

RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD

August 18, 2026

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

AGENDA

- I. Call to Order, *Parcell*
- II. *Minutes, Board of Directors, June 16, 2026, *Parcell*.....4
- III. Public Comment, *Parcell*
- IV. Employee Service Awards, *Wickens*
 - A. Five Years:
 - 1. **Vanessa Nunez**, Site Leader II, Stafford
 - 2. **Dr. Kathy Hickman**, Psychiatrist (not present)
 - 3. **Javonne Kirby**, Peer Specialist III, ACT North (not present)
 - 4. **Jessica Madden**, Employment Specialist, Kenmore Club
 - 5. **Carrie Richbourg**, Case Manager, Stafford (not present)
 - B. Ten Years:
 - 1. **Joyce Osafo**, Direct Support Professional, Kings Hwy.(not present)
 - 2. **Tameika Bradley**, Supervisor, DD Support Coordination, Stafford
 - 3. **Ryan Eagles**, Speech & Language Pathologist – PEID (not present)
 - 4. **Joseph Stafford**, Peer Specialist II, CIT
 - 5. **Amy Umble**, Communications Coordinator (not present)
 - C. Fifteen Years:
 - 1. **Toni DeLeon**, Lead Office Manager, Fredericksburg (not present)
 - D. Twenty Years:
 - 1. **Vickie Lomax**, Developmental Services Support Coordinator, KG
 - E. Twenty-Five Years & Retirement:
 - 1. **Gale Shell**, MH Residential Counselor II, Lafayette Boarding House (not present)
 - F. Licensures:
 - 1. **Tamara Johnson**, Licensed Professional Counselor (LPC)
 - 2. **Kinsey Tyler**, Licensed Professional Counselor (LPC)

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	A. Board of Directors Conflict of Interest and Code of Conduct Policy Statement, <i>Curcio</i>	(handout)
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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.

Board of Directors Chair

Executive Director

July 15, 2026

Dear Todd,

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

1. I would like to nominate Todd Larkin. I would like to share my thoughts about Todd's agency wide contributions. In working in a variety of RACSB settings during my tenure with the Agency, Todd was a constant contributor to the success of each of my programs' successes. Todd works diligently to support each RACSB program's safe and functional settings. He often works extensive hours at all times of day to assure that RACSB facilities look the best and more importantly provide a safe setting for the individuals we serve and staff. He goes above and beyond to support staff. I don't know if I have ever heard Todd say "no" to a staff request or a program need. He might offer a creative alternative, but never a "no". Todd moves about the agency doing the job of 5 skilled tradesmen and just as many laborers to get the work done. I have witnessed him chiseling away ice and snow on a late Sunday evening. Or coming into a program in the early morning to touch up a facility before a tour or survey. I am grateful for the sacrifices he makes to support every single facility and consequently every single staff at RACSB.

The Rappahannock Area Community Services Board thanks you for your outstanding level of service to the agency. In recognition of your accomplishments, a one-time salary supplement of \$500 will be added to your paycheck.

Please join us for recognition at the Board of Directors meeting on **Tuesday, August 18, 2026, at 3:00 p.m.**, 600 Jackson Street. The recognition will take place at the start of the meeting, followed by a photo opportunity.

Please RSVP to this email ddobson@rappahannockareacsb.org, or call 540.899.4371 to let me know if you are able to attend.

Sincerely,



Joseph Wickens
Executive Director
Rappahannock Area Community Services Board

Cc: Derrick Mestler, Human Resources Director

RACSB DEPUTY EXECUTIVE DIRECTOR REPORT

June and August 2026 Monthly Updates

Opportunities for Partnership/Input:

- Ongoing participation in the FY26 HL7 Expansion workgroup. Using the work of the Virginia Association of Community Services Board's (VACSB) Data Management Committee (DMC) Data Mapping Workgroup to work to streamline some of the ad-hoc reporting into the expansion effort.
- Completed procurement for RACSB cleaning services. Contract awarded to new vendor, J.V. Cleaning services for a \$133,000 a year cost savings to RACSB.
- Created a survey to send on behalf of VACSB on the Department of Medical Assistance Services (DMAS) Behavioral Health Redesign to support advocacy efforts in this upcoming year.
- Provided public comment on behalf of the agency for DMAS Behavioral Health Redesign Community Psychiatric Support and Treatment (CPST) and on the removal of the automatic inflation adjustments for Intermediate Care Facilities.
- Met with DBHDS to discuss new reporting requirements around Evidence Based Practices.
- Met with DBHDS to negotiate Information Security and Artificial Intelligence language within the Performance Contract.
- Started efforts on the VACSB Quality Leadership Council as their representative from the VACSB Data Management Committee.
- Met daily with Netsmart to guide correction of state reporting errors. Met with Netsmart executive leadership a minimum of weekly to support these efforts.
- Defined STEP-VA and Crisis Client Transaction types with program staff from DBHDS to support data quality and measurement for these special populations.
- Launched Impruvon project to implement new electronic medication administration platform to go-live on October 1, 2026.
- Presented national webinar on strategic planning for Open Minds.
- Discussed and drafted needed documents for the new Peer-Led Wellness Stay opportunity through DBHDS.
- Completed all end of the year goal review meetings with directors.

Enterprise Data Warehouse (EDW) and HL7 Expansion Workgroup

DBHDS staff and CSB staff continue to meet at least weekly about the EDW and upcoming annual HL7 Expansion cycle. Rappahannock Area Community Services Board continues to be the lead Netsmart Community Services Board, for those that use MyAvatar. We successfully transitioned to the new expectations on July 1, 2026. We continue to meet daily to work towards resolutions on some major, long-standing errors impacting our state reporting.

Information Technology Update

Total Number of Tickets Closed in June- 1,008 July-974

State Reporting Transition to DBHDS

Getting into compliance with DBHDS's State Reporting expectations remains our most critical project, though issues persist in transmitting our data accurately to the state. We are meeting daily with Netsmart and other affected Virginia Community Services Boards (CSBs) to push for resolutions, but progress remains constrained while we await critical technical scripts from Netsmart to correct our underlying data. While Netsmart initially targeted resolution by the end of Fiscal Year 2026, that deadline passed, and they now project implementation within the coming weeks. In the meantime, all Netsmart-hosted CSBs are coordinating closely with DBHDS to keep state leadership informed of these technical delays and ensure ongoing support as fixes are deployed.

To: Joe Wickens, Executive Director

From: Brandie Williams, Deputy Executive Director

Re: Amendment 4: Amended and Restated FY2026 and FY2027 Community Services Performance Contract Master Agreement and Supplemental Documents.

Date: August 1, 2026

The Rappahannock Area Community Services Board (RACSB) has a biennial agreement with the state's Department of Behavioral Health and Developmental Services (DBHDS) called the Performance Contract (PC). Specific changes for the upcoming fiscal year are noted in the attached letter from DBHDS. Also included is an executive summary grid of changes which equate to new requirements. This performance contract needs to be approved by our governing bodies, by RACSB, and by the Department, on or before September 30th in order to continue to receive state-controlled funds.

The amendments were posted on the RACSB website for public comment on June 22, 2026. During the required 30-day comment period, there were no comments submitted. The document is still available for review at the link below.

<https://rappahannockareacsb.org/wp-content/uploads/2026/06/Performance-Contract-Amendments.pdf>



COMMONWEALTH of VIRGINIA

DARYL WASHINGTON, LCSW
COMMISSIONER

DEPARTMENT OF
BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

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Fax (804) 371-6638
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July 1, 2026

RE: AMENDMENT 4 AMENDED AND RESTATED FY2026 AND FY2027 COMMUNITY SERVICES PERFORMANCE CONTRACT MASTER AGREEMENT AND SUPPLEMENTAL DOCUMENTS – Contract No. P1636.4

Dear CSB Executive Directors,

The attached final FY26-27 amended Community Services Performance Contract (PC) and supplemental documents are ready for your execution through DocuSign. The following are the only documents amended for this review cycle (further details provided below), all other PC documents not included remain in full force and effect. See Performance Contract No. P1636.3 for all other documents not included here.

1. Performance Contract Master Agreement (General Terms and Conditions)
 - a. Medicaid Billing Language
2. Exhibit B- Continuous Quality Improvement (CQI)
3. Exhibit E - PC Schedule and Process
4. Exhibit F - Federal Grant Requirements
5. Exhibit G - CSB Master Programs Services Requirements
6. Exhibit I - IT Security & Compliance
7. Exhibit M: Department of Justice Settlement Agreement Requirements (DOJ SA)
8. Addendum I - Administrative Requirements and Processes and Procedures
 - a. Appendix C: Unspent Balances Principles and Procedures
 - b. Appendix E: Administrative Requirements for Accounts Receivables
 - c. Appendix F: Regional Program Operations Procedures
9. State and Federal Indirect Cost Rate Policy
10. Local Match

It is important for the smooth continuity of the process to have signed performance contracts returned to the Department as soon as practicable. Please keep in mind that Code requires CSBs on or before **September 30th** to:

1. Make the proposed contract available for public review and solicit public comments for a period of 30 days before submitting it for local approval.
2. Submit its proposed performance contract to the governing body (city council or board of supervisors) for review and approval. CSBs to have their PC approved or renewed by the governing body of each city or county that established it. If no action is taken by the governing body of each city or county that established it by the deadline, the contract is deemed approved or renewed.
3. Sign its PC and return to the Department.

To avoid disruptions in service continuity and allow sufficient time to complete public review and comment about the contract and negotiation and approval of the contract, the Department provides semi-monthly payments of state-controlled funds to the community services boards. It is important for the smooth continuity of the process to have signed performance contracts returned to the Department as soon as practicable.

The performance contract is a transactional agreement between the Department and the Community Services Boards and Behavioral Health Authority community partners. Changes to this agreement may be made periodically to improve the business relationship, funding and delivery of program services for better alignment with the strategic initiatives of the Commonwealth.

We encourage you to take the time to familiarize yourself with all these documents to understand what is required but we would like to bring your attention to certain changes from this review period.

AMENDMENTS - FY2026 and 2027 Community Services Performance Contract Effective July 1, 2026

Certain amendments provided below are in compliance with required Code of Virginia and Budget amendment changes Items [299#1s](#) and [299 #8s](#). Outlined here are the material changes to the PC for your review.

- 1.1 **Performance Contract Master Agreement (General Terms and Conditions)– Medicaid Billing Language Amendment** - [Item 299 #8s](#)- the PC is amended to include the required budget amendment language.
- 1.2 **Exhibit B: Continuous Quality Improvement (CQI)**- this Exhibit has been amended based on the work done internally and externally to bring clarity to certain BH QMS core measures, established measure benchmarks and track progress toward targets, and Quality Improvement Initiatives to address systemic issues.
- 1.3 **Exhibit E: Performance Contract Schedule and Process** – amended to provide the CSBs specific due dates for Department required reporting submissions for the performance contract, financial data, program related required data submissions, local government audits and Certified Public Accountant (CPA) audits for FY26-27. It also provides specific dates for disbursement of state and federal funds to the CSBs. And provides clarity around local match due dates.
- 1.4 **Exhibit F: Federal Grant Requirements** – amended to add an addendum for Health and Human Services require language regarding Compliance with Civil Rights. Also, required SAMHSA language regarding Charitable Choice was removed but needs to be put back in the PC to reflect the current federal grants and their general and specific terms and conditions. These are required material changes that are not negotiable as a Subrecipient of federal funds. We encourage you to familiarize yourself with this information as a Subrecipient of federal funds.
- 1.5 **Exhibit G: Community Services Boards Master Programs Services Requirements** – this exhibit has been amended to provide clarity around terms and conditions and points of contact for certain programs services that a CSB may provide to reduce the amount of Exhibits D the Department and CSBs will have to review, process, and track. Keep in mind that this is not inclusive of all programs/services a CSB may provide, just those that it may have received on a regular basis for review and execution that have well established baseline requirements, with minimal to no changes, and/or part of ongoing baseline funding received from the Department.
- 1.6 **Exhibit I - IT SECURITY AND COMPLIANCE** - PC is amended to add Exhibit I for CSBs compliance with certain state and federal laws to protect sensitive healthcare data and protect both parties from unnecessary data security risk.

- 1.7 **Exhibit M: Department of Justice Settlement Agreement**: amended as required for clarity with DOJ compliance to ensure compliance and align with the QI strategy. These are required material changes that are not negotiable. Please review to understand the requirements.

1.8 **Addendum I Administrative Requirements and Processes and Procedures**

- a. **Appendix C: Unspent Balances Principles and Procedures** – amended in its entirety to provide clarity, alignment with DBHDS policies, Appropriation Act and General Assembly funding expectations.
- b. **Appendix E: Administrative Requirements for Accounts Receivables** – amended to add language for changes requested by Commissioner Washington to look at development of KPIs in the first quarter of SFY27 by the established workgroup to obtain better data around Medicaid billing.
- c. **Appendix F: Regional Program Operations** -amended to incorporate missing language from sunset of the Core Services Taxonomy.
- d. **CSB Executive Director and Chief Financial Officer Training** – amended to add language for training of CSB essential staff to improve engagement with DBHDS, establish role clarity, compliance, and system access requirements.

- 1.9 **FY27 State and Federal IDCRR Policy** – DBHDS policy was revised to provide clarity around federal and state indirect cost rate requirements for CSBs and DBHDS staff.

- 1.10. **Local Match** – No changes to the PC- awareness that directs the Department of Behavioral Health and Developmental Services to examine alternatives to the current 10.0 percent local match requirement on state Community Services Board funding and to report to the Behavioral Health Commission by November 1, 2026, with recommendations. *See Item [299#1s](#)*

The Department would like to thank you all for your service to the community and for working with us.

All your hard work and dedication to both your communities and our community services system is much valued and appreciated.

If you need help or have questions, please email performancecontractsupport@dbhds.virginia.gov

Thank you,



Chaye Neal-Jones, Director
Office of Enterprise Management Services

To: Joe Wickens, Executive Director

From: Brandie Williams, Deputy Executive Director

Re: Legislative Updates and Priorities

Date: August 1, 2026

The Rappahannock Area Community Services Board (RACSB) is committed to advocacy to improve performance, quality, and demonstrate the value of services. We recognize the impact that legislative activity at the federal, state, and local level impact the services we offer to the community. This report will provide specific information on current legislative budget action which impact RACSB.

Please see the following attachments for review:

2026 General Assembly Conference Summary of Actions- 2026 Special Session I

2026 General Assembly Conference Summary of Actions 2026 Special Session I

June 23, 2026

The House Appropriations Committee and Senate Finance Committee have offered their respective amendments to the Introduced 2026-2028 Biennial Budget (HB30/SB30). House and Senate amounts are incremental (*additive* to the Governor's Budget). Significant changes to the proposed budget include:

- **Private Hospital Discharge Assistance:** \$1.5M in GF in both years to support patients with significant discharge planning needs
- **Marcus Alert** - \$3.6M in first year and \$7.8M in second year from GF to support statewide implementation of Marcus Alert
- **Bennett's Village** - \$1.5M in first year in GF to fund all abilities playground.
- **Compressive Psychiatric Emergency Programs** - \$2.5M in GF in the first year to fund psychiatric emergency programs
- **HDMC** – House Item 297 #1h, directing the Commissioner of DBHDS to proceed with the proposed closure of Hiram Davis Medical Center did not make it into the Conference report
- **State and Local Employee Salary Increase** – Increases the proposal from a 2% to a 3.5% salary increase.

The following tables summarize the Governor's general fund recommendations related to the DBHDS system, along with the House and Senate Conference general fund amendments to this budget.

New General Fund by Agency					
Agency Number	Agency	Governor's Budget		Conference	
		FY 2027	FY 2028	FY 2027	FY 2028
720	Central Office	\$34,755,754.00	\$1,490,260.00	\$6,370,000.00	\$2,705,000.00
790	Grants to Localities	\$1,400,000.00	\$1,400,000.00	\$4,950,000.00	\$8,800,000.00
792	Mental Health Facilities	\$1,875,000.00	\$1,875,000.00	\$0.00	\$0.00
793	Training Centers	\$25,000.00	\$25,000.00	\$0.00	\$0.00
794	VCBR	\$1,350,000.00	\$1,350,000.00	\$0.00	\$0.00
	Total	\$39,405,754.00	\$6,140,260.00	\$11,320,000.00	\$11,505,000.00

New General Fund by Theme				
Theme	Governor's Budget		Conference	
	FY 2027	FY 2028	FY 2027	FY 2028
System Financial Flexibility	\$0	\$0	\$0.00	\$0.00
Business Improvements	\$1,040,260	\$1,040,260	\$0.00	\$0.00
Community Services	\$3,250,000	\$3,000,000	\$11,320,000.00	\$11,505,000.00
Facilities	\$2,100,000	\$2,100,000	\$0.00	\$0.00
Capital Outlay	\$33,015,494	\$0	\$0.00	\$0.00
Total	\$39,405,754	\$6,140,260	\$11,320,000.00	\$11,505,000.00

System Transfers

- **Transfer data service support from community services boards to central office** - Transfers **\$1,600,000** General Fund for the community services board data exchange from the grants to localities agency to the department's central office to support the data reporting and management efforts. This zero-sum transfer has no fiscal impact.
 - **House** – No Change
 - **Senate** – No Change
 - **Conference** – No Change
- **Transfer state hospital discharge transportation funding appropriation to facilities** - Transfers **\$1,150,000** General Fund for state hospital discharge transportation from the agency's central office to the mental health facilities. This zero-sum transfer has no fiscal impact.
 - **House** – No Change
 - **Senate** – No Change
 - **Conference** – No Change

Problem Gambling Services

- **Expand problem gambling treatment, recovery, and prevention services** - Increases nongeneral fund appropriation for problem gambling programs by **\$1,040,260**. These funds are from dedicated revenue sources that are deposited into the Problem Gambling Treatment and Support Fund.
 - **House** – No Change
 - **Senate** – No Change
 - **Conference** – No Change

Community Services Items originally in Governor's Original Submission

- **Provide funds to contract with Service Dogs of Virginia** - Provides **\$250,000** General Fund to contract with Service Dogs of Virginia to provide service dogs for individuals with disabilities.

- **House** – [Item 299 #1h](#)- This amendment **swaps \$250,000** the first year from the general fund with **\$250,000 from the Commonwealth Opioid Abatement and Remediation Fund** to provide service dogs for individuals with disabilities and substance use disorder.
 - **Senate** – [Item 299 #6s](#)- Clarifies that the \$250,000 GF the first year provided in the introduced budget for Service Dogs of Virginia will be used for the purposes of developing a new training facility in order to expand services.
 - **Conference** – [Item 299 #8c](#) - Clarifies that the \$250,000 GF the first year provided in the introduced budget for Service Dogs of Virginia will be used for the purposes of developing a new training facility in order to expand services.
- **Crisis Reduction in funding** – Sweeps **\$23,064,259** in unexpended General Fund balances of comprehensive crisis services system appropriation in fiscal year 2026 (Caboose Bill).
 - **House** – No Change
 - **Senate** – No Change
 - **Conference** – No Change
- **Increase 988 Funds for crisis call center dispatch staff for agency 790** – Provides **\$5,697,020** in non-general fund appropriation utilizing 988 funds for crisis call center dispatch staff; uses this to offset General Fund support by **\$2,697,020**.
 - **House** – No Change
 - **Senate** – No Change
 - **Conference** – No Change

Additional Community Services Items not originally in Governor's Original Submission

Marcus Alert

- **House** - [Item 301 #1h](#) - **Provides \$7.8 million** each year from the general fund to fund the implementation of Marcus Alert for the remaining 13 community services boards that have not yet begun their implementation.
- **Senate** - [Item 301 #3s](#) - **Provides an additional \$3.6 million GF the first year \$7.8 million GF the second year** to fund the Marcus Alert program for the remaining thirteen Community Services Boards (CSBs) in time to meet the statutory implementation date of July 1, 2028. Marcus Alert is the statewide framework for providing a behavioral health, rather than public safety, response to a behavioral health crisis.
- **Conference** – [Item 301#c](#) - **Provides \$3.6 million the first year and \$7.8 million the second year from the general fund** to support statewide implementation of Marcus Alert programs, the statewide framework for providing a behavioral health, rather than public safety, response to a behavioral health crisis.

Healing Station Counseling Center

- **House** - [Item 301 #2h](#) - **Provides \$100,000** the first year from the general fund to support the Healing Station Counseling Center to strengthen the behavioral health workforce through no-cost clinical supervision for pre-licensed clinicians and to expand the free outpatient mental health services for low-income and uninsured individuals in Planning District 16, increasing the availability of licensed providers and improving access to timely, quality, behavioral health care.
- **Senate** – N/A

- **Conference – [Item 301 #2c](#) - Provides \$100,000 the first year from the general fund** to support the Healing Station Counseling Center to strengthen the behavioral health workforce through no-cost clinical supervision for pre-licensed clinicians and to expand the free outpatient mental health services for low-income and uninsured individuals in Planning District 16, increasing the availability of licensed providers and improving access to timely, quality, behavioral health care.

Support Autism Community Hub

- **House - [Item 301 #3h](#) - Provides \$250,000** the first year from the general fund to Henrico County to support the building of an inclusive center for autism, neurodiverse, and medically complex families in Central Virginia.
- **Senate – N/A**
- **Conference – [Item 301 #3c](#) - Provides \$250,000** the first year from the general fund to Henrico County to support the building of an inclusive center for autism, neurodiverse, and medically complex families in Central Virginia.

Comprehensive Psychiatric Emergency Programs

- **House – N/A**
- **Senate - [Item 299 #2s](#) - Provides \$2.5 million GF** each year to the Department of Behavioral Health and Developmental Services (DBHDS) for comprehensive psychiatric emergency programs or similar models of psychiatric care. Projects may include public-private partnerships, to include contracts with private entities.
- **Conference – [Item 299 #7c](#) - Provides \$2.5 million GF** each year to the Department of Behavioral Health and Developmental Services (DBHDS) for comprehensive psychiatric emergency programs or similar models of psychiatric care. Projects may include public-private partnerships, to include contracts with private entities.

Recover Residence Oversight

- **House – N/A**
- **Senate - [Item 299 #52](#) - Provides \$455,000 GF and 2.0 positions** the second year for the new responsibilities for the Department of Behavioral Health and Developmental Services regarding oversight of recovery residences, pursuant to **Senate Bill 270**. This includes creating and promulgating statewide certification standards, establishing complaint and sanction protocols, and establishing guidelines for data reporting and collection.
- **Conference – [Item 299 #1c](#) - Provides 120,000 and 1 position the first year and \$455,000 and 2 positions in the second year** for the Department of Behavioral Health and Developmental Services to create statewide standards for recovery residences, develop a complaint process, and collect necessary data regarding recovery residence.

Bennett's Village Playground

- **House – N/A**
- **Senate - [Item 299 #7s](#) - Provides \$750,000 GF** each year to support Phase Two of Bennett's Village, a regional all-abilities playground in Charlottesville.
- **Conference – [Item 299 #5c](#) - Provides \$1,500,000 GF in the first year** to contract with Bennett's Village to support the development of a regional all-abilities playground in Charlottesville.

DD Waiver Services Provider Capacity Report

- **House – N/A**
- **Senate - [Item 300 #1s](#) - Provides \$686,000 GF** the first year for a Provider Development Incubator intended to stimulate workforce development and business expansion to grow provider capacity for individuals with disabilities receiving waiver services. The amount is

allocated such that \$125,000 is for grants to providers for startup costs, \$200,000 is for a targeted direct support professional workforce development and recruitment campaign, \$50,000 is for education development for individuals and families receiving services, \$75,000 is for an interactive information packet for new waiver recipients to assist in navigating the service system, and \$236,000 is for a project team and administrative costs to implement the program.

- o **Conference – [Item 300 #4c](#)** - The Department of Behavioral Health and Developmental Services shall report on provider capacity for Developmental Disability Waiver services across the Commonwealth, including service and geographic gaps, workforce challenges, and trends affecting access to services. The Department shall submit its report to the Chairs of the House Appropriations and Senate Finance and Appropriations Committees by December 1, 2026.

Discharge Planning Funds

- o **House – N/A**
- o **Senate – [Item 300 #2s](#) - Provides \$3.0 million GF** each year for the Department of Behavioral Health and Developmental Services to provide funding for private hospitals to support the needs of patients with significant discharge planning needs. These funds are designed to reduce the barriers and promote timely discharge to increase state hospital capacity.
- o **Conference – [Item 300 #3c](#) - Provides \$1,500,000 the first year and \$1,500,000 the second year from the general fund** is provided for the Department of Behavioral Health and Developmental Services to provide funding for private hospitals to support the needs of patients with significant discharge planning needs. These funds are designed to reduce the barriers and promote timely discharge to increase state hospital capacity.

SPARC

- o **House – N/A**
- o **Senate – [Item 300 #3s](#) - Provides \$500,000 GF** each year to increase funding for Specially Adapted Resources Clubs (SPARC) to support current operations serving adults with developmental disabilities in integrated community settings. SPARC operates as a participant-directed day program.
- o **Conference – [Item 300 #1c](#) - Provides \$250,000 each year from the general fund** to increase funding for Specially Adapted Resources Clubs (SPARC) to support current operations serving adults with developmental disabilities in integrated community settings. SPARC operates as a participant-directed day program.

Mile High Kids

- o **House – N/A**
- o **Senate – [Item 300 #4s](#) - Provides \$250,000 GF** each year to support Mile High Kids and Community Development, Inc. in providing mental health services for children.
- o **Conference – [Item 300 #2c](#) - Provides \$500,000 GF** each year to support Mile High Kids and Community Development, Inc. in providing mental health services for children.

State Rental Assistance

- o **House – N/A**
- o **Senate – [Item 301 #2s](#) - Provides \$1.0 million GF** each year to support the State Rental Assistance Program (SRAP), which provides rental subsidies for individuals with intellectual or developmental disabilities. This amendment restores funding for vouchers lost in 2025 and 2026 due to cost-of-living increases and expands the program to make progress towards the goal of serving 10.0 percent of individuals on the Medicaid Developmental Disability Waivers.

- **Conference – [Item 301 #4c](#) - Provides \$1.0 million each year from the general fund to support the State Rental Assistance Program, which provides rental subsidies for individuals with intellectual or developmental disabilities.**

Language Only Community Service in Governor's Original Submission

- **Extend contract for electronic health records** - Enables the extension of the current electronic medical records contract in order to ensure continuation of services for individuals treated by state mental health and developmental disability facilities.
 - **House – No Change**
 - **Senate – No Change**
 - **Conference – No Change**
- **Modify language for adolescent substance use services funding** - Amends language for earmarked appropriation for adolescent substance use disorder treatment to allow funds to be utilized for more levels of care.
 - **House – No Change**
 - **Senate – No Change**
 - **Conference – No Change**
- **Clarify language relating to evaluation of sexually violent predators** - Makes technical changes to language for funds that are earmarked for the evaluation of individuals being considered for civil commitment or conditional release for certain sexual offenses.
 - **House – No Change**
 - **Senate – No Change**
 - **Conference – No Change**
- **Support statewide implementation of Marcus Alert programs through needs-based funding** – Removes language that requires each Marcus Alert program to receive \$600,000 and allows for funding to be distributed on a need basis.
 - **House – No Change**
 - **Senate – No Change**
 - **Conference – No Change**
- **Amend language related to annual facilities and CSB services report for Agency 790 Grants to Localities** – Amends language to include reporting requirements concerning the Program for Assertive Community Treatment team.
 - **House – No Change**
 - **Senate – No Change**
 - **Conference – No Change**
- **Modify language for early intervention services for Agency 790 Grants to Localities** – Amends language to allow for funds appropriated for early intervention services to be transferred to Department of Health through agreements with local health departments.
 - **House – No Change**
 - **Senate – No Change**
 - **Conference – No Change**
- **Amend language related to general fund payments to CSBs for Agency 790 Grants to Localities** – Provides exceptions to the twenty-four equal semi-monthly installments model to allow for budget revisions and phase-in of new programs in line with performance contract terms set by the Department.

- **House** – No Change
- **Senate** – No Change
- **Conference** – No Change
- **Amend language related to distribution of jail diversion funds for Agency 790 Grants to Localities** – Modifies language to allow for funds for jail diversions to be distributed utilizing a reimbursement model developed by the Department.
 - **House** – No Change
 - **Senate** – No Change
 - **Conference** – No Change

Additional Language Only Community Service Items not originally in Governor’s Original Submission:

School Mental Health Funding

- **House** - [Item 299 #3h](#) - Adds language to clarify that school divisions may use available funding to support services provided by in-person therapists and providers, not just mental telehealth providers. Language is also added to clarify that localities that have already contracted with a mental telehealth provider can reimburse those costs through this grant program.
- **Senate** – N/A
- **Conference** – [Item 299 #2c](#) - This amendment adds language to clarify that school divisions may use available funding to support services provided by in-person therapists and providers, not just mental telehealth providers. Language is also added to clarify that localities that have already contracted with a mental telehealth provider can apply to reimburse those costs through this grant program.
- **Hiram Davis Medical Center**
 - **House** - [Item 297 #1h](#) - Adds language directing the Commissioner of DBHDS to proceed with the proposed closure of Hiram Davis Medical Center.
 - **Senate** – N/A
 - **Conference** – **Did not make it into the Conference Report**

Permanent Injunction Oversight

- **House** – N/A
- **Senate** - [Item 298 #1s](#) - Provides legislative oversight of Virginia's compliance with the Permanent Injunction entered in United States v. Virginia, civil action no. 3:12-cv-00059-JAG (E.D. Va.).
- **Conference** – [Item 298 #1c](#) - 1. Any funds appropriated in this act for the purpose of complying with the Permanent Injunction entered in United States v. Virginia, civil action no. 3:12-cv-00059-JAG (E.D. Va.), that remain unspent at the end of each fiscal year shall be reported by the Department of Behavioral Health and Developmental Services to the Department of Planning and Budget and the Chairs of the House Appropriations and Senate Finance and Appropriations Committees by September 1 after the close of each fiscal year. The Department shall include in its report each item and the amount of funding for such item that remains unspent, with an explanation for the remaining balance at year end. 2. The Department of Behavioral Health and Developmental Services shall report on the status of compliance with the provisions of the Permanent Injunction entered in United States v. Virginia, civil action no. 3:12-cv-00059-JAG (E.D. Va.), and shall: (i) list each noncompliant

provision; (ii) the status of meeting the provision; (iii) the Department's planned actions to achieve compliance; and (iv) the date the Department expects to achieve compliance with the provision. The Department shall report such information to the Director, Department of Planning and Budget, and the Chairs of the House Appropriations and Senate Finance and Appropriations Committees by September 1 of each year.

CSB Local Match Study

- **House – N/A**
- **Senate – [Item 299 #1s](#)** - Directs the Department of Behavioral Health and Developmental Services to examine alternatives to the current 10.0 percent local match requirement on state Community Services Board funding and to report to the Behavioral Health Commission by November 1, 2026, with recommendations.
- **Conference – [Item 299 #4c](#)** - Directs the Department of Behavioral Health and Developmental Services to examine alternatives to the current 10 percent local match requirement on state Community Services Board funding and to report to the Chairs of the House Appropriations and Senate Finance and Appropriations Committees by November 1, 2027.

No-Barrier Crisis Facility Study

- **House – N/A**
- **Senate – [Item 299 #3s](#)** - Directs the Department of Behavioral Health and Developmental Services to identify strategies to serve more individuals subject to an ECO or TDO in crisis facilities by incentivizing existing CRCs and CSUs to follow a no-barrier approach, which entails accepting all individuals regardless of acuity or voluntary/involuntary status, and to offer a rapid drop-off option for law enforcement (“no barrier” approach). Although CSBs could be simply required to admit higher-acuity, involuntary patients in Crisis Receiving Centers and Crisis Stabilization Units, emphasis is being placed on identifying incentives that could be provided to help secure the buy-in of CSBs and ensure that desired outcomes are achieved.
- **Conference – [Item 299 #3c](#)** - Directs the Department of Behavioral Health and Developmental Services to identify strategies to serve more individuals subject to an ECO or TDO in crisis facilities by incentivizing existing CRCs and CSUs to follow a no-barrier approach, which entails accepting all individuals regardless of acuity or voluntary/involuntary status, and to offer a rapid drop-off option for law enforcement (“no barrier” approach). Although CSBs could be simply required to admit higher-acuity, involuntary patients in Crisis Receiving Centers and Crisis Stabilization Units, emphasis is being placed on identifying incentives that could be provided to help secure the buy-in of CSBs and ensure that desired outcomes are achieved.

Medicaid Billing Maximization

- **House – N/A**
- **Senate – [Item 299 #8s](#)** - Requires the Department of Behavioral Health and Developmental Services to include in the annual performance contracts with Community Services Boards (CSBs) and Behavioral Health Authorities (BHAs) a requirement that each CSB and BHA shall maximize billing of Medicaid services provided to Medicaid-eligible clients and report to the department on total Medicaid revenue each year.
- **Conference – [Item 299 #6c](#)** - Requires the Department of Behavioral Health and Developmental Services to include in the annual performance contracts with Community Services Boards (CSBs) and Behavioral Health Authorities (BHAs) a requirement that each

CSB and BHA shall maximize billing of Medicaid services provided to Medicaid-eligible clients and report to the department on total Medicaid revenue each year.

STEP – VA Reporting

- o **House – N/A**
- o **Senate – [Item 301 #1s](#)** - Appropriates STEP-VA funding as one total funding amount rather than setting out an amount to be appropriated for each service. This will provide the Department of Behavioral Health and Developmental Services (DBHDS) and Community Services Boards (CSBs) flexibility to reallocate funds among STEPs to match community needs. The STEP-specific funding structure was useful to accommodate the program’s phased implementation, but it now limits the ability of the state and CSBs to respond to changing community needs and to address capacity gaps. CSB performance contracts will continue to require CSBs to offer all nine STEP-VA services in order to maintain a full continuum of care, even if funding becomes more flexible.
- o **Conference – [Item 301 #5c](#)** - This amendment directs the Department of Behavioral Health and Developmental Services (DBHDS) to collect data on STEP-VA services and to assess whether flexibility may be necessary to reallocate funds among STEPs to match community needs.

Facilities in Governor’s Original Submission:

- **Fund special hospitalizations at mental health facilities** - Provides **\$2,100,000** in non-general funds to support increased special hospitalization costs.
 - o **House – No Change**
 - o **Senate – No Change**
 - o **Conference – No Change**

Facilities Language Only Items not originally in Governor’s Original Submission:

- **Fund special hospitalizations at mental health facilities** - Provides **\$2,100,000** in non-general funds to support increased special hospitalization costs.
 - o **House – N/A**
 - o **Senate – N/A**
 - o **Conference – [Item 306 #1c](#)** - Directs the Department of Behavioral Health and Developmental Services to use \$150,000 GF the first year from carryforward balances reappropriated from fiscal year 2026, if approved by the Governor, to conduct a comprehensive feasibility study to evaluate preservation considerations for historic records at Central State Hospital

Capital Outlay in Governor’s Original Budget

- **Renovate, repair, and upgrade state-operated facilities** - Provides **\$33,015,494** in one-time General Fund to address life safety and security renovations, centering on Catawba Hospital.
 - o **House – No Change**
 - o **Senate – No Change**
 - o **Conference – No Change**

- **Transfer historic Fort Whitworth at Central State Hospital to the Petersburg Battlefield Foundation** - Conveys three acres on the Central State Hospital campus associated with the historic civil war site of Fort Whitworth to the Petersburg Battlefield Foundation. The language to authorize this conveyance is included in Part 3 of the introduced budget bill.
 - **House** – No Change
 - **Senate** – No Change
 - **Conference** – No Change

Capital Outlay Language Only not in Governor's Original Budget

- **Transfer Capital Project Appropriations**
 - **House** – N/A
 - **Senate** – N/A
 - **Conference** – [Item C-37 #1c](#) - removes a transfer appropriation between capital projects as a companion amendment transfers the capital appropriation in Item C-29 and directs a balance transfer among projects managed by the Department of General Services

Central Appropriations

- **Proposed 2 percent bonus for classified employees in FY26**

X.1. Up to \$91,928,059 the second year from the general fund appropriation of this item shall be used to provide all classified employees of the Executive Branch and other full-time employees of the Commonwealth, except elected officials, who were employed on or before February 25, 2026, and remained employed until at least May 25, 2026, a one-time bonus payment equal to two percent of their base pay on June 16, 2026.

 - **House** – No Change
 - **Senate** – No Change
 - **Conference** – No Change
- **Proposed 2 percent salary increase for state and state-supported employees in FY 2027 and FY 2028.**

R.1. Out of the appropriation for this item, \$92,321,275 the first year and \$203,442,509 the second year from the general fund is provided to increase the base salary of the following employees by two percent on July 10, 2026, and an additional two percent on June 10, 2027. This includes the following categories:

 - **House** – No Change
 - **Senate** – [Item 469 #1s](#)- Provides **\$48.8 million GF** the first year and **\$109.0 million GF** the second year to increase the proposed **two percent salary increase to three percent** for state employees included in the introduced budget.
 - **Conference** – [Item 469 #7c](#) - Provides **additional \$96.0 million GF the first year and \$215.0 million GF** the second year to increase the proposed two percent salary increase to three and one half percent for state and state-supported employees included in the introduced budget. Amendment sets the effective date for the first year raises at July 25, 2026.

Central Appropriations Language Only

- **State Supported Locals Data Collections**
 - **House** – N/A
 - **Senate** – N/A
 - **Conference** – [Item 469 #2](#) - directs the Department of Planning and Budget to collect full-time salary data and employee counts of state-supported local employees each year

Other Noteworthy Actions

- **DMAS** - Increase rates for developmental disability waiver services
 - **House** – No Change
 - **Senate** – No Change
 - **Conference** – [Item 291 #8c](#) - Provides \$10.7 million GF and \$10.7 million NGF the first year and \$11.8 million GF and \$11.8 million NGF the second year for the Department of Medical Assistance Services to increase the rates for State Plan, Developmental Disability, and other waiver services. This amendment adds additional services that were not included in the introduced budget.
- **DMAS** - Standardize hourly limits across home and community-based waivers
 - **House** – No Change
 - **Senate** – No Change
 - **Conference** – No Change
- **DMAS** - Elimination of crisis stabilization as a service and limits mobile crisis service to 4 hours
 - **House** – No Change
 - **Senate** – No Change
 - **Conference** – No Change
- **DMAS** – Behavioral Health Redesign Implementation
 - **Conference** – [Item 291 #9c](#) - This amendment delays the implementation of new Medicaid redesigned behavioral health services by six additional months from January 1, 2027, to July 1, 2027.
- **DMAS** - Prospective Payment System Transition Study for STEP-VA Services
 - **Conference** – [Item 295 #2c](#) - This amendment directs the Department of Medical Assistance Services to identify the steps necessary for Virginia to potentially transition to a prospective payment system (PPS), as designed to support the Certified Community Behavioral Health Clinic model.
- **DMAS** – Personal Care Rate Increase
 - **Conference** – [Item 291 #7c](#) - provides \$44.3 million GF and \$49.6 million NGF the second year to provide an 8.1 percent rate increase for consumer and agency-directed personal care services on January 1, 2028, to reflect the impact from the increase in the state minimum wage.
- **DCJS** – Expands Jail Mental Health Pilot Program
 - **Conference** – [Item 394 #1c](#) - Discontinues the model addiction recovery program and transfers the \$153,600 GF each year for the model addiction recovery program to the Jail Mental Health Pilot Program. Language also directs the Department of Criminal Justice Services to identify additional grantees in consultation with the Department of Behavioral Health and Developmental Services. Combining these two programs is a recommendation of the Joint Commission on Health Care.
- **DCJS** – Jail Based SUD Treatment and Transition Fund

- **Conference** – [Item 394 #9c](#) - Provides \$1.0 million NGF the first year from the Commonwealth Opioid Abatement and Remediation Fund for the Jail-Based Substance Use Disorder Treatment and Transition Fund. The Fund was previously provided a one-time appropriation of \$2.0 million NGF in FY 2024. This is a recommendation of the Joint Commission on Health Care.
- **General Provisions - Establish Regulated Adult-Use Cannabis Marketplace**
 - **Conference** – Item 4-14 #4c - Includes multiple code references to DBHDS-licensed programs, DBHDS facilities, and DBHDS background-check authority.

To: Joe Wickens, Executive Director

From: Brandie Williams, Deputy Executive Director

Re: Net Promotor Score

Date: August 5, 2026

The Rappahannock Area Community Services Board is committed to using input from individuals served to improve performance, quality, and demonstrate the value of services. As part of the strategic plan, RACSB has developed a Net Promotor Score data collection process. Individuals served can provide input to our Net Promotor Score via kiosks in our facilities or through the use of QR codes posted on signage.

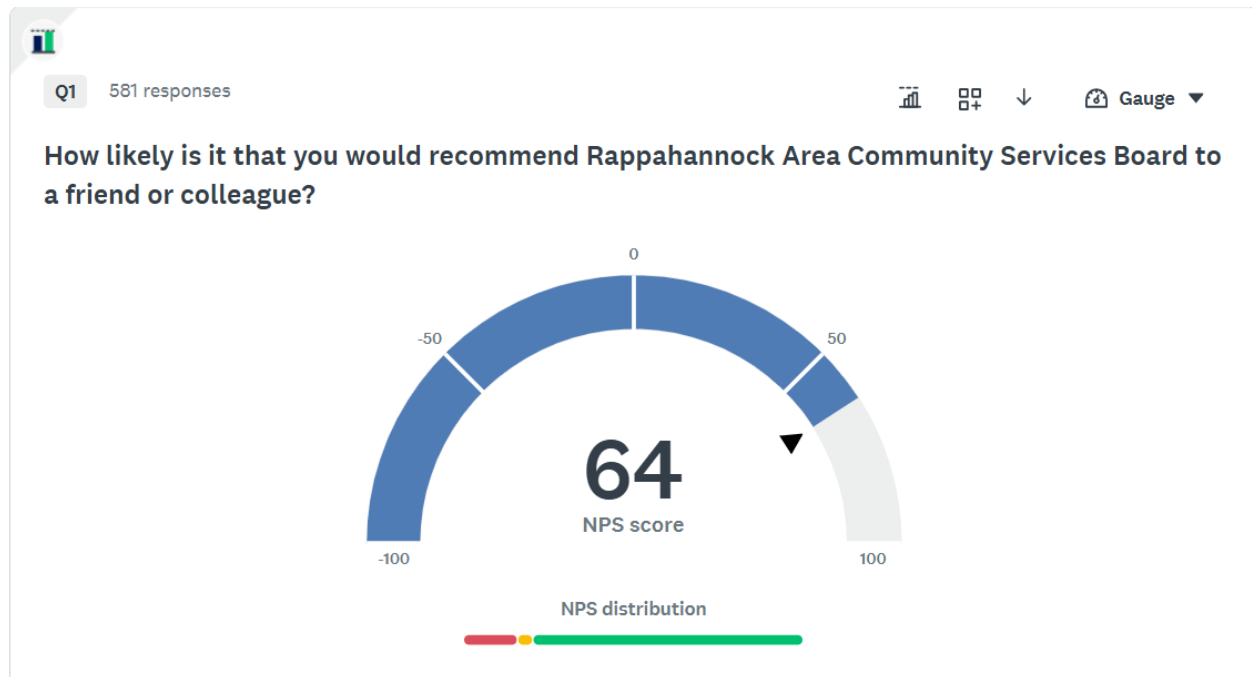
Definition of Net Promotor Score Indicator:

The Net Promoter Score (NPS) is a widely used customer loyalty and satisfaction metric that measures the likelihood that customers will recommend an organization, product, or service to others. NPS is typically collected through a survey that asks respondents to rate, on a scale from 0 to 10, how likely they are to recommend the organization. Based on their responses, customers are categorized as Promoters (scores of 9–10), Passives (scores of 7–8), or Detractors (scores of 0–6). The NPS is calculated by subtracting the percentage of Detractors from the percentage of Promoters, resulting in a score that can range from -100 to +100. Organizations use NPS data to assess customer sentiment, identify strengths and areas for improvement, and monitor trends over time. By analyzing feedback from different customer segments, products, services, or locations, leaders can make informed decisions regarding customer experience initiatives, operational improvements, resource allocation, and strategic priorities. Additionally, changes in NPS can serve as an early indicator of customer retention, loyalty, and potential business growth, helping organizations proactively address issues and capitalize on opportunities to enhance customer satisfaction. When used alongside other quality, access, and outcome measures, NPS can provide valuable insight into client perceptions and help guide strategic investments in service improvement and organizational performance.

Recommendations for Establishing Benchmarks:

For nonprofit and government-funded behavioral health and developmental services organizations, Net Promoter Score (NPS) benchmarks should be interpreted within the context of complex client needs, mandated services, access barriers, and social determinants of health that can influence satisfaction ratings. While healthcare organizations often consider an NPS above 30 to be strong and above 50 to be excellent, behavioral health and developmental services providers frequently operate in environments where achieving scores in the 20–40 range reflects solid performance and meaningful client engagement. For safety-net and publicly funded organizations, an NPS of 20 or higher is generally indicative of positive client experiences, while scores above 40 suggest exceptional levels of trust, service quality, and client advocacy. Rather than focusing solely on absolute scores, executive leaders should emphasize year-over-year improvement, comparisons across programs and service lines, and analysis of qualitative feedback to identify opportunities for enhancing access, care coordination, person-centered service delivery, and overall client outcomes.

RACSB Current Net Promotor Score:



Recommended Benchmark for Upcoming Year:

Based on available healthcare and human services benchmarking data, it is recommended that RACSB adopt a Net Promoter Score (NPS) target of **40 or greater** as the organizational benchmark for client experience. Using the information available on our current performance, executive leadership recommends adopting a Net Promotor Score target of **65 or greater**.

To: Joe Wickens, Executive Director

From: Brandie Williams, Deputy Executive Director

Re: Joe and Mary Wilson Community Benefit Fund of Mary Washington Hospital and Stafford Hospital Community Benefit Fund

Date: August 1, 2026

The Rappahannock Area Community Services Board had the opportunity to submit a proposal for potential funding through the Joe and Mary Wilson Community Benefit Fund of Mary Washington Hospital and Stafford Hospital Community Benefit Fund targeted at funding behavioral health initiatives in rural locations. RACSB applied to support funding the one full-time school-based therapist placed within Fredericksburg City School. We received \$40,000 from Joe and Mary Wilson Community Benefit Fund of Mary Washington Hospital Foundation. Fredericksburg City Schools provided the funding for the other half of this position. Please see attached Letters of Agreement for the Board's consideration.



Joe and Mary Wilson Community Benefit Fund of Mary Washington Hospital Foundation
Letter of Agreement

August 10, 2026

Mr. Joseph Wickens, Executive Director
Rappahannock Area Community Services Board
600 Jackson Street
Fredericksburg, VA 22401

Dear Mr. Wickens:

Congratulations. I am delighted to inform you that your request for a Joe and Mary Wilson Community Benefit Fund of Mary Washington Hospital Foundation grant for ***Children and Adolescents Behavioral Health Supports Program*** has been approved by the Mary Washington Hospital Board of Trustees for partial funding in the amount of \$40,000. The grant period is January 1, 2026, through December 31, 2026.

This Letter of Agreement sets forth the terms of the grant and the manner in which it will be administered. It includes a description of the program; the specific personnel, items, or operations for which the Joe and Mary Wilson Community Benefit Fund of Mary Washington Hospital Foundation will be paying; reporting requirements; payment process; program evaluation; restrictions, if any; and limitations.

Please carefully review the stated objectives in this Letter of Agreement. If you feel the objectives are unattainable, please contact the Foundation office immediately. If you choose to accept the grant and program objectives as stated, please understand that future funding requests and funding decisions will include a full review of your organization's ability to meet these objectives.

Please read the terms of this letter carefully to ensure that you understand and agree with them. Please sign both copies, keep one for your records, and return one complete copy to the Foundation.

Payment Process

In order to receive your grant check, you must first return your signed Letter of Agreement. Once received, your grant check will be mailed to your attention. Materials to be used for submitting mandatory reports will be sent electronically to the email address on file.

If you would like to schedule an appointment to review your reporting responsibilities, please call Tamara N. Robinson, Grantor and Community Benefit Funds Manager, at 540-741-1433 to arrange a meeting.

Restrictions in payment process, if any, are as follows:

None

Program Description: The Children and Adolescent Behavioral Health supports program initiative provides evidence-based, recovery-oriented treatment using a model that provides comprehensive, locally based clinical and recovery support services to children and adolescents experiencing behavioral health needs. The program provides a comprehensive assessment, including screenings and referrals for treatment, care management, counseling services, and family support services. The program had established partnerships with Caroline County, King George, and Fredericksburg City and with three therapists actively providing services. The program serves students from Fredericksburg City Public Schools.

Use of Foundation Funds: Funds are restricted to supporting the personnel cost and payroll taxes for the Child and Adolescent Therapist.

Specific Program Objectives to be accomplished within the grant period:

1. Serve a minimum of 75 students from Fredericksburg City Public School who are assessed and meet eligibility criteria and a minimum of 25 students served will be directly attributed to this funding opportunity.
2. At least 75% of students enrolled in the program will demonstrate a 0.5 increase on their Daily Living Activities – 20 assessments from baseline within 6 months of starting services.

Reporting Requirements:

Reports are submitted every six months. An interim report and an annual report are required for each grant award. The interim report is a progress report that is used to track early progress and determine funding eligibility for the continuation application. The annual report is a reflective exercise involving evaluation of outcomes and lessons learned; both reports include financial and demographic reporting.

Please note that an invitation to apply for continued funding will be based on program performance as exhibited through the interim report. Ensure that you submit this report on time and that you complete all sections fully. Report due dates are:

Interim Report due July 17, 2026

Annual Report due February 15, 2027

Distribution of Grant Funds:

In order to comply with applicable tax laws, regulations and Mary Washington Hospital (MWH) and Mary Washington Hospital Foundation policy, the Joe and Mary Wilson Community Benefit Fund of Mary Washington Hospital Foundation provides grant support to your organization with the understanding that:

- Grant funds distributed will be used only for the purposes designated in your Letter of Agreement unless otherwise approved by Mary Washington Hospital Foundation.
- No funds will be used for political campaigns or to support attempts to influence legislation of any governmental body.
- If your organization loses its tax-exempt status or ceases to operate, any unexpended funds will be immediately returned to Mary Washington Hospital.
- Adequate accounting records of the expenditure of funds will be maintained by the grantee organization.
- Mary Washington Hospital and Mary Washington Hospital Foundation reserve the right to make public any recipient's name, the program name, and the amount of the grant. All confidential information provided by the recipient on the grant application will remain confidential.

Program Evaluation:

Each funded program will be evaluated utilizing progress reports and site visits. These instruments will be used to determine:

- the extent to which the program has met its objectives;
- the organization's progress in generating or attracting resources to sustain the program;
- the extent of community commitment and support for the program;
- the cost-effectiveness of the program's approach;
- the extent to which the program has met the criteria of the Joe and Mary Wilson Community Benefit Fund of Mary Washington Hospital Foundation; and
- the impact of the program on the target population.

Public Relations and Communications:

Required Action: Within 30 days of receiving the Joe and Mary Wilson Community Benefit Fund of Mary Washington Hospital Foundation grant, the recipient agency is required to send a Press Release to local media outlets announcing the grant award. If you maintain a website, you are required to post an announcement of the Joe and Mary Wilson Community Benefit Fund of Mary Washington Hospital Foundation grant on your website.

Please forward a copy of your Press Release and website link to MWH Foundation, Attn: Grantor and Community Benefit Funds Manager, 1001 Sam Perry Blvd, Fredericksburg, VA 22401, or email to tamara.robinson@mwhc.com.

In addition, please use the Mary Washington Hospital logo in publications and materials to credit the Joe and Mary Wilson Community Benefit Fund of Mary Washington Hospital Foundation for the grant you have been awarded. To obtain the logo, or if you have any

questions concerning the appropriate usage of the logo, contact Tamara N. Robinson, Grantor and Community Benefit Funds Manager, 540-741-1433. Copies of any published materials mentioning the program shall be provided to the Mary Washington Hospital Foundation as soon as they become available. Please provide the Foundation with the opportunity to participate in any public ceremonies or special events highlighting the program.

Limit of Commitment:

Unless otherwise stipulated in writing, this grant is made with the understanding that neither Mary Washington Hospital nor Mary Washington Hospital Foundation has an obligation to provide other or additional support to the grantee organization.

Thank you for providing such a worthy program for the community. Mary Washington Hospital is pleased to provide financial assistance through the Joe and Mary Wilson Community Benefit Fund of Mary Washington Foundation for your most deserving program. If you have any questions, please do not hesitate to contact me at 741-1606 or Ms. Robinson, 540-741-1433.

Sincerely,



Xavier R. Richardson, Executive Vice President
Corporate Development and Community Affairs

As an agent of Rappahannock Area Community Services Board, I agree to comply with the terms of this grant as specified above.

Executive Director's Name (please print)

Executive Director's Signature

Date

Officer of the Organization (please print)

Title

Officer's Signature

Date

Rappahannock Area Community Services Board Strategic Plan

Year-One- Quarter 4 Update

Mission

RACSB is dedicated to education, recovery, treatment, and wellness of Planning District 16 residents affected by mental health, substance use disorders and developmental disabilities.

Vision

Spark Hope. Support Hope. Spread Hope.

Values

Inclusion. Collaboration. Integrity. Resilience. Excellence and Innovation

Priority 1: Access To Services	Quarter 4 Narrative Update
By FY2028, increase total number of individuals served by 5%.	
By June 2026, 100% of programs will establish a metric to measure access to services, establish a benchmark, and percentage for improvement.	100% of programs have established the metric and tentative benchmarks. We will collect data this fiscal year and adjust benchmarks as appropriate.
Strategy #1: By FY2027, 50% of individuals receive 1st service within 10 days of request for service and receive their next two services within 30 days.	DBHDS dashboard report of this measure shows that we 59% of individuals receive their first service within 10 days of request for service and receive their next two within 30 days. (Dashboard has not been updated since March data)
Strategy #2: By June 2026, secure facility and begin construction/renovation for re-located Adult CSU, new Adult CRC, Child CSU, and Child CRC. Develop staffing plan, operational budget, and draft policies and procedures manual for each of the three new services.	During the past quarter, staffing structures, operational budgets, program policies and procedures have been further refined. The CIS director met with law enforcement representatives from the 5 localities on April 23 to review CRC plans and seek input. CIS director also presented about crisis services to the Fredericksburg domestic court services and aligned services at the Best Court Practices training on June 16. Additionally, partnerships with local hospitals have been further solidified. The CIS coordinators and director met with Snowden and Spotsylvania Regional Medical Center behavioral health leadership in June to help streamline access to services and align in overall service goals. The director anticipates meeting with the Veterans Affairs clinic leadership in July. The executive director and CIS director met with DBHDS commissioner Washington to tour the CRC facility, share floor plans, and discuss funding. Meetings with the architect and design company for finishing materials for the facility have also occurred during this past period. Estimates and recommendations have been collected related to facility furnishings and behavioral health specific finishes. Request for proposals for the renovations are being prepared as well.
Strategy #3: By June 2026, 80% of individuals assigned a waiver will have a service plan developed and Active within 90 days of waiver allocation.	This goal will not be met though progress continues. In the last quarter, 60% of individuals assigned a waiver had a service plan developed and Active within 90 days of waiver allocation.
Strategy #4: By June 2026, a plan will be developed to expand access to I/DD Community Engagement day support services. A metric and benchmark will be established to measure progress for the next two years of the plan.	RAAI has established metrics to monitor this year to include increasing community engagement hours to 3.5 per individual. Current Q4 average is 3.07.
Strategy #5: By June 30, 2026, partner with four (4) additional middle schools to provide substance use prevention education.	RACSB Prevention has partnered with 5 new middle schools during this fiscal year. These schools include King George Middle School, Ni River, Chancellor, Freedom Middle School, and John J Wright.
Priority 2: Effective and Quality Services	Quarter 4 Narrative Update
By June 2026, 100% of programs will establish a metric to measure effectiveness, establish a benchmark, and percentage for improvement.	100% of programs have established the metric and tentative benchmarks. We will collect data this fiscal year and adjust benchmarks as appropriate.
Strategy #1: By June 2026, RACSB will complete a gap assessment to identify actions needed to move towards CCBHC.	The state has delayed application for CCBHC at least another year. VACSB has paused contracting for this assessment for CSBs. RACSB completed the internal gap assessment and this was reviewed with Executive Leadership in June 2026.
Strategy #2: By June 2026, RACSB will establish a consumer-based net promoter score process and set performance benchmarks for the next 2 years.	RACSB has purchased the technology needed and created the survey. This process was tested internally during Q3 and has been launched in this quarter. Data to be obtained to determine benchmark at the end of this quarter. Benchmark established at a score of 65.
Strategy #3: By June 2026, RACSB will identify collaborative partnerships and begin to formalize with MOUs. RACSB will identify community engagement events and track attendance. Benchmarks	RACSB staff attended over 13 community events this quarter for a total of over 52 events this fiscal year. We entered into 14

will be set for next two year to increase formalized MOUs for partnerships and increase number of community engagement events attended by RACSB.	Memoranda of Understanding, Memoranda of Agreements, or other written agreements with community partners this quarter.
Strategy #4: By June 2026, RACSB will complete a gap assessment to identify actions needed to move toward offering Primary Care Services	Primary Care Gap Assessment was completed in June 2026.
Priority 3: Staff retention, workforce support, and talent development	Quarter 4 Narrative Update
By the end of FY2028, increase employee retention as demonstrated by annual turnover rate of 15% or less and achieve a staff engagement score of at least 80% on the annual engagement survey.	Cumulative turnover rate is currently 16.59%. The employee engagement survey was completed, results reviewed, and communication provided to employees and the Board. Our average score was 78%
Strategy #1: By December 2025, RACSB will design and implement an Employee Engagement Survey. Based on the feedback received, RACSB will establish a benchmark measured key engagement areas for the next two years.	The Employee Engagement Survey has been developed. The first implementation occurred during the first two weeks of December 2025. During Q3, results were reviewed and three priority areas were designated as action areas based on the results. These include increasing leadership communication and transparency, strengthening consistency across the agency, and evaluating total rewards, well-being, and sustainable work practices.
Strategy #2: By June 2026, RACSB will offer exit interviews and surveys to 100% of employees who voluntarily resign. RACSB will develop a structured stay interview process and survey and conduct them with 50% of staff with the goal of 100% of staff within the three-year period.	100% of employees who have voluntarily resigned have been offered an exit interview/survey. Stay interview process has been developed and started with Executive Leadership receiving stay interviews. This process was replicated with coordinators during Q4 and through July 2026.
Strategy #3: By June 2026, RACSB will conduct a needs analysis around employee leadership development needs and develop a curriculum and plan to define and increase development of leadership program.	University of Mary Washington is currently conducting a needs analysis and assist with leadership development programming. Results were presented to executive leadership in July 2026
Priority 4: Fiscal and Operational	Quarter 4 Narrative Update
By the end of FY2028, increase year-end positive variance to 1%.	We are projected to end this fiscal year with a positive year-end variance.
Create a sustainability, staffing, and succession plan to reaching towards a balance budget within 3 years for each program within X time frame	This work began for many programs during the recent budget cycle. Template for this plan will be completed during Q4. All programs completed this plan which will be reviewed at minimum annually.
Strategy #1: By June 2026, each program will develop a sustainability, staffing, and succession plan.	This work began for many programs during the recent budget cycle. Template for this plan will be completed by each program in Q4. All programs completed this plan by June 2026.
Strategy #2: By June 2026, RACSB will collect data, establish consistent measure, and establish benchmarks to monitor time from service to documentation completion.	Monitoring reports have been developed to measure time from service to progress note completion. Performance was reviewed and benchmark set at 85% for year 2 and 90% for year 3 of strategic plan.
Strategy #3: By June 2026, 100% of programs audited will have a minimum comparative score of 80 on audits.	Program Audits were paused during Q4 due to CARF preparation and execution.
Strategy #4: By June 2026, RACSB will complete costing engagement through MTM Consulting and present results to Board of Directors.	Not started. Due to ongoing staff transition in the Finance department, this has not been completed.
Strategy #5: By June 2026, RACSB staff will complete a workflow and documentation map process for 5 programs. Any data element or documentation not currently required will be removed and data entry fields will be reduced.	IT and Compliance continue to work with MAT, SLH, MH Outpatient, SUD Outpatient to streamline workflows and incorporate documentation requirements. They also worked with Early Intervention to build export to facilitate data entry into TRAC-IT via import.

Rappahannock Area Community Services Board Strategic Plan Year-Two Profile

Mission

RACSB is dedicated to education, recovery, treatment, and wellness of Planning District 16 residents affected by mental health, substance use disorders and developmental disabilities.

Vision

Spark Hope. Support Hope. Spread Hope.

Values

Inclusion. Collaboration. Integrity. Resilience.
Excellence and Innovation

Priority 1: Access To Services
By FY2028, increase total number of individuals served by 5%
By June 2027, 100% of programs will demonstrate improvement on their specific access measure compared to FY27 Q4 baseline.
Strategy #1: By June 2027, 60% of individuals receive 1st service within 10 days of request for service and receive their next two services within 30 days.
Strategy #2: By June 2027, construction/renovation will be completed started for Adult CSU, Adult CRC, Child CSU, and Child CRC. Hiring processes will start. Adult CSU services and CRC Services will be provided by August 2027 and Child CSU and CRC services by March 2028. A benchmark of individuals to be served will be established during the final year of the plan.
Strategy #3: By June 2027, 80% of individuals assigned a waiver will have a service plan developed and Active within 60 90 days of waiver allocation.
Strategy #4: By June 2027, Community Engagement hours will increase to an average of 3.5 hours.
Strategy #5: By June 30, 2027, partner with six (6) additional middle schools or high schools to provide substance use prevention education.
Priority 2: Effective and Quality Services
By June 2027, 100% of programs will demonstrate improvement on their specific effectiveness measure compared to FY27 Q4 baseline.
Strategy #1: By August 2026 June 2027, RACSB will complete and start the implementation of a work plan to address CCBHC gaps and move the agency towards meeting required criteria.
Strategy #2: By June 2027, Net Promotor Score will meet the benchmark established in year one (Score of at least 65) as measured quarterly.
Strategy #3: By June 2027, RACSB will maintain 85 formalized MOUs/Contracts for partnerships and attend a minimum of 50 community engagement events.
Strategy 4: By June 2027, complete construction/renovation for co-located primary care services and finalize staffing model and program policies/procedures. By April 2027, procure and open the Peer-Led Wellness program to include purchase/renovation of facility, development of policies, and onboarding of staff.
Priority 3: Staff retention, workforce support, and talent development
By the end of FY2028, increase employee retention as demonstrated by annual turnover rate of 15% or less and achieve a staff engagement score of at least 80% (4.0 as scored on the 5.0 survey) on the annual engagement survey.
Strategy #1: By October 2026, RACSB will meet the established benchmarks of a score of at least 4.0 on a 5-point scale for key engagement areas on the employee engagement survey.
Strategy #2: By June 2027, RACSB will offer exit interviews and surveys to 100% of employees who voluntarily resign. RACSB will develop a structured stay interview process and survey and conduct them with 75% of staff with the goal of 100% of staff within the three-year period.
Strategy #3: By June 2027, 70 employees will engage in the leadership program, per the benchmark established in year 1.
Priority 4: Fiscal and Operational
By the end of FY2028, increase year-end positive variance to 1%.
Create a sustainability, staffing, and succession plan to reaching towards a balance budget within 3 years for each program.
Strategy #1: By June 2027, RACSB will complete RFP and procurement process to update financial systems, to include at minimum, the general ledger system.
Strategy #2: By June 2027, RACSB will meet the Year 1 benchmark/baseline on established performance metrics for time from service to documentation completion. 85% of notes will be filed within the program-specific required timelines.
Strategy #3: By June 2027, 100% of programs audited will have a minimum comparative score of 80 on audits.
Strategy #4: By June 2027, RACSB will develop a cost reporting dashboard using the information from the MTM engagement. By June 2027, RACSB will implement KPI Dashboards which focus on productivity, utilization, and individuals served.
Strategy #5: By June 2026, RACSB staff will complete a workflow and documentation map process for 5 additional programs. Any data element or documentation not currently required will be removed and data entry fields will be reduced. By June 2027, RACSB will implement

Impruvon electronic medication administration record platform, Bells AI Scribe and Quality Coach, and texting solution to improve documentation and workflow efficiencies.

Community Support Services Board Report July 2026

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

RAAI is currently supporting 140 individuals, with continuous assessments and admissions happening across all programs. July community engagement hours for the month were 3.373. In the month of July, we volunteered in our community for 129 hours at numerous different establishments across our region such as the Community Ministry Center Food Bank, Fredericksburg SPCA, Tabernacle United Methodist Church, and Howell Recycling Center.

Horticulture volunteerism opportunities are back! We're excited to welcome volunteers every Tuesday and Wednesday from 10:00 a.m. to 2:00 p.m. as we prepare for our next plant sale. To help beat the heat, we're currently tackling pot washing! If you have not done so already, we'd love for you to follow our Facebook page! We post daily, sharing pictures of our adventures, highlights from the programs, important announcements, upcoming events, and other updates to help you stay connected with everything happening at RAAI.

Kemp Ferguson, a DSP with Specialized Services, has partnered with the Massad Branch YMCA to create a basketball league for adults with ID/DD in our community. The league continues to grow each week, and we are happy to welcome participants from several other day support programs in the area to play 3-on-3 games. Games are held every Friday from 12:30–1:30 p.m. at the Massad Branch YMCA. On August 28, we will host an end-of-summer awards ceremony from 12:30–2:00 p.m. Light refreshments will be available following the ceremony. Please see the attached flyer for additional information.

Developmental Disabilities (DD) Residential Services - Courtney Ross

Two individuals are slated to move into Merchant Square on September 1, 2026. One individual was accepted and moved into the Sponsored Placement program on July 26, 2026.

DD Residential programs have been sharing photos on the agency Facebook page of recent events including, but not limited to, 4th of July celebrations and beach vacations, which for some is an experience they are experiencing for the first time. It is truly rewarding to witness the difference our programs are making to enhance lives and support individuals to thrive.

Developmental Disabilities Support Services – Christina Rezendes

As of June 30th, RACSB received an additional 44 ID/DD waivers; 7 Community Living waivers and 37 Family and Individual Supports waivers. Two individuals were already receiving ID/DD Support Coordination services. Of these individuals, 29 already have active Medicaid and can begin receiving waiver services within the 90-day goal. Total number of individuals served is currently 1,100.

Our Intake Support Coordinator screened 30 individuals for the month of June. This is an increase of 6 individuals from May. The total amount of expected DD Screening reimbursement is \$9,750.00. This is an increase from May (\$7,700.00) and April (\$6,700.00).

During the month of July, we had two resignations (one supervisor and one support coordinator). We have chosen to change the current SC Supervisor Grade 13 positions into Lead Support Coordinator positions (Grade 12) which will be based out of the King George and Caroline clinics. These individuals will be supervising a smaller number of staff and continue to carry a small caseload. This will create additional layers and room for growth within our program. We hope to have these two positions filled in August. We have also hired Jessica Judkins from PEID to fill our vacant Support Coordinator Position.

Current ID/DD waiver waitlist at the end of FY26 is 816 total for RACSB; with 376 being priority one, 235 priority two, and 205 priority three.

Psychosocial Rehabilitation- Kenmore Club- Anna Loftis

We are working on slowly increasing our membership while also thinking ahead to program changes as the new regulations come out. We are discussing the idea of adjusting our hours to help the members feel better about all of the transitioning that Mental Health Skill Building is going through. We do have some exciting events planned for this month, including the Reptile Expo and Short Pump Mall. We have increased our time at the YMCA to four days a week for most of this month and we continue to participate in the weekly \$5 movie outings.

HEART & HUSTLE BASKETBALL TOURNAMENT



AWARD CEREMONY, MUSIC, LIGHT REFRESHMENTS

212 BUTLER RD, FALMOUTH, VA 22405

FRIDAY, AUGUST 28, 2026

12:30 PM - 2:00 PM

**OPEN
TO THE
PUBLIC**

**3 ON 3
GAMES**

FOR MORE EMAIL AT:
BPICKERAL@RAPPAHANNOCKAREACSB.ORG



Memorandum

To: Joe Wickens, Executive Director

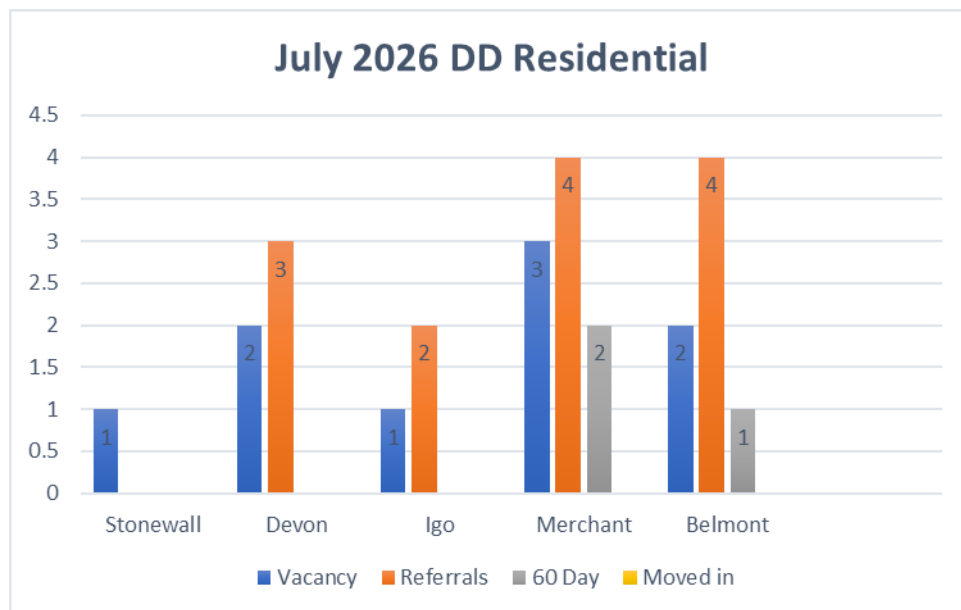
From: Lacey Fisher Curtis, CSS Director

Date: July 6th, 2026

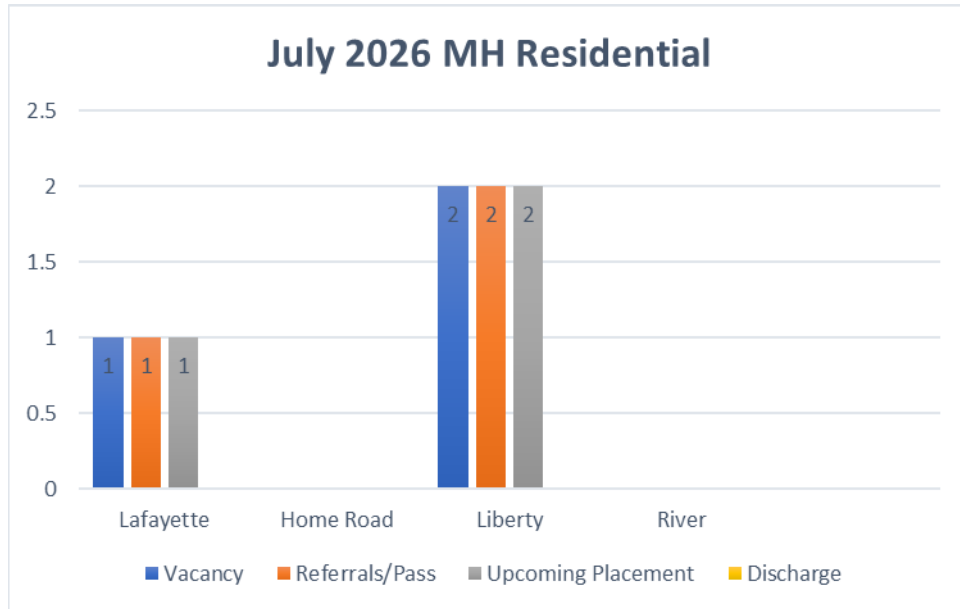
Re: Developmental Disabilities and Mental Health Residential Vacancies

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.

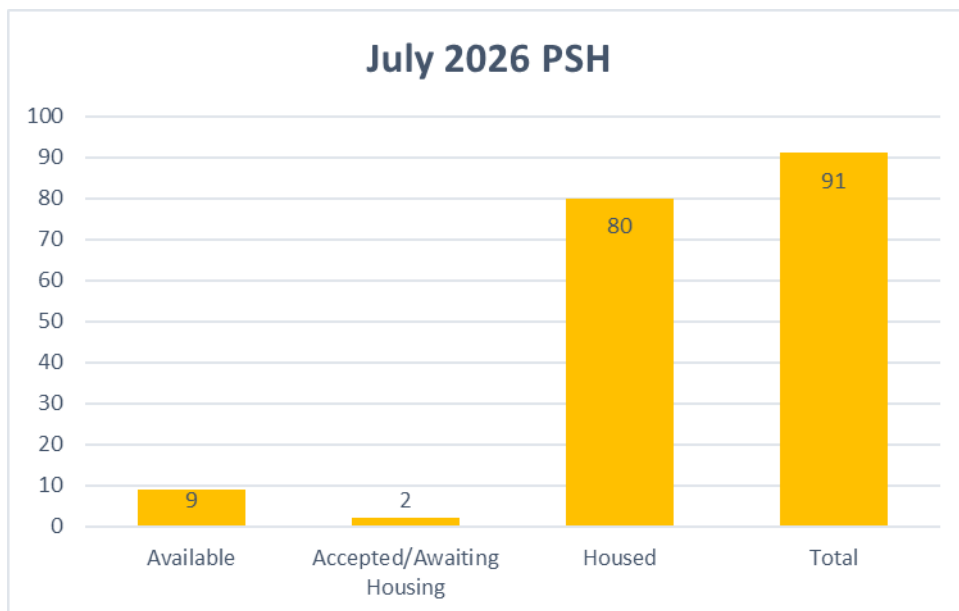
In June, one individual moved into Leeland; in July, no move-ins occurred. One vacancy remains at Stonewall, one at Igo, two at Devon, and five in the supervised apartment programs. Thirteen referrals were received in July. There are three move-in dates tentatively scheduled in the next 60 days.



As transitional beds are eliminated and Home Road vacancies are not filled after transition occurs; there are no vacancies at Home Road. Lafayette has one vacancy and Liberty has two but are scheduled to be filled in August by residents of Home Road. It is expected that all 18 beds will be filled by the end of August at Lafayette, River, and Liberty.



Permanent Supportive Housing (PSH) has 80 individuals currently housed with two individuals awaiting housing. Four out of five slots remain open for state hospital discharges. 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: August 3rd, 2026
Re: Mental Health Residential Restructure

RACSB continues to implement changes within Mental Health Residential programs in response to the elimination of transitional bed funding and in preparation for the transition to Community Psychiatric Support and Treatment (CPST) services.

As the Home Road program is transitional in nature, vacancies occurring over the past 90 days have not been filled. During this period, seven residents have successfully transitioned out of the program, with the goal of transitioning the associated apartment leases from RACSB to individuals receiving Permanent Supportive Housing (PSH) services when appropriate.

Of the seven completed transitions:

- Two individuals transitioned to Liberty.
- One individual transitioned to River.
- Four individuals transitioned to Lafayette.

Three remaining residents currently have tentative transition plans. These include transitions to Liberty, PSH, and Lafayette, with one transition remaining dependent upon the individual obtaining an ID/DD waiver and placement in a DD supervised apartment program.

There are currently three vacant Home Road apartments pending acceptance for individuals transitioning to housing. Two apartments are being considered for individuals currently awaiting housing through PSH, and one apartment is designated for an individual transitioning directly into PSH pending acceptance.

Additionally, three more apartments are anticipated to become available in August as residents transition from Home Road. Of these, two apartments are being considered as potential PSH units to reduce the need for hotel-based placements, while the remaining apartment is being considered for additional PSH housing.



Crisis Intervention Services Program Updates

August 2026

Crisis Intervention Services, Amy Jindra

During the past two months, the crisis division teams have worked diligently to provide quality, timely interventions to those in our community. We experienced transition in staffing, new hires and others moving to new opportunities. The programs also created new or re-established lost networks with a variety of community partners. Coordinators strove to reach each of their professional and program goals. As we look to the new fiscal year, we are excited for the opportunity to work with Impruvon for an e-MAR platform. The e-MAR will allow for enhanced quality in medication administration. The CIS Division Director met with community partners to include law enforcement leadership, children/adolescent providers, homelessness collaboratives, regional mobile crisis teams, and hospital leaders. Several staff and the CIS director also had the opportunity to attend the VACSB Emergency Services Conference in June. The two day conference provided a wonderful opportunity for crisis specific service providers. The executive team also had an opportunity to meet with DBHDS Commissioner Washington in June. We appreciated his time and willingness to discuss agency and program specific needs.

Assertive Community Treatment (ACT) - Sarah McClelland

July 2026

ACT had a strong and eventful July. Looking ahead: July also brought several staffing updates, all approved this month with start dates in August. Melissa Conmy, Mental Health Specialist on ACT North, is transitioning to a therapist role at Sunshine Lady House. After interviewing several strong candidates, the team hired Stacey Lumpkin, QMHP, to step into Melissa's position. In addition, the ACT psychotherapist position was approved as part of the FY27 budget, and Sebastian Miller has been promoted from Vocational Specialist on ACT South into that new therapist role. He will work with individuals from both ACT North and ACT South. Aesha Johnson will join ACT from PSH to fill the resulting Vocational Specialist opening. Altogether, it was a month of growth for ACT.

June 2026

ACT South kicked June off with a hugely successful trip to the beach with two vans full of clients. The trip was initiated, planned, and conducted by ACT South Peer Specialist Dianna



Sloat and the Mental Health Specialist Christina Leonard. The clients reported how much fun they had. It was a relaxing day, mid-week on the Virginia Beach Boardwalk. Although there was no swimming due to winds and currents, the group had a great time on the sand. They spent time eating lunch and window shopping on the boardwalk before heading back. ACT South also had their first TMACT review. The audit was primarily prepared for by the ACT South Team Lead Nick Harrison. Two reviewers from DBHDS came out and spent time reviewing charts, speaking with clients and staff. Overall, the feedback was very positive. ACT is committed to implementing their suggestions as much as possible to move toward a high-fidelity score. In general, the reviewers said that ACT's greatest strengths are the collaborative nature of our team and our dedication to our clients. ACT's census is holding at 79. We have slowed our enrollments for a short period of time as we have enrolled several new clients back to back on both teams. This will give everyone a chance to get to know one another, and for our new clients to settle into the routine of multiple ACT contacts per week.

Sunshine Lady House, Crisis Stabilization, Latroy Coleman

SLH is working to improve processes in efforts to adjust to the program requirements. The program leadership has been meeting with Compliance and IT to streamline documentation requirements for intake. Staffing patterns with nursing remain challenging. SLH continues to receive support from ICF and ACT nursing. We are truly appreciative for ICF and ACT nursing for their leadership. We have remained diligent and active in our efforts to interview and hire staff. Unfortunately, a couple of candidates declined our offers of employment. There is still an opening for QMHP staff. There are ongoing interviews to fill the position.

SLH admitted and discharged the first TDO since reopening. Ongoing and increased collaboration among programs to assist with this process has been appreciated.

Emergency Services (ES) – Natasha Randall

For the month of June, the Emergency Services Co-Response Team (CIRT), in partnership with the Spotsylvania Sheriff's Office and the Stafford County Sheriff's Office, attended the Co-Response Conference in Dallas, Texas. The conference provided valuable opportunities to collaborate with law enforcement and behavioral health professionals from across the country, learn best practices in crisis response, and explore innovative co-response models designed to improve outcomes for individuals experiencing behavioral health crises. The



knowledge and strategies gained from this conference will help strengthen our local co-response initiatives and enhance collaborative efforts within our community.

For the month of July, the CIT program was able to hold an additional 40-hour training to help support those that work within probation to become more knowledgeable within CIT.

Natalie Martin started with the team in July. She will fill the co-responder therapist position for Fredericksburg City. Natalie will work in tandem with FPD's designated officer to support individuals in the city who are experiencing a mental health crisis. Emergency Services are excited to have all 3 co-responder positions filled. Additionally, Claire Edwards joined ES from clinical services. She is working with child mobile.

MEMORANDUM

To: Joe Wickens, Executive Director

From: Natasha Randall, Emergency Services Coordinator

Date: August 7, 2026

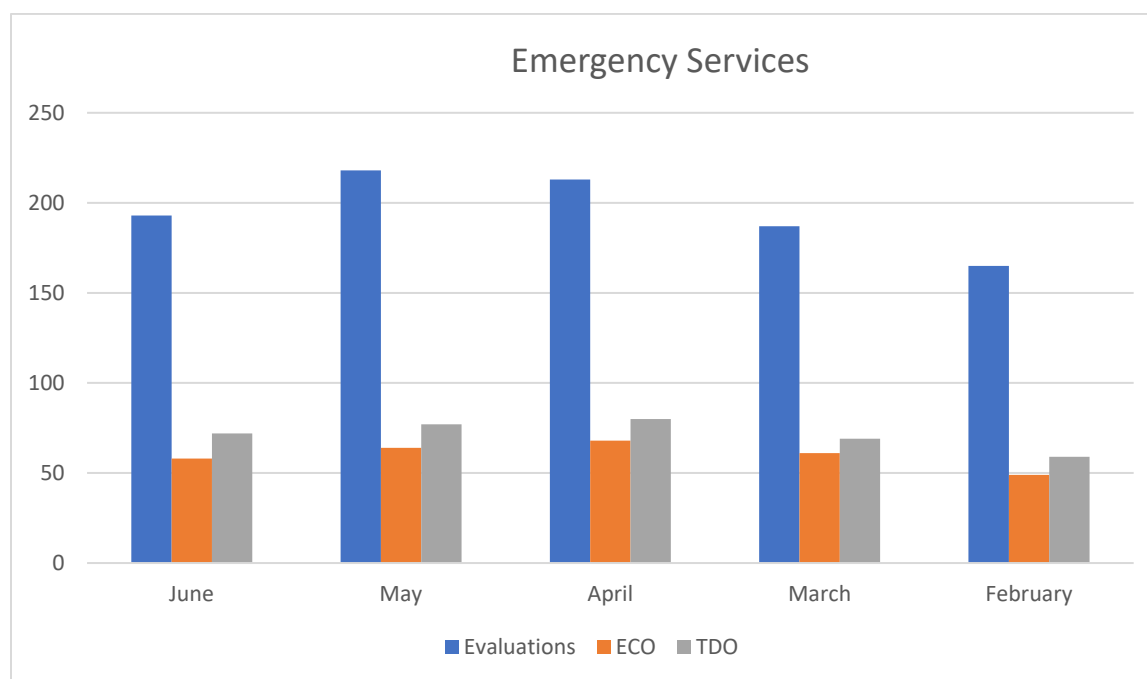
Re: Emergency Custody Order (ECO)/Temporary Detention Order (TDO), June-July 2026

During the month of June, Emergency Services staff completed a total of 193 emergency evaluations. Of these, fifty-eight individuals were assessed under Emergency Custody Orders (ECOs), and seventy-two Temporary Detention Orders (TDOs) were served. Staff did not facilitate any state hospital admissions. Additionally, five individuals were involuntarily hospitalized outside of the agency's catchment area during this period.

In July, Emergency Services staff completed a total of 148 emergency evaluations. Of these, forty-three individuals were assessed under Emergency Custody Orders (ECOs), and fifty Temporary Detention Orders (TDOs) were served. Staff did facilitate one state hospital admission to Northern Virginia Mental Health Institute. Additionally, no individuals were involuntarily hospitalized outside of the agency's catchment area during this period.

Please see the attached data reports for additional details

June 2026



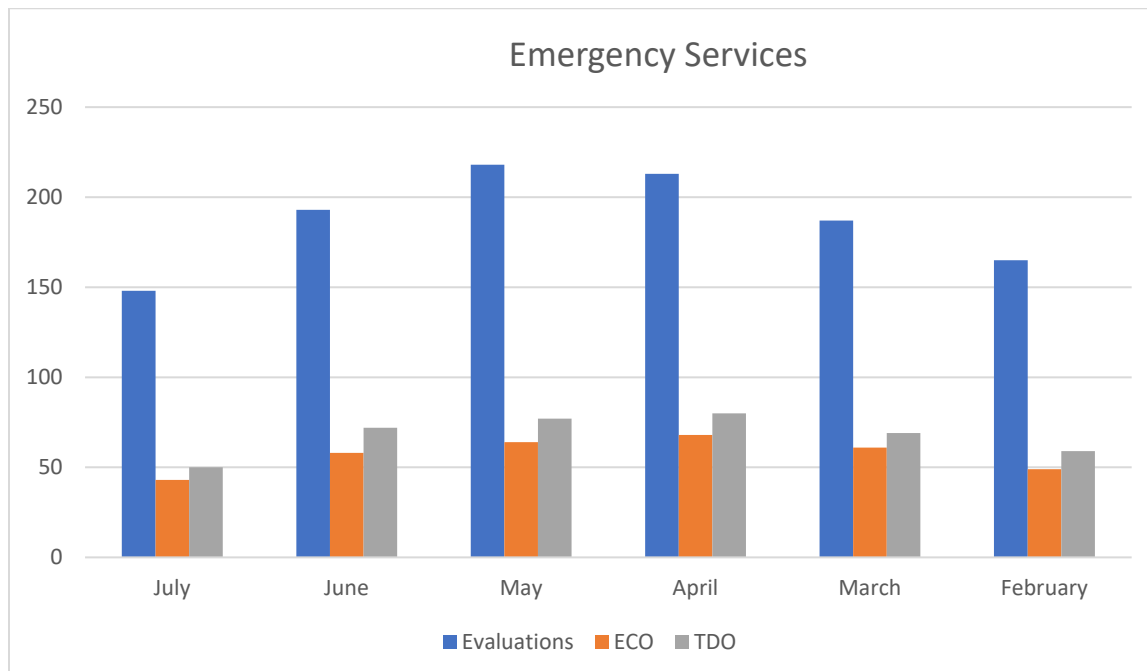
FY26 CSB/BHA Form (Revised: 07/01/2025)

CSB/BHA	Rappahannock Area Community Services Board			Month	June 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	
193	32	26	58	72	4	1	67	72	

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

CSB/BHA	Rappahannock Area Community Services	Reporting month	4/1/2026, May 2026, June 2026		No Exceptions this month →	
Date	Consumer Identifier	1) Special Population Designation (see definition)	1a) Describe "other" in your own words (see definition)	2) "Last Resort" admission (see definition)	3) No ECO, but "last resort" TDO to state hospital (see definition)	4) Additional Relevant Information or Discussion (see definition)

July 2026



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

CSB/BHA	Rappahannock Area Community Services Board			Month		June 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	
148	23	20	43	50	5	2	48	72	1

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

CSB/BHA	Rappahannock Area Community Services	Reporting month	4/1/2026, May 2026, June 2026	No Exceptions this month →		
Date	Consumer Identifier	1) Special Population Designation (see definition)	1a) Describe "other" in your own words (see definition)	2) "Last Resort" admission (see definition)	3) No ECO, but "last resort" TDO to state hospital (see definition)	4) Additional Relevant Information or Discussion (see definition)
7/10/2026	118861	Adult (18-64) with Medical Acuity		Yes	Yes	NVMH

MEMORANDUM

To: Joe Wickens, Executive Director
From: Natasha Randall, LCSW Emergency Services Coordinator
Date: July 10, 2026
Re: CIT and Co-Response Report

The CIT Assessment Center served 19 individuals in the month of June 2026. The number of persons served by locality were the following: Fredericksburg 9; Caroline 0; King George 0; Spotsylvania 0; Stafford 7; and 3 from other jurisdictions.

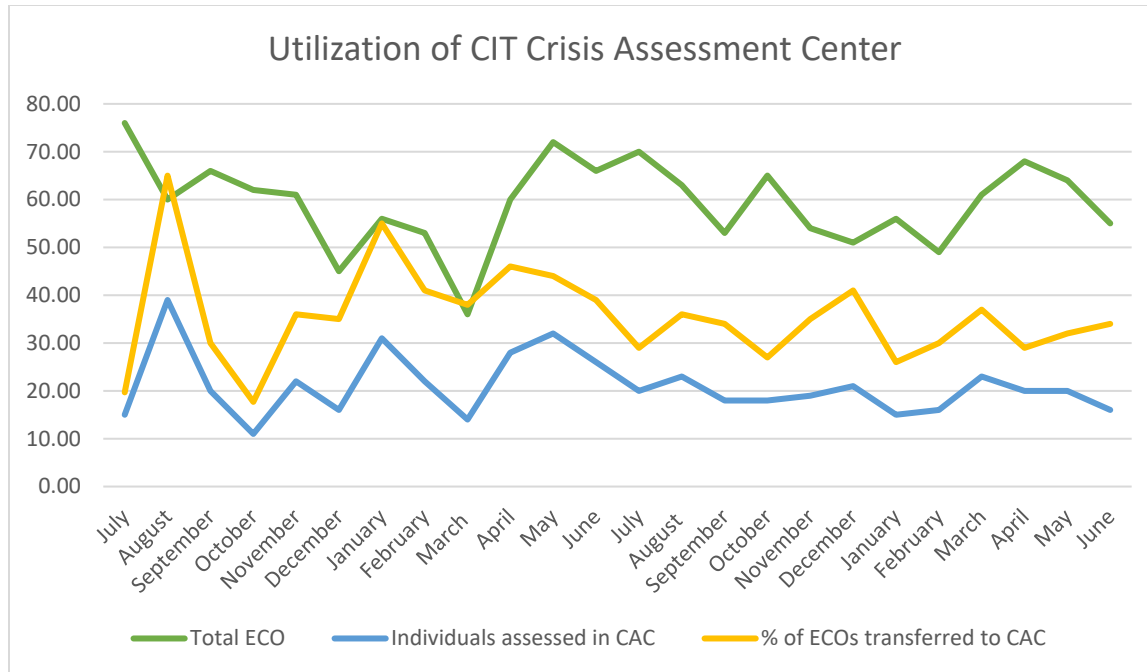
Beginning August 1, 2026, law enforcement hours for the CITAC will be reduced to 24 hours a week. The program has operated in a deficit for years. Despite request for additional funding, DBHDS was unfortunately unable to provide funding to sustain 24 hour, 7 days a week of coverage.

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 use the assessment center if there was additional capacity:

<u>Locality</u>	<u>Total ECO</u>	<u>Custody Transfer</u>	<u>Appropriate for</u>
		<u>to CAC</u>	<u>CAC if Capacity</u>
Caroline	3	0	3
Fredericksburg	21	9	12
King George	1	0	0
Spotsylvania	6	0	6
Stafford	24	7	17
<u>Other Localities</u>		3	
<u>Totals</u>	55	19	39

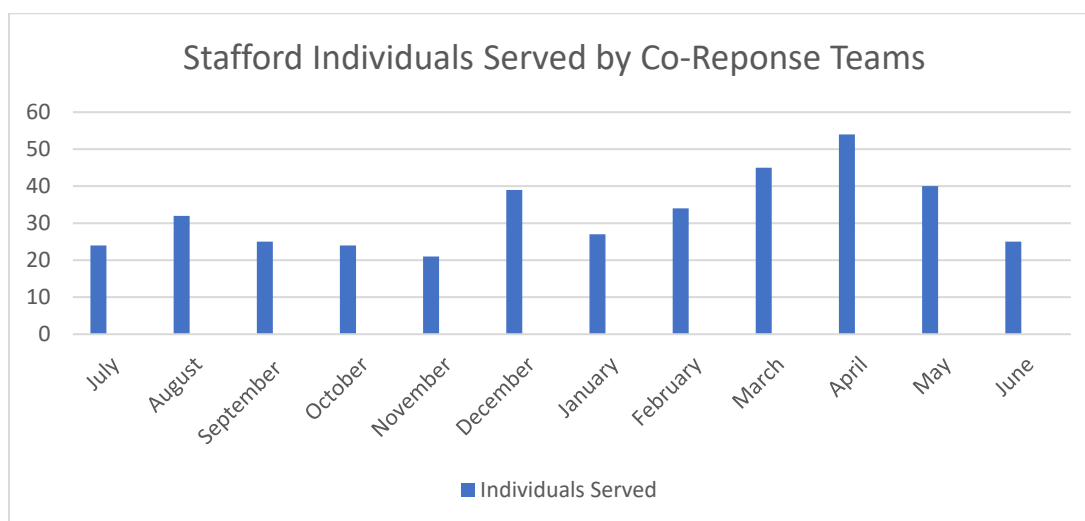
RAPPAHANNOCK AREA

COMMUNITY SERVICES BOARD



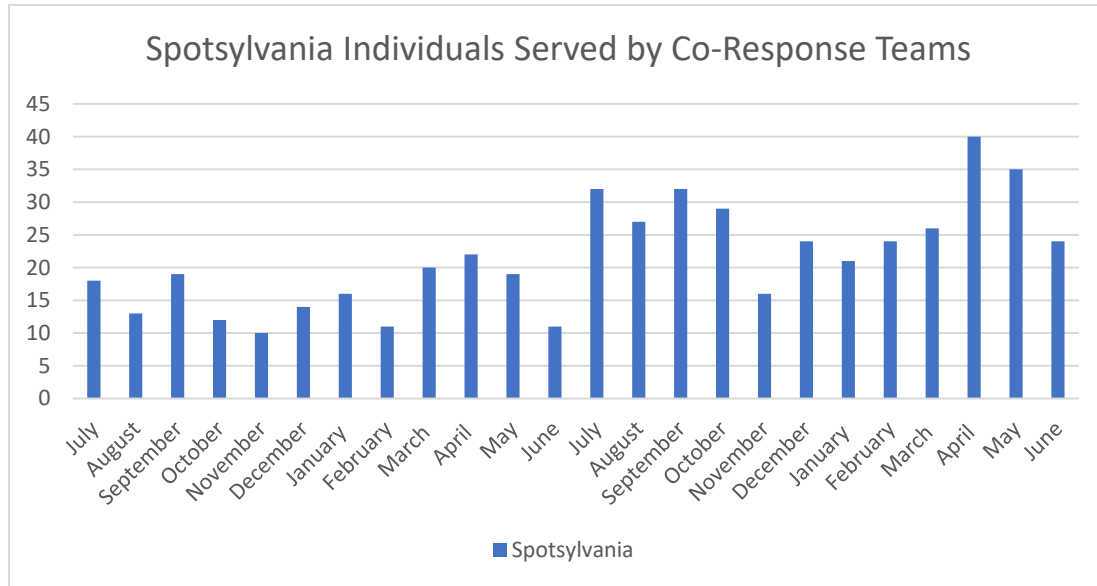
Co-Response

The Spotsylvania Co-Response Team served 24 individuals in the month of May and the Stafford Co-Response team served 25 individuals. The Fredericksburg Co-Response Therapist position remains vacant.



RAPPAHANNOCK AREA

COMMUNITY SERVICES BOARD



CIT Training

In the month of June, we had over 26 law enforcement officers participate in the CIT training.

RAPPAHANNOCK AREA

COMMUNITY SERVICES BOARD

MEMORANDUM

To: Joe Wickens, Executive Director
From: Natasha Randall, LCSW Emergency Services Coordinator
Date: August 7, 2026
Re: CIT and Co-Response Report

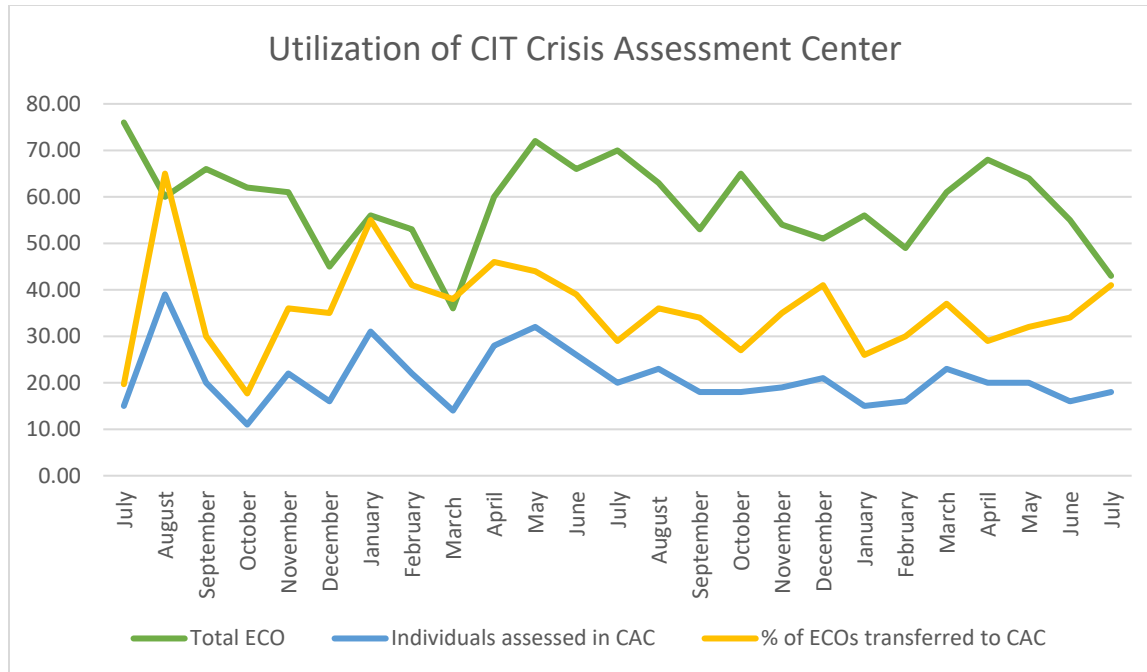
The CIT Assessment Center served 18 individuals in the month of July 2026. The number of persons served by locality were the following: Fredericksburg 6; Caroline 3; King George 1; Spotsylvania 2; Stafford 6; and 0 from other jurisdictions.

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 use the assessment center if there was additional capacity:

<u>Locality</u>	<u>Total ECO</u>	<u>Custody Transfer</u>	<u>Appropriate for</u>
		<u>to CAC</u>	<u>CAC if Capacity</u>
Caroline	4	3	1
Fredericksburg	13	6	7
King George	1	1	0
Spotsylvania	9	2	7
Stafford	16	6	10
<u>Totals</u>	43	18	25

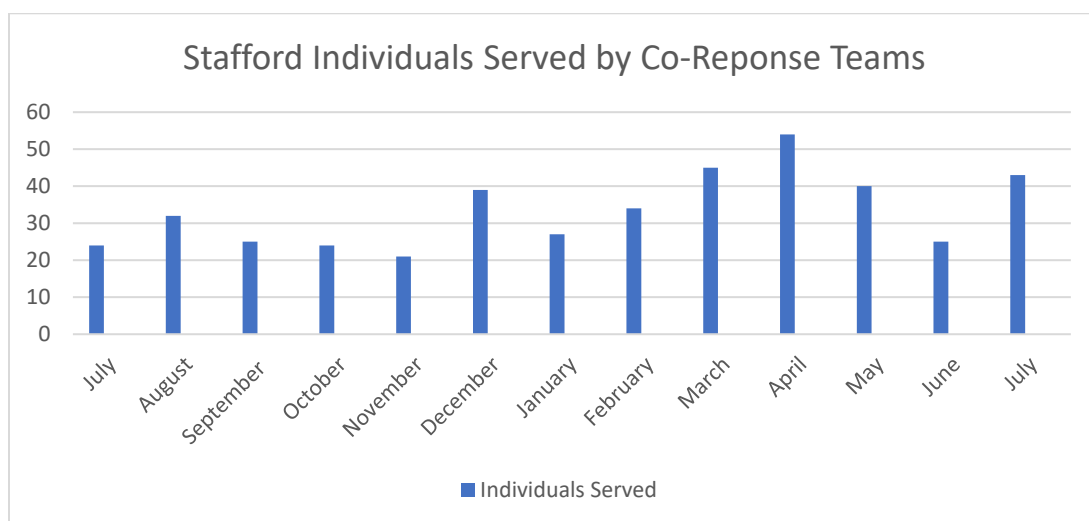
RAPPAHANNOCK AREA

COMMUNITY SERVICES BOARD



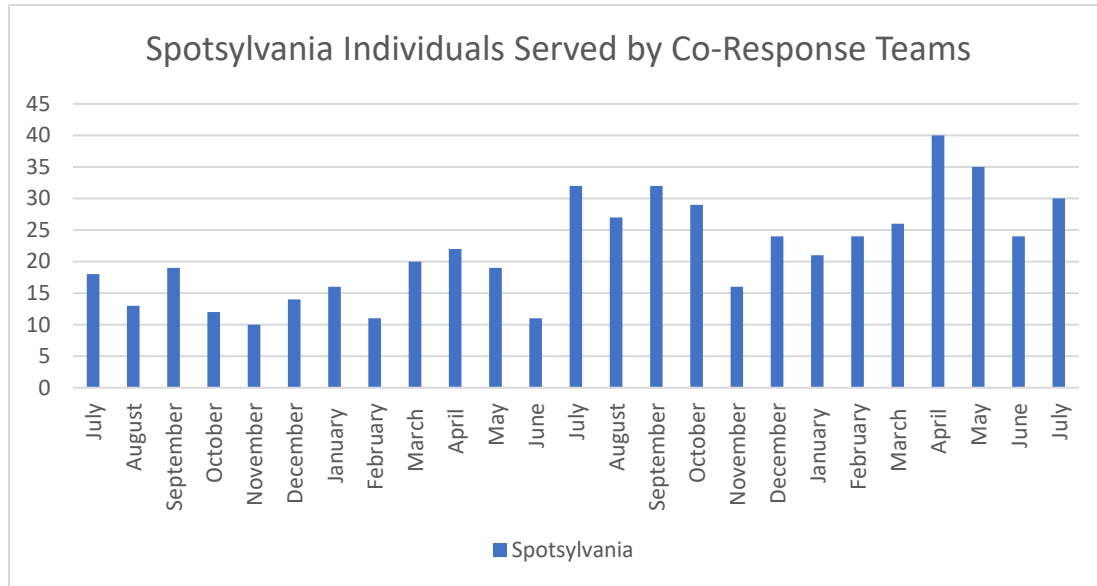
Co-Response

The Spotsylvania Co-Response Team served 30 individuals in the month of July and the Stafford Co-Response team served 43 individuals. The Fredericksburg Co-Response Therapist position remains vacant.



RAPPAHANNOCK AREA

COMMUNITY SERVICES BOARD



CIT Training

In the month of July, we had over 7 law enforcement officers participated in CIT training.

Memorandum

To: Joe Wickens, Executive Director

From: Amy Jindra, CIS Director

Date: August 7, 2026

Re: Sunshine Lady House Utilization

During June and July, Sunshine Lady House implemented new service interventions and admission efforts. Sunshine expanded access to services and began direct referrals from ACT as well as explored processes for admissions for self-referrals and other providers. In July, the program served an individual under a temporary detention order, who was subsequently certified and committed to the program for up to 30 days. The program worked closely with emergency services and RACSB medical to support the individual and legal processes.

In June, Sunshine Lady House served 44 individuals, admitting 41 during the month. Sunshine served two individuals from Encompass. In July, the program admitted 35 individuals and supported 39. In July, the program served individuals from Encompass and Alexandria. The program supported individuals for a total of 152 bed days in June and 161 in July for an average utilization of 45%. The program's acceptance rate for agency referrals was 85% in June and 86% in July. The program continues to operate as a regional and state service. Over the past year, 14% of individuals served were from outside of the RACSB catchment area.

In June and July, the program provided observation protocols for 4 individuals at risk for needing medically managed detox. The program provided support for managing mental health and substance use challenges for 21 individuals during this time frame. The guests were connected to 28-day residential programs, outpatient substance use treatment, peer supports, and medication management services as part of discharge planning.

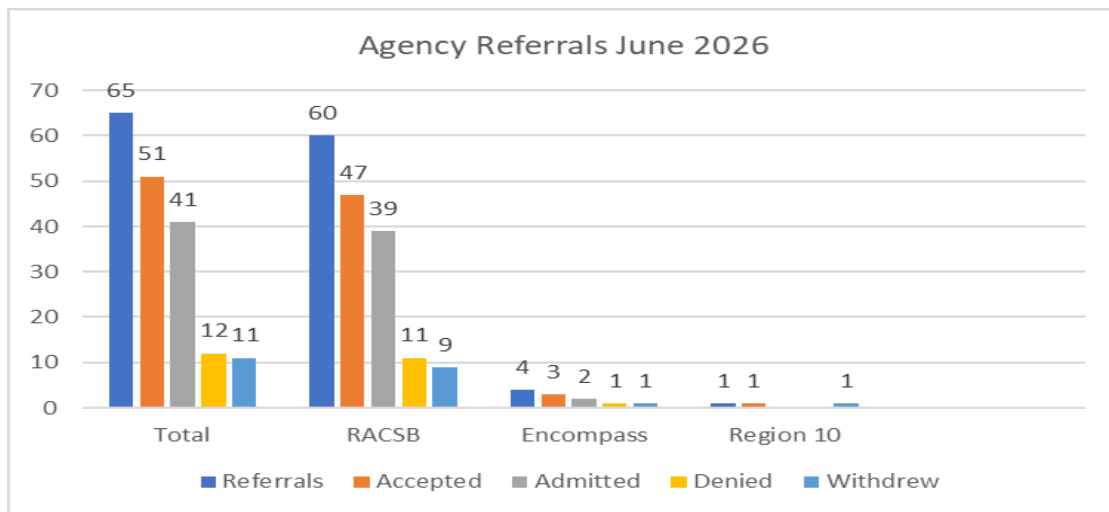
Prescreens through the state's Behavioral Health Link (BHL) are reviewed for opportunities for placement at Sunshine Lady House. The program works through the portal to gather additional information to coordinate placement. The program also updates its current bed availability in the portal twice daily.

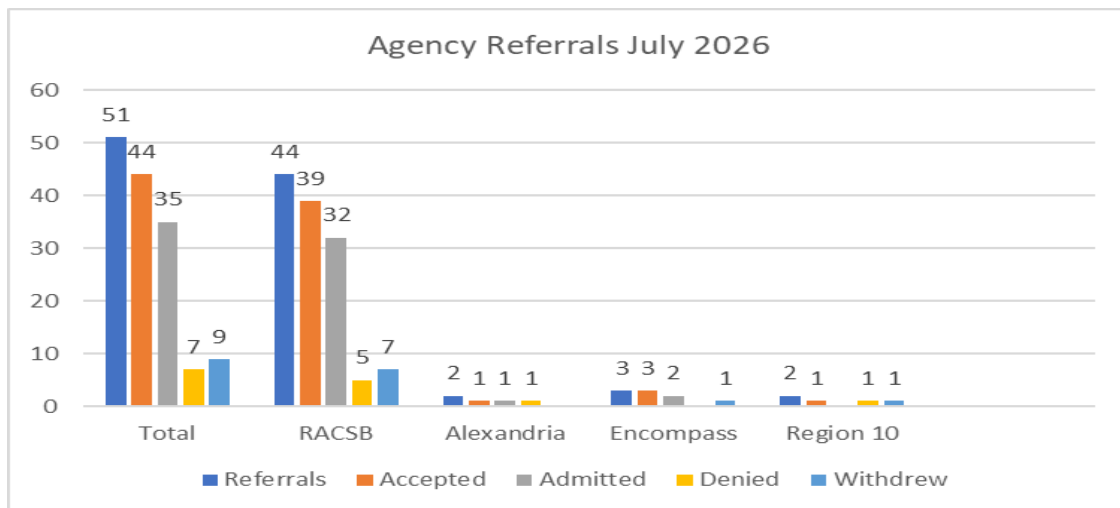
While bed utilization is the primary metric used to indicate Sunshine Lady's community impact, additional data more accurately reflects the effectiveness of the program's services. During

the year, Sunshine served 454 individuals. The total census reflects an increase of 18% since 2013. In FY2026, the program served more individuals through crisis stabilization services than in any previous years. Utilization reflects length of stay, while census data identifies the number individuals served.

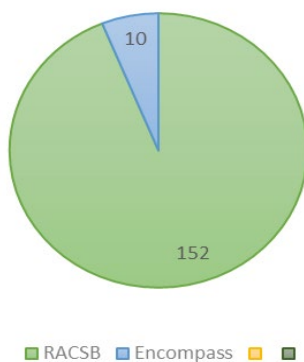
Sunshine Lady House's objectives include diverting from hospitalization through immediate interventions and intensive care coordination to promoting prolonged stability. The program demonstrates these efforts by tracking discharge planning and the need for involuntary hospitalization post discharge. During the past year, Sunshine provided thorough discharge plans for all those who completed treatment. Discharge plans included bed-to-bed transfers to 28-day rehabilitation, peer supports, housing resources, intensive outpatient, therapy, medication management, psychosocial rehabilitation, assertive community treatment, sober living, community support groups, and other tailored resources. Thorough coordination with community resources helps significantly reduce the need for more intensive services, including hospitalization. Consequently, the program's individuals needing involuntary hospitalization 30 days post discharge was less than 3%.

Below are graphs illustrating the data related to Sunshine Lady.

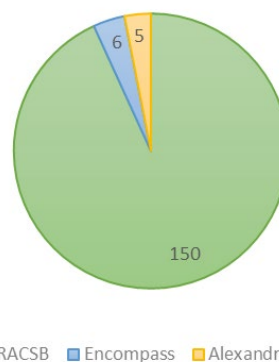




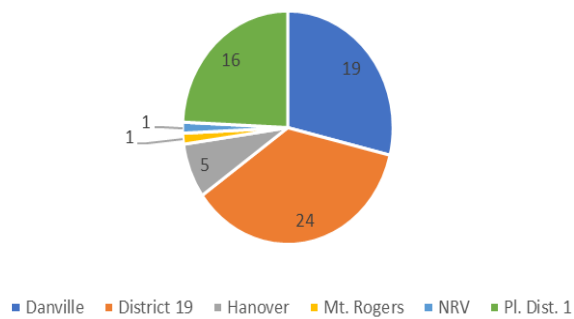
Bed Days June 2026



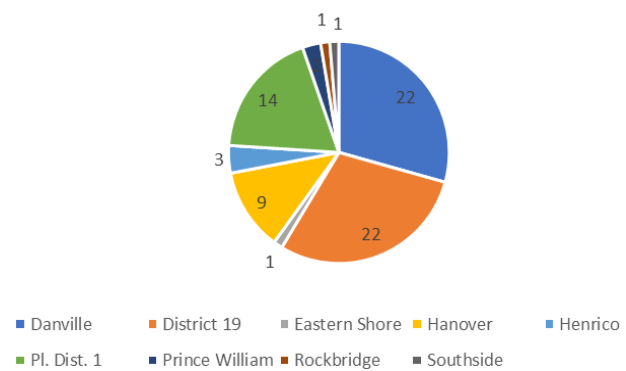
Bed Days July 2026

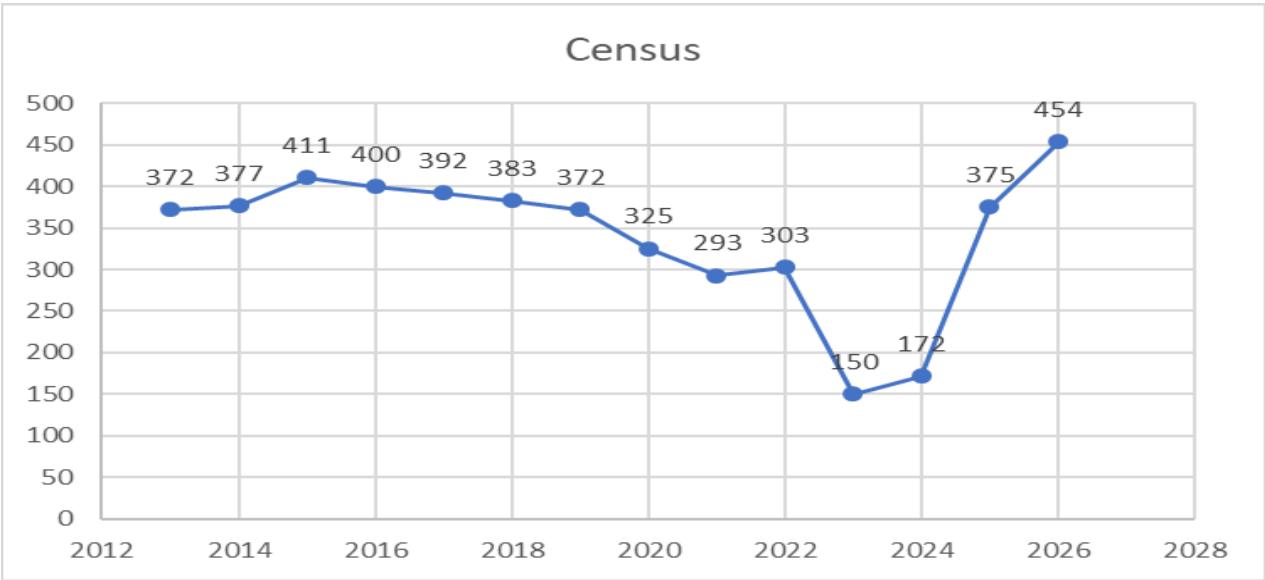
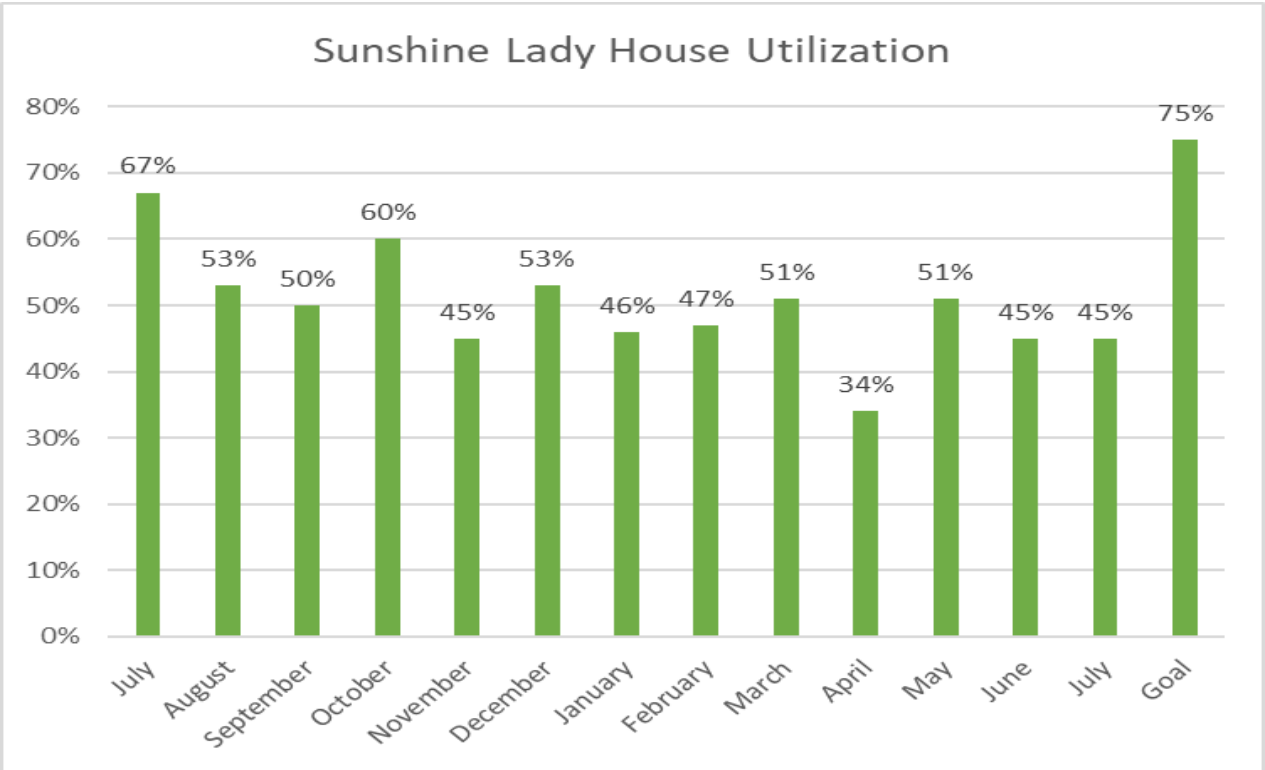


June 2026 Bed Registry



July 2026 Bed Registry





Memorandum

To: Joe Wickens, Executive Director

From: Amy Jindra, CIS Director

Date: August 5, 2026

Re: Peer-Led Wellness Stay Program

In June, the Department of Behavioral Health and Developmental Services (DBHDS) reached out to RACSB to introduce providing a new state initiative. Under the direction of the Office of Mental Health, Wellness and Recovery Supports, DBHDS proposes an opportunity to develop a Peer-Led Wellness Stay Program. The program design conceptualizes peer respite services as described by the Substance Abuse and Mental Health Services Administration (SAMHSA). Peer respites provide crisis diversion support in a homelike setting, staffed by peer professionals. Services are a short-term, residential stay of up to 14 days. The program thrives on the delivery of individual and group peer services. Linking to additional resources for ongoing supports is also a key element of the program model. The program is led and staffed by Certified Peer Recovery Support specialists.

The Peer-Led Wellness Stay Program provides an additional service to RACSB's crisis continuum. As the intended purpose is to support those, who without interventions, may need psychiatric hospitalization, it provides another opportunity to serve individuals at the most appropriate level of care. The program can act as both a connection to or step down from Sunshine Lady House. It also can serve as an entry point to recovery for those who have not utilized mental health services. The program can handoff to higher levels of care, community resources, and peer services.

DBHDS proposes to fund capital and operational expenses for FY27 and FY28. The funding total per year equals \$1,326,026. For the first year, funding will allow for the acquisition of a suitable setting, renovations, furnishings, staffing and initial operational expenses. The following year, funding will fully cover operational expenses, including personnel.

This memo seeks RACSB Board approval to accept funding to develop and operate a Peer-Led Wellness Stay Program.

Memorandum

To: Joe Wickens, Executive Director

From: Amy Jindra, CIS Director

Date: August 5, 2026

Re: TMACT Review- ACT South

On June 23 and 24, 2026, ACT South participated in a fidelity review conducted by the Department of Behavioral Health and Developmental Services. Like the TMACT fidelity assessment conducted in August of 2025 for the ACT North team, the South team provided documentation, staff and client interviews, and shadowing opportunities for the auditors to review alignment with the Tool for Measurement of Assertive Community Treatment (TMACT). The program received the results from the assessment in July.

The fidelity review utilizes the TMACT to analyze 47 items representing 6 categories. Each item is rated on a scale of 1-5. The 6 categories include Operations and Structure, Core Team, Specialist Team, Core Practices, Evidence-Based Practices, and Person-Centered Planning and Practices. The ACT South Team received an overall score of 3.81, moderate fidelity rating. Areas of improvement include enhancing the daily team meeting, creating client logs/schedules, client recruitment strategies, and integrating specialists' practices and enhancing person centered planning. Noteworthy successes include the following:

- The reviewer credited the team for being appropriately involved in coordination and decision making surrounding 100% of the review period's hospital admissions and discharges.
- "The Team provides a level of care that is not indicated by job description, but by what comes from the heart and the desire to help people to do well in their lives."
- Nearly 90% of all activities to support individuals occur in the community.

Attached is the overview of the results from the TMACT report.

Rappahannock Area Community Services Board (South) ACT Fidelity Assessment 2026

On 06/23/2026 - 06/24/2026, Deborah Davenport, Virginia DBHDS, and Todd Joerger, Virginia DBHDS visited the Rappahannock Area Community Services Board (South) Team in Fredericksburg to assess the team's adherence to the Assertive Community Treatment (ACT) model. This report documents the findings and recommendations of this fidelity review.

The Tool for Measurement of Assertive Community Treatment (TMACT)

Reviewers assessed the Rappahannock Area Community Services Board (South) team fidelity to the ACT program using the Tool for Measurement of Assertive Community Treatment (TMACT).¹ The TMACT consists of 47 items where each item is rated on a 5-point behaviorally-anchored scale, ranging from 1 (not implemented) to 5 (fully implemented). The ratings are based on the *current* structure and activities of the team (i.e., not future plans).

The TMACT includes the following six subscales:

- Operations & Structure (OS)
- Core Team (CT)
- Specialist Team (ST)
- Core Practices (CP)
- Evidence-Based Practices (EP)
- Person-Centered Planning & Practices (PP)

Data Sources

During this fidelity assessment, the reviewers assessed a range of data sources. They examined the charts of 10 randomly selected clients who have been enrolled on the team for at least three months. The chart data covered a recent four-week service period (05/04/26 - 05/31/26), along with the most recent assessments, treatment plans, and crisis plans. The fidelity review team also interviewed the following team members:

- Team Leader – Nicholas Harrison
- Psychiatric Care Provider – John Swing
- Co-Occurring Disorders Specialist – Maya Moore
- Nursing staff – Elizabeth Brown, Angela Berry
- Employment Specialist – Sebastian Miller
- Peer Specialist – Dianna Sloat
- Clinician – Christina Leonard
- Program Assistant – Sharon Spangler

The reviewers observed 2 daily team meetings, 1 treatment planning meeting, and conducted a group interview with 3 clients. Considering information gathered from all data sources, reviewers rated the Rappahannock Area Community Services Board (South) Team across 47 items of the TMACT.

Overall Fidelity Score

The total **TMACT fidelity rating for Rappahannock Area Community Services Board (South) Team is**

3.8. This total rating suggests that the team is implementing ACT at a moderate fidelity level of quality and adherence.

¹ Monroe-DeVita, M., Moser, L. L., & Teague, G. B. (2011). The tool for measurement of assertive community treatment (TMACT). Unpublished measure.

This rating of 3.8 meets criteria for base fidelity certification, per VA DBHDS ACT Service Definition. Note that we expect that teams use information from this evaluation to guide enhancements and changes and aim for achieving a 4.0 high-fidelity rating on the TMACT in a follow-up evaluation, which would not occur for at least 2 years from the date of this evaluation.

A summary of all item scores, with more specific recommendations when relevant, can be found below.

Table 1. Summary of TMACT Items and Ratings – Rappahannock Area Community Services Board (South)		
ITEM		RATING
OPERATIONS & STRUCTURE (OS) SUBSCALE		
		06/26
OS1	Low Ratio of Clients to Staff	5
OS2	Team Approach	4
OS3	Daily Team Meeting (Frequency & Attendance)	4
OS4	Daily Team Meeting (Quality)	3
OS5	Program Size	4
OS6	Priority Service Population	5
OS7	Active Recruitment	2
OS8	Gradual Admission Rate	5
OS9	Transition to Less Intensive Services	4
OS10	Retention Rate	5
OS11	Involvement in Psychiatric Hospitalization Decisions	5
OS12	Dedicated Office-Based Program Assistance	5
OS Subscale Average Rating		4.25
CORE TEAM (CT)		
CT1	Team Leader on Team	5
CT2	Team Leader is Practicing Clinician	3
CT3	Psychiatric Care Provider on Team	4
CT4	Role of Psychiatric Care Provider in Treatment	4

CT5	Role of Psychiatric Care Provider within Team	2
CT6	Nurses on Team	5
CT7	Role of Nurses	4
Table 1. Summary of TMACT Items and Ratings – Rappahannock Area Community Services Board (South)		
ITEM		RATING
CT Subscale Average Rating		3.86
SPECIALIST TEAM (ST)		
ST1	Co-Occurring Disorders Specialist on Team	2
ST2	Role of Co-Occurring Disorders Specialist in Treatment	3
ST3	Role of Co-Occurring Disorders Specialist within Team	3
ST4	Employment Specialist on Team	3
ST5	Role of Employment Specialist in Services	4
ST6	Role of Employment Specialist within Team	4
ST7	Peer Specialist on the Team	3
ST8	Role of Peer Specialist	5
ST Subscale Average Rating		3.38
CORE PRACTICES (CP)		
CP1	Community-Based Services	5
CP2	Assertive Engagement Mechanisms	4
CP3	Intensity of Service	5
CP4	Frequency of Contact	4
CP5	Frequency of Contact with Natural Supports	2
CP6	Responsibility for Crisis Services	4
CP7	Full Responsibility for Psychiatric Services	5
CP8	Full Responsibility for Psychiatric Rehabilitation Services	4
CP Subscale Average Rating		4.13
EVIDENCE-BASED PRACTICES (EP)		
EP1	Full Responsibility for Integrated Treatment for Co-Occurring Disorders	3
EP2	Full Responsibility for Employment & Educational Services	5

EP3	Full Responsibility for Wellness Management and Recovery Services	2
EP4	Integrated Treatment for Co-Occurring Disorders	3
EP5	Supported Employment & Education	3
EP6	Engagement & Psychoeducation with Natural Supports	3
Table 1. Summary of TMACT Items and Ratings – Rappahannock Area Community Services Board (South)		
		RATING
EP7	Empirically-Supported Psychotherapy	5
EP8	Supportive Housing Model	4
EP Subscale Average Rating		3.5
PERSON-CENTERED PLANNING & PRACTICES (PP)		
PP1	Strengths Inform Treatment Plan	2
PP2	Person-Centered Planning	2
PP3	Interventions Target a Broad Range of Life Domains	5
PP4	Client Self-Determination and Independence	4
PP Subscale Average Rating		3.25
TMACT OVERALL RATING		3.81

Figure 1
TMACT Total and Subscale Mean Ratings: Comparison Across Reviews



To: Joseph Wickens, Executive Director

From: Jacqueline Kobuchi, Director of Clinical Services

Date: 8/10/2026

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

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Outpatient Services

Caroline Clinic - Nancy Love, LCSW

Caroline Clinic clinicians completed 35 new assessments in June. Twenty-one intakes were completed through Same Day Access. Nine were scheduled adult intakes and five were scheduled child and adolescent intakes. Last month, Caroline clinicians completed 39 intakes. Twenty-five assessments were completed through Same Day Access, eight were scheduled adult intakes and six were scheduled child and adolescent intakes. The Caroline Clinic reduced its substance use groups from two weekly to one weekly group last month since five individuals successfully completed treatment over the summer. An additional substance use weekly group will be added in the future as needed. We will also be starting an Adult Mental Health Wellness group in the fall. Clinic staff completed trainings this summer on Motivational Interviewing and on Youth Screening, Brief Intervention and Referral to Treatment (VSBI RT).

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

During June, the Fredericksburg Clinic completed 85 intake assessments with adults seeking outpatient services, 69 of which were completed through Same Day Access. Of the 85 assessments, 37 were conducted in person and 48 via telehealth. The Children's Services Clinic completed 19 intake assessments during June, including two through Same Day Access. The remaining 17 assessments were scheduled based on acuity or treatment needs.

In July, the Fredericksburg Clinic completed 90 intake assessments, with 51 completed on the same day individuals called for services. The number of in-person assessments increased during the month, with 50 assessments conducted at the clinic. The Children's Services Clinic completed 19 intake assessments in July, five of which were completed through Same Day Access.

Both clinics were provided access to DocuSign, which will help increase access to services and improve engagement, particularly for individuals who experience transportation barriers.

The Children's Services Clinic hired a new Child/Adolescent Therapist, who began on August 3, 2026. The Fredericksburg Front Desk also said goodbye to one of its Central Access Associates, who made the decision to return to school to pursue a career in the mental health field.

During the past two months, Brittany Makufka, LCSW, began offering monthly EMDR support to RACSB clinicians trained in EMDR. It is hoped that this will continue to serve as an ongoing resource for clinicians.

King George Clinic - Sarah Davis, LPC

The King George Clinic continues to offer two weekly substance use groups. June group topics included Gray Area Drinking, Pros/Cons, Effects of Alcohol, and Addiction Neuroscience 101. July group topics included Tree of Life, Values, Coping Skills, and Jeopardy. Four individuals graduated from the groups in June, followed by five graduates in July.

The King George Clinic began another round of the Mental Health Wellness Group in June. Topics during June included Understanding Anxiety and Understanding Depression. July topics included Triggers of Depression & Anxiety, Coping with Stress and Anxiety, and Stress Management.

The King George Clinic completed 24 new patient intakes in June, 20 of which were completed through Same Day Access. Four were child and adolescent intakes. In July, the clinic completed 20 new patient intakes, including 14 through Same Day Access, one scheduled intake, and five child and adolescent intakes.

Staff continued to participate in professional development opportunities during June and July. In June, one staff member attended Ethics (Personal Values in the CSB) and Clinical Supervisor Bootcamp as part of becoming an approved LPC supervisor. Another staff member attended trainings on Military Competence, Therapeutic Alliance with Challenging Clients, Understanding Trauma in Early Childhood, and Understanding Anxiety Disorders. In July, one staff member attended Understanding Anxiety Disorders Part II, while another attended trainings on substance use prevention and Maternal Substance Use Disorders.

We are also excited to share that one of our therapists, Tammi Johnson, became a Licensed Professional Counselor (LPC) in July!

Spotsylvania Clinic - Katie Barnes, LPC

The Spotsylvania Therapists completed 65 intakes in June. Thirty-three assessments were completed through Same Day Access, 20 were scheduled Child and Adolescent assessments, and 12 were scheduled adult assessments. Therapists completed 54 total assessments in July. Forty were completed through SDA, one adult assessment was scheduled, and 13 child and adolescent assessments were scheduled. The clinic continues to offer a weekly Substance Use group and Anger Management group. Therapists attended several trainings including EMDR, Training in Adoption Competency and Ethics.

The School-Based Therapist continued to provide therapy at James Monroe High School two days a week throughout the summer. She also offers therapy virtually and at the Children's Clinic during the summer. This program is an asset to the community by increasing access to therapy in Fredericksburg City. The therapist is looking forward to the start of the new school year!

Stafford Clinic – Lindsay Steele, LCSW

During the months of June and July, the Stafford clinic met with clients in person as well as virtually. The child and adolescent therapist began completing intakes and seeing clients regularly. In the month of July, a Mental Health and Substance Abuse therapist began with the clinic and has been completing intakes and building their caseload. The Stafford clinic continues to operate on a waitlist with anticipation to be off the waitlist in the month of August. During the month of June, Stafford clinicians completed 28 intakes for adults and 10 intakes for children/adolescents. During the month of July, Stafford clinicians completed 46 intakes for adults and 12 intakes for children/adolescents. The clinic continues to facilitate a weekly substance abuse group with topics including impacts of alcohol, stigma associated with addiction, values and relapse prevention skills. Two clinicians completed training for competency restoration and one clinician completed the ASAM training.

Medical Services - Jennifer Hitt, RN

For the month of June, Outpatient Medical provided a new patient assessment to 103 individuals for medication management. For the month of July, Outpatient Medical provide a new patient assessment to 92 individuals for medication management. Three members of the medical team volunteered for the FXBG Pride event to represent RACSB's table in June. Dr. Young has announced he will be retiring in April, 2027 and we have begun recruitment for a Medical Director.

Case Management - Adult - Patricia Newman

The Adult Mental Health Case Management team would like to highlight a success story this month. We are so proud of this young man. He was hospitalized at WSH in 2024 and established wrap around services through RACSB in 2025. This gentleman actively participated in gaining independent living skills through our Supervised Residential Program, maintained stability in his mental health through medication management as well as pursued vocational supports through the Kenmore Club. This individual has worked with his case manager to establish employment and has recently transitioned to his own apartment with our Permanent Supportive Housing Program. His positive attitude, his eagerness to gain independence, and his desire to maintain stability in his mental health has all helped him to reach his goals.

Child and Adolescent Support Services - Donna Andrus, MS

Child and Adolescent Case management services calmed down in the month of June which is typical once school is out and summer is starting. We saw fewer referrals, fewer hospitalizations and no admissions to the Commonwealth Center for Children, nor residential placements. Staff utilized time to ensure trainings and documentation were up to date and to provide additional support to existing cases.

The month of July began with notification from the Department of Behavioral Health and Developmental Services Office of Licensing that they were investigating an adolescent residential treatment facility in Virginia for "serious health and safety concerns." It was recommended that agencies review any placements they had

there and where appropriate begin identifying alternative placement options. At that time, RACSB was working with two adolescents parentally placed there under parental agreements. We also received a referral from one of our local Department of Social Services, to assist them with one of the foster care cases they had placed at this facility. The Child and Adolescent Case Management team quickly reached out to the legal guardians to inform them of the concerns, staff completed multiple in-person visits at the facility with each child and quickly began coordinating discharge planning. One parental agreement placement was quickly and successfully discharged home with the assistance of case managers and linked to wrap around services to support the teen and her dad with a smooth transition home. One family decided to keep their child at the facility as the investigation was on-going and our staff worked on encouraging appropriate discharge planning in preparation for guidance from state agencies that all residents should be discharged. Through the court process, this individual did discharge home a few weeks later to a different relative in a different jurisdiction. Our case manager assisted in linking that family to services and supports through their local CSB. We were able to assist DSS in the transition of their foster child youth from this facility to another facility in Virginia that provides the specialized care that was needed, as this child was not appropriate to discharge to the community at this time. Through the quick response of our staff, they were able to find an accepting facility in state so that this youth was not placed in an out of state facility. Through this process, the child and adolescent case management team has reviewed our processes for children parentally placed in residential treatment facilities to ensure that we are providing the needed support to monitor placements and ensure treatment is being provided, that kids and families are working towards discharge and children are provided the care they need in a safe setting. None of the three cases involved with RACSB were part of the investigation at the facility, and none reported feeling unsafe during the time they were placed there.

Specialty Dockets - Nicole Bassing, LCSW

During the month of July, Adult Recovery Court welcomed seven new participants, graduated four participants and had two terminations. We currently have 38 active participants. The Rappahannock Veterans Docket added three new participants this month, had four graduations and one termination. We currently have 14 active participants. The Spotsylvania Behavioral Health Docket welcomed one new participant and had no graduations or terminations. We currently have 13 active participants. The Juvenile Recovery Court had no new participants, did not have any graduations or terminations. We currently have five active participants. The Fredericksburg Therapeutic Docket did not have any active participants in the month of July, but completed several evaluations for suitability.

Substance Use Services - Eleni McNeil, LCSW

SUD services coordinator, Assistant Coordinator, and Mobile OBOT CSAC attended the Virginia Recovery Conference, hosted by the Virginia Opioid Abatement Foundation. The SUD Services Coordinator attended community stakeholder meetings, including Save1Life, I-95 Corridor Meeting, Recovery Behind Walls, and Overdose Prevention in Jails. SUD Services Coordinator also facilitated co-occurring disorders training for two CIT cohorts, as well as a Recovery Without Walls training for the Rotary Club of Fredericksburg.

Those served in the month of June in Fredericksburg SUD programs is as follows: Project LINK-37; OBOT-64; ARTS Case Management-51; SUD Outpatient (Fredericksburg)-90; SUD Peer Services- 22. We received the following referrals: RAASAP: 31; Community Based Probation/Pretrial: 24; District 21 Probation & Parole: 4

Those served in the month of July in Fredericksburg SUD programs is as follows: Project LINK-41; OBOT-68; ARTS Case Management-57; SUD Outpatient (Fredericksburg)-76; SUD Peer Services- 20. We received the following referrals: RAASAP: 34; Community Based Probation/Pretrial: 24; District 21 Probation & Parole: 3

Jail and Detention Services - Portia Bennett

In June, a total of 33 residents were seen at the Rappahannock Juvenile Center for crisis, therapeutic, and medication management services. In July, there were a total of 43 individuals served at the Rappahannock Juvenile Center. In June, at the Rappahannock Regional Jail, a total of 108 individuals received crisis and/or therapeutic services, and a total of 215 individuals received substance use services. In July, 117 individuals received mental health services and 86 individuals received substance use services. The Psychiatric Nurse Practitioner saw a total of 91 individuals in June and 80 in July. A total of 320 individuals were prescribed psychotropic medications in June and 295 in July. There are no staff updates to report during this period.

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
Christina Rezendes – Coordinator Developmental Services Support Coordination

SUBJECT: State Hospital Census Report

DATE: August 18, 2026

State Hospital	New	Discharge	Civil	NGRI	Forensic	EBL	Total Census
Catawba Hospital			1				1
Central State Hospital	3	1		1	1		2
Eastern State Hospital							0
Hiram Davis Medical Center	1		1			1	1
Northern Virginia Mental Health Institute	2	1	2				2
Piedmont Geriatric Hospital		1	4				4
Southern Virginia Mental Health Institute				1			1
Southwestern Virginia Mental Health Institute							0
Western State Hospital	2	4	2	4	13	1	20
Totals	8	7	10	6	14	2	31

Extraordinary Barriers List:

RACSB has two individuals on the Extraordinary Barriers List (EBL) who are hospitalized at Hiram Davis Medical Center (HDMC) 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.

Hiram Davis Medical Center

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 all activities of daily living and presents with confusion at times. This individual was previously hospitalized at PGH but was transferred to HDMC after receiving medical treatment for a fractured hip. This individual's family is supportive and involved. This individual has been accepted to Marian Manor assisted living facility and will discharge once a date has been set. They will require Discharge Assistance Program (DAP) funding.

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 numerous memory care facilities but have been denied due to a history of some aggression. This individual is able to complete many daily living tasks on their own, resulting in a low approved DAP rate, which has also impacted the likelihood of them being accepted to an assisted living facility. Their team continues to send out referrals and is hoping to find a facility willing to accept them and able to meet their needs. They will likely require Discharge Assistance Program (DAP) funds to help to pay for their care in the community.

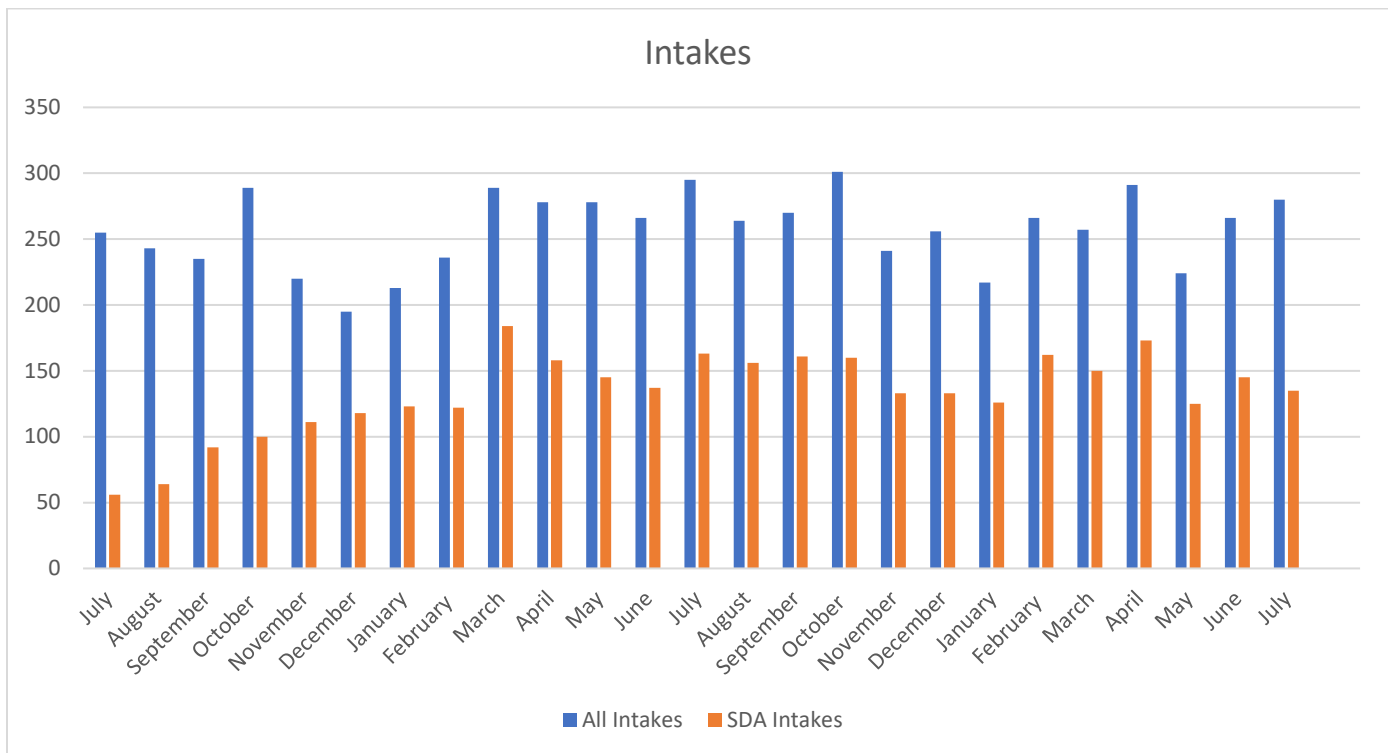
RAPPAHANNOCK AREA

COMMUNITY SERVICES BOARD

MEMORANDUM

To: Joseph Wickens, Executive Director
From: Jacqueline Kobuchi, LCSW, Director of Clinical Services
Date: August 7, 2026
Re: Same Day Access

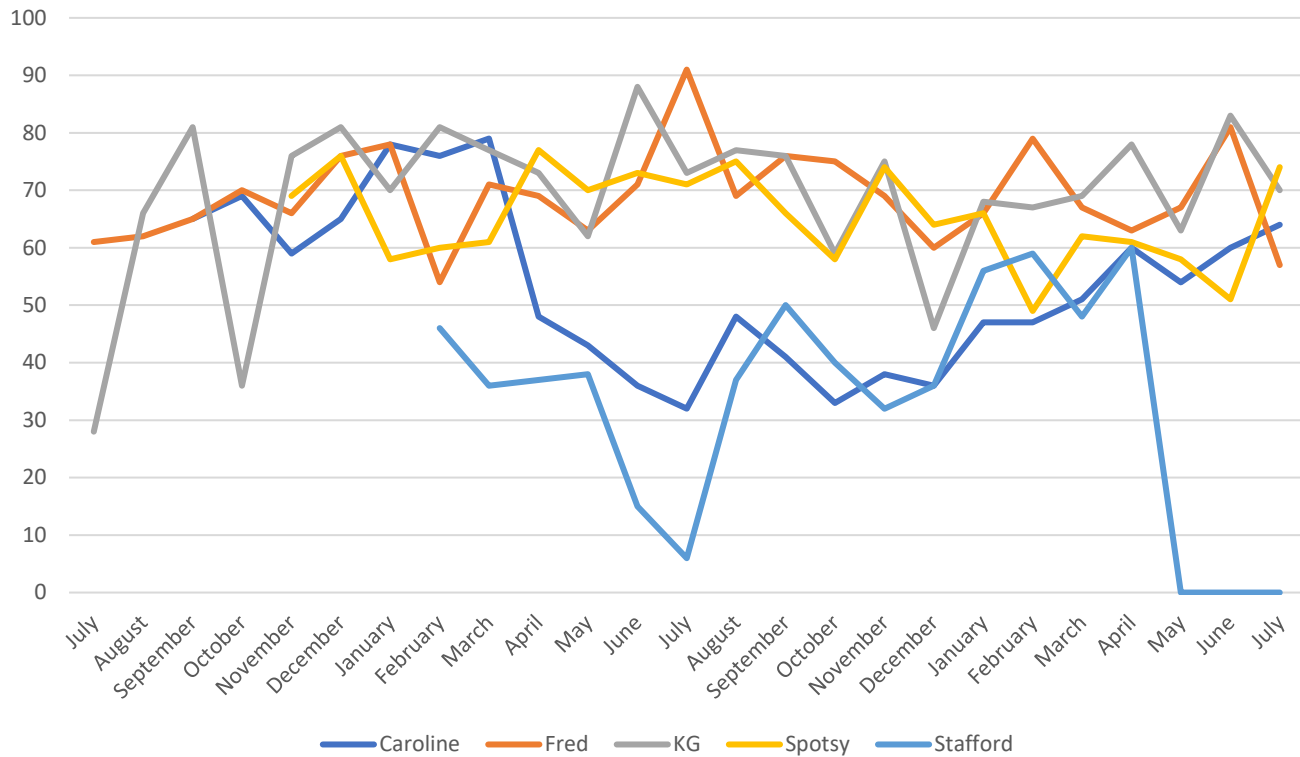
Below is data on the number of intakes completed at our outpatient clinics, and the percentage of those completed through Same Day Access (SDA). Individuals not seen through SDA received scheduled appointments, many times at their request or based on their needs. The Stafford Clinic initiated a waitlist in April due to a significant staffing shortage. Two vacancies have been filled and the new staff are building their caseloads. They completed a significant number of scheduled intakes in June and July.



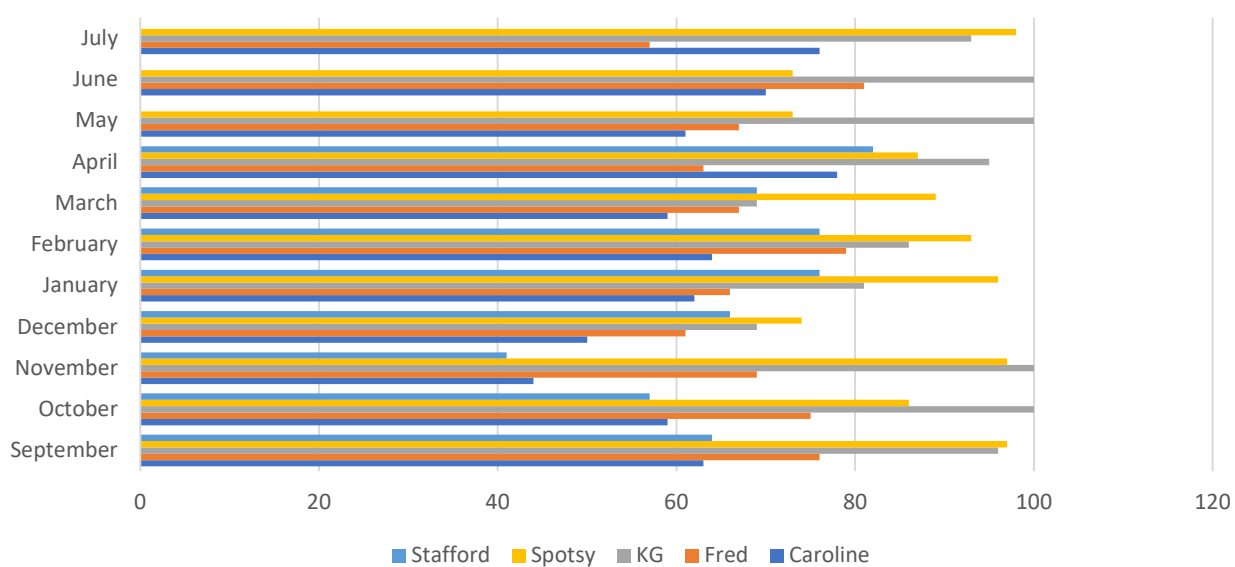
RAPPAHANNOCK AREA

COMMUNITY SERVICES BOARD

Percentage of Intakes Completed Through SDA



Percentage of Adult Intakes Completed Through SDA



MEMORANDUM

To: Joseph Wickens, Executive Director
From: Eleni McNeil, Substance Use Services Coordinator
Date: August 10, 2026
Re: Project Link Site Visit

The Department of Behavioral Health and Developmental Services (DBHDS) conducted a site visit to review and evaluate RACSB's Project LINK program on April 27, 2026. The site visit report was received on July 15, 2026 and is attached for the Board's review. It was a successful visit overall, with DBHDS noting consistent compliance with reporting requirements, sustained engagement with community partners, and effective coordination of care for those served. No recommendations were made at this time.



Virginia Department of Behavioral Health
and Developmental Services

Rappahannock Area Community Services Board Project LINK Review and Program Evaluation

Date of Site Visit: April 27, 2026

A Life of Possibilities for All Virginians

1220 BANK STREET • P.O. BOX 1797 • RICHMOND, VIRGINIA 23218-1797
PHONE: (804) 786-3921 • FAX: (804) 371-6638 • WEB SITE: WWW.DBHDS.VIRGINIA.GOV

Program Overview

On April 27, 2026, the Rappahannock Area Community Services Board (RACSB) leadership team participated in an evaluation of its Project LINK program by the Department of Behavioral Health and Developmental Services (DBHDS), Office of Addiction Recovery and Wellness Supports (ARWS). Established in 1992, the program serves pregnant and parenting women affected by substance use disorders (SUD) in District 16.

Glenda M. Knight, LPC, Women's Services and Specialty Population Manager, and Tracey Green Williams, MAC, MA, Specialty Population Coordinator, led the evaluation. CSB leadership representatives who participated in the review included Jacqueline Kobuci, Clinical Director; Eleni McNeil, Substance Use Services Coordinator; Arianna Colley, Project LINK Program Manager; Juliana Casseus, Project LINK Substance Use Case Manager; and Katelyn Magaw, Project LINK Recovery Specialist.

The RACSB is one of the first cohorts to implement a Project LINK program dedicated to assisting women of childbearing age impacted by substance use disorders, are linked to holistic services that “empower women and their families to focus on recovery and healing.” Funding sources include the following: the Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS), Medicaid reimbursement, and additional Community Services Board monies.

Evaluation Summary

Target Population & Admission Criteria

RACSB Project LINK serves pregnant and parenting women affected by substance use, including women of childbearing age. The American Society of Addiction Medicine (ASAM), Columbia Suicide Severity Rating Scale (CSSR), Daily Living Activities-20 (DLA-20), Patient Health Questionnaire-9 (PHQ-9), and the Diagnostic and Statistical Manual of Mental Disorders, Text Revision 5 (DSM-TR5) are utilized for clinical presentation and referral to appropriate levels of care. To be admitted to the program, individuals must meet minimum criteria, including having a primary substance use disorder (SUD) diagnosis; being pregnant, parenting, or over age 18 and of childbearing age; seeking support for substance use, parenting skills, and access to community resources; agreeing to follow program rules and guidelines; and demonstrating a willingness to use resources provided by qualified professionals to reduce barriers to clinical services and support services.

Pregnant women with active substance use concerns are prioritized for scheduling within 48 hours. Individuals in this priority population who are referred from outlying clinics are connected directly with the Project LINK Manager and the SUD Director for completion of the Comprehensive Needs Assessment (CNA). To reduce barriers to access, the program offers virtual intake appointments for women who are employed or who experience transportation or childcare challenges.

Internal referrals are received from within the CSB program areas, including the Adult Recovery Court, Healthy Families Home Visiting program, Office-Based Opioid Treatment (OBOT), and RACSB clinicians housed at the Rappahannock Regional Jail (RRJ). External referrals are received from external stakeholders such as the local Department of Social Services, Child Protective Services (CPS) units, Thurman Brisben Family Shelter, Empower House Intimate Partner Services, Mary's Shelter (faith-based program for unhoused single pregnant women and their children), and Micah Ministries, among other resources.

Service Delivery & Staffing

Program staffing includes the Substance Use Coordinator, Project LINK Manager, Project LINK Case Manager, and Project LINK Peer Recovery Specialist. The program offers home, community, clinic-based, and virtual visits tailored to each participant's needs. The program maintains a strong focus on trauma-informed care and evidence-based practices. Current interventions and staff development efforts include:

- Seeking Safety curriculum
- Nurturing Parenting Program for Families in Substance Abuse Treatment and Recovery
- Healing Trauma Program
- Staff training in EMDR-informed practices
- Staff trained in Dialectical Behavior Therapy (DBT)
- Risk reduction interventions
- Recovery-oriented peer support services

The program encourages participants to build and maintain supportive community networks and continues to offer resources and referrals to individuals who have been discharged from or closed to the program.

Performance Review

The evaluation confirmed that Project LINK continues to demonstrate commitment to participant engagement, barrier reduction, trauma-informed care, and community collaboration. The program also continues to prioritize the preservation and strengthening of the family unit by offering activities and services that encourage the involvement and participation of participants' children.

Project LINK has maintained collaborative relationships with the local hospitals and receives postpartum referrals for women who deliver substance exposed infants in accordance with the Code of Virginia §§ 32.1-127(B)(6). The program has met with four local Departments of Social Services regarding its services. Quarterly, the program hosts baby showers for expectant mothers. Participants are provided with postpartum referral kits, linkage to Doula and lactation services. Additionally, participants are provided with incentives, including gift cards, Baby Bucks, and Baby Boutique points, to support goal attainment, appointment attendance, and completion of the Nurturing Parenting Program.

The program continues to face several barriers that impact service delivery. Barriers include limited external funding beyond the SUBG and State General Funds, with annual program operating costs ranging from approximately \$163,000 to \$245,000; shortages in affordable housing and childcare services. Due to lack of affordable housing in the community, parents are

losing custody of their children. The program reports that multiple Obstetrics and Gynecology providers have left the planning district. Additionally, the program's Substance Abuse Residential Purchase of Services (SARPOS) funding for residential services has been reduced, and some community partners continue to demonstrate limited awareness and understanding of Project LINK services and support.

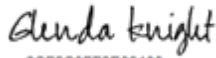
Conclusion and Recommendations

The April 27, 2026, site visit to the RACSB Project LINK program confirmed a strong commitment to delivering high-quality, person-centered services for pregnant and parenting women affected by substance use disorders. The program demonstrates consistent compliance with reporting requirements, sustained engagement with community partners, and effective coordination of care for participants. The program manager participates in quarterly statewide Project LINK Managers and Directors meetings and ensures timely submission of all required biannual and annual reports. Staff provide home, virtual, and community-based visits; deliver training to local Departments of Social Services; and participate in community outreach efforts to increase awareness of program services. The Substance Use Case Manager and Recovery Specialist jointly facilitate Nurturing programming and coordinate services to support participant needs.

Project LINK demonstrates strong collaboration with some community partners, consistent staff supervision, and implementation of participant incentive initiatives. Staff cohesion, stability, and strong rapport with participants enhance service effectiveness. Many participants also maintain employment. The program's comprehensive client orientation package reflects a thorough and organized approach to participant engagement. The Project LINK manual's policy and procedures are thorough.

Additional commendations include hosting quarterly baby showers, providing postpartum kits to new parents, and facilitating quarterly meetings with a doula and lactation specialist. The Project LINK van further increases accessibility by providing reliable transportation to critical appointments and activities. Participants are also offered goal-based incentives, such as gift cards, to encourage progress and engagement.

Project LINK will renew its partnership with the Parent Infant Education, early intervention services. The program is commended for its organized orientation materials, consistent participant support, and robust engagement strategies. Through ongoing collaboration, structured service delivery, and a commitment to quality, Project LINK continues to provide vital assistance to pregnant and parenting women affected by substance use disorders.

DocuSigned by:

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Glenda M. Knight, LPC-S, CSAC
Specialty Populations Manager

**RACSB
Program Update Report
Compliance
July 2026**

Incident Reports

- There were 305 Incident Reports entered into the Electronic Incident Report Tracker during the month of July. This is a decrease of 15 from June and an increase of 29 compared to May. All incident reports submitted were triaged by the Compliance Team.
- The top three categories of reports submitted in July were Health Concerns (96 reports), Individual Served Injury (45 reports), and Individual Served Safety (24 reports).
- The Compliance Team entered 38 incident reports into the Department of Behavioral Health and Developmental Services (DBHDS) Electronic Incident reporting system during the month of July (31-Level 2, 7- Level 3). This is a decrease of 1 from the number of submitted reports during the month of June (28-Level 2, 12- Level 3), and an increase of 16 from the number of submitted reports during the month of May (19-Level 2, 3- Level 3).
- There was 1 report elevated to a care concern by DBHDS during July for an incident involving an individual tripping and falling. 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 38 root cause analyses reports were requested in the month of July; a decrease of 5 from the amount requested in June, and an increase of 17 from those requested for the month of May. Five expanded root cause analyses reports were requested in July (these are more expansive reports usually requested after a series of serious incidents involving a specific individual).

Human Rights Investigations:

- The Compliance team conducted 4 human rights investigations in June. One investigation was unsubstantiated for physical abuse but substantiated for neglect due to a delay in medical care. One investigation was unsubstantiated for physical abuse but

substantiated for a violation of the individual's dignity, respect, and support. One investigation was substantiated for Services in Accordance with Sound Therapeutic Practice: Service plan entry authentic, accurate, complete, timely, pertinent. Lastly, one investigation was substantiated for neglect of 7 individuals due to staff being ticketed for speeding.

- The Compliance team did not complete any human rights investigations in July.

Internal Reviewers:

- The Compliance Team met with the Healthy Families Program on June 23rd to go over audits/audit scores
- The Compliance Team met with the Mental Health Outpatient Caroline on June 26th to go over audits/audit scores
- The Compliance Team conducted chart audits for 2 vacating DD Support Coordination employees in July.
- The Compliance Team met with the Crisis Stabilization Program on July 29th to go over audits/audit scores.
- As part of the Quality Improvement Plan, the Compliance Team followed up with programs/departments to ensure corrective measures were completed and sustained for citations previously issued by DBHDS. Check-ins for corrective processes occur at initial completion, 3-month, and 6-month intervals following Corrective Action Plan (CAP) submissions to DBHDS for issued citations. In June, 12 follow-ups were completed (9 initial completion check-ins, 2 3-month check-ins; 1 6-month check-in). In July, 13 follow-ups were completed (9 initial completion check-ins, 1 3-month check-in; 3 6-month check-ins). All CAP actions were deemed to be working effectively in resolving previously cited deficiencies.

External Reviewers:

- The Compliance Team received and responded to external requests for documentation from 4 different insurance providers seeking information for 106 different individuals' records in June/July.
- The Compliance Team corresponded with Brian Dempsey, DBHDS Incident Management Specialist, on 14 occasions in June/July regarding serious incident reports.
- The Compliance Team corresponded with Managed Care Organization representatives on 7 occasions in July to discuss Critical Incident reports.

Complaint Call Synopsis

- The Compliance Team received a complaint on June 1 related to an individual wanting a medication change due to side effects. Correction for this complaint was handled at the program level.
- The Compliance Team received a complaint on June 16 related to a service plan authorization issue that was causing a provider not to be able to bill. Correction for this complaint was handled at the program level.

- The Compliance Team did not receive any complaint calls in July.

Special Projects

- The Compliance Team completed result analysis processes for the Point-in-Time Survey collected in April and wrote a narrative on the findings.
- Members of the Compliance team participated in planning and preparation in July for the upcoming electronic Medication Administration system with Impruvon to be used in programs that administer medications.
- The Compliance Team met with programs to orient them to the new Cleaning Contractor and orient them to new quality procedures that are being introduced in conjunction with the start of the new contractor.
- The Compliance team finalized new Facility Inspection and Drill forms and introduced them to Program Coordinators in the Health and Safety Committee meeting.
- The Compliance team began meeting with Contractors and coordinating a plan for snow removal in FY27 in July to help ensure continued smooth operations in the event of weather events this upcoming winter.
- Compliance team members began identifying Capital Projects, timelines, and approximate costs agencywide in July.
- Compliance team members participated in coordinating/following up on a reupholstery project for seating in the Jackson Street lobby.
- The Compliance Team began reviewing entry of ID/DD Support Coordination ISPs and Quarterly reviews to help monitor and ensure timeliness for compliance standards. The charts below highlight results of July's monitoring:

Trainings

- The Compliance Team hosted a Q-Tip training on Responding to Licensing Reports on June 10.
- The Compliance team conducted 2 Incident Report trainings for Emergency Services on June 16 and June 24.
- Members of the Compliance Team attended Plan Writing Training with Todd Cramer, Community Resource Consultant from DBHDS, on July 15th.
- The Compliance team prepared and led the quarterly Health and Safety Committee meeting on July 23rd.
- The Compliance team led a Therapeutic Options Training on July 30th.

MEMORANDUM

To: Joseph Wickens, Executive Director
From: Stephanie Terrell, Director of Compliance
Date: July 1, 2026
Re: FY2026 Point-in-Time Survey

Rappahannock Area Community Services Board (RACSB) believes it is important to obtain input from individuals served and stakeholders. This allows RACSB to enhance and create services that meet or exceed the expectation of individuals served, the community, and other stakeholders. The point-in-time survey is designed to document the experience and satisfaction of individuals receiving services from RACSB. The survey is distributed at each of the six outpatient clinics. The results are used to evaluate staff performance, identify gaps in services, and key items that are causing dissatisfaction so that action can be taken to improve the experiences of individuals served.

During the week of April 20th, the front desk staff at each of the six outpatient clinics distributed the 10-question survey to all individuals who kept their appointments.

A total of 879 (81%) surveys were received from the 1088 individuals who kept appointments during the week of April 20, 2026. This is the same percentage of response as FY25's surveys. Survey response rates continue to be lower than pre-COVID. Response rate for FY2020 averaged 93%; however, for FY 2022, FY 2023, and FY 2024 the response rates were below 72%.

The number of responses received during the survey week by clinic is as follows:

	Appointments Kept	Surveys Received	Response Rate (FY 2026)
King George	90	80	89%
Spotsylvania	164	164	100%
Caroline	91	75	82%
Stafford	111	90	81%
Fredericksburg	538	410	76%
Carr Drive	94	59	63%

The chart does not include surveys returned that did not include responses.

The purpose of the exercise is to solicit feedback from individuals receiving services regarding their experience with services received from RACSB. The survey assesses the following areas:

- Customer services related to timely response in returning phone calls
- Convenience of appointments scheduled
- Participation in treatment
- Overall satisfaction with services

- Payment for services

Notations below include the percentage of respondents who indicated “agree” and “neutral” to a particular question. A closer look at the questions and information gathered from the responses is as follows:

Question: “RACSB staff returns my calls in a timely manner.”

Percentage of “agree” and “neutral”	FY 2026
King George (n=80)	99%
Spotsylvania (n=164)	99%
Caroline (n= 75)	100%
Stafford (n=89)	98%
Fredericksburg (n=406)	100%
Carr Drive (n=58)	100%

Respondents noted concerns with the departments listed below.

Department	Responses
Billing/Reimbursement	6
Psychiatry	12
Mental Health Case Manager	6
Therapy (Individual or Group)	11
Intellectual or Developmental Disability Case Manager	2
Med-line	8

Comments:

King George:

- WHEN I'VE CALLED, IT'S EITHER ANSWERED OR RETURNED BY THE END OF THE DAY
- WOW
- hi
- she rocks and do an awesome job
- Requested referrals for employment and activity services have not been provided after more than two months
- They always get back to me asap

Spotsylvania:

- In drug court too, very good
- very helpful, Friendly
- never called

- very attentive to when I leave voicemails
- No COMMENT *SATISFIED
- THE HOLD TIME WAS SHORTER THAN EXPECTED
- have not needed a return call
- always fun
- I LOVELY THEM and my son too

Caroline:

- Mrs. Rosa is always very kind, informed, helpful and goes above & beyond for all clients.
- It's always a good time when I come to group meetings. Kind of became like my second family.
- I've not needed returned correspondence on any issues

Stafford:

- Ms. Vicki + Ms. Ronnie are absolutely wonderful! Want to say they are great @ calling!! Helps me keep track
- They have a delay on return calls sometimes preventing my medicine from being sent to the pharmacy on time. (They do note that they have a delay) FYI of 2-3 business days
- call backs, appointment reminders! 🥰
- COMMUNICATION IS INCONSISTENT/NEEDS IMPROVEMENT
- Have not had to have calls returned
- RACSB STAFFORD ARE ALWAYS ON TIME.
- awesome
- med calls are a bit tricky on calls back
- no calls in therapy but email on time
- I very satisfied with service Thank You
- Transia from a relationship

Fredericksburg:

- Great service
- They call back ASAP
- Great service
- Thank you for your service!
- JUST FINE
- great!
- All my call were answered right away
- Everyone
- I've always gotten call-backs same day
- All ways good
- arent on Reminders
- They are always pleasant and extremely helpful. Their office has a nice staff.
- They helped get me help as soon as possible
- Great service
- Always call back promptly and very professional.
- Everything has been good.
- Love you guys
- Always friendly and quick to return calls
- great response time
- they do a great job @ getting back to me
- ?
- good job

- Chrissy Blankenship

Carr Drive:

- Want to say they are great @ calling!! Helps me keep track
- very pleasant on the phone
- We've been coming here for some years now and it's been easy to get in for Emergency!

Question: “Appointments are scheduled during times that are convenient to me.”

Percentage of “agree” and “neutral”	FY 2026
King George (n=80)	100%
Spotsylvania (n=163)	99%
Caroline (n= 74)	100%
Stafford (n=89)	97%
Fredericksburg (n=406)	99%
Carr Drive (n=59)	100%

Comments:

King George:

- Always at a good time
- I'VE NEVER HAD AN ISSUE WITH APPT, DATES OR TIMES.
- can I have a \$1

Spotsylvania:

- Sydney always schedules me at a good time
- It has to be after 4. The therapist does the best she can to accomodate. She's very busy.
- high schooler, so i'm always busy
- All good though. Has to be done within their hs
- I'm NOT suRe what times are available, Im NOT WORKING, so the time given to me WORKED
- very flexible and well at making accommodations
- This location is very accomodating to my schedule needs
- Mostly SATISFIED
- works well with our schedule
- they normally work with you on times
- I don't have a choice but I put myself in this situation. A choice of which day of the week would be awesome
- Booking an appointment is easy but I have issues with when we are double booked and we have to reschedule, after we show up

- works well with my schedule needs
- I was told to Call 8AM TUE, WED OR THURS. I CALLED ON A DAY ThAT I hAd to bE At WORK lAtER IN the AfterNOON
- HAVE NOT BEEN SCHEDULED YET.
- the fact there is no emergency appts is HORRIBLE!!
- my therapist is flexible with scheduling and also offers consistent days/times if desired
- always flexible
- never had an issue, even on an unexpected basis
- Office staff have gone out of their way to help me
- I lovely the staff ,they re to still doing an amazing Job!!,Included Mrs .Therapist SackicoJordan.

Caroline:

- Scheduling is always great.
- RACSB will try to get me appointments. FOR MY COUNSELOR AND DR
- They always make time even if I have to reschedule they still find time to fit me in.

Stafford:

- working w/ school aged youth, scheduling is always tricky with limited availability
- always convenient
- appointment times are discussed and my convinience is accnowleged.
- THERE ARE ALWAYS APPOINTMENTS AVAILABLE.
- super
- appointment changed to frequently w/ therapy little flexibility
- I like to sleep in sometimes, I'm always tired
- Always can work me in schedule last minute or reschedule
- kid has to miss school to do therapy appts because of sports

Fredericksburg:

- Always can get me in last minute or easily rescheduled
- They work around my Job
- Always have rescheduled w/in a week as well.
- They try the best they can to work with me
- They work around my schedule its great
- Too many requirements.
- Busy as the place gets, they do try their best
- Great
- USUALLY AVAILABLE
- great!
- between work and everything it fits nicely.
- Always fits my schedule so far
- Flexible times to work with me
- They do the best they can to work with me
- There were able to fit me in b/c my counselor was genuinely concerned w/ my health. Timely - manner!
- it helps to have appointments past 9-5!
- Always able to work with me
- They are always super kind and considerate of my own schedule when they make appointments.

- As a mom of 2 under 2, I appreciate Dr. Williams working with my schedule and scheduling me on a Friday Afternoon. Thank you!
- Never had an issue.
- The people up front checking us in and calling us are the BEST!
- If I could get times after 1:00 PM that would be much better
- Always Happy
- sometimes
- I don't always remember or cancel due to scheduling other appointment
- they work with me
- fit me in as often as can be arranged

Carr Drive:

- Megan has been great meeting us at the Carr Dr. Location.
- Staff always ask if there is a certain day that works better

Question: “Are you participating in telehealth services?”

	Yes	No	Percentage of “very satisfied” and “satisfied” with telehealth services
King George	14	64	94%
Spotsylvania	49	114	92%
Caroline	32	43	88%
Stafford	22	67	100%
Fredericksburg	153	251	92%
Carr Drive	10	49	93%

Comments:

Spotsylvania:

- Miss Zoom

Fredericksburg:

- *takes to long waiting on doctor
- Have Not scheduled my first appointment yet.
- they were great when we could do them during COVID
- I wish I could just do my appointment telehealth, but I need to come in to speak with Dr. Williams over a computer anyway.
- sometimes it don't get good service now since they switched to Microsoft meet. Wish they would go back to zoom.
- Don't have to take a whole day off of work
- Wilbur is amazing!! He is an

Question: “I am pleased with the care I receive at RACSB.”

Percentage of “agree” and “neutral”	FY 2026
King George (n=79)	99%
Spotsylvania (n=154)	100%
Caroline (n= 75)	100%
Stafford (n=88)	100%
Fredericksburg (n=399)	100%
Carr Drive (n=57)	100%

Comments:

King George:

- Great communication and courteous staff
- Tiffany is amazing
- VERY USEFUL AND EDUCATIONAL INFO DURING EACH CLASS
- They are awesome Here!

Spotsylvania:

- completed anger managment here too 😊
- Love my daughter's therpaist.
- My therapist is great! (Carly💖)
- MeeTS my STANDARDS. They know what I need & how to make me feel comfortable
- My son has been well behaved since starting counseling
- The RACSB saved my life several times
- I feel that there should be more communication for the parents about resourses for kids that need specific issues addressed.
- love Melissa!
- Irasema is amazing and front staff are a joy to see and talk to 😊
- emergancy or complications NEED to be handled BETTER!!
- my therapist is an incredibly skilled listener and asks clarifying questions and challenges my perception without being confrontational
- 😊
- Katie, Grace, Emily are Awesome!
- very helpful always
- My psychiatrist hasn't been very helpful. She seems to be just as confused as I am about what it is I have.
- All at office have been helpful

Caroline:

- Great!
- RACSB IS ALWAYS WILLING TO HELP ME. THE SECRETARY NURSE DOCTOR AND COUNSELOR ARE THE BEST

- everyone here is very nice
- Everyone is incredible!
- Mr. Steve + Rosa Are great all around I would advise anyone to come here.
- I feel the counselors arent qualified enough and the doctor just pushes meds.
- everyone here is super

Stafford:

- love the front desk and doctor
- appointments are too far apart and therapy is hard to gain access too.
- Dr. Hickman is great!
- RACSB ARE VERY KIND TO ME.
- great
- Absolutely love & appreciate my Dr. & all she has been doing for me. (Dr. Hickman)
- not at this time

Fredericksburg:

- The staff here are all great, nurses, therapist, peer support, I felt very well taken care of in the beginning when I was so scared.
- Dr. Williams + Angela Blanco are great! Ladies at front desk with Giant pencil are also great. Marisa Valero is also great + has come to my aid before to help when supeoned to court.
- My counselor, Chrissy + staff have been Great, to include, Nicole
- RACSB has helped me incredibly and has supported me during my sobriety + mental health journey
- I did Not want it at first but I am 5 months in and it has been a big help in my life
- Love my group leaders they are awesome
- Great staff and care.
- They are all Fab!
- Always patient + kind ☺
- Sunshine Lady + Dr. Whipkey are amazing
- great!
- they do good work
- Good Lisenters
- would need more services to verify
- Everyone has been very nice and professional very helpful
- I hope to start seeing a Psychiatrist on a monthly basis.
- Every one Here is very nice and They work with your time
- Megan Beverly & Dr. Gomes are amazing!
- Everyone is friendly, proffessional, and seem to geniuenly care about patients. When I say everyone I mean Dr. Miller, Meghan the therapist, "Q" the reseptionist and everyone whom I am in contact with via phone and in person.
- Very punctual appts
- always happy
- STAFF courteous, KIND DR. WHIPKEY OUTSTANDING
- I have an amazing Therapist she has really brought me a long way mentally. 6yrs ago I was a mess.
- I feel like its a 2nd home 💞
- going Above + beyond
- need more resources
- very kind people

Carr Drive:

- Very happy!! Thank you!!
- Ms. Grace is Awesome!!! Dr Young is great too!
- STAFF is super caring!
- Dr, Young is very through and very informative.
- Sometimes would appreciate more resources for home
- premkumar is wonderful with my son
- Stacey has been so great with my daughter

Question: “I am able to use my insurance benefits at RACSB or have been successful in developing a financial contract for payment.”

Percentage of “agree” and “neutral”	FY 2026
King George (n= 78)	99%
Spotsylvania (n=159)	99%
Caroline (n= 74)	99%
Stafford (n=88)	97%
Fredericksburg (n=391)	100%
Carr Drive (n=57)	100%

Comments:

King George:

- Didn't have Insurance at the time I started.
- MEDICAID IS VERY HELPFUL

Spotsylvania:

- child uses Medicaid
- Therapist doesn't take insurance
- no insurance
- pay cash no insurance
- I dont have insurance
- N/A self pay
- Sadly, United Healthcare does not offer a program for me.
-

Caroline:

- that is a big plus
- HAVen'T Tried

Stafford:

- I ALWAYS USE MEDECARE.
- NONE

- Unfortunately the counselor doesn't take our insurance (which is Anthem BCBS so it is a common one) so the weekly fee for service is \$55 more than my copay would be if we went with someone who did.

Fredericksburg:

- Carly helped me to get private insurance & then Medicaid once I lost My Job. I also was on a 90 day grant.
- Insurance covers 100%
- Idk
- Great stuff
- great!
- ?
- Medicaid is convenient to use through their facilities.
- I do not have insurance but the sliding scale makes my appts very affordable.
- My Medicaid ended in March but Medicare will start June
- I don't have Insurance
- I have state coverage but I prefer Not to use it and use payscale \$10.00 for my visits.
- Sometimes I can depending on what service
- check

Carr Drive:

- At the moment she has a sep. ins. co than myself. So this may change

Question: "Have you ever chosen not to access RACSB services due to cost?"

Percentage of "agree" and "neutral"	FY 2026
King George (n=66)	29%
Spotsylvania (n=155)	32%
Caroline (n=73)	16%
Stafford (n=82)	34%
Fredericksburg (n=376)	28%
Carr Drive (n=54)	28%

Comments:

King George:

- no I haven't
- ?? Yes or no question
- Would prefer sliding scale rates, but due to our insurance, it's not an option.
- My insurance pay for services.

Spotsylvania:

- My daughter responds well to this therapist. We do everything we can to keep her here.
- Have not had any unreasonable financial qualms that has prevented me from obtaining services
- The office helps to relieve my anxiety on this topic
- I have never chosen not to access RaCSB due to cost
- Haven't needed to it is covered by insurance
- case management services
- never a problem

Caroline:

- I use my insurance.
- Cost has not been a problem for us.

Stafford:

- I ALWAYS HAVE NAY TO PAY.
- covered by insurance
- Not yet - but it may be getting to that point soon

Fredericksburg:

- If it wasn't for the grant, I think I would have looked elsewhere, that worked w/ my insurance (crappy)
- Never
- The pharamy on site only
- have
- NOW
- great!
- No - alway very support & helpful with my needs
- Never, even when I had no insurance
- ?
- ?
- they take Medicare/Medicaid.
- Nope
- Actually yes but that's for weekly therapy b/c \$35 a week adds up to \$140 a month. But I used to do therapy and that got me to see the pysciatrist I needed to see.
- Yes. I believe I should qualify for cheaper copay
- First time doing this on my own
- yes the very first time I ever came. I at that time was seeking substance abuse services for probation during that time and I did not have insurance at that time
- I have insurance
- They have always worked w/ me
- RACSB has always offered help in case of financial issues. They've Always worked with me.
- ?
- My insurance pays
- Several clients have since medicaid billing. People shouldn't be paying \$50 they can't afford.

Carr Drive:

- Just currently struggling w/ copay but normally not an issue

Question: “I was able to provide input for my service goals and objectives.”

Percentage of “agree” and “neutral”	FY 2026
King George (n=78)	99%
Spotsylvania (n=162)	100%
Caroline (n=74)	99%
Stafford (n=88)	99%
Fredericksburg (n=396)	99%
Carr Drive (n=57)	100%

Comments:

King George:

- They Listen to us!

Spotsylvania:

- I'm pretty sure my daughter
- My Therapist takes my input very seriously
- not sure how to answer so won't.
- from day one, my therapist worked with me on a goal for therapy
- always able to talk

Caroline:

- great service
- ALL OF MY NEEDS ARE TAKEN CARE OF.

Stafford:

- IT is my pleasure
- Options were available for my concerns, things are always readdressed.
- MY OPINIONS ARE ALWAYS COUNT.

Fredericksburg:

- Ye + nay
- NONE
- great!
- Im confused what this means
- Explained things very nicely and made sure I understood

- you guys are so understanding
- ?

Carr Drive:

- not sure the services are helping w/ my goals + objectives. Its still a daily struggle Most Days
- Grace Always includes me in my childs care and so does Dr. Young.
- First time here with foster son

Question: “How likely is it that you would recommend RACSB services to family or a friend?”

Eight hundred and fifty-two individuals responded to this question resulting in a net promoter score of 63. This represents a high satisfaction and strong likelihood that individuals would recommend RACSB services to family or a friend. The NPS of 63 reflects excellent overall performance with significantly more advocates than neutral or dissatisfied respondents.

“Thank you for taking part in this survey. The Office of Consumer Affairs is interested in what you have to say about the services you received. Please feel free to make comments in the space provided.”

Comments:

King George:

- I Highly recommend services when willing to participate other than being forced to do so. This helps alot.
- King George office has been a blessing ❤️
- RACSB has helped in the past, Looking forward to this next chapter.
- Not bad
- STAFF IS HELPFUL IN ALL AREAS
- My daughter loves her therapist Sarah. She really listens to her and is Just amazing. Allison up front is also amazing.
- Staff are all very professional
- I actually have referred people to King George RacsB. Services are perfect
- They've provided me with services I wouldn't otherwise have access to
- RACSB is awesome!
- All of the women here are awesome. Myself & my kids have all benefitted from each of the therapists, psychologists, np's and the office manager.
- I have been satisfied with the services my son has recieved.
- Staff is friendly and helpful. Doctor addresses all concerns.
- Always feel welcomed.
- The service my son is receiving at RACSB has been very helpful.
- SO FAR SO GOOD

Spotsylvania:

- This is my second home!
- very responsive and helpful
- I like the new changes in MAT, and more learning.
- RACSB is a wonderful community resource
- Everyone is nice and listen to my needs, concerns or questions
- Complete Satisfaction
- Spotsy RACSB Staff Has been Fabulous. We are very pleased with the help & Guidance so far.
- they make me feel welcomed and able to open up

- The services I have recieved here have helped me alot and it has put me a long way from where I was at the start.
- EVeRyone at this facility are very kind & careing.
- I'VE BEEN AT RACSB FOR MANY YEARS AND FEEL VERY FORTUNATE TO HAVE ACCESS TO EXCELLENT CARE. ALWAYS CONSISTENT, PROFESSIONAL + COURTEOUS! THANK YOU !!!
- Ive been very well taken care of and seen, no issues at all.
- Everyone is super nice!
- Not too happy w/ Psychiatry dept. I feel like she doesn't listen to my needs.
- I am thankful for the services provided by RACSB that would otherwise be difficult for my family to obtain.
- The team + Dr Swing are always the Best!! very kind and caring
- I am very happy with your service, I tell my friend about your great service
- I always like the calls to remind me of my Appt.s Being sometimes I come every 2 or 3 months
- very attentive and kind
- Nichole is awesome
- make directory easier to find.
- The RACSB is a great place!
- This is out 2nd time using RACSB (for my girls), going very well. I am grateful.
- very good service
- DR GRACE & IRASEMA ARE AWESOME!
- Everyone is very gentle and understanding. Very inclusive as well.
- It's a Nice FreinDIY enviroment that i Would ReccoMenD to AnYone
- everything is good
- Communications needs to work better, double checking that your app was not double booked and communicate the error before patients arrive.
- We are new here but so far we love it
- as a mom, I love both therapists my kids see. 10/10 experiences!
- MY FIRST TIME, IT HAS BEEN PLESENT
- RACSB is Excellent with providing patients that need imeditely assiance with not having it all together
- While I am new here, I have to say that my initial phone experience (scheduling appts, getting set up) was extremely supportive and everyone has been very kind.
- It's wonderful, I've worked with Grace and Dr. Hickman. They are great people.
- I have nothing to say
- Everyone is always so nice and friendly!
- I have recommended RACSB to alot of friends because everybody here is so sweet and helpful!
- there should be BETTER options for people in crisis
- My time and experience with this practice is limited, but the staff I have interacted with have been patient and informative
- Reception staff is friendly and very supportive. Love our 2 current counsellors – Kudos
- Every one I have talked to at RACSB is extremely kind and professional!
- Everyone here is extremely friendly and kind. I have always felt safe and heard.
- It is covenant that the appointments go into late afternoon.
- Grace is AMAZING!!!
- Helpful
- I have alway been satisfied with all services I have Received
- Long-time patient, been great to work with Dr. Swing + staff over the years
- Everyone is great I feel comfortable with my son here I know that he will get the services he needs
- Heather Cuzo has been very helpful to me!
- The doctors, therapist and office staff have been great with all aspects of my care.

- RACSB is reliable. Very grateful to this org for supporting my son. Custody circumstances can be frustrated even for those assisting. My child is focused on here and not held responsible for behavior of other family members.
- A wonderful job!!
- Question #6 asks: If answered yes to question # 4, how would you rate your telehealth services? It should be updated to: If answered yes to question # 5, how would you rate your telehealth services?

Caroline:

- "I love the drop-in groups, they are convenient."
- No problem!
- I HAVE SEEN THE COUNSELOR - SHE HELPS ME UNDERSTAND MY PROBLEMS. YOU HAVE THE BEST STAFF HERE + IS CLOSE TO MY HOUSE
- I feel so far that the service has been great and I would come back 😊
- Thank you
- This is an exceptional service that has helped tremendously
- Love having people listen that care about my recovery
- Very thankful to be here very pleased
- Keep up the good work!
- Great team!
- Every one we have met have been extremely friendly and helpful.
- Everyone is very nice & informative.
- Great place, safe place, what happens here stays here. It's always encouragement + knowledge always going on around here.
- Been helpful but I wish the telehealth took my input better
- the service is helpful for me and very useful
- They work
- Great staff, able to get in contact and receive answers to all my questions

Stafford:

- very good
- Services received are satisfactory and great
- GREAT STAFF
- services are great.
- I don't have any complaints. The care I have received has been life changing.
- Ms. Vicki is amazing and always goes out of her way to make sure I am always able to see the Doctor.
- 10 YEARS OF WONDERFUL HELP
- Ms. Tyler is amazing! Great Support.
- needs more therapy options and programs like that offer job coaching, ext.
- PLEASE UPDATE WEBSITE AND ANSWERING MACHINE OPEN ACCESS HOURS ARE MISLABELED
- good
- The RACSB staff is always so pleasant to be around! Thank you for all that you do!
- Strongly Agree
- Service very good! Friend like reminder calls!
- No Complaints - everyone is super nice and always take time to talk to you
- No comments
- I ALWAYS USE THE SERVICE HERE.
- People @ RSCSB are my people, very caring!
- Staff is pleasant + easy to work with. Very responsive to calls + needs.

- pleased with the services provided
- Thank you for always welcome us, makes us comfortable to talk to all.
- Love coming in + speaking to everyone friendly well trained caring
- I truly appreciate all of the employees. Thanks for all your hard work.
- The front Desk is always helpful and polite. Dr. Hickman is awesome
- No COMPLAINTS, STAFF IS FRIENDLY
- same day access does NOT work I Give up and go without drugs
- Very Please with Dr. Hickman. With Kayla I felt she didn't really help my daughter. Very upset my daughter was discharged without my knowlege. I was never told Kayla was leaving and now my daughter is without a therapist.
- very satisfied
- Therapy sessions for my daughter have been helpful. She's in a better mental health since starting because of the therapist.
- The services that I received was very helpful in my case.
- I enjoy our groups sessions I listen and learn alot.
- None
- Staff is friendly and seem to be very invested in our child's wellbeing and genuinely care.
- Please change the answering machine message on the medication refill line to something more succinct and easier for patients to request refills. The amount of requested information and the speed at which it is requested by the answering machine isn't very helpful, especially for patients who primarily have mental health issues.

Fredericksburg:

- I was recommended to RACSB via friend + so glad I did it, + now even a couple of old "acquaintances" are on MAT OR RACSB B/C of me.
- We are grateful the RACSB was able to help by acquire stop-gap services while I was unemployed due to medical issues
- I think RACSB has been great for me I am with 1 on 1 + Veterans Docket
- Brittany M. is a great therapist.
- Excellent
- Carly Hecker, my case manager is amazing and has been such a positive influence with my recovery + health
- Everyone is doing a great job!
- RACSB has been Great. Councelor, Nicole, Christina, Marissa are wonderful
- on point to my NEEDS
- Veteran Program & Staff Are great People.
- I feel that I've changed tremodously and Im glad that I've received help and growth
- The staff has been Fare to me in this program
- I recommend coming here to literally EVERYONE I know that needs Recovery. I truly enjoy coming here. I came here on my own prior to Recovery Court + will continue after I Graduate
- helped me mentally and got me on track
- Im thankful for the servies everyone is so kind and helful
- I feel very safe w/my care. Also, the therpist take confidently very seriously
- The best ever.
- Group Therapy with Marisa is Great!
- every helpful
- overall great experience
- I receive great service in grap and MRT and am achieving my recovery goals.
- great!
- I can't say enough great things about everyone who works here. Their service helps so many people including me.
- I like my therapist + peer.

- I love telehealth + drop-in groups.
- No thanks
- They are great. except the pharamy is horrible
- Hopefully one day yall will accept + support THC for a medicinal option but beyond that close 2 perfect ☺ In my humble opinion.
- Great staff all the way around!
- Nothing bad to say
- It was quick + easy to call + set up an appointment.
- The doctors and staff are great. I have no issues
- Sunshine Ladyhouse is the best facility in Fredericksburg.
- satisfied with my services thus far
- I am very satisfied with the DownTown office
- The intake sessions were outstanding.
- The RACSB has been a great help to me.
- Dr. Gomez is wonderful.
- Much better than Prince William County
- can't complain
- The people at RACSB have always been accomidating, understanding and willing to listen about my issues or questions.
- The staff and counselors are extremely nice.
- BREE & DR. WILLIAMS HAVE BEEN INSTRUMENTAL IN MY RECOVERY & THERE NEED TO BE MORE SUPPORT STAFF LIKE THEM IN THE WORLD
- I have recommend a lot of people Very support and helpful with all his care & needs
- I left and came back because it was the only thing that has worked for me
- Great Customer service!
- THANK YOU VERY MUCH
- Dr. Gomez is great - very thorough & knowledgable. Melissa RN is super friendly!
- Takes me serious. I am grateful.
- Therapy has definitely helped me expressed my feelings more than ever.
- Thank you for the great services
- I enjoy knowing that my concerns/health problems will be addressed to a full extent, in a timely manner.
- there Good
- I'm glad I came. Still new. see how it goes as I progress
- My Safety + Privacy is always considered. The staff care alwasy super friendly + professional.
- I am very please with the services I receive.
- very good Care
- It's really helped me since weve been talking.
- everyone have been very kind and helpful.
- You all rock it
- Its been very helpful on my Journey to Recovery
- Very Responsive AnD unDderstANDinG people
- Rachel is my counselor and going on my second session with her. So far I am satisfied
- RACSB is great. It has provided me a world of help not only for myself, but for my son w/ Autism Level 3 (severe) as he is now on the DD waiver due to Autism and other disabilities he has.
- It would be nice to be able to have the appointments telehealth instead of coming to the office to have the appt on an IPAD.
- The Services are great
- The services are very informative and easy to receive in a timely manner. The staff is very professional and courteous and willing to assist
- I have enjoyed my service here at RACSB I feel that I have made a big empromvment

- I'm very happy with my services at RACSB
- No complaints
- services Are really good and Helpful
- Been very good
- Still a little confused as to where I begin w/ my program.
- Treat clients right
- I feel that the case managers I have had go above and beyond their jobs here
- Great!
- Dr Williams is an exceptional Doctor. My only complaint is not meeting virtually outside of the office.
- you guys have helped me in so many ways Im so Blessed to have yall
- Great services through Project Link. Very supportive staff.
- Services is Great Def try to Help where they can
- I have medicaid and the services that are offered and provided; if utilized can help support and create productive happy people.
- Stayed at Sunshine lady House when/where I was diagnosed ~10ish years ago! My experience here has been life changing & I am very grateful for all the kind & helpful staff
- its a good place to go
- very good
- Longer treatment plans instead of 6 - 8 weeks
- wonderful people
- Services ARE Very Good. I spoke TO EVERYone in A Timely MANNER which is GREAT
- Marisa Valero, Nicole Bassing, and Krystal Parker are phenomenal!!
- The people here @ Fred RACSB are awesome! I do + have recommended them to people
- this place is very welcoming and it makes me feel safe.
- I am pleased with my experience so far here.
- I have received both therapy and medication services, both are excellent.
- ♥ Brittany Mukufka, Megan Hartshorn + Emily have been an INCREDIBLE team! Im not sure I'd be alive w/out them + My God - Thank you Thank you Thank you!
- It would be nice if Therapist ask immediatly if your Taken your Medication, if you're on your medication currently to predict Therapeutic Services provided.
- Thanks so very much for all the Healthy handy ways to keep meah in TACK!
- THANK you for Everything you guys do!
- I've found the services excellent
- My care in Virginia goes above & beyond my services in CA
- I have been coming to RacsB At several locations for 20 years And I have recieved excellent services.
- Everyone has been kind + accomidating
- need more focus on treatment instead of just chatting
- It's fine could be better...
- I always feel comfortable and heard here, thank you
- RACSB is a great place for my daughter to receive therapy services. She enjoys each session.
- Very Nice people, I would strongly Recommend!
- I want to say that Megan Hartshorn is the best therapist ever. She has saved my life several times. She is like my best friend and sister I never had even though she isn't. She is so compassionate and has great advice. I recommend RACSB service to everyone that I see because of how wonderful Megan and my children's therapist are.
- Good
- Amazing, great service!
- I am very satisfied with my services. I have recommended my fiancée also get services.
- Chrissy Blankenship is awesome and really enjoy our appointments.

- My services started as a legal obligation. The first counselor I was seeing seemed like she didn't like her job that much. But then to have to restart my intake and get a new counselor; Wilbur. That turned into a genuine partnership for personal growth. Wilbur represents the best of his profession. He transformed a mandatory service into a voluntary partnership for growth. Which I was sure I did not and was not going to do counseling. But I reached out once everything was finished with court to continue my services with Wilbur. The mark of a master at this craft is the growth they leave behind. Because of his dedication, the path forward looks clearer. He doesn't just provide answers; he provides the tools for you to find them yourself. He truly loves his job and loves helping people!!!
- Psychiatrist at stafford was strange otherwise everyone's great

Carr Drive:

- Dr. Young is very good to my Boy
- I am pleased with the services provided
- My niece has really benefited from services received
- Services exceed expectations - Thank you!
- Thank you for your welcoming staff and your advice
- I find it is very Educational for me as well as Helpful for my grandson
- The front office staff Are friendly and helpful Overall a very inviting atmosphere.
- Staff makes every effort they can to provide quality service for its clients.
- coming here is super helpful and staff makes it feel like a safe place
- RACSB is an effective and sufficient way of completing srves. Great staff and personnel
- I am satisfied with the services I have been receiving.
- Services are nice and welcoming!
- front end staff are very friendly and helpful. Very pleased overall with this office.
- RACSB is a great resource for the community.
- I feel like my concerns are seen and taken seriously.
- Keep up the great work. You all are a light for us parents struggling to see the light!
- I have expressed to my sister in-law to bring her son here for his therapy
- Megan Hartshorn & Emily are excellent providers!

In review of information collected the following themes are noted: staff and quality care, communication and feeling heard, scheduling and flexibility, therapeutic impact, and insurance/financial support.

Staff & Care Quality: Staff are frequently described in responses as friendly, welcoming, caring, kind, and responsive. Many individuals named specific staff - therapists, doctors, nurses, and front-desk staff who made a meaningful impression and positive impact. Individuals feel listened to, supported, and respected.

Communication: Most individuals report timely call-backs, efficient phone service, clear communication across departments, and friendly interaction over the phone and in person. Many noted that staff answer questions thoroughly and never rush interactions. Several individuals appreciate the reminder calls for their appointments.

Scheduling & Flexibility: A major strength is flexibility with scheduling. Staff regularly work around work, school, transportation, and family needs by offering a variety of appointment time options. Telehealth and same-day or rescheduled visits were appreciated when available.

Therapeutic Impact: Therapy and group services are described as life-changing, stabilizing, and highly beneficial for both adults and children. Many individuals report personal growth, improved

mental health, and positive outcomes in their lives. Several individuals expressed gratitude in what they have learned while utilizing services.

Insurance & Financial Support: Most individuals report insurance (especially Medicaid) covers services fully, and staff are helpful navigating insurance or payment issues. Several individuals mentioned that RACSB has always worked with them to ensure they have access to the services they need.

Respondents expressed concern with delayed or inconsistent communications from departments, to include calls placed to and experiences with the “med-line” as well as from case management. Several individuals utilizing telehealth expressed a preference for Zoom as the electronic meeting format versus the Microsoft Teams format that is now used. Several respondents expressed concern with affordability of services, with several people mentioning periodic challenges with meeting their co-pays or otherwise citing that they should qualify for lower costs associated with services. Lastly, a few individuals mentioned that access to emergency appointments or same day access can be a challenge.

Action steps:

Based on responses it appears there was confusion regarding how to respond to question: “Have you ever chosen not to access RACSB services due to cost?”: thus, this question will be reviewed for potential revision or deletion from the survey.

Overall feedback from the survey is overwhelmingly positive with most respondents praising services and level of care. Staff are frequently described as kind, willing to go above and beyond to help, professional, welcoming, attentive, and caring. Many individuals report feeling heard, respected, and supported, noting positive impacts on their mental health, recovery, and well-being. The staff’s combination of compassion, professionalism, accessibility, and flexibility stand out as core strengths. While communications, response time, and ensuring that individuals understand their options when experiencing a financial status change are areas for RACSB to improve upon, the general sentiment is that offered services are effective, empowering, and valued to individuals receiving them.

To: Joseph Wickens, Executive Director
From: Stephanie Terrell, Director of Compliance & Human Rights
Date: July 2026
Re: Quality Assurance Report

The Quality Assurance (QA) staff completed chart reviews for the following Rappahannock Area Community Services Board (RACSB) programs:

- Mental Health Outpatient - Caroline
- Healthy Families

Mental Health Outpatient - Caroline

There were three staff members responsible for the selected charts.

Findings for the ten open charts and two closed charts reviewed for Mental Health Out Patient Caroline were as follows:

- Ten charts were reviewed for Assessment compliance:
 - **Discrepancies noted with Assessments:**
 - One chart was missing Daily Living Activities- 20 (DLA-20)
- Ten charts were reviewed for Individual Service Plan compliance:
 - **No discrepancies noted with Service Plans.**
- Ten charts were reviewed for Quarterly Review compliance:
 - **Discrepancies noted with Quarterly Reviews:**
 - One chart was missing a Quarterly Review.
- Ten charts were reviewed for Progress Note compliance:
 - **No discrepancies noted with Progress Notes.**
- Two charts were reviewed for Discharge compliance:
 - **No discrepancies noted Discharge Documentation.**

Comparative Information:

In comparing the Mental Health Outpatient - Caroline charts from previous audits to the current audits, the average score decreased from 98 to a 97 on a 100-point scale.

Corrective Action Plan -6/18/26

1. Clinic Coordinator will remind clinicians that DLA-20 needs to be completed every six months. Coordinator will check at least two charts per week, starting on 6/18/26 to ensure DLA 20s are completed on time. Coordinator will also ensure World Health

Organization Disability Assessment Schedule (WHODAS) are also completed on time starting 7/1/26, by checking at least two charts per week and will continue during staff's supervision.

2. Clinic Coordinator will encourage clinicians to complete quarterly reviews within 90 days of plan date. If completed early, clinician will then complete next quarterly reviews within 90 days. Coordinator will review two to four charts per week starting on 7/1/26 to ensure clinician has completed timely quarterlies and will continue on an ongoing basis during staff's supervision.
3. Clinic Coordinator will review two to three charts weekly starting on 7/1/26 and if charts aren't in compliance, she will audit three more. Coordinator will continue checking charts during staff's supervision to ensure compliance. She will keep Director of Clinical Services informed of results.

Healthy Families

There were seven staff members responsible for the selected charts.

Findings for the ten open charts and two closed charts reviewed for Mental Health Out Patient Caroline were as follows:

- Ten charts were reviewed for Assessment compliance:
 - **No discrepancies noted with Assessments:**
- Ten charts were reviewed for Individual Service Plan compliance:
 - **Discrepancies noted with Service Plans.**
 - Six charts contained plans not signed.
 - One chart contained a plan with goals that were not measurable.
- Ten charts were reviewed for Quarterly Review compliance:
 - **Discrepancies noted with Quarterly Reviews:**
 - Two charts contained quarterly reviews that were late.
- Ten charts were reviewed for Progress Note compliance:
 - **No discrepancies noted with Progress Notes.**
- Two charts were reviewed for Discharge compliance:
 - **No discrepancies noted Discharge Documentation.**

Comparative Information:

In comparing the Healthy Families charts from previous audits to the current audits, the average score increased from 71 to an 81 on a 100-point scale.

Corrective Action Plan

1. 100% of audits will be completed monthly by both Program Supervisors.
2. Supervisors will turn in audits by the close of business, the third Monday of the week to the Program Coordinator to review.

MEMORANDUM

To: Joseph Wickens, Executive Director
From: Stephanie Terrell, Director of Compliance
Date: July 7, 2026
Re: 4th Quarter FY 2026 Incident Report Review

The 4th quarter incident summary report provides an overview of incident reports submitted by Rappahannock Area Community Services Board (RACSB) staff during the months of April 1, 2026 through June 30, 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 8,096 individuals, unduplicated by service area, from April 1, 2026 through June 30, 2026.

Compliance Staff received and triaged 868 Incident Reports from April 1, 2026 through June 30, 2026. This is an overall increase of 80 reports from last quarter and the same number of reports when compared to the 4th quarter of FY2025. Of those 868 incident reports received, 95 incidents were reported to the Department of Behavioral Health and Developmental Services (DBHDS) through the Computerized Human Rights Information System (CHRIS) (63 Level 2, 21 Level 3, 11 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 33% of all incident reports received this past quarter noted health concerns.

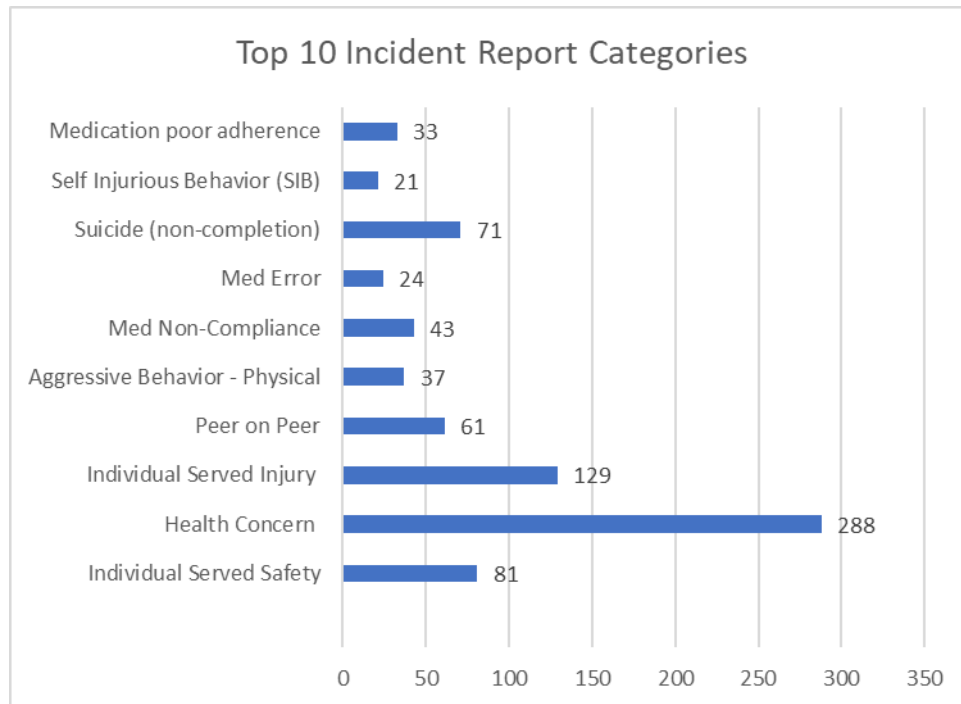
In addition to notifying the Compliance Team, program supervisors, and coordinators, staff must also notify the individual's parent/guardian/authorized representative, as appropriate, regarding an incident when it occurs. Verification of the notification and the parent/guardian/authorized representative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

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

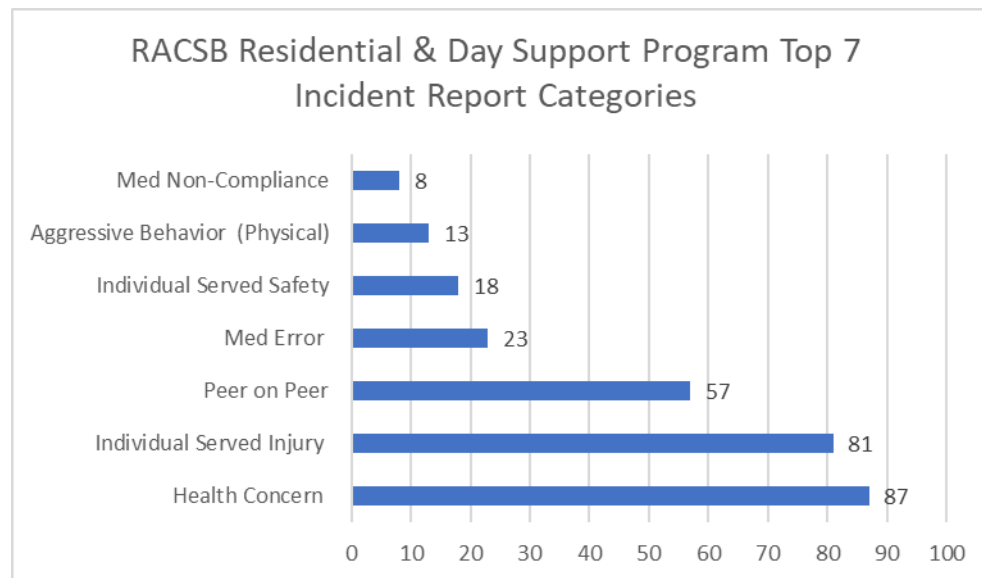
- Accidental Overdose - when a person mistakenly ingests or is given too much of a substance—such as a medication, drug, or alcohol - overwhelming their body's ability to process it. Unlike an intentional overdose, it is unintentional and happens without the intent of self-harm.
- Aggressive Behavior - Physical - hit, slap, push, shove, pull hair, spit, bite, intimidate, demean, threaten, curse etc.
- Aggressive Behavior - Verbal - yelling, screaming, intimidating, demeaning, threatening, cursing, etc.
- Biohazardous Accident - needle stick or instance requiring testing of individual served or staff.
- Elopement/Wandering - unexpectedly leaving program/premises with possible risk to safety.
- 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.
- Health Concerns - individual served exhibiting health concerns, i.e. possible seizure activity, sick, sudden weight +/-, etc.
- Individual Injury - situations that may cause a safety risk for individuals served involving minor injury such as a scraped knee.
- Individual Safety - situations that may cause a safety risk for individuals served involving physical environment or structures i.e. faulty equipment, smoking, etc.
- 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.
- Med Error - error has been made in administering a medication to an individual (wrong - med, individual, route, dose, time). Staff additionally complete a med error report following these incidents.
- Med Non-Compliance - not following medication regime- staff attempt to support individual but there is evident non-compliance on the part of the individual
- Medication poor adherence - when a patient does not take their prescribed medications as directed or fails to follow their healthcare provider's instructions. It includes skipping doses, taking the wrong amount, stopping treatment entirely early, or failing to fill the prescription in the first place.
- Other - incident which does not fit into any other incident category; these are reports for Abuse, Neglect, and/or Exploitation that are usually reported from outside RACSB to Compliance that are in relation to individuals that RACSB provides services
- 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.
- Possession of Illicit/Licit Substance - possession of illegal or non-prescribed drug - possible intent of abuse
- Property Damage - damage to property
- Sentinel Events - An unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof - warrants immediate investigation and response
- Self-Injurious Behavior - non-suicidal actions an individual directs at their own body that cause physical harm or tissue damage
- Sexual Assault - 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
- Staff Injury - injury to staff- Requires staff to also ensure proper HR forms are completed
- 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
- Use of Seclusion/Restraint - emergency intervention required to deescalate threatening behavior
- Vehicle Accident - Accident of RACSB or personal vehicle while delivering services. This requires additional paperwork and follow up protocol including contacting Human Resources & Supervisor
- Weapon Use/Possession - Knives, carpet knives, swords, guns etc. Weapons are not allowed in any RACSB facility.
- Missing Person - anyone whose whereabouts are unknown and cannot be determined

Type	4th quarter FY2025	3rd quarter FY2026	4th quarter FY2026	RACSB Residential & Day Support Programs
Accidental Overdose	3	1	3	0
Aggressive Behavior - Physical	21	18	37	13
Aggressive Behavior - Verbal	11	6	5	0
Bio hazardous Accident	0	0	0	0
Elopement/Wandering	5	1	13	2
Exposure to Communicable Diseases	0	0	0	0
Health Concern	336	349	288	87
Individual Served Injury	155	115	129	81
Individual Served Safety	78	71	81	18
Infection Control	0	1	0	0
Med Error	16	16	24	23
Med Non-Compliance	48	30	43	8
Medication poor adherence	32	24	33	0
other	17	2	0	0
Peer on Peer	51	34	61	57
Possession of Illicit/Licit Substances	3	1	3	0
Property Damage	6	18	13	8
Sentinel Event (death)	11	9	11	0
Self-Injurious Behavior (SIB)	18	15	21	6
Sexual Assault	1	5	1	0
Staff Injury	7	23	10	7
Suicide (non-completion)	33	38	71	2
Use of Seclusion/Restraint	0	0	1	0
Vehicle Accident	11	8	16	6
Weapon Use/Possession	3	2	1	0
Missing Person	2	1	3	0
Total	868	788	868	318

(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 April 1, 2026 through June 30, 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.

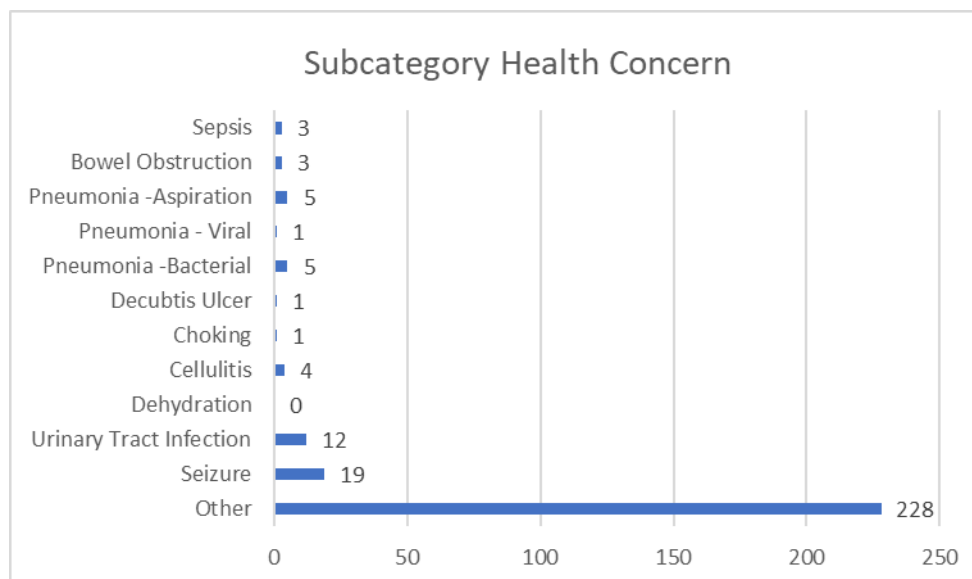


(Table 2) The chart above depicts the top ten incident categories with the highest occurrences across all RACSB Programs reported April 1, 2026 through June 30, 2026.



(Table 3) The chart above depicts the top seven incident categories for RACSB Residential & Day Support Program reported April 1, 2026 through June 30, 2026.

When compared to previous quarters, Health Concerns continues to be the category with the highest number of incidents. Health concern incidents reported this quarter do however show a decrease of 48 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 (228) Other, (19) Seizures, and (12) Urinary Tract Infections.

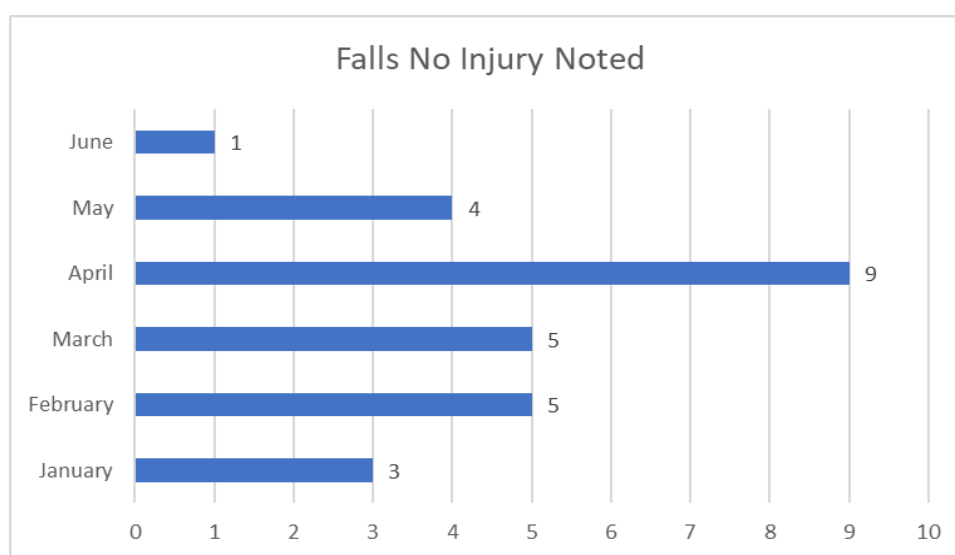


(Table 4) The chart above depicts the number of incidents submitted across all RACSB programs for the subcategories listed under the Health Concerns category during the time period of April 1, 2026 through June 30, 2026.

Based on review of the 19 incident reports submitted for seizures, there were three individuals that had more than one incident report submitted. One individual had 5 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.

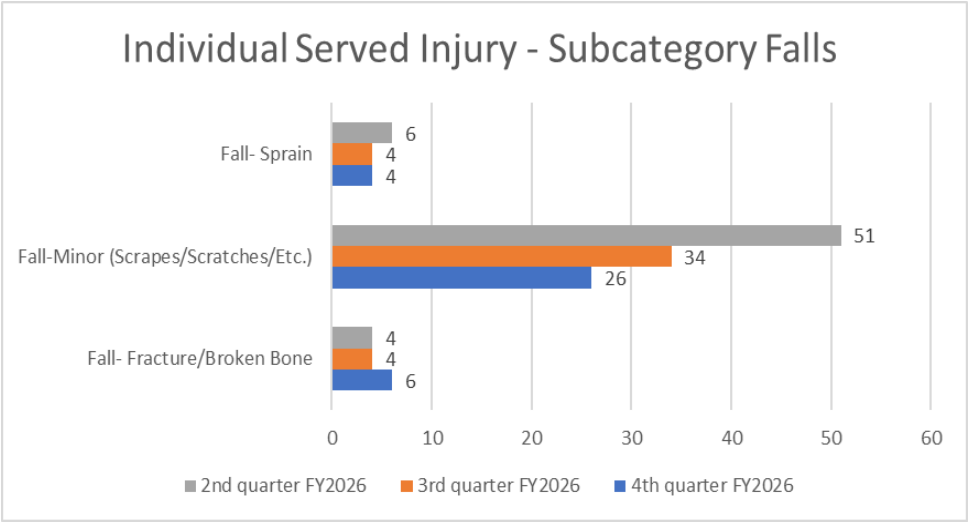
From April 1, 2026 to June 30, 2026, there was one reported incident of choking reported by ID Case Management. The incident involved an individual choking during meal time and required physical intervention/medical evaluation.

Six of the 87 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 1 for diagnosis of constipation/bowel obstruction, 1 for a fall with a resulting fracture/broken bone, and 4 for incidents involving a seizure.



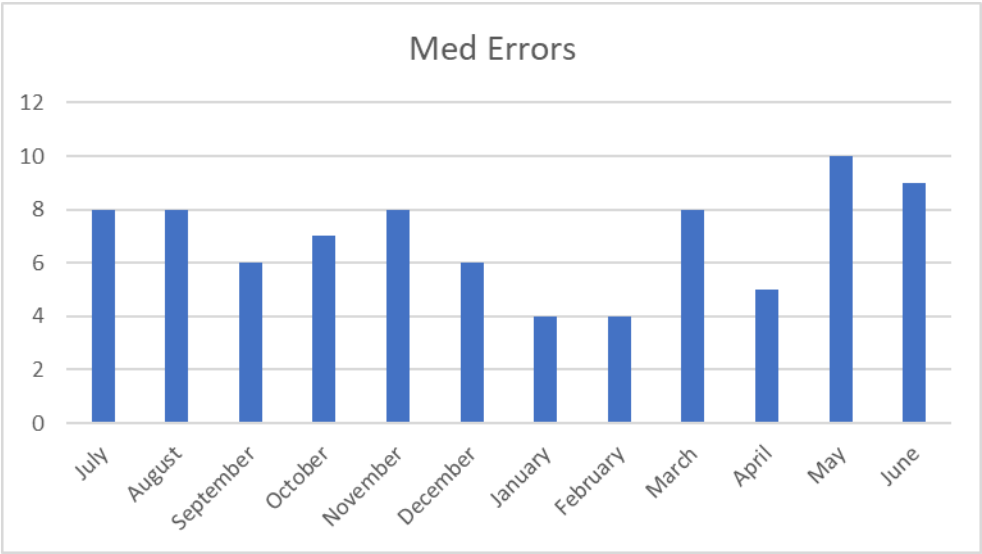
(Table 4) The table above depicts the number of incidents submitted across all RACSB programs for the subcategory of falls listed under the Individual Served Safety category during the time period of January 1, 2026 through June 30, 2026.

There were 14 falls reported during this quarter that did not result in injury. This is an increase of 1 from the previous quarter and decrease of 5 from the same time period last fiscal year. Trends noted this quarter included that 13 of the reports were reported out of DD services (3 from ID/DD Residential, 8 from RAAI, and 2 from ID/DD Support Coordination) and that out of the 13 falls without injury for the quarter, 5 occurred at the Spotsylvania RAAI site. Each of the 5 falls reported from Spotsylvania RAAI were for separate individuals.



(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 2nd quarter of FY26, the 3rd quarter of FY26, and the time period of April 1, 2026 through June 30, 2026 (4th quarter of FY26).

There were 36 falls reported during this quarter that resulted in injury. This is a decrease of 6 from the previous quarter. Thirteen 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. Six of the reported falls resulted in a fracture, none of which occurred during provision of services. Four falls resulting in a sprain were reported for the quarter, but none of these occurred during provision of services. No apparent trends were noted for the quarter.

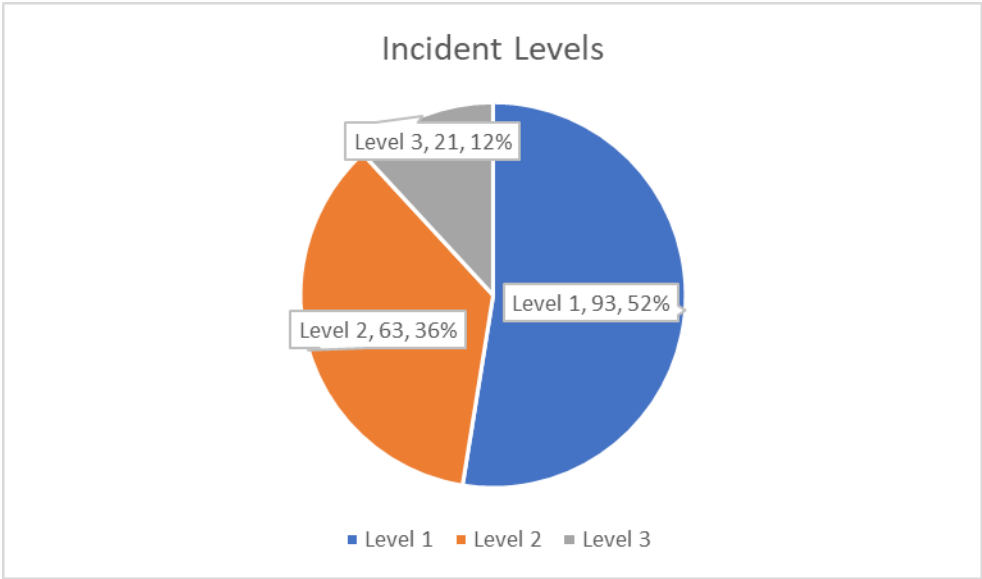


(Table 6) The table above depicts the number of incidents submitted across all RACSB programs for medication errors during the time period July 1, 2025 through June 30, 2026.

A total of 23 medication errors occurred during the 4th quarter of FY26. This is an increase of 8 medication error incidents from the previous quarter and an increase of 8 when compared to the 4th quarter of FY2025. Of those 23 medication errors, 14 were reported by ID/DD Residential Services, 7 by MH Crisis, 1 by MH Residential Services, and 1 by Emergency Services as a result of an error originating in the ID/DD Residential Program. Errors in programs occurred due to staff not adhering to/following medication policies and protocols as written and trained.

There were a total 61 incident reports submitted for peer-on-peer incidents for the quarter, constituting 31 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 27 peer-on-peer incident reports were received in the 4th quarter compared to the reports received in the 3rd quarter of FY26 (14 more incidents occurred in the 4th quarter than in the 3rd). The majority of these incident reports (50) were submitted during provision of DD services. Five individuals were involved as aggressor in more than 1 peer-on-peer incident this quarter. One individual that had 5 peer-to-peer incidents aggressed against the same peer during each incident. Two individuals, both of whom had 3 peer-to-peer incidents apiece during the quarter, aggressed against different peers each time. Lastly, 2 individuals, both of whom had 2 peer-to-peer incidents apiece during the quarter, aggressed against different peers each time. No serious injuries resulted from the incidents reported. In each incident, staff immediately redirected and resolved the concerns. Plans of action were implemented following peer-to-peer incidents to help mitigate future incidents (see program actions section at end of this report).



(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 April 1, 2026 through June 30, 2026.

There were 93 incidents categorized as Level 1 for the 4th quarter. Based on review of Level 1 incidents reported, there was an increase of 10 reports from the previous quarter and a decrease of 6 reports from 4th quarter of FY2025. Of the 93 incidents categorized as a level 1, many were the result of minor or superficial cuts, scratches, bruises which required first aid. Several others resulted from doctor appointments related to cold/flu symptoms, rashes, or other minor illnesses/injuries. One ID/DD Residential program submitted 16 of the 93 Level 1 incidents reports this quarter. Several of these particular reports from this program were for minor injuries, but the majority were for the household experiencing cold/allergy related symptoms throughout the quarter that resolved quickly in each case with medication.

There were 63 incidents classified as a Level 2. This is the same number of reports from the previous quarter and a decrease of 20 reports when compared to the 4th quarter of FY25. Root Cause Analyses were conducted for all Level 2 Incidents. Crisis Stabilization submitted the highest number of Level 2 incident reports with 11 submitted incidents.

The individuals involved in these incidents varied however, each incident involved either a physical health emergency requiring EMT response or a change in mental status requiring a higher level of psychiatric care.

There were a total of 21 incidents classified as Level 3. Based on review of Level 3 incident reports, this was a decrease of 3 reports from the previous quarter and a decrease of 1 report when compared to 4th 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 for medication errors have included staff retraining, increased programmatic oversight and supervision during medication passes, and formalized corrective action for staff responsive for errors this quarter.
2. Action steps this quarter have included review of and revisions to current 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.
3. Action plans for emergency medical response incidents this quarter have included retraining of staff on emergency policies, procedures, and expectations. Formal correction has been handled by programs for any delay in medical care or reporting.
4. 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, and helping point out more accessible pathways to individuals when navigating in their community.
5. 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 this quarter.
6. Action plans for health concerns varied based on the concern. RACSB staff contacts 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 continue to assist individuals and family members with health concerns that are identified during program hours.
7. 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, peer-to-peer incidents, injuries and all other categories of incidents in case notes. They continue to report incidents of concern into the IR tracker as well for monitoring purposes. Additionally, disposition of individuals following incidents also have resulted in Support Coordinators and Case Managers working to link individuals to any needed additional services.
8. 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.
9. Specific actions taken by programs for peer-to-peer incident reports this quarter have included the following interventions:
 - a. Supporting an individual with blocking a phone number from which they were receiving threatening texts.
 - b. Providing separation and lower stimulating environments for individuals who tend to be impacted by noise and variance in their daily routines.
 - c. Coaching of coping skills to individuals; redirecting individuals from escalating by identifying triggers.
 - d. Coaching of staff to better recognize warning signs and taking proactive measures to help mitigate future incidents.
 - e. Supporting individuals with managing personal space who get overly stimulated when others are in their personal bubble.
 - f. Continuing use of interventions that are currently in the individual's service plan.
 - g. Referring individuals for behavioral support consultation and/or monitoring/discussing updates to intervention strategies for those individuals with a current behavioral support plan.

- h. Ensuring 2 staff are on board the group home van for 1 program when doing the AM and PM transportation runs to RAAI.
- i. Continuing with 1:1 staff support and monitoring for those individuals qualifying for that level of support.
- j. One individual was supported with transitioning to a new home per his request thereby deterring him and his former roommate from engaging in aggressive behavior with one another.

MEMORANDUM

To: Joe Wickens, Executive Director
From: Stephanie Terrell, Director of Compliance
Date: August 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 from DBHDS for 7 CAPs submitted that included the following citations:

- Citations for the recurrence of former citations from the May 2025 Licensing inspection (not including risks or benefits of proposed and alternative services in individuals' ISPs).
- Incomplete screening forms for individuals referred for services.
- Missing individuals' signatures on ISPs.
- Missing documentation within ISPs to indicate that discussion was had with the individual or authorized representative regarding any alternative services that might be advantageous for the individual, as well as missing documentation to indicate that discussion was had with the individual or authorized representative regarding risks and benefits of the proposed and alternative services.
- Failure to document the reason an individual or their authorized representative chose the particular service option included in the ISP.
- A citation for not respecting and supporting an individual in services with dignity.
- A citation for neglect of an individual receiving services.
- A citation for a program's second late incident report in a rolling calendar year.
- A citation for a late incident report from another program.

The attached CAPs provide additional details regarding the citations and RACSB's responses/actions.

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

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License #: **101-01-005**

Organization Name: **Rappahannock Area Community Services Board**

Date of Inspection: **04-03-2026**

Program Type/Facility Name: **01-005 Ross Drive (ICF/IID)**

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-105-170. H. (1) - The provider shall monitor implementation and effectiveness of approved corrective actions as part of its quality improvement program required by 12VAC35-105-620. If the provider determines that an approved corrective action was fully implemented, but did not prevent the recurrence of a regulatory violation or correct any systemic deficiencies, the provider shall: 1. Continue implementing the corrective action plan and put into place additional measures to prevent the recurrence of the cited violation and address identified systemic deficiencies; or	N	Ross Drive (ICF/IID) This regulation was NOT MET as evidenced by: The provider's approved CAP related to 660.D.3.a, from the May 2025 inspection, was fully implemented but did not prevent the recurrence of the regulatory violation or correct any systemic deficiencies; and the provider did not continue implementing the corrective action plan and put into place additional measures to prevent the recurrence of the cited violation and address identified systemic deficiencies.	PR) 06/09/2026 Upon review, the original corrective action plan was implemented immediately following the May 2025 inspection; however, ongoing monitoring and sustainability measures were not sufficiently embedded into routine operational practices effectively enough to prevent recurrence. Ongoing monitoring for corrective action plans submitted within the last 12 months on a rolling calendar period will be included in DD Residential's Fiscal Year goals and reviewed by the DD Residential Coordinator quarterly to ensure ongoing compliance and sustainability in an effort to minimize risk of recurrence. Fiscal year goals will be updated by 6/30/2026. Fiscal year goal reviews will be documented and further reviewed quarterly by the Community Support Services Director to ensure ongoing effectiveness to address systemic deficiencies. First quarterly review of Fiscal Year goals will be due by 10/15/2026. Citations received that resulted in corrective action will be reflected in the responsible employee's performance evaluation. Performance evaluations are on a bi-annual cycle due every May and December. OLR) Accepted 06/22/2026	7/1/2026

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

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License #: 101-01-005

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 04-03-2026

Program Type/Facility Name: 01-005 Ross Drive (ICF/IID)

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-105-170. H. (2) - The provider shall monitor implementation and effectiveness of approved corrective actions as part of its quality improvement program required by 12VAC35-105-620. If the provider determines that an approved corrective action was fully implemented, but did not prevent the recurrence of a regulatory violation or correct any systemic deficiencies, the provider shall: 2. Submit a revised corrective action plan to the department for approval.	N	Ross Drive (ICF/IID) This regulation was NOT MET as evidenced by: The provider's approved CAP related to 660.D.3.a, from the May 2025 inspection, was fully implemented but did not prevent the recurrence of the regulatory violation or correct any systemic deficiencies; and provider did not submit a revised corrective action plan to the department for approval.	PR) 06/09/2026 Upon review, the original corrective action plan was implemented immediately following the May 2025 inspection; however, ongoing monitoring and sustainability measures were not sufficiently embedded into routine operational practices effectively enough to prevent recurrence. Ongoing monitoring for corrective action plans submitted within the last 12 months on a rolling calendar period will be included in DD Residential's Fiscal Year goals and reviewed by the DD Residential Coordinator quarterly to ensure ongoing compliance and sustainability in an effort to minimize risk of recurrence. Fiscal year goals will be updated by 6/30/2026. Fiscal year goal reviews will be documented and further reviewed quarterly by the Community Support Services Director to ensure ongoing effectiveness to address systemic deficiencies. First quarterly review of Fiscal Year goals will be due by 10/15/2026. If further deficiencies are identified upon quarterly reviews, the DD Residential Coordinator team will submit a revised corrective action plan to the department for approval. OLR) Accepted 06/22/2026	7/1/2026

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

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License #: 101-01-005

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 04-03-2026

Program Type/Facility Name: 01-005 Ross Drive (ICF/IID)

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-105-645. B. (1) - The provider shall maintain written documentation of each individual's initial contact and screening, including the: 1. Date of contact;	N	Ross Drive (ICF/IID) This regulation was NOT MET as evidenced by: Review of Individual #2's record revealed the provider failed to maintain a screening with the individual's initial contact and screening, including the date of contact.	PR) 06/09/2026 During transition of the DD Residential Coordinator role to another employee, knowledge was transferred effectively to identify the need to continue checking that referral screening forms were complete and uploaded into the chart of individual's moving into DD Residential programs. However, due to timing of Individual #2's admission into the program, this one was incidentally overlooked during the transition period. The DD Residential Coordinator will complete a review of all individuals who have moved in within the last 12 months to ensure all referral screening forms are completed thoroughly and uploaded into the electronic health record by 6/30/2026. Systematically, the DD Residential referral form will be revised to more clearly separate each question to minimize risk that one or more fields are missed upon completion by 6/30/2026. Furthermore, the DD Residential Coordinator team will create a pre-move-in checklist to include review and attestation that the referral form is complete including the individual's initial contact and screening, including the date of contact. The checklist will be created by 6/30/2026 with and implementation date of 7/1/2026. The DD Residential Assistant Coordinators will help with oversight and monitoring that this checklist was complete for any new move-ins during quarterly on-site reviews. OLR) Accepted 06/22/2026	6/30/2026

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

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License #: **101-01-005**

Organization Name: **Rappahannock Area Community Services Board**

Date of Inspection: **04-03-2026**

Program Type/Facility Name: **01-005 Ross Drive (ICF/IID)**

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-105-645. B. (2) - The provider shall maintain written documentation of each individual's initial contact and screening, including the: 2. Name, age, and gender of the individual;	N	Ross Drive (ICF/IID) This regulation was NOT MET as evidenced by: Review of Individual #2's record revealed the provider failed to maintain a screening form with the individual's name, age, and gender.	PR) 06/09/2026 During transition of the DD Residential Coordinator role to another employee, knowledge was transferred effectively to identify the need to continue checking that referral screening forms were complete and uploaded into the chart of individual's moving into DD Residential programs. However, due to timing of Individual #2's admission into the program, this one was incidentally overlooked during the transition period. The DD Residential Coordinator will complete a review of all individuals who have moved in within the last 12 months to ensure all referral screening forms are completed thoroughly and uploaded into the electronic health record for each individual by 6/30/2026. Systematically, the DD Residential referral form will be revised to more clearly separate each question to minimize risk that one or more fields are missed upon completion by 6/30/2026. Furthermore, the DD Residential Coordinator team will create a pre-move-in checklist to include review and attestation that the referral form is complete including the individual's name, age, and gender. The checklist will be created by 6/30/2026 with and implementation date of 7/1/2026. The DD Residential Assistant Coordinators will help with oversight and monitoring that this checklist was complete for any new move-ins during quarterly on-site reviews. OLR) Accepted 06/22/2026	6/30/2026

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

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License #: **101-01-005**

Organization Name: **Rappahannock Area Community Services Board**

Date of Inspection: **04-03-2026**

Program Type/Facility Name: **01-005 Ross Drive (ICF/IID)**

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-105-645. B. (3) - The provider shall maintain written documentation of each individual's initial contact and screening, including the: 3. Address and telephone number of the individual, if applicable;	N	Ross Drive (ICF/IID) This regulation was NOT MET as evidenced by: Review of Individual #2's record revealed the provider failed to maintain a screening form with the individual's address and telephone number.	PR) 06/09/2026 During transition of the DD Residential Coordinator role to another employee, knowledge was transferred effectively to identify the need to continue checking that referral screening forms were complete and uploaded into the chart of individual's moving into DD Residential programs. However, due to timing of Individual #2's admission into the program, this one was incidentally overlooked during the transition period. The DD Residential Coordinator will complete a review of all individuals who have moved in within the last 12 months to ensure all referral screening forms are completed thoroughly and uploaded into the electronic health record for each individual by 6/30/2026. Systematically, the DD Residential referral form will be revised to more clearly separate each question to minimize risk that one or more fields are missed upon completion by 6/30/2026. Furthermore, the DD Residential Coordinator team will create a pre-move-in checklist to include review and attestation that the referral form is complete including the individual's address and telephone number. The checklist will be created by 6/30/2026 with and implementation date of 7/1/2026. The DD Residential Assistant Coordinators will help with oversight and monitoring that this checklist was complete for any new move-ins during quarterly on-site reviews. OLR) Accepted 06/22/2026	6/30/2026

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

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License #: **101-01-005**

Organization Name: **Rappahannock Area Community Services Board**

Date of Inspection: **04-03-2026**

Program Type/Facility Name: **01-005 Ross Drive (ICF/IID)**

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-105-645. B. (4) - The provider shall maintain written documentation of each individual's initial contact and screening, including the: 4 Reason why the individual is requesting services;	N	Ross Drive (ICF/IID) This regulation was NOT MET as evidenced by: Review of Individual #2's record revealed the provider failed to maintain a screening form with the individual's reason for requesting services.	PR) 06/09/2026 During transition of the DD Residential Coordinator role to another employee, knowledge was transferred effectively to identify the need to continue checking that referral screening forms were complete and uploaded into the chart of individual's moving into DD Residential programs. However, due to timing of Individual #2's admission into the program, this one was incidentally overlooked during the transition period. The DD Residential Coordinator will complete a review of all individuals who have moved in within the last 12 months to ensure all referral screening forms are completed thoroughly and uploaded into the electronic health record for each individual by 6/30/2026. Systematically, the DD Residential referral form will be revised to more clearly separate each question to minimize risk that one or more fields are missed upon completion by 6/30/2026. Furthermore, the DD Residential Coordinator team will create a pre-move-in checklist to include review and attestation that the referral form is complete including the individual's reason for requesting services. The checklist will be created by 6/30/2026 with and implementation date of 7/1/2026. The DD Residential Assistant Coordinators will help with oversight and monitoring that this checklist was complete for any new move-ins during quarterly on-site reviews. OLR) Accepted 06/22/2026	6/30/2026
12VAC35-105-645. B.	N	Ross Drive (ICF/IID)	PR) 06/09/2026	6/30/2026

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

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License #: **101-01-005**

Organization Name: **Rappahannock Area Community Services Board**

Date of Inspection: **04-03-2026**

Program Type/Facility Name: **01-005 Ross Drive (ICF/IID)**

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
(5) - The provider shall maintain written documentation of each individual's initial contact and screening, including the: 5. Disposition of the individual, including his referral to other services for further assessment, placement on a waiting list for service, or admission to the service.		This regulation was NOT MET as evidenced by: Review of Individual #1 and Individual #2's record revealed the provider failed to maintain a screening form with the disposition of each individual, including referral to other services for further assessment, placement on a waiting list for service, or admission to the service.	During transition of the DD Residential Coordinator role to another employee, knowledge was transferred effectively to identify the need to continue checking that referral screening forms were complete and uploaded into the chart of individual's moving into DD Residential programs. However, due to timing of Individual #2's admission into the program, this one was incidentally overlooked during the transition period. Individual #1's referral screening form was uploaded into the electronic health record but it was not effectively reviewed to ensure thorough completion to include disposition of the individual including referral to other services for further assessment, placement on a waiting list for service, or admission to the service. The DD Residential Coordinator will complete a review of all individuals who have moved in within the last 12 months to ensure all referral screening forms are completed thoroughly and uploaded into the electronic health record for each individual by 6/30/2026. Systematically, the DD Residential referral form will be revised to more clearly separate each question to minimize risk that one or more fields are missed upon completion by 6/30/2026. Furthermore, the DD Residential Coordinator team will create a pre-move-in checklist to include review and attestation that the referral form is complete including the individual's disposition including referral to other services for further assessment, placement on a waiting list for service, or admission to the service. The checklist will be created by 6/30/2026 with and implementation date of 7/1/2026.	

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

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License #: **101-01-005**

Organization Name: **Rappahannock Area Community Services Board**

Date of Inspection: **04-03-2026**

Program Type/Facility Name: **01-005 Ross Drive (ICF/IID)**

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
			The DD Residential Assistant Coordinators will help with oversight and monitoring that this checklist was complete for any new move-ins during quarterly on-site reviews. OLR) Accepted 06/22/2026	

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

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License #: 101-01-005

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 04-03-2026

Program Type/Facility Name: 01-005 Ross Drive (ICF/IID)

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-105-660. D. (3a) - The initial ISP and the comprehensive ISP shall be developed based on the respective assessment with the participation and informed choice of the individual receiving services. 3. Whenever there is a change to an individual's ISP, it shall be clearly documented within the ISP, or within documentation attached to the ISP that: 3a. The individual participated in the development of or revision to the ISP	NS	Ross Drive (ICF/IID) This regulation was NOT MET as evidenced by: Review of Individual #1's record revealed the individual did not sign their ISP. The provider failed to document within the ISP, or within documentation attached to the ISP that the individual participated in the development of or revision to the ISP. This citation is considered non-compliant systemic due to being previously cited in May 2025.	PR) 06/09/2026 QIDP staff did not adequately monitor to ensure program policies and procedures were implemented related to ensuring individual participation during development of the ISP for Individual #1 was documented within the ISP. The staff responsible will receive corrective action and will be provided re-training on the DD Residential ICF policy regarding Person Centered Planning as evidenced by attestation within the RACSB electronic training platform with a deadline of 6/30/2026. All ICF Managers will receive re-training on the ICF policy regarding Person Centered Planning and sign off on their understanding as evidenced in the RACSB online training platform by 6/30/2026. Systematically, an annual plan checklist will be created by 6/30/2026 with an implementation date of 7/1/2026 to be completed for all individuals prior to the implementation of all annual plans. This checklist will include attestation that the individual signed their ISP prior to the implementation of the plan or otherwise documented that it was sent for signature with ongoing follow up on a quarterly basis as evidenced properly in the chart. The DD Residential Assistant Coordinators will help with oversight and monitoring that this checklist was complete during quarterly on-site reviews. OLR) Accepted 06/22/2026	6/30/2026

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

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License #: 101-01-005

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 04-03-2026

Program Type/Facility Name: 01-005 Ross Drive (ICF/IID)

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-105-660. D. (3b) - The initial ISP and the comprehensive ISP shall be developed based on the respective assessment with the participation and informed choice of the individual receiving services. 3. Whenever there is a change to an individual's ISP, it shall be clearly documented within the ISP, or within documentation attached to the ISP that: 3b. The proposed and alternative services and their respective risks and benefits were explained to the individual or the individual's authorized representative;	N	Ross Drive (ICF/IID) This regulation was NOT MET as evidenced by: Review of Individual #1's record revealed that discussion with the individual or AR regarding any alternative services that might be advantageous for the individual were not clearly documented within the ISP or within documentation attached to the ISP. The provider failed to show evidence that the proposed and alternative services and their respective risks and benefits were explained to the individual or the individual's authorized representative.	PR) 06/09/2026 QIDP staff did not ensure that Individual #1's ISP documented discussions with the individual or AR regarding any service alternatives that might be advantageous for the individual and that proposed and alternative services and their respective risks and benefits were explained to the individual or the individual's authorized representative. The QIDP will be trained on this requirement by 6/30/2026 to be implemented for all individuals who have ISPs with a start date on or after 8/1/2026. Systematically, the Part V Plan for Support form for ICF programs will be revised to include an attestation statement on the signature page to document that alternative services and their respective risks and benefits were explained to the individual or the individual's authorized representative with an implementation date of 8/1/2026. The RACSB Compliance team as well as the DD Residential Assistant Coordinators will help with oversight and monitoring that this information is in the individual's record through periodic annual reviews of documentation. OLR) Accepted 06/22/2026	8/1/2026

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

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License #: 101-01-005

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 04-03-2026

Program Type/Facility Name: 01-005 Ross Drive (ICF/IID)

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-105-660. D. (3c) - The initial ISP and the comprehensive ISP shall be developed based on the respective assessment with the participation and informed choice of the individual receiving services. 3. Whenever there is a change to an individual's ISP, it shall be clearly documented within the ISP, or within documentation attached to the ISP that: 3c. The reasons the individual or the individual's authorized representative chose the option included in the ISP.	N	Ross Drive (ICF/IID) This regulation was NOT MET as evidenced by: Review of Individual #1's record revealed the provider failed to document the reason the individual or the individual's authorized representative chose the option included in the ISP.	PR) 06/09/2026 QIDP staff did not ensure that Individual #1's ISP documented the reason the individual or the individual's authorized representative chose the option included in the ISP. The QIDP will be trained on this requirement by 6/30/2026 to be implemented for all individuals who have ISPs with a start date on or after 8/1/2026. Systematically, the Part V Plan for Support form for ICF programs will be revised to include a section to document the reason the individual or authorized representative chose the selected service with an implementation date of 8/1/2026. The RACSB Compliance team as well as the DD Residential Assistant Coordinators will help with oversight and monitoring that this information is in the individual's record through periodic annual reviews of documentation. OLR) Accepted 06/22/2026	8/1/2026

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

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License #: **101-01-005**

Organization Name: **Rappahannock Area Community Services Board**

Date of Inspection: **04-03-2026**

Program Type/Facility Name: **01-005 Ross Drive (ICF/IID)**

<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: The licensing specialist recommends retraining staff on licensure's standards of progress notes. The licensing specialist recommends including more details about offered community outings and how individuals are engaging in their community during these outings.				
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.				
_____ Angela DAngelo, Licensing Specialist		_____ (Signature of Organization Representative)		_____ Date
C = Substantial Compliance, N = Non Compliance, NS = Non Compliance Systemic, ND = Non Determined				

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

Page: 1 of 2

License #: 101-08-011

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 04-06-2026

Program Type/Facility Name: 08-011 Gabriels Lane Home

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-105-660. D. (3a) - The initial ISP and the comprehensive ISP shall be developed based on the respective assessment with the participation and informed choice of the individual receiving services. 3. Whenever there is a change to an individual's ISP, it shall be clearly documented within the ISP, or within documentation attached to the ISP that: 3a. The individual participated in the development of or revision to the ISP	N	Gabriels Lane Home This regulation was NOT MET as evidenced by: Review of Individual #1's record revealed the individual did not sign their ISP. The provider failed to document within the ISP, or within documentation attached to the ISP that the individual participated in the development of or revision to the ISP.	PR) 06/09/2026 The Sponsored Placement Specialist responsible did not adequately monitor to ensure program policies and procedures were implemented related to ensuring individual participation during development of the ISP for Individual #1 was documented within the ISP. The staff responsible will receive corrective action and will be provided re-training on the DD Residential Sponsored Placement policy regarding Treatment Planning and Participation as evidenced by attestation within the RACSB electronic training platform with a deadline of 6/30/2026. All Sponsored Placement Specialists will receive re-training on the Sponsored Placement policy regarding Treatment Planning and Participation and sign off on their understanding as evidenced in the RACSB online training platform by 6/30/2026. Systematically, an annual plan checklist will be created by 6/30/2026 with an implementation date of 7/1/2026 to be completed for all individuals prior to the implementation of all annual plans. This checklist will include attestation that the individual signed their ISP prior to the implementation of the plan or otherwise documented that it was sent for signature with ongoing follow up on a quarterly basis as evidenced properly in the chart. The DD Residential Assistant Coordinators will help with oversight and monitoring that this checklist was complete during quarterly on-site reviews.	6/30/2026

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

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License #: **101-08-011**

Organization Name: **Rappahannock Area Community Services Board**

Date of Inspection: **04-06-2026**

Program Type/Facility Name: **08-011 Gabriels Lane Home**

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
			OLR) Accepted 06/22/2026	

General Comments / Recommendations:

The licensing specialist recommends staff be retrained on conducting thorough Root Cause Analyses (RCA) and properly applying the "5 Whys" methodology to ensure consistent identification of underlying causes. The retraining should emphasize documenting objective evidence, asking progressive "why" questions until the true systemic cause is identified.

Root Cause Analysis Samples and Trainings 160.E.1 and 160.E.2 can be found on the Office of Licensing website under the "Provider Training and Regulatory Technical Assistance" link below.

<https://dbhds.virginia.gov/provider-training-and-technical-assistance/>

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.

Angela DAngelo, Licensing Specialist

(Signature of Organization Representative)

Date

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

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

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License #: **101-01-001**

Organization Name: **Rappahannock Area Community Services Board**

Date of Inspection: **04-06-2026**

Program Type/Facility Name: **01-001 Leeland Road Group Home**

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-105-645. B. (5) - The provider shall maintain written documentation of each individual's initial contact and screening, including the: 5. Disposition of the individual, including his referral to other services for further assessment, placement on a waiting list for service, or admission to the service.	N	Leeland Road Group Home This regulation was NOT MET as evidenced by: Review of Individual #2's record revealed the provider failed to maintain a screening form with the disposition of each individual, including referral to other services for further assessment, placement on a waiting list for service, or admission to the service.	PR) 06/09/2026 Management staff did not adequately review the referral/screening form for Individual #2 to ensure it included the disposition including referral to other services for further assessment, placement on a waiting list for service, or admission to the service. All DD Residential Managers will receive training on the DD Residential policy regarding Admission and Exclusion Criteria and sign off on their understanding as evidenced in the RACSB online training platform by 6/30/2026. Systematically, the DD Residential referral form will be revised to more clearly separate each question to minimize risk that one or more fields are missed upon completion by 6/30/2026. Furthermore, the DD Residential Coordinator team will create a pre-move-in checklist to include review and attestation that the referral form is complete including disposition including referral to other services for further assessment, placement on a waiting list for service, or admission to the service. The checklist will be created by 6/30/2026 with and implementation date of 7/1/2026. The DD Residential Assistant Coordinators will help with oversight and monitoring that this checklist was complete during quarterly on-site reviews. OLR) Accepted 06/22/2026	7/1/2026

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

Page: 2 of 5

License #: **101-01-001**

Organization Name: **Rappahannock Area Community Services Board**

Date of Inspection: **04-06-2026**

Program Type/Facility Name: **01-001 Leeland Road Group Home**

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-105-660. D. (3a) - The initial ISP and the comprehensive ISP shall be developed based on the respective assessment with the participation and informed choice of the individual receiving services. 3. Whenever there is a change to an individual's ISP, it shall be clearly documented within the ISP, or within documentation attached to the ISP that: 3a. The individual participated in the development of or revision to the ISP	N	Leeland Road Group Home This regulation was NOT MET as evidenced by: Review of Individual #1's record revealed the individual did not sign their ISP. The provider failed to document within the ISP, or within documentation attached to the ISP that the individual participated in the development of or revision to the ISP.	PR) 06/09/2026 Management staff did not adequately monitor to ensure program policies and procedures were implemented related to ensuring individual participation during development of the ISP for Individual #1 was documented within the ISP. The program manager will receive corrective action and will be provided re-training on the DD Residential Group Home policy regarding Treatment Planning and Participation as evidenced by attestation within the RACSB electronic training platform with a deadline of 6/30/2026. All DD Residential Managers will receive re-training on the DD Residential policy regarding Treatment Planning and Participation and sign off on their understanding as evidenced in the RACSB online training platform by 6/30/2026. Systematically, an annual plan checklist will be created by 6/30/2026 with an implementation date of 7/1/2026 to be completed for all individuals prior to the implementation of all annual plans. This checklist will include attestation that the individual signed their ISP prior to the implantation of the plan. The DD Residential Assistant Coordinators will help with oversight and monitoring that this checklist was complete during quarterly on-site reviews. OLR) Accepted 06/22/2026	6/30/2026

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

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License #: 101-01-001

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 04-06-2026

Program Type/Facility Name: 01-001 Leeland Road Group Home

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-105-660. D. (3b) - The initial ISP and the comprehensive ISP shall be developed based on the respective assessment with the participation and informed choice of the individual receiving services. 3. Whenever there is a change to an individual's ISP, it shall be clearly documented within the ISP, or within documentation attached to the ISP that: 3b. The proposed and alternative services and their respective risks and benefits were explained to the individual or the individual's authorized representative;	N	Leeland Road Group Home This regulation was NOT MET as evidenced by: Review of Individual #2's record revealed that discussion with the individual or AR regarding any alternative services that might be advantageous for the individual were not clearly documented within the ISP or within documentation attached to the ISP. The provider failed to show evidence that the proposed and alternative services and their respective risks and benefits were explained to the individual or the individual's authorized representative.	PR) 06/09/2026 Management staff did not ensure that Individual #2's ISP documented discussions with the individual or AR regarding any service alternatives that might be advantageous for the individual and that proposed and alternative services and their respective risks and benefits were explained to the individual or the individual's authorized representative. All DD Residential Managers will be trained on this requirement by 6/30/2026 to be implemented for all individuals who have ISPs with a start date on or after 8/1/2026. Systematically, the Part V Plan for Support form within the RACSB electronic health record will be revised to include an attestation statement on the signature page to document that alternative services and their respective risks and benefits were explained to the individual or the individual's authorized representative with an implementation date of 8/1/2026. The RACSB Compliance team as well as the DD Residential Assistant Coordinators will help with oversight and monitoring that this information is in the individual's record through periodic annual reviews of documentation. OLR) Accepted 06/22/2026	8/1/2026

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

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License #: **101-01-001**

Organization Name: **Rappahannock Area Community Services Board**

Date of Inspection: **04-06-2026**

Program Type/Facility Name: **01-001 Leeland Road Group Home**

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-105-660. D. (3c) - The initial ISP and the comprehensive ISP shall be developed based on the respective assessment with the participation and informed choice of the individual receiving services. 3. Whenever there is a change to an individual's ISP, it shall be clearly documented within the ISP, or within documentation attached to the ISP that: 3c. The reasons the individual or the individual's authorized representative chose the option included in the ISP.	N	Leeland Road Group Home This regulation was NOT MET as evidenced by: Review of Individual #2's record revealed the provider failed to document the reason the individual or the individual's authorized representative chose the option included in the ISP.	PR) 06/09/2026 Management staff did not ensure that Individual #2's ISP documented the reason the individual or the individual's authorized representative chose the option included in the ISP. All DD Residential Managers will be trained on this requirement by 6/30/2026 to be implemented for all individuals who have ISPs with a start date on or after 8/1/2026. Systematically, the Part V Plan for Support form within the RACSB electronic health record will be revised to include a section to document the reason the individual or authorized representative chose the selected service with an implementation date of 8/1/2026. The RACSB Compliance team as well as the DD Residential Assistant Coordinators will help with oversight and monitoring that this information is in the individual's record through periodic annual reviews of documentation. OLR) Accepted 06/22/2026	8/1/2026

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

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License #: 101-01-001

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 04-06-2026

Program Type/Facility Name: 01-001 Leeland Road Group Home

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
General Comments / Recommendations: The licensing specialist recommends staff be retrained on conducting thorough Root Cause Analyses (RCA) and properly applying the “5 Whys” methodology to ensure consistent identification of underlying causes. The retraining should emphasize documenting objective evidence, asking progressive “why” questions until the true systemic cause is identified. Root Cause Analysis Samples and Trainings 160.E.1 and 160.E.2 can be found on the Office of Licensing website under the "Provider Training and Regulatory Technical Assistance" link below. https://dbhds.virginia.gov/provider-training-and-technical-assistance/ The licensing specialist recommends creating a community outing log for each individual. The licensing specials recommends reviewing all PRN medications and ensuring all prescribed medications are on-site and available. The licensing specialist recommends reviewing Individual #2’s outcome on the ISP data sheet to ensure it incorporates the full goal of choosing activities in the community. The licensing specialist recommends reviewing details for Individual #1’s plan regarding Diagnosis #1 to include independent reporting and if a PRN is available for Diagnosis #1. The provider does not use volunteers or contractors.				
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.				
_____ Angela DAngelo, Licensing Specialist		_____ (Signature of Organization Representative)		_____ Date
C = Substantial Compliance, N = Non Compliance, NS = Non Compliance Systemic, ND = Non Determined				

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

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License #: **101-01-001**

Organization Name: **Rappahannock Area Community Services Board**

Date of Inspection: **06-26-2026**

Program Type/Facility Name: **01-001 Leeland Road Group Home**

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
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	Leeland Road Group Home This regulation was NOT MET as evidenced by: See OHR citation below.		

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

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License #: 101-01-001

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 06-26-2026

Program Type/Facility Name: 01-001 Leeland Road Group Home

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-115-50. D. (1) - The provider's duties: 1. Providers shall recognize, respect, support, and protect the dignity rights of each individual at all times. In the case of a minor, providers shall take into consideration the expressed preferences of the minor and the parent or guardian.	N	Leeland Road Group Home This regulation was NOT MET as evidenced by: During an internal investigation the provider determined the following: • Employee 1 failed to respect and support the dignity rights of Individual 1. • Employee 1 created an unwelcoming environment for Individual 1 by: - o Telling Individual 1 he could not have prepackaged snacks that were readily available on the counter. - o Speaking inappropriately in front of Individual 1 in stating she had been "taking a dump". - o Speaking inappropriately in front of Individual 1 in stating that he was not expected on the evening of 6/1/2026. - o Questioning Individual 1's care needs in front of him on arrival rather than having read and become familiar with his person-centered support plan.	PR) 07/21/2026 The staff responsible was immediately removed from working at Leeland Road Group Home and has not worked at the program since discovery of the incident on 6/2/2026. The staff responsible will receive corrective action and be permanently assigned to another program by 7/31/2026. The staff responsible will be re-trained on the DD Residential Human Rights policy as evidenced by an attestation in the organization's electronic training platform (Relias) by 8/31/2026. All staff at the program will receive a refresher training on Human Rights and sign an attestation of the Human Rights policy in Relias by 8/31/2026. All DD Residential staff will be required to undergo an annual Human Rights training to help ensure continued promotion and support of meeting needs of residents. The Human Resources Department and DD Residential Management staff will monitor completion of annual Human Rights training for all staff effective immediately. Staff found deficient will receive corrective action to help mitigate any potential lapses in training quickly. OHR/OLR) Accepted 07/29/2026	08/31/2026 00:00:00

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

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License #: **101-01-001**

Organization Name: **Rappahannock Area Community Services Board**

Date of Inspection: **06-26-2026**

Program Type/Facility Name: **01-001 Leeland Road Group Home**

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
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				

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

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License #: **101-01-005**

Organization Name: **Rappahannock Area Community Services Board**

Date of Inspection: **07-06-2026**

Program Type/Facility Name: **01-005 Lucas Street (ICF/IID)**

<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	Lucas Street (ICF/IID) This regulation was NOT MET as evidenced by: See OHR citation below.		

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

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License #: 101-01-005

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 07-06-2026

Program Type/Facility Name: 01-005 Lucas Street (ICF/IID)

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
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	Lucas Street (ICF/IID) 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: • On Friday, May 29, 2026, staff became aware of Individual 1's left hand swelling. • On Monday, June 1, 2026, Individual 1's hand was assessed which revealed mild swelling of the left hand and digits with the middle finger appearing more swollen than the others. • Individual 1 was taken for medical follow-up which revealed that Individual 1 had a fracture of the middle finger. • The provider waited three days to assess Individual 1's injury resulting in a delay of the receipt of services necessary for the health, safety, and welfare of Individual	PR) 07/29/2026 The employee responsible did not adequately ensure program policies and procedures were implemented related to ensuring Individual #1's human rights regarding individual's rights. The employee responsible received corrective action on 7/15/2026. All staff at Lucas Street ICF will be re-trained on the program policy regarding Individual Rights and Medical Emergencies as evidenced by attestation of understanding in the RACSB online training platform 8/31/2026. Systematically, all RACSB staff, volunteers, and contractors will be required to undergo a Human Rights training upon recruitment and at a minimum of annually thereafter to help ensure continued understanding of their roles and responsibilities to ensure individuals' rights and sound therapeutic practices effective immediately. OHR/OLR) Accepted 07/29/2026	08/31/2026 00:00:00

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

Page: 3 of 3

License #: **101-01-005**

Organization Name: **Rappahannock Area Community Services Board**

Date of Inspection: **07-06-2026**

Program Type/Facility Name: **01-005 Lucas Street (ICF/IID)**

<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				

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CORRECTIVE ACTION PLAN**

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License #: 101-01-019

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 07-02-2026

Program Type/Facility Name: 01-019 CrisisStab/Sunshine Lady House

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-105-160. D. (2) - The provider shall collect, maintain, and report or make available to the department the following information: 2. Level II and Level III serious incidents shall be reported using the department's web-based reporting application and by telephone or email to anyone designated by the individual to receive such notice and to the individual's authorized representative within 24 hours of discovery. Reported information shall include the information specified by the department as required in its web-based reporting application, but at least the following: the date, place, and circumstances of the serious incident. For serious injuries and deaths, the reported information shall also include the nature of the individual's injuries or circumstances of the	N	CrisisStab/Sunshine Lady House This regulation was NOT MET as evidenced by: CHRIS Number: 20260151 Date/Time of Discover: 06/10/2026 12:05PM Enter Date/Time: 06/12/2026 1:11PM Reporting Delay: 25:6:00 Location Name: CrisisStab/Sunshine Lady House CHRIS Number: 20260152 Date/Time of Discover: 06/11/2026 9:25AM Enter Date/Time: 06/12/2026 1:45PM Reporting Delay: 4:20:00 Location Name: CrisisStab/Sunshine Lady House	PR) 07/21/2026 It has been requested that each staff completing IRs review and refresh the requirement of when to complete a Chris report. Staff will review this requirement at the next staff meeting held on July 21, 2026. Any questions and need for clarification will occur at this time. Coordinator will clarify the appropriate routing channels for IRs. Should the Coordinator be out of the office and /or not on call, staff should route the necessary information to the oncall administrator. Coordinator will implement brief meetings on a weekly basis to discuss implementation and procedural flow of compliance requirements. Coordinator will send an email out on 7/6/2026 asking staff to review IR requirements again. Coordinator will discuss in the 7/21/2026 staff meeting the requirement and process for on call. Brief meetings will occur with Coordinator, Assistant Coordinator and Nurse manager the week of 7/13/2026. OLR) Accepted 07/29/2026	7/13/2026

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

Page: 2 of 2

License #: **101-01-019**

Organization Name: **Rappahannock Area Community Services Board**

Date of Inspection: **07-02-2026**

Program Type/Facility Name: **01-019 CrisisStab/Sunshine Lady House**

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
death and any treatment received. For all other Level II and Level III serious incidents, the reported information shall also include the consequences that resulted from the serious incident. Deaths that occur in a hospital as a result of illness or injury occurring when the individual was in a licensed service shall be reported.				

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.

Lakesha Steele, Incident Management
Unit

(Signature of Organization Representative)

Date

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

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

Page: 1 of 2

License #: 101-01-005

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 06-23-2026

Program Type/Facility Name: 01-005 Lucas Street (ICF/IID)

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-105-160. D. (2) - The provider shall collect, maintain, and report or make available to the department the following information: 2. Level II and Level III serious incidents shall be reported using the department's web-based reporting application and by telephone or email to anyone designated by the individual to receive such notice and to the individual's authorized representative within 24 hours of discovery. Reported information shall include the information specified by the department as required in its web-based reporting application, but at least the following: the date, place, and circumstances of the serious incident. For serious injuries and deaths, the reported information shall also include the nature of the individual's injuries or circumstances of the	N	Lucas Street (ICF/IID) This regulation was NOT MET as evidenced by: CHRIS Number: 20260145 Date/Time of Discover: 06/01/2026 7:20AM Enter Date/Time: 06/08/2026 4:11PM Reporting Delay: 152:51:00 Location Name: Lucas Street (ICF/IID)	PR) 07/13/2026 The staff member responsible for the late incident report was coached by her supervisor on 6/8/2026 on reportable incident categories and expected deadlines for reporting applicable incidents into the CHRIS system. During each Compliance team meeting, incident reporting will be an agenda item. Discussion will be centered both on refreshing staff on what constitutes CHRIS reportable incidents as well as expected adherence to reporting timelines. An annual e-learning course on incident reporting will continue to be assigned to all program and Compliance department staff annually to ensure continued understanding of expected protocols and deadlines for submitting incident reports program and agency wide. Monitoring and oversight of timeliness for incident reporting protocols will be provided by Compliance team members daily to ensure all Level 2 and Level 3 Incidents are entered into the CHRIS system within the 24-hour window. Compliance staff will be assigned incident monitoring duties to ensure consistent monitoring 365 days a year. OLR) Accepted 07/22/2026	7/1/2026

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

Page: 2 of 2

License #: **101-01-005**

Organization Name: **Rappahannock Area Community Services Board**

Date of Inspection: **06-23-2026**

Program Type/Facility Name: **01-005 Lucas Street (ICF/IID)**

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
death and any treatment received. For all other Level II and Level III serious incidents, the reported information shall also include the consequences that resulted from the serious incident. Deaths that occur in a hospital as a result of illness or injury occurring when the individual was in a licensed service shall be reported.				

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.

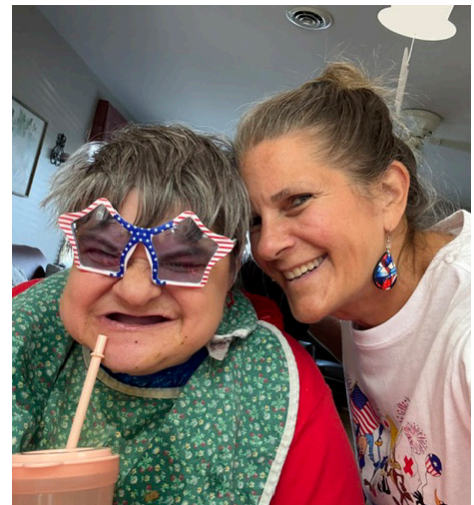
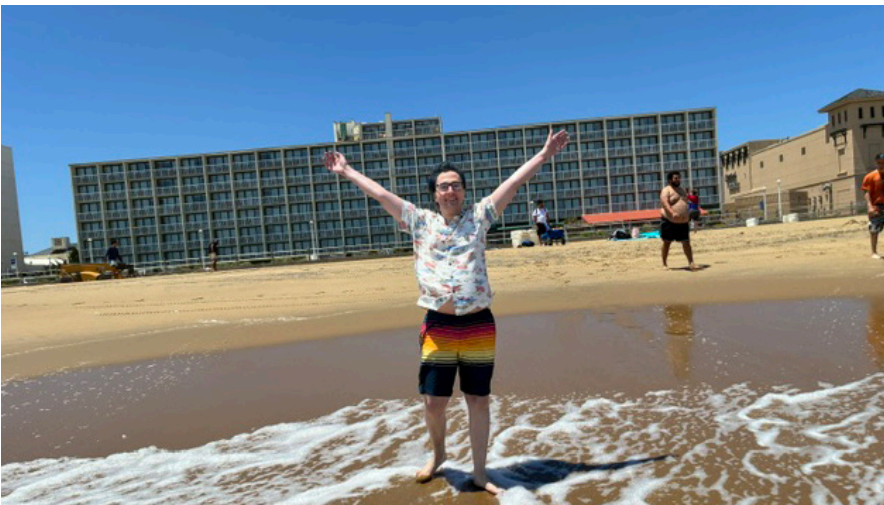
Lakesha Steele, Incident Management
Unit

(Signature of Organization Representative)

Date

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

Communications August 2026 Report



Communications Metrics for July 2026

Social Media:

- 89 posts
- 62,092 impressions
- 58 shares
- 974 reactions
- 4,503 followers

Instagram

- 506 followers
- 27 posts
- 2,518 impressions
- 2 shares
- 128 reactions

Website:

- 10,115 users
- 39,162 views

Top five pages:

Staff portal, home, contact us, employment, mental health

Top referrers: isolved, Facebook, mylifemy-communityvirginia.org, kinggeorgecountyva.gov, fredericksburgva.gov

Top Four Posts:





hope_starter

hope_starter Sunny skies, sandy toes, and pure vacation bliss! Check out these incredible photos from Elliot's recent beach getaway! One of the absolute best parts of our Intermediate Care Facilities (ICF) and residential programs is supporting the individuals we serve to chase their passions—and that includes planning and taking the ultimate summer vacations. From choosing the destination to catching the waves, we love being part of making these dream trips a reality. (And don't worry—we made sure those shark bites at the Virginia Aquarium & Marine Science Center were strictly for the camera! 🦈📸) Welcome back, Elliot! It looks like it was a truly fin-tastic trip.

#RACSB #ResidentialServices #CommunityLiving #DignityOfChoice #BeachDays

1w

View insights Boost post



hope_starter

hope_starter Igo Road Group Home celebrating the Fourth of July. 🇺🇸

4w

View insights Boost post

11 likes July 4



hope_starter

hope_starter Today we're flashing WAY back to two weeks ago—we just HAD to share this "udderly" fantastic flashback! 🐮📸

While the rest of the agency was cruising through July, our incredible crew from the Supervised Apartment Program was busy joining the herd for Chick-fil-A's Cow Appreciation Day! 🐮

One of the coolest parts of our Supervised Apartment living is supporting adults with developmental disabilities to live active, independent, and fun-filled lives in the community. And yes, that includes crafting the perfect cow costumes to score some free chicken! 🐮📸

A massive shoutout to the staff who helped make this fun day out happen, and for capturing these awesome memories. 🐮📸

View insights Boost post

9 likes July 28

Facebook

- 3,545 followers
- 42 posts
- 56 shares
- 846 reactions
- 59,574 impressions

Top Three Posts:





Rappahannock Area Community Services Board

Published by Amy Umble · July 4 ·

Igo Road Group Home celebrating the Fourth of July. 🇺🇸🔪



Rappahannock Area Community Services Board

Published by Amy Umble · July 4 ·

🎵 USA 250 // Happy Birthday USA · We the People ·

🇺🇸🔪 Happy Fourth of July from Ruffin's Pond Group Home! 🔪🇺🇸



Blog Post: Sensory-Friendly Summer Ideas for Teens and Adults

Sun-soaked days. Road trips. Beach vacations. Pool play. Camping. There's so much to look forward to in summer. June invites us to break out of routines, go on adventures, and meet new friends. But for many teens and adults with developmental disabilities, the season's heat, crowds, noise, and changes in routine feel more overwhelming than enjoyable. That doesn't mean they have to avoid fun, though. Caregivers, families, and support teams can create a summer packed with sensory-friendly fun—with a little bit of planning, empathy, and creativity. People with developmental disabilities may experience the world differently. Bright lights, loud sounds, strong smells, crowded spaces, or certain textures can sometimes lead to sensory overload, anxiety, or fatigue. Some individuals are more sensitive to sound, light, touch, smell, or temperature, while others may seek additional sensory input to feel calm and engaged.

Sensory-friendly activities help by:

- Reducing overwhelming stimuli
- Supporting emotional regulation
- Encouraging participation
- Creating positive social experiences

Finding sensory-friendly fun is the key to creating an inclusive community—ensuring that everyone gets the chance to enjoy their world, without worrying about painful stimuli. It's important to note that sensory-friendly isn't a one-size-fits-all solution, however. Some people are overly sensitive to noise, which means that many sounds are painful, but some are under sensitive and crave louder noise or certain pitches. For some, the slightest touch can hurt, while others need deep pressure constantly and will seek out more tactile experiences.

So, knowing the person you're supporting is the key to providing an enjoyable sensory-friendly experience.

Some other aspects include:

- Predictable routines and environments
- Opportunities for movement or calming breaks
- Control over noise, lighting, and stimulation
- Accessible spaces and clear communication
- Flexibility to participate at an individual's own pace

When creating sensory-friendly activities, aim for making an experience feel safe, comfortable, and enjoyable for anyone. Here are some ideas to help you plan adventures that can delight the senses, even for people who experience those senses differently.

Outdoor Sensory-Friendly Summer Activities

1. Nature Walks and Quiet Trails

Explore local parks, shaded trails, or botanical gardens during less crowded times, such as early morning or late evening. Nature offers calming sensory experiences, including birdsong, gentle breezes, and the textures of leaves and flowers.

Tips for success

- Bring noise-canceling headphones if needed.
- Choose shorter, predictable routes.
- Use visual schedules or maps to prepare ahead of time.
- Pack water, sunscreen, and comfort items.

Local Ideas

Alum Springs Park, 1 Greenbrier Dr., Fredericksburg, VA 22401; tucked away right in the city, this hidden gem offers an ideal outdoor retreat.

Loriella Park, 10910 Leavells Rd, Fredericksburg, VA 22407; a vast, wooded park in Spotsylvania that balances activity with plenty of quiet space.

John Lee Pratt Park, 120 River Road, Fredericksburg, VA 22405; a spacious park in Stafford County offering plenty of trails, fields, courts, and picnic space.

Motts Run Reservoir, 6600 River Road, Fredericksburg, VA 22407; an oasis near the city offers fishing, boating, paddling, hiking, biking, and picnicking.

Lake Mooney Park, 495 Greenbank Road, Fredericksburg, VA 22406, offers tranquil fun near the water, with fishing, hiking, and walking in Stafford County.

Lake Anna State Park, 6800 Lawyers Road, Spotsylvania, VA 22551, offers a beach, fishing pond, and trails.

Caledon State Park, 11617 Caledon Road, King George, VA 22485, is a peaceful place that offers plenty of walking trails and bird-watching.

2. Backyard Water Play

Water activities can be soothing and fun without the intensity of a crowded pool.

Ideas

Sprinklers or misting fans

Water tables or sensory bins

Bubbles and foam play

Small inflatable pools

Water painting on sidewalks or fences

Allow individuals to control how much they participate, and avoid forcing interaction with water if it is uncomfortable.

Local(ish) Resources

Don't have a backyard? Try the Doris E. Buffett Pool at 1300 Dixon Street in Fredericksburg. It's a little bit more of a drive, but Our Special Harbor in the Franconia Family Recreation Area, offers sensory-friendly hours on Wednesdays from 10-11 a.m. from June 24 through Aug. 19. Learn more at this link. Heading south, Park365 in Richmond has some water features. Find out more here.

3. Gardening and Plant Care

Gardening engages multiple senses in a calming, purposeful way.

Try

Planting flowers, herbs, or vegetables

Watering plants with a small watering can

Creating a sensory garden with soft plants and fragrant herbs

Growing easy-to-care-for plants in containers

Gardening can build routine, responsibility, and pride while offering soothing sensory input. You may even enjoy creating a sensory garden, which engages all five senses. Find tips for creating one from Penn State Extension.

4. Outdoor Picnics in Quiet Spaces

Instead of busy restaurants or crowded festivals, plan a picnic at a peaceful park or even in your backyard.

Make it comfortable

Bring preferred foods and drinks.

Use familiar blankets, cushions, or chairs.

Choose shaded areas to avoid heat and glare.

Keep the group small and relaxed.

This creates a low-pressure environment for socializing and enjoying the outdoors.

Local Ideas

Our region has an abundance of lovely spots for picnicking. Here are a few:

Gary Melchers Home and Studio at Belmont, 224 Washington Street, Falmouth, VA 22405: You can access the stunning, tranquil grounds entirely free of charge without buying a museum ticket. Outdoor picnic tables equipped with umbrellas sit right next to the Museum Shop, or you can spread out a blanket under a massive shade tree on the main lawn.

Lake Mooney Park, 495 Greenbank Road, Fredericksburg, VA 22406: Enjoy the sounds of lapping water, paddles dipping into the lake, and birdsong as you picnic.

Chatham Manor, 120 Chatham Lane, Fredericksburg, VA 22405, If the open lawn feels too vast, you can move inside the walled English garden. The brick walls act as a fantastic acoustic barrier, trapping sound and creating a highly controlled, muffled environment.

Caledon State Park, 11617 Caledon Road, King George, VA 22485: This state park offers three paved picnic sites featuring wheelchair-accessible tables that connect directly to the parking lot via smooth, predictable paved paths.

Indoor Sensory-Friendly Summer Activities

5. Art and Creating

Art activities allow for self-expression without pressure. Painting, drawing, clay modeling, and crafts can be adapted to different abilities and sensory preferences. Use washable materials and provide options for those who prefer less tactile input. Some ideas include:

A collage or vision board

Air-dry clay

Calm-down glitter jars

Tissue paper mosaics

6. Cooking and Baking Together

Preparing simple summer recipes can build independence and confidence while engaging the senses in a structured way. Smoothies, fruit salads, popsicles, and no-bake treats are fun seasonal options.

Here's a simple smoothie recipe, 3-Ingredient Berry Smoothie:

Ingredients: 1.5 cups frozen mixed berries, $\frac{3}{4}$ cup plain or vanilla Greek yogurt, and $\frac{3}{4}$ cup milk (or almond milk).

Instructions: Combine everything in a blender and blend on high for about 60 seconds until completely smooth and creamy

7. Movie or Game Nights

Create a comfortable environment with dim lighting, adjustable volume, and cozy seating. Closed captions, familiar movies, and low-stress games can make the experience more inclusive and enjoyable.

Tips for Planning a Successful Sensory-Friendly Outing

A little preparation can make a big difference.

Before the activity

Review what to expect using photos, schedules, or simple explanations.

Choose less crowded times when possible. Tip: If you're heading to a local business or park, you can use Google Maps to find out when to expect crowds.

Pack sensory supports such as headphones, sunglasses, fidget items, snacks, and water.

Consider transportation and accessibility needs in advance.

During the activity

Allow for breaks and quiet spaces.

Watch for signs of sensory overload, such as irritability, withdrawal, or agitation.

Offer choices and flexibility—participation doesn't have to look the same for everyone.

After the activity

Build in time to decompress and rest.

Talk about what went well and what could be adjusted for next time.

Homepage Refresh

For many people, their first interaction with Rappahannock Area Community Services Board starts at www.rappahannockareacsb.org. They may not know our program names or organizational structure, but they do know they need help.

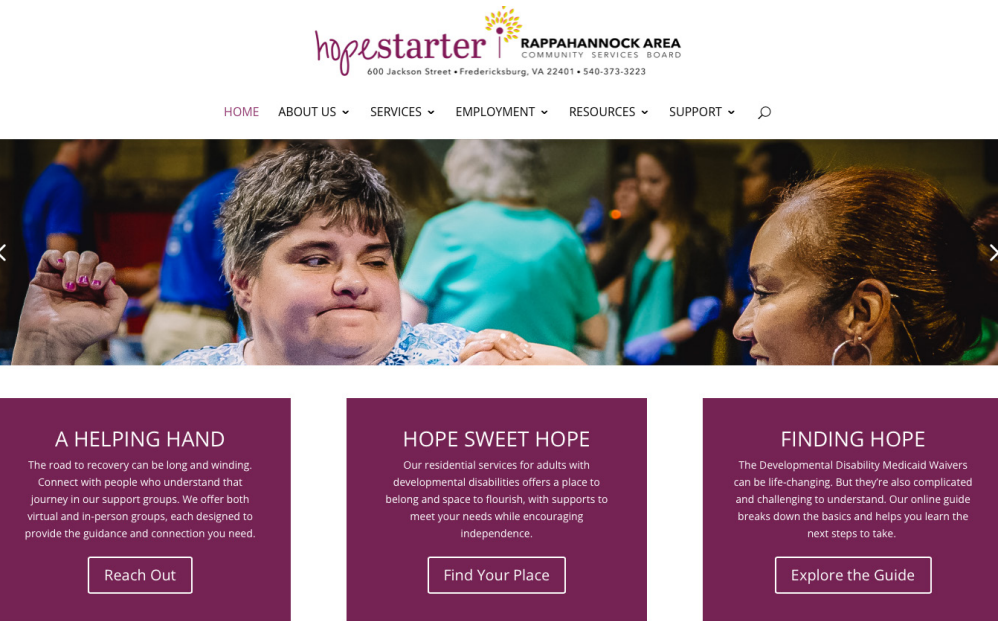
To improve access to RACSB's services, the homepage has been redesigned to better serve community members seeking information and support.

This new page includes a more modern design, but its primary goal has been improving usability. Instead of organizing information around RACSB's internal departments and terminology, this homepage is designed around the questions and needs of people visiting the website. The redesigned homepage uses plain language and clear pathways to help visitors quickly identify where to begin.

Key improvements include:

- User-focused navigation organizes information around visitor needs rather than agency structure.
- Plain language makes services easier to understand for first-time visitors.
- Simplified pathways reduce the number of decisions required before finding the appropriate service.
- Educational guides and resources help individuals better understand complicated systems.

By reducing barriers to information and making services easier to find, the redesigned homepage supports RACSB's mission to provide education, recovery, treatment, and wellness to our community.



This was where we started with the homepage redesign.

Rappahannock Area Community Services Board

Serving the City of Fredericksburg and the counties of Caroline, King George, Spotsylvania and Stafford

At RACSB, we are committed to helping community members lead the best lives possible. We help babies speak their first words and adults with severe mental illness take their first steps back into the community. Whether you're experiencing a brief bout of depression, living with a serious mental health condition, or working to overcome a substance use disorder, we have outpatient services to support you. For adults with developmental disability and their families, we offer top-notch care. We have proudly served the Fredericksburg community since 1970, and we are here to help.

News & Events



With more than 40 programs, RACSB has a complicated structure that is difficult to represent in a website. So, instead of starting with our organization, I started with the visitor.

I looked at the site through the eyes of a parent worried about their baby's development, a person with an opioid use disorder hoping a different life was possible, a parent wondering what the future would look like for a child with a developmental disability, someone living with a mental illness trying to understand what support was available, or a teacher wanting to learn more about suicide prevention.

I asked, "Could this person easily find the information they need?" The homepage wasn't welcoming, and it didn't quickly guide visitors to the information or services they needed.

This question led to a few important decisions. One design principle often recommends providing a single pathway to each section of a website. For RACSB, however, I intentionally chose multiple pathways because visitors arrive with different questions and different levels of familiarity with our services. There are three pieces of this page that act as menus, providing access to information and services.

The most important—and time-consuming—addition was a series of guides, which aim to answer questions people have about some pretty complicated topics, such as waivers, crisis services, early intervention. Not every visitor needs this level of detail before requesting services, and including it directly on service pages would make those pages more difficult to navigate.

Another new section invites visitors to choose the path they want to explore, helping them find information based on their needs rather than RACSB's organizational chart.

The rotating image carousel was replaced with a single image to improve accessibility, reduce distractions, and better support search engine optimization.

Additional work will continue over the coming year, including accessibility improvements required by April 2027 and on-going enhancements to ensure the website remains easy to find and use as search technology continues to evolve.

Our mission is to provide education, recovery, treatment, and wellness. If people can't find those services, we can't accomplish that mission. Regularly fine-tuning our website will help us continually reduce barriers to access.





Mental Health

Find Support



Substance Use Disorder

Find Recovery Support



Developmental Disabilities

Find Supports







Not sure where to start?

Explore helpful guides to crisis care, Medicaid waivers, early intervention, naloxone, and more.



Medicaid Waivers



Developmental Disability Residential Services



Crisis Services



Early Intervention



Naloxone

Catch up with our latest news and updates

Hope Sweet Hope

Our residential services for adults with developmental disabilities offer a place to belong and space to flourish. We have an array of options that provide supports to meet your needs while encouraging independence.

Find Your Place

Hope on Wheels

When it comes to recovery, sometimes the hardest part is getting there. Our Mobile Recovery Unit brings compassionate, quality treatment for Opioid Use Disorder to the people and places who need it most.

Start Your Journey

Patient Portal

Emergency Services: 540-373-6876
24 hours a day/7 days a week



Quick Links

[Mental Health Services](#)
[Substance Use Services](#)
[Disability Services](#)
[Early Intervention Services](#)
[Prevention Services](#)
[Support Groups](#)
[Community Trainings](#)

Guides

[Medicaid Waivers](#)
[Crisis Services](#)
[DD Residential](#)
[Early Intervention](#)
[Naloxone](#)
[Substance Use Disorders](#)
[Connectedness](#)

Connect With Us

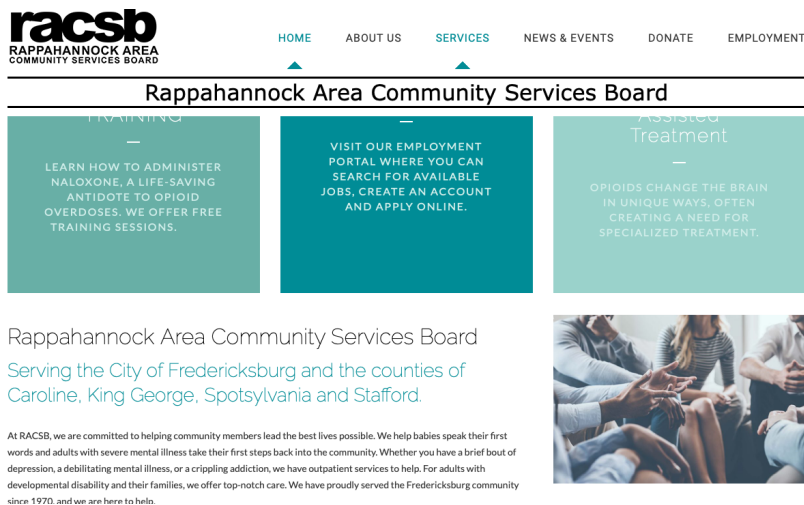
[Contact Us](#)
 RACSB Main Offices
 600 Jackson Street
 Fredericksburg, VA 22401
 540-373-3223
[Subscribe to our e-newsletter.](#)



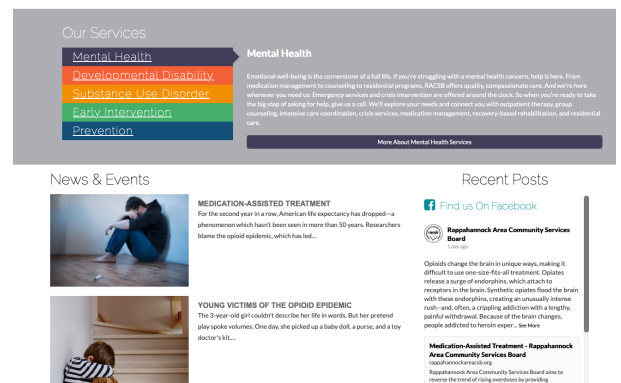
RACSB's first homepage, 1998



2016



2018 after RACSB's website refresh



Employee Engagement

The Internal Communications/Employee Engagement Committee decided to make 2026 a year of connecting HopeStarters with the mission of RACSB. We first tackled this by launching monthly service projects. To date, we have:

- Assembled 1,500 toolkits for naloxone training
- Collected items and assembled 56 birthday cake/celebration kits for the Fredericksburg Area Food Bank
- Collected hundreds of books for individuals receiving services through our specialty dockets programs, and we ended up donating to other programs as well
- Collected snacks and assembled 100 snack bags for individuals beginning office-based opioid treatment
- Collected items and packed 50 boxes of toys and comfort items for toddlers, tweens, and teens receiving care at Mary Washington Hospital.
- Collected 26 units of blood in a drive for the Red Cross—this will save up to 78 lives.
- Collected school supplies for families served by our Project LINK and child and adolescent mental health case management programs.

These service projects have been very rewarding and have allowed HopeStarters to learn more about our programs and our community partners, but we felt like employees needed a more direct link to our mission and vision statements. We knew from the engagement survey that employees felt connected to the mission in general but that they didn't know the exact mission and vision statements. Since these were an important part of our strategic plan, we wanted to make sure we were working to connect employees with these statements. We also knew that employees struggled to relate to the mission because they didn't understand the breadth of what our agency does. While most HopeStarters understand their own program, few knew much about the other 40 or so programs.

So, we launched Mission:HopeStarter in July. This program has weekly missions, which are designed to resemble virtual escape rooms. Agents must answer questions related to our mission and vision statements and to our programs. There are also monthly dossiers which have an assortment of activities aimed to get HopeStarters thinking about our mission and our vision and learning about other programs. Agents who complete two weekly missions or the dossier each month are entered into a drawing for an exclusive t-shirt that helps people learn the mission statement. In July, 102 employees qualified for that drawing. Employees in all programs and across all levels have participated.

Additionally, in July, we played a weekly Guess the HopeStarter game to go with our school supply drive. Each week, there was a quiz where participants had to match the school photo with the HopeStarter. Nearly 80 employees participated in this quiz.

The Internal Communications/Employee Engagement Committee is also working on the employee and family picnic which will be held Sept. 17 at Braehead Farm.

Service Projects





Prevention and Early Intervention Services Program Updates

Michelle Wagaman, Director

mwwagaman@rappahannockareacs.org
540-374-3337, ext. 7520

July/August 2026

Top 5 for July and August:

1. Healthy Families Rappahannock Area participated in the Mary Washington Hospital Annual Baby Shower held in June. The program collected 94 screens.
2. Prevention Services once again partnered with Treatment and Recovery to represent RACSB at National Night Out hosted by the Spotsylvania County Sheriff's Office on August 4, 2026 at the Town Center.
3. The state-wide "Beyond the Bet" campaign just won the Corporate Culturally Responsive Communications Award at the 2026 National Council of Problem Gambling annual conference. Prevention and Early Intervention Services Director, Michelle Wagaman, was part of the team that helped create the campaign.
4. Healthy Families Rappahannock Area is enrolling participants in their "Breaking Barriers to Employment" program, funded by a grant from the Women's and Girls Fund of The Community Foundation of the Rappahannock River Region. This is being facilitated in partnership with the University of Mary Washington's Center for Career and Professional Development and Rappahannock Goodwill. The first workshop is September 8; registration closes August 21.
5. We once again provided Mental Health First Aid training to Resident Life Staff at the University of Mary Washington as well as Youth Mental Health First Aid training for nurses with Spotsylvania County Public Schools and staff with Caroline County Public Schools.

Upcoming Events:

- Central Virginia VA Medical Center Suicide Prevention Program is hosting a resource fair on September 3, 2026.
- The Second Annual Teen Mental Health Summit is being planned for September 26, 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 fourth and final session is scheduled for October 29, 2026 at noon. Rick Griffin, Founder and CEO, Neuro Leadership Academy, and former Executive Director, Community Resilience Initiative, will present "Reactions Reinforce Resilience: How small responses shape culture and capacity." To learn more and to register: <https://www.signupgenius.com/go/Resilience-lunch-and-learn>

Parent Education – Infant Development Program

There are currently 526 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 77 referrals in

July. There are currently 14 providers on staff. We recently hired a Special Educator who begins orientation on August 17, 2026. We are preparing to move the program from the Carr Drive office to fully remote, effective September 4, 2026.

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; Local System Manager's Statewide meeting; Rappahannock Area Interagency Coordinating Council meeting; VACSB Public Policy Committee meeting; VACSB CCC+ State Steering Committee meeting; Opioid Workgroup; VACSB Developmental Services Council meeting.

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, is preparing for a new academic year of curriculum facilitation at St. Paul's and 4Seasons day care/preschool centers in King George County.

Coalitions – The Community Collaborative for Youth and Families is scheduled to meet again on October 9, 2026. To learn more: <https://www.thecommunitycollaborative.org/>

Tobacco Control – The Prevention Services Team completed merchant education and store audits of all tobacco and vape merchants in FY 2026. They travelled more than 650 miles and spent more than 250 hours to complete this project. We are awaiting updated materials reflecting code changes effective July 1, 2026. CSB Prevention Teams will have another two years to repeat the visits.

We received the results of the 2025 Synar Inspection. For Planning District 16, a total of 17 outlets were inspected and two (2) were in violation for a violation rate of 11.76%. For Health Planning Region 1, the violation rate was 11% (increase from 9.85% in 2024). Statewide, the violation rate was 9.77%, well below the 20% threshold but up slightly from 9.38% in 2024.

Alcohol and Vaping Prevention Education – Jennifer Bateman, Prevention Specialist, has started scheduling for the 2026-2027 academic year. We are grateful for ongoing partnerships with individual schools and the invitation to return annually.

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: 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>



Great group of participants from the July ASIST Training.

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: 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: October 15 (from 8:30 a.m. to 5:00 p.m.). The August training was cancelled due to low registration.

Youth Mental Health First Aid training is scheduled for the following dates in 2026: August 18; and November 3 (from 8:30 a.m. to 5:00 p.m.). We have added one (1) training date this summer in partnership with Caroline County Public Schools.

National Council is changing platforms for course management and now offering digital manuals. We are evaluating the potential impact to our facilitation and expenses.

To register for Adult Mental Health First Aid Training:
<https://www.signupgenius.com/go/RACSB-MHFA2026>

To register for Adult Mental Health First Aid in Spanish Training:
<https://www.signupgenius.com/go/RACSB-MHFA-Spanish2026>

To register for Youth Mental Health First Aid Training:
<https://www.signupgenius.com/go/RACSB-YMHFA2026>

safeTALK – This 3-hour suicide alertness training encourages participants to learn how to prevent suicide by recognizing signs, engaging the individual, and connecting them to community resources for additional support.

safeTALK will be held on the following dates in 2026: September 16 (2:00 p.m. to 5:00 p.m.); and November 16 (1:00 p.m. to 4:00 p.m.).

To register for safeTALK Training:

<https://www.signupgenius.com/go/RACSB-SafeTALK2026>

Lock and Talk Virginia – Region 1 is finalizing the annual Suicide Prevention Awareness Month Campaign for September. All nine CSBs in Region 1 have received a new supply of medication lock boxes, locking pouches, and gun locks as part of a bulk regional order.

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. This training will be held October 23, 2026 at the Central Virginia VA Health Center to correspond with Spiritual Care Week. The Youth and Young Adult Workgroup is supporting Mental Health America Fredericksburg Region to host a second annual teen mental health summit on September 26, 2026.

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 is hosting quarterly virtual lunch and learns in 2026. The one held July 30, 2026

had more than 25 in attendance to hear from Barbara Gustavson, founder, Discover Next Steps, on the topic of "Everyday Resilience: Brain-Based Strategies to Regroup and Reset." The fourth and final session is scheduled for October 29, 2026 at noon. Rick Griffin, Founder and CEO, Neuro Leadership Academy, and former Executive Director, Community Resilience Initiative, will present "Reactions Reinforce Resilience: How small responses shape culture and capacity."

The third book club session utilizing the book "Burnout: The Secret to Unlocking the Stress Cycle" by Emily Nagoski, PhD, and Amelia Nagoski, DMA, will kick off September 10, 2026 at 6:00 p.m. The group will meet weekly on Thursdays through October 15, 2026.

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 October 22. We've added a training at the request of Central Virginia Housing.

Course 2 is scheduled for 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.

June 2026

LOCALITY	NUMBER OF REFERRALS	ASSESSMENTS	NUMBER OF FAMILIES RECEIVING HOME VISITS	NEW ENROLLEES YEAR-TO-DATE
CAROLINE COUNTY	7	0	6	2
CITY OF FREDERICKSBURG	58	7	20	16
KING GEORGE COUNTY	7	1	1	1
SPOTSYLVANIA COUNTY	25	5	31	11
STAFFORD COUNTY	20	3	20	12
OUT OF AREA (REFERRED TO OTHER HF SITES)	0	0	0	0
TOTAL	117	16	78	42

July 2026

LOCALITY	NUMBER OF REFERRALS	ASSESSMENTS	NUMBER OF FAMILIES RECEIVING HOME VISITS	NEW ENROLLEES YEAR-TO-DATE
CAROLINE COUNTY	2	0	9	0
CITY OF FREDERICKSBURG	4	6	24	0
KING GEORGE COUNTY	0	1	2	0
SPOTSYLVANIA COUNTY	4	9	32	0
STAFFORD COUNTY	2	4	20	0
OUT OF AREA (REFERRED TO OTHER HF SITES)	0	0	0	0
TOTAL	12	20	87	0

- HFRA full capacity will be 88 families. HFRA is now serving 87 families. Families from the thee (3) Family Support Specialists (FSS) were offered the opportunity to continue with HFRA and we were able to retain nine (9); however, as normal, many families declined to be transferred stating they did not want to have any other FSS. Unfortunately, this is something that usually happens because families become attached to their home visitor.
- HFRA completed the MIECHV site visit and will provide the full report when available.
- HFRA in collaboration with UMW and Rappahannock Goodwill will be conducting the 1st “Breaking Barriers to Employment” Workshop on September 8, 2026.
- UMW Computer Science Department will be building a volunteer management and donation tracking program at no cost for HFRA. We are excited to be able to use this program in efforts to keep our community informed.
- HFRA Board of Directors planned a fundraising event on July 14th and 28th at Orleans Bistro and Grill.
- HFRA participated in the Mary Washington Hospital Annual Baby Shower collecting 94 screens as well as the Caroline County Health Department Baby Shower. Additionally, the program was represented at a community event hosted by Strong Tower Church.

Mary Washington Hospital Annual Baby Shower





2026

Healthy Families Rappahannock Area Newsletter



Mel's Desk

As we close another remarkable year at Healthy Families Rappahannock Area, we are reminded that every family we serve represents a story of hope, perseverance, and possibility. This year brought moments of celebration, opportunities for growth, and challenges that tested our resilience, but through it all, our commitment to strengthening families never wavered.

Our monthly playgroups continued to provide safe spaces where children could learn through play while parents built lasting friendships and support networks. We also strengthened our partnerships throughout Planning District 16, allowing us to connect families with critical resources that addressed everything from basic needs to employment opportunities and early childhood development.

One of our greatest successes remained our dedicated staff. Every home visit, phone call, and encouraging conversation reflected their compassion, professionalism, and unwavering belief that every family deserves the opportunity to thrive.

We also encountered obstacles. The demand for services continued to grow, while available resources and funding remained stretched. Families faced increasing financial pressures, housing instability, childcare challenges, and concerns about their mental health.

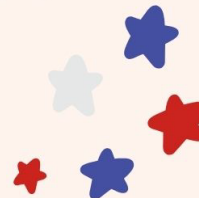
Our team worked diligently to balance increasing community needs with limited capacity. While these challenges were significant, they also reminded us why Healthy Families exists, to walk alongside families during both their celebrations and their struggles. This year also underscored the importance of collaboration. No single organization can meet every need, making our relationships with community partners more valuable than ever.

As we prepare for a new year, we remain optimistic. Every milestone achieved by a child, every parent who gains confidence, and every family that discovers hope reminds us that investing in families creates stronger communities for generations to come.

To our families, staff, volunteers, community partners, and supporters, Thank You for believing in our mission. Your commitment makes our work possible and inspires us every day.



~Melodie "Mel" Jennings



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www.healthyfamiliesrappahannock.org



Healthy Families Rappahannock Area Newsletter

2026

Support Shoutouts

This month's shout outs belong to

- Community Threads
- From the Heart

We are truly Thankful for all the Support you give!

Year at a Glance...

In the 2026 fiscal year, Healthy Families Rappahannock Area has

- Collected **383** screen/referrals
- Completed **201** Assessments
- Enrolled **45** New families
- Served:
 - **72** Spotsylvania County Families
 - **57** Stafford County Families
 - **6** King George County Families
 - **8** Caroline County Families
 - **42** City of Fredericksburg Families
- Completed **1801** Home Visits

We were awarded the Women and Girls Fund for our Breaking the Barriers to Employment Project. We are excited about our collaboration with the University of Mary Washington and Rappahannock Goodwill's CareerPath Accelerator program. We are working to have our first workshop start sometime in August-September timeframe.

HFRA is extremely thankful for the monthly reoccurring donations we receive. Don't miss the chance to be a part of a great team of supporters and become a part of the Village. (see the QR code above)

We also received a great annual Quality Assurance review from our Central Administration Team. Our commitment to excellence still shows in the report where we "Met Expectations" of the Healthy Families America model.

Be A Part of the
Village
Scan to Donate



Community Partners.

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

**Community Advisory
Committee meets every
other month...Contact us
today for more
information
hfra@rappahannockareacsb.org**



www.healthyfamiliesrappahannock.org



What's Happening This Month

July 2026

Under the Sea Playgroup

Wednesday, July 8, 2026

1 pm - 2 pm

Hillcrest UMC

2208 Lafayette Blvd,
Fredericksburg



Orleans BISTRO & GRILL

HEALTHY FAMILIES Fundraiser

2ND & 4TH TUESDAYS IN JULY!

WHERE:
Orleans Bistro & Grill
5442 Southpoint plaza Way
Fredericksburg, Va 22407

JOIN US
JULY 14TH AND 28TH
ALL DAY LONG
supporting our families
to be healthy!

10% OF TOTAL SALES SUPPORTS
Healthy Families Rappahannock Area

Helping parents to **IDENTIFY** their strengths,
PARTNER with them for success in parenting, and
EMPOWER them to raise healthy children
Is Our Top Priority!



TIME TO EAT

CONTACT US

hfra@rappahannocareacsb.org

540-374-3366

www.healthyfamiliesrappahannock.org



August 2026 Mel's Desk

Healthy Families Rappahannock Area Newsletter

At Healthy Families, we know that strong families are built on more than love and support, they also need economic stability. Today's reality is that many hardworking parents simply cannot meet the rising cost of housing, childcare, transportation, and everyday living expenses on minimum wage alone. Every family deserves the opportunity to pursue meaningful employment that provides financial security and hope for the future.



That is why we are excited to introduce our *Breaking Barriers to Employment* workshop. This initiative was made possible through the generous support of the **Women and Girls Fund**, whose investment reflects a shared commitment to empowering and strengthening families, and creating opportunities for long-term success. We are deeply honored to have been selected as a recipient of this year's grant, allowing us to bring this impactful program to families throughout our community.

This workshop would not be possible without the collaboration of the **University of Mary Washington's Center for Career and Professional Development** and **Rappahannock Goodwill's CareerPath Accelerator**. Together, we are combining our expertise and resources to provide participants with practical career development tools, personalized guidance, and access to workforce readiness resources that can help transform aspirations into achievable career goals.

The *Breaking Barriers to Employment* workshop is designed to equip parents with the skills and confidence needed to pursue meaningful, sustainable employment. Participants will complete the **CareerPath Accelerator**, an online career readiness program offered by Rappahannock Goodwill, before attending an interactive workshop led in partnership with the **University of Mary Washington's Center for Career and Professional Development** and the **Rappahannock Goodwill** teams. Together, these experiences will strengthen participants' resumes, enhance interviewing skills, build professional confidence, and connect them with valuable community resources and employment opportunities.

We believe that when parents have access to opportunities that lead to rewarding careers, the positive impact extends far beyond the individual. Stable employment strengthens families, improves outcomes for children, and contributes to healthier, more resilient communities.

We extend our sincere gratitude to the **Women and Girls Fund** for investing in the potential of the families we serve. We also thank the **University of Mary Washington's Center for Career and Professional Development** and **Rappahannock Goodwill's CareerPath Accelerator** for partnering with Healthy Families to make this initiative a reality. Together, we are breaking barriers, opening doors to opportunity, and empowering parents to build brighter futures for themselves and their children.

University of
Mary Washington
Center for Career and Professional Development

hopestarter  RAPPAHANNOCK AREA
COMMUNITY SERVICES BOARD

~Melodie "Mel" Jennings

Goodwill 
RAPPAHANNOCK

www.healthyfamiliesrappahannock.org

Scan to Donate



August

Healthy Families Rappahannock Area Newsletter

2026

Support Shoutouts

This month's shout outs belong to

- Orlean's Bistro
- Community Threads
- Little Hands
- From the Heart

We are truly Thankful for all the Support you give!

Community Partners.

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

Community Advisory Committee meets every other month...Contact us today for more information hfra@rappahannockareacsb.org

**Be A Part of the
Village
Scan to Donate**



Seating is Limited...Share, Share, Share!

Healthy Families
Rappahannock Area

Presents
"BREAKING THE BARRIERS TO EMPLOYMENT"
WORKSHOP
 In Collaboration with
 University of Mary Washington
Center for Career and Professional Development
 & **Goodwill**
RAPPAHANNOCK

Learn Practice Improve

JOIN OUR FREE
 Build new skills, gain practical knowledge, and improve your confidence through guided training and career coaching.

Resume Building Support

Interview Skills

Career Coaching/Placement

DATE
Tuesday, September 8, 2025

TIME
4:00 PM - 6:00 PM

LOCATION
The Exchange
1201 William St.
Fredericksburg VA 22401

Seating is limited!!!
REGISTER TODAY

Take the next step
toward your growth!

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

Healthy Families
Rappahannock Area

Presenta
"DERRIBAR LAS BARRERAS PARA EL EMPLEO"
TALLERES
 En Colaboración Con
 University of Mary Washington
Center for Career and Professional Development
 & **Goodwill**
RAPPAHANNOCK

Aprender Práctica Mejorar

ÚNETE GRATIS
 Desarrolla nuevas habilidades, adquiere conocimientos prácticos y mejora tu confianza mediante formación guiada y orientación profesional.

Apoyo para la elaboración del currículum

Habilidades para entrevistas

Orientación y colocación profesional

FECHA
Martes, 8 de septiembre de 2025

HORA
4:00 PM - 6:00 PM

DONDE
The Exchange
1201 William St.
Fredericksburg VA 22401

¡¡¡El cupo es limitado!!!
REGISTRO HOY

¡Da el siguiente paso hacia tu crecimiento!

Escanea aquí

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



What's Happening This Month

August 2026



Parent Ambassadors' Unicorns and Mommy Playgroup Saturday, August 8, 2026

10 am - 11 am

McDuff Park

75 James Ashby Parkway
Fredericksburg, VA 22405



Fresh & Fun...Summer Fruits

Wednesday, August 12, 2026

1 pm - 2 pm

Hillcrest UMC

2208 Lafayette Blvd,
Fredericksburg



CONTACT US

hfra@rappahannocareacsb.org

540-374-3366

www.healthyfamiliesrappahannock.org



Finance Department July 2026 Program Updates

Staffing Changes and Opportunities:

All positions are currently filled.

Reimbursement Department:

The Reimbursement team is focused on identifying manual processes within the billing workflow that can be automated to improve efficiency and accuracy. In addition, the team is updating Avatar mappings for electronic files to enable more comprehensive data retrieval and reporting capabilities. These enhancements will facilitate the earlier identification of write-off trends, support the timely resolution of outstanding issues, and improve the overall effectiveness of billing and reimbursement operations.

Accounting Department:

The Accounting Department has been actively engaged in closing out the fiscal year in preparation for the annual fiscal year-end audit while simultaneously supporting programs with the implementation of FY27 budgetary changes.

In addition, the department is preparing several required reports for DBHDS, including the FY27 Budgeted Performance Contract Report, the FY26 Year-End Regional Report, and the FY26 Year-End Performance Contract Report. Preparation of documentation for the ICF Cost Reports are also in progress.

Fieldwork has been completed for both the MIECHV fiscal review and the Medicaid Provider Fund Account engagement for the ICFs, and we are currently awaiting the final reports for both engagements.

Additionally, we have been notified of a Medicaid field verification of ICF transactions scheduled for October covering FY23. Preparatory work is already underway to ensure the organization is ready for the review.

The department continues to invest in staff development through training for new roles and cross-training on critical functions across positions. These efforts are intended to strengthen departmental coverage, enhance operational resilience, and ensure continuity of operations, and will continue throughout the fiscal year.

Summary of Cash Investments

(as of July 31, 2026)

Depository		Rate	Comments
Atlantic Union Bank			
Checking	\$ 7,634,334	2.50%	
Investment Portfolio			
Cash Equivalents	657,583		
Fixed Income	8,808,250		
Total Investment	\$ 9,465,833		
Total Atlantic Union Bank	\$ 17,100,167		
Other			
Local Gov. Investment Pool (LGIP)	1,004,213	3.78%	Avg. Monthly Yield
VA Municipal Investment Trust (MINT)	7,240,956	3.90%	Avg. Monthly Yield
Total Other	\$ 8,245,169		
Total Investments	\$ 25,345,336		

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
Balance at 2/28/2026	\$ 2,129,402	\$ 1,175,290	\$ 5,025,548	\$ 3,904,877
Balance at 3/31/2026	\$ 2,129,402	\$ 1,175,290	\$ 4,903,079	\$ 3,904,877
Balance at 4/30/2026	\$ 2,128,895	\$ 1,175,290	\$ 5,100,704	\$ 3,904,877
Unrealized Gain/(Loss)			\$ 186,738	
Realized Gain/(Loss)				
Fees & Expenses				
Balance at 5/31/2026	\$ 2,128,895	\$ 1,175,290	\$ 5,287,443	\$ 3,904,877
Unrealized Gain/(Loss)			\$ 84,356	
Realized Gain/(Loss)				
Fees & Expenses				
Balance at 6/30/2026	\$ 2,128,895	\$ 1,175,290	\$ 5,371,798	\$ 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
May	\$435,380	\$504,250	\$711	\$1,614,887
June	\$459,027	\$436,421	\$626	\$1,638,118
YTD Total	\$3,546,609	\$4,951,338	\$9,508	\$1,638,118

FY 2027	Monthly Premiums	Monthly Claims & Fees	Interest	Balance
Beginning Balance				\$1,638,118
July	\$451,315	\$521,209	\$633	\$1,568,857
YTD Total	\$451,315	\$521,209	\$633	\$1,568,857

Historical Data	Average Monthly Claims	Monthly Average Difference from PY	Highest Month
FY 2027	\$521,209	\$108,598	\$521,209
FY 2026	\$412,612	\$115,348	\$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

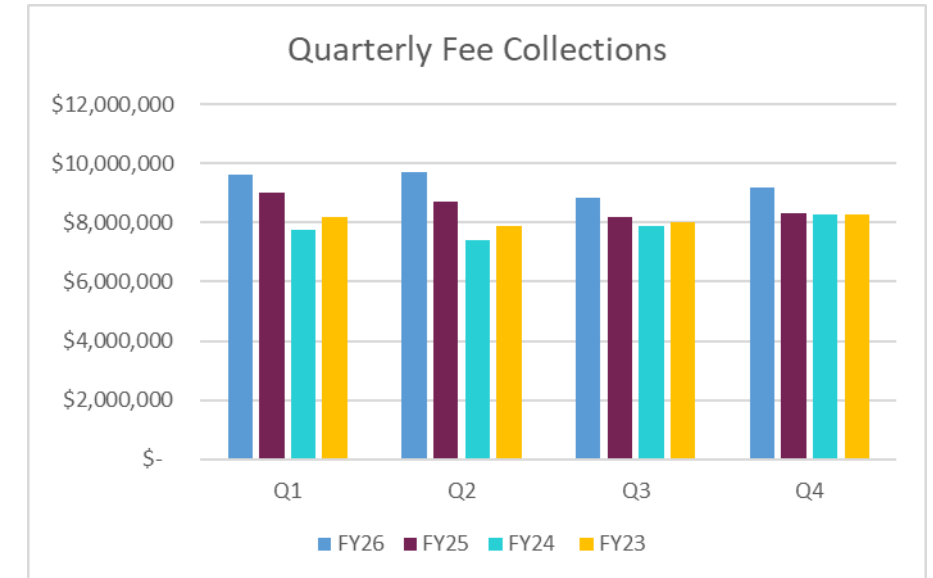
Summary of Investments

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	\$ 657,582.98	\$ 657,582.98	\$ 657,582.98	\$ -	\$ 25,648.07	3.58%	3.58%
Total Cash Equivalents	\$ 657,582.98	\$ 657,582.98	\$ 657,582.98	\$ -	\$ 25,648.07	3.58%	3.58%
US Treasury Bill(09/08/2026)	\$ 300,000.00	\$ 298,914.00	\$ 296,426.63	\$ 2,487.37	\$ 3,573.37	3.41%	3.70%
US Treasury Note (10/15/2026)	\$ 500,000.00	\$ 500,740.00	\$ 501,256.91	\$ (516.91)	\$ 23,125.00	3.88%	4.11%
US Treasury Note(11/30/2026)	\$ 600,000.00	\$ 594,906.00	\$ 593,183.91	\$ 1,722.09	\$ 7,500.00	3.83%	3.56%
US Treasury Note(01/31/2027)	\$ 500,000.00	\$ 500,340.00	\$ 500,888.78	\$ (548.78)	\$ 20,625.00	3.99%	3.76%
US Treasury Note (03/15/2027)	\$ 500,000.00	\$ 500,730.00	\$ 496,308.59	\$ 4,421.41	\$ 21,250.00	4.01%	4.52%
US Treasury Note(06/30/2027)	\$ 500,000.00	\$ 498,280.00	\$ 498,106.02	\$ 173.98	\$ 18,750.00	4.13%	4.14%
US Treasury Note (08/15/2027)	\$ 500,000.00	\$ 497,760.00	\$ 497,423.79	\$ 336.21	\$ 18,750.00	4.19%	4.10%
US Treasury Note(11/15/2027)	\$ 1,000,000.00	\$ 975,550.00	\$ 980,323.79	\$ (4,773.79)	\$ 22,500.00	4.22%	3.61%
US Treasury Note (8/31/2026)	\$ 500,000.00	\$ 499,920.00	\$ 498,545.10	\$ 1,374.90	\$ 18,750.00	3.91%	4.35%
US Treasury Note (02/29/2028)	\$ 500,000.00	\$ 498,065.00	\$ 499,988.22	\$ (1,923.22)	\$ 20,000.00	4.25%	4.00%
US Treasury Note(05/15/2028)	\$ 500,000.00	\$ 488,105.00	\$ 494,017.95	\$ (5,912.95)	\$ 14,375.00	4.27%	3.50%
US Treasury Note(09/15/2028)	\$ 500,000.00	\$ 490,780.00	\$ 496,308.59	\$ (5,528.59)	\$ 16,875.00	4.29%	3.64%
US Treasury Note(11/15/2028)	\$ 1,000,000.00	\$ 982,500.00	\$ 998,535.16	\$ (16,035.16)	\$ 35,000.00	4.31%	3.55%
US Treasury Note(02/15/2029)	\$ 500,000.00	\$ 490,175.00	\$ 500,000.00	\$ (9,825.00)	\$ 17,500.00	4.32%	3.50%
US Treasury Note(04/15/2029)	\$ 500,000.00	\$ 494,260.00	\$ 500,404.00	\$ (6,144.00)	\$ 19,375.00	4.33%	3.80%
US Treasury Note(06/15/2029)	\$ 500,000.00	\$ 497,225.00	\$ 498,320.31	\$ (1,095.31)	\$ 20,625.00	4.33%	4.25%
Total Fixed Income	\$ 8,900,000.00	\$ 8,808,250.00	\$ 8,850,037.75	\$ (41,787.75)	\$ 298,573.37	4.10%	3.88%
7/31/2026		\$ 9,465,832.98	\$ 9,507,620.73	\$ (41,787.75)	\$ 324,221.44	4.10%	3.83%

Fee Revenue Reimbursement- June 30, 2026

RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD FEE REVENUE REIMBURSEMENT REPORT AS OF JUNE 30, 2026							
AGED CLAIMS		Current Month		Prior Month		Prior Year	
Total Claims Outstanding	Total	100%	\$6,023,055	100%	\$6,057,318	100%	\$4,585,936
	Consumers	26%	\$1,569,246	32%	\$1,924,236	42%	\$1,926,985
	3rd Party	74%	\$4,453,809	68%	\$4,133,082	58%	\$2,658,952
Claims Aged 0-29 Days	Total	71%	\$4,275,768	63%	\$3,822,313	51%	\$2,336,271
	Consumers	2%	\$142,927	0%	\$27,392	1%	\$36,084
	3rd Party	69%	\$4,132,841	63%	\$3,794,921	50%	\$2,300,187
Claims Aged 30-59 Days	Total	2%	\$94,725	2%	\$143,216	3%	\$155,740
	Consumers	0%	\$21,538	1%	\$44,441	1%	\$41,321
	3rd Party	1%	\$73,187	2%	\$98,775	2%	\$114,419
Claims Aged 60-89 Days	Total	1%	\$81,484	1%	\$71,013	2%	\$85,771
	Consumers	0%	\$10,278	0%	\$22,219	1%	\$46,905
	3rd Party	1%	\$71,206	1%	\$48,794	1%	\$38,866
Claims Aged 90-119 Days	Total	1%	\$61,212	1%	\$64,615	2%	\$105,851
	Consumers	0%	\$22,227	1%	\$30,356	1%	\$49,594
	3rd Party	1%	\$38,985	1%	\$34,259	1%	\$56,257
Claims Aged 120+ Days	Total	25%	\$1,509,866	32%	\$1,956,161	41%	\$1,902,304
	Consumers	23%	\$1,372,277	30%	\$1,799,827	38%	\$1,753,082
	3rd Party	2%	\$137,589	3%	\$156,334	3%	\$149,222

CLAIM COLLECTIONS	
Current Year To Date Collections	\$37,311,253
Prior Year To Date Collections	\$34,211,237
\$ Change from Prior Year	\$3,100,016
% Change from Prior Year	9%



Write-off Report

Month: June 2026		
Write Off Code	Current MTD	Prior Year MTD
BAD ADDRESS	\$ -	\$ -
BANKRUPTCY	\$ -	\$ 20
DECEASED	\$ -	\$ 5,673
NO FINANCIAL AGREEMENT	\$ 14,301	\$ 75,811
SMALL BALANCE	\$ 25	\$ 90
UNCOLLECTABLE	\$ 2,938	\$ 270
FINANCIAL ASSISTANCE	\$ 224,449	\$ 294,988
NO SHOW	\$ 149	\$ 9,068
MAX UNITS/BENEFITS	\$ 32,182	\$ 64,641
PROVIDER NOT CREDENTIALLED	\$ 1,731	\$ 776
DIAGNOSIS NOT COVERED	\$ 1,102	\$ 243
NON-COVERED SERVICE	\$ 3,899	\$ 3,354
SERVICES NOT AUTHORIZED	\$ 9,280	\$ 9,791
PAST BILLING DEADLINE	\$ 65	\$ 730
INSUFFICIENT DOCUMENTATION	\$ 446	\$ -
MCO DENIED AUTH	\$ 24,297	\$ 5,636
INCORRECT PAYER	\$ 4,855	\$ 423
INVALID MEMBER ID	\$ -	\$ -
INVALID POS/CPT/MODIFIER	\$ -	\$ -
NO PRIMARY EOB	\$ 678	\$ 77
SPENDDOWN NOT MET	\$ 5,556	\$ 229,895
STATE FUNDS EXHAUSTED	\$ -	\$ -
TOTAL	\$ 325,953	\$ 701,487

Year to Date: July 2025 - June 2026		
Write Off Code	Current YTD	Prior YTD
BAD ADDRESS	\$ 9,374	\$ 50,268
BANKRUPTCY	\$ 3,200	\$ 270
DECEASED	\$ 9,898	\$ 9,171
NO FINANCIAL AGREEMENT	\$ 151,775	\$ 165,530
SMALL BALANCE	\$ 916	\$ 1,063
UNCOLLECTABLE	\$ 7,929	\$ 23,562
FINANCIAL ASSISTANCE	\$ 2,311,120	\$ 2,510,170
NO SHOW	\$ 13,163	\$ 22,967
MAX UNITS/BENEFITS	\$ 602,228	\$ 523,058
PROVIDER NOT CREDENTIALLED	\$ 7,334	\$ 19,971
DIAGNOSIS NOT COVERED	\$ 6,597	\$ 7,036
NON-COVERED SERVICE	\$ 52,872	\$ 63,431
SERVICES NOT AUTHORIZED	\$ 173,530	\$ 164,035
PAST BILLING DEADLINE	\$ 7,508	\$ 5,724
INSUFFICIENT DOCUMENTATION	\$ 76,656	\$ 1,114
MCO DENIED AUTH	\$ 139,638	\$ 15,625
INCORRECT PAYER	\$ 45,194	\$ 26,427
INVALID MEMBER ID	\$ 710	\$ -
INVALID POS/CPT/MODIFIER	\$ 680	\$ 100
NO PRIMARY EOB	\$ 10,879	\$ 3,261
SPENDDOWN NOT MET	\$ 257,223	\$ 601,410
STATE FUNDS EXHAUSTED	\$ -	\$ 19,150
TOTAL	\$ 3,888,424	\$ 4,233,342

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
5/15/2026	60.25	\$2,418.14	\$40.14	65.77	\$2,725.68	\$41.44	126.02	\$5,143.82
5/29/2026	51.5	\$2,027.01	\$39.36	63.25	\$2,986.61	\$47.22	114.75	\$5,013.62
6/12/2026	44	\$1,740.28	\$39.55	31.5	\$1,601.13	\$50.83	75.5	\$3,341.41
6/26/2026	75.5	\$2,983.64	\$39.52	188 58	\$2,928.12	\$50.48	133.5	\$5,911.76
Grand Total	2657.15	\$107,203.09	\$40.35	1383.44	\$65,613.36	\$47.43	4040.59	\$172,816.45

Payroll Statistics FY2027

Pay Date	Overtime Hours	Overtime Cost	Average Cost per hour- Overtime	2P Hours	2P Cost	Average Cost per hour-2p	Total Hours	Total Costs
7/10/2026	105	\$3,962.26	\$37.74	98.5	\$5,081.58	\$51.59	203.5	\$9,043.84
7/24/2026	177.25	\$7,940.99	\$44.80	92.25	\$3,800.51	\$41.20	269.5	\$11,741.50
8/7/2026	215.25	\$8,423.01	\$39.13	88.25	\$3,654.26	\$41.41	303.5	\$12,077.27
Grand Total	497.5	\$20,326.26	\$40.86	279	\$12,536.35	\$44.93	776.5	\$32,862.61

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MENTAL HEALTH

PROGRAM	REVENUE			EXPENDITURES			ACTUAL VARIANCE	VARIANCE / REVENUE
	BUDGET FY 2026	ACTUAL YTD	%	BUDGET FY 2026	ACTUAL YTD	%		
INPATIENT	0	19,950	0.00%	0	19,950	0.00%	-	0%
OUTPATIENT (FED)	3,559,688	3,173,938	89.16%	3,559,688	3,293,258	92.52%	(119,320)	-4%
MEDICAL OUTPATIENT (R) (FED)	4,432,876	4,011,942	90.50%	4,432,876	4,042,428	91.19%	(30,486)	-1%
ACT NORTH (R)	1,108,186	1,175,274	106.05%	1,108,186	1,068,127	96.39%	107,146	9%
ACT SOUTH (R)	1,057,760	1,404,024	132.74%	1,057,760	992,245	93.81%	411,779	29%
CASE MANAGEMENT ADULT (FED)	1,377,302	1,299,595	94.36%	1,377,302	1,294,799	94.01%	4,795	0%
CASE MANAGEMENT CHILD & ADOLESCENT (FED)	1,171,251	966,765	82.54%	1,171,251	1,053,668	89.96%	(86,904)	-9%
PSY REHAB & KENMORE EMP SER (R) (FED)	861,864	858,801	99.64%	861,864	799,050	92.71%	59,750	7%
PERMANENT SUPPORTIVE HOUSING (R)	4,079,960	5,787,932	141.86%	4,079,960	3,134,101	76.82%	2,653,831	46%
CRISIS STABILIZATION (R)	2,984,567	2,459,668	82.41%	2,984,567	2,616,763	87.68%	(157,096)	-6%
SUPERVISED RESIDENTIAL	702,775	605,701	86.19%	702,775	691,353	98.37%	(85,652)	-14%
SUPPORTED RESIDENTIAL	1,115,708	757,923	67.93%	1,115,708	1,051,201	94.22%	(293,278)	-39%
JAIL DIVERSION GRANT (R)	0	1,000	#DIV/0!	0	0	#DIV/0!	1,000	100%
JAIL & DETENTION SERVICES	796,633	498,430	62.57%	796,633	775,191	97.31%	(276,761)	-56%
SUB-TOTAL	23,248,570	23,020,941	99%	23,248,570	20,832,136	90%	2,188,806	10%

DEVELOPMENTAL SERVICES

PROGRAM	REVENUE			EXPENDITURES			ACTUAL VARIANCE	VARIANCE / REVENUE
	BUDGET FY 2026	ACTUAL YTD	%	BUDGET FY 2026	ACTUAL YTD	%		
CASE MANAGEMENT	5,009,320	4,910,984	98.04%	5,009,320	4,597,836	91.79%	313,148	6%
DAY HEALTH & REHAB *	5,928,581	5,754,223	97.06%	5,928,581	5,353,086	90.29%	401,137	7%
GROUP HOMES	7,177,971	7,096,654	98.87%	7,177,971	6,578,951	91.65%	517,703	7%
RESPIRE GROUP HOME	742,838	292,577	39.39%	742,838	538,622	72.51%	(246,045)	-84%
INTERMEDIATE CARE FACILITIES	5,382,884	4,331,499	80.47%	5,382,884	4,737,169	88.00%	(405,669)	-9%
SUPERVISED APARTMENTS	1,869,743	2,660,054	142.27%	1,869,743	1,744,314	93.29%	915,740	34%
SPONSORED PLACEMENTS	2,412,624	2,202,636	91.30%	2,412,624	1,740,458	72.14%	462,178	21%
SUB-TOTAL	28,523,961	27,248,628	95.53%	28,523,961	25,290,435	88.66%	1,958,192	7%

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

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SUBSTANCE ABUSE

PROGRAM	REVENUE			EXPENDITURES				VARIANCE / REVENUE
	BUDGET FY 2026	ACTUAL YTD	%	BUDGET FY 2026	ACTUAL YTD	%	ACTUAL VARIANCE	
SA OUTPATIENT (R) (FED)	2,049,386	1,765,536	86.15%	2,049,386	1,843,871	89.97%	(78,336)	-4%
MAT PROGRAM (R) (FED)	1,254,477	911,383	72.65%	1,254,477	1,253,856	99.95%	(342,473)	-38%
CASE MANAGEMENT(with LINK) (R) (FED)	404,098	332,727	82.34%	404,098	430,357	106.50%	(97,630)	-29%
RESIDENTIAL (R)	36,612	34,056	93.02%	36,612	12,295	33.58%	21,761	64%
PREVENTION (R) (FED)	521,955	651,005	124.72%	521,955	540,537	103.56%	110,468	17%
SUB-TOTAL	4,266,528	3,694,707	87%	4,266,528	4,080,916	96%	(386,209)	-10%

SERVICES OUTSIDE PROGRAM AREA

PROGRAM	REVENUE			EXPENDITURES				VARIANCE / REVENUE
	BUDGET FY 2026	ACTUAL YTD	%	BUDGET FY 2026	ACTUAL YTD	%	ACTUAL Variance	
EMERGENCY SERVICES (R)	2,040,456	2,485,562	121.81%	2,040,456	1,640,033	80.38%	845,529	34%
CHILD MOBILE CRISIS (R)	271,050	228,324	84.24%	271,050	173,994	64.19%	54,330	24%
CIT ASSESSMENT SITE (R)	329,029	315,802	95.98%	329,029	421,027	127.96%	(105,224)	-33%
CONSUMER MONITORING (R) (FED)	-	0	#DIV/0!	0	289,963	#DIV/0!	(289,963)	0%
ASSESSMENT AND EVALUATION (R)	514,373	454,331	88.33%	514,373	492,502	95.75%	(38,170)	-8%
SUB-TOTAL	3,154,908	3,484,020	110.43%	3,154,908	3,017,519	95.65%	466,501	13%

ADMINISTRATION

PROGRAM	REVENUE			EXPENDITURES			
	BUDGET FY 2026	ACTUAL YTD	%	BUDGET FY 2026	ACTUAL YTD	%	ACTUAL VARIANCE
ADMINISTRATION (FED)	826,292	672,671	81.41%	826,292	672,671	81.41%	0
PROGRAM SUPPORT	27,600	25,300	91.67%	27,600	25,300	91.67%	0
SUB-TOTAL	853,892	697,971	81.74%	853,892	697,971	81.74%	0
ALLOCATED TO PROGRAMS				4,268,473	3,126,283	73.24%	

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

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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	1,716,630	90.52%	1,896,364	1,389,362	73.26%	327,267	19%
INFANT CASE MANAGEMENT (R)	939,818	691,215	73.55%	939,818	815,672	86.79%	(124,457)	-18%
EARLY INTERVENTION (R)	2,719,353	1,949,792	71.70%	2,719,353	2,546,393	93.64%	(596,601)	-31%
TOTAL PART C	5,555,535	4,357,636	78.44%	5,555,535	4,751,426	85.53%	(393,790)	-9%
HEALTHY FAMILIES (R)	1,246,855	877,328	70.36%	1,246,855	1,146,694	91.97%	(269,366)	-31%
TOTAL HEALTHY FAMILY	1,246,855	877,328	70.36%	1,246,855	1,146,694	91.97%	(269,366)	-31%
COMMUNITY OUTREACH	118,307	46,906	39.65%	118,307	64,029	54.12%	(17,123)	-37%
TOTAL COMMUNITY OUTREACH	118,307	46,906	39.65%	118,307	64,029	54.12%	(17,123)	-37%

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

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RECAP FY 2026 BALANCES

	<u>REVENUE</u>	<u>EXPENDITURES</u>	<u>NET</u>	<u>NET / REVENUE</u>
MENTAL HEALTH	23,020,941	20,832,136	2,188,806	10%
DEVELOPMENTAL SERVICES	27,248,628	25,290,435	1,958,192	7%
SUBSTANCE ABUSE	3,694,707	4,080,916	(386,209)	-10%
SERVICES OUTSIDE PROGRAM AREA	3,484,020	3,017,519	466,501	13%
ADMINISTRATION	697,971	697,971	0	0%
FISCAL AGENT PROGRAMS	5,281,870	5,962,150	(680,279)	-13%
TOTAL	63,428,137	59,881,126	3,547,011	6%

RECAP FY 2025 BALANCES

	<u>REVENUE</u>	<u>EXPENDITURES</u>	<u>NET</u>	<u>NET / REVENUE</u>
MENTAL HEALTH	22,100,610	21,178,256	922,354	4%
DEVELOPMENTAL SERVICES	24,744,781	26,758,320	(2,013,539)	-8%
SUBSTANCE ABUSE	3,906,664	4,062,034	(155,370)	-4%
SERVICES OUTSIDE PROGRAM AREA	3,581,053	3,280,383	300,669	8%
ADMINISTRATION	1,160,289	1,160,289	0	0%
FISCAL AGENT PROGRAMS	5,695,717	6,522,618	(826,900)	-15%
TOTAL	61,189,115	62,961,901	(1,772,786)	-3%

	<u>\$ Change</u>	<u>% Change</u>
Change in Revenue from Prior Year	\$ 2,239,023	3.66%
Change in Expense from Prior Year	\$ (3,080,773)	-4.89%
Change in Net Income from Prior Year	\$ 5,319,797	-300.08%

*Unaudited Report

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MENTAL HEALTH

PROGRAM	REVENUE			EXPENDITURES			ACTUAL VARIANCE	VARIANCE / REVENUE
	BUDGET FY 2026	ACTUAL YTD	%	BUDGET FY 2026	ACTUAL YTD	%		
INPATIENT	0	23,950	0.00%	0	23,950	0.00%	-	0%
OUTPATIENT (FED)	3,559,688	3,744,592	105.19%	3,559,688	3,554,241	99.85%	190,351	5%
MEDICAL OUTPATIENT (R) (FED)	4,432,876	4,504,501	101.62%	4,432,876	4,410,843	99.50%	93,659	2%
ACT NORTH (R)	1,108,186	1,273,778	114.94%	1,108,186	1,162,603	104.91%	111,175	9%
ACT SOUTH (R)	1,057,760	1,541,948	145.77%	1,057,760	1,081,008	102.20%	460,940	30%
CASE MANAGEMENT ADULT (FED)	1,377,302	1,439,944	104.55%	1,377,302	1,406,863	102.15%	33,081	2%
CASE MANAGEMENT CHILD & ADOLESCENT (FED)	1,171,251	1,046,356	89.34%	1,171,251	1,144,848	97.75%	(98,491)	-9%
PSY REHAB & KENMORE EMP SER (R) (FED)	861,864	913,482	105.99%	861,864	865,446	100.42%	48,037	5%
PERMANENT SUPPORTIVE HOUSING (R)	4,079,960	6,181,141	151.50%	4,079,960	3,412,941	83.65%	2,768,200	45%
CRISIS STABILIZATION (R)	2,984,567	2,591,045	86.81%	2,984,567	2,820,821	94.51%	(229,776)	-9%
SUPERVISED RESIDENTIAL	702,775	804,117	114.42%	702,775	746,975	106.29%	57,142	7%
SUPPORTED RESIDENTIAL	1,115,708	814,162	72.97%	1,115,708	1,139,567	102.14%	(325,405)	-40%
JAIL DIVERSION GRANT (R)	0	1,000	#DIV/0!	0	0	#DIV/0!	1,000	100%
JAIL & DETENTION SERVICES	796,633	543,261	68.19%	796,633	844,517	106.01%	(301,255)	-55%
SUB-TOTAL	23,248,570	25,423,277	109%	23,248,570	22,614,621	97%	2,808,656	11%

DEVELOPMENTAL SERVICES

PROGRAM	REVENUE			EXPENDITURES			ACTUAL VARIANCE	VARIANCE / REVENUE
	BUDGET FY 2026	ACTUAL YTD	%	BUDGET FY 2026	ACTUAL YTD	%		
CASE MANAGEMENT	5,009,320	5,274,665	105.30%	5,009,320	5,005,232	99.92%	269,433	5%
DAY HEALTH & REHAB *	5,928,581	6,238,838	105.23%	5,928,581	5,819,464	98.16%	419,375	7%
GROUP HOMES	7,177,971	7,451,848	103.82%	7,177,971	7,143,063	99.51%	308,785	4%
RESPIRE GROUP HOME	742,838	321,178	43.24%	742,838	595,334	80.14%	(274,156)	-85%
INTERMEDIATE CARE FACILITIES	5,382,884	4,517,723	83.93%	5,382,884	5,134,098	95.38%	(616,374)	-14%
SUPERVISED APARTMENTS	1,869,743	2,783,119	148.85%	1,869,743	1,898,990	101.56%	884,128	32%
SPONSORED PLACEMENTS	2,412,624	2,422,184	100.40%	2,412,624	2,049,048	84.93%	373,137	15%
SUB-TOTAL	28,523,961	29,009,555	101.70%	28,523,961	27,645,228	96.92%	1,364,327	5%

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

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Report Period: July 1, 2025 through June 30, 2026
SUBSTANCE ABUSE

PROGRAM	REVENUE			EXPENDITURES				VARIANCE / REVENUE
	BUDGET FY 2026	ACTUAL YTD	%	BUDGET FY 2026	ACTUAL YTD	%	ACTUAL VARIANCE	
SA OUTPATIENT (R) (FED)	2,049,386	2,069,731	100.99%	2,049,386	2,001,538	97.67%	68,194	3%
MAT PROGRAM (R) (FED)	1,254,477	1,215,218	96.87%	1,254,477	1,368,935	109.12%	(153,716)	-13%
CASE MANAGEMENT(with LINK) (R) (FED)	404,098	489,922	121.24%	404,098	466,614	115.47%	23,309	5%
RESIDENTIAL (R)	36,612	37,107	101.35%	36,612	21,836	59.64%	15,271	41%
PREVENTION (R) (FED)	521,955	668,349	128.05%	521,955	614,430	117.72%	53,920	8%
SUB-TOTAL	4,266,528	4,480,329	105%	4,266,528	4,473,352	105%	6,977	0%

SERVICES OUTSIDE PROGRAM AREA

PROGRAM	REVENUE			EXPENDITURES				VARIANCE / REVENUE
	BUDGET FY 2026	ACTUAL YTD	%	BUDGET FY 2026	ACTUAL YTD	%	ACTUAL Variance	
EMERGENCY SERVICES (R)	2,040,456	2,700,849	132.36%	2,040,456	1,782,686	87.37%	918,162	34%
CHILD MOBILE CRISIS (R)	271,050	250,339	92.36%	271,050	189,774	70.01%	60,565	24%
CIT ASSESSMENT SITE (R)	329,029	371,636	112.95%	329,029	466,528	141.79%	(94,892)	-26%
CONSUMER MONITORING (R) (FED)	-	0	#DIV/0!	0	312,799	#DIV/0!	(312,799)	0%
ASSESSMENT AND EVALUATION (R)	514,373	491,566	95.57%	514,373	532,956	103.61%	(41,390)	-8%
SUB-TOTAL	3,154,908	3,814,389	120.90%	3,154,908	3,284,742	104.12%	529,647	14%

ADMINISTRATION

PROGRAM	REVENUE			EXPENDITURES			
	BUDGET FY 2026	ACTUAL YTD	%	BUDGET FY 2026	ACTUAL YTD	%	ACTUAL VARIANCE
ADMINISTRATION (FED)	826,292	735,228	88.98%	826,292	735,228	88.98%	0
PROGRAM SUPPORT	27,600	27,600	100.00%	27,600	27,600	100.00%	0
SUB-TOTAL	853,892	762,828	89.34%	853,892	762,828	89.34%	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 June 30, 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	2,107,073	111.11%	1,896,364	1,520,877	80.20%	586,196	28%
INFANT CASE MANAGEMENT (R)	939,818	770,365	81.97%	939,818	880,484	93.69%	(110,119)	-14%
EARLY INTERVENTION (R)	2,719,353	2,161,706	79.49%	2,719,353	2,757,851	101.42%	(596,145)	-28%
TOTAL PART C	5,555,535	5,039,144	90.70%	5,555,535	5,159,212	92.87%	(120,067)	-2%
HEALTHY FAMILIES (R)	1,246,855	1,025,212	82.22%	1,246,855	1,249,734	100.23%	(224,522)	-22%
TOTAL HEALTHY FAMILY	1,246,855	1,025,212	82.22%	1,246,855	1,249,734	100.23%	(224,522)	-22%
COMMUNITY OUTREACH	118,307	46,906	39.65%	118,307	71,703	60.61%	(24,797)	-53%
TOTAL COMMUNITY OUTREACH	118,307	46,906	39.65%	118,307	71,703	60.61%	(24,797)	-53%

(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 June 30, 2026

RECAP FY 2026 BALANCES

	<u>REVENUE</u>	<u>EXPENDITURES</u>	<u>NET</u>	<u>NET / REVENUE</u>
MENTAL HEALTH	25,423,277	22,614,621	2,808,656	11%
DEVELOPMENTAL SERVICES	29,009,555	27,645,228	1,364,327	5%
SUBSTANCE ABUSE	4,480,329	4,473,352	6,977	0%
SERVICES OUTSIDE PROGRAM AREA	3,814,389	3,284,742	529,647	14%
ADMINISTRATION	762,828	762,828	0	0%
FISCAL AGENT PROGRAMS	6,111,263	6,480,649	(369,386)	-6%
TOTAL	69,601,640	65,261,420	4,340,220	6%

RECAP FY 2025 BALANCES

	<u>REVENUE</u>	<u>EXPENDITURES</u>	<u>NET</u>	<u>NET / REVENUE</u>
MENTAL HEALTH	21,548,331	22,987,590	(1,439,260)	-7%
DEVELOPMENTAL SERVICES	26,978,810	29,047,078	(2,068,268)	-8%
SUBSTANCE ABUSE	4,940,133	4,066,832	873,300	18%
SERVICES OUTSIDE PROGRAM AREA	3,407,222	3,589,130	(181,907)	-5%
ADMINISTRATION	2,769,113	1,535,584	1,233,529	45%
FISCAL AGENT PROGRAMS	6,228,695	7,054,760	(826,065)	-13%
TOTAL	65,872,304	68,280,974	(2,408,670)	-4%

	<u>\$ Change</u>	<u>% Change</u>
Change in Revenue from Prior Year	\$ 3,729,336	5.66%
Change in Expense from Prior Year	\$ (3,019,553)	-4.42%
Change in Net Income from Prior Year	\$ 6,748,890	-280.19%

*Unaudited Report

RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD
CAPITAL PROJECT PLAN 2027-2031
SUMMARY BY YEAR AND FACILITY GROUP

FACILITY GROUP	2027	2028	2029	2030	2031	Total
Administration	\$ 782,000	\$ 270,000	\$ -	\$ 48,000	\$ -	\$ 1,100,000
Clinic	\$ 186,275	\$ 171,000	\$ 92,000	\$ 51,000	\$ 48,000	\$ 548,275
DD Residential	\$ 105,500	\$ 163,000	\$ 185,000	\$ 13,000	\$ 200,000	\$ 666,500
MH Residential	\$ 27,500	\$ 28,000	\$ 28,000	\$ 28,000	\$ 26,000	\$ 137,500
DD Day Support	\$ 50,000	\$ 200,000	\$ 70,000	\$ 20,000	\$ 20,000	\$ 360,000
Other	\$ 15,100,000	\$ 1,065,000	\$ 100,000	\$ 270,000	\$ 50,000	\$ 16,585,000
Total	\$ 16,251,275	\$ 1,897,000	\$ 475,000	\$ 430,000	\$ 344,000	\$ 19,397,275

RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD
CAPITAL PROJECT PLAN BY FISCAL YEAR
DETAIL BY FACILITY

YEAR	FACILITY	GROUP	CAPITAL PROJECT DESCRIPTION	ESTIMATED COST
2027	600 Jackson St (Admin)	Administration	GASB87/96 Software	5,000
2027	600 Jackson St (Admin)	Administration	Phone Server Replacement	15,000
2027	600 Jackson St (Admin)	Administration	Fortinet Updates/firewall replacments	12,000
2027	600 Jackson St (Admin)	Administration	Financial/Payroll/HR Software	750,000
2027	Caroline Clinic	Clinic	Replace 1 HVAC Unit	13,000
2027	Fredericksburg Clinic	Clinic	Reupholster Lobby seating	5,775
2027	Fredericksburg Clinic	Clinic	Parking Lot Resurfacing	75,000
2027	Fredericksburg Clinic	Clinic	Awnings over side door staff entrances	7,500
2027	King George Clinic	Clinic	Seal Coat Parking Lot	15,000
2027	King George Clinic	Clinic	Fire Sprinkler System repairs	15,000
2027	King George Clinic	Clinic	Replace 1 HVAC Unit	13,000
2027	Spotsylvania Clinic	Clinic	Fire Sprinkler System repairs	12,000
2027	Stafford Clinic	Clinic	Upholster seating for Clinic Lobby	5,000
2027	Stafford Clinic	Clinic	Replace 1 HVAC Unit	25,000
2027	RAAI - 750 Kings Highway	DD Day Support	Greenhouse patio resurfacing/replacement	50,000
2027	Lucas ICF	DD Residential	Replace flooring throughout	30,000
2027	Lucas ICF	DD Residential	Refurbish Kitchen Cabinetry	5,000
2027	Piedmont Dr Group Home	DD Residential	Condition crawl space	7,500
2027	Ross Drive ICF	DD Residential	Replace flooring throughout and basement stair treads	30,000
2027	Ross Drive ICF	DD Residential	Replace generator Transfer switch	8,000
2027	Ross Drive ICF	DD Residential	Reseal foundation along outside wall behind generator	5,000
2027	Ruffins Pond Group Home	DD Residential	Deck expansion/Patio work	5,000
2027	Scottsdale Group Home	DD Residential	Replace countertops	15,000
2027	ACT - Bridgewater	MH Residential	Parking lot repairs/repaving	5,000
2027	ACT - Bridgewater	MH Residential	Replace canvas awning	7,500
2027	Sunshine Lady House	MH Residential	Replace 1 HVAC Unit	15,000
2027	4701 Market Street	Other	CRC Renovation	15,000,000
2027	Various Facilities	Other	Phones for Group Homes & Smaller Sites	50,000
2027	Various Facilities	Other	Specialized Transportation Vehicle Replacement	50,000
2027 Total				16,251,275

RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD
CAPITAL PROJECT PLAN BY FISCAL YEAR
DETAIL BY FACILITY

YEAR	FACILITY	GROUP	CAPITAL PROJECT DESCRIPTION	ESTIMATED COST
2028	600 Jackson St (Admin)	Administration	Fortinet Updates/firewall replacements	30,000
2028	600 Jackson St (Admin)	Administration	Website Upgrade	150,000
2028	600 Jackson St (Admin)	Administration	Server Replacement	90,000
2028	Caroline Clinic	Clinic	Replace 1 HVAC Unit	13,000
2028	Fredericksburg Clinic	Clinic	Convert From Wet to Drive Fire Sprinkler System in Server Closet	35,000
2028	King George Clinic	Clinic	Replace 1 HVAC Unit	13,000
2028	Spotsylvania Clinic	Clinic	Phone System	50,000
2028	Stafford Clinic	Clinic	Resurface Parking Lot	35,000
2028	Stafford Clinic	Clinic	Replace 1 HVAC Unit	25,000
2028	RAAI - 750 Kings Highway	DD Day Support	Install Sidewalk to Improve Client Access from fenced area in rear of building to patio area	20,000
2028	RAAI - 750 Kings Highway	DD Day Support	Replace 1 HVAC Unit	20,000
2028	RAAI - Caroline	DD Day Support	Repurpose Office into Hygiene Room	50,000
2028	RAAI - King George	DD Day Support	Renovate/Replace Flooring, Hygiene Room, Conference Room; Revoke reception desk/convert area to activity space	110,000
2028	Churchill Drive	DD Residential	Sealcoat Driveway	5,000
2028	Churchill Drive	DD Residential	Replace 1 HVAC Unit	13,000
2028	Merchants Square	DD Residential	Procure minivan	50,000
2028	New Hope Group Home	DD Residential	Replace 1 HVAC Unit	30,000
2028	Piedmont Dr Group Home	DD Residential	Replace/Expand Deck - Piedmont Drive Group Home	35,000
2028	Ruffins Pond Group Home	DD Residential	Replace flooring in carpeted and welded seam linoleum areas with LVP/LVT	25,000
2028	Stonewall Group Home	DD Residential	Refurbish Cabinetry	5,000
2028	River Place Apartments	MH Residential	Replace 1 HVAC Unit	13,000
2028	Sunshine Lady House	MH Residential	Replace 1 HVAC unit	15,000
2028	4701 Market Street	Other	Furnishings	1,000,000
2028	Various Facilities	Other	Camera Server Replacements	15,000
2028	Various Facilities	Other	Specialized Transportation Vehicle Replacement	50,000
2028 Total				1,897,000

RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD
CAPITAL PROJECT PLAN BY FISCAL YEAR
DETAIL BY FACILITY

YEAR	FACILITY	GROUP	CAPITAL PROJECT DESCRIPTION	ESTIMATED COST
2029	Caroline Clinic	Clinic	Replace 1 HVAC Unit	13,000
2029	Caroline Clinic	Clinic	Resurface Parking Lot	35,000
2029	Fredericksburg Clinic	Clinic	Sound Proofing door sweeps	6,000
2029	King George Clinic	Clinic	Replace 1 HVAC Unit	13,000
2029	Stafford Clinic	Clinic	Replace 1 HVAC Unit	25,000
2029	RAAI - 750 Kings Highway	DD Day Support	Replace 1 HVAC Unit	20,000
2029	RAAI - Spotsy	DD Day Support	Remove wall to combine rooms to make activity room larger	50,000
2029	Devon Dr Group Home	DD Residential	Roof, Gutter, Downspout, Gutter Guard Replacement	25,000
2029	Devon Dr Group Home	DD Residential	Resurface Parking Lot	25,000
2029	Igo Road Group Home	DD Residential	Replace 1 HVAC Unit	20,000
2029	New Hope Group Home	DD Residential	Replace Roof, Gutters, Downspouts, Gutter Guards	25,000
2029	New Hope Group Home	DD Residential	Resurface Driveway	35,000
2029	Piedmont Dr Group Home	DD Residential	Expand Driveway	20,000
2029	Ruffins Pond Group Home	DD Residential	Replace Roof, Gutters, Downspouts, Gutter Guards	35,000
2029	Lafayette Boarding House	MH Residential	Replace 1 HVAC Unit	13,000
2029	Sunshine Lady House	MH Residential	Replace 1 HVAC Unit	15,000
2029	Various Facilities	Other	Specialized Transportation Vehicle Replacement	50,000
2029	Various Facilities	Other	Proximity lock replacements at clinics	30,000
2029	Various Facilities	Other	Printer/copier Replacment	20,000
2029 Total				475,000

RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD
CAPITAL PROJECT PLAN BY FISCAL YEAR
DETAIL BY FACILITY

YEAR	FACILITY	GROUP	CAPITAL PROJECT DESCRIPTION	ESTIMATED COST
2030	600 Jackson St (Admin)	Administration	Fortinet Updates/firewall replacments	30,000
2030	600 Jackson St (Admin)	Administration	Server Room A/C Replacement	18,000
2030	Caroline Clinic	Clinic	Replace 1 HVAC Unit	13,000
2030	King George Clinic	Clinic	Replace 1 HVAC Unit	13,000
2030	Stafford Clinic	Clinic	Replace 1 HVAC Unit	25,000
2030	RAAI - 750 Kings Highway	DD Day Support	HVAC System Replacement/Upgrade	20,000
2030	Churchill Drive	DD Residential	Replace 1 HVAC Unit	13,000
2030	River Place Apartments	MH Residential	Replace 1 HVAC Unit	13,000
2030	Sunshine Lady House	MH Residential	Replace 1 HVAC Unit	15,000
2030	Various Facilities	Other	Specialized Transportation Vehicle Replacement	50,000
2030	Various Facilities	Other	Printer/copier Replacment	20,000
2030	Various Facilities	Other	Upgrade Signage / Rebranding	200,000
2030 Total				430,000

**RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD
CAPITAL PROJECT PLAN BY FISCAL YEAR
DETAIL BY FACILITY**

YEAR	FACILITY	GROUP	CAPITAL PROJECT DESCRIPTION	ESTIMATED COST
2031	Caroline Clinic	Clinic	Replace 1 HVAC Unit	13,000
2031	Spotsylvania Clinic	Clinic	Sealcoat Parking Lot	10,000
2031	Stafford Clinic	Clinic	Replace 1 HVAC Unit	25,000
2031	RAAI - 750 Kings Highway	DD Day Support	Replace 1 HVAC Unit	20,000
2031	Leeland Rd Group Home	DD Residential	Convert Patio to Den	100,000
2031	Stonewall Group Home	DD Residential	Convert Patio to Den	100,000
2031	Lafayette Boarding House	MH Residential	Replace 1 HVAC Unit	13,000
2031	River Place Apartments	MH Residential	Replace 1 HVAC Unit	13,000
2031	Various Facilities	Other	Specialized Transportation Vehicle Replacement	50,000
2031 Total				344,000
Grand Total				19,397,275

HUMAN RESOURCES PROGRAM UPDATE- July 2026

Training & Compliance

- Facilitated in-person training for 88 staff.
- Designed a better process for tracking and housing DSP Competency checklists within Relias.
- Participated in quarterly Region 1 Training Committee.

Recruitment Notes

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

Employee Relations Notes

- Updated employee handbook was released.

Benefit Notes

- FY '27 benefits installed.

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

MEMORANDUM

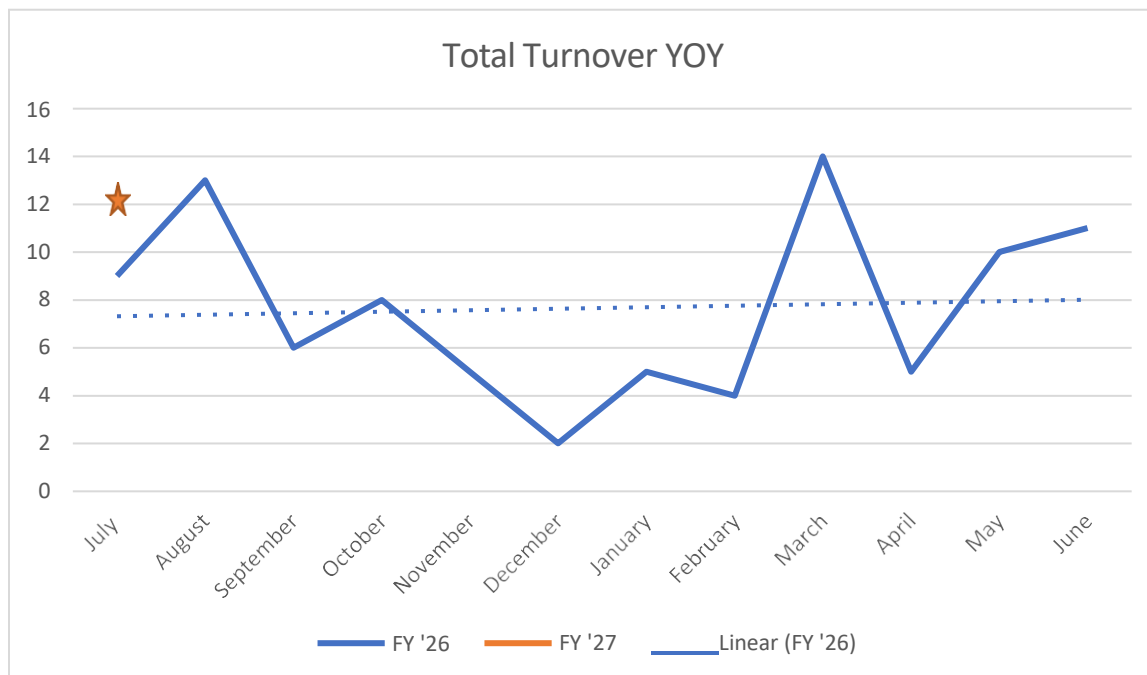
To: Joe Wickens, Executive Director

From: Derrick Mestler, Human Resources Director

Date: August 4, 2026

Re: Summary – Turnover Report

Human Resources processed twelve (12) employee separations in July 2026; ten were voluntary and two were involuntary.



RACSB Turnover FY '25

<u>Employees</u>	<u>Jul-24</u>	<u>Aug-24</u>	<u>Sep-24</u>	<u>Oct-24</u>	<u>Nov-24</u>	<u>Dec-24</u>	<u>Jan-25</u>	<u>Feb-25</u>	<u>Mar-25</u>	<u>Apr-25</u>	<u>May-25</u>	<u>Jun-25</u>
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	557	550
Monthly Terminations*	9	13	6	8	5	2	5	4	14	5	10	11
Turnover by Month	1.61%	2.35%	1.09%	1.46%	0.91%	0.36%	0.90%	0.71%	2.50%	0.89%	1.80%	2.00%
Cumulative Turnover YTD	1.43%	3.96%	5.06%	6.52%	7.42%	7.79%	8.69%	9.40%	11.91%	12.80%	14.59%	16.59%
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%	1.33%	1.38%

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

RACSB Turnover FY '27

<u>Employees</u>	<u>Jul-26</u>	<u>Aug-26</u>	<u>Sep-26</u>	<u>Oct-26</u>	<u>Nov-26</u>	<u>Dec-26</u>	<u>Jan-27</u>	<u>Feb-27</u>	<u>Mar-27</u>	<u>Apr-27</u>	<u>May-27</u>	<u>Jun-27</u>
Average Headcount	545											
Monthly Terminations*	12											
Turnover by Month	2.20%											
Cumulative Turnover YTD	2.20%											
Average % Turnover per Month YTD	2.20%											

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

RACSB MONTHLY TURNOVER REPORT
Jul-26

<u>ORGANIZATIONAL UNIT</u>	<u>NUMBER OF TERMS</u>	<u>VOLUNTARY</u>	<u>INVOLUNTARY</u>	<u>EXPLANATION</u>
Administrative				
		0	0	
<i>Unit Totals</i>	0	0	0	
Clinical Services				
		1		Did not return from leave
<i>Unit Totals</i>	1	1	0	
Community Support Services			2	For cause
		1		Retirement
		1		Did not return from leave
		1		Family/relocation
		2		Better opportunity
		2		Unkown
<i>Unit Totals</i>	9	7	2	
Crisis Intervention Services				
		1		Schedule
		1		Unknown
<i>Unit Totals</i>	2	2	0	
Prevention & Early Intervention Services				
<i>Unit Totals</i>	0	0	0	
Grand Totals for the Month	12	10	2	

Total Average Number of Employees	545
Retention Rate	97.88%
Turnover Rate	2.20%
Total Separations	12



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: August 4, 2026

Re: Summary – July 2026 Applicant and Recruitment Update

For July 2026, RACSB received 193 applications.

Of the 193 applications received, 55 applicants cited the RACSB applicant portal as their recruitment source, 15 cited employee referrals, and 123 cited various job boards.

As of the end of July, 32 positions — 16 full-time and 16 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 July 2026.

RECRUITMENT ACTIVITY REPORT FY 2027

<u>MONTHLY RECRUITMENT</u>	<u>JULY</u>	<u>AUGUST</u>	<u>SEPTEMBER</u>	<u>OCTOBER</u>	<u>NOVEMBER</u>	<u>DECEMBER</u>	<u>JANUARY</u>	<u>FEBRUARY</u>	<u>MARCH</u>	<u>APRIL</u>	<u>MAY</u>	<u>JUNE</u>	<u>TOTAL YTD</u>
External Applicants Hired:													
Part-time	4												4
Full-time	1												1
PRN	0												0
Sub Total External Applicants Hired	5	0	0	0	0	0	0	0	0	0	0	0	5
Internal Applicants Moved:													
Part-time to Full-time	1												1
PRN As Needed to Full-Time	1												1
Promotions	2												2
Lateral Transfers	4												4
Full-time to Part-time	0												0
Full-time to PRN	1												1
Sub Total Internal Applicant Moves	9	0	0	0	0	0	0	0	0	0	0	0	9

APPLICANT DATA REPORT
RACSB FY 2027

<u>APPLICANT DATA</u>	<u>Jul-26</u>	<u>Aug-26</u>	<u>Sep-26</u>	<u>Oct-26</u>	<u>Nov-26</u>	<u>Dec-26</u>	<u>Jan-27</u>	<u>Feb-27</u>	<u>Mar-27</u>	<u>Apr-27</u>	<u>May-27</u>	<u>Jun-27</u>
Female	146											
Male	47											
Not Supplied												
Total	193	0	0	0	0	0	0	0	0	0	0	0
<u>ETHNICITY</u>												
White	62											
African American	94											
Hispanic	14											
Asian	2											
American Indian	2											
Native Hawaiian	0											
Two or More Races	14											
Not Supplied	5											
<u>RECRUITMENT SOURCE</u>												
RACSB Website	55											
Employee Referrals	15											
Indeed.com	85											
Social Media	4											
Other -	27											
Zip Recruiter	7											
Total # of Applicants	193	0	0	0	0	0	0	0	0	0	0	0

7/27/2026								
Actively Recruiting to Hire								
Original Date Listed	Days Open	Original Listing #	Pos Number	Job Title	RU	Division	FT	PT
7/8/2026	19	1815834	55	PROPERTY MAINTENANCE TECHNICIAN	1100	Admin	1	
5/4/2026	84	1763799	563	MOBILE OBOT PEER RECOVERY SPECIALIST	4261	Clinical	1	
4/30/2026	88	1761902	620	PSYCHIATRIC NURSE PRACTITIONER		Clinical	1	
5/20/2026	68	1777431	570	NURSE, MOBILE OBOT	4261	Clinical	1	
3/6/2026	143	1721281	204	NURSE, RN - CRISIS STABILIZATION	2770	CIS	1	
4/15/2026	103	1751071	194	MH RESIDENTIAL SPECIALIST	2770	CIS	1	
5/29/2026	59	1783693	205	NURSE, RN - CRISIS STABILIZATION	2770	CIS	1	
7/20/2026	7	1824163	666	DEVELOPMENTAL SERVICES LEAD SUPPORT COORDINATOR	3300	CSS	1	
7/20/2026	7	1824343	665	DEVELOPMENTAL SERVICES LEAD SUPPORT COORDINATOR	3300	CSS	1	
7/20/2026	7	1824181	250	DEVELOPMENTAL SERVICES SUPPORT COORDINATOR - SPOTSYLVANIA	3300	CSS	1	
6/3/2026	54	1786905	661	ASSISTANT SITE LEADER - RAAI STAFFORD	3655	CSS	1	
7/22/2026	5	1826221	635	DIRECT SUPPORT PROFESSIONAL - KING GEORGE	3653	CSS		1
6/16/2026	41	1795515	642	DIRECT SUPPORT PROFESSIONAL - KINGS HIGHWAY	3652	CSS		1
6/16/2026	41	1795495	304	DIRECT SUPPORT PROFESSIONAL - KINGS HIGHWAY	3652	CSS		1
6/29/2026	28	1809828	296	DIRECT SUPPORT PROFESSIONAL - KINGS HIGHWAY	3652	CSS	1	
7/22/2026	5	1826232	663	DIRECT SUPPORT PROFESSIONAL - SPECIALIZED SERVICES	3658	CSS		1
7/24/2026	3	1827673	664	DIRECT SUPPORT PROFESSIONAL - SPECIALIZED SERVICES	3658	CSS		1
3/6/2026	143	1721266	367	DIRECT SUPPORT PROFESSIONAL - FLOATER	3771	CSS		1
7/16/2026	11	1822257	375	DIRECT SUPPORT PROFESSIONAL - WOLFE ICF	3771	CSS	1	
7/20/2026	7	1824207	390	DIRECT SUPPORT PROFESSIONAL - LEELAND	3772	CSS		1
7/21/2026	6	1824719	386	DIRECT SUPPORT PROFESSIONAL - LEELAND	3772	CSS	1	
7/13/2026	14	1819554	399	DIRECT SUPPORT PROFESSIONAL - STONEWALL	3773	CSS		1
7/13/2026	14	1819569	396	DIRECT SUPPORT PROFESSIONAL - STONEWALL	3773	CSS	1	
7/16/2026	11	1821652	405	DIRECT SUPPORT PROFESSIONAL - DEVON	3774	CSS	1	
5/26/2026	62	1780453	416	DIRECT SUPPORT PROFESSIONAL - RUFFINS POND	3775	CSS		1
6/25/2026	32	1807453	646	DIRECT SUPPORT PROFESSIONAL - RUFFINS POND	3775	CSS		1
2/27/2026	150	1716244	433	DIRECT SUPPORT PROFESSINAL - IGO	3777	CSS		1
2/27/2026	150	1716237	482	DIRECT SUPPORT PROFESSIONAL - GALVESTON	3790	CSS		1
5/11/2026	77	1768657	503	DIRECT SUPPORT PROFESSIONAL - ROSS ICF	3792	CSS		1
6/11/2026	46	1792268	519	DIRECT SUPPORT PROFESSIONAL - LUCAS ICF	3793	CSS		1
7/16/2026	11	1821644	518	DIRECT SUPPORT PROFESSIONAL - LUCAS ICF	3793	CSS		1
12/16/2025	223	1619813	531	DIRECT SUPPORT PROFESSIONAL - MYERS RESPITE	3794	CSS		1
Avg days open	53.72							
							16	16
							32	
Budgeted Vacant				Job Title	RU	Division	FT	PT
						ADMIN		
						Prevention		
			68	UNLICENSED EMERGENCY SERVICES THERAPIST	2000	CIS	1	
			200	MH RESIDENTIAL SPECIALIST	2770	CIS	1	
			648	DEVELOPMENTAL SERVICES SUPPORT COORDINATOR - SPOTSYLVANIA	3300	CSS	1	
			500	DIRECT SUPPORT PROFESSIONAL - ROSS ICF	3792	CSS	1	
			234	DEVELOPMENTAL SERVICES SUPPORT COORDINATOR	3300	CSS		
			480	DIRECT SUPPORT PROFESSIONAL - GALVESTON	3790	CSS		
			407	DIRECT SUPPORT PROFESSIONAL - DEVON	3774	CSS		1
			175	MANAGER - PSH	2760	CSS	1	
			222	SUPERVISED APT MANAGER II - LAFAYETTE BOARDING	2786	CSS	1	
			226	RESIDENTIAL COUNSELOR I	2781	CSS	1	
			638	OUTPATIENT THERAPIST - FREDERICKSBURG CLINIC	2200	Clinical		1
			45	CENTRAL ACCESS ASSOCIATE	1100	Clinical	1	
			168	PSYCHOSOCIAL ADVOCATE - KENMORE CLUB	2680	Clinical	1	
			148	CASE MANAGER, ADULT MENTAL HEALTH	2400	Clinical	1	
							9	2
							11	