June 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 June 16, 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, Susan Gayle, Ken Lapin, Greg Sokolowski, Ashley Terry, Caroline Teter, Carol Walker, Melissa White, Bridgette Williams, and Matthew Zurasky.

II. MINUTES, BOARD OF DIRECTORS, **May 19, 2026**

Mr. Parcell noted a minor correction to the draft minutes on Page 4, Item 4. The reference to the "Top MHFA Instructor in the Country" was amended to read "Top MHFA Instructor in Virginia."
The Board of Directors moved to approve the minutes from the May 19, 2026 meeting.
ACTION TAKEN: The Board approved the May 19, 2026 minutes.
Moved by: Ms. Bridgette Williams
Seconded by: Ms. Carol Walker

III. PUBLIC COMMENT

No Action Taken

IV. SERVICE AWARDS – *Mr. Joseph Wickens*

Mr. Joseph Wickens recognized all employees with awards:

10 years

Teresa McDonnel, Assistant Coordinator, IT

V. LICENSURE– *Mr. Joseph Wickens*

1. **Nicole Zaros –** Licensed Professional Counselor (LPC)

VI. 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.

VII. INTRODUCTION OF NEW BOARD MEMBER – Ms. Caroline Teter, King George County.

VIII. MINUTES, EXECUTIVE COMMITTEE, **June 10, 2026**

The Board approved one amendment to the Employee Handbook Policy. In Section 1.3.C of the RACSB Employee Handbook Policy (page 3), Mr. Zurasky noted that the phrase "those policies" should be revised to "personnel policies."

The Board also reviewed the RACSB Bylaws and discussed the proposed revisions. Following discussion, members agreed that legal counsel would conduct a comprehensive review of the document to ensure consistency with applicable Virginia Code requirements. In addition, the revisions suggested by Mr. Zurasky will be incorporated into the draft. The revised Bylaws will be brought back to the Board for further review and discussion at a future meeting.

Bylaws Discussion

Mr. Zurasky noted several proposed revisions to the Bylaws. He recommended clarifying references to the Board of Directors versus the RACSB organization, adding language describing the responsibilities of the Board, revising membership language to reflect that jurisdictions may have up to three representatives rather than always three representatives, and reviewing provisions related to board member orientation requirements. He also questioned whether language regarding the Chair's authority to appoint committees remained necessary following the elimination of standing committees.

Ms. Brandie Williams agreed that several sections would benefit from clarification and indicated staff would review the language and incorporate appropriate revisions. She also noted that certain sections had been revised to align more closely with Virginia Code requirements.

Board Members discussed term limits and appointment periods for Board members, including the process for filling unexpired terms and the timing of term expirations.

Mr. Parcell recommended that all proposed revisions be reviewed collectively before final Board action is taken.

ACTION TAKEN: The Board approved the June 10, 2026 Executive Committee minutes.
Moved by: Ms. Claire Curcio
Seconded by: Mr. Matt Zurasky

IX. BOARD PRESENTATION, **RACSB Fiscal Year 2027 Operating Budget,** presented by Ms. Sara Keeler

Ms. Keeler presented the proposed FY 2027 Operating Budget, highlighting major budget assumptions, projected revenues and expenditures, staffing changes, capital project funding, and proposed compensation adjustments. She reported that the budget includes a 2% salary increase, a proposed merit increase program, a 5% vacancy rate assumption, and the establishment of a Capital Project Fund with a projected allocation of $2.5 million.

Mr. Zurasky asked how the proposed vacancy rate compared to previous years.

Ms. Keeler explained that the agency's actual vacancy rate is currently closer to 10%; however, staff believed that a 5% vacancy rate was a prudent and conservative assumption that more accurately reflects anticipated operating conditions. She noted that a higher vacancy factor could have been utilized with additional funds directed toward capital projects, but staff preferred a budget that more closely reflected expected operations.

Ms. Keeler reviewed proposed program and staffing changes included in the budget. She reported that the Home Road residential program will close due to the loss of state transitional funding, and individuals receiving services there will transition to other residential settings or Permanent Supportive Housing. She also reviewed staffing reductions and position

reallocations within several programs, including Healthy Families, PEID, ID/DD Case Management, Project Link, Sunshine Lady House, and Residential Services.

Ms. Beebe asked what would happen to the transitional beds previously maintained for the Commonwealth.

Ms. Keeler explained that the transitional funding associated with those beds has been eliminated. She stated that the Commonwealth has transitioned to a reimbursement model that only provides funding when beds are occupied and was unwilling to increase reimbursement rates to offset the loss of funding.

Mr. Parcell asked how many of the staffing reductions would impact current employees.

Ms. Keeler reported that approximately twelve employees were initially affected by the staffing changes, although several of the eliminated positions were vacant.

Mr. Mestler stated that affected employees were notified of the changes and provided opportunities to apply for vacant positions throughout the agency. Several employees have already transitioned into other roles within RACSB.

Mr. Parcell asked about the overall impact of the staffing reductions on employee morale.

Ms. Brandie Williams explained that the impact varies by program. She noted that some employees have expressed concerns regarding funding reductions, program changes, and behavioral health redesign efforts, while other staffing changes were intended to align staffing levels with utilization and service demand. She stated that the agency continues to focus on maintaining services while preparing for future funding and reimbursement changes.

Ms. Curcio asked whether the closure of facilities would affect individuals currently receiving services.

Ms. Keeler reported that individuals would continue receiving services through alternative placements and transition planning efforts. No individuals would lose services as a result of the proposed changes.

Mr. Parcell requested clarification regarding the increase reflected in Administrative Overhead.

Ms. Keeler explained that the increase is attributable to the reassignment of audit expenses to Administrative Overhead, budgeting for employee tuition reimbursement, implementation of payroll attorney services, and the absence of staffing reductions within Administrative Services.

Mr. Parcell requested clarification regarding the elimination of two ID/DD Case Management positions.

Ms. Fisher Curtis explained that the reduction was driven by budget considerations, uncertainty surrounding one-time funding sources, and current caseload levels. She noted that an additional position remains on hold and may be restored if future caseloads warrant.

Ms. White asked if the positions that had people in them were they moved someplace else or do they not have jobs now.

Mr. Mestler added that all affected employees were provided access to available vacancies throughout the agency and were encouraged to apply for positions matching their skills and experience.

ACTION: Ms. Terry requested information regarding how many affected employees had secured other positions within RACSB.

Ms. Curcio asked how remaining staff were reacting to the eliminated staff positions.

Ms. Brandie Williams stated that the impact varies by program. She explained that the Home Road program lost state transitional bed funding and that uncertainty surrounding Behavioral Health Redesign and the future implementation of CPST has created concerns among staff in affected programs.

Mr. Mestler reported that several employees had already transitioned into alternative positions and that Human Resources continues to work with remaining affected employees to identify opportunities within the agency.

Ms. Keeler reviewed projected revenue sources and local funding requests.

Mr. Parcell requested clarification regarding whether the figures presented reflected requested local funding levels or anticipated actual appropriations.

Ms. Keeler explained that the presentation reflected the agency's funding requests to local governments. She noted that the budget itself was developed using anticipated local appropriations, which in some cases are lower than the amounts requested.

Ms. Keeler reviewed estimated program costs, funding sources, and projected expenditures by service area. She also highlighted Fiscal Year 2026 accomplishments, including implementation of a one-time employee bonus, favorable health insurance claims experience, increased investment earnings, enhanced collections efforts, and increased utilization in several programs.

She also reviewed challenges facing the agency, including recruitment and retention, increased administrative requirements, documentation requirements associated with funding sources, residential vacancies, uncertainty surrounding future funding, reimbursement methodology changes, and planning efforts related to the Crisis Receiving Center.

Mr. Zurasky requested clarification regarding differences between the budget presentation and the monthly financial reports provided to the Board.

Ms. Keeler explained that the presentation was organized according to state Performance Contract reporting requirements, while the monthly Board financial reports are organized differently for internal reporting purposes. She emphasized that all financial data reconciles appropriately despite the different reporting formats.

Ms. Williams added that programs categorized as "Other Programs" are reported separately because they fall outside of the state Performance Contract structure.

Mr. Mestler presented the proposed FY 2027 Classification and Compensation Scale and explained that the proposal maintains the agency's current minimum pay structure while expanding salary ranges to provide greater opportunity for retention and salary progression among long-tenured employees.

Ms. Keeler presented the proposed merit increase structure based on employee evaluation scores. The proposal would provide merit increases ranging from 1% to 2% based on overall performance ratings and would become effective with the July 10, 2026 payroll.

Mr. Dallas requested additional information regarding employee distribution within the proposed compensation ranges.

ACTION Staff agreed to provide additional information regarding the number of employees within each salary range.

Mr. Parcell thanked staff for their work in developing the budget and acknowledged the difficult decisions required to address funding challenges while maintaining service delivery. He expressed appreciation for the agency's efforts to position RACSB for long-term sustainability.

The Board moved to approve the FY2027 Proposed Budget, the FY2027 Proposed Classification and Compensation Scale, and the Proposed Merit Salary Increase.
ACTION TAKEN: The Board approved the budget, the scale and the increase.
Moved by: Ms. Nancy Beebe
Seconded by: Ms. Bridgette Williams

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

The Board conducted its annual election of officers for the upcoming term.

Mr. Parcell advised that, following the dissolution of the Nominating Committee, nominations had been accepted from the floor in accordance with the Board's previous direction. He noted that the current officers were willing to continue serving in their respective roles.

Nominations were opened for the position of Secretary. No additional nominations were received, and **Ms. Claire Curcio** was nominated to continue serving as Secretary.

Nominations were opened for the position of Vice Chair. No additional nominations were received, and **Mr. Matt Zurasky** was nominated to continue serving as Vice Chair.

Nominations were opened for the position of Chair. No additional nominations were received, and **Mr. Jacob Parcell** was nominated to continue serving as Chair.

Upon motion duly made and seconded, the Board unanimously approved the following slate of officers for the upcoming term:

- **Chair:** Mr. Parcell
- **Vice Chair:** Mr. Matt Zurasky
- **Secretary:** Ms. Claire Curcio

The motion carried unanimously.

XI. PROGRAM REPORTS

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

1. **Program Update –** Ms. Fisher Curtis provided an update on Community Support Services programs. She reported that RAAI recently celebrated its 50th Anniversary and thanked Board members and staff who participated in the celebration. Ms. Fisher Curtis also shared that RAAI is expanding community engagement opportunities through the establishment of an eighth community-only group at the Fredericksburg Field House.

   Mr. Zurasky inquired about the number of individuals on the Developmental Services waiver waiting list and asked how many individuals are classified as Priority One and Priority Two.

   Ms. Fisher Curtis reported that there are currently 806 individuals on the waiting list but did not have the breakdown of Priority One and Priority Two classifications available at the meeting.

   Mr. Zurasky further asked whether additional waiver allocations are anticipated following recent General Assembly actions.

   Ms. Fisher Curtis stated that no additional waiver funding has been announced at this time. She noted that although previous state funding initiatives significantly reduced the Priority One waiting list, the list has since grown again.

2. **Residential Vacancies -** Ms. Fisher Curtis reported that Developmental Disabilities Residential Services admitted two new individuals during the month and has received commitments from two additional individuals who are awaiting admission dates.

   Regarding Mental Health Residential Services, Ms. Fisher Curtis reported that transition plans have been completed for all individuals residing at Home Road. Individuals will either transition to other residential programs, including Liberty River and Lafayette, or move into Permanent Supportive Housing. She noted that all affected individuals have identified placement plans.

   Ms. Fisher Curtis further reported that Permanent Supportive Housing currently has nine individuals housed and two additional individuals awaiting housing placement.

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

1. **Program Update** – Ms. Jindra provided an update on Crisis Intervention Services programs and highlighted the successful completion of the recent CARF survey. Ms. Jindra reported that the Assertive Community Treatment (ACT) program underwent its first CARF survey and received positive feedback from surveyors. She also noted that Sunshine Lady House received favorable reviews during the survey process. Ms. Jindra commended staff across the division for their extensive preparation efforts and dedication throughout the accreditation process.
2. **Emergency Custody Order (ECO)/Temporary Detention Order (TDO) Report – May 2026** – Ms. Jindra reviewed Emergency Services

activity for May 2026. She reported that staff completed 218 pre-screening evaluations, including 64 evaluations conducted under Emergency Custody Orders (ECOs). Additionally, 77 Temporary Detention Orders (TDOs) were issued during the reporting period. Ms. Jindra reported that one individual was admitted to a state psychiatric hospital during the month.

3. **Crisis Intervention Team (CIT) and Co-Response Report** – Ms. Jindra reported that the Co-Responder Program continues to demonstrate positive outcomes. During the month, 20 individuals were diverted from custody through services provided at the Crisis Triage Assessment Center (CTAC). An additional 44 individuals may have benefited from diversion services if staffing resources had been available. She further reported that the Spotsylvania Co-Responder Program served 35 individuals during May, while the Stafford Co-Responder Program served 40 individuals. Ms. Jindra shared that law enforcement officers and RACSB Co-Responder staff recently attended a national Co-Responder Conference to further strengthen collaborative response efforts.
4. **Sunshine Lady House –** Ms. Jindra reported that Sunshine Lady House served 40 individuals during the month and admitted 35 individuals. The program achieved approximately 51 percent occupancy during the reporting period. She advised the Board that Sunshine Lady House is now fully prepared to manage individuals under Temporary Detention Orders, including conducting hearings onsite through coordination with Special Justices, independent evaluators, and legal representatives.

   Ms. Jindra further reported that staff are working to establish direct referral pathways from community providers and RACSB programs to Sunshine Lady House in order to improve access to services and reduce reliance on Emergency Services for admissions.

   Ms. Jindra noted that these efforts will streamline referral processes and improve access to crisis stabilization services for individuals in need.

   Board members discussed the continued growth and development of Sunshine Lady House and expressed appreciation for staff efforts to expand service capacity and strengthen community partnerships.

C. CLINICAL, *Ms. Kathleen Barnes & Ms. Patricia Newman*

1. **Program Update –** Ms. Barnes presented the Clinical Services report on behalf of the division. Ms. Barnes announced the hiring of a new Nurse Practitioner and reported that scheduling is being finalized. She stated that the addition of the provider is expected to restore in-person psychiatric services at the Caroline Clinic. Ms. Barnes also recognized the dedication of clinical staff, noting their continued participation in advanced professional development while balancing productivity expectations, caseloads, and documentation requirements.

   Mr. Zurasky requested clarification regarding the Stafford outpatient waitlist, noting that the Board packet referenced different anticipated timelines for resolution.

Ms. Barnes reported that the Stafford adult waitlist currently consists of approximately 60 individuals. She stated that several strategies are being implemented to reduce the waitlist, including hiring an additional clinician, utilizing an intern to complete intakes and provide therapy services, expanding intake capacity, and offering same-day access appointments when available. She added that individuals on the waitlist are contacted weekly to assess needs, address safety concerns, and schedule appointments as openings become available.

Ms. Barnes reported that an additional clinician is expected to begin employment in July, which is anticipated to further reduce the waitlist.

2. **State Hospital Census Report** – Ms. Newman reviewed the State Hospital Census Report. She reported that RACSB currently has two individuals on the Extraordinary Barriers List. She explained that one individual at Piedmont Geriatric Hospital is ready for discharge but continues to await placement due to the limited availability of nursing home beds willing to accept individuals with behavioral health needs. Staff continue to pursue alternative placement options, including assisted living facilities that provide aging-in-place services.
Ms. Newman also reported that a second individual at Western State Hospital requires placement in a memory care facility. Staff continue working with state-funded and private providers to identify an appropriate placement and anticipate utilizing Discharge Assistance Program funding once placement is secured. The Board received the report as presented.
3. **Same Day Access –** Ms. Barnes reviewed the Same Day Access report and noted a decrease in completed intakes during May compared to April.
She explained that the decrease was primarily attributable to the Stafford waitlist and the significant amount of staff time devoted to CARF survey preparation. Ms. Barnes reported that intake activity is expected to increase as staffing levels improve and normal operations resume following the survey.
The Board received the report as presented.

D. COMPLIANCE, *Ms. Stephanie Terrell*

1. **Program Update –** Ms. Terrell reported that the agency successfully completed its CARF survey and may have achieved reaccreditation for another three years. Confirmation will come in six to eight weeks when we receive the letter. She commended staff across the agency for their outstanding work and thanked everyone for their efforts throughout the accreditation process. Ms. Terrell noted that CARF evaluated 1,891 standards against RACSB's documentation and service delivery. She was pleased to report that the agency received fewer recommendations than during the previous survey, reflecting continued improvement. She shared that surveyors spent considerable time discussing the placement of exit signs. While they observed that exit signs are installed in agency offices and questioned whether additional signage should be placed in hallways, no recommendation was issued regarding this matter. The discussion centered on the practical challenges of determining appropriate hallway locations for additional signage.
Mr. Wickens commended Ms. Terrell for all of her hard work coordinating the CARF survey.
2. **Licensing Reports –** Ms. Terrell presented the Compliance Report and reviewed the results of a recent licensing investigation involving a residential

services incident that occurred in December 2025. Ms. Terrell reported that the individual involved has fully recovered and is no longer receiving Developmental Services through RACSB. She explained that, during the investigation, licensing and Human Rights staff conducted a comprehensive review of the program, including medication administration practices, documentation, the individual's living environment, and prior incidents.
Ms. Terrell reported that all findings identified during the investigation have been addressed through corrective action. Actions taken included additional staff training, policy reinforcement regarding medication administration and controlled substance documentation, replacement of furniture identified during the review, and environmental modifications within the residence.
She further reported that corrective personnel actions were taken, including the departure of the program manager and the reassignment and demotion of the assistant manager.

Upon motion duly made and seconded, the Board unanimously approved the Corrective Action Plan.
ACTION TAKEN: The Board approved the Corrective Action Plan
Moved by: Mr. Matt Zurasky
Seconded by: Ms. Bridgette Williams

E. COMMUNICATIONS, *Ms. Amy Umble*

1. **Monthly Update** – Ms. Umble reported that RACSB's May employee engagement service project collected 50 comfort boxes for pediatric patients at Mary Washington Hospital. She shared that hospital staff expressed appreciation for the donation, noting that the boxes arrived just as their previous supply had been depleted. Ms. Umble also reported that RACSB's June employee engagement project, a community blood drive, resulted in the donation of 26 units of blood. She noted that the donations have the potential to save up to 78 lives and highlighted that a single unit of blood can save the lives of multiple infants.
2. **May Metrics Report** – Ms. Umble referred to her May 2026 Communications Report highlighting RACSB's outreach, marketing, and community engagement efforts.

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

1. **Program Update –** Ms. Wagaman reported that Prevention Services continues to focus on tobacco and vaping prevention education, particularly in preparation for upcoming legislative changes affecting Kratom and retail sales.
She also informed the Board that the Governor had announced an agreement to establish a regulated retail cannabis market in Virginia. Ms. Wagaman stated that staff will continue monitoring the legislation and provide additional information to the Board as implementation progresses.

Ms. Wagaman reported that Early Intervention staff are assisting families with children's transitions into local school systems and continue working closely with school divisions to ensure continuity of services.

She further reported that Mental Health First Aid continues to expand throughout the region. Training was recently completed at Brooke Point High School's CHAMP Program, and Stafford County Public Schools has committed to

training additional administrators during the summer. Ms. Wagaman noted that RACSB also secured additional DBHDS funding to support continued expansion of Mental Health First Aid programming within local school divisions.

2. **Healthy Families MIECHV Application**- Ms. Wagaman presented a request for Board approval to submit a Healthy Families grant application. She reported that the proposed application seeks continued funding for the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program while also requesting additional funding to support two part-time home visitor positions and data management assistance. The additional staffing would help restore service capacity following recent staffing reductions.

   Upon motion duly made and seconded, the Board unanimously approved submission of the Healthy Families grant application.
   ACTION TAKEN: The Board approved the grant application.
   Moved by: Ms. Nancy Beebe
   Seconded by: Mr. George Dallas

3. **Healthy Families Site Visit Report** - Ms. Wagaman also reported on the recent Healthy Families Virginia site review. She advised that the program was found to be in compliance with all Assurance Standards. While four Safety and Essential Standards required corrective action, she explained that the findings primarily involved documentation improvements rather than deficiencies in service delivery. Ms. Wagaman stated that the technical assistance provided through the review process will strengthen the program and better prepare RACSB for future accreditation activities.

   Ms. Terry asked whether local Healthy Families sites receive advance notice when selected for national review.

Ms. Wagaman explained that sites do not receive advance notice regarding selection for national accreditation reviews.

The Board took a fifteen-minute break

G. FINANCE, *Ms. Sara Keeler*

1. **Program Update –**Ms. Keeler recognized the Reimbursement Team for its exceptional performance during the recent CARF survey, noting that surveyors repeatedly commended the team's collection efforts, which exceeded a 100 percent collection rate. She also reported that, in addition to CARF, the Finance Department is currently managing an ICF Medicaid Patient Fund Account audit and a Medicaid site review while continuing budget season activities.

   Mr. Dallas requested additional information regarding the Tax Debt Setoff Program.

   Ms. Keeler explained that the program allows government agencies to recover outstanding debts through eligible state payments, such as tax refunds. She reported that RACSB is exploring participation in the program as an additional collection tool and that individuals would receive notice and an opportunity to resolve or dispute the debt before any collection action is taken.

2. **Financial Reports -** Ms. Keeler reviewed the Summary of Cash, OPEB, Health Insurance, Investment, Fee Revenue, Write-Off reports and Financial Summary. She reported that $7.2 million has been invested in the MINT investment program,

which continues to outperform LGIP, and noted that both the OPEB and Health Insurance funds remain financially healthy. Ms. Keeler highlighted that fee collections are approximately $2.7 million higher than the previous fiscal year and reported that billing issues with Anthem have been resolved, allowing staff to resume processing previously delayed claims.

Mr. Zurasky asked whether RACSB appeals Managed Care Organization (MCO) denials.

Ms. Keeler confirmed that all denials are appealed through the available review process. Ms. Jindra added that RACSB also assists individuals in filing complaints with DMAS when appropriate and noted that DBHDS has scheduled discussions with MCOs regarding ongoing authorization and billing concerns.

Mr. Lapin questioned why year-to-date expenditures were below budget.

Ms. Keeler explained that the April financial statements did not include the third payroll occurring in May and noted that the agency's improved financial position compared to the previous year reflects increased utilization, strengthened collections, and operational improvements.

Mr. Dallas asked whether managing multiple fiscal years presents operational challenges.

Ms. Keeler stated that while differing funding cycles require extensive reporting and monitoring, the agency has established effective processes to manage those requirements.

Ms. Terry asked whether the agency's improved financial position compared to the prior year reflected funding changes.

Ms. Keeler explained that the improvement was primarily due to operational changes, increased utilization, expense reductions, and strengthened collections rather than new funding.

The Board moved to approve the financial summary for April.
ACTION TAKEN: The Board approved the financial summary for April.
Moved by: Ms. Nancy Beebe
Seconded by: Mr. Matt Zurasky

3. **Collection Policy Revision and Recommendation** - Ms. Keeler presented a proposed revision to the RACSB Collection Policy to allow collection activity to begin after six months of inactivity rather than two years. She explained that the revision would support participation in the Tax Debt Setoff Program and improve the agency's ability to recover outstanding balances.

   Mr. Parcell asked about the anticipated financial impact of the policy revision.

   Ms. Keeler stated that while the exact amount of additional revenue is unknown, the revision would allow RACSB to pursue collections that are currently unavailable under the existing policy.

Mr. Zurasky recommended revising the policy language to reference 180 days rather than six months for consistency.
Following discussion, the motion was amended to reflect 180 days in place of six months.
The Board moved to approve the collection policy revision
ACTION TAKEN: The Board approved the collection policy revision
Moved by: Mr. Matt Zurasky
Seconded by: Mr. George Dallas

H. HUMAN RESOURCES, *Mr. Derrick Mestler*

1. **Program Update** – Mr. Mestler presented the Human Resources Update, highlighting the successful completion of the CARF survey, open enrollment for approximately 478 benefits-eligible employees, the annual employee evaluation process, and the agency's inaugural Financial Wellness Fair.
   Mr. Lapin asked about employee participation in the Financial Wellness Fair. Mr. Mestler reported that participation was modest, which was expected for a first-time event. He stated that the agency plans to continue offering similar events to increase employee awareness of available financial and retirement resources.
2. **Applicant and Recruitment Update** - Mr. Mestler reviewed recruitment and workforce statistics, reporting 39 vacant positions at the end of May and highlighting recent progress in filling several long-standing vacancies, including the psychiatric nurse practitioner position, assistant coordinator position, and leadership roles within Residential Services.
3. **Turnover Report –** Mr. Mestler noted that although voluntary turnover increased during May, the agency's overall rolling turnover rate remains below the previous year's rate.
4. **Requirement for a Written Cafeteria Plan Document** –Mr. Mestler presented the proposed Section 125 Cafeteria Plan document, explaining that Board approval is required to maintain employees' ability to pay medical, dental, vision, and flexible spending account premiums on a pre-tax basis.

   Ms. Curcio requested clarification regarding terminology used in the workforce reports, noting the inconsistent use of "separations" and "terminations."

   Mr. Mestler acknowledged the inconsistency and stated that future reports would use consistent terminology.

   Upon motion duly made and seconded, the Board unanimously approved the Section 125 Cafeteria Plan Resolution and authorized the Executive Director to execute the related documents.
   ACTION TAKEN: The Board approved the Section 125 Cafeteria Plan Resolution
   Moved by: Mr. Greg Sokolowski
   Seconded by: Ms. Ashley Terry

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

1. **Monthly Update** – Ms. Williams provided an update on several operational and data-reporting initiatives. She reported that staff continue to prepare for the July 1 HL7 state reporting expansion, which has required significant coordination with Information Technology staff and the agency's electronic health record vendor. She

noted that user acceptance testing began later than expected, and staff are working through testing exceptions in advance of implementation.

2. **Dashboard Report** – Ms. Williams also discussed DBHDS performance dashboards, advising the Board that RACSB has concerns regarding the accuracy of the data being reported through the state dashboards. She explained that RACSB and other CSBs previously provided feedback to DBHDS regarding data concerns; however, the dashboards were published without the recommended corrections. RACSB will continue to monitor the data and advocate for improvements.

   Mr. Lapin asked for clarification regarding the difference between the DBHDS performance dashboards and RACSB's internal KPI dashboards.

   Ms. Williams explained that the DBHDS dashboards are generated from state-reported data and are maintained by DBHDS, while RACSB's internal KPI dashboards are being developed through Netsmart to provide more timely and reliable operational data. She noted that the internal dashboards will allow staff to better evaluate utilization, demographics, payer mix, revenue by program, and other performance measures.
   Ms. Williams also reported that RACSB is implementing Televox, an automated communication platform integrated with the electronic health record. The system will support appointment reminders, survey links, and text notifications for cancellations or weather-related service changes.
   Ms. Williams reviewed the required DBHDS performance dashboard report and cautioned that the data should be viewed carefully due to known accuracy concerns. She summarized several reported measures, including Same Day Access, substance use disorder initiation and engagement, suicide risk screening, functional assessment measures, and ACT-related hospitalization data.

   Mr. Parcell questioned whether future functional assessment reporting would show progress over time rather than only point-in-time scores.

   Ms. Williams stated that RACSB continues to work with DBHDS on future measures and anticipates that new reporting requirements will be reflected in the Performance Contract.

3. **State of the Workforce -** Ms. Williams presented the State of the Workforce Report, which combines data related to waitlists, service impacts, licensing citations, required trainings, overtime, vacancies, time-to-fill, turnover, workforce barriers, and living wage information. She noted that the report provides a broader view of workforce stability and operational risk.

XII. EXECUTIVE DIRECTOR, *Mr. Joseph Wickens*

Mr. Wickens reminded the Board that the DBHDS Commissioner would be visiting RACSB on June 17, 2026. He reviewed the planned itinerary, which includes meetings with the leadership team and visits to several agency programs and facilities to provide an overview of RACSB's continuum of services.
Mr. Wickens also reminded Board members of the upcoming Spotsylvania Program Tour scheduled for June 23, 2026. He noted that one seat remained available for any Board member wishing to participate.

Mr. Wickens recognized Mr. Greg Sokolowski for his nine years of dedicated service on the RACSB Board of Directors upon completion of his term. On behalf of the Board and agency, he expressed appreciation for Mr. Sokolowski's leadership, commitment, and contributions to RACSB and presented him with a commemorative plaque in recognition of his service.

Mr. Sokolowski thanked the Board and agency staff for the opportunity to serve, reflected on his experience over the past nine years, and expressed his confidence that his successor, Karen Sokolowski, would continue to serve the organization well. The Board expressed its appreciation for Mr. Sokolowski's years of service and wished him well.

XIII. BOARD TIME

A. Ms. Terry, welcome to Ms. Caroline, thank you finance presentation, I learned a lot, it's also good to see all the things happening at the Kenmore Club, that's really exciting. I noticed ACT is taking clients to the beach, some whom have never seen a beach before – that really made my soul light up. It's nice to see that the Adolescents Wellness Group is covering some much needed topics. There have also been a lot of trainings for staff which is always good. Great job and kudos on CARF. Wonderful work on the Jared Boxes, the Blood drive, great work for the reimbursement team they really showed out and great work happening in HR. I'm excited about all the new dashboards and the communication platforms that are rolling out, and just thank you to our board and to all employees.
B. Mr. Dallas, congratulations and great job on CARF!
C. Ms. Curcio, great job on CARF and great job on the budget presentation – making it understandable Sara. I'm also very glad we do so much work in the middle schools because that's where stuff starts happening. So thank you and thank you to everybody else.
D. Ms. Beebe, great job, keep up the good work. Thank you.
E. Mr. Lapin, I just want to thank the entire staff especially the CARF presentation that just shows the overall work of everybody concerned. Sara your budget presentation was quite good, appreciate that. I also think today is Stephanie's birthday!
F. Ms. Teter, thank you to everyone for the warm welcome, my brain is on information overload right now. I'm in awe of all that you do and I'm excited to learn more, and guess prepare yourselves because I'll probably have a lot of questions going forward.
G. Mr. Zurasky, Jacob going forward I move that Ashley goes first on these all the time so she can cover everything so we can say ditto. Welcome Ms. Teter, we appreciate your joining us it's a wonderful organization, your going to bring your knowledge and your skills to this but you're going to take away just different feelings and a sense of joy actually. Greg, well done, falling seas, all the Navy kind of stuff, we'll save a seat for Karen in two months' time. In regards to CARF, wow, amazing, statistically impossible to have only six recommendations out of that many standards. Great job.
H. Mr. Parcell, thank you for a great last month, great performance, thank you for putting the budget together, all the hard work put in there. Ms. Teter welcome to the Board. Greg, we thank you for your service. Thank you for a great month.

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

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

- CRC Funding, Roxbury Property, Legal Case

It was moved by Mr. Lapin and seconded by Mr. Dallas 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
George Dallas – Voted Aye
Kenneth Lapin – Voted Aye
Caroline Teter – Voted Aye
Jacob Parcell – Voted Aye
Matthew Zurasky – Voted Aye
Ashley Terry – Voted Aye
Claire Curcio – Voted Aye

The meeting adjourned at 6:22 PM.

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Board of Directors Chair Executive Director