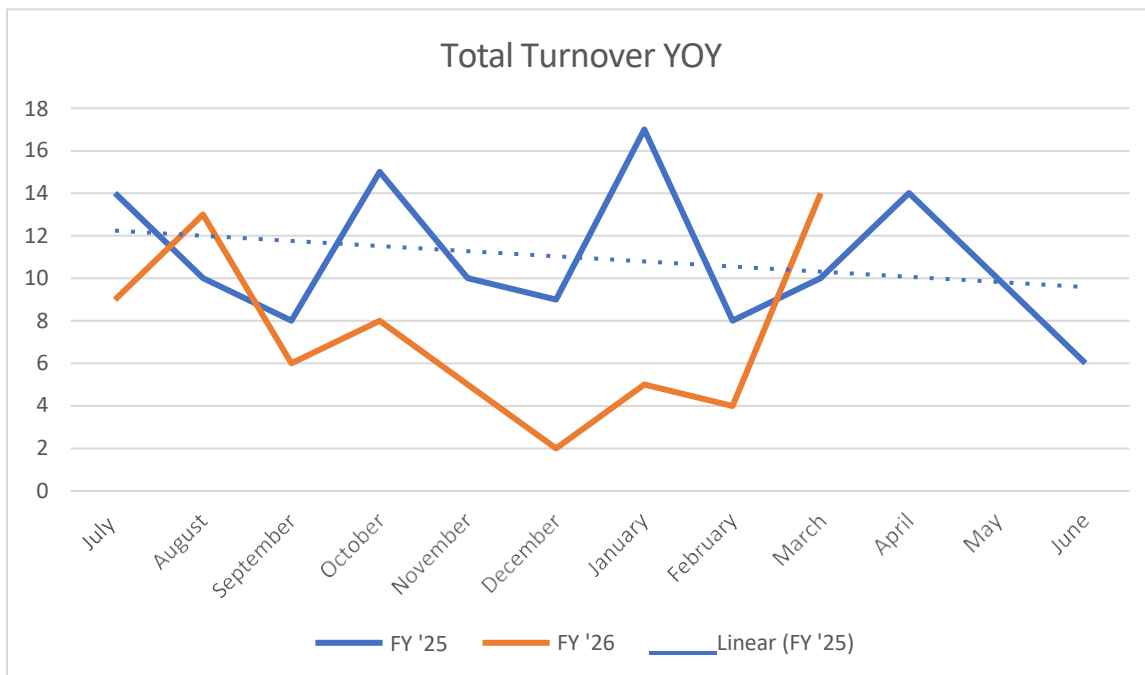
3/30/2026								
Actively Recruiting to Hire								
Original Date Listed	Days Open	Original Listing #	Pos Number	Job Title	RU	Division	FT	PT
2/10/2026	48	1702250	55	MAINTENANCE TECHNICIAN	1100	Admin	1	
3/25/2026	5	1734634	656	ACCOUNTS PAYABLE TECHNICIAN	1000	Admin	1	
11/19/2025	131	1645889	552	SPECIAL EDUCATOR, PEID	3910	PEID	1	
2/19/2026	39	1708929	81	THERAPIST, CHILD & ADOLESCENT	2220	Clinical	1	
3/5/2026	25	1719578	105	THERAPIST MH/SA OUTPATIENT	2250	Clinical	1	
2/5/2026	53	1699629	650	THERAPIST, MOBILE OBOT	4261	Clinical	1	
2/5/2026	53	1699652	650	CERTIFIED SUBSTANCE ABUSE COUNSELOR, MOBILE OBOT	4261	Clinical		
3/25/2026	5	1734622	43	Central Access Associate	1100	Clinical	1	
8/5/2025	237	1651285	58	ASSISTANT COORDINATOR - EMERGENCY SERVICES	2000	CIS	1	
7/29/2025	244	1558524	65	ES THERAPIST, CO-MOBILE RESPONSE	2000	CIS	1	
9/24/2025	187	1601851	71	EMERGENCY SERVICES THERAPIST	2070	CIS	1	
9/2/2025	209	1584974	74	EMERGENCY SERVICES THERAPIST - CHILD & ADOLESCENT	2070	CIS	1	
3/20/2026	10	1731409	PRN	MENTAL HEALTH RESIDENTIAL SPECIALIST	2770	CIS		1
3/6/2026	24	1721281	204	NURSE, RN - CRISIS STABILIZATION	2770	CIS	1	
2/5/2026	53	1699231	206	NURSE, RN - CRISIS STABILIZATION	2770	CIS		1
2/5/2026	53	1699222	207	NURSE, RN - CRISIS STABILIZATION	2770	CIS		1
1/13/2026	76	1684251	192	MH NURSE, LPN - CRISIS STABILIZATION	2770	CIS	1	
11/26/2025	124	1651271	195	MH RESIDENTIAL SPECIALIST - CRISIS STABILIZATION	2770	CIS	1	
8/18/2025	224	1574615	67	EMERGENCY SERVICES THERAPIST	4000	CIS	1	
3/6/2026	24	1721223	506	NURSE, LPN - ICF	3792	CSS	1	
3/6/2026	24	1721238	655	NURSE MANAGER II - DEVELOPMENTAL DISABILITIES	3771	CSS	1	
1/15/2026	74	1686410	648	DEVELOPMENTAL SERVICES SUPPORT COORDINATOR - SPOTSYLVANIA	3300	CSS	1	
2/24/2026	34	1713068	318	LEAD SPECIALIST - DAY PROGRAM KINGS HIGHWAY	3655	CSS	1	
9/9/2025	202	1590165	283	DIRECT SUPPORT PROFESSIONAL - DAY SUPPORT - CAROLINE	3651	CSS		1
3/6/2026	24	1721231	295	DIRECT SUPPORT PROFESSIONAL - KINGS HIGHWAY	3652	CSS	1	
3/6/2026	24	1721251	305	DIRECT SUPPORT PROFESSIONAL - KINGS HIGHWAY	3652	CSS		1
1/13/2026	76	1684288	635	DIRECT SUPPORT PROFESSIONAL - DAY SUPPORT KING GEORGE	3653	CSS		1
1/23/2026	66	1690946	301	DIRECT SUPPORT PROFESSIONAL - DAY SUPPORT SPOTSYLVANIA	3654	CSS		1
2/9/2026	49	1701954	641	DIRECT SUPPORT PROFESSIONAL - DAY SUPPORT ICF	3656	CSS		1
3/5/2026	25	1719608	654	DIRECT SUPPORT PROFESSIONAL - KINGS HIGHWAY SPEC SERVICES	3658	CSS		1
3/18/2026	12	1728941	399	DIRECT SUPPORT PROFESSIONAL - Stonewall	3773	CSS		1
3/18/2026	12	1728915	437	DIRECT SUPPORT PROFESSIONAL - New Hope	3778	CSS	1	
3/6/2026	24	1721259	366	DIRECT SUPPORT PROFESSIONAL - FLOATER	3771	CSS		1
3/6/2026	24	1721266	367	DIRECT SUPPORT PROFESSIONAL - FLOATER	3771	CSS		1
12/3/2025	117	1654941	407	DIRECT SUPPORT PROFESSIONAL - DEVON	3774	CSS		1
2/27/2026	31	1716244	433	DIRECT SUPPORT PROFESSIONAL - IGO	3777	CSS		1
12/5/2025	115	1662440	441	DIRECT SUPPORT PROFESSIONAL - NEW HOPE	3778	CSS		1
2/27/2026	31	1716237	482	DIRECT SUPPORT PROFESSIONAL - GALVESTON	3790	CSS		1
3/12/2026	18	1724610	519	DIRECT SUPPORT PROFESSIONAL - LUCAS ICF	3793	CSS		1
3/12/2026	18	1724597	516	DIRECT SUPPORT PROFESSIONAL - LUCAS ICF	3793	CSS	1	
1/5/2026	84	1677421	515	DIRECT SUPPORT PROFESSIONAL - LUCAS ICF	3793	CSS	1	
3/27/2026	3	1737182	495	DIRECT SUPPORT PROFESSIONAL - ROSS ICF	3792	CSS	1	
3/27/2026	3	1737180	496	DIRECT SUPPORT PROFESSIONAL - ROSS ICF	3792	CSS	1	
12/16/2025	104	1619813	531	DIRECT SUPPORT PROFESSIONAL - MYERS RESPITE	3794	CSS		1
<b>Avg days open</b>	<b>70.60</b>						<b>25</b>	<b>18</b>
						<b>Total</b>	<b>43</b>	
<b>Budgeted Vacant</b>				<b>Job Title</b>	<b>RU</b>	<b>Division</b>	<b>FT</b>	<b>PT</b>
						ADMIN		
			276	INFANT/CHILD SUPPORT COORDINATOR	3500	PE-ID	1	
						CIS		
			225	RESIDENTIAL COUNSELOR I - LAFAYETTE BOARDING	2786	CSS	1	
			302	DIRECT SUPPORT PROFESSIONAL - KINGS HIGHWAY	3652	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>5</b>
						<b>Total</b>	<b>11</b>	

**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: April 6, 2026  
Re: Summary – Turnover Report – March 2026

Human Resources processed fourteen (14) employee separations in March 2026; nine (9) were voluntary, five (5) were involuntary.



**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	561	561			
<b>Monthly Terminations*</b>	9	13	6	8	5	2	5	4	14			
<b>Turnover by Month</b>	1.61%	2.35%	1.09%	1.46%	0.91%	0.36%	0.90%	0.71%	2.50%			
<b>Cumulative Turnover YTD</b>	1.43%	3.96%	5.06%	6.52%	7.42%	7.79%	8.69%	9.40%	11.91%			
<b>Average % Turnover per Month YTD</b>	1.43%	1.98%	2.17%	1.63%	1.48%	1.30%	1.24%	1.17%	1.32%			

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

RACSB MONTHLY TURNOVER REPORT  
Mar-26

<u>ORGANIZATIONAL UNIT</u>	<u>NUMBER OF TERMS</u>	<u>VOLUNTARY</u>	<u>INVOLUNTARY</u>	<u>EXPLANATION</u>
Administrative				
		1		Other opportunity
<i>Unit Totals</i>	1	1	0	
Clinical Services				
			2	For cause
		1		Other opportunity
		1		Didn't return from leave
<i>Unit Totals</i>	4	2	2	
Community Support Services				
			3	For cause
		1		Other opportunity
		2		Health reasons
		1		Job abandonment
<i>Unit Totals</i>	7	4	3	
Crisis Intervention Services				
		2		Personal Reasons
<i>Unit Totals</i>	2	2	0	
Prevention & Early Intervention Services				
<i>Unit Totals</i>	0	0	0	
<b>Grand Totals for the Month</b>	14	9	5	

Total Average Number of Employees	561
Retention Rate	97.50%
Turnover Rate	2.50%

Total Separations	14
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To: Joe Wickens, Executive Director

From: Derrick Mestler, Director of Human Resources

Re: Benefit Recommendations for FY2027

Date: April 13, 2026

The Rappahannock Area Community Services Board is proud to offer a comprehensive benefits package for employees. Each year, the Executive Leadership Team evaluates benefit experience and offerings to expand and strengthen our benefit portfolio. RACSB leadership recommends the following benefit recommendations for the Board of Directors' consideration.

### **July 2026 Benefit Recommendations:**

#### **Medical Plan**

- Renew the Anthem self-funded program with a change to contributions by 3%.
- Renew the Symetra stop loss reinsurance, with an increase in the level to \$500,000.

#### **Dental Plan**

- Renew the Delta Dental self-funded dental program with a 10.7% increase.

#### **Vision Plan**

- Change vendor to MetLife and increase the plan to a 12/12/12/12 plan with no change in contributions for either employee or agency.

#### **Voluntary Plans**

- No change to Colonial Life or Legal Resources.

#### **Additional Offerings**

- Flexible Spending Accounts: Change vendor to P&A Group.
- No change with VRS and Mutual of America retirement products.
- Continue to offer Workplace Advantage (Discount Website).

#### **Employee Assistance Program**

- Continue to contract through Anthem.

#### **YMCA Benefit**

- No change.

## **RACSB DEPUTY EXECUTIVE DIRECTOR REPORT**

### **April 2026 Monthly Updates**

#### **Opportunities for Partnership/Input:**

- Met with multiple Virginia General Assembly Members and provided our annual report to all of our local representatives.
- Reviewed bills and participated in Virginia Association of Community Services Boards' (VACSB) Clearinghouse Committee which meets weekly during the General Assembly session.
- Ongoing participation weekly on the VACSB Certified Community Behavioral Health Clinic (CCBHC) Steering Committee with the engagement with National Council for Mental Wellbeing. This effort has now been paused as Department of Behavioral Health and Developmental Services (DBHDS) has decided to delay CCBHC efforts for at least another year to two years.
- Ongoing participation in the FY26 HL7 Expansion workgroup. Using the work of the VACSB Data Management Committee Data Mapping Workgroup to work to streamline some of the ad-hoc reporting into the expansion effort.
- Program leadership received an on-site demonstration from Altruix and Impruvon to review proposed option for electronic Medication Administration Records.
- Participated in the March RACSB Service Project to assemble Save One Life bags.
- Participated with Director of Clinical Services in a meeting with Senator Warner's staff and clergy in Caroline County to discuss behavioral health priorities.
- Met with DBHDS STEP-VA Program Staff to develop definition of STEP-VA Client Transaction Type needed to appropriately build performance metrics for these services.
- Phone meeting with Delegate Vindman's staff regarding crisis funding application.
- Reviewed the entire draft Performance Contract, including all proposed revisions from DBHDS thus far, and provided comments/advocacy as part of the VACSB Administrative Policy Committee. Participated in meetings specific to changes around unspent balances.
- Attended the quarterly Emergency Department Care Coordination Advisory Council meeting.
- Supported evaluation and negotiation of benefit options along with Human Resources and Finance Departments in preparation for our upcoming renewal.
- Began meeting with specific programs during budget meetings in preparation for round one of budget planning.

#### **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. We are meeting every week with Netsmart to track both the expansion as well as the optimization of state reporting. User Acceptance Testing for the Netsmart CSBs is anticipated to begin first of May 2026.

#### **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.

**ZOOM License Transition**

When COVID-19 hit, RACSB was able to quickly acquire 90 HIPAA compliant Zoom licenses to support virtual service provision. We have maintained them in the following years. Microsoft TEAMS now is able to offer HIPAA compliant virtual meetings using our existing Microsoft subscriptions. As a result, we will transition most virtual sessions to TEAMS and reduce the number of Zoom licenses paid for by the agency.

<b>Information Technology Department Data</b>		
<b>Number of IT Tickets Completed</b>	<b>Zoom Meetings</b>	<b>Total Zoom Participants</b>
March 2026- 1,129	970	2341