

Rappahannock Area Community Services Board Board of Directors September 2026 Meeting Minutes

Attendees: Nancy Beebe, Claire Curcio, George Dallas, Susan Gayle, Phyllis Guasp, Ken Lapin, Jacob Parcell, Karen Sokolowski, Caroline Teter, Carol Walker, Melissa White, Bridgette Williams

Absent: Ashley Terry, Matthew Zurasky

I. Call to Order

Ms. Curcio called the meeting to order at 3:00 p.m. A quorum was present.

II. Minutes Board of Directors August 18 2026

Ms. Walker moved to approve the minutes of the August 18, 2026 Board of Directors meeting as presented. Ms. Williams seconded the motion. The motion carried unanimously.

III. Public Comment

No members of the public offered comment.

IV. Employee Service Awards

Mr. Wickens recognized Ms. Carla Anderson, Assistant Coordinator, Crisis Stabilization, and Ms. Heidi Heyse, Developmental Services Support Coordinator for Caroline, for five years of service. Ms. Amy Umble, Communications Coordinator, was recognized for ten years of service; Ms. Toni DeLeon, Lead Office Manager for Fredericksburg, was recognized for fifteen years; and Ms. Angie Noll, Infant and Child Support Coordinator with PEID, was recognized for thirty years.

Ms. Umble reflected on her family's nearly thirty-year connection to RACSB, beginning with an early childhood evaluation through PEID, and expressed appreciation for the staff members who supported her family throughout that journey. Ms. Noll similarly reflected on the importance of early intervention work and the privilege of supporting families during an important stage of their lives.

V. Employee of the Fourth Quarter

Mr. Larkin, Property Coordinator, was recognized as the FY2026 Fourth Quarter Employee of the Quarter. His nomination highlighted his extensive work across agency facilities, his availability at all hours, and his commitment to maintaining safe, functional settings for staff and the individuals RACSB serves. Mr. Larkin accepted the recognition while emphasizing the contributions of direct support staff and others who provide hands-on care each day.

VI. Board Core Behaviors

Ms. Walker reminded Board members of the Board's core behaviors: communicating openly and honestly, asking difficult questions, engaging in respectful discussion, and allowing discussion to lead to sound decision-making.

VII. Patient Portal Presentation

Mr. Reese, Information Technology Coordinator, demonstrated RACSB's patient portal and described current and planned functions intended to improve client access and streamline workflows.

- Clients may review information contained in their records, including allergies, laboratory results, medications, encounters, portions of treatment plans, discharge instructions, and immunization information. They may also generate and download a Continuity of Care Document.
- Staff may send treatment plans and other documents through the portal for electronic signature. Signed documents return to the electronic health record, and the client retains a copy in the portal.

- Clients may receive informational documents that do not require a signature and may upload documents for their treatment teams.
- The agency is working to move routine intake questions, such as medical history, into the portal so clinicians can use the initial appointment more effectively.

In response to questions, Mr. Reese explained that staff access is limited to members of the client's care team. Clients may self-enroll by matching demographic information already in the record. RACSB can also establish verified access for guardians or other authorized caregivers. The basic portal is currently available from the RACSB website, including for individuals receiving medication-management services only. Netsmart's self-enrollment process was selected because emailed enrollment codes sometimes failed to reach clients because of spam filtering or other delivery issues.

VIII. Program Reports

A. Community Support Services

1. Program Update

Leadership highlighted upcoming program activities, including the RAAI Trunk or Treat event, and reported staffing changes within Essential Supports, Developmental Disability Support Coordination, Mental Health Residential Services, and Permanent Supportive Housing.

2. Developmental Disabilities and Mental Health Residential Vacancies

No Developmental Disability Residential move-ins occurred during August; three were scheduled, and one successfully occurred on September 1. Mental Health Residential had one vacant bed at Lafayette, while Permanent Supportive Housing was serving 84 individuals.

B. Crisis Services

1. Program Update

ACT enrollment increased to 82 individuals, the program's highest reported enrollment. Sunshine Lady House continued to accept self-referrals when a clinician was available to complete the required assessment. Leadership explained that predictable clinician availability generally limits self-referral assessments to weekdays.

The Board discussed Sunshine Lady House staffing. The program was short approximately 160 weekly staffing hours, including significant nursing coverage. This represented approximately one-seventh of total staffing and more than half of regular nursing coverage, requiring heavy reliance on PRN nurses and the nurse manager to cover direct-care shifts, nights, and weekends. The program had conducted 11 interviews in recent weeks, expected one new employee to begin in October, and had additional interviews scheduled. Competition for nurses, including substantially higher overnight differentials offered by other providers, continued to affect recruitment and retention.

Leadership explained that Sunshine Lady House must make multiple professional services available each day, including nursing, psychotherapy, qualified mental health professional services, and peer services. Without required coverage, the program may need to delay or limit admissions. The agency had maintained operations through PRN coverage and extraordinary effort from current nurses, but the staffing model remained fragile.

2. Emergency Services Emergency Custody Order and Temporary Detention Order

Emergency Services completed 198 prescreenings or evaluations in August; 64 were completed under emergency custody orders and 79 involved temporary detention orders. No individuals were placed involuntarily in a state hospital or outside RACSB's catchment area.

3. Emergency Services Crisis Intervention Team and Co Response

The Mary Washington Hospital CIT assessment location continued operating on reduced hours. Co-response teams made contact with 32 individuals in Spotsylvania and 39 in Stafford. The

Fredericksburg Police Department co-responder team remained in training and was completing background checks, equipment fitting, and credentialing requirements. Twenty-four law-enforcement officers participated in August Crisis Intervention Team training.

4. Sunshine Lady House Utilization

Sunshine Lady House reported a 94 percent acceptance rate, admitted 43 individuals, served two individuals under temporary detention orders, and had a 57 percent utilization rate. Two individuals self-referred, and additional direct referrals were received from private providers and community partners.

C. Clinical Services

1. Program Update

The Fredericksburg Clinic resolved its counseling wait list after replacement therapists completed training and began building caseloads. An intern who had worked as a direct support professional and completed a master's degree accepted a therapist position. Clinical Services also filled the nursing position on the mobile office-based opioid treatment unit, and the school-based therapist resumed services in Fredericksburg City Public Schools.

2. State Hospital Census

RACSB was supporting 29 individuals from the service area who were residing in state hospitals. Six were new admissions and two had been discharged since the prior report. The census included seven individuals under civil commitments and 16 forensic admissions. Two individuals were on the extraordinary-barriers list; both had identified placements, with one awaiting completion of treatment for a broken hip and the other awaiting availability at the accepting facility.

3. Same Day Access

Same Day Access continued without a wait list. Although more individuals required scheduled appointments because of hospital discharges and other circumstances, the clinics continued to serve a substantial number through same-day access.

4. State Opioid Response Proposal

The Board reviewed RACSB's annual State Opioid Response funding requests for the office-based medication-assisted treatment program: approximately \$275,823 for recovery services, principally peer recovery services, and approximately \$775,573 for clinical treatment services, including therapy, case management, prescribing, testing, medication, limited overhead, and facility expenses. Leadership explained that this recurring federal funding has been received for approximately eight or nine years, although awards do not always equal the amount requested. Medicaid, private insurance, peer-service billing, and reassignment of staff time would help mitigate a reduced award.

Ms. Gayle moved to approve submission of the State Opioid Response funding requests as presented. Mr. Lapin seconded the motion. The motion carried unanimously.

D. Compliance

1. Program Update

Compliance reported routine program activity.

2. Quality Assurance Report

Internal audit results were presented for Crisis Stabilization and Mental Health Case Management. Crisis Stabilization's selected records showed no discrepancies. Mental Health Case Management's comparative audit score improved from 85 to 92 percent; findings involved assessments, individual service plans, and quarterly reviews.

In response to a Board member's question, staff described the human-rights investigation process. Allegations of abuse, neglect, or exploitation require investigation. Other complaints may first

require confirmation from the individual or authorized representative. Trained investigators interview involved parties, review records and documentation, assess the individual's safety, and determine whether an allegation is substantiated or unsubstantiated under human-rights regulations. Staff may be placed on administrative leave when warranted. The individual and guardian or authorized representative receive written findings, and the state is notified. Corrective actions may be implemented even when an allegation is unsubstantiated if opportunities for improvement are identified. For nonverbal individuals, investigators observe the person, consult those familiar with the individual's communication methods, and review documentation to understand changes in behavior or condition.

3. Licensing Reports

Two licensing corrective action plans were submitted and approved. One arose from a substantiated concern involving a client's treatment, services, and documentation. The other involved speeding while transporting individuals; such conduct is categorized as neglect because of the potential for injury. Staff involved received counseling.

Ms. Curcio moved to accept the corrective action plans. Ms. Walker seconded the motion. The motion carried unanimously.

E. Communications

1. Monthly Update

The annual employee and family picnic was scheduled for Thursday at Braehead Farm, with approximately 325 people registered. Staff also reported that the agency's community service projects were progressing well.

2. Communications Report September

The written September Communications Report was included in the Board packet. No additional discussion was recorded.

3. Communications Plan FY27

The FY2027 Communications Plan was included in the Board packet. No additional discussion was recorded.

F. Prevention and Early Intervention

1. Program Update

September activities centered on Suicide Prevention Month. Staff highlighted a campaign encouraging people to build genuine human relationships rather than relying on artificial intelligence as the foundation of connection, noting that strong relationships are an important protective factor against suicide.

The Early Intervention team discharged approximately 245 children during the summer period, including 58 who transitioned to school-system services. Staff emphasized the coordination required to support families as children turn three, transition to another provider, or complete services.

RACSB hosted a 2½-day adverse childhood experiences train-the-presenter program for 24 participants, many from other community services boards, to expand training capacity across the region. A planned book-club kickoff had no participants attend and will be reevaluated. Virtual trauma-informed network offerings continued to draw stronger participation.

Mental Health America of Fredericksburg and the suicide-prevention coalition planned the second annual Teen Mental Health Summit for September 26 in North Stafford. The event would address cyberbullying, wellness, recovery, and resiliency, and would add a parent track featuring In Plain Sight, the Brain Architecture Game, and a panel describing the Stafford co-response model. Organizers hoped to serve 50 teens, compared with approximately 40 the prior year, and invited

participation from all area school divisions. Outreach included schools, counselors, nurses, administrators, social media, a youth advisory group, and coalition partners.

Healthy Families reported a successful first workshop under the Women and Girls Fund Breaking Barriers to Employment initiative. Because downtown parking created access challenges, the November workshop would move to a more accessible location. A Double Good popcorn fundraiser had raised more than \$1,000 shortly after launch.

2. Healthy Families Rappahannock Area Year End Report

The annual Healthy Families report reflected 385 screenings, 202 assessments, 59 newly enrolled families, and 1,815 home visits.

3. Healthy Families Rappahannock Area Standards Re Evaluation

Staff reported that a revised state site-review result improved several ratings after the program supplied additional documentation.

4. Suicide Prevention Initiatives Year End Summary

The Board reviewed year-end suicide-prevention activity. RACSB distributed 169 medication lock boxes and more than 700 cable or trigger locks to create time and distance between a person experiencing suicidal thoughts and access to lethal means. The most current Office of the Chief Medical Examiner data remained from 2023 because of an 18- to 20-month reporting lag. Statewide rates increased slightly, while Planning District 16 remained in the 50s for a second consecutive year and exceeded the state average across localities, with particular concern in rural areas.

In response to questions about next steps, staff discussed expanded teen outreach, more consistent social-media messaging, and increased community training so more residents can ask directly about suicidal thoughts and connect individuals to help. Older-adult suicide rates remained high, while the highest statewide rate shifted from younger adults toward the 35-year-old age group, demonstrating that prevention priorities remain a moving target and that delayed data complicate planning.

G. Finance

The Board recessed until 4:20 p.m. and reconvened before the Finance report.

1. Program Update

Ms. Keeler introduced Reimbursement Coordinator Ms. Megan Toler and Accounting Coordinator Ms. Kelli Byrd, who were attending to become more familiar with the Board reporting process and provide future coverage when needed. Ms. Keeler noted that several funding entities were conducting audits, creating a particularly active audit period.

2. Summary of Cash Investments

Cash remained strong, and the agency's money-market investment continued to outperform the Local Government Investment Pool as anticipated.

3. Other Post Employment Benefit

The Board reviewed the Other Post-Employment Benefit (OPEB) report and agreed that, going forward, the report will be presented quarterly rather than monthly.

4. Health Insurance

The written Health Insurance report was included in the Board packet. No additional discussion was recorded.

5. Summary of Investments

The Board reviewed the investment summary and agreed that quarterly reporting would provide an appropriate level of oversight while management continued internal monitoring.

6. Fee Revenue Reimbursement

Fee revenue collections were approximately 15 percent, or about \$500,000, higher than the prior year.

7. Write Off Report

The Board reviewed aging receivables and write-offs, including accounts without financial agreements, financial assistance for clients without another payment source, services lacking authorization, and records insurers deemed insufficient to demonstrate medical necessity.

The Board discussed Medicaid spend-down receivables. Individuals whose income is slightly above Medicaid limits may be assigned a deductible-like spend-down amount. RACSB bills the client, assists with documentation to Social Services, and may receive retroactive authorization once the spend-down requirement is recognized. Processing that should take approximately ten days has sometimes taken as long as a year because of staffing and administrative delays, affecting both provider reimbursement and clients' access to medications and primary care. Reported potential spend-down amounts are collectible only if the eligibility and authorization processes are completed within allowable timeframes; older amounts are written off when retroactive payment is no longer available.

8. Payroll Statistics

Overtime and temporary-position costs had declined during the two most recent payrolls. The Board agreed that quarterly review would provide an appropriate level of oversight while management continued internal monitoring.

9. Financial Summary July

Finance reviewed program results and known timing items. Potential additional receipts, including grants, spend-down collections, jail reimbursements, and locality payments, totaled approximately \$722,000. Permanent Supportive Housing results included approximately \$2.7 million carried forward and a \$900,000 pass-through payment for statewide technical-assistance software, materially inflating the reported balance. Developmental Disability programs collectively reported unusually strong July results, driven in part by ongoing state funding and vacancies; management cautioned that additional months of data were needed before determining whether the performance represented a trend.

The state continued a previously described \$1 million allocation for new Developmental Disability staff but changed payment from an upfront amount to monthly installments of approximately \$83,000. Federal grant timing changes created a three-month funding gap for several programs; DBHDS was expected to provide approximately \$300,000 to make affected services whole.

A new Capital Projects line was added to the monthly report to separately track items expected to last more than one year and cost more than \$5,000, including Crisis Receiving Center expenses, HVAC equipment, and vehicles. The line is expected to show a planned deficit because budgeted resources are not recorded as operating revenue; state reimbursements for the Crisis Receiving Center will be credited to the line.

After removing restricted carryforwards and one-time or pass-through amounts, July's preliminary operating result was approximately \$1.3 million to \$1.4 million favorable. Finance and program leadership had scrutinized the unusually strong results and would continue validating the trend as later months were finalized.

Mr. Lapin moved to approve the July financial summary. Ms. Gayle seconded the motion. The motion carried unanimously.

H. Human Resources

1. Program Update

Human Resources was preparing the second annual employee engagement survey for distribution during the final two weeks of October. The survey will be conducted annually in October and will

help determine whether actions taken during the prior seven to eight months affected staff experience. Twenty-one new employees joined RACSB in August, creating a particularly active month for onboarding and orientation. Applicant flow remained strong, with approximately 37 positions actively posted.

2. Applicant and Recruitment Update

Applicant flow remained strong, and Human Resources continued monitoring recruitment sources and active postings.

3. August Turnover Report

The August turnover trend was reviewed and compared with prior fiscal-year patterns.

4. FY26 Turnover Report and Exit Interview Analysis Summary

FY2026 turnover decreased six percent year over year, while average agency headcount declined approximately four percent. Seventy-eight percent of separations occurred within the first four years of employment, including 34 percent within the first year. Direct support professionals, nursing staff, and support coordinators represented 64 percent of all separations. Forty-two exit interviews were returned, representing approximately a 62 percent response rate. Employees spoke positively about RACSB's mission and work environment; recurring opportunities for improvement included training, supervision, staffing shortages, and work schedules.

Because 'new opportunities' was too broad to explain why employees left, Human Resources revised the exit interview to distinguish salary, benefits, supervision, scheduling, and other reasons. Community Support Services and Human Resources were also strengthening interview questions, supervisor training, realistic job previews, and onboarding, particularly for direct support professionals.

Board members discussed whether new direct support professionals fully understand the role before accepting employment. Leadership reported that interviews generally occur at the group home and that Human Resources would observe interviews to identify additional improvements. RACSB's turnover is generally in the low-to-middle range compared with other Virginia community services boards. Stay interviews were underway and expected to be substantially complete by November or December. Leadership stressed that the goal is to retain the right employees by improving selection, setting clear expectations, using meaningful performance evaluations, and creating advancement opportunities—not simply retaining every employee regardless of fit or performance.

I. Deputy Executive Director

1. Monthly Update

The written monthly update was included in the Board packet. No additional discussion was recorded.

2. Performance Contract Amendment 4

The Board reviewed Amendment 4 to the FY2027 Performance Contract between RACSB and the Virginia Department of Behavioral Health and Developmental Services. The contract enables RACSB to receive state and federal funding and establishes service and operating requirements. The proposed amendment had been posted for the required 30-day public-comment period and shared with the five localities for review and approval.

Mr. Dallas moved to approve the FY2027 Performance Contract. Ms. Curcio seconded the motion. The motion carried unanimously.

IX. Report from the Executive Director

A. VACSB Public Policy Conference

Board members were reminded that the VACSB Public Policy Conference would be held October 7–8 in Roanoke. A limited number of reserved rooms remained available, and interested members were asked to respond promptly. The conference focuses on public policy and includes workshops and a legislative panel.

B. Stafford Program Tour

The Board's Stafford program tour was scheduled for Tuesday, October 27. The tour would begin at 9:00 a.m., include visits to approximately five group homes and the Stafford Clinic, and provide an opportunity for Board members to meet program staff. Members were asked to RSVP so transportation could be arranged and remaining seats offered to others.

C. Crisis Receiving Center

The construction solicitation was posted on August 18. Sixteen contractors attended the mandatory pre-bid meeting on September 1 and toured the existing and proposed locations. Bids were due September 23 and were expected to be opened September 24. Final bid amounts would inform DBHDS's determination regarding RACSB's request for an additional \$12 million beyond the \$12 million already awarded. The Executive Director offered individual tours of the vacant building to interested Board members.

D. Community Housing Activities

The Executive Director participated in a housing roundtable with Senator Tim Kaine and community partners, providing RACSB's perspective on the need to connect affordable housing with supportive services. He also attended an event at Oberle Academy featuring a prototype home for the Jeremiah Community project. The project is planned for approximately 30 acres and would create supportive housing using a small-home model. The Executive Director also met with Senator Kaine's staff regarding congressionally directed spending and discussed opportunities to strengthen RACSB's future Crisis Receiving Center funding requests.

X. Board Time

Board members thanked staff for the quality and breadth of the monthly reports, positive program and audit results, strong financial performance, compliance work, the patient-portal presentation, and the agency's direct support of individuals and families. Members emphasized the value and difficulty of direct-care work and asked leaders to share the Board's appreciation with their teams.

Board members were reminded to provide polo-shirt sizes. The Board of Directors Holiday Celebration was confirmed for Tuesday, December 15, 2026, following the regular Board meeting.

XI. Adjournment

There being no further business, the meeting adjourned at approximately 5:24 p.m.

Board of Directors Chair

Executive Director