
May 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 May 19, 2026, at 600 Jackson Street and called to order by Chair, Jacob Parcell, at 3:00 p.m. Attendees included: Claire Curcio, George Dallas, Ken Lapin, Greg Sokolowski, Ashley Terry, Carol Walker, and Matthew Zurasky. Absent: Nancy Beebe, Susan Gayle, Melissa White and Bridgette Williams.

II. PUBLIC COMMENT

No Action Taken

III. SERVICE AWARDS – *Mr. Joseph Wickens*

Mr. Joseph Wickens recognized all employees with awards:

5 years

Kelsey Wilkinson, ID/DD Residential Specialist, Sponsored Placement

Siara Samuels, Support Coordinator

Tom Schafer, Psychosocial Advocate – Kenmore Club (not present)

20 years

Floretta Ramsuer, Direct Support Professional – Galveston

Michelle Wagaman, Director Prevention & Early Intervention Services

28 years – Retirement: 1997- 2026

Jen Acors, DD Support Coordinator

IV. CERTIFICATE OF RECOGNITION – *Mr. Joseph Wickens*

1. **Sherry Norton-Williams** – Top MHFA Instructor in Virginia for the 5th Straight Year in a Row.

V. BOARD CORE BEHAVIORS – *Ms. Claire Curcio*

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

VI. BOARD PRESENTATION, **Financial Report Year Ended June 30, 2025**, presented by Mr. Joshua Roller of Robinson, Farmer, Cox Associates, PLLC, Certified Public Accountants.

The Board moved to approve the Financial Report
ACTION TAKEN: The Board approved the Financial Report
Moved by: Mr. Greg Sokolowski
Seconded by: Ms. Claire Curcio

VII. **MINUTES, BOARD OF DIRECTORS, April 21, 2026**

The Board of Directors moved to approve the minutes from the April 21, 2026 meeting.

ACTION TAKEN: The Board approved the April 21, 2026 minutes.

Moved by: Ms. Claire Curcio

Seconded by: Mr. Matt Zurasky

VIII. **APPOINTMENT OF OFFICERS, Mr. Jacob Parcell**

Mr. Parcell stated that it was time to nominate new officers for the Board. He noted that nominations are now open to the full Board, with officer elections to be decided at the June meeting.

IX. **DEPUTY EXECUTIVE DIRECTOR, Mr. Joseph Wickens (in the absence of Ms. Brandie Williams)**

Mr. Wickens asked if there were any questions regarding the program update. Mr. Parcell asked whether the Board could receive a presentation or overview of the Patient Portal Optimization initiative so members could better understand what it looks like from a patient's perspective. He noted that the presentation could be relatively brief, but that it would be helpful for the Board to see what the "front door" experience looks like for patients.

Mr. Lapin added that Ms. Williams recently presented on the Strategic Plan at the Virginia Association of Community Services Boards Conference and did an excellent job with the presentation.

X. **EXECUTIVE DIRECTOR, Mr. Joseph Wickens**

Mr. Wickens thanked Board members George and Nancy for attending the Program Tour last week, noting that it was a great success. He shared that the next Program Tour is scheduled for June 23rd and encouraged interested Board members to let staff know if they would like to attend. Mr. Wickens also informed the Board that the Commission on Accreditation of Rehabilitation Facilities (CARF) will be onsite for its visit May 27–29. Board members are invited to attend the orientation session on May 27th at 8:30 a.m., and he asked members to advise staff if they are able to participate. Mr. Wickens stated that he continues to be in discussions with Virginia Department of Behavioral Health and Developmental Services regarding funding for the CRC, with additional updates expected at next month's meeting. He noted there appears to be some optimism that additional funding may become available. Lastly, Mr. Wickens shared that the new Virginia Department of Behavioral Health and Developmental Services Commissioner, Darryl Washington, will be visiting on June 17th from 3:00 p.m. to 5:30 p.m.

XI. **PROGRAM REPORTS**

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

1. **Program Update** – Ms. Fisher Curtis shared the April 2026 Community Support Services report, which included updates across DD Day Support, DD Residential, DD Support Services, MH Residential, and Kenmore Club programs. Ms. Fisher Curtis also highlighted the success of the recent RAAI 50th Birthday Celebration held last Saturday, noting the event had a large turnout and thanking everyone who attended. She shared that the Executive

Director was dunked in the dunk tank multiple times, making for a fun and memorable event, and encouraged members to view photos posted on the RAAI Facebook page. Ms. Fisher Curtis further noted the success of the Art of Recovery event through Kenmore Club, which also had a strong turnout, and thanked everyone for their support and participation.

2. **Residential Vacancies** – Ms. Fisher Curtis shared the April 2026 Residential Vacancies memorandum, which provided updates on Developmental Disabilities and Mental Health Residential Services. Ms. Fisher Curtis reported that three individuals have upcoming move-in dates for DD Residential programs, with Leeland and Ruffins expected to be fully occupied by June 1st. Additional assessments are ongoing for openings at Merchant, Belmont, and Igo. Mental Health Residential Services reported one discharge to a lower level of support and several current vacancies across residential locations. Permanent Supportive Housing currently serves 78 individuals, with two additional individuals accepted and awaiting housing placement.
3. **Mental Health Residential Restructure** – Ms. Fisher Curtis presented a memorandum regarding proposed Mental Health Residential restructuring efforts in response to anticipated funding reductions and upcoming Medicaid redesign changes related to Community Psychiatric Support and Treatment (CPST). Ms. Fisher Curtis reported that the review is focused on strengthening fiscal stability, improving operational efficiency, aligning staffing structures with program needs, and maintaining high-quality, person-centered services. Ms. Fisher Curtis emphasized their commitment to minimizing service disruption, supporting staff through transitions, and maintaining regulatory compliance throughout the process. Additional information and recommendations will be provided to the Board as planning continues.

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

1. **Program Update** – Ms. Jindra gave the May 2026 Crisis Intervention Services program updates. She reported ongoing FY27 budget planning efforts and highlighted a recent luncheon hosted for regional law enforcement agencies to discuss plans for the new Crisis Receiving Center. ACT programs reported a combined census of 73 clients, continued program growth, successful client engagement activities including the first annual kickball tournament, and ongoing preparation for upcoming Commission on Accreditation of Rehabilitation Facilities and TMACT reviews. Sunshine Lady House reported 28 admissions and 77 referrals in April, with staffing transitions continuing to impact operations, though new staff additions are expected to improve stability. Emergency Services leadership also reported active recruitment efforts and optimism regarding the quality of candidates applying for open positions.
2. **Emergency Custody Order (ECO)/Temporary Detention Order (TDO) Report – April 2026** – Ms. Jindra provided an update on Emergency Services activity for April, reporting a total of 213 emergency evaluations. Of these, 68 individuals were assessed under Emergency Custody Orders (ECOs) and 80 Temporary Detention Orders (TDOs) were served. Staff facilitated two admissions to the Commonwealth Center for Children and Adolescents. Additionally, six individuals were involuntary hospitalized outside of the agency's catchment area during this period.
3. **Crisis Intervention Team (CIT) and Co-Response Report** – Ms. Jindra provided an update on CIT and Co-Response services for April.

The CIT Assessment Center served 20 individuals. Co-Response teams in Spotsylvania and Stafford served a combined total of 94 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 shared the Sunshine Lady House Utilization Report for April 2026. She reported that Sunshine Lady House served 30 individuals during the month, including 28 new admissions, and received referrals from seven Community Services Boards and Behavioral Health Authorities. The program accepted over 78% of referrals, with some deferred due to medical or psychiatric acuity. Ms. Jindra also shared plans to begin serving individuals under Temporary Detention Orders (TDOs) in the coming months and emphasized continued collaboration with Emergency Services to provide appropriate levels of crisis care. Utilization for April was reported at 34%, compared to the program goal of 75%

C. CLINICAL, *Ms. Jacque Kobuchi*

1. **Program Update** – Ms. Kobuchi provided the May 2026 Clinical Services report, which included updates across outpatient clinics, case management, specialty dockets, substance use services, medical services, and jail-based services. She reported continued high utilization of Same Day Access services across clinics, ongoing substance use and wellness group programming, and active recruitment efforts to address clinical vacancies. Specialty Dockets reported participant graduations and continued enrollment growth, while Child and Adolescent Support Services highlighted several successful residential discharges and reunification efforts. Jail and Detention Services also reported continued provision of crisis, therapeutic, medication management, and substance use services to individuals at the regional jail and juvenile detention center.
2. **State Hospital Census Report** – Ms. Kobuchi shared the State Hospital Census Report for May 2026. She reported a total census of 33 individuals across state hospitals, including civil, NGRI, forensic, and Extraordinary Barriers List (EBL) cases. RACSB currently has two individuals on the EBL at Piedmont Geriatric Hospital and Western State Hospital due to challenges securing appropriate community placements. Staff provided updates on ongoing discharge planning efforts, including coordination with assisted living and memory care facilities and potential utilization of Discharge Assistance Program (DAP) funding to support community placement needs.
3. **Same Day Access** – Ms. Kobuchi shared the Same Day Access (SDA) report for May 2026. She reported continued strong utilization of SDA services across RACSB outpatient clinics, with many adult intakes being completed through same-day appointments. The Stafford Clinic initiated a waitlist in April due to staffing shortages; however, other clinics are assisting Stafford residents while newly hired staff are onboarded and trained. Ms. Kobuchi expressed optimism that the waitlist will be resolved over the coming months as vacancies are filled and caseload capacity increases.

Mr. Zurasky voiced concerns regarding the Stafford waitlist, noting that Stafford had previously been the last clinic to eliminate a waitlist and is now the first

clinic to have one again. Ms. Kobuchi explained that Stafford has historically been RACSB's most difficult clinic to staff due to its proximity to Northern Virginia, where many potential employees pursue employment opportunities. She noted that staff were pleased to fill the vacant positions quickly and emphasized that no one wanted to implement a waitlist; however, the agency did not have the capacity to absorb additional clients into other clinics that are already managing very full caseloads. Ms. Kobuchi stated she would continue providing the Board with monthly updates regarding the clinic's progress.

D. COMPLIANCE, *Ms. Stephanie Terrell*

- 1. Program Update** – Ms. Terrell shared the April 2026 Compliance Program Update Report. She reported 272 incident reports were entered during the month, with the most common categories involving health concerns, individual injuries, and safety concerns. The Compliance team submitted 22 serious incident reports to Virginia Department of Behavioral Health and Developmental Services and noted that no reports were elevated to care concerns during April. Ms. Terrell also completed multiple root cause analyses, chart reviews, corrective action follow-ups, and external documentation requests. Additional updates included ongoing preparations for upcoming Commission on Accreditation of Rehabilitation Facilities surveys, successful HUD inspections resulting in A ratings for three group homes, implementation of the Point-in-Time Survey across outpatient clinics, and continued staff training initiatives.
- 2. 3rd Quarter FY2026 Incident Report Review** – Ms. Terrell reported that RACSB served 7,790 individuals during the quarter and processed 788 incident reports, including 90 incidents reported to Virginia Department of Behavioral Health and Developmental Services through the CHRIS system. Health concerns remained the most frequently reported category, followed by individual injuries and safety concerns. Ms. Terrell also reviewed trends involving falls, medication errors, peer-on-peer incidents, and incident levels, noting that root cause analyses and corrective actions were completed as required. Ongoing program responses included staff retraining, policy revisions, environmental modifications, and updates to individual service plans to improve health and safety outcomes.
- 3. Licensing Reports** – Ms. Terrell shared the April 2026 Licensing Report update. She reported that Virginia Department of Behavioral Health and Developmental Services approved one Corrective Action Plan (CAP) during the month of April. The CAP was related to a neglect citation involving a prescription error within Mental Health Outpatient Services. Ms. Terrell also noted that the agency submitted corrective actions and responses to address the identified area of noncompliance.

The Board moved to approve the Corrective Action Plan

ACTION TAKEN: The Board approved the Corrective Action Plan

Moved by: Ms. George Dallas

Seconded by: Ms. Claire Curcio

E. COMMUNICATIONS, *Ms. Amy Umble*

- 1. Monthly Update** – Ms. Umble presented the May 2026 Communications Update. She highlighted RACSB participation in numerous community outreach and wellness events throughout the month, as well as ongoing communications and engagement efforts. Updates included increased social media activity, website enhancements, and several successful employee engagement service

projects supporting individuals served through RACSB programs and community partners.

2. **May Metrics Report** – Ms. Umble referred to her May 2026 Communications Report highlighting RACSB’s outreach, marketing, and community engagement efforts.

Ms. Umble added that, in addition to the communications highlights, there are new Federal and State compliance guidelines related to websites and public-facing documents. She noted that there is still some uncertainty regarding how Community Services Boards fit within the requirements, and that Virginia Department of Behavioral Health and Developmental Services recently held a meeting for communications representatives to provide guidance. Ms. Umble reported that the Virginia Association of Community Services Boards consulted legal counsel and determined that, because RACSB is an operating board and not part of a locality, the agency has an additional year to come into compliance, though implementation will be a significant undertaking.

Mr. Zurasky asked whether the requirements applied to all RACSB social media platforms, and Ms. Umble confirmed that the guidelines extend to social media, websites, brochures, and emails. Mr. Parcell asked whether the requirements were related to patient privacy regulations under 42 CFR and what the primary compliance concern was intended to address. Ms. Umble explained that the focus is on accessibility, including ensuring compatibility with screen readers, use of plain language, and maintaining appropriate color contrast ratios so that information is accessible to as many individuals as possible.

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

1. **Program Update** – Ms. Wagaman presented the May 2026 Prevention and Early Intervention Services report. She highlighted community outreach, prevention education, suicide prevention initiatives, and early intervention programming occurring throughout the region. Updates included recognition of Healthy Families Rappahannock Area receiving the \$50,000 Women and Girls Fund transformative grant, strong participation in the Virginia Young Adult Survey, continued substance abuse and suicide prevention trainings, and ongoing collaboration with schools and community partners. Ms. Wagaman also reported that the Infant Development Program currently serves 518 children and received 78 referrals in April, while Healthy Families Rappahannock Area continues to provide home visiting and family support services across Planning District 16.

The Board took a ten-minute break

G. FINANCE, *Ms. Sara Keeler*

1. **Program Update** – Ms. Keeler provided the April 2026 Finance Department Program Update. She reported recent staffing changes within the department, including the hiring of a new Accounts Payable employee – which now has the department fully staffed. The Reimbursement Department provided updates regarding resolution of outstanding Anthem claims and efforts to address aging claims. The Accounting Department reported completion of FY2027 budget meetings, continued preparation of the agency budget, ongoing setup of the agency’s new MINT account, and continued staff cross-training efforts to strengthen operational continuity and departmental coverage.

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 March.

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

Moved by: Ms. Carol Walker

Seconded by: Ms. Ashley Terry

H. HUMAN RESOURCES, *Mr. Derrick Mestler*

1. **Program Update** – Mr. Mestler shared the April 2026 Human Resources Program Update. He reported ongoing training and compliance initiatives, onboarding of new employees, recruitment efforts, and employee engagement activities. Human Resources facilitated training for 117 staff, continued leadership development planning in partnership with the University of Mary Washington, and onboarded eight new employees during the month. Mr. Mestler also reported continued recruitment activity for vacant positions, preparation for Open Enrollment, and organization of a Financial Wellness Fair for employees. The Board also received updates regarding turnover trends, exit interview feedback, applicant activity, and ongoing recruitment and retention efforts across the agency.

XII. BOARD TIME

- A. Ms. Walker, I want to thank Human Resources, and Mr. Mestler, the numbers look really good. I'm so glad we have the staff that we need now and I'm so proud of the fact that we are able to retain them – my compliments to Mr. Mestler and all of you because we're in a really good place. I remember when we needed a lot of staff and it was challenging so thank you for that.
- B. Mr. Dallas, congratulations to Healthy Families, also to Mr. Wickens for putting together the Program Tour last week. For a newbie, it was very insightful but most evident was the enthusiasm and passion that was present in every office we went to. So, you talk about retention, that's what retains people, that enthusiasm is contagious and that's you guys setting the right climate, that's your middle management guys facilitating that – giving responsibility – and that all helps retention and that was very obvious and I was very pleased to be a part of that. Thank you to whomever put that all together.
- C. Ms. Curcio, I want to pass on a comment I heard from a very conservative member of the Stafford Sheriffs Office and how much he appreciated the ride-a-long therapist and I was very surprised to hear that and he said that the other day they needed her in three places at one time.
- D. Mr. Sokolowski, I'm always taking the time to thank the work being done by the division directors and all those on the outer circle but I'd like to take this time to thank Ms. Diana for all that she does in taking notes meticulously and supporting everybody else.

- E. Mr. Lapin, thank you all for everything you have done and are doing we appreciate it and let your people know we appreciate them too.
- F. Mr. Zurasky, I am going to speak for the Board, if I can, to wish best wishes, *fair winds and following seas*, for Jen Acors having worked with her for not all of her 28 years here, just an amazing person – wish her well in retirement.
- G. Ms. Terry, thank you all so much, finance glad to see you are fully staffed, due in part to HR. Compliance, great work with the HUD inspections, you passed all three of those, and no complaints I see in the notes so kudos to you. Little wins like that are amazing. Really not a little win because I'm sure a lot of work came from that. Congratulations to Healthy Families, I'm excited to see how they do and how the community responds. Program services everything sounds good. Thank you so much. Thank you to the Board members too, I appreciate you.
- H. Mr. Parcell, thank you for another great month. I did get a report from one Board member, Ms. Bridgette Williams that she was unable to make the meeting, she sends her apologies. Thank you to all the staff for all the great reports. I was down in Richmond earlier and one of the staff members were being recognized there as a nominee for being a Peer Recovery Specialist. I think like always when we see our staff out in the community it goes beyond the day we talk about this meeting but all of your hard work it is truly evident that you are not just good at what you do you guys are the best you guys really beat the pack. That's your leadership making it happen so thank you. I wish you the best of luck during the CARF review. Thank you for all of your hard work. If there is anything the Board can do to support you better, please let us know.

The meeting adjourned at 4:43 PM.

Board of Directors Chair

Executive Director