

**RAPPAHANNOCK AREA COMMUNITY
SERVICES BOARD**

May 19, 2026

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

AGENDA

- I. Call to Order, *Parcell*
- II. *Minutes, Board of Directors, April 21, 2026, *Parcell*.....4
- III. Public Comment, *Parcell*
- IV. Employee Service Awards, *Wickens*
 - A. Five Years:
 - 1. **Kelsey Wilkinson**, ID/DD Residential Specialist – Sponsored Placement
 - 2. **Siara Samuels**, Lead Specialist – RAAI Split
 - 3. **Tom Schafer**, Psychosocial Advocate – Kenmore Club
 - B. Twenty Years:
 - 1. **Floretta Ramsuer**, Direct Support Professional – Galveston
 - 2. **Michelle Wagaman**, Director Prevention & Early Intervention Services
 - C. Twenty Eight Years Retirement: 1997 - 2026
 - 1. **Jen Acors**, DD Support Coordinator
- V. Certificate of Recognition – Sherry Norton-Williams, *Wickens*
- VI. Board Core Behaviors, *Curcio*.....13
- VII. **Presentation:** Financial Report Year Ended June 30, 2025, presented by: *Joshua Roller* of Robinson, Farmer, Cox Associates, PLLC, Certified Public Accountants
- VIII. Program Reports
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IX. Report from the Executive Director, *Wickens*

X. Board Time

XI. Adjournment

April 2026 Board of Directors Meeting Minutes

I. CALL TO ORDER

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

II. PUBLIC COMMENT

No Action Taken

III. SERVICE AWARDS – *Mr. Wickens*

Mr. Joe Wickens recognized all employees with awards:

10 years

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

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

20 years

Sophia Masvaure, Supervisor, Sponsored Placement

IV. LICENSURES – *Mr. Wickens*

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

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

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

VI. BOARD CORE BEHAVIORS – *Ms. Curcio*

Ms. Curcio reminded the Board that we want to have open, honest and respectful communications with each other – we want to ask the tough questions while we are in the room and not afterward, and then move on to the next level of decision making.

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

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

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

VIII. PROGRAM REPORTS

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

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

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

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

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

C. CLINICAL, *Ms. Jacque Kobuchi*

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

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

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

D. COMPLIANCE, *Ms. Stephanie Terrell*

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

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

The Board moved to approve the Corrective Action Plans

ACTION TAKEN: The Board approved the Corrective Action Plans

Moved by: Ms. Carol Walker

Seconded by: Ms. Bridgette Williams

E. PREVENTION & EARLY INTERVENTION, Ms. Michelle Wagaman

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

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

F. FINANCE, Ms. Sara Keeler

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

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

The Board moved to approve the financial summary for February.

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

Moved by: Ms. Bridgette Williams

Seconded by: Ms. Claire Curcio

The Board took a ten-minute break

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

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

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

Moved by: Ms. Claire Curcio

Seconded by: Ms. Carol Walker

H. Benefit Recommendations for FY2027 – Presentation given by USI

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

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

Moved by: Ms. Nancy Beebe

Seconded by: Mr. George Dallas

I. HUMAN RESOURCES, Mr. Derrick Mestler

1. Program Update – Mr. Mestler provided the Human Resources Program Update for March 2026. He highlighted ongoing efforts in training, compliance, recruitment, and employee engagement. During March, HR facilitated in-person training for 144 staff, hosted workers' compensation training for leadership, and completed a comprehensive audit of all employee HR files. Additional initiatives included participation in regional training collaboration and continued leadership development efforts through focus groups in partnership with UMW. HR also reported onboarding seventeen new employees and ongoing efforts to enhance recruitment through external vendors. Employee engagement activities included participation in a naloxone kit assembly event. The department continues to collaborate with its benefits broker on FY2027 planning and renewal, reflecting a continued focus on workforce development, engagement, and organizational support. He also noted an internal promotion in his department for Allison Terry.

2. Applicant and Recruitment Update – Mr. Mestler provided the March 2026 Applicant and Recruitment Update. RACSB received a total of 429 applications during the month. Of those, 75 applicants cited the RACSB applicant portal as their recruitment source, 18 cited employee referrals, and 336 cited various job boards. As of the end of March, there were 40 positions actively being recruited, including 27 full-time and 13 part-time roles. Mr. Mestler noted that a summary was provided outlining the number of external applicants hired, internal promotions, and total applicants for the month.

3. Turnover Report – Mr. Mestler presented the March 2026 Turnover Report. RACSB experienced fourteen (14) employee separations during the month, nine

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

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

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

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

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

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

X. BOARD TIME

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

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

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

- CRC and Personnel

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

The motion was unanimously approved.

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

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

A roll call vote was conducted:

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

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

The meeting adjourned at 5:24 PM.

Board of Directors Chair

Executive Director

Board Core Behaviors



Open and Honest
Communication



Ask
Tough Questions



Next Level
Decision Making

Community Support Services Board Report April 2026

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

RAAI is currently supporting 115 individuals, with continuous assessments and admissions happening across all programs.

We are continuing to expand our Community Only program. We are 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 and the Fredericksburg Field House.

March community engagement hours for the month were 3.074. We are looking forward to the spring weather and being able to enjoy more outdoor activities! In the month of April, we volunteered in our community for 201 hours at places like the Rappahannock Regional Landfill, St. Peter's Lutheran Church, Hidden Fox Farm, and the Howell Library.

RAAI has happily hired for our Caroline Site Leader position. Jason Nave takes over the role on 05/11/26. We are very excited for his continued growth within the program.

Horticulture volunteerism is paused for the duration of the plant sale – but we are looking forward to starting it again once the plant sale has commenced.

RAAI's 50th Birthday Party will be held on May 16th from 12:00pm – 2:00pm 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. This will also be the last day of the plant sale – so perfect time to purchase plants as well!

Developmental Disabilities (DD) Residential Services - Courtney Ross

Five individuals were accepted for placement into DD Residential, two in Sponsored Placement, one at Leeland Road Group Home, and two at Ruffin's Pond Group Home with move-in dates scheduled in May/June.

Our team continues to prioritize assessments and anticipates accepting two individuals into our Supported Apartment Program at Merchant Square in the coming month.

Developmental Disabilities Support Services – Christina Rezendes

We continue to support individuals who were awarded the DD waiver in January and March to get everyone connected to services. Some individuals are still waiting on their Medicaid to be approved while others are in the process of being opened to support coordination services. In April, we did lose one support coordinator and recruitment is on hold during budget evaluation. Christina and Jen have been working together to ensure a smooth transition as Jen ends her 28-year tenure at RACSB on May 31st.

Mental Health (MH) Residential Services - Nancy Price

MH Residential supported one individual with transitioning to a lower level of support within our program. Home Road, Liberty Street and River Place staff have been diligently working to prepare for the CARF survey on May 27-29. Three individuals were referred to MH Residential in March. Two individuals began passes at the end of April and the other individual is currently incarcerated and has been referred to a transitional unit at Lafayette Boarding House until housing is secured with a PSH program in Northern Virginia. We are expected to enroll all three individuals in May.

PSH received two referrals in April, secured housing for one new individual who we enrolled in March, and assisted two individuals with moving into new apartments. The total individuals enrolled in PSH is now 79, with 12 open slots.

Nancy Price, MH Residential Coordinator, was elected to the Continuum of Care (CoC) Board. The elected term is two years and begins July 1, 2026.

Corey Banks, Community Outreach Case Manager for the City of Fredericksburg, has been adjusting to his new role through attending RACSB staff meetings and meeting with program coordinators. He has had the opportunity to meet with Emergency Services, Prevention, Kenmore Club, MH Case Management, ACT and Sunshine Lady House. His training has also taken him into the community, where he attended various meetings with the CoC, including the collaboration meetings at Rappahannock Regional Jail and Fredericksburg PD.

Psychosocial Rehabilitation- Kenmore Club- Anna Loftis

The Art of Recovery Show at the beginning of this month was a success. The total profit of the show was around \$410 for the artists, and sales will continue throughout the whole month of May. We also participated in the Mental Health of America walk, and we will be having some more movie outings throughout the month. At the end of May, we will be having our park day.

Memorandum

To: Joe Wickens, Executive Director

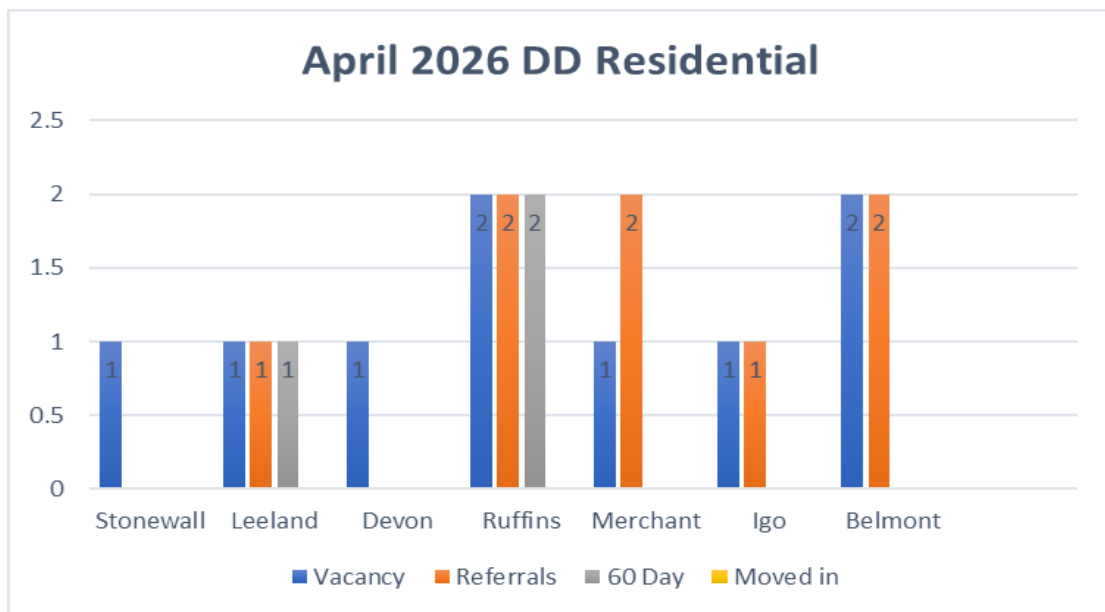
From: Lacey Fisher Curtis, CSS Director

Date: May 4th, 2026

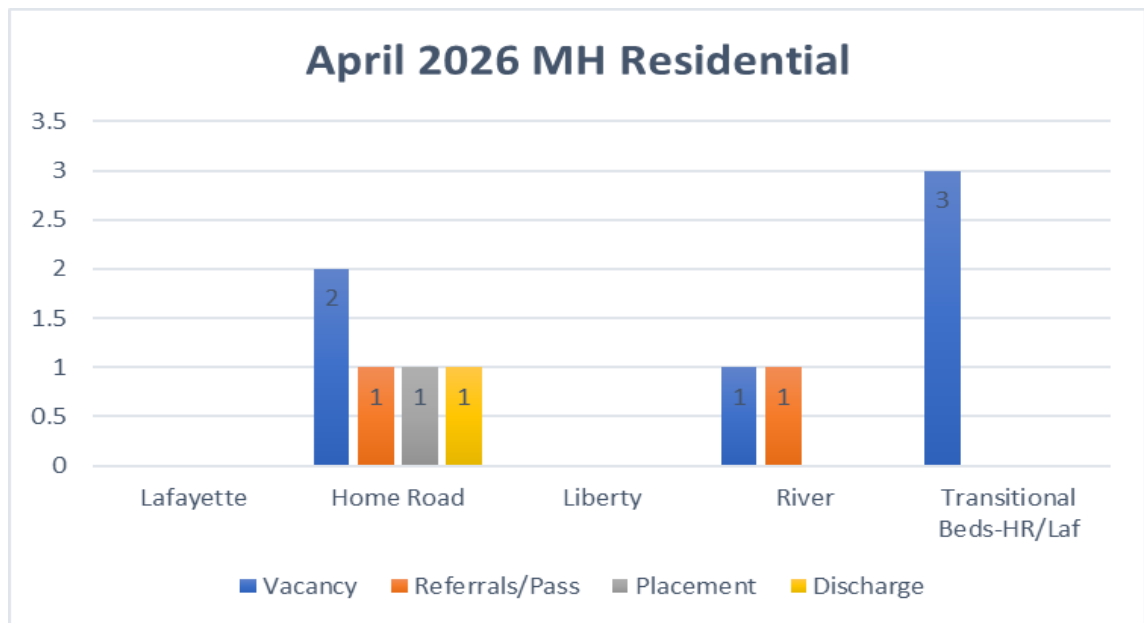
Re: Developmental Disabilities and Mental Health Residential Vacancies

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.

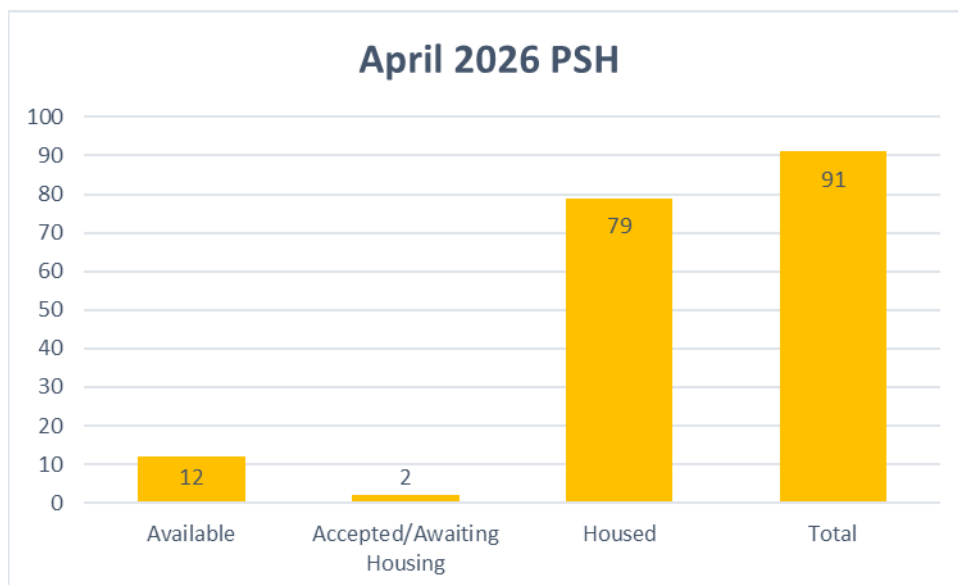
In April, no additional individuals moved in; however, three individuals set move-in dates in the next 30 days. Two individuals have move-in dates of 5/22 at Ruffins and one at Leeland for 6/1. Myers is now full and Leeland and Ruffins will be full by 6/1. Merchant, Belmont, and Igo are assessing individuals for their current openings.



Mental Health Residential services had no new admissions in April and had one individual discharge to a lower level of support. Three transitional beds at Lafayette, one community bed at River, and two at Home Road are currently vacant.



Permanent Supportive Housing (PSH) has 78 individuals currently housed with no individuals admitted or discharged during April. The program currently has two individuals accepted and waiting for housing. PSH also provides case management to those individuals who are awaiting housing.



Memorandum

To: Joe Wickens, Executive Director
From: Lacey Fisher Curtis, CSS Director
Date: May 12th, 2026
Re: Mental Health Residential Restructure

As Mental Health Residential programs prepare for the anticipated reductions in program funding for transition beds and changes in preparation for Medicaid redesign, Community Psychiatric Support and Treatment (CPST); we have begun evaluating operational and staffing structures to ensure sustainability of services.

The goal is to strengthen fiscal stability while maintaining high-quality, person-centered residential supports for individuals served. We are reviewing opportunities to improve operational efficiency, better align staffing structures with current program needs, and enhance consistency across residential services.

As part of this review, RACSB is exploring the transition of certain Home Inc. leases currently held by RACSB for individuals residing in Home Road Supervised Apartment Program which currently leases six apartments serving eleven individuals to individuals participating in the Permanent Supportive Housing (PSH) program as residents transition out of Home Road. This approach would support greater housing independence for individuals served while also assisting with program sustainability and resource alignment.

In addition to addressing current budget deficits, the restructure effort is intended to position the programs to better respond to evolving service delivery requirements, reimbursement changes, and future funding uncertainties.

We remain committed to minimizing service disruption, supporting staff through transitions, and maintaining compliance with all regulatory expectations throughout this process.

Additional information and recommendations will be provided to the Board as planning progresses and implementation strategies are finalized.



Crisis Intervention Services Program Updates

May 2026

Crisis Intervention Services, Amy Jindra

In April, the Crisis Intervention Services Division, like the entirety of the agency, worked with the finance director and agency leadership to draft fiscal year 27 budgets for each program. The CIS director with wonderful support from the emergency services' behavioral health intern, hosted a luncheon for law enforcement from Stafford, Fredericksburg Police and Sheriff, Spotsylvania, and Caroline Counties to discuss plans for the new crisis receiving center. We appreciate the ES coordinator and team for helping bring everyone together for the event.

Assertive Community Treatment (ACT) - Sarah McClelland

ACT is doing well! Our census is a combined 73 clients between ACT North and ACT South and we continue to receive referrals as we try to grow our program to a total of 50 clients on each team. We had a hugely successful kickball tournament coordinated by our Peer Specialists in which many clients participated and almost all of ACT staff. Great fun was had by all. One staff remarked “what other job do you get to go to work and play kickball?” It was such a success, we are now calling it the First Annual ACT Kickball tournament” with plans to do it again next year. Pictures of this event have been sent to Amy Umble for the RACSB newsletter.

ACT continues to prepare to have our first ever CARF review at the end of May and we are looking forward to sharing our success stories with others about our clients. In addition to preparing for CARF, our ACT South team is gearing up for their first TMACT review at the end of June. Many changes to our daily structure have been implemented since TMACT provided feedback to ACT North in August of 2025. We have updated processes and procedures for how we conduct our daily team meeting and we have implemented staff and client schedules, in an effort to be more faithful to the TMACT model. Now, each client gets a calendar of the month so they can plan ahead and have a clear understanding of when they will see our staff and what activities are available for participation. Our ultimate goal is to obtain a score from TMACT that indicates high fidelity.



Sunshine Lady House, Crisis Stabilization, Latroy Coleman

Sunshine Lady House (SLH) admitted twenty-eight individuals in the month of April 2026. The program received seventy-seven referrals. Twenty-eight percent of those referrals were outside of RACSB district. Many were temporary detention orders. Currently, SLH is working to create a TDO process in efforts to begin accepting TDOs. Staffing has changed significantly over the past two months. One of the full-time therapists will begin a therapist position in Stafford. We wish her well at her new position. In addition, the program has had QMHP staff pursue advance degrees and internships. While we are excited for the new opportunities for our team, the current staffing pattern has significantly impacted the program. We are hopeful that staffing patterns will begin to stabilize as we welcome one PRN Mental Health Residential Specialist and one full-time Registered Nurse (RN) to the team

Emergency Services (ES) – Natasha Randall

During the month of April, the ES coordinator, assistant coordinator, and CIS director met with candidates for multiple positions currently available. The program leadership is extremely excited about the caliber of individuals interested in working in such a demanding program. The program will also say farewell to one of the ES therapists who will be transitioning to a full-time outpatient role with RACSB. This particular therapist is seeking opportunities to expand her clinical skills and experiences.

MEMORANDUM

To: Joe Wickens, Executive Director

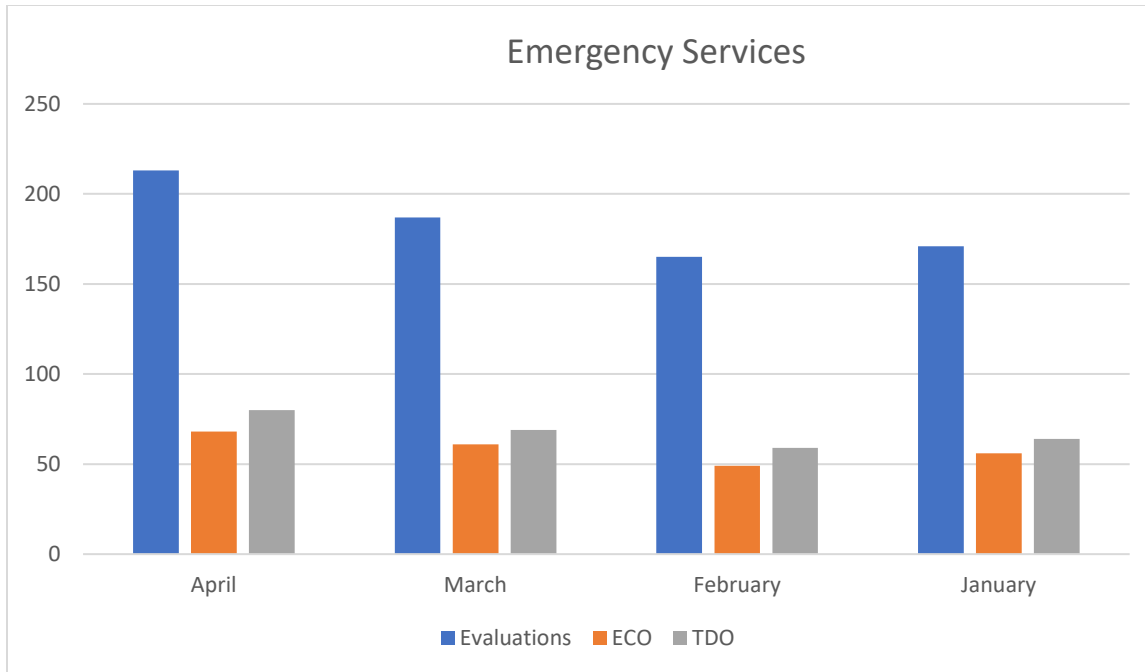
From: Natasha Randall, Emergency Services Coordinator

Date: May 11, 2026

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

In April, Emergency Services staff completed a total of 213 emergency evaluations. Of these, sixty-eight individuals were assessed under Emergency Custody Orders (ECOs), and eighty Temporary Detention Orders (TDOs) were served. Staff also facilitated two admissions to the Commonwealth Center for Children and Adolescents. Additionally, six individuals were involuntarily hospitalized outside of the agency’s catchment area during this period.

Please see the attached data reports for additional details



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

CSB/BHA	Rappahannock Area Community Services Board			Month	April 2026				
1) Number of Emergency Evaluations	2) Number of ECOs			3) Number of Civil TDOs Issued	4) Number of Civil TDOs Executed				5) Number of Criminal TDOs Executed
	Magistrate Issued	Law Enforcement Initiated	Total		Minor	Older Adult	Adult	Total	
	29	39	68		6		74	80	

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

CSB/BHA	Rappahannock Area Community Services	Reporting month	Apr-26		No Exceptions this month →	
Date	Consumer Identifier	3) Special Population Designation <small>(see definition)</small>	1a) Describe "other" in your own words <small>(see definition)</small>	2) "Last Resort" admission <small>(see definition)</small>	3) No ECO, but "last resort" TDO to state hospital <small>(see definition)</small>	4) Additional Relevant Information or Discussion <small>(see definition)</small>
4/22/2026	122240	Child with ID/DD		Yes	No	CCCA
4/28/2026	98951	Child with Medical Acuity and ID/DD		Yes	No	CCCA

MEMORANDUM

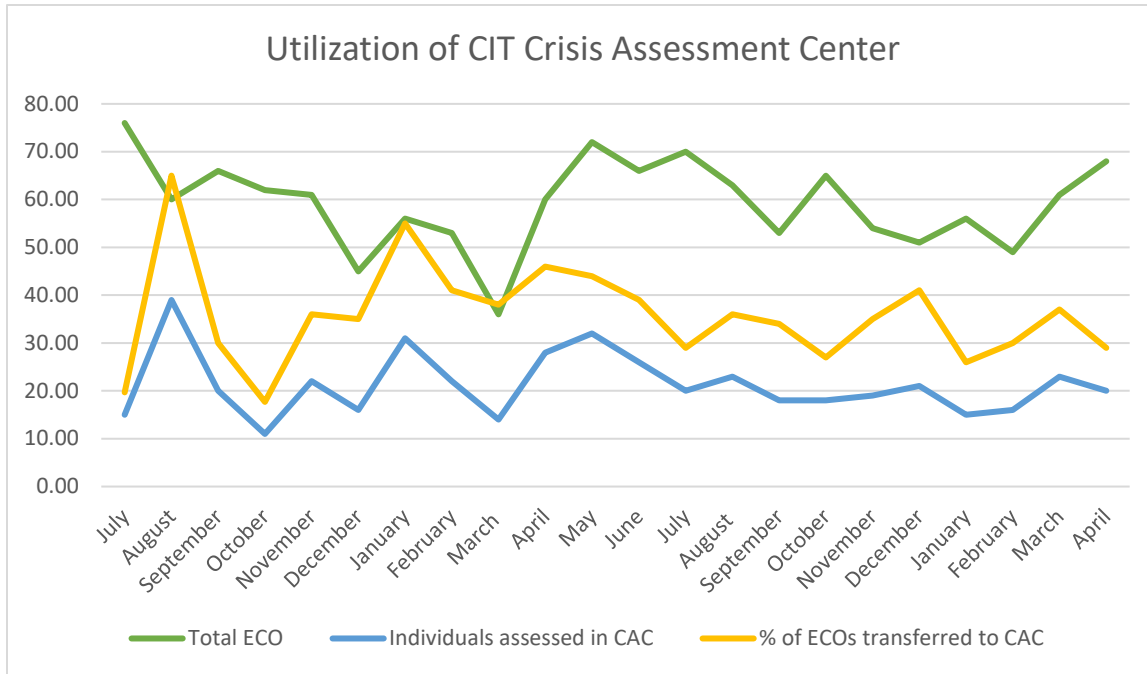
To: Joe Wickens, Executive Director
From: Natasha Randall, LCSW Emergency Services Coordinator
Date: May 11, 2026
Re: CIT and Co-Response Report

The CIT Assessment Center served 20 individuals in the month of April 2026. The number of persons served by locality were the following: Fredericksburg 5; Caroline 1; King George 0; Spotsylvania 2; Stafford 12; 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:

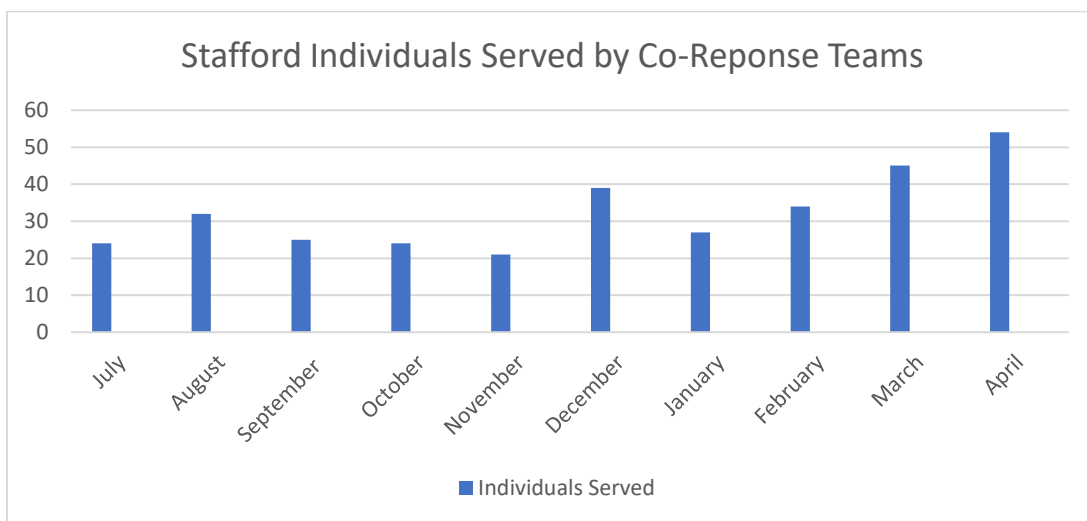
<u>Locality</u>	<u>Total ECO</u>	<u>Custody Transfer</u> <u>to CAC</u>	<u>Appropriate for</u> <u>CAC if Capacity</u>
Caroline	7	1	6
Fredericksburg	18	5	13
King George	4	0	4
Spotsylvania	10	2	8
Stafford	29	12	17
<u>Totals</u>	68	20	48

RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD

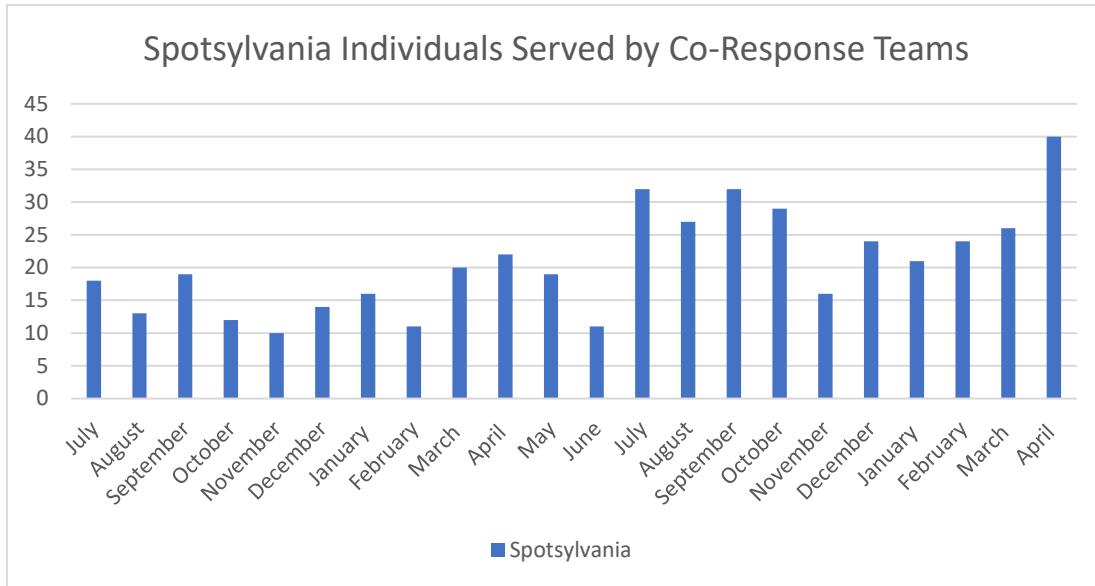


Co-Response

The Spotsylvania Co-Response Team served 40 individuals in the month of April and the Stafford Co-Response team served 54 individuals. The Fredericksburg Co-Response Therapist position remains vacant.



RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD



CIT Training

In the month of April, we were able to train over nine dispatchers within multiple jurisdictions on CIT.

Memorandum

To: Joe Wickens, Executive Director

From: Amy Jindra, CIS Director

Date: May 11, 2026

Re: Sunshine Lady House Utilization

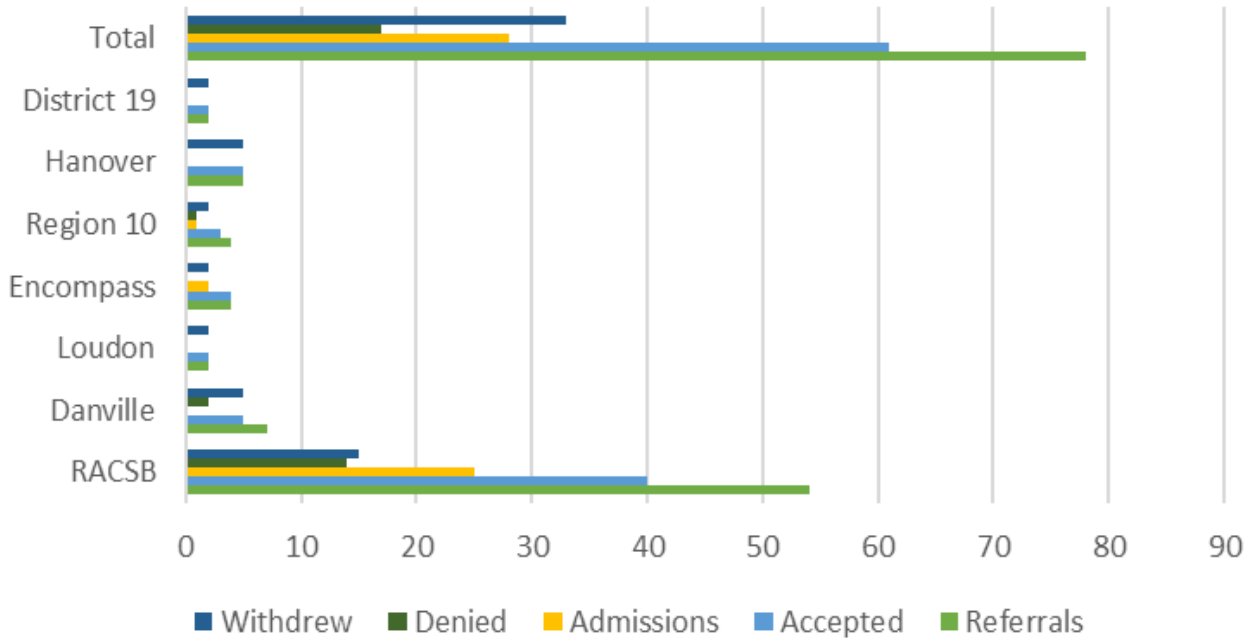
Sunshine Lady House for Wellness and Recovery, is a 12 bed, adult residential crisis stabilization unit. The program provides 24/7 access to services for individuals experiencing a psychiatric crisis. Services include medication management, therapy, peer support, nursing, restorative skill development,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

Sunshine served 30 individuals during the month of April. Of those 30 individuals, 28 were new admissions. The guests included individuals from RACSB's catchment, as well as Encompass and Region 10 areas. Sunshine Lady House received referrals from 7 community services boards or behavioral health authorities. Sunshine Lady House accepted over 78% of the referrals. However, some services were deferred due to medical or psychiatric acuity. Due to the state bed registry, most of the outside area referrals were simultaneously referred to multiple services and consequently opted for treatment closer to home.

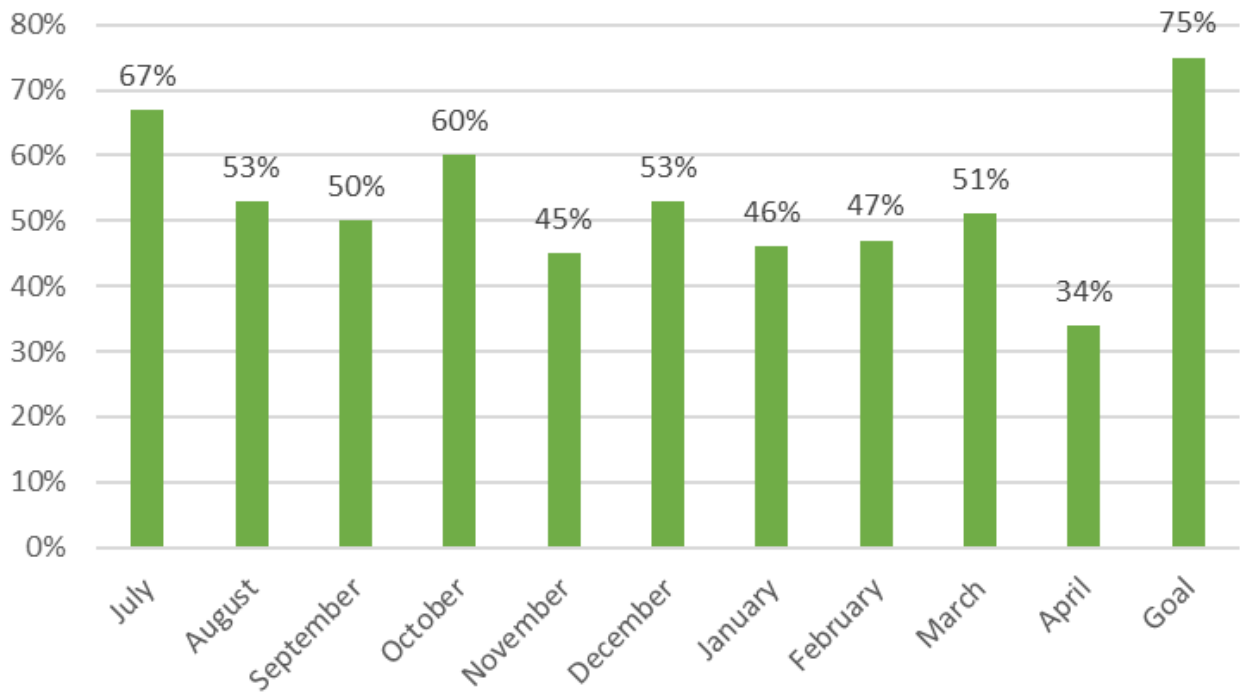
Sunshine plans to serve individuals under temporary detention order (TDO) in the upcoming months. Individuals under a TDO are involuntarily admitted under evaluation and treatment for up to 72 hours when necessary.

The program continues to work closely with emergency services team to provide the most therapeutic level of care for individuals experiencing a psychiatric crisis.

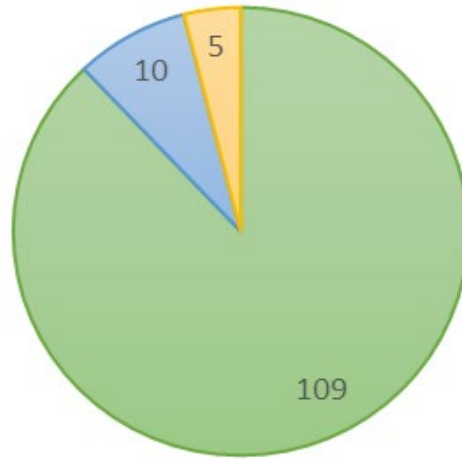
April 2026 Data by Localities



Sunshine Lady House Utilization

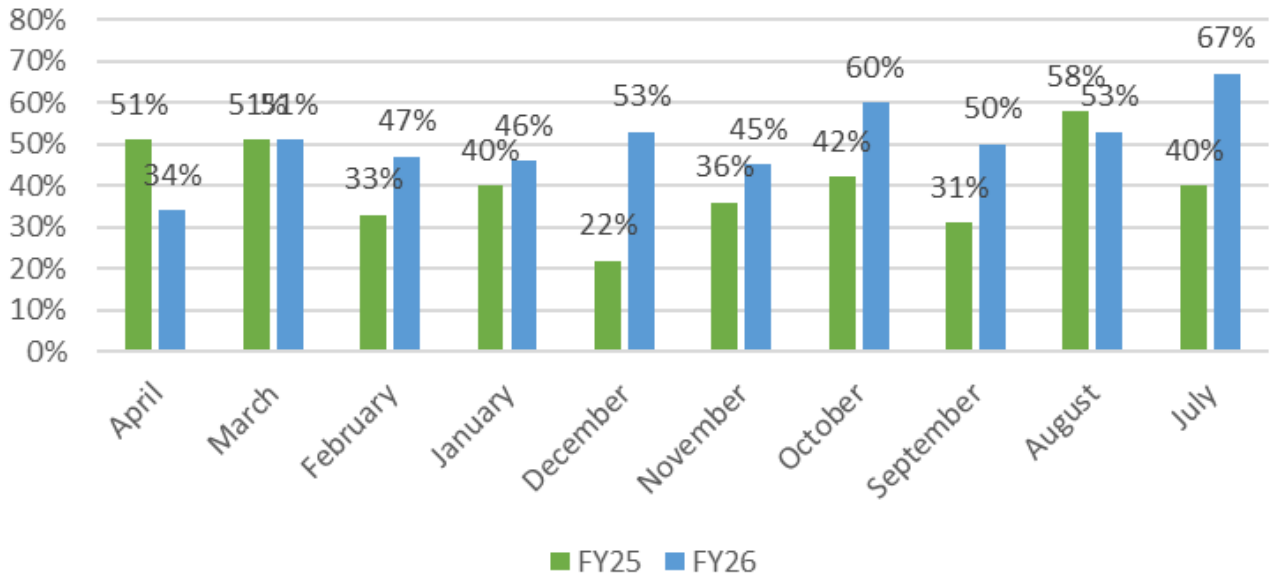


Bed Days April 2026



■ RACSB ■ Encompass ■ Region 10 ■

Fiscal Year Comparison Utilization



To: Joseph Wickens, Executive Director

From: Jacqueline Kobuchi, Director of Clinical Services

Date: 5/11/2026

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

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Outpatient Services

Caroline Clinic - Nancy Love, LCSW

The Caroline Clinic completed 42 new intakes in April. Eight were scheduled adult assessments and nine were scheduled child and adolescent intakes. Twenty-four adult intakes were completed the same day the individual called in requesting services. One youth was seen during Same Day Access. This was an improvement from previous months as more adults seeking services were seen through SDA. The clinic continues to offer two substance use groups that are well attended. The Clinic Coordinator collaborated in April with Caroline Public Schools guidance staff to provide an update on our SDA hours and RACSB services. Last month, two staff attended training on Evaluation and Restoration with ID/DD individuals and the coordinator attended training on Internal Family Systems.

Fredericksburg and Children’s Services Clinic - Megan Hartshorn, LCSW

During the month of April, the Fredericksburg Clinic completed 93 intakes with adults seeking outpatient services. Out of the 93 intakes completed, 59 were completed via Same Day Access. Forty-six intakes were completed in-person and 47 were completed via telehealth. The Children’s Services Clinic completed 24 intakes during the month of April (all in-person). Out of the 24 intakes completed, four were completed via Same Day Access. The Children’s Services Clinic has a current vacancy for a Child/Adolescent Therapist position and several interviews are scheduled within the next week in hopes of filling this position. One of the Child/Adolescent Therapists and Clinic Coordinator were able to attend the Fredericksburg City Public School’s Mental Health Resource Fair this month.

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 Triggers to Substance Use, Coping skills, Substance Use Jeopardy, Grief and Impacts on Recovery, Emotional Wellness, Stress Management, Social Wellness, Gratitude, Spiritual Wellness, and Mindfulness. The King George Clinic completed 27 new patient intakes during the month of April. Twenty-one were completed via Same Day Access, 5 were child and adolescent intakes and 1 was a

scheduled intake. One staff attended Parts Work I and Parts Work II trainings. Another staff attended a training on Restoration and Intellectually Disabled and Developmentally Disabled Individuals.

Spotsylvania Clinic - Katie Barnes, LPC

The Spotsylvania Therapists completed 75 intakes in April. Forty-six assessments were completed through Same Day Access, twenty-two were scheduled Child and Adolescent assessments and seven were scheduled adult assessments. The clinic continues to offer a weekly Substance Use group focusing on recovery and relapse prevention planning. The clinic welcomed back a Master's Level Intern. The Intern plans to offer an Anger Management group in June.

The School-Based Therapist continues to provide therapy at Hugh Mercer Elementary and James Monroe High School. The therapist is busy wrapping up services with summer quickly approaching. She will continue to offer therapy to students virtually and at the Children's Clinic in the summer.

The partnership with Safe Harbor Child Advocacy Center will conclude on May 29th. The therapist is continuing to provide Trauma Focused Cognitive Behavioral Therapy to her current caseload. She is working with families and Safe Harbor Victim Advocates for care coordination.

Stafford Clinic - Lindsay Steele, LCSW

During the month of April, the Stafford clinic met with clients in person, as well as virtually. During the month of April, the clinic began a waitlist. Stafford clinicians completed 22 intakes for adults. Eighteen of these intakes were completed through same day access and four of these were scheduled due to being hospital discharges or priority population. Eight child/adolescent intakes were completed in the month of April. The Stafford clinic has two vacancies for clinicians. Both positions have been filled and one clinician will begin in the month of May and the second clinician will begin in July.

Medical Services - Jennifer Hitt, RN

During the month of April, 119 evaluations were completed for new patients in the MHOP Medical program. NP Kojo Yeboah-Mensah shadowed some of the MHOP Medical providers during his RACSB training after being hired for the OBOT Mobile Unit. MHOP Medical continues to offer Acute Care Clinic appointments weekly.

Case Management - Adult - Patricia Newman

During the month of April, the Adult Mental Health Case Management team enrolled twelve new individuals into services. These individuals are often referred to our services through Same Day Access, as hospital or Sunshine Lady House discharges or when they begin one of our Therapeutic Dockets. At this time, we are

servicing 10 individuals in case management services that are enrolled in the Spotsylvania Behavioral Health Docket and the Fredericksburg Therapeutic Docket.

Child and Adolescent Support Services - Donna Andrus, MS

In the month of April, Child and Adolescent Case Management had 4 kids successfully discharge from residential treatment facilities. Three kids successfully discharged home and one child discharged from residential to a step-down placement in a group home. In addition to successful discharges, our Senior Worker was able to find a group home in Virginia that accepted a kid that has been placed in a residential facility in Massachusetts for over 2 years. This will bring him back to Virginia, closer to family to work on reuniting the family who has not been able to visit him during the time in residential. It will also place him in a program that will accept Virginia Medicaid. This individual was placed out of state due to the high level of need and no other facility in Virginia or across the country would accept him for placement. Our case manager has been visiting him out of state every other month to ensure treatment needs are met and to provide support and connection for the child. They will be working on the transition back to Virginia over the next couple of months.

Specialty Dockets - Nicole Bassing, LCSW

During the month of April, Adult Recovery Court welcomed one new participant, graduated three participants and had no terminations. We currently have 35 active participants. The Rappahannock Veterans Docket did not have any new participants this month, but no graduations and one termination. We currently have 12 active participants. The Spotsylvania Behavioral Health Docket welcomed six new participants, did not have any graduations or terminations. We currently have 13 active participants. The Juvenile Recovery Court did not add any new participants, had one graduation and one termination. We currently have four active participants. The Fredericksburg Therapeutic Docket currently has one active participant with no new clients added this month. We interviewed for the Specialty Docket Therapist position this month and are expecting our new therapist to start on June 8, 2026!

Substance Use Services - Eleni McNeil, LCSW

During the month of April, the SUD program filled the Mobile OBOT's CSAC position. The current mobile OBOT peer recovery specialist was selected for the role, so the mobile OBOT peer recovery specialist position has been posted. The SUD Services Coordinator attended Save One Life FXBG. 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-34; OBOT-70; ARTS Case Management-43; SUD Outpatient (Fredericksburg)-92; SUD Peer Services- 10.

Jail and Detention Services - Portia Bennett

RAPPAHANNOCK AREA

COMMUNITY SERVICES BOARD

In April, a total of 44 residents were seen at the Rappahannock Juvenile Center for crisis, therapeutic, and medication management services. At the Rappahannock Regional Jail, a total of 120 individuals received crisis and/or therapeutic services, and a total of 129 individuals received substance use services. The Psychiatric Nurse Practitioner saw a total of 75 individuals, and 315 individuals were prescribed psychotropic medications.

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: May 19, 2026

State Hospital	New	Discharge	Civil	NGRI	Forensic	EBL	Total Census
Catawba Hospital			1				1
Central State Hospital		1					0
Eastern State Hospital							0
Northern Virginia Mental Health Institute	1	1					0
Piedmont Geriatric Hospital	1		4			1	4
Southern Virginia Mental Health Institute				1			1
Southwestern Virginia Mental Health Institute							0
Western State Hospital	5	8	3	3	17	1	27
Totals	7	10	8	4	17	2	33

Extraordinary Barriers List:

RACSB has two 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 or assisted living facility that can meet their needs. This individual utilizes a wheelchair, requires assistance with most activities of daily living and presents with confusion at times, requiring additional support as they can become combative when being redirected by staff. This individual's family is supportive and involved. They have been accepted to an assisted living facility and will discharge once their Discharge Assistance Program (DAP) funding is approved.

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 as they are not able to safely navigate the community on their own. 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 and is awaiting a response from Carrington Cottage, a DBHDS contracted facility. If they are not accepted at this facility, they may require Discharge Assistance Program (DAP) funds to help to pay for their care in the community.

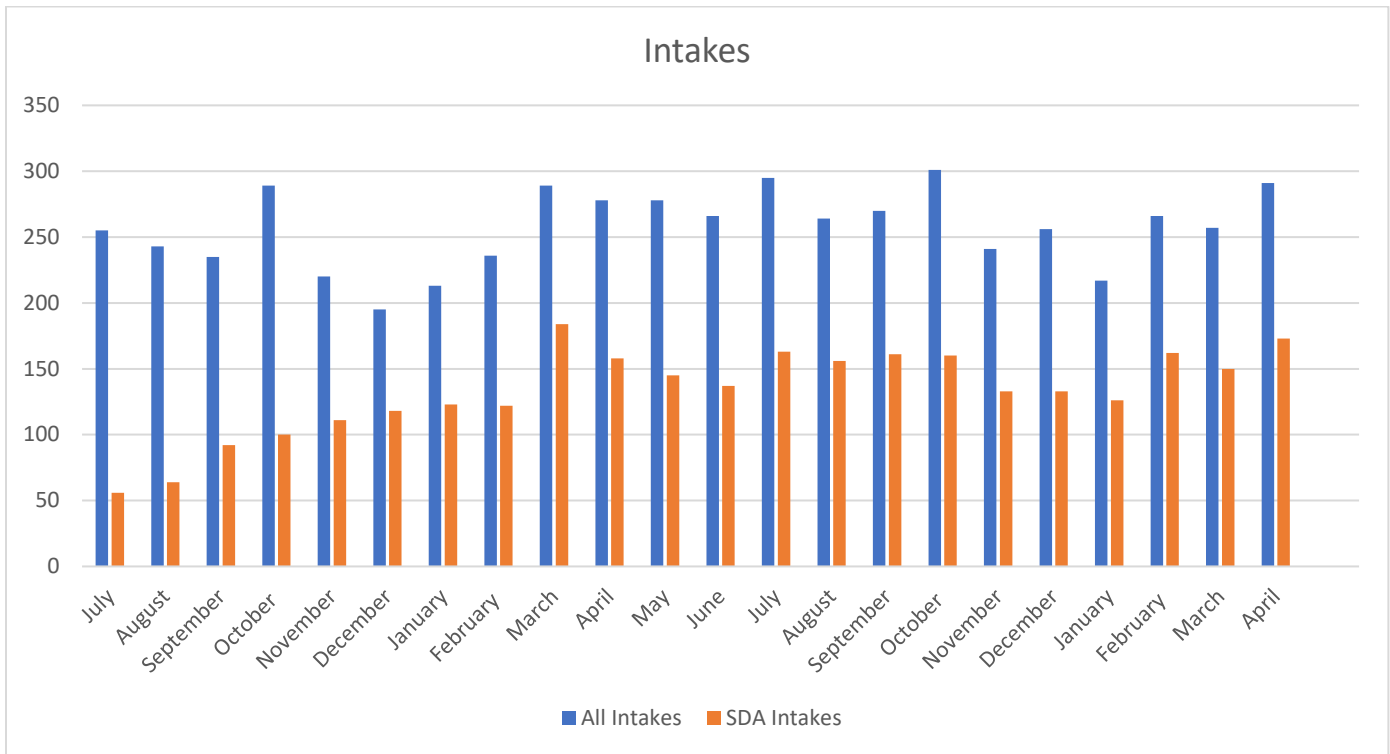
RAPPAHANNOCK AREA

COMMUNITY SERVICES BOARD

MEMORANDUM

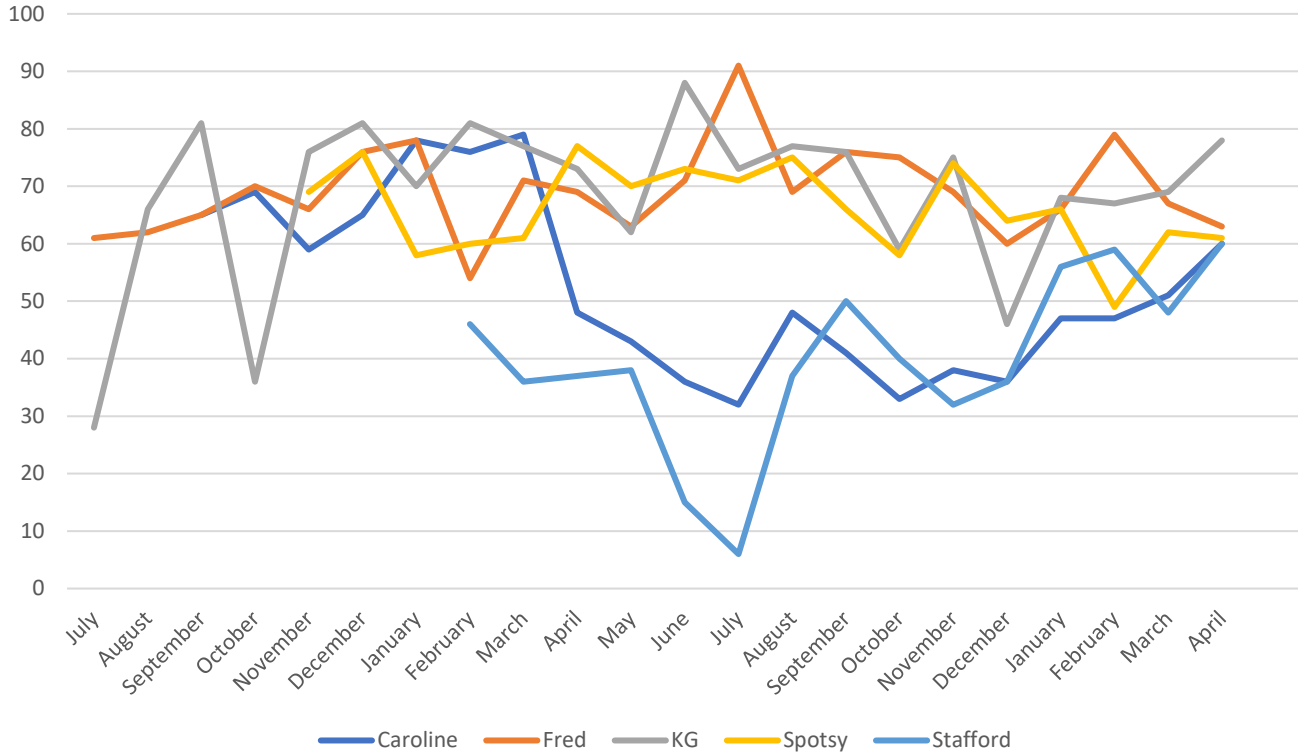
To: Joseph Wickens, Executive Director
From: Jacqueline Kobuchi, LCSW, Director of Clinical Services
Date: May 11, 2026
Re: Same Day Access

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. The Stafford Clinic initiated a waitlist in April due to a significant staffing shortage. Other clinics are assisting with providing services to Stafford residents and it's hoped the waitlist will be resolved in the next several months. Candidates have been selected for the vacant positions and will be able to build caseloads once they are onboarded and trained.

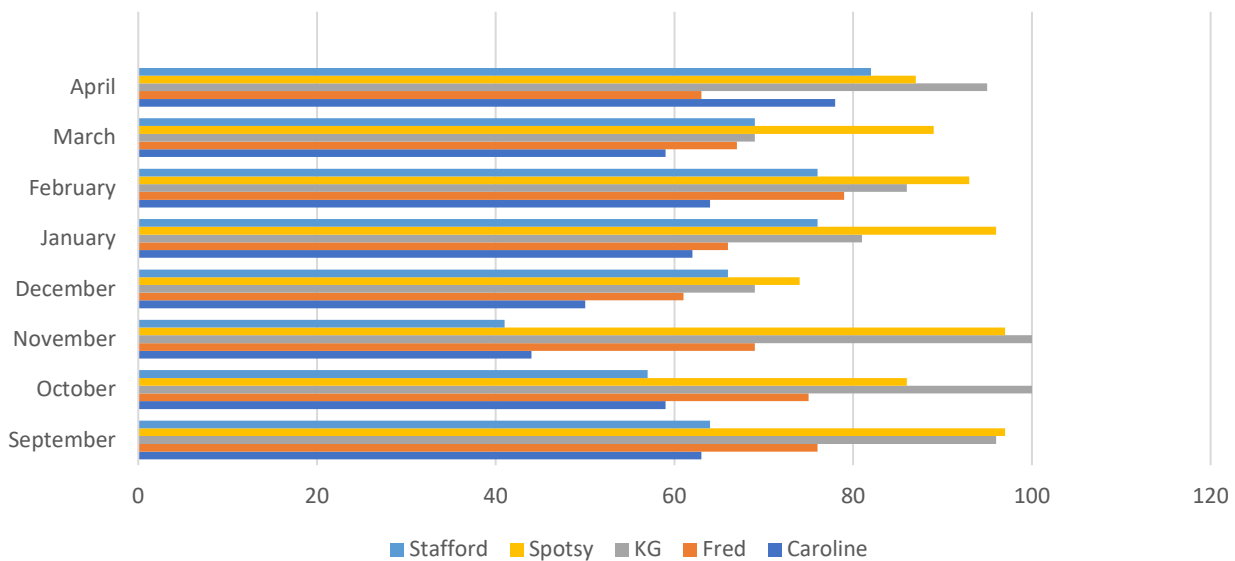


RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD

Percentage of Intakes Completed Through SDA



Percentage of Adult Intakes Completed Through SDA



RACSB
Program Update Report
Compliance
April 2026

Incident Reports

- There were 272 Incident Reports entered into the Electronic Incident Report Tracker during the month of April. This is a decrease of 18 from March and an increase of 26 compared to February. All incident reports submitted were triaged by the compliance team.
- The top three categories of reports submitted in April were Health Concerns (96 reports), Individual Served Injury (55 reports), and Individual Served Safety (29 reports).
- The Compliance team entered 22 incident reports into the Department of Behavioral and Developmental Services (DBHDS) electronic incident reporting system during the month of April (16-Level 2, 6- Level 3). This is an increase of 1 from the number of submitted reports during the month of March (18-Level 2, 3- Level 3), and a decrease of 2 from the number of submitted reports during the month of February (20-Level 2, 4- Level 3).
- There were no reports elevated to care concerns by DBHDS during April. Care concerns are reports that, based on the Office of Licensing’s review of current serious incidents and review of other recent incidents related to an individual, result in recommendation that the provider consider re-evaluating an individual’s needs and consider reviewing/updating the individual’s current support plan. DBHDS recommends providers also review results of root-cause analyses completed on behalf of individuals and take opportunity to determine if systemic changes (such as revisions to policies or procedures) and/or risk management and/or quality improvement plan updates are needed.
- DBHDS requires the completion of a root cause analysis for selected incident reports. The root cause analysis must be conducted within 30 days of staff’s discovery of the incident. The compliance team requested specific programs, based on submitted incident reports, to complete required root cause analysis reports. A total of 28 root cause analysis reports were requested in the month of April; an increase of 5 from the amount requested in March, and an increase of 2 from those requested for the month of February. Three expanded root cause analysis reports were requested in April (these are more expansive reports usually requested after a series of serious incidents involving a specific individual).

Human Rights Investigations:

- The Compliance team did not have to initiate any human rights investigations in April. However, they did work to finish one investigation initiated at the end of March. This investigation yielded a finding of neglect, dignity, and violation of services for documentation for an individual.

Internal Reviewers:

- The Compliance team completed 25 chart reviews for DD Support Coordination in April.
- As part of the Quality Improvement Plan, the Compliance team followed up with 4 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 April, 10 follow-ups were completed (3 3-month check-ins; 7 6-month check-ins). 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.

External Reviewers:

- Compliance team received and responded to external requests for documentation from 3 different insurance providers seeking information for 40 different individuals records.
- Compliance team received 4 communications throughout the month of April from Brian Dempsey, DBHDS Incident Management Specialist, regarding serious incident reports.
- The Compliance team coordinated kickoff of the Health Services Advisory Group's (HSAG's) round 8 of audits for DD Services. DBHDS uses Quality Services Reviews conducted by HSAG as part of its continuous quality improvement efforts. Reviewers spent the second half of April reviewing policies, staff records, compliance documentation, data collection, and charts for 37 individuals. In May, they will begin conducting interviews and observations with individuals and families to assess feedback on service delivery. The review is scheduled to be completed by the end of June.
- The Compliance team continued with CARF preparations by finalizing Accessibility documentation, and by touching up and making minor property repairs to programs that will be assessed.
- RACSB underwent 3 HUD physical property inspections for group homes (Galveston, Stonewall, and Piedmont) in April and received an A rating for all 3 locations.

Complaint Call Synopsis

- The Compliance team did not receive any complaint calls for the month of April.

Special Projects

- The Compliance Team coordinated kickoff of the Point-in-Time Survey for the week of April 20 to 24. The point-in-time survey is designed to document the experience and satisfaction of individuals receiving services from RACSB. Front desk staff at each of the six outpatient clinics distributed the ten-question survey to all individuals who kept their appointments. The Compliance team is finishing up collection of these to begin the process of data entry and analysis of the feedback.
- Trainings

- The Compliance team hosted a Q-Tip training on Integrated discharge process on April 16 and April 29.
- The Compliance team hosted a Q-Tip training on Incidents of falls on April 22.

MEMORANDUM

To: Joseph Wickens, Executive Director
From: Stephanie Terrell, Director of Compliance
Date: April 22, 2026
Re: 3rd Quarter FY 2026 Incident Report Review

The 3rd quarter incident summary report provides an overview of incident reports submitted by Rappahannock Area Community Services Board (RACSB) staff during the months of January 1, 2026 through March 31, 2026. The purpose of the report is to communicate information about trends, remain vigilant for emerging issues, and use data to plan, prioritize, and implement preventative and proactive initiatives.

The population includes all individuals receiving services by the RACSB, which includes Mental Health (MH), Substance Use (SU), Developmental/Intellectual Disability (DD), and Prevention Services. RACSB provided services to 7,790 individuals, unduplicated by service area, from January 1, 2026 through March 31, 2026.

Compliance Staff received and triaged 788 Incident Reports from January 1, 2026 through March 31, 2026. This is an overall increase of 26 reports from last quarter and a decrease of 64 reports when compared to the 3rd quarter of FY2025. Of those 788 incident reports received, 90 incidents were reported to the Department of Behavioral Health and Developmental Services (DBHDS) through the Computerized Human Rights Information System (CHRIS) (63 Level 2, 24 Level 3, 3 Abuse/Neglect/Exploitation (ANE)).

Compliance staff triaged all incident reports into one of four categories.

1. **N/A** – these reports do not fit into DBHDS definitions of a serious incident. Incidents of this sort may be a staff having to report a child protective or adult protective case to the Department of Social Services, or an incident which occurs when the individuals is not in the provision of care, such as when a report is received by a Support Coordinator regarding an individual who resides with parent/guardian or a private provider.

DBHDS categories of serious incidents

2. **Level I:** a serious incident that occurs or originates during the provision of a service or on the premises of the provider that do not result in significant harm to individuals, but may include events that result in minor injuries that do not require medical attention, or events that have the potential to cause serious injury, even when no injury occurs.
3. **Level II:** a serious incident that occurs or originates during the provision of a service or on the premises of the provider that results in a significant harm or threat to the health and safety of an individual that does not meet the definition of a Level III serious incident. Level II serious incident also includes a significant harm or threat to the health or safety of others caused by an individual.
4. **Level III:** a serious incident whether or not the incident occurs while in the provision of a service or on the provider's premises and results in:
 - 1) Any death of an individual;
 - 2) A sexual assault of an individual;
 - 3) A serious injury of an individual that results in or likely will result in permanent physical or psychological impairment;
 - 4) A suicide attempt by an individual admitted for services that results in a hospital admission.

In addition to the 4 identified categories, DBHDS has identified seven specific health conditions which could result in a higher risk of death for individuals with intellectual and developmental disabilities. These health care concerns, which DBHDS classifies as the “fatal seven” include: Aspiration, Sepsis, Constipation, Dehydration, Falls, Seizures, and Pressure Injuries. Approximately 44% of all incident reports received this past quarter noted health concerns.

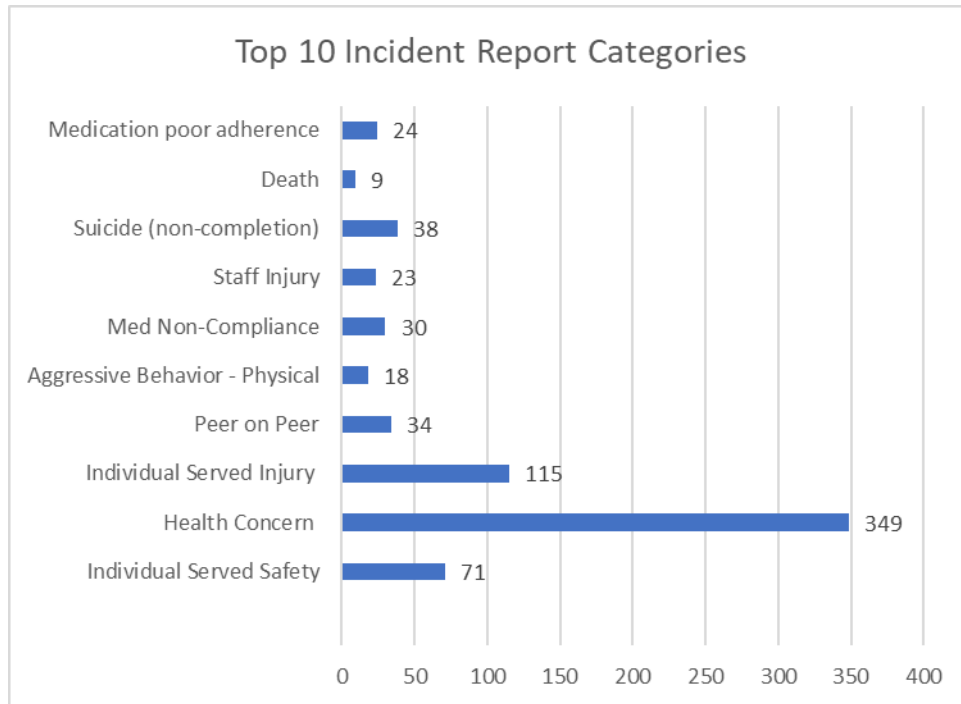
In addition to notifying the Compliance Team, program supervisors, and coordinators, staff must also notify the individual's parent/guardian/authorized representative, as appropriate, regarding an incident when it occurs. Verification of the notification and the parent/guardian/authorized representative response is to be included on the incident report.

Below is a list of the incident categories and the definition:

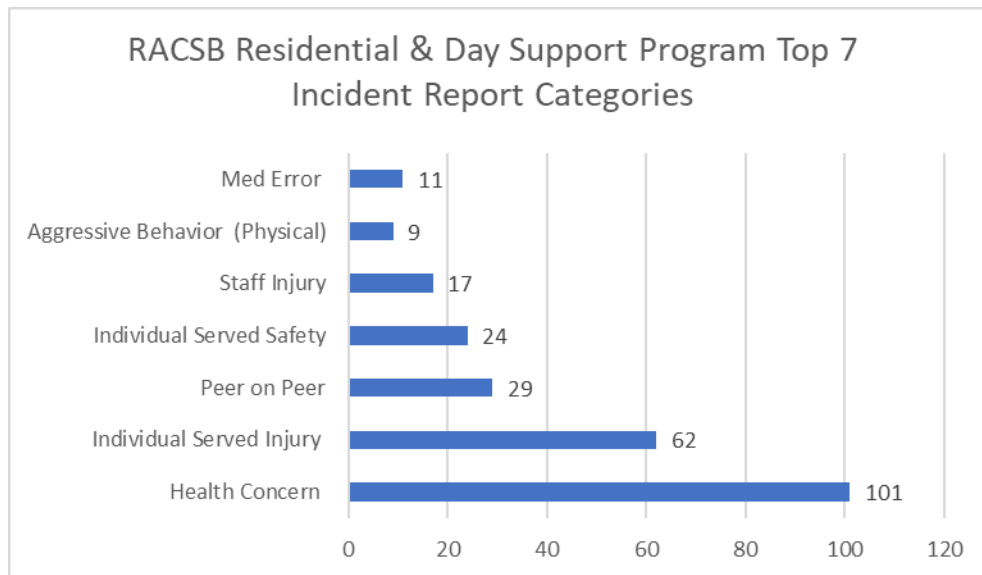
- Aggressive Behavior - Physical - hit, slap, push, shove, pull hair, spit, bite, intimidate, demean, threaten, curse etc...
- Aggressive Behavior - Verbal - yelling, screaming, intimidate, demean, threaten, curse etc...
- Individual Safety - situations that may cause a safety risk for individuals served involving physical environment or structures (faulty equipment, smoking.)
- Individual Injury - situations that may cause a safety risk for individuals served involving minor injury such as a scraped knee
- Health Concerns - individual served exhibiting health concerns, i.e. possible seizure activity, sick, sudden weight +/-, etc.
- Elopement/Wandering - unexpectedly leaving program/premises with possible risk to safety
- Biohazardous Accident - needle stick or instance requiring testing of individual served or staff
- Infection Control - lack of infection control and use of universal precautions in relation to risk of non-life-threatening communicable diseases i.e. Flu, Lice... etc...
- Exposure to Communicable Diseases - instance of exposure due to lack of infection control and/or use of universal precautions in relation to risky communicable diseases i.e. TB, HIV/AIDS, HEP A, B, C or MRSA...
- Vehicle Accident - Accident of RACSB or personal vehicle while delivering services. This requires additional paperwork and follow up to protocol contact Human Resources & Supervisor
- Peer-on-Peer - means a physical act, verbal threat, or demeaning expression by an individual against or to another individual that causes physical or emotional harm to that individual. Examples include hitting, kicking, scratching, and other threatening behavior.
- Property Damage - damage to property
- Weapon Use/Possession - Weapons are not allowed in any RACSB facility. Knives, carpet knives, swords, guns etc...
- Staff Injury - injury to staff- ensure proper HR forms are completed
- Use of Seclusion/Restraint - if emergency intervention required to deescalate threatening behavior
- Med Non-Compliance - not following medication regime- staff attempt evident- non-compliance
- Med Error - Staff additionally to complete med error report. error has been made in administering a medication to an individual (wrong - med, individual, route, dose, time)
- Possession of Illicit/Licit Substance - possession of illegal or non-prescribed drug - possible intent of abuse
- Sexual Assault - is an act in which a person intentionally sexually touches another person without that person's consent, or coerces or physically forces a person to engage in a sexual act against their will
- Suicide/Suicide Attempt - is the act of intentionally causing one's own death/is the act of intentionally unsuccessfully trying to cause one's own death
- Sentinel Events - An unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof - warrants immediate investigation and response
- Other - incident which does not fit into a category above

Type	3rd quarter FY2025	2nd quarter FY2026	3rd quarter FY2026	RACSB Residential & Day Support Programs
Accidental Overdose	0	3	1	0
Aggressive Behavior - Physical	18	32	18	9
Aggressive Behavior - Verbal	12	9	6	2
Bio hazardous Accident	0	0	0	0
Elopement/Wandering	6	5	1	0
Exposure to Communicable Diseases	0	0	0	0
Health Concern	390	306	349	101
Individual Served Injury	109	136	115	62
Individual Served Safety	98	83	71	24
Infection Control	0	0	1	0
Med Error	28	21	16	11
Med Non-Compliance	22	23	30	6
Medication poor adherence	18	25	24	0
other	16	0	2	0
Peer on Peer	32	28	34	29
Possession of Illicit/Licit Substances	0	0	1	1
Property Damage	9	10	18	5
Sentinel Event (death)	12	14	9	1
Self-Injurious Behavior (SIB)	18	10	15	5
Sexual Assault	4	4	5	4
Staff Injury	10	5	23	17
Suicide (non-completion)	26	35	38	0
Use of Seclusion/Restraint	0	0	0	0
Vehicle Accident	19	9	8	1
Weapon Use/Possession	0	1	2	0
Missing Person	5	3	1	0
Total	852	762	788	278

(Table 1) The table above depicts the total number of incident reports submitted across all RACSB Locations and the subset of programs in which the incident is likely to occur on RACSB premise or during provision of services from January 1, 2026 through March 31, 2026. The column labeled “Residential and Day Support Programs” includes all ID/DD Residential Programs, MH Crisis Stabilization, MH Supervised Apartment Program, Rappahannock Adult Activities, Psychosocial Rehabilitation Program and the Boarding House Program.

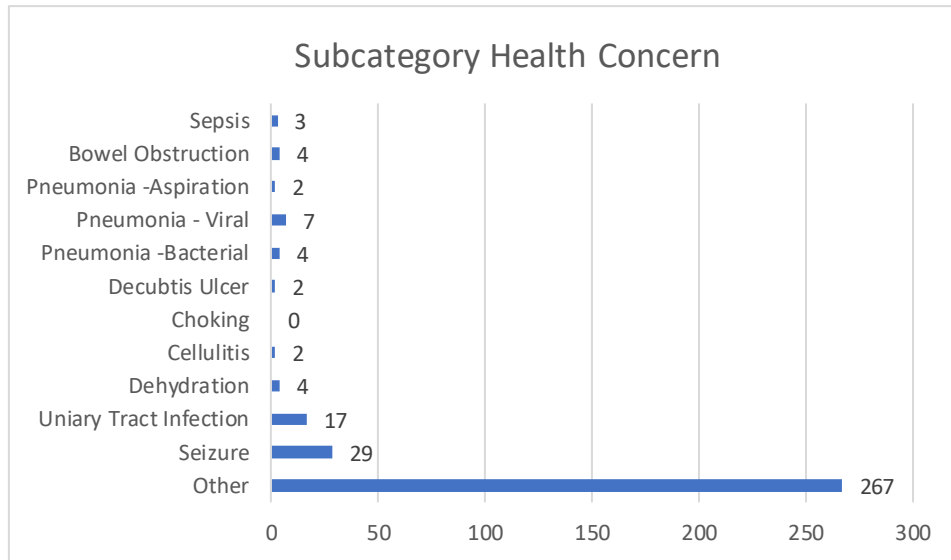


(Table 2) The chart above depicts the top ten incident categories with the highest occurrences across all RACSB Programs reported January 1, 2026 through March 31, 2026.



(Table 3) The chart above depicts the top seven incident categories for RACSB Residential & Day Support Program reported January 1, 2026 through March 31, 2026.

When compared to previous quarters, Health Concerns continue to be the category with the highest number of incidents. Health concern incidents reported this quarter do however show a decrease of 41 when compared to the same time period last fiscal year. The current quarter, the previous quarter and the same time period last fiscal year include similar health related incidents such as colds, flu, seizures, pneumonia, urinary tract infections, cellulitis, minor cuts, scratches, scrapes, vomiting, or diarrhea. Within the Health Concerns category, for this quarter, the top three reported subcategories are (267) Other, (29) Seizures, and (17) Urinary Tract Infections.

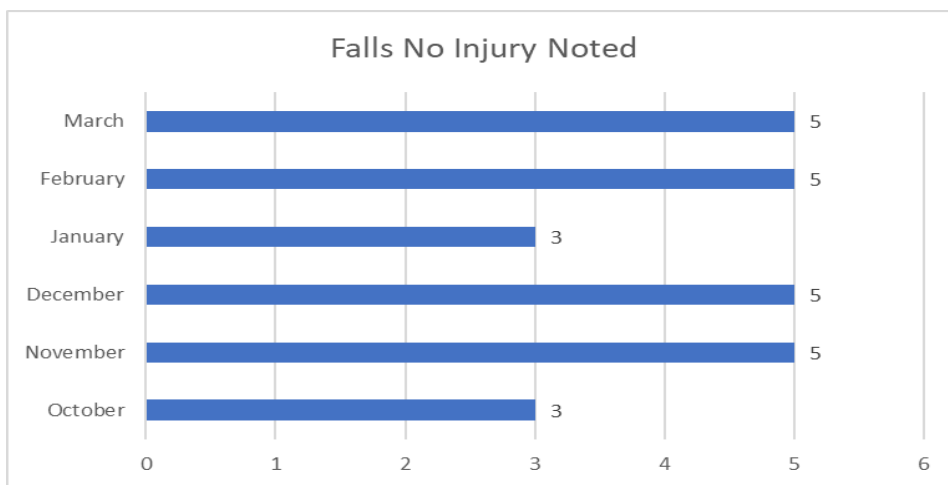


(Table 4) The chart above depicts the number of incidents submitted across all RACSB programs for the subcategories listed under the Health Concerns category during the time period of January 1, 2026 through March 31, 2026.

Based on review of the 29 incident reports submitted for seizures, there were four individuals that had more than one incident report submitted. One individual had 7 different incidents of seizure activity during the quarter. Each of the individuals that experienced more than one incident of seizure activity this quarter have a medical diagnosis of a seizure disorder and take medications in an effort to control seizures.

From January 1, 2026 to March 31, 2026, there were no reported incidents of choking.

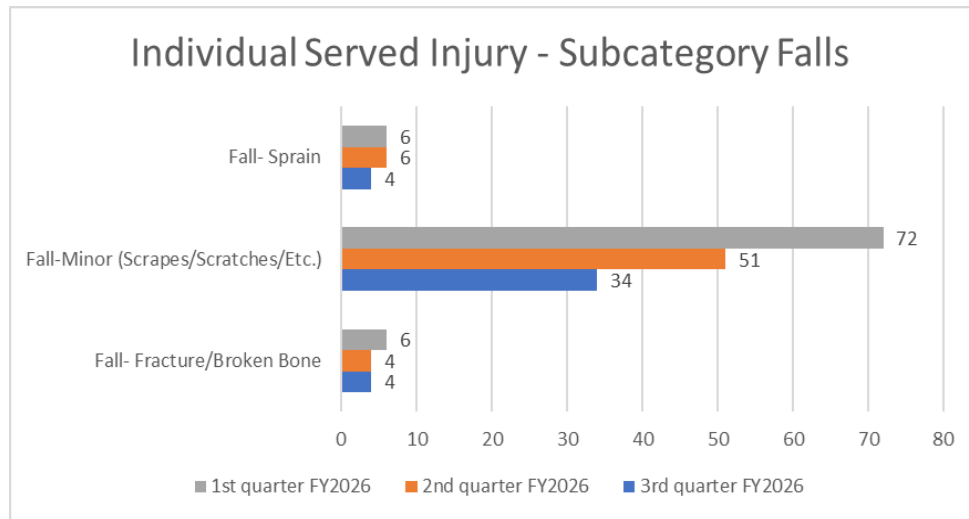
Six of the 101 health concerns reported by the subgroup of RACSB programs fell into one of the fatal seven health care concerns (aspiration, sepsis, falls, dehydration, seizures, pressure injuries, and constipation) identified by the Department of Behavioral Health and Developmental Services. The incident reports submitted consisted of 2 for diagnosis of constipation/bowel obstruction, 1 for a diagnosis of a fall with a resulting sprain, and 3 for incidents involving a seizure.



(Table 4) The table above depicts the number of incidents submitted across all RACSB programs for the subcategory of falls listed under the Individual Served Safety category during the time period of October 1, 2025 through March 31, 2026.

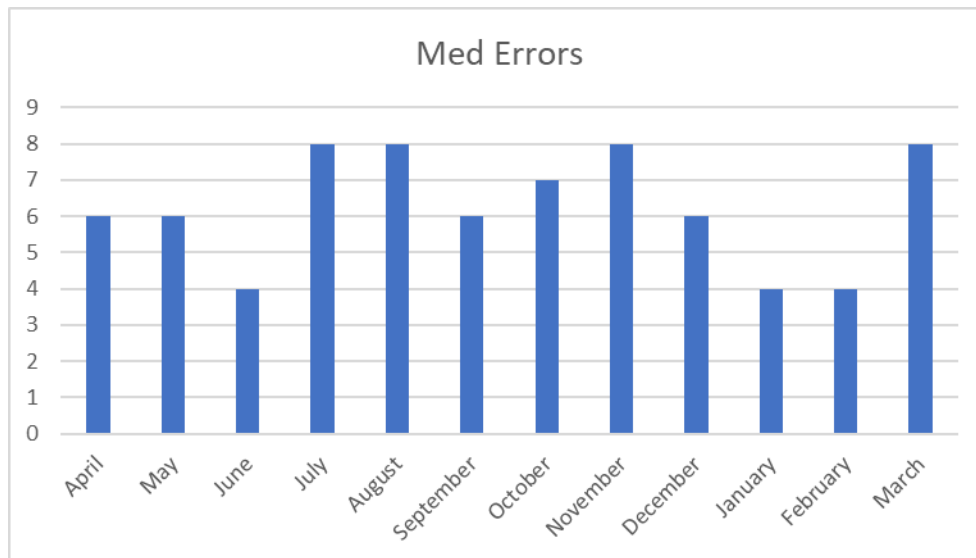
There were 13 falls reported during this quarter that did not result in injury. This is the same as from the previous quarter and the same as the same time period last fiscal year. The only trend in these 13 reports, just like last quarter, is that they were all reported out of DD services (2 from ID/DD Residential, 9 from RAAI, and 2 from ID/DD Support

Coordination). ID/DD Support Coordination’s reports of falls decreased by 7 compared to last quarter, but RAAI’s reports increased by 7.



(Table 5) The table above depicts the number of incidents submitted across all RACSB programs for the subcategories of falls listed under the Individual Served Injury category during the 1st quarter of FY26, the 2nd quarter of FY26, and the time period of January 1, 2026 through March 31, 2026 (3rd quarter of FY26).

There were 42 falls reported during this quarter that resulted in injury. This is a decrease of 19 from the previous quarter. Twenty of those falls occurred during the provision of services; however, the majority of the falls resulted in a minor injury, such as scratches or scrapes. Four of the reported falls resulted in a fracture, only 1 of which occurred during provision of services. Four falls resulting in a sprain were reported for the quarter, but only 1 occurred during provision of services. One individual had 3 falls during the quarter related to losing her balance during assisted transfers. The winter storm during the quarter did not increase falls for individuals, but did increase staff incidents of falling. Otherwise, no apparent trends were noted.



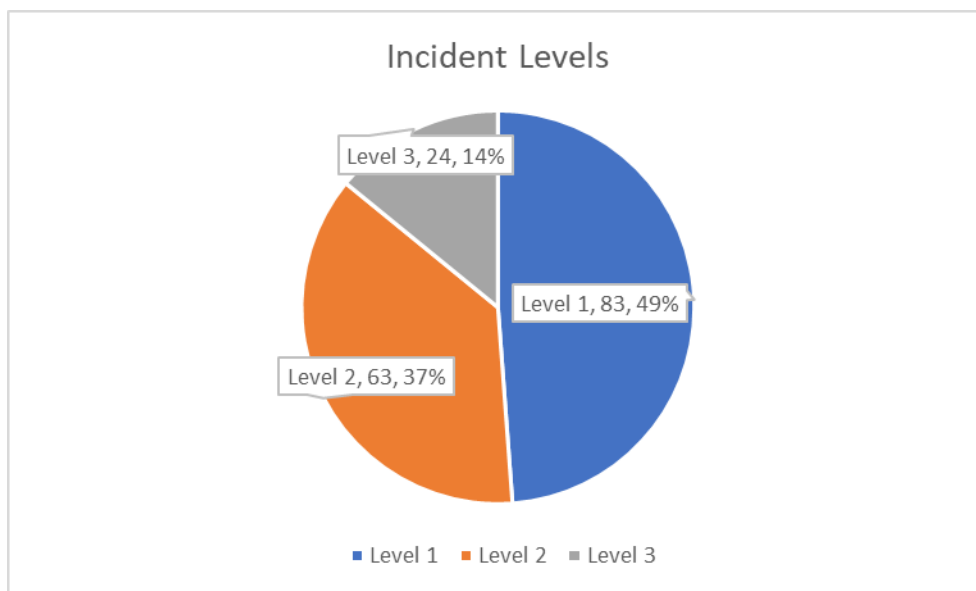
(Table 6) The table above depicts the number of incidents submitted across all RACSB programs for medication errors during the time period April 1, 2025 through March 31, 2026.

A total of 16 medication errors occurred during the 3rd quarter of FY26. This is a decrease of 5 medication error incidents from the previous quarter and a decrease of 12 when compared to the 3rd quarter of FY2025. Of those 16 medication errors, 7 were reported from ID/DD Residential Services, 4 from ID/DD Support Coordination, 3 from MH

Residential Services, 1 from MH Crisis, and 1 from MH Outpatient. Most errors occurred due to staff not following the medication policy as written.

There were a total 34 incident reports submitted for peer-on-peer incidents for the quarter, constituting 17 overall incidents. Peer on peer incidents require an incident report be completed for each individual involved if the incident occurs during provision of service or if both/all of individuals involved receive RACSB Case Management/Support Coordination Services.

An increase of 6 peer-on-peer incident reports were received in the third quarter compared to the reports received in the second quarter of FY26. The majority of these incidents occurred during provision of DD services. Three individuals were involved as the aggressor in more than 1 peer-on-peer incident this quarter. One individual that had 2 incidents aggressed against 2 different peers. Another individual that had 2 incidents aggressed against the same peer during both incidents. The last individual who had 3 peer-on-peer incidents aggressed twice against 1 individual and once against another. No serious injuries resulted from the incidents reported. In each incident, staff immediately redirected and resolved the concerns.



(Table 7) The chart above depicts the total number of incident reports categorized by Incident Levels 1, 2, and 3 across all RACSB programs during the time period of January 1, 2026 through March 31, 2026.

There were a total of 83 incidents categorized as Level 1. Based on review of the level 1 incidents reported, there was an increase of 8 reports from the previous quarter and a decrease of 9 reports from 3rd quarter of FY2025. Of the 83 incidents categorized as a level 1, many were the result of minor or superficial cuts, scratches, or bruises, which required first aid or doctor appointments related to cold/flu symptoms. Two ID/DD Residential programs and one MH Residential program each submitted 10 Level 1 reports apiece of the 83 incidents reports, but individuals involved and illnesses/medical needs were varied from these reports.

There were 63 incidents classified as a Level 2. This is a decrease of 33 reports from the previous quarter and a decrease of 30 reports when compared to the 3rd quarter of FY25. Root Cause Analyses were conducted for all Level 2 Incidents. Mental Health ACT Program submitted the highest number of Level 2 incident reports with 11 submitted incidents. Three of those incidents involved the same individual. Health concerns comprised the majority of Level 2 reports for the quarter.

There were a total of 24 incidents classified as Level 3. Based on review of Level 3 incident reports, this was a decrease of 2 reports from the previous quarter and an increase of 5 reports when compared to 3rd quarter of FY25. A Root Cause Analysis was conducted for each of the Level 3 Incidents.

Program actions as a result of Incident Reports

1. Action plans have included revisions to ISPs to ensure consistent supports are being provided with respect to identified health and safety issues. Revisions to plans have been communicated to staff as changes have been made to ensure understanding of responsibilities.
2. Action plans for emergency medical response incidents this quarter have included retraining of staff on emergency policies, procedures, and expectations.
3. Incidents regarding capturing guardian and client consent/signatures in relation to servicers have involved policy updates, workflow changes, and retraining of staff in the past quarter.
4. Environmental modifications have been made in response to a few incidents, one of which included adding an accessible gate to a rampway.
5. Action steps for falls have included seeking medical attention for instances in which individuals hit their head or otherwise have potential injury. Other steps have included providing additional monitoring for fall/trip hazards, adding additional staff support in bathrooms as needed, updating ISPs for changes in falls risk, helping point out more accessible pathways to individuals when navigating in their community, and making environmental changes where needed to limit the risk of falls.
6. Action steps taken for reports or concerns for safety have resulted in personnel action, reporting to APS/CPS as mandated, increased monitoring, and increased supervision of staff. Additionally, human rights retraining has occurred in instances with founded cases of neglect and exploitation.
7. For one case of exploitation, one program underwent a retraining on the agency's financial policy regarding representative payee duties.
8. Action steps implemented for aggressive behavior included recommendations for behavior plans, assisting the individual in learning and using coping skills during times when they become upset, review and revision of individual's service plan, and continuance of using interventions that are currently in the individual's service plan.
9. Action plans for health concerns varied based on the concern. RACSB staff contact 911 in cases of medical emergencies. Ad-hoc medical appointments will continue to be made by RACSB staff to address health concerns for those individuals residing in RACSB residential programs. In addition, for RACSB non-residential programs, staff will continue to assist individuals and family members with health concerns that are identified during program hours.
10. For those incidents that involve individuals that do not reside in RACSB residential programs, Support Coordinators and Case Managers continue to monitor and document health concerns in case notes. They continue to report incidents of concern into the IR tracker as well for monitoring purposes.
11. Root cause analyses were conducted on all incidents that fell into the Level 2 or Level 3 category. Some incidents required an enhanced root cause analysis due to the number of instances that an individual has experienced or has been observed at the hospital for the same or related event within a specific timeframe. Findings of root cause analysis resulted in programs revising individual service plans, behavior plans, ad-hoc reviews of program files, policy and procedure revisions, staff training, and personnel action.

MEMORANDUM

To: Joe Wickens, Executive Director
From: Stephanie Terrell, Director of Compliance
Date: May 1, 2026
Re: Licensing Reports

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

Rappahannock Area Community Services Board (RACSB) received approval for 1 CAP during the month of April. The CAP was related to neglect for a prescription error and was issued to MH Outpatient Services.

The attached CAP provides additional details regarding the citations and RACSB's responses/actions.

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

License #: 101-07-003

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 04-10-2026

Program Type/Facility Name: 07-003 Spotsylvania County Clinic

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-105-150. (4) - The provider including its employees, contractors, students, and volunteers shall comply with: 4. Section 37.2-400 of the Code of Virginia and related human rights regulations adopted by the state board;	N	Spotsylvania County Clinic This regulation was NOT MET as evidenced by: See OHR citation below.		
12VAC35-115-50. B. (2) - In receiving all services, each individual has the right to: 2. Be protected from harm including abuse, neglect, and exploitation.	N	Spotsylvania County Clinic This regulation was NOT MET as evidenced by: "Neglect" means failure by a person, program, or facility operated, licensed, or funded by the department, excluding those operated by the Department of Corrections, responsible for providing services to do so, including nourishment, treatment, care, goods, or services necessary to the health, safety, or welfare of an individual receiving care or treatment for mental illness, intellectual disability, or substance abuse During an internal investigation the provider determined the following: • Individual 1's psychiatric assessment detailed Individual 1 was prescribed 10mg of Medication 1. • Employee 1 prescribed 20mg of Medication 1. • Due to the prescriber error, Individual 1 received five double doses of Medication 1.	PR) 04/24/2026 The prescriber corrected the dosage on the medications and notification and instructions for taking the medication were provided to the client. The employee will be counseled on the importance of checking the electronic prescribing system for errors and ensuring that prescribed dosages in that system match what is documented in the chart. Nursing staff will notify the Director of Clinical Services of any future incidents of data entry errors into the electronic prescribing system and action to correct the mistake would be taken immediately. OHR/OLR) Accepted 04/30/2026	04/13/2026 00:00:00

**DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
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<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
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.				
Artea Ambrose, Human Rights		(Signature of Organization Representative)		Date
C = Substantial Compliance, N = Non Compliance, NS = Non Compliance Systemic, ND = Non Determined				

Communications Update, May 2026

RACSB was present at these community events:

- March 9: UMW Mental Health Wellness Fair
- March 17: Community Connections Expo
- April 12: Empowering Careers: Voices of Success
- April 18: Autism Acceptance Race
- April 25: Fredericksburg Schools Wellness and Resource Fair
- April 25: Operation Medicine Cabinet
- April 25: Hope and Health at Good Hope Baptist Church
- April 26: Presentation to St. Matthias UMC
- May 2: March for Mental Wellness
- May 5: Spotsylvania County Schools Mental Health and Wellness Event

Additional communications information:

- 136 social media posts in April
- Website updates: new navigation bar; donation links for RACSB, RAAI, and Healthy Families; link location to client portal changed; seven pages added (most are to accommodate navigation changes); six pages updated
- Employee Engagement: The March service project was a huge success, with hundreds of books donated for individuals served by our specialty dockets team; the April service project was also successful—we packed more than 100 snack bags for individuals starting office-based opioid treatment. The May service project is underway; packing boxes for children in Mary Washington Hospital; and the June service project's sign-up sheet for a blood drive is up and slots are going fast.

Communications May 2026 Report



Communications Metrics for April 2026

Social Media:

- 138 posts
- 80,400 impressions
- 136 shares
- 1,195 reactions

Website:

- 13,108 users
- 68,882 views

Top five pages:

Staff portal, home, employment, contact us, emergency services

Instagram

- 494 followers
- 39 posts
- 3,844 impressions
- 9 shares
- 124 reactions

Top Four Posts:



hope_starter 🌻🌸 Then & now... and still growing strong! ❤️ Our annual Spring Plant Sale isn't just a tradition—it's a story that keeps blooming year after year. 🌻

These two photos of Bonnie say it all. For decades, she's been getting her hands in the soil, nurturing plants, and being part of something bigger.

🌱 It's so much more than a sale; come see the difference for yourself—and support a flourishing tradition rooted in community. Stop the greenhouse at 750 Kings Highway weekdays from 10 a.m. to 4 p.m. and Saturdays from 9 a.m. to noon.

[#SpringPlantSale](#) [#GrowingTogether](#) [#InclusionMatters](#)
[#SparkHope](#) [#DaySupport](#) [#DevelopmentalDisabilities](#)

2w



hope_starter

hope_starter ❤️ HopeStarters wearing blue for #ChildAbusePreventionAwareness. ❤️

4w

[View insights](#)

👍 🗨️ 🚩

👤 Liked by clean.images and 9 others

April 10



hope_starter Original audio

hope_starter 🎤🎉 A birthday to remember! Will has been working toward a big personal goal: singing karaoke at a local venue. With encouragement from staff, he's been building up his confidence by attending weekly karaoke nights—and recently, he took a huge step forward. Surrounded by family and friends at his birthday celebration, Will bravely grabbed the mic and performed not once, but twice! 🎵 We're so proud of you, Will. Keep shining! 🌟 #SparkHope #CelebrateSuccess #GroupHomeLife

3w

samanthasellman Yay ❤️ wonderful job 😊

3w Reply



hope_starter What if one piece of information could change your child's future? Medicaid waivers can help cover services like residential care, respite, and day support—but many families don't learn about them until it's too late. We created a simple guide to help you start early and feel confident in the process.

- 👉 One number to call
- 👉 Clear steps to follow
- 👉 Support along the way

📄 Learn more: <https://rappahannockareacsb.org/medicaid-waivers/>

#MedicaidWaivers #DDWaivers #DevelopmentalDisabilities

2w

Facebook

- 3,446 followers
- 61 posts
- 119 shares
- 997 reactions
- 74,501 impressions

Top Three Posts:



🏆 Please join us in celebrating Hannah Smith, our HopeStarter of the Quarter and an incredible co-response emergency services therapist! ⭐

Hannah always shows commitment to serving our community—but her recent actions truly show what it means to be a HopeStarter. 🙋 She was recognized by the [Office of Stafford County Sheriff - David "DP" Decatur, Sheriff](#) for her critical role in helping save a life during a high-stakes crisis. In that moment, Hannah brought remarkable calm, clinical expertise, and compassion—ensuring the individual was treated with dignity while guiding them to safety and care.

❤️ Hannah shows kindness, professionalism, and dedication—even in the most intense situations.

Hannah works alongside the Stafford County Sheriff's Office to respond to calls involving behavioral health. The job can be grueling and it requires empathy, skill, and quick thinking. She not only supports those we serve—she steps up for her colleagues, lightening the load and leading by example.

Hannah doesn't just do the work—she brings hope to some of the hardest moments people face.

Thank you, Hannah, for all you do to Spark, Support, and Spread Hope.

🙋 [#HopeStarter](#) [#SparkHope](#) 🌟 [See less](#)



🙋 🏀 🏆 Congratulations to [University of Mary Washington's](#) men's basketball team for winning the national Division III championship! This is a historic first for the university and for Fredericksburg. Team HopeStarter--which includes numerous alumni--cheered you on through the entire, nerve-wracking game! 🙋 🏀 🏆 [See less](#)



LinkedIn

- 866 followers
- 38 posts
- 2,055 impressions
- 8 shares
- 72 reactions

Top Three Posts:

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👉 [#HopeStarter](#) [#SparkHope](#) 🌟 [See less](#)



Not all heroes wear capes... but today, a lot of ours did. 🦸🦹
 After a slight case of forgotten superpowers yesterday, we declared Superhero Day: Take 2— and it turned out to be perfectly timed. Today was our regularly scheduled CPR training day and it is **#FentanylAwarenessDay**. Whether they were in costume or not, our staff show up every day as real-life heroes—sparking hope in our community. ✨
#SuperheroDay #FentanylAwareness #RecoveryIsPossible #LCSWRockstars #CarryNarcan
 See less



When a behavioral health crisis happens, it can feel overwhelming, confusing, and even hopeless—but you don't have to face it alone. ❤️
 Our new Guide to Behavioral Health Crises is here to help you understand what to do, when to seek help, and how to support someone in need.
 Inside the guide, you'll find:

- ✓ FAQs about behavioral health emergencies
- ✓ Local resources in the Fredericksburg area
- ✓ Practical de-escalation tips
- ✓ Clear information about the ECO/TDO process

Whether you're supporting a loved one or navigating a crisis yourself, this guide is designed to bring clarity, confidence, and hope when it matters most.
 We're here to help.
 Explore the guide: <https://lnkd.in/eQvj9FJS>
#MentalHealthMatters #CrisisSupport #YouAreNotAlone #FredericksburgVA

IN A MENTAL HEALTH CRISIS, WHERE CAN YOU TURN FOR HELP?

Our guide to behavioral health crises can help you know what to expect and how to find the help you need.



Prevention and Early Intervention Services Program Updates

Michelle Wagaman, Director

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

May 2026

Top 5 for May:

1. Congratulations to Healthy Families Rappahannock Area on being the recipient of the Women and Girls Fund \$50,000 transformative grant! They were announced at the Live Ballot vote on May 7, 2026. HFRA was awarded funding for its proposal, Breaking Barriers to Employment for Mothers in PD16. The project will provide workforce readiness training, resume support, interview coaching, and personalized guidance to help mothers overcome barriers to employment and achieve long-term financial stability for their families. HFRA has been a multi-year finalist for this grant and is excited to finally be a recipient.
2. May is Early Intervention Month and Mental Health Month. This month, we also recognize Resilience Week (May 1-7) and National Prevention Week (May 10-16).
3. The Virginia Young Adult Survey collection period was extended to May 15, 2026. The survey targets those ages 18 to 25 regarding substance use and mental wellness. As of May 7, 2026, RACSB has 374 completed responses and 324 fulfilled incentives. This is 187% of the state provided target of 200 responses. Statewide, there are 6,276 responses (exceeding the 5,928 responses collected during 2024 survey administration). There are 359 responses specific to Germanna Community College which means they will be able to receive their own, clean data set specific to their responses.
4. Prevention Staff participated in the 2026 Spring Prevention Summit on May 8, 2026 in Richmond. In addition to receiving updates from DBHDS and OMNI, CSB prevention teams began work on their FY 2027 evaluation roadmaps (intermediate and long-term outcomes, data entry plan, and short-term output plan). The final plan is due June 5, 2026.
5. At the Champions for Youth Conference hosted by the Virginia Foundation for Healthy Youth, Director Michelle Wagaman got to meet a professional idol and trailblazer in the work of Adverse Childhood Experiences, Dr. Nadine Burke Harris (author of *The Deepest Well* and first surgeon general of California). (Photographed, center, with Prevention Peers from Region 1)



Recent and Upcoming Events:

- Operation Medicine Cabinet (DEA Drug Takeback Day) was held April 25, 2026. RACSB Prevention staff volunteered at three sites and facilitated Rapid REVIVE! with Narcan dispensing. A total of 89 community members were trained by RACSB and staff from the Rappahannock Area Health District (RAHD). We are awaiting a final collection amount for the event.
- Mental Health America of Fredericksburg Region hosted their annual March for Mental Wellness on May 2, 2026 at Old Mill Park. Thank you to Jeff from Kenmore Club for volunteering with the Prevention Services team to table the event.
- Prevention Services participated in the Spotsylvania County Public Schools Mental Health Fair on May 5, 2026 as well as the City of Fredericksburg Employee Wellness Fair on May 6, 2026.
- Prevention will be tabling at the upcoming Madison Elementary School transition fair on May 14, 2026.
- Partners in Aging coalition is hosting their annual “Art of Aging Expo” on June 10, 2026.
- The Trauma Informed Care Workgroup of the Criminal Justice Reform Alliance is hosting a series of virtual lunch and learns focused on resilience. The third session is scheduled for July 30, 2026 at noon. To learn more and to register: <https://www.signupgenius.com/go/Resilience-lunch-and-learn>



Parent Education – Infant Development Program

There are currently 518 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 78 referrals in April. There are currently 14 providers on staff. PE-ID has one (1) open position at this time, a Developmental Specialist. We have moved to the use of AI interpretation devices for many of our sessions. We are getting great feedback from families and staff.

May is Early Intervention Month and a great time to view this TEDTalk on why developmental milestones matter and how important it is to refer early, rather than later, to early intervention services!

Developmental Milestones Matter, Kevin Marks (MD, PhD)
https://www.youtube.com/watch?v=s1sUVhu3Y_A

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: Local System Manager’s Regional meeting April 7th and May 5th; Local System Manager’s Statewide meeting April 9th; Rappahannock Area Interagency Coordinating Council meeting April 16th; VACSB Public Policy Committee meeting April 22nd; VACSB CCC+ State Steering Committee meeting April

27th; Opioid Workgroup April 28th; VACSB Developmental Services Council meeting May 7th; and VACSB Conference May 6th and 7th.

Infant Case Managers received 78 referrals in the month of April.

Our Part C System was not selected as one of the 12 localities for inclusion in the SFY 2027 cyclical monitoring review. We anticipate being part of the SFY 2028 reviews. This Periodic Oversight of Systems and Methods (POSM) is Virginia's Part C of IDEA monitoring process. It has been modeled on differentiated monitoring and support as conducted by the U.S. Department of Education, Office of Special Education Programs. POSM provides a mechanism by which each of the 40 local early intervention systems in Virginia receives a structured, in-dept review of local Part C implementation every four (4) years. Focus areas for the monitoring are determined by both national and state identified priorities. To learn more: <https://itcva.online/itcva-gsm-posm/>

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 is scheduled to meet again on 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, returned to King George High School for the NJROTC students in April. They received education on alcohol and cannabis prevention.

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 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: 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: 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.). We have added two (2) training dates this summer in partnership with Caroline County Public Schools. Additionally, Stafford County Public Schools are planning to train all secondary administrative staff in Youth MHFA this summer.

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>

The second round of teenMHFA was completed at Caroline High School. Additionally, we will be able to train a cohort of CHAMP students at Brooke Point High School this academic year. National Council recently announced a 2.0 version of the curriculum and we will be working to support the schools with it's implementation moving forward.

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: 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 will release two (2) new training curriculums this month. Each are approximately 3-hours in duration. They will be recognized as approved suicide prevention trainings by DBHDS and support CSBs in meeting the training requirements in the Performance Contract. This provides an alternative to ASIST, safeTALK and QPR.

In recognition of May as Mental Health Month, Lock and Talk Virginia launched a new awareness campaign: *Every Conversation. Every Generation.* The campaign looks at suicide prevention across the lifespan and includes weekly calls to action.

To learn more: <https://www.lockandtalk.org/campaigns/generations>

**Every Conversation.
Every Generation.**



1 in 5 people will struggle with their mental health this year.

Show up. Reach out. Check in.

lockandtalk.org/generations

Who will you check in on this week?

A quick call or a simple "Are you okay?" can make more of a difference than we realize.

lockandtalk.org/generations

Small moments matter more than we think.

- A quick text lets them know you're there
- A short call reminds them they matter
- Just listening helps someone feel safe and seen

lockandtalk.org/generations

START THE CONVERSATION

"How are you really doing?"

"I've been thinking about you."

"I'm here if you need to talk."

Small words can open the door to real connection, understanding, and support for every generation.

lockandtalk.org/generations

Caring for one another means creating safe spaces at home.

- Lock medications
- Secure firearms
- Talk openly about emotions

These actions help create healthier, safer futures across every generation.


lockandtalk.org/generations

The conversation doesn't end here.

Mental health awareness carries into our families, communities, and future generations.

lockandtalk.org/generations


MENTAL HEALTH CONNECTS US Across Generations.



No matter our age, we all need someone who will listen and care


lockandtalk.org/generations

Baby Boomers (born 1946–1964)



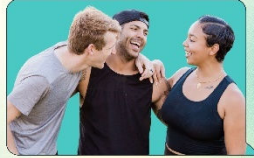
Adults 65 and older account for nearly 20% of suicide deaths in the U.S. While older adults are less likely to talk about mental health, this reinforces that every generation needs connection.

Gen X (born 1965–1980)




Gen X tends to be the "sandwich generation," balancing care for aging parents and their own children. Many Gen X adults report putting their own mental health last.

Millennials (born 1981–1996)



41% of Gen Zers and 36% of Millennials report that their mental health struggles have worsened in the past year. However, 29% report openly seeking support from a mental health professional. Millennials are leading the way in seeking mental health support.

Gen Z (born 1997–2012)



About 75% of mental illnesses emerge between ages 10 and 24, making this a particularly vulnerable window. Most mental health challenges begin early in life—making conversations with young people more important than ever.

What does this mean?

Younger generations are more likely to talk openly about mental health and seek help.

Older generations are often struggling just as much, they just tend to do it quietly.

Only 7% of the oldest adults and 14% of Baby Boomers saw a mental health professional last year, compared to 36% of Gen Z.

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 August 24, 2026. Efforts to form a workgroup to address post-vention are moving forward. Additionally, there is an opportunity to host a training for faith leaders - Collaborating in Care: Ministry and Mental Health (CCMM) Training Day. We are hoping to host the training in October to correspond with Spiritual Care Week.

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. The new DBHDS REVIVE coordinator is implementing changes and piloting some new processes.

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 July 30, 2026 at noon. The topic is "Everyday Resilience: Brain-Based Strategies to Regroup and Reset" with Barbara Gustavson, founder, Discover Next Steps.

The third book club session utilizing the book "Burnout: The Secret to Unlocking the Stress Cycle" by Emily Nagoski, PhD, and Amelia Nagoski, DMA, is being pushed to the fall due to low registrations.

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 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.

April 2026

LOCALITY	NUMBER OF REFERRALS	ASSESSMENTS	NUMBER OF FAMILIES RECEIVING HOME VISITS	NEW ENROLLEES YEAR-TO-DATE
CAROLINE COUNTY	3	1	7	2
CITY OF FREDERICKSBURG	2	4	30	14
KING GEORGE COUNTY	6	3	3	0
SPOTSYLVANIA COUNTY	5	3	59	13
STAFFORD COUNTY	7	5	30	11
OUT OF AREA (REFERRED TO OTHER HF SITES)	0	0	0	0
TOTAL	23	16	129	40

HFRA participated in the live ballot for the Women and Girls Fund on May 7, 2026. Their project, “Breaking Barriers to Employment for Mothers in PD16,” won the live vote and are recipients of the \$50,000 transformation grant! The program will be collaborating with UMW, Workforce, Carter Bank and Trust, and Sparks Daycare, to offer workshops on resume writing, interview skills and mock interviews. Thank you to everyone who supported this project.

The program celebrated National Home Visiting Week with direct service staff being recognized for their work. The Healthy Families Board of Directors provided each staff with a wellness bag.

Governor Spanberger signed a Certificate of Recognition that recognized April 20-26, 2026 as Home Visiting Week in the Commonwealth of Virginia.

HFRA was invited to participate in National Home Visiting Week Roundtable in Washington DC. HFRA’s home visitor Carley Hurd and Rebekah (family) represented HFRA in this conversation.



Participated in Trivia for a Cause on April 29, 2026 with GoLocal Fxgb.

Conducted a Chair Zumba event with Jubilation Senior Living. This served as a diaper and wipe drive as well as fundraiser with \$150 collected in donations.

ZUMBA FOR A CAUSE

EMPOWER US
 Healthy Families Rappahannock
 2019-2020

April 22nd | 11:00 AM
Dining Room

Healthy Families of the Rappahannock is coming to Substation to lead a fun Zumba session!

Join us for both Chair Zumba and Standing Zumba — all fitness levels welcome.

Please consider bringing a donation to support their amazing cause. Let's move, give back, and have some fun together!

WALK-UP LIST

- \$1000
- \$500
- \$250
- \$100
- \$50
- \$25
- \$10
- \$5
- \$1

For more information or to make a donation, please contact: info@healthyfamiliesra.org or call 540-338-1111

Healthy Families of the Rappahannock is a 501(c)(3) nonprofit organization. All donations are tax-deductible to the extent allowed by law.

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May

2026

Healthy Families Rappahannock Area Newsletter



Mel's Desk

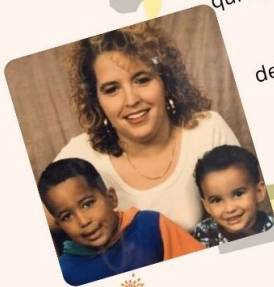


I came across a quote recently that stopped me in my tracks and settled deep in my heart. It reminded me that motherhood is not defined by shared DNA, but by something far more powerful—love. The quote read, “Motherhood isn’t defined by a birth certificate, but by the soup made for a sick child, the wisdom shared in hard times, and the unconditional ‘I’m here for you.’” ~ author unknown. And the more I sat with those words, the more I realized how true they are, not just in families, but in the work, we do every single day.

I remember my time as a home visitor, sitting in living rooms, on couches, sometimes on the floor beside a young mother navigating uncertainty. I would gently remind families, “I’m not your mama, and I’m not your auntie, but I’m here to listen, to support you, and to walk alongside you without judgment.” That space, built on trust, compassion, and consistency, is where real change begins. And even now, I believe that is the heart of what makes our team so impactful. They don’t just show up, they show up with love. A genuine, unwavering commitment to families and to this community.

For more than 21 years, I have had the profound privilege of witnessing the quiet, life-changing power of home visiting. I have watched families find their voice, moments of doubt into stories of strength. I have seen parents raise their own children with the same care and resilience they fought so hard to build. Each month, as I hear new stories, I am reminded that while we may not carry the title of “mother” or “auntie” in these families’ lives, what we bring is just as meaningful. We bring presence. We bring belief. We bring love. And that love, quiet, steady, and unwavering, is often the very thing that reminds a parent they are not alone. That someone sees them. That someone cares. We are difference makers, not because of what we do, but because of how deeply we care. And I am endlessly grateful to lead a team that embodies that truth every single day.

~Melodie “Mel” Jennings



www.healthyfamiliesrappahannock.org

Scan to Donate



May

2026

Healthy Families Rappahannock Area Newsletter

Support Shoutouts

This month's shout outs belong to

- Choices
- Community Threads

We are truly Thankful for all the Support you give!

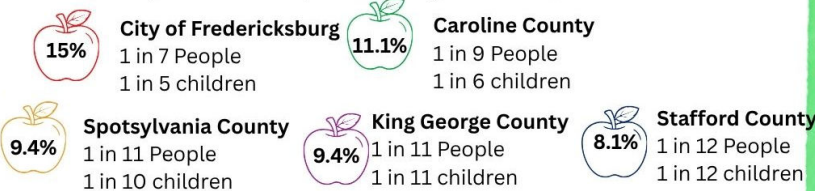
Be A Part of the Village
Scan to Donate



Did You Know?....

Food insecurity means not having consistent, reliable access to enough nutritious food to live a healthy, active life. It can look like skipping meals, stretching food to make it last, relying on low-cost but less nutritious options, or worrying about where the next meal will come from. Beyond hunger, food insecurity often reflects deeper challenges such as limited income, unstable employment, or barriers to accessing resources, and it can significantly impact a person's physical health, mental well-being, and overall stability.

Food insecurity touches every zip code in the United States...According to data shared by the Fredericksburg Regional Food Bank, 10.2% of Virginians are touched by food insecurity. In Planning District 16,



No family should have to feel these struggles...HFRA is so thankful for the support the Fredericksburg Regional Food Bank provides...if you know someone in need, Please encourage them to reach out today...We will connect them to support!

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@rappahannockareacs.org

Home Visiting Week

Healthy Families Rappahannock Area definitely had an eventful week. Home Visitors from across the nation were invited to participate in National Home Visiting Week Rountable in Washington DC and HFRA's home visitors were a part of that conversation. We are so proud o Carley and her family for sharing their story and helping spread the word on why home visiting works.

For our state, We are so thankful to Governor Abigail D. Spanberger for signing a Certificate of Recognition that recognized **April 20-26, 2026** as Home Visiting Week in the Commonwealth of Virginia.



Finally, we are thankful to our Board for recognizing the team and filling bags with goodies to show their appreciation for all the team does on a daily basis.



We Definitely Love Our Home Visitors!

May 2026

CALL

To

ACTION!



scan QR

Refer
a family

MAKE
a donation

Join Our Village



email us today at hfra@rappahannockareacsb.org



www.healthyfamiliesrappahannock.org

hope starter | RAPPAHANNOCK AREA
COMMUNITY SERVICES BOARD



What's Happening This Month

May 2026

Happy Mother's Day Playgroup

Wednesday, May 13, 2026

10 am - 11 am
Food Co-Op
320 Emancipation Hwy
Fredericksburg, VA 22401



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

HFRA Board Meeting May 26, 2026 virtual 6:30 pm

CONTACT US

hfra@rappahannocareacsb.org

540-374-3366

www.healthyfamiliesrappahannock.org



We are proud to share the continued growth and impact of the Women & Girls Fund, which has grown to 538 members and successfully reached its goal of a \$50,000 transformative grant. On May 7th, members gathered at our Live Ballot Event to hear from four outstanding finalists working to improve the lives of women and girls across our region. Following an inspiring evening of presentations and voting, we are excited to congratulate **Healthy Families Rappahannock Area** as the recipient of this year's **\$50,000 grant** for its project, ***Breaking Barriers to Employment for Mothers in PD16***.



This initiative provides workforce readiness training, résumé development, interview preparation, and personalized coaching to help mothers overcome barriers to employment and achieve long-term financial stability. Through relationship-based support and practical resources, the program empowers women to build stronger futures for themselves, their children, and their families.



This year's finalists represented powerful, community-driven solutions supporting women and girls across our region:



Fredericksburg Christian Health Center: *Health-Bridge Program*

Delivers compassionate, on-site healthcare to women facing barriers to access, including those experiencing domestic violence, homelessness, and recovery.

Love Thy Neighbor King George: *Women & Girls Dignity and Essential Needs Initiative*

Expands access to essential hygiene items, diapers, and menstrual products for women and girls in a rural community facing financial hardship.

Virginia Community Food Connections: *Farm to Pantry—Advancing Food Security for Women and Girls*

Connects women and families to fresh, locally grown food through a network of community partners, improving nutrition and food security.

Thank you to **Our Donors:**

- Kate Boldon
- Susanna Botts
- Kathleen Carroll
- Rhonda Cary Fried
- Martha Coates
- Camille Degene
- Gail Greene
- Casey Hu
- Libby Humphries
- Colby Keilty
- Mary Namey
- The Mike & Patty O'Brien Charitable Fund
- The Jennalee Ritchie McNally Fund for Women & Girls
- The Norair Family Fund
- Joann Payne
- Lisa Rauch Walsh
- The Kathy Salvas Charitable Fund
- Sharon Schmidt, In Memory of Ursula Lund
- Megan Shepherd
- Lynn Simms
- Cynthia Snellings
- Bonnie Stone
- Douglas & Roberta Tilden
- Donna Ulman
- The King Wack Family Endowment
- Rozzie Whitescarver
- Lee Woolf

— **Celebrating Our Professional Partners:**
With Gratitude & Appreciation —

**Finance Department
April 2026 Program Updates**

Staffing Changes and Opportunities:

Carley Hurd has accepted the Accounts Payable position after previously serving as a Healthy Families Family Support Specialist.

Reimbursement Department:

The Reimbursement team is actively tracking outstanding claims impacted by the Anthem issue to ensure payment now that the issue has been resolved and claims are being reprocessed. All related payments are expected to be received by the end of June 2026. Additionally, the team is focused on resolving claims aged over 120 days, prioritizing them from oldest to newest to support timely resolution.

Accounting Department:

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

Summary of Cash Investments

(as of April 30, 2026)

Depository		Rate	Comments
Atlantic Union Bank			
Checking	\$ 6,919,413	2.50%	
Investment Portfolio			
Cash Equivalents	1,537,337		
Fixed Income	7,892,154		
Total Investment	<u>\$ 9,429,491</u>		
Total Atlantic Union Bank	<u>\$ 16,348,904</u>		
Other			
Local Gov. Investment Pool	<u>7,173,853</u>	3.77%	Avg. Monthly Yield
Total Investments	\$ 23,522,757		

Other Post-Employment Benefit (OPEB)

	Cost Basis	Cost Variance From Inception	Market Basis	Market Variance From Inception
Initial Contribution	\$ 954,620		\$ 954,620	
FY 2024 Year-End Balance	\$ 2,131,014	\$ 1,176,394	\$ 4,489,220	\$ 3,534,600
FY 2025 Year-End Balance	\$ 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
Balance at 1/31/2026	\$ 2,129,910	\$ 1,175,290	\$ 4,962,474	\$ 3,904,877
Unrealized Gain/(Loss)			\$ 63,074	
Realized Gain/(Loss)				
Fees & Expenses	\$ (508)			
Balance at 2/28/2026	\$ 2,129,402	\$ 1,175,290	\$ 5,025,548	\$ 3,904,877
Unrealized Gain/(Loss)			\$ (122,468)	
Realized Gain/(Loss)				
Fees & Expenses				
Balance at 3/31/2026	\$ 2,129,402	\$ 1,175,290	\$ 4,903,079	\$ 3,904,877

Health Insurance

FY 2026	Monthly Premiums	Monthly Claims & Fees	Interest	Balance
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
April	\$429,029	\$494,032	\$688	\$1,683,046
YTD Total	\$2,652,202	\$4,010,667	\$8,171	\$1,683,046

Historical Data	Average Monthly Claims	Monthly Average Difference from PY	Highest Month
FY 2026	\$401,067	\$103,803	\$610,812
FY 2025	\$297,264	\$41,811	\$380,808
FY 2024	\$255,453	\$41,076	\$593,001
FY 2023	\$214,376	(\$97,137)	\$284,428
FY 2022	\$311,513	(\$24,129)	\$431,613
FY 2021	\$335,642	\$14,641	\$588,906

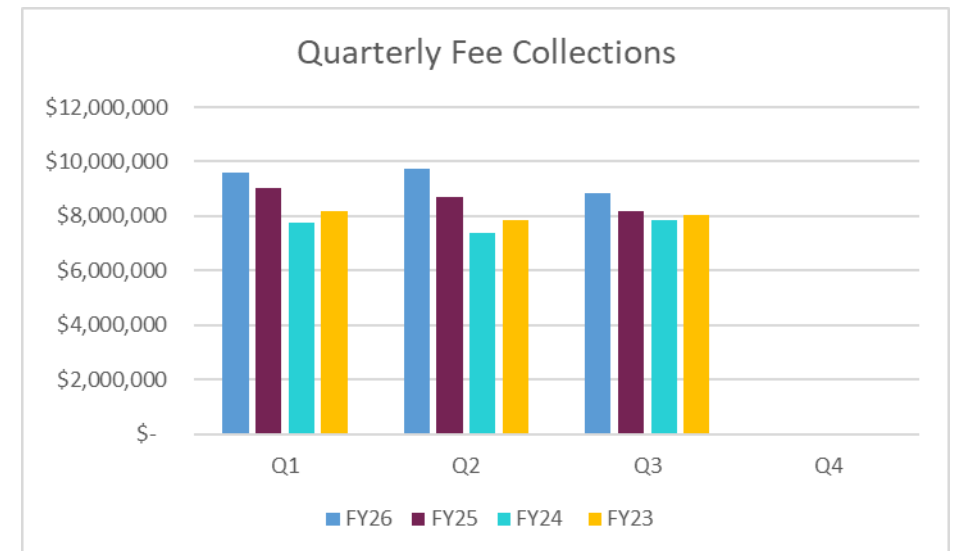
Summary of Investments

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	\$ 542,037.00	\$ 542,037.00	\$ 542,037.00	\$ -	\$ 19,247.73	3.59%	3.59%
US Treasury Bill(05/26/2026)	\$ 500,000.00	\$ 498,755.00	\$ 494,091.32	\$ 4,663.68	\$ 5,908.68	3.65%	3.67%
US Treasury Bill(07/09/2026)	\$ 500,000.00	\$ 496,545.00	\$ 482,569.63	\$ 13,975.37	\$ 17,430.37	3.66%	3.95%
Total Cash Equivalents	\$ 1,542,037.00	\$ 1,537,337.00	\$ 1,518,697.95	\$ 18,639.05	\$ 42,586.78	3.63%	3.74%
US Treasury Note (10/15/2026)	\$ 500,000.00	\$ 502,145.00	\$ 501,256.91	\$ 888.09	\$ 23,125.00	3.77%	4.11%
US Treasury Note(11/30/2026)	\$ 600,000.00	\$ 591,546.00	\$ 587,578.13	\$ 3,967.87	\$ 7,500.00	3.75%	3.56%
US Treasury Note (06/15/2026)	\$ 500,000.00	\$ 500,260.00	\$ 500,392.18	\$ (132.18)	\$ 20,625.00	3.72%	3.96%
US Treasury Note(01/31/2027)	\$ 500,000.00	\$ 501,385.00	\$ 501,761.14	\$ (376.14)	\$ 20,625.00	3.74%	3.76%
US Treasury Note (03/15/2027)	\$ 500,000.00	\$ 502,140.00	\$ 496,308.59	\$ 5,831.41	\$ 21,250.00	3.73%	4.52%
US Treasury Note (08/15/2027)	\$ 500,000.00	\$ 499,295.00	\$ 497,423.79	\$ 1,871.21	\$ 18,750.00	3.84%	4.10%
US Treasury Note(11/15/2027)	\$ 1,000,000.00	\$ 975,820.00	\$ 976,321.15	\$ (501.15)	\$ 22,500.00	3.84%	3.61%
US Treasury Note (8/31/2026)	\$ 500,000.00	\$ 499,990.00	\$ 498,545.10	\$ 1,444.90	\$ 18,750.00	3.78%	4.35%
US Treasury Note (02/29/2028)	\$ 500,000.00	\$ 500,995.00	\$ 499,988.22	\$ 1,006.78	\$ 20,000.00	3.82%	4.00%
US Treasury Note(05/15/2028)	\$ 500,000.00	\$ 490,060.00	\$ 492,586.18	\$ (2,526.18)	\$ 14,375.00	3.82%	3.50%
US Treasury Note(09/15/2028)	\$ 500,000.00	\$ 494,065.00	\$ 496,308.59	\$ (2,243.59)	\$ 16,875.00	3.82%	3.64%
US Treasury Note(11/15/2028)	\$ 1,000,000.00	\$ 990,200.00	\$ 998,535.16	\$ (8,335.16)	\$ 35,000.00	3.83%	3.55%
US Treasury Note(02/15/2029)	\$ 500,000.00	\$ 494,610.00	\$ 500,000.00	\$ (5,390.00)	\$ 17,500.00	3.82%	3.50%
US Treasury Note(04/15/2029)	\$ 350,000.00	\$ 349,643.00	\$ 350,697.00	\$ (1,054.00)	\$ 13,562.50	3.91%	3.80%
Total Fixed Income	\$ 7,950,000.00	\$ 7,892,154.00	\$ 7,897,702.14	\$ (5,548.14)	\$ 270,437.50	3.80%	3.85%
4/30/2026		\$ 9,429,491.00	\$ 9,416,400.09	\$ 13,090.91	\$ 313,024.28	3.77%	3.81%

Fee Revenue Reimbursement- March 30, 2026

RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD FEE REVENUE REIMBURSEMENT REPORT AS OF MARCH 31, 2026							
AGED CLAIMS		Current Month		Prior Month		Prior Year	
Total Claims Outstanding	Total	100%	\$5,787,727	100%	\$5,313,284	100%	\$3,956,196
	Consumers	33%	\$1,898,754	36%	\$1,892,414	55%	\$2,160,948
	3rd Party	67%	\$3,888,973	64%	\$3,420,870	45%	\$1,795,249
Claims Aged 0-29 Days	Total	58%	\$3,385,351	55%	\$2,917,012	39%	\$1,561,774
	Consumers	1%	\$36,434	1%	\$39,579	2%	\$61,205
	3rd Party	58%	\$3,348,917	3%	\$174,347	38%	\$1,500,569
Claims Aged 30-59 Days	Total	2%	\$131,091	2%	\$125,920	4%	\$153,411
	Consumers	0%	\$22,075	0%	\$13,590	2%	\$63,862
	3rd Party	2%	\$109,016	2%	\$112,330	2%	\$89,549
Claims Aged 60-89 Days	Total	2%	\$93,493	2%	\$97,733	2%	\$67,358
	Consumers	0%	\$28,285	0%	\$1,477	0%	\$5,623
	3rd Party	1%	\$65,208	2%	\$96,256	2%	\$61,735
Claims Aged 90-119 Days	Total	2%	\$92,193	2%	\$98,397	4%	\$153,269
	Consumers	0%	\$22,910	1%	\$34,733	3%	\$124,165
	3rd Party	1%	\$69,283	1%	\$63,664	1%	\$29,103
Claims Aged 120+ Days	Total	36%	\$2,085,598	39%	\$2,074,221	51%	\$2,020,385
	Consumers	31%	\$1,789,050	34%	\$1,803,034	48%	\$1,906,093
	3rd Party	5%	\$296,549	5%	\$271,187	3%	\$114,291

CLAIM COLLECTIONS	
Current Year To Date Collections	\$28,146,095
Prior Year To Date Collections	\$25,883,861
\$ Change from Prior Year	\$2,262,234
% Change from Prior Year	9%



Write-off Report

Month: Mar 2026		
Write Off Code	Current MTD	Prior Year MTD
BAD ADDRESS	\$ 30	\$ -
BANKRUPTCY	\$ -	\$ -
DECEASED	\$ -	\$ 1,626
NO FINANCIAL AGREEMENT	\$ 4,926	\$ 12,002
SMALL BALANCE	\$ -	\$ 154
UNCOLLECTABLE	\$ -	\$ 20,640
FINANCIAL ASSISTANCE	\$ 157,631	\$ 265,491
NO SHOW	\$ 80	\$ 240
MAX UNITS/BENEFITS	\$ 40,925	\$ 63,838
PROVIDER NOT CREDENTIALLED	\$ -	\$ 520
DIAGNOSIS NOT COVERED	\$ 367	\$ 160
NON-COVERED SERVICE	\$ -	\$ 605
SERVICES NOT AUTHORIZED	\$ 7,186	\$ 21,357
PAST BILLING DEADLINE	\$ -	\$ 59
INSUFFICIENT DOCUMENTATION	\$ -	\$ 17
MCO DENIED AUTH	\$ 4,732	\$ -
INCORRECT PAYER	\$ 1,755	\$ 914
INVALID MEMBER ID	\$ -	\$ -
INVALID POS/CPT/MODIFIER	\$ -	\$ -
NO PRIMARY EOB	\$ -	\$ -
SPENDDOWN NOT MET	\$ 25,122	\$ 77,709
STATE FUNDS EXHAUSTED	\$ -	\$ -
TOTAL	\$ 242,754	\$ 465,331

Year to Date: July - Mar 2026		
Write Off Code	Current YTD	Prior YTD
BAD ADDRESS	\$ 9,214	\$ 49,264
BANKRUPTCY	\$ 3,020	\$ 250
DECEASED	\$ 2,875	\$ 3,155
NO FINANCIAL AGREEMENT	\$ 99,750	\$ 76,693
SMALL BALANCE	\$ 825	\$ 669
UNCOLLECTABLE	\$ 3,868	\$ 23,282
FINANCIAL ASSISTANCE	\$ 1,748,004	\$ 1,643,656
NO SHOW	\$ 12,304	\$ 4,332
MAX UNITS/BENEFITS	\$ 485,445	\$ 382,880
PROVIDER NOT CREDENTIALLED	\$ 4,244	\$ 15,630
DIAGNOSIS NOT COVERED	\$ 5,335	\$ 5,468
NON-COVERED SERVICE	\$ 46,330	\$ 54,109
SERVICES NOT AUTHORIZED	\$ 145,990	\$ 129,160
PAST BILLING DEADLINE	\$ 7,008	\$ 4,211
INSUFFICIENT DOCUMENTATION	\$ 75,913	\$ 954
MCO DENIED AUTH	\$ 101,393	\$ 9,989
INCORRECT PAYER	\$ 36,530	\$ 21,529
INVALID MEMBER ID	\$ 710	\$ -
INVALID POS/CPT/MODIFIER	\$ 680	\$ 100
NO PRIMARY EOB	\$ 7,561	\$ 3,015
SPENDDOWN NOT MET	\$ 179,325	\$ 362,645
STATE FUNDS EXHAUSTED	\$ -	\$ 19,150
TOTAL	\$ 2,976,326	\$ 2,810,141

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
4/17/2026	32.5	\$1,361.70	\$41.90	24.25	\$1,762.78	\$72.69	56.75	\$3,124.48
5/1/2026	58.5	\$2,396.90	\$40.97	33.25	\$2,114.03	\$63.58	91.75	\$4,510.93
Grand Total	2425.9	\$98,034.02	\$40.41	1164.92	\$55,371.82	\$47.53	3590.82	\$153,405.84

RACSB
FY 2026 FINANCIAL REPORT
Fiscal Year: July 1, 2025 through June 30, 2026
Report Period: July 1, 2025 through March 31, 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	19,950	0.00%	(3,000)	-18%
OUTPATIENT (FED)	3,559,688	2,645,962	74.33%	3,559,688	2,654,714	74.58%	(8,752)	0%
MEDICAL OUTPATIENT (R) (FED)	4,432,876	3,285,833	74.12%	4,432,876	3,216,303	72.56%	69,530	2%
ACT NORTH (R)	1,108,186	932,204	84.12%	1,108,186	833,912	75.25%	98,293	11%
ACT SOUTH (R)	1,057,760	1,040,475	98.37%	1,057,760	779,054	73.65%	261,421	25%
CASE MANAGEMENT ADULT (FED)	1,377,302	1,042,656	75.70%	1,377,302	1,021,737	74.18%	20,919	2%
CASE MANAGEMENT CHILD & ADOLESCENT (FED)	1,171,251	754,049	64.38%	1,171,251	827,668	70.67%	(73,619)	-10%
PSY REHAB & KENMORE EMP SER (R) (FED)	861,864	678,279	78.70%	861,864	635,698	73.76%	42,581	6%
PERMANENT SUPPORTIVE HOUSING (R)	4,079,960	5,220,786	127.96%	4,079,960	2,495,122	61.16%	2,725,664	52%
CRISIS STABILIZATION (R)	2,984,567	2,017,167	67.59%	2,984,567	2,110,855	70.73%	(93,688)	-5%
SUPERVISED RESIDENTIAL	702,775	500,305	71.19%	702,775	554,456	78.90%	(54,151)	-11%
SUPPORTED RESIDENTIAL	1,115,708	618,794	55.46%	1,115,708	832,340	74.60%	(213,546)	-35%
JAIL DIVERSION GRANT (R)	0	1,000	#DIV/0!	0	0	#DIV/0!	1,000	100%
JAIL & DETENTION SERVICES	796,633	294,577	36.98%	796,633	609,011	76.45%	(314,434)	-107%
SUB-TOTAL	23,248,570	19,049,037	82%	23,248,570	16,590,821	71%	2,458,217	13%

DEVELOPMENTAL SERVICES

PROGRAM	REVENUE			EXPENDITURES			ACTUAL VARIANCE	VARIANCE / REVENUE
	BUDGET FY 2026	ACTUAL YTD	%	BUDGET FY 2026	ACTUAL YTD	%		
CASE MANAGEMENT	5,009,320	4,176,487	83.37%	5,009,320	3,602,716	71.92%	573,771	14%
DAY HEALTH & REHAB *	5,928,581	4,610,864	77.77%	5,928,581	4,248,775	71.67%	362,089	8%
GROUP HOMES	7,177,971	5,841,629	81.38%	7,177,971	5,233,192	72.91%	608,438	10%
RESPIRE GROUP HOME	742,838	178,757	24.06%	742,838	417,909	56.26%	(239,152)	-134%
INTERMEDIATE CARE FACILITIES	5,382,884	3,218,051	59.78%	5,382,884	3,797,498	70.55%	(579,448)	-18%
SUPERVISED APARTMENTS	1,869,743	2,220,236	118.75%	1,869,743	1,398,877	74.82%	821,360	37%
SPONSORED PLACEMENTS	2,412,624	1,835,789	76.09%	2,412,624	1,519,051	62.96%	316,737	17%
SUB-TOTAL	28,523,961	22,081,814	77.41%	28,523,961	20,218,019	70.88%	1,863,795	8%

(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 March 31, 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	1,475,718	72.01%	2,049,386	1,467,034	71.58%	8,684	1%
MAT PROGRAM (R) (FED)	1,254,477	795,405	63.41%	1,254,477	972,109	77.49%	(176,704)	-22%
CASE MANAGEMENT(with LINK) (R) (FED)	404,098	303,110	75.01%	404,098	340,626	84.29%	(37,517)	-12%
RESIDENTIAL (R)	36,612	27,954	76.35%	36,612	10,685	29.18%	17,269	62%
PREVENTION (R) (FED)	521,955	641,742	122.95%	521,955	434,918	83.32%	206,825	32%
SUB-TOTAL	4,266,528	3,243,929	76%	4,266,528	3,225,372	76%	18,557	1%

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	2,135,102	104.64%	2,040,456	1,321,681	64.77%	813,421	38%
CHILD MOBILE CRISIS (R)	271,050	179,746	66.31%	271,050	137,401	50.69%	42,345	24%
CIT ASSESSMENT SITE (R)	329,029	264,631	80.43%	329,029	340,427	103.46%	(75,796)	-29%
CONSUMER MONITORING (R) (FED)	-	0	#DIV/0!	0	233,611	#DIV/0!	(233,611)	0%
ASSESSMENT AND EVALUATION (R)	514,373	366,331	71.22%	514,373	393,801	76.56%	(27,470)	-7%
SUB-TOTAL	3,154,908	2,945,810	93.37%	3,154,908	2,426,921	76.93%	518,889	18%

ADMINISTRATION

PROGRAM	REVENUE			EXPENDITURES			ACTUAL VARIANCE
	BUDGET FY 2026	ACTUAL YTD	%	BUDGET FY 2026	ACTUAL YTD	%	
ADMINISTRATION (FED)	826,292	534,358	64.67%	826,292	534,358	64.67%	0
PROGRAM SUPPORT	27,600	20,700	75.00%	27,600	20,700	75.00%	0
SUB-TOTAL	853,892	555,058	65.00%	853,892	555,058	65.00%	0
ALLOCATED TO PROGRAMS				4,268,473	3,126,283	73.24%	

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

RACSB
FY 2026 FINANCIAL REPORT
Fiscal Year: July 1, 2025 through June 30, 2026
Report Period: July 1, 2025 through March 31, 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	1,402,879	73.98%	1,896,364	1,125,044	59.33%	277,835	20%
INFANT CASE MANAGEMENT (R)	939,818	564,099	60.02%	939,818	658,290	70.04%	(94,191)	-17%
EARLY INTERVENTION (R)	2,719,353	1,605,026	59.02%	2,719,353	2,044,319	75.18%	(439,292)	-27%
TOTAL PART C	5,555,535	3,572,004	64.30%	5,555,535	3,827,653	68.90%	(255,649)	-7%
HEALTHY FAMILIES (R)	1,246,855	485,209	38.91%	1,246,855	905,305	72.61%	(420,096)	-87%
TOTAL HEALTHY FAMILY	1,246,855	485,209	38.91%	1,246,855	905,305	72.61%	(420,096)	-87%
COMMUNITY OUTREACH	118,307	56,288	47.58%	118,307	50,661	42.82%	5,627	10%
TOTAL COMMUNITY OUTREACH	118,307	56,288	47.58%	118,307	50,661	42.82%	5,627	10%

(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 March 31, 2026

RECAP FY 2026 BALANCES

	<u>REVENUE</u>	<u>EXPENDITURES</u>	<u>NET</u>	<u>NET / REVENUE</u>
MENTAL HEALTH	19,049,037	16,590,821	2,458,217	13%
DEVELOPMENTAL SERVICES	22,081,814	20,218,019	1,863,795	8%
SUBSTANCE ABUSE	3,243,929	3,225,372	18,558	1%
SERVICES OUTSIDE PROGRAM AREA	2,945,810	2,426,921	518,889	18%
ADMINISTRATION	555,058	555,058	0	0%
FISCAL AGENT PROGRAMS	4,113,501	4,783,619	(670,118)	-16%
TOTAL	51,989,149	47,799,809	4,189,341	8%

RECAP FY 2025 BALANCES

	<u>REVENUE</u>	<u>EXPENDITURES</u>	<u>NET</u>	<u>NET / REVENUE</u>
MENTAL HEALTH	18,637,722	17,065,805	1,571,917	8%
DEVELOPMENTAL SERVICES	20,228,364	21,779,473	(1,551,109)	-8%
SUBSTANCE ABUSE	2,977,831	3,336,285	(358,454)	-12%
SERVICES OUTSIDE PROGRAM AREA	2,897,443	2,625,672	271,771	9%
ADMINISTRATION	1,046,795	1,046,795	0	0%
FISCAL AGENT PROGRAMS	4,738,342	5,298,546	(560,204)	-12%
TOTAL	50,526,498	51,152,577	(626,079)	-1%

	<u>\$ Change</u>	<u>% Change</u>
Change in Revenue from Prior Year	\$ 1,462,651	2.89%
Change in Expense from Prior Year	\$ (3,352,767)	-6.55%
Change in Net Income from Prior Year	\$ 4,815,419	-769.14%

*Unaudited Report

HUMAN RESOURCES PROGRAM UPDATE- April 2026

Training & Compliance

- Facilitated in-person training for 117 staff
- All HR files have been audited, with 23 remaining pending items for resolution.
- Enrolled all employees in performance evaluation templates
- Developing new ways to track and house some required documents in Relias

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 eight new Hopestarters.
- Continued to work with our external posting vendors to increase applicant flow.
- Participated in the Rappahannock Region Healthcare Collaborative.

Benefit Notes

- Prepared for Open Enrollment, May 11th – 26th.
- Organized a Financial Wellness Fair, May 14th.

Office of Human Resources
 600 Jackson Street ▪ Fredericksburg, VA 22401 ▪ 540-373-3223
 RappahannockAreaCSB.org

MEMORANDUM

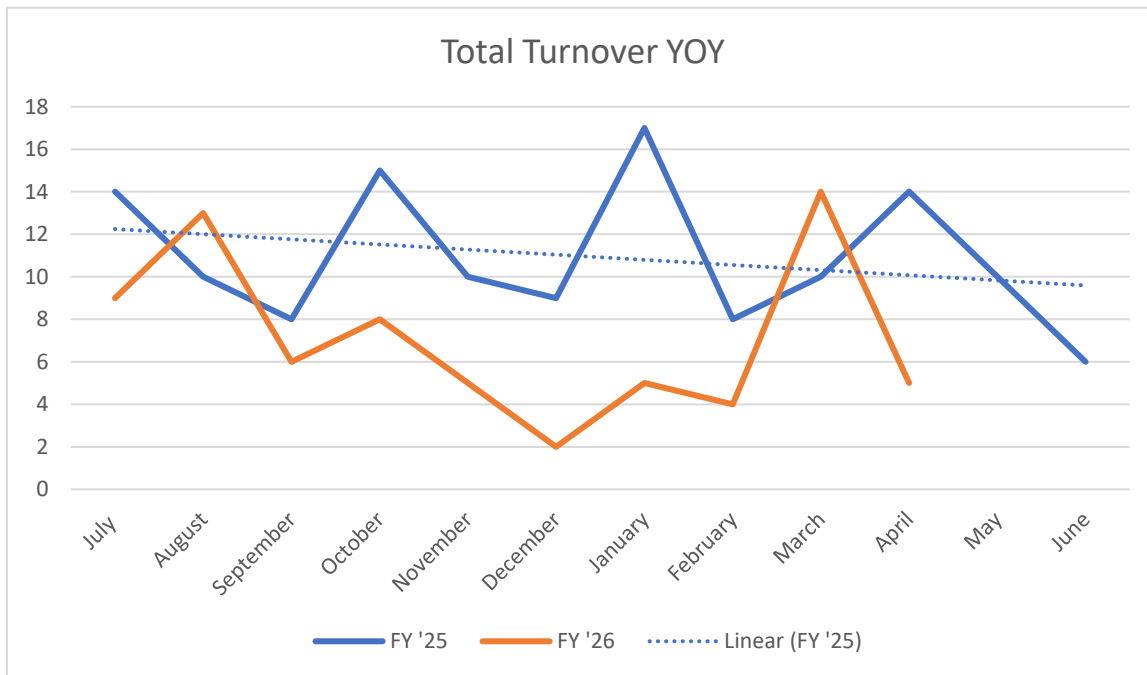
To: Joe Wickens, Executive Director

From: Derrick Mestler, Human Resources Director

Date: May 4, 2026

Re: Summary – Turnover Report and Third Quarter Exit Interview Review – May 2026

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



3rd Quarter Exit Interview Review

During the third quarter, 19 employees voluntarily resigned, and 9 completed exit interviews, resulting in a 47% completion rate.

	Communication	Training	Pay/Benefits	Work Environment	Schedule
	1 to 5	1 to 5	1 to 5	1 to 5	1 to 5
Q1	4.20	4.33	4.40	3.87	3.87
Q2	3.88	4.38	4.00	3.88	3.88
Q3	3.67	3.78	4.00	4.00	3.56

What made you happy while working for us?

Coworkers and working with residents/clients continue to be the top drivers of their happiness at RACSB.

“I like the work that I do. I like working with family, children and teens. It's interesting, challenging, never boring. I've been very lucky with my supervisors over the years.”

“My team including co-workers and supervisor were always very supportive. “

“Love being able to do my dream job. Love being in the homes and helping the babies, seeing parents bonding with the babies. Making a difference in people's lives makes me happy. Also love the diversity of what I do. Got to team with people in other specialties to learn additional things.”

What would you improve about your experience if you could?

Workload was a theme in the third quarter.

“Frequent and consistent supervision with supervisor, as well as internal case conferencing meetings. More attention to the new role and program creation with more guidance/assistance. “

“The billing is one of the most stressful things by far, it causes anxiety. Numbers aren't really indicative of the impact we are having with those in need. If someone cancels, it's a negative hit to our statistics. It's more and more stressful as time goes on. Also the documentation piece of this job requires working late into the evening because the day is spent with clients. This is contributing to the reason I'm retiring now instead of waiting a couple more years. Also, we are required to have average 17 visits per week regardless of taking days off. Even if I'm on vacation I'm required to complete a certain number of visits for the week/month/year. This mindset punishes those of us with more years of service, therefore more time off. But we are discouraged from taking our time off other than short periods of time in order to be able to more easily make up the missing visits. I would have delayed my retirement if RACSB could work with me and lighten my load a bit, but that can't happen. My workload is just too heavy.”

“Consistency in the schedule, even if it was every other week, alternating back and forth.”

“DSSC's caseload amount.”

Do you have any additional feedback?

Positive feedback about RACSB being a great place to work continues through the third quarter.

“Love that RACSB tries to do things to make employees happy.”

“No negative feedback about the job itself or RACSB.”

“I think we are doing a great job.”

“I have thoroughly enjoyed my time with RACSB and have no negative feedback during my time of employment here. I would happily recommend RACSB as a great place of employment to others if asked.”

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>
Average Headcount	572	573	587	586	570	571	579	585	583	576	560	561
Monthly Terminations*	14	10	8	15	10	9	17	8	10	14	10	6
Turnover by Month	2.45%	1.75%	1.36%	2.56%	1.75%	1.58%	2.94%	1.37%	1.72%	2.43%	1.79%	1.07%
Cumulative Turnover YTD	2.45%	4.19%	5.54%	8.11%	9.87%	11.45%	14.39%	15.75%	17.46%	19.89%	21.68%	22.77%
Average % Turnover per Month YTD	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>
Average Headcount	558	553	550	548	552	550	555	561	561	561		
Monthly Terminations*	9	13	6	8	5	2	5	4	14	5		
Turnover by Month	1.61%	2.35%	1.09%	1.46%	0.91%	0.36%	0.90%	0.71%	2.50%	0.89%		
Cumulative Turnover YTD	1.43%	3.96%	5.06%	6.52%	7.42%	7.79%	8.69%	9.40%	11.91%	12.80%		
Average % Turnover per Month YTD	1.43%	1.98%	2.17%	1.63%	1.48%	1.30%	1.24%	1.17%	1.32%	1.28%		

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

RACSB MONTHLY TURNOVER REPORT
Apr-26

<u>ORGANIZATIONAL UNIT</u>	<u>NUMBER OF TERMS</u>	<u>VOLUNTARY</u>	<u>INVOLUNTARY</u>	<u>EXPLANATION</u>
Administrative				
<i>Unit Totals</i>	0	0	0	
Clinical Services		1		Job dissatisfaction
		1		Other opportunity
<i>Unit Totals</i>	2	2	0	
Community Support Services		1		Relocation
		1		Unknown
			1	For Cause
<i>Unit Totals</i>	3	2	1	
Crisis Intervention Services				
<i>Unit Totals</i>	0	0	0	
Prevention & Early Intervention Services				
<i>Unit Totals</i>	0	0	0	
Grand Totals for the Month	5	4	1	

Total Average Number of Employees	561
Retention Rate	90.11%
Turnover Rate	0.89%

Total Separations	5
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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: May 4, 2026

Re: Summary – April 2026 Applicant and Recruitment Update

For April 2026, RACSB received 346 applications.

Of the 346 applications received, 88 applicants cited the RACSB applicant portal as their recruitment source, 20 cited employee referrals, and 238 cited various job boards.

As of the end of April, 35 positions — 21 full-time and 14 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 April 2026.

Original Date Listed	Days Open	Original Listing #	Pos Number	Job Title	RU	Division	FT	PT
4/27/2026								
Actively Recruiting to Hire								
3/25/2026	33	1734634	656	ACCOUNTS PAYABLE TECHNICIAN	1000	Admin	1	
4/1/2026	26	1740278	30	HUMAN RESOURCES ADMINISTRATIVE ASSOCIATE	1000	Admin	1	
11/19/2025	159	1645889	552	SPECIAL EDUCATOR, PEID	3910	PEID	1	
2/19/2026	67	1708929	81	THERAPIST, CHILD & ADOLESCENT	2220	Clinical	1	
3/25/2026	33	1734622	43	CENTRAL ACCESS ASSOCIATE	1100	Clinical	1	
8/5/2025	265	1651285	58	ASSISTANT COORDINATOR - EMERGENCY SERVICES	2000	CIS	1	
7/29/2025	272	1558524	65	ES THERAPIST, CO-MOBILE RESPONSE	2000	CIS	1	
9/24/2025	215	1601851	71	EMERGENCY SERVICES THERAPIST	2070	CIS	1	
9/2/2025	237	1584974	74	EMERGENCY SERVICES THERAPIST - CHILD & ADOLESCENT	2070	CIS	1	
3/6/2026	52	1721281	204	NURSE, RN - CRISIS STABILIZATION	2770	CIS	1	
2/5/2026	81	1699231	206	NURSE, RN - CRISIS STABILIZATION	2770	CIS		1
2/5/2026	81	1699222	207	NURSE, RN - CRISIS STABILIZATION	2770	CIS		1
1/13/2026	104	1684251	192	MH NURSE, LPN - CRISIS STABILIZATION	2770	CIS	1	
4/15/2026	12	1751071	194	MH RESIDENTIAL SPECIALIST	2770	CIS	1	
11/26/2025	152	1651271	195	MH RESIDENTIAL SPECIALIST	2770	CIS	1	
4/10/2026	17	1746949	210	THERAPIST, CRISIS STABILIZATION	2770	CIS	1	
8/18/2025	252	1574615	67	EMERGENCY SERVICES THERAPIST	4000	CIS	1	
1/15/2026	102	1686410	648	DEVELOPMENTAL SERVICES SUPPORT COORDINATOR - SPOTSYLVANIA	3300	CSS	1	
3/6/2026	52	1721251	305	DIRECT SUPPORT PROFESSIONAL - KINGS HIGHWAY	3652	CSS		1
1/23/2026	94	1690946	302	DIRECT SUPPORT PROFESSIONAL - DAY SUPPORT SPOTSYLVANIA	3654	CSS		1
4/24/2026	3	1728941	658	DIRECT SUPPORT PROFESSIONAL - DAY SUPPORT, SPECIALIZED SERVICES	3658			1
4/24/2026	3	1756799	628	DIRECT SUPPORT PROFESSIONAL - DAY SUPPORT ICF	3656	CSS		1
4/24/2026	3	1728941	393	ASSISTANT GROUP HOME MANAGER - STONEWALL	3773	CSS	1	
3/18/2026	40	1728941	399	DIRECT SUPPORT PROFESSIONAL - Stonewall	3773	CSS		1
4/1/2026	26	1740013	394	DIRECT SUPPORT PROFESSIONAL - Stonewall	3773	CSS	1	
4/6/2026	21	1728941	397	DIRECT SUPPORT PROFESSIONAL - Stonewall	3773	CSS	1	
3/6/2026	52	1721259	366	DIRECT SUPPORT PROFESSIONAL - FLOATER	3771	CSS		1
3/6/2026	52	1721266	367	DIRECT SUPPORT PROFESSIONAL - FLOATER	3771	CSS		1
12/3/2025	145	1654941	407	DIRECT SUPPORT PROFESSIONAL - DEVON	3774	CSS		1
2/27/2026	59	1716244	433	DIRECT SUPPORT PROFESSIONAL - IGO	3777	CSS		1
12/5/2025	143	1662440	441	DIRECT SUPPORT PROFESSIONAL - NEW HOPE	3778	CSS		1
2/27/2026	59	1716237	482	DIRECT SUPPORT PROFESSIONAL - GALVESTON	3790	CSS		1
3/12/2026	46	1724597	516	DIRECT SUPPORT PROFESSIONAL - LUCAS ICF	3793	CSS	1	
3/27/2026	31	1737180	496	DIRECT SUPPORT PROFESSIONAL - ROSS ICF	3792	CSS	1	
12/16/2025	132	1619813	531	DIRECT SUPPORT PROFESSIONAL - MYERS RESPITE	3794	CSS		1
4/15/2026	12	1749828	629	DIRECT SUPPORT PROFESSIONAL - MYERS RESPITE	3794	CSS		1
Avg days open	92.79			Total Positions in Recruitment	35		21	14
Budgeted Vacant				Job Title	RU	Division	FT	PT
						ADMIN		
			276	INFANT/CHILD SUPPORT COORDINATOR	3500	PE-ID	1	
						CIS		
			225	RESIDENTIAL COUNSELOR I - LAFAYETTE BOARDING	2786	CSS	1	
			452	DIRECT SUPPORT PROFESSIONAL - BELMONT	3781	CSS	1	
			456	DIRECT SUPPORT PROFESSIONAL - BELMONT	3781	CSS		1
			500	DIRECT SUPPORT PROFESSIONAL - ROSS ICF	3792	CSS	1	
			638	OUTPATIENT THERAPIST - FREDERICKSBURG CLINIC	2200	Clinical		1
			620	PSYCHIATRIC NURSE PRACTITIONER	2201	Clinical	1	
							5	2
						Total	7	

RECRUITMENT ACTIVITY REPORT FY 2026

MONTHLY RECRUITMENT	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL YTD
External Applicants Hired:													
Part-time	0	1	1	3	3	4	5	5	6	4			32
Full-time	4	3	7	6	3	2	3	4	6	3			41
PRN	0	0	0	0	0	2	6	1	5	1			15
Sub Total External Applicants Hired	4	4	8	9	6	8	14	10	17	7	0		87
Internal Applicants Moved:													
Part-time to Full-time	0	0	0	1	2	2	0	1	1	0			7
PRN As Needed to Full-Time	0	0	0	0	0	2	0	0	0	0			2
Promotions	2	4	4	2	0	1	0	1	8	2			24
Lateral Transfers	3	9	5	2	1	0	2	1	5	4			32
Full-time to Part-time	0	0	0	1	0	0	0	0	0	0			1
Full-time to PRN	0	0	0	0	0	1	1	0	0	1			3
Sub Total Internal Applicant Moves	5	13	9	6	3	6	3	3	14	7	0		69

APPLICANT DATA REPORT

RACSB FY 2026

APPLICANT DATA	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26
Female	212	319	425	262	515	233	279	132	203	270		
Male	37	72	101	98	159	69	65	31	32	57		
Not Supplied	75	129	175	114	188	110	32	11	6	19		
Total	324	520	701	474	862	412	376	174	241	346		
ETHNICITY												
White	85	106	164	102	210	102	116	65	100	139		
African American	118	195	263	198	243	136	153	66	93	122		
Hispanic	7	25	22	17	54	14	24	17	12	15		
Asian	5	11	10	3	95	10	5	3	3	4		
American Indian	2	2	2	2	2	3	3	0	0	2		
Native Hawaiian	3	0	1	2	3	0	0	0	3	4		
Two or More Races	92	126	212	138	227	119	43	12	16	48		
Not Supplied	12	55	27	12	28	28	32	11	14	12		
RECRUITMENT SOURCE												
RACSB Website	35	80	91	51	96	58	43	50	75	88		
Employee Referrals	12	20	19	21	21	15	29	14	18	20		
Indeed.com	232	387	504	363	649	293	248	72	102	184		
Social Media	0	0	0	0	8	1	1	0	1	1		
Other -	34	23	70	27	67	30	30	24	40	28		
Zip Recruiter	11	10	17	12	29	15	25	14	193	25		
Job Fair	0	0	0	0	0	0	0	0	0	0		
Total # of Applicants	324	520	701	474	870	412	376	174	429	346	0	0

RACSB DEPUTY EXECUTIVE DIRECTOR REPORT

May 2026 Monthly Updates

Opportunities for Partnership/Input:

- 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.
- 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. Co-presented with DBHDS at both the Quality and Outcomes Committee and the Data Management Committee for approval.
- 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, Accounts Receivable Reporting, and changes to the warrant payment process.
- Met with specific programs during budget meetings in preparation for round one of budget planning.
- Completed third quarter goal update meetings with all directors.
- Met with Optum to explore their pay for performance incentive program

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 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. We have continued to navigate ongoing state reporting challenges with Netsmart and have started meetings with Netsmart leadership to support successful resolution.

DBHDS Performance Dashboards

These recently were released after an extended period 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. Those changes were not made. Monthly reports to the Board on these performance dashboards will resume in June 2026.

Information Technology Update

Total Number of Tickets Closed in April- 1,118

This spring has been a busy season for streamlining data, implementing new solutions, and optimizing our existing tools. Below is a snapshot of our April efforts.

Data Analytics & Compliance

Our transition to enhanced analytics is progressing well, with the Netsmart KPI dashboard implementation. We continue to meet weekly to setup and train on the platform. Once finalized, this will offer a centralized, real-time view of clinical metrics. IT is also configuring systems to accommodate upcoming State Reporting changes, ensuring our data remains compliant with new requirements from DBHDS.

Communication & Feedback Tools

We have officially begun the initial setup of TeleVox. This platform will modernize our patient outreach via automated appointment reminders, specifically aimed at reducing no-show rates and improving clinic

workflows. Additionally, we have begun dispersing NPS tablets to all clinics to capture consumer satisfaction. Following a successful pilot at the Spotsylvania Clinic, we are now expanding this to all locations.

Patient Portal Optimization

Lastly, we are actively refining the MyHealthPointe (Patient Portal) user experience to better facilitate remote patient signatures. IT is currently developing new forms within Avatar and MyHealthPointe, allowing clinicians to seamlessly submit documentation to clients for electronic signature.