

BOARD OF DIRECTORS MEETING

AGENDA

SEPTEMBER 15, 2026

600 Jackson Street
Fredericksburg, VA 22401

Board Room 208

#	AGENDA ITEM	PRESENTER	PAGE
I.	Call to Order	<i>Parcell</i>	
II.	*Minutes, Board of Directors, August 18, 2026	<i>Parcell</i>	3
III.	Public Comment	<i>Parcell</i>	
IV.	Employee Service Awards	<i>Wickens</i>	
	Five Years: Carla Anderson, Assistant Coordinator, Crisis Stabilization		
	Five Years: Heidi Heyse, Developmental Services Support Coordinator, Caroline		
	Ten Years: Amy Umble, Communications Coordinator (not present)		
	Fifteen Years: Toni DeLeon, Lead Office Manager, Fredericksburg (not present)		
	Thirty Years: Angie Noll, Infant/Child Support Coordinator – PEID		
V.	Employee of the 4th Quarter, Mr. Todd Larkin, Property Coordinator	<i>Wickens</i>	12
VI.	Board Core Behaviors	<i>Curcio</i>	13
VII.	Patient Portal Presentation	<i>Reese</i>	
VIII.	PROGRAM REPORTS		
A.	Community Support Services		
1.	Program Update	<i>Fisher Curtis</i>	14
2.	Developmental Disabilities & Mental Health Residential Vacancies	<i>Fisher Curtis</i>	17
B.	Crisis Intervention Services		
1.	Program Update	<i>Jindra</i>	19
2.	Emergency Services Emergency Custody Order/Temporary Detention Order	<i>Jindra</i>	22
3.	Emergency Services Crisis Intervention Team and Co-Response	<i>Jindra</i>	24
4.	Sunshine Lady House Utilization	<i>Jindra</i>	27
C.	Clinical Services		
1.	Program Update	<i>Kobuchi</i>	29
2.	State Hospital Census	<i>Kobuchi</i>	33
3.	Same Day Access	<i>Kobuchi</i>	35
4.	State Opioid Response Proposal	<i>Kobuchi</i>	37
D.	Compliance		
1.	Program Update	<i>Terrell</i>	38

#	AGENDA ITEM	PRESENTER	PAGE
2.	Quality Assurance Report	<i>Terrell</i>	41
3.	*Licensing Reports	<i>Terrell</i>	43
E.	Communications		
1.	Monthly Update	<i>Umble</i>	49
2.	Communications Report September	<i>Umble</i>	50
3.	Communications Plan FY27	<i>Umble</i>	57
F.	Prevention & Early Intervention		
1.	Program Update	<i>Wagaman</i>	63
2.	Healthy Families Rappahannock Area – Year-end Report	<i>Wagaman</i>	72
3.	Healthy Families Rappahannock Area – Standards Re-Evaluation	<i>Wagaman</i>	75
4.	Suicide Prevention Initiatives – Year-end Summary	<i>Wagaman</i>	84
G.	Finance		
1.	Program Update	<i>Keeler</i>	89
2.	Summary of Cash Investments	<i>Keeler</i>	90
3.	Other Post-Employment Benefit	<i>Keeler</i>	91
4.	Health Insurance	<i>Keeler</i>	92
5.	Summary of Investments	<i>Keeler</i>	93
6.	Fee Revenue Reimbursement	<i>Keeler</i>	94
7.	Write-off Report	<i>Keeler</i>	95
8.	Payroll Statistics	<i>Keeler</i>	96
9.	*Financial Summary, July	<i>Keeler</i>	97
H.	Human Resources		
1.	Program Update	<i>Mestler</i>	101
2.	Applicant and Recruitment Update	<i>Mestler</i>	102
3.	August Turnover Report	<i>Mestler</i>	106
4.	FY26 Turnover Report & Exit Interview Analysis Summary		109
I.	Deputy Executive Director		
1.	Monthly Update	<i>Wickens</i>	128
2.	*Performance Contract: Amendment 4	<i>Wickens</i>	130
IX.	Report from the Executive Director	<i>Wickens</i>	
X.	Board Time		
XI.	Adjournment		

August 2026 Board of Directors Meeting Minutes

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

Absent: Nancy Beebe

I. CALL TO ORDER

A meeting of the Board of Directors of the Rappahannock Area Community Services Board was held on August 18, 2026, at 600 Jackson Street, Board Room 208, Fredericksburg, Virginia. Vice Chair Matthew Zurasky, called the meeting to order at 3:00 p.m. The Board welcomed new members Phyllis Guasp, representing Caroline County, and Karen Sokolowski, representing Stafford County.

II. MINUTES, BOARD OF DIRECTORS, JUNE 16, 2026 – Mr. Matthew Zurasky

The Board reviewed the minutes from the June 16, 2026 meeting. No additional corrections were noted.

ACTION TAKEN: The Board approved the June 16, 2026 Board of Directors meeting minutes.

III. PUBLIC COMMENT – Mr. Matthew Zurasky

No public comments were received.

No Action Taken

IV. EMPLOYEE SERVICE AWARDS – Mr. Joseph Wickens

Mr. Wickens recognized employees reaching five, ten, fifteen, twenty, and twenty-five years of service and expressed appreciation for their dedication to RACSB and the individuals served. Employees present were invited forward for recognition. Vickie Lomax, recognized for twenty years of service, thanked RACSB, her supervisors, support staff, and colleagues for their support and reflected on the importance of serving individuals and families. Gale Shell, who was also being recognized for retirement after twenty-five years of service, was not present; her recognition materials will be provided to her.

Licensures

Mr. Wickens recognized Tamara Johnson and Kinsey Tyler for obtaining their Licensed Professional Counselor (LPC) credentials and thanked them for the work and professional commitment required to achieve licensure.

V. EMPLOYEE OF THE 4TH QUARTER – Mr. Todd Larkin, Property Coordinator – Mr. Wickens

Mr. Larkin was not present when this agenda item was reached. The recognition was deferred.

VI. BOARD CORE BEHAVIORS – Ms. Claire Curcio

A. Board of Directors Conflict of Interest and Code of Conduct Policy Statement

Ms. Curcio reminded members of the Board's core expectations for open, honest, respectful communication and reviewed the annual Conflict of Interest and Code of Conduct acknowledgement. Board members were asked to sign the acknowledgement before leaving the meeting.

VII. PRESENTATION: EARLY INTERVENTION SERVICES – Ms. Suzanne Haskell and Ms. Allison Standing

Ms. Haskell and Ms. Standing presented an overview of RACSB's Parent Education–Infant Development (PEID) program and Virginia Part C Early Intervention services. The program began in 1979 and has grown from serving 52 infants in 1989 to an average monthly census in the mid-500s. The interdisciplinary team includes speech, physical and occupational therapists, educators, service coordinators, and administrative support.

Children from birth through age three may qualify based on a developmental delay, an established diagnosis, qualifying medical history such as prematurity or very low birth weight, or atypical development. Services are delivered through a parent/caregiver coaching model in children's natural environments so developmental strategies can be incorporated into daily routines.

For calendar year 2025, the program received 858 referrals, completed 668 assessments, developed 570 new Individualized Family Service Plans, served 1,072 children, and discharged 532 children. Presenters reviewed transition outcomes, funding sources, challenges involving specialty-service access, reimbursement, and community resources.

Board members asked what challenges most affect the program and what additional resources would be most helpful. Staff identified difficulty maintaining contact with some families; limited access to infant and early-childhood mental health specialists, audiology, ENT, pediatric dentistry, and developmental pediatrics; and reimbursement rates that contribute to high caseloads.

Board members asked what occurs when children age out of Early Intervention at age three. Staff explained that service coordinators assist families through transition and eligibility processes with local school divisions and, when school-based services are not appropriate or available, connect families with outpatient therapy, ABA, and other community resources.

A Board member asked how hearing concerns are identified. Staff explained that each child receives a full developmental assessment that includes a hearing screening. Children with language delays or suspected hearing concerns are referred to their pediatrician for additional evaluation, including ENT or audiology when indicated. A Board member also shared information regarding a Lions Club preschool hearing-screening initiative and offered to provide additional information as it becomes available.

The Board asked how RACSB services align with local school division programs and whether the relationships are complementary or competitive. Staff described the relationships as collaborative and highlighted transition planning, embedded therapy services, case management, participation on Community Planning and Management Team (CPMT) and Family Assessment and Planning Team (FAPT), prevention programming, and other partnerships across all five local school divisions.

VIII. PROGRAM REPORTS

A. DEPUTY EXECUTIVE DIRECTOR – Ms. Brandie Williams

1. Monthly Update

Ms. Williams reported that state-reporting issues associated with the Netsmart electronic health record had required significant staff attention. RACSB has been meeting regularly with Netsmart staff and executive leadership. Most identified issues have now been resolved and historical data corrected. RACSB will continue working with Netsmart on a root-cause analysis and a prevention plan.

Ms. Williams also announced implementation of a new electronic medication administration record (eMAR). The system will replace paper medication administration records, reduce administrative burden, improve record reliability, and provide alerts that may help prevent missed medications and medication errors. The system is being provided through RACSB's pharmacy partnership at no additional cost and is scheduled to launch October 1, 2026.

2. Amendment 4: Performance Contract Master Agreement

Ms. Williams reported that the FY2027 Performance Contract process is underway. The required 30-day public comment period was completed with no public comments received. The contract is being presented to RACSB's five local governing bodies for approval and will return to the Board for final approval. All required approvals must be secured by September 30, 2026, for RACSB to continue receiving state funding through the Department of Behavioral Health and Developmental Services (DBHDS).

Ms. Williams highlighted significant changes in the contract, including a new policy on unspent balances, language requiring DBHDS to monitor CSB efforts to maximize Medicaid billing and development of an information-technology security policy through a DBHDS/CSB workgroup.

A Board member asked whether locality approval is required and what would occur if a locality did not approve the contract. Ms. Williams confirmed that locality approval is part of the annual process and emphasized the importance of securing all approvals by the deadline.

The Board also discussed the statutory local match. Ms. Williams explained that the five localities collectively must provide a local match equal to 10 percent of state funding. RACSB historically maintained a margin above that requirement, but the current margin is very narrow. Local funding requests are apportioned based on the percentage of individuals served in each locality. DBHDS has been directed to study the local-match requirement and report to the Behavioral Health Commission (BHC) by November 2026.

3. Legislative Updates and Priorities

Ms. Williams reviewed significant state budget and legislative actions affecting community services boards. She reported that the General Assembly did not approve the full funding requested to support statewide Marcus Alert implementation. The budget also changed the previous flat annual allocation of approximately \$600,000 per participating CSB by giving DBHDS authority to establish a funding formula to determine individual CSB funding levels. RACSB will continue monitoring how that authority is implemented and whether it affects the agency's current Marcus Alert allocation.

Ms. Williams also highlighted the planned closure of Hiram Davis Medical Center; a reduction of approximately \$23 million in crisis funding; expanded funding for problem gambling prevention, treatment and recovery; a \$100,000 direct appropriation to the Healing Station to serve uninsured and underinsured individuals in the planning district; and approximately \$686,000 in funding intended to support development of services for individuals receiving Developmental Disability waiver services.

Regarding school-based mental health funding, Ms. Williams explained that the funding mechanism has changed several times. Funding once provided directly to CSBs later shifted to school systems and was restricted primarily to medical clinics and telehealth. The current budget removes some restrictions, allowing school systems to use the funding for in-person services and specifically permitting partnerships with CSBs.

Board members asked which local school divisions had applied for or received school-based mental health funding and whether RACSB could reach out to localities that had not applied to ensure they were aware of the opportunity and had access to technical assistance. Staff identified Caroline, Fredericksburg, and Spotsylvania as localities known to have participated previously; the status of King George was not known, and Stafford was not believed to have participated.

Ms. Williams explained that RACSB is not directly included in the application process because communications and application windows are generally routed through the Department of Education to school divisions. As a result, CSBs may not know when funding opportunities open. She stated that RACSB has previously contacted DBHDS and local school partners to offer assistance and agreed that staff could again ask DBHDS to provide information so RACSB can alert and encourage local school divisions to pursue available funding. Board members emphasized the importance of ensuring local school systems do not leave available funding unused.

Ms. Williams also reviewed language directing DBHDS to study strategies for serving more individuals under Emergency Custody Orders and Temporary Detention Orders in crisis facilities; requirements related to maximizing Medicaid billing; and the General Assembly's decision to study greater flexibility in System Transformation Excellence Performance-VA (STEP-VA) funding rather than immediately granting CSBs flexibility to move funding among the nine STEP-VA service areas.

She reported positive news regarding increased reimbursement rates for DD waiver services, noting that Department of Medical Assistance Services (DMAS) had begun paying the higher rates and automatically reprocessing eligible claims. Conversely, she expressed concern regarding the elimination of Community Crisis Stabilization as a Medicaid-reimbursable service effective January 1 and the limitation of Mobile Crisis Response reimbursement to four hours per incident. Behavioral Health Redesign implementation was delayed until July 1, but staff continue to anticipate significant operational and financial impacts.

A Board member asked whether elimination of Community Crisis Stabilization would affect RACSB's crisis services. Ms. Williams clarified that Community Crisis Stabilization is different from RACSB's residential crisis stabilization program, which is not affected. RACSB's community stabilization services are primarily provided through Child Mobile Crisis and are funded largely through DBHDS and regional funding, with Medicaid serving as a supplemental funding source. Accordingly, the direct financial impact to RACSB is expected to be more limited, although some funding and billing adjustments will be necessary.

Ms. Williams further explained that DMAS had historically instructed CSBs to bill Emergency Services prescreening assessments through the Community Crisis Stabilization benefit. With that benefit being eliminated, DMAS is working to move applicable billing provisions into the Mental Health Services Manual so CSBs can continue billing for those assessments. Draft changes were out for public comment at the time of the meeting. Board discussion reflected concern that the service elimination created unintended billing consequences that now require correction.

4. Net Promoter Score

Ms. Williams reviewed RACSB's Net Promoter Score (NPS), a standardized consumer-satisfaction measure incorporated into the strategic plan. Based on 581 responses, RACSB's current score was 64 on a scale ranging from -100 to 100. Ms. Williams compared the score with ranges used by healthcare, behavioral health, developmental services, and publicly funded safety-net organizations and explained that RACSB selected a Year Two benchmark of 65 or greater to establish a challenging but realistic target. NPS will be reviewed and reported at least quarterly and will complement, rather than replace, other consumer-satisfaction measures such as the Point-in-Time Survey. A Board member thanked staff for establishing a standardized analysis and benchmark.

5. Mary Washington Hospital Foundation Funding Letter

Ms. Williams reminded the Board that RACSB previously applied to the Mary Washington Hospital Foundation for continued funding to support a full-time therapist in Fredericksburg City Public Schools. The Foundation awarded approximately one-half of the amount requested, and Fredericksburg City Public Schools provided

funding for the remaining portion of the therapist position. Although RACSB received the Foundation funding in January, the formal award letter requiring Board acknowledgement and the Board Chair's signature was not provided at that time. Ms. Williams requested formal Board approval to accept the previously awarded funding and authorize execution of the funding letter.

ACTION TAKEN: The Board approved acceptance of the Mary Washington Hospital Foundation funding and execution of the related award letter.

Ms. Williams then advised the Board of a late-breaking opportunity to apply for continuation funding for the upcoming grant cycle. Because the application deadline falls before the next Board meeting, she requested authorization to submit another application seeking funding sufficient to support the full-time therapist position. A Board member asked whether RACSB intended to request funding for the entire position. Ms. Williams confirmed that RACSB would request the full amount, noting that the Foundation could determine the final award amount.

ACTION TAKEN: The Board approved RACSB's submission of the Mary Washington Hospital Foundation continuation grant application for funding to support the full-time school-based therapist position.

6. Strategic Plan Year One Q4 Update

Ms. Williams presented the fourth-quarter update for Year One of the Strategic Plan. In the interest of time, she did not review every measure in detail and invited Board questions. She noted that Year One focused heavily on establishing baselines, building data processes, and identifying measures that could be used more effectively in Year Two. Board members and staff acknowledged the progress made in developing a more data-driven approach to agency performance.

7. Strategic Plan Year Two Profile

Ms. Williams reviewed proposed Year Two updates to RACSB's Strategic Plan. The four continuing priorities are Access to Services; Effective and Quality Services; Staff Retention, Workforce Support and Talent Development; and Fiscal and Operational Excellence. Proposed measures include continued growth in individuals served; standardized NPS monitoring with a benchmark of 65 or greater; documentation timeliness and audit benchmarks; employee engagement and retention initiatives; leadership development; replacement of the Great Plains financial system; and expanded use of operational dashboards.

During discussion of the Developmental Disabilities waiver benchmark, a Board member questioned how RACSB expected to meet the 90-day service-plan goal after not meeting that benchmark in the prior year and noted the recent receipt of 44 additional waivers. Staff explained that the 44 waivers were associated with the prior fiscal year, that no additional waiver slots are currently identified for the new biennium, and that program restructuring, new leadership, process efficiencies, and additional case-management capacity place the program in a stronger position to meet the benchmark. Staff recommended retaining the 90-day goal.

Board members discussed the proposed NPS benchmark and whether results should be examined separately across Mental Health, Developmental Disabilities, and Substance Use services. Staff indicated that the agency is establishing a baseline and will continue refining how the measure is used to identify meaningful service-level trends.

A Board member asked what information would be lost by replacing the proposed full cost-reporting dashboard with existing electronic health record dashboards. Staff explained that available dashboards can provide productivity, utilization, individuals-served, and revenue information, but will not provide a complete program-level cost picture combining personnel, operating costs, and final collected revenue across all agency systems.

The Board also asked whether dashboard implementation could be accelerated. Staff explained that RACSB is currently relying on Netsmart to develop KPI dashboards because internal Information Technology resources are committed to multiple priorities and do not presently have sufficient capacity to build the required code internally.

The Year Two profile was amended during discussion to include expansion of substance-use prevention education into six additional middle or high schools where needed and requested.

ACTION TAKEN: The Board approved the Strategic Plan Year Two Profile as amended.

B. COMMUNITY SUPPORT SERVICES – Ms. Lacey Fisher Curtis

1. Program Update

Ms. Fisher Curtis highlighted community activities at RAAI, including a YMCA basketball partnership and an upcoming end-of-season awards event. She reported that 44 additional Developmental Disability waivers were received at the end of June and that Support Coordination is actively onboarding eligible individuals. The DD waiver wait list included 816 individuals: 376 Priority One, 235 Priority Two, and 205 Priority Three. Staff

clarified that priority levels can change based on service needs and family circumstances and that waiver awards generally focus on Priority One.

2. Residential Vacancies

Residential Services reported one Developmental Disability residential admission in June, no admissions in July, and three admissions scheduled for September 1. Mental Health Residential Services reported limited vacancies, with several anticipated to be filled. Permanent Supportive Housing reported 80 individuals housed and two accepted individuals awaiting housing.

3. Mental Health Residential Restructure

Ms. Fisher Curtis reported that all individuals formerly residing at Home Road have successfully transitioned to other residential settings as part of the planned restructure. Two individuals transitioned to Liberty, one to River, and four to Lafayette. Case managers continue working with individuals on their longer-term transition plans, including movement into the community or Permanent Supportive Housing.

C. CRISIS INTERVENTION SERVICES – Ms. Amy Jindra

1. Program Update

Ms. Jindra reported positive staffing developments within Emergency Services and Co-Response, including filling the Fredericksburg Co-Responder position and improved overall staffing. She thanked Information Technology and Compliance for their assistance in developing a streamlined intake process for Sunshine Lady House. She also highlighted a recent beach trip for program participants, including individuals who had never previously seen the ocean.

2. ES ECO/TDO

Emergency Services completed 193 evaluations in June, including 53 Emergency Custody Orders (ECO) and 72 Temporary Detention Orders (TDO). In July, staff completed 148 evaluations, including 43 ECOs and 50 TDOs. No individuals required placement outside the RACSB region during July, reflecting strong partnerships with Snowden at Fredericksburg and Spotsylvania Regional Medical Center.

3. ES Crisis Intervention Team and Co-Response

Beginning August 1, RACSB reduced Crisis Intervention Team Assessment Center (CITAC) custody-handoff coverage at Mary Washington Hospital to approximately 24 hours per week because the program had operated at a deficit for several years. Mary Washington Healthcare is working with DBHDS on development of a special conservators of the peace (SCOPS) custody option that may allow the hospital to assume custody in additional circumstances.

Co-Responder programs served 73 individuals during July, including 30 in Spotsylvania and 43 in Stafford. Fredericksburg Police also rehired the officer who will partner with RACSB's Fredericksburg Co-Responder therapist.

4. Sunshine Lady House Utilization

Sunshine Lady House continues expanding direct referral pathways with former participants, private providers, Assertive Community Treatment (ACT), and Emergency Services. Staff reported that Sunshine Lady House served the highest number of individuals in at least thirteen years. Fewer than three percent of individuals served required involuntary care within 30 days following discharge, which staff attributed to intentional discharge planning and coordination with outpatient and community partners.

5. Peer-Led Wellness Stay Program

Ms. Jindra presented an opportunity to accept two years of state funding for the purchase/development and operation of a peer-led wellness residential program. The model would provide short-term, peer-led respite and recovery support in a home-like setting, generally for up to fourteen days, and could serve as a step-down from crisis stabilization or as an alternative support before a higher level of care is needed.

Board members asked where the program might be located and emphasized accessibility, including proximity to transportation. Staff advised that potential properties are still being evaluated, preferably along a bus line or near downtown Fredericksburg, and that the anticipated model is a four- to six-bed home rather than separate apartments.

The Board asked about long-term sustainability after the initial two years of funding and whether the available funding would be sufficient for property acquisition and operations. Staff explained that the first two years are state-funded, the initiative is intended as a pilot, and future sustainability may include Medicaid reimbursement or other funding mechanisms as the model becomes more established. Property cost, location, and operating requirements will be evaluated as the proposal moves forward.

ACTION TAKEN: The Board approved acceptance of the funding and development of the Peer-Led Wellness Stay Program.

6. TMACT Review – Assertive Community Treatment (ACT) South

Ms. Jindra reviewed the ACT South Tool for Measurement of Assertive Community Treatment (TMACT) review. The team received an overall score of 3.8, just below the high-fidelity benchmark of 4.0. Reviewers commended staff engagement and assertive community-based service delivery while identifying opportunities related to psychiatric provider time and caseload growth.

D. CLINICAL SERVICES – Ms. Jacque Kobuchi

1. Program Update

Ms. Kobuchi reported that RACSB staff worked with local partners to transition children placed at Hallmark Youthcare following reported safety and supervision concerns at the facility. No RACSB individuals remain placed there. She also reported that Medical Director Dr. Young has announced his retirement. He will reach twenty years of service in January and plans to retire in April. The Medical Director position has been posted to allow sufficient time for recruitment and transition.

2. State Hospital Census

The State Hospital Census reflected 31 RACSB individuals in state hospitals, with eight admissions and seven discharges during the reporting period. Two individuals remained on the Extraordinary Barriers List because they were clinically ready for discharge but continued to face placement or medical barriers.

3. Same Day Access

A Board member asked whether Stafford Clinic staffing issues explained the decline in same-day assessments shown in the report. Staff confirmed that the clinic had experienced two therapist resignations and an additional employee on leave. Two positions have since been filled, staff completed 38 intakes in June and 58 in July, and the waitlist has been reduced to approximately 18 individuals. An additional vacancy is being recruited following an employee's transition to long-term disability. Board members also asked about current therapist staffing and vacancies at the Stafford Clinic; staff reported four therapists plus a coordinator and described the recent vacancies and leave that contributed to the temporary access constraints.

4. Project LINK Site Visit Memo

Ms. Kobuchi referred the Board to the Project LINK site visit memo included in the packet and summarized the program's review activity and follow-up.

5. Project LINK Review & Program Evaluation

Ms. Kobuchi referred the Board to the Project LINK review and program evaluation included in the packet. No additional Board action was requested.

E. COMPLIANCE – Ms. Stephanie Terrell

1. Program Update

Ms. Terrell provided the Compliance program update and responded to questions throughout the reports.

2. Point-In-Time Survey

Ms. Terrell reviewed Point-in-Time Survey results and noted strong satisfaction scores. She discussed plans to revisit certain survey questions that have remained largely unchanged for several years and to refine wording where necessary so the survey continues to provide useful information. Board members expressed appreciation for the strong results and for staff performance.

3. Quality Assurance Report

The Compliance team reviewed Mental Health Outpatient and Healthy Families records. Mental Health Outpatient scored 97 on the cumulative review, with discrepancies primarily involving assessments and quarterly reviews. Healthy Families improved from a prior score of 71 to 81, with discrepancies involving service plans and quarterly reviews.

4. 4th Quarter Incident Report Review

Ms. Terrell presented the quarterly incident report covering April 1 through June 30, 2026. During the period, RACSB served 8,096 unduplicated individuals and received 868 incident reports. Ninety-five incidents were reported to DBHDS through the computerized human rights reporting system, including Level II, Level III, and abuse/neglect/exploitation reports.

Ms. Terrell explained that an increase in reported non-completed suicide incidents was inflated by incorrect guidance provided during a June training. A Board member asked whether staff had been notified. Ms. Terrell

confirmed that staff had been made aware and that Compliance continues working with programs to reinforce correct reporting expectations.

Ms. Terrell also reviewed medication errors, peer-to-peer incidents, fall reporting, and root-cause analysis requirements. She noted that 23 medication errors occurred during the quarter, an increase of eight from the previous quarter, and explained that errors may involve staff process failures or pharmacy-related issues.

5. Licensing Reports

Seven licensing reports were received during the period, including two related to late reporting, three associated with annual licensing inspections, and two related to human rights allegations. Ms. Terrell described the circumstances and noted that corrective and personnel actions were taken as appropriate.

ACTION TAKEN: The Board approved the Licensing Reports as presented.

F. COMMUNICATIONS – Ms. Amy Umble

1. Monthly Update & Metrics Report

The Board received the Communications Monthly Update and Metrics Report as included in the packet. No additional special report was presented.

G. PREVENTION & EARLY INTERVENTION – Ms. Michelle Wagaman

1. Program Update

Ms. Wagaman reported that Prevention Services is fully engaged in back-to-school activities, teacher trainings, classroom requests, and preparations for September Suicide Prevention Awareness Month. Healthy Families participated in a community baby shower hosted by Mary Washington Healthcare and completed 94 screenings, generating a significant number of referrals.

RACSB participated in National Night Out in Spotsylvania County, where Prevention partnered with Treatment and Recovery and featured the Mobile Recovery Unit (MRU). Ms. Wagaman also highlighted that the statewide Beyond the Bet problem gaming and gambling prevention campaign received a national award; she participated on the team that developed the campaign. A Board member asked for clarification of the MRU acronym, and staff clarified that MRU refers to the Mobile Recovery Unit.

H. FINANCE – Ms. Sara Keeler

1. Program Update

Ms. Keeler provided the Finance program update and reviewed year-end closeout activity, reimbursement work, and outstanding items that will be accrued to the appropriate fiscal year.

2. Summary of Cash Investments

Ms. Keeler reviewed the Summary of Cash Investments included in the packet.

3. Other Post-Employment Benefit

Ms. Keeler reviewed the Other Post-Employment Benefit report included in the packet.

4. Health Insurance

Ms. Keeler reviewed the Health Insurance report included in the packet.

5. Summary of Investments

Ms. Keeler reviewed the Summary of Investments included in the packet.

6. Fee Revenue Reimbursement

Ms. Keeler reported that collections were trending approximately \$3.1 million, or 9 percent, higher than the prior year and commended the Reimbursement Team for continued collection efforts.

7. Write-off Report

Ms. Keeler reviewed the Write-off Report included in the packet.

8. Payroll Statistics

Ms. Keeler reviewed Payroll Statistics included in the packet.

9. Financial Summary, May

Ms. Keeler reviewed the May Financial Summary and noted that year-end figures remained subject to final closeout adjustments.

10. Financial Summary, June

Ms. Keeler reviewed the June Financial Summary. She discussed year-end accruals and outstanding reimbursements, including funds related to Marcus Alert, Permanent Supportive Housing, Prevention, Healthy Families, and Community Outreach. Based on known adjustments, staff estimated an overall positive year-end position of approximately \$2.1 million, subject to final closeout.

ACTION TAKEN: The Board approved the May and June Financial Summaries.

11. 5-Year Capital Projects Plan

Ms. Keeler presented a five-year capital projects plan identifying anticipated facility, infrastructure, and system needs by division and fiscal year. Staff explained that the plan includes a combination of necessary projects, required system replacements, and selected improvements, with the goal of maintaining or restoring RACSB facilities and operations to appropriate standards.

Board members asked whether the proposed projects represented basic maintenance needed to maintain current standards or improvements beyond current standards. Ms. Keeler explained that the plan includes both necessary items and some desired improvements. The Board specifically discussed the estimated cost for replacement of the agency financial system. Staff explained that the current amount is a planning estimate because the agency has not yet gone to market and that implementation will also result in ongoing operating costs beyond the initial capital expense.

A Board member asked whether formal Board approval of the five-year capital plan was required. Staff confirmed that approval was requested.

ACTION TAKEN: The Board approved the 5-Year Capital Projects Plan.

I. HUMAN RESOURCES – Mr. Derrick Mestler

1. Program Update

Mr. Mestler reported on implementation of the new employee benefits package and related employee and coordinator education. He also provided follow-up regarding approximately ten positions affected by funding changes. Five affected employees were retained in other RACSB positions, two elected retirements, and three left the agency, resulting in a 50 percent retention rate among the affected group. This information was provided in response to the Board's prior request for follow-up on how many employees affected by the funding-related position changes were retained within RACSB.

2. Turnover Report

Mr. Mestler reported that RACSB ended the prior fiscal year with a lower turnover rate than the previous year and continues working toward the strategic goal of 15 percent annual turnover or less. A more comprehensive turnover and exit-interview report will be presented at the next Board meeting.

3. Applicant and Recruitment Update

Recruitment remains active. At the end of July, RACSB had 32 open positions—16 full-time and 16 part-time—which represents one of the agency's lowest vacancy counts in some time. Current recruiting emphasis includes nursing and qualified mental health professional positions for crisis stabilization services.

IX. REPORT FROM THE EXECUTIVE DIRECTOR – Mr. Joseph Wickens

Mr. Wickens provided an update on the Crisis Receiving Center project. The project has reached the Invitation For Bids (IFB) stage. Staff anticipate approximately five weeks before proposals are opened, followed by an evaluation and contracting period. The goal is to return to the Board in October with updated DBHDS information, project cost information, and a recommended path forward.

Mr. Wickens also advised that another Board program/facility tour is being planned, tentatively for October. He emphasized the agency's continued focus on maintaining and improving RACSB properties while also addressing major capital priorities.

Board members were reminded of the upcoming VACSB conference in Roanoke, scheduled for October 7–9, and asked to notify staff regarding attendance so reserved accommodations can be managed appropriately. A Board member asked about the focus of the October conference. Staff explained that the conference will address key issues anticipated for the upcoming General Assembly session and VACSB advocacy priorities.

X. BOARD TIME

Board members shared observations and appreciation for the program reports, strategic planning work, Sunshine Lady House outcomes, Compliance, Finance, Human Resources, Healthy Families, and Prevention initiatives. Members welcomed the new Board representatives and thanked staff for their work throughout the agency.

A Board member requested that staff continue to limit or explain acronyms in presentations and reports so information is clear to all members, particularly newer Board members. Another Board member shared a personal positive experience with Early Intervention services and commended the program. Board members also thanked staff for responding candidly to questions and for supporting the Board's core behaviors through open discussion.

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

Mr. Parcell requested a motion for a closed meeting.

It was moved by Ms. Curcio and seconded by Ms. Walker 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.

Matters to be discussed:

CRC and Peer-Led Wellness Stay Program

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:

Karen Sokolowski -Voted Aye	Jacob Parcell – Voted Aye
Matthew Zurasky – Voted Aye	George Dallas – Voted Aye
Ashley Terry – Voted Aye	Kenneth Lapin – Voted Aye
Claire Curcio – Voted Aye	Caroline Teter – Voted Aye
Phyllis Guasp – Voted Aye	Carol Walker – Voted Aye
Bridgette Williams – Voted Aye	Melissa White – Voted Aye
Susan Gayle – Voted Aye	

ACTION TAKEN: Ms. Curcio moved, and Ms. Walker seconded, that the Executive Director be authorized to negotiate the acquisition of the Peer-Led Wellness Stay Program Property. The motion was approved by the Board.

The meeting adjourned at 6:39 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

Board Core Behaviors



Open and Honest
Communication



Ask
Tough Questions



Next Level
Decision Making

Community Support Services Board Report August 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.

August community engagement hours for the month were an average of 3.524. In the month of August, we volunteered in our community for 144 hours at numerous different establishments across our region such as the Dixon Park, Canal Path by picking up trash, Potomac Elementary, Recovery Equestrian Facility, Fredericksburg Co Op and more! We are looking forward to cooler weather so we can spend more time outdoors!

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.

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.

The Heart and Hustle end of season Basketball Tournament was a huge success! With our partnership with the YMCA, we were able to collaborate and create a really awesome event that highlighted our players and the commitment that they have had to the program. We cannot wait to do it again next summer. The league will continue each Friday as we start the Fall season. Games are held every Friday from 12:30–1:30 p.m. at the Massad Branch YMCA.

We are hosting our annual in-service on 09/11/2026. This will also be during Direct Support Professionals (DSP) week, which is September 7th – 12th. We will be celebrating our DSPs all week! Keep a look out on our Facebook page to see all the fun activities, team spotlights, and awesome DSPs!

RAAI's Trunk or Treat will be held on October 25th from 1-2pm at our Kings Highway location. This has become a beloved annual event that continues to grow each year. We will continue the tradition of proving hot chocolate, smores, crafts, and spooky fun. See you there!

Developmental Disabilities (DD) Residential Services - Courtney Ross

Two individuals moved into Merchant Square Supervised Apartment Program (SAP) and one individual moved into Belmont SAP on September 1, 2026. One individual was accepted into the Sponsored Placement Program and one individual was accepted into Merchant Square SAP, both with anticipated move-in dates in October 2026.

We welcomed new members to our management team including Mia Millard, DD Nurse Manager and William Jones, Ruffin's Pond Assistant Manager.

We are excited to announce that we have recently implemented new practices to enhance compliance and accountability including an admissions checklist, Part V Documentation Checklist, and quarterly on-site checklists to be completed at each program by the Assistant Coordinators and Nurse Manager.

DD Residential programs have continued utilizing social media to advertise group home vacancies, open staff positions, and photos of the individuals in action celebrating birthdays and out-of-area adventures with the support of our dedication team.

Developmental Disabilities Support Services – Christina Rezendes

During the month of August, we have submitted one hiring packet for the Support Coordinator position at the Spotsylvania Clinic. Emily Mooney has been hired as the Lead Support Coordinator based out of the Caroline Clinic and Latarsha Demmie has been hired as the Lead Support Coordinator based out of the King George Clinic.

Support Coordination has also partnered with the Compliance team to monitor Quarterly reports and Part V submission to ensure these are not submitted late in accordance to DBHDS and DMAS standards. We have seen a drastic increase in Part Vs and Quarterlies being submitted at the recommended 21-day and 7-day mark.

We are also working on updating our Policies and Procedures in Policy Pro. We have updated our Case Note and Incident Report Policy which should be rolled out to staff this month.

We supported three individuals (two individuals from the Home Road location and one individual in the community) with obtaining an emergency waiver for residential placement. One individual started services September 1st.

Mental Health Residential/Permanent Supportive Housing (PSH)- Nancy Price

As Mental Health Residential Services continues to restructure and prepare for the transition to Community Psychiatric Support and Treatment (CPST) services, Home Road SAP successfully transitioned the final three residents from the program in August. One resident discharged to the community with case management support and the other two residents temporarily stayed at Lafayette Boarding House until his apartment was ready at Liberty Street and the other until the DD waiver process was finalized.

Remaining staff from Home Road transferred to Lafayette Boarding House, River Place and Liberty Street. Carrie Beard is now the Manager of the three programs, Erina Robinson has transferred to Lafayette Boarding House, and Margie Vaz is the Residential Counselor II of Liberty Street and River Place. Gale Shell, Residential Counselor II of Lafayette Boarding House, celebrated 25 years with RACSB in August and also retired on August 28.

PSH is anticipating renting two Home Road apartments from Home Inc. for PSH individuals, and supported two individuals with submitting applications in August. The apartments are expected to become available for rent in October. PSH is also planning to utilize two additional apartments as short-term placements for individuals that need temporary housing that are either in between or are awaiting permanent housing, which will reduce the need for motels.

Memorandum

To: Joe Wickens, Executive Director

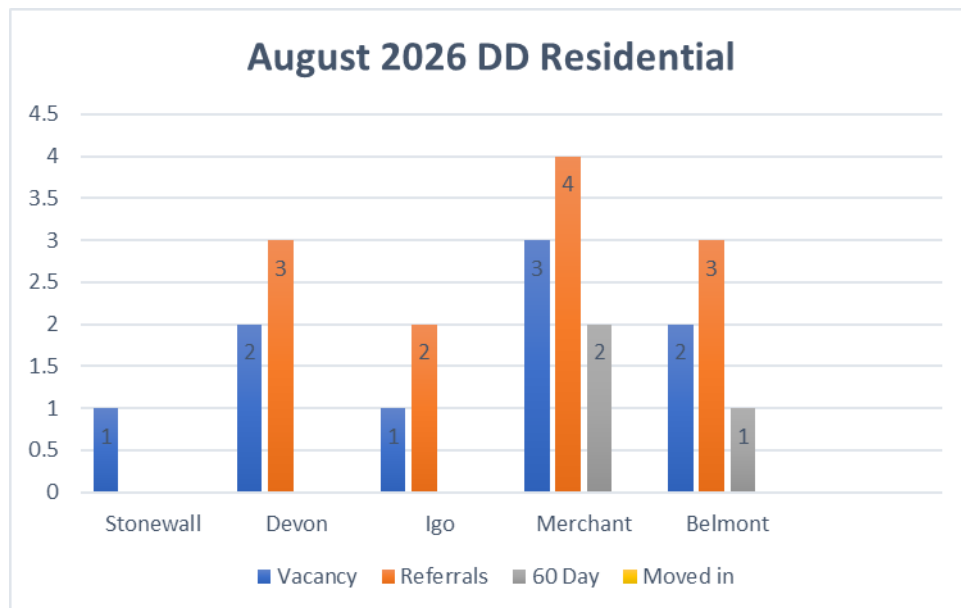
From: Lacey Fisher Curtis, CSS Director

Date: Sept 4th, 2026

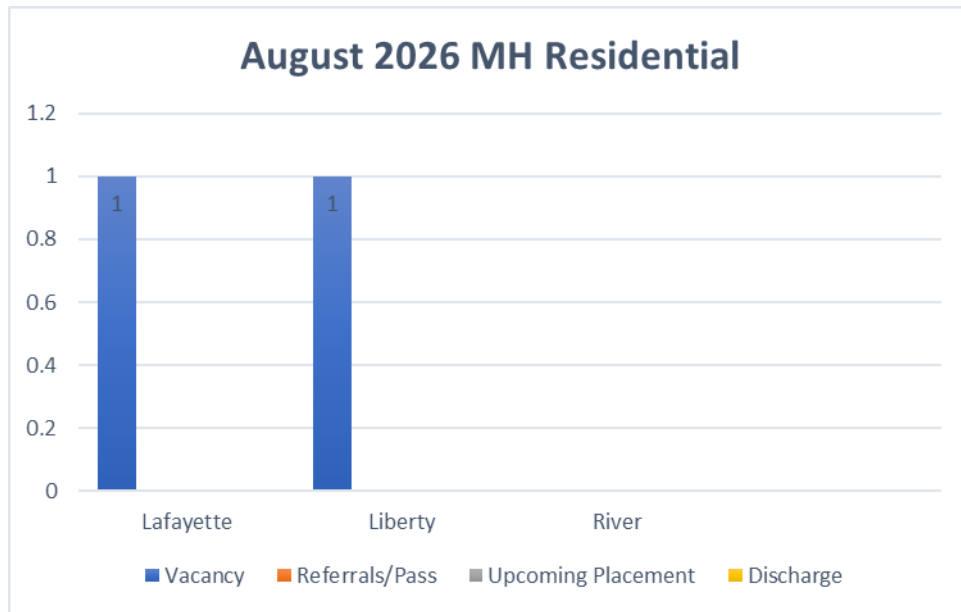
Re: Developmental Disabilities (DD) and Mental Health (MH) Residential Vacancies

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.

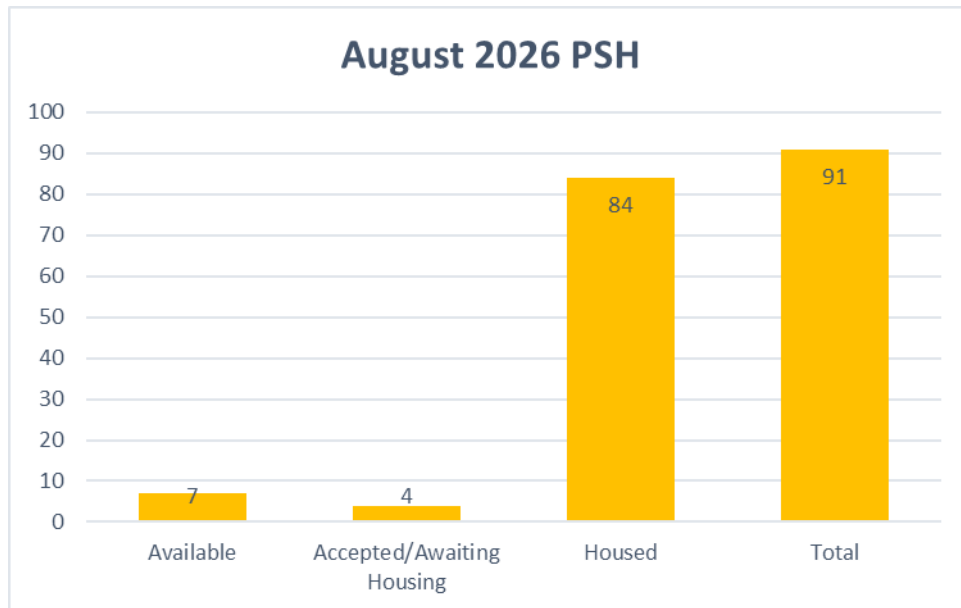
In DD residential, no move-ins occurred in August but three occurred on September 1st and two more are scheduled for October. Assessments for all vacancies continue as referrals are received.



Lafayette and Liberty currently have one vacant bed while River Place is currently full. The program is working to identify those who are ready to transition into the community or step down into other programs while assisting them in pursuing vouchers and affordable housing.



Permanent Supportive Housing (PSH) processed four referrals in August and the program accepted all four individuals. One individual was discharged due to no longer meeting program criteria. The total individuals enrolled in PSH is now 84, with 7 (3 state hospital, 2 community outreach, 2 community) open slots.





Crisis Intervention Services Program Updates

August 2026

Crisis Intervention Services, Amy Jindra

During the month of August, the CIS Division worked diligently to serve individuals in our community. The programs saw new opportunities and achieved important goals. Program coordinators and leadership also worked diligently to review applicants, interview candidates, on-board new staff, and support the needs of their programs. Sunshine continues to work with IT and Compliance to improve intake efficiencies. ACT and Sunshine are preparing for transitioning to an electronic medication administration record (e-MAR) like many other programs in the agency. The new process has included a series of trainings, review of program policies, coordination with pharmacy partner, IT readiness, and other aspects of the transitioning plans. During the month, the CIS director, along with the HR and CSS directors had the opportunity to meet the new clinical director of REACH, Katie Howell. REACH, Regional Education Assessment Crisis Services Habilitation, is a statewide crisis system of care for individuals with developmental and intellectual disabilities experiencing behavioral or psychiatric crises. We look forward to the opportunity to collaborate with REACH under Ms. Howell's leadership.

Assertive Community Treatment (ACT) - Sarah McClelland

ACT is fully staffed and doing well. Our enrollment for both programs hits a new milestone when we enrolled our 80th ACT client. The new client who, after several months of collaboration and coordination, was discharged from a state hospital in North Carolina. We continue to build strong relationships with our community partners such as Micah, Snowden and Fredericksburg City Police. On 7/31/26, we received a TMACT Audit score for ACT South which evaluated the extent to which we are faithful to the national ACT model of care. Our goal is to achieve high fidelity, something that only three CSBs in the state have attained. We are not there yet but are working toward it. Right now, ACT South has received a score of 3.8 out of a maximum score of 5.0. High fidelity is considered 4.0 or higher. So, we are hopeful that by the next time TMACT evaluates us, we will receive a 4.0 score or higher for both teams. Having our psychiatrist Dr. Swing for additional hours will help in this effort, as the model requires a full-time prescriber. Additionally, having a full census of 50 clients per team is also required, therefore, we will continue to seek referrals and admissions to ACT.

Sunshine Lady House, Crisis Stabilization, Latroy Coleman

Sunshine Lady House admitted two individuals under temporary detention orders (TDO) over the last month, for a total of 3 during the new fiscal year. Of the 3 individuals served under a TDO, one individual was committed for an additional 5 days, another stayed voluntarily for an additional 9 days, and one individual discharged following the hearing. All 3 of the individuals, reported appreciating services and stated that they would voluntarily seek Sunshine services if needed in the future. TDOs require the program to host hearings for the individuals and allow access for an independent evaluator to meet with the individual prior to the hearing. In collaboration with ES, the program successfully engaged in the necessary hearings at SLH.

We have hired a full-time registered nurse. She is expected to start in October. Interviews remain ongoing for additional nursing vacancies as well as a Mental Health Residential position. The program is currently down 160 hours of weekly staffing coverage.

SLH has begun admitting self-referrals. The program's clinicians complete an assessment to determine if potential guests meet the criteria for admission.

Emergency Services (ES) – Natasha Randall

For the month of August, Emergency Services continued to focus on strengthening crisis response services, staff development, and collaboration with community partners throughout our catchment area. As part of our community outreach and cross-system collaboration, Emergency Services Coordinator provided training to the City of Fredericksburg Department of Social Services (DSS) social workers regarding the Emergency Custody Order (ECO) process within our catchment area. The training focused on helping DSS staff better understand when an ECO may be appropriate, how to initiate and navigate the ECO process, the role of Emergency Services in conducting crisis evaluations, and the responsibilities of law enforcement and other community partners during a behavioral health emergency.

The training also provided an opportunity to discuss effective collaboration between DSS and Emergency Services when working with individuals and families experiencing behavioral health crises. Strengthening these partnerships supports more coordinated crisis intervention, improves communication between agencies, and helps ensure that individuals are connected to



the appropriate level of care while maintaining safety and utilizing the least restrictive intervention whenever possible.

RAPPAHANNOCK AREA

COMMUNITY SERVICES BOARD

MEMORANDUM

To: Joe Wickens, Executive Director

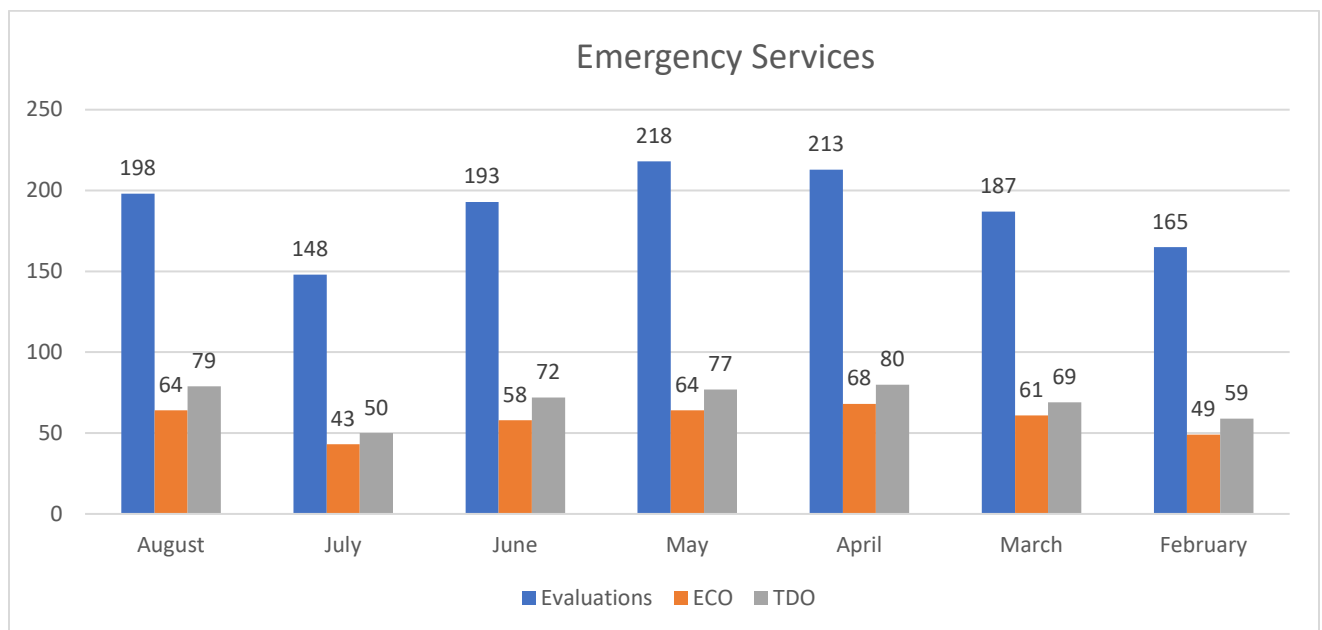
From: Natasha Randall, Emergency Services Coordinator

Date: September 2, 2026

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

In August, Emergency Services staff completed a total of 198 emergency evaluations. Of these, 64 individuals were assessed under Emergency Custody Orders (ECOs), and seventy-nine Temporary Detention Orders (TDOs) were served. Staff did not facilitate any state hospital admissions. Additionally, no one was involuntarily hospitalized outside of the agency's catchment area during this period.

Please see the below data reports for additional details.



RAPPAHANNOCK AREA

COMMUNITY SERVICES BOARD

FY27 CSB/BHA Form (Revised: 07/01/2026)

CSB/BHA	Rappahannock Area Community Services Board			Month	August 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	
198	33	31	64	79	4		75	79	2

MEMORANDUM

To: Joe Wickens, Executive Director
From: Natasha Randall, LCSW Emergency Services Coordinator
Date: September 2, 2026
Re: Crisis Intervention Team (CIT) and Co-Response Report

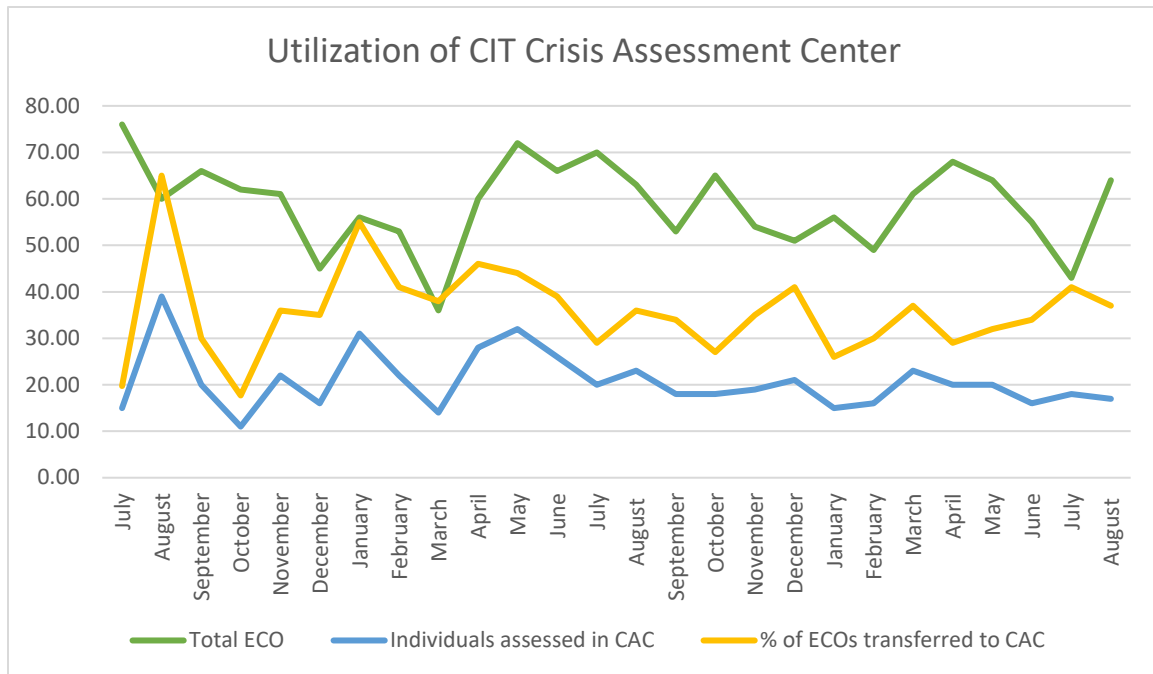
The CIT Assessment Center served 17 individuals in the month of August 2026. The number of persons served by locality were the following: Fredericksburg 4; Caroline 5; King George 0; Spotsylvania 3; Stafford 5; and 0 from other jurisdictions.

The chart below indicates the number of Emergency Custody orders by locality, those that were able to be transferred into Crisis Assessment Center (CAC) custody, and those who could have used the assessment center if there was additional capacity:

<u>Locality</u>	<u>Total ECO</u>	<u>Custody Transfer</u>	<u>Appropriate for</u>
		<u>to CAC</u>	<u>CAC if Capacity</u>
Caroline	10	5	5
Fredericksburg	10	4	6
King George	0	0	0
Spotsylvania	20	3	17
Stafford	24	5	19
<u>Totals</u>	64	17	47

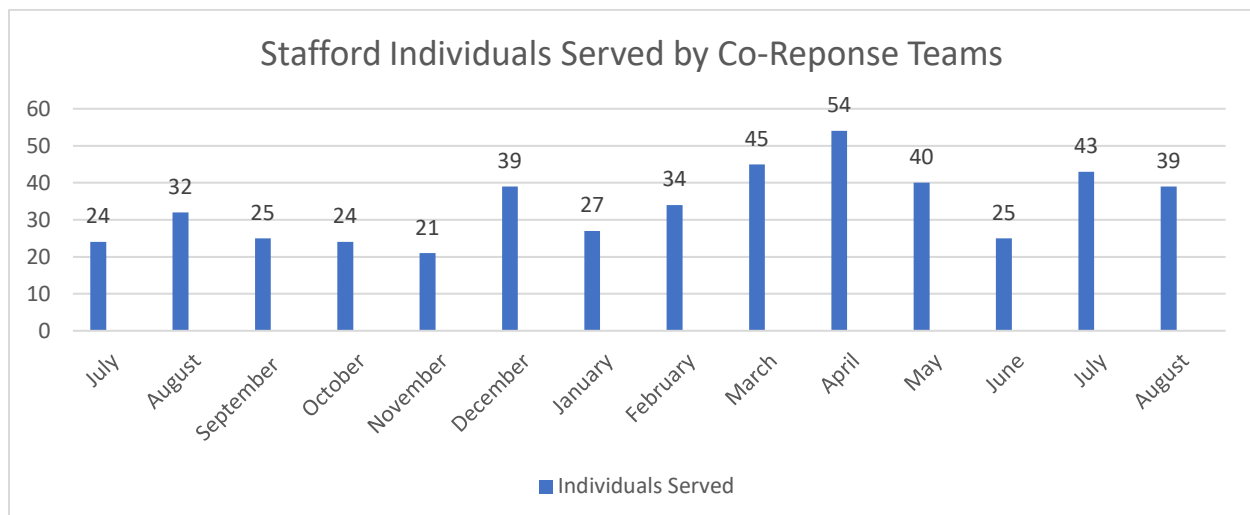
RAPPAHANNOCK AREA

COMMUNITY SERVICES BOARD



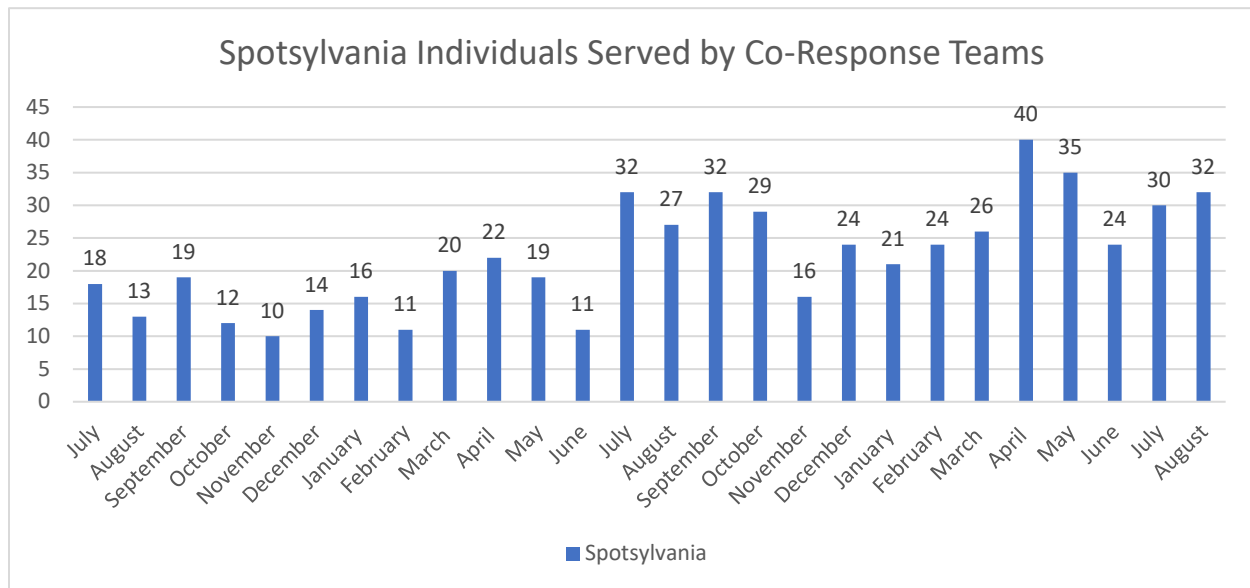
Co-Response

The Spotsylvania Co-Response Team served 32 individuals in the month of August, while the Stafford Co-Response team served 39 individuals. The Fredericksburg Co-Response Therapist position has been filled, and the new therapist is being trained as an Emergency Services Therapist.



RAPPAHANNOCK AREA

COMMUNITY SERVICES BOARD



CIT Training

In the month of August, we had over 24 law enforcement officers participate in the CIT training.

Memorandum

To: Joe Wickens, Executive Director

From: Amy Jindra, CIS Director

Date: August 7, 2026

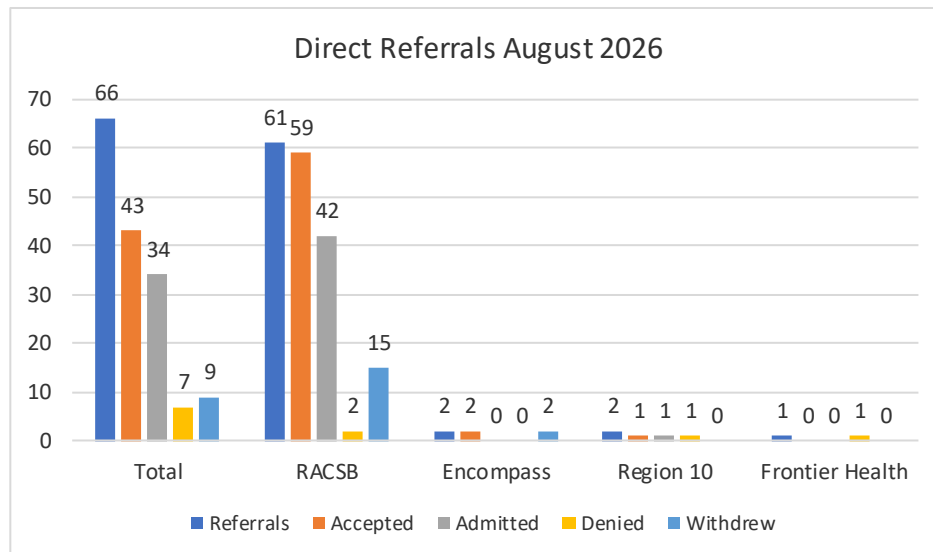
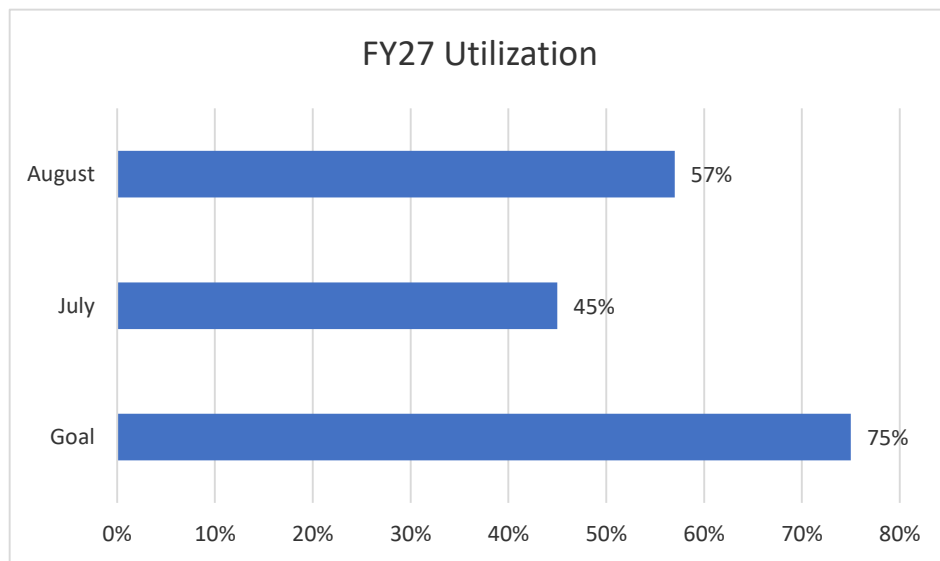
Re: Sunshine Lady House Utilization

Sunshine Lady House for Mental Health Wellness and Recovery is a 12 bed, adult residential crisis stabilization unit. As part of the crisis continuum of care, Sunshine's level of services sits between an inpatient psychiatric hospital and peer respite services. The program is designed to provide group and individual psychotherapy, skill restoration, crisis intervention, psychiatric evaluation, medication management, health literacy, care coordination, and peer support. For admission, an individual must be experiencing a behavioral health crisis or stepping down from a higher level of care, and at risk for psychiatric hospitalization, danger to self or others, and experiencing mental health symptoms that jeopardize their well being in the community. As the program has limited medical interventions, referrals requiring more intensive medical care will be referred to medical providers for physical stabilization before admission to Sunshine. The program is designed to facilitate urgent psychiatric stabilization and coordinated discharge planning to promote future stability in the community.

During the month of August, Sunshine received 66 direct referrals and were notified of 106 potential referrals on the state's Behavioral Health Link (BHL) portal. Of the 66 direct referrals, the program accepted 94% or 62 of them. Two individuals were denied due to not meeting psychiatric criteria for services. Both individuals were seeking temporary housing arrangements. One individual was deferred admission due to needing medical clearance from her obstetrics provider. One individual referred could not be safely served at the program due to needing a higher level of psychiatric and medical care. Of the 66 referrals, 5 included referrals from Frontier Health, Encompass, and Region 10 community services boards. The program admitted 43 individuals during the month. Three guests' stay began in July and carried over into August. Consequently, the program's census for the month of August was 46. Sunshine also supported 2 guests under temporary detention orders. Sunshine's utilization rate for the month of August was 57% or 206 beds. Guests' stay ranged from as short as overnight to 12 days.

Included in the referrals to Sunshine were 2 self referrals, 2 direct referrals from RACSB's Assertive Community Treatment teams, and 1 private provider referral. The program also supported 4 guests stepping down from Spotsylvania Regional Medical Center or Snowden.

Below are graphs illustrating the data related to Sunshine Lady.



* 2 RACSB referrals admitted on 9/2

To: Joseph Wickens, Executive Director

From: Jacqueline Kobuchi, Director of Clinical Services

Date: 9/4/2026

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

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Outpatient Services

Caroline Clinic - Nancy Love, LCSW

Caroline Clinic clinicians completed 36 new assessments in August. Fifteen adult intakes were completed through Same Day Access. Twelve were scheduled adult intakes and nine were scheduled child and adolescent intakes. We meet with clients virtually, as well as in person to increase number of individuals served, especially ones with transportation barriers. The clinic continues to offer one substance use adult group per week and multiple teens currently receive individual substance use counseling. We will start an adult Mental Health Wellness group in the fall and add an additional adult substance use group if needed. Clinicians attended several trainings last month, including Motivational Interviewing, Acceptance and Commitment Therapy (ACT) and substance use prevention.

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

During the month of August, the Fredericksburg Clinic completed 82 assessments for adults seeking outpatient services. Out of the 82 intake assessments completed, 44 were completed via Same Day Access. Forty-seven intake assessments were completed in-person while 36 were completed via telehealth during the month of August. The Children's Services Clinic completed 18 intakes during the month of August and all of them were completed in person. Out of the 18 intakes completed, two were completed via Same Day Access. The Children's Services Clinic is fully staffed, as our new Child/Adolescent Therapist started on August 3rd and is currently in training.

King George Clinic - Sarah Davis, LPC

The King George Clinic continues to offer two weekly Substance Use groups. August's group topics included Connection, Narcan, Relapse Prevention, and Ripple Effect of Addiction. There were three group graduates during the month of August. The King George Clinic completed 18 Narcan trainings during the month of August. The King George Clinic began another round of the Mental Health Wellness Group in June. August group topics included Goals and Inspirations, Physical Wellness, and Emotional Wellness. The King George Clinic completed 25 new patient intakes during the month of August. Seventeen were completed via Same Day Access. Eight were child and adolescent intakes.

One staff attended a training on Autism Spectrum Disorder in Girls and Women as well as a training called Ethics: Peer Provision of Services. Another staff attending a training on Treating PTSD and a training called

Embodying Eye Movement Desensitization and Reprocessing Therapy. Another staff attended a training on The Basics of Motivational Interviewing.

Spotsylvania Clinic - Katie Barnes, LPC

The Spotsylvania Therapists completed 47 total intakes in August including 34 adults and 13 children and adolescents. Of these, 36 intakes were completed through Same Day Access. Members of the 10-week Anger Management group celebrated their graduation from group. The clinic continues to offer a weekly Substance Use group focusing on recovery and relapse prevention planning. Additionally, the clinic received 94% accuracy rating on this month's Quality Assurance chart audit.

The School-Based Therapist kicked off the school year providing therapy at Hugh Mercer Elementary and James Monroe High School. The program serves as a critical community asset that significantly increases access to therapeutic treatment.

Stafford Clinic – Lindsay Steele, LCSW

During the month of August, the Stafford clinic met with clients in person as well as virtually. The Stafford clinic worked to resolve our waitlist and started same day access on a limited basis, while also scheduling clients from the waitlist. During the month of August, the Stafford clinic completed 41 intakes for adults and nine intakes for children and adolescents. Due to a high number of hospital discharge appointments, scheduled intakes from the waitlist, and same day access beginning mid-month, three of these intakes were completed via same day access. A weekly substance abuse group continues to meet weekly with topics including relapse prevention, stigma, and motivation and a second group will begin in September to meet the needs of local clients.

Medical Services - Jennifer Hitt, RN

During the month of August, Outpatient Medical staff completed 111 new patient assessments for medication management. The Outpatient Medical nurses have been helping to onboard the Mobile OBOT RN who completed NEO in August.

Adult Mental Health Case Management - Patricia Newman

The Adult Mental Health Case Management program enrolled 16 individuals into case management services during the month of August. Of these intakes, one individual is a member of the Spotsylvania Behavioral Health Docket and two individuals are members of the Rappahannock Regional Therapeutic Docket. Also during the month of August, one of our case managers supported two individuals in transitioning out of RACSB Supervised Residential Services and into independent housing in the community.

Child and Adolescent Support Services - Donna Andrus, MS

During the month of August, several child and adolescent case managers were busy with trainings and volunteering. Three staff members completed annual recertification for High Fidelity Wrap Around Intensive Care Coordination, an evidence-based practice that uses an individualized, team-based, collaborative process to provide a coordinated set of services and supports for children and families. One case manager completed the recertification to be a trainer for Therapeutic Options and is certified to teach the class for two years. One case manager completed Youth Mental Health First Aid training. Three staff members participated in the agency park cleanup service project. In addition to staff opportunities this month, we were excited to support one of our teen clients currently in a residential treatment facility in Virginia who had the opportunity to give a tour of the facility to state lawmakers and share her personal story of treatment and recovery.

Specialty Dockets - Nicole Bassing, LCSW

During the month of August, Adult Recovery Court welcomed one new participant, graduated five participants and had one termination. We currently have 34 active participants. The Rappahannock Veterans Docket added five new participants this month, had one graduation and zero terminations. We currently have 18 active participants. The Spotsylvania Behavioral Health Docket welcomed zero new participants and had one graduation and zero 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 welcomed two new participants and had no graduations or terminations. We currently have 2 active participants.

Substance Use Services - Eleni McNeil, LCSW

During the month of August, the SUD program filled the Mobile OBOT Nurse vacancy and continued interviews for the Mobile OBOT Peer Recovery Specialist vacancy. Project LINK hosted a Back to School event for their families, providing school supplies and backpacks to 20 children. The SUD Services Coordinator attended Save1Life and met with Mary Washington Hospital's ED Bridge program staff. The SUD case managers attended a presentation from Warrior's Heart, True Recovery and Aspire Recovery, two inpatient treatment facilities in Virginia. Project LINK, OBOT and the SUD services coordinator also met with FCCR to obtain program updates and identify ways to improve collaboration.

Those served in the month of August in Fredericksburg SUD programs is as follows: Project LINK-29; OBOT-69; ARTS Case Management-55; SUD Outpatient (Fredericksburg)-58; SUD Peer Services- 19. We received the following referrals: RAASAP: 24; Community Based Probation/Pretrial: 20; District 21 Probation & Parole: 13

Jail and Detention Services - Portia Bennett

In August, a total of 49 residents were seen at the Rappahannock Juvenile Center for crisis, therapeutic, and medication management services. At the Rappahannock Regional Jail, a total of 111 individuals received crisis and/or therapeutic services, and a total of 138 individuals received substance use services. The Psychiatric

Nurse Practitioner saw a total of 54 individuals, and 300 individuals were prescribed psychotropic medications. 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: September 15, 2026

State Hospital	New	Discharge	Civil	NGRI	Forensic	EBL	Total Census
Catawba Hospital			1				1
Central State Hospital				1	1		2
Eastern State Hospital							0
Hiram Davis Medical Center			1			1	1
Northern Virginia Mental Health Institute	1	2					0
Piedmont Geriatric Hospital			3				3
Southern Virginia Mental Health Institute							0
Southwestern Virginia Mental Health Institute							0
Western State Hospital	5	0	2	5	15	1	22
Totals	6	2	7	6	16	2	29

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 as well as getting all medical orders in order prior to discharge. 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. They have been accepted to Marian Manor Assisted Living Facility and discharge plans are being finalized at this time and a discharge date will be set once everything is in place. They will require Discharge Assistance Program (DAP) funding to assist with payment. These funds have been approved.

Western State Hospital

Individual #2: Was placed on the EBL 5/19/26. Barriers to discharge include awaiting an available bed at a mental health group home. This individual is a young person with a diagnosis of a serious mental illness who is not able to return home or safely reside in the community, independently. They require supervision as well as support in maintaining their mental health. They have been accepted to a Gateway Mental Health Group Home. At this time there are no beds available at this facility. Once a bed becomes available, a discharge date will be set. This individual also requires DAP funding as they do not have any income and do not qualify for Medicaid. Their DAP plan has been approved in preparation for their discharge.

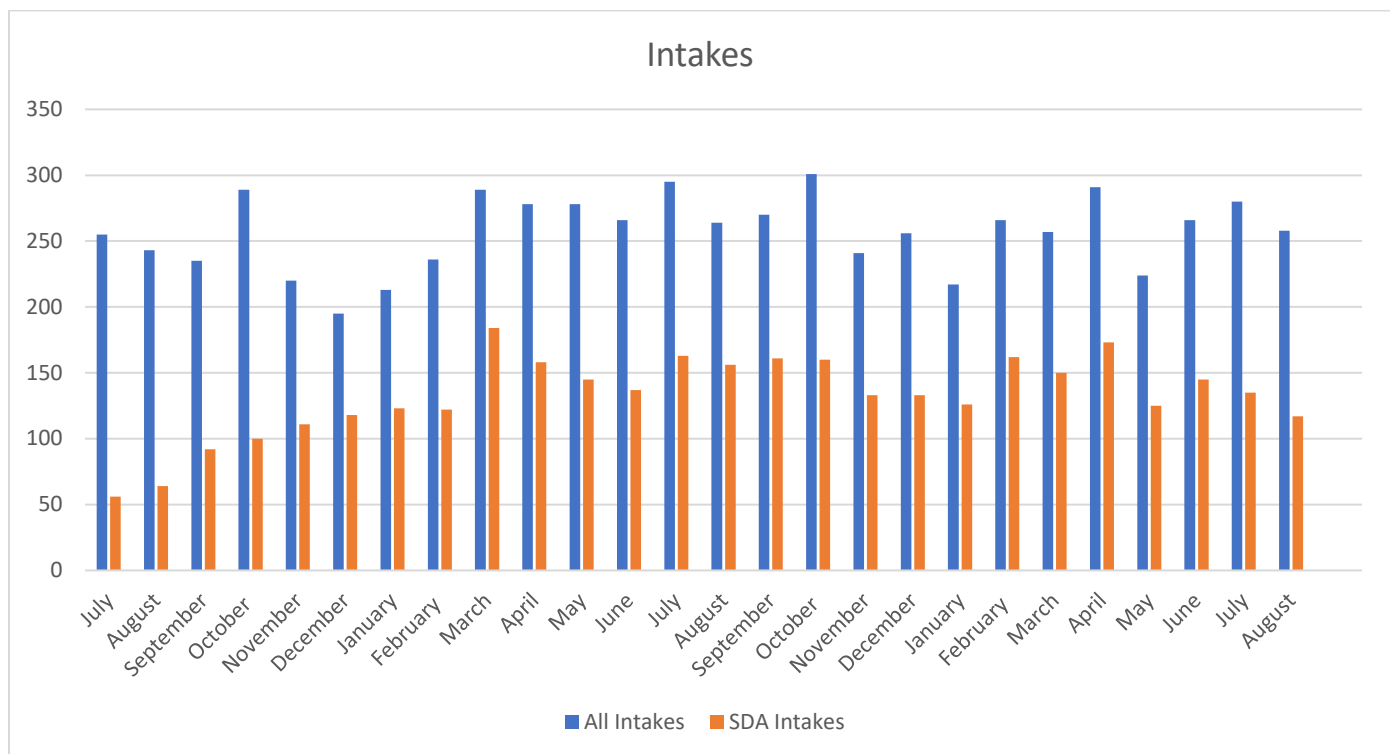
RAPPAHANNOCK AREA

COMMUNITY SERVICES BOARD

MEMORANDUM

To: Joseph Wickens, Executive Director
From: Jacqueline Kobuchi, LCSW, Director of Clinical Services
Date: September 4, 2026
Re: Same Day Access (SDA)

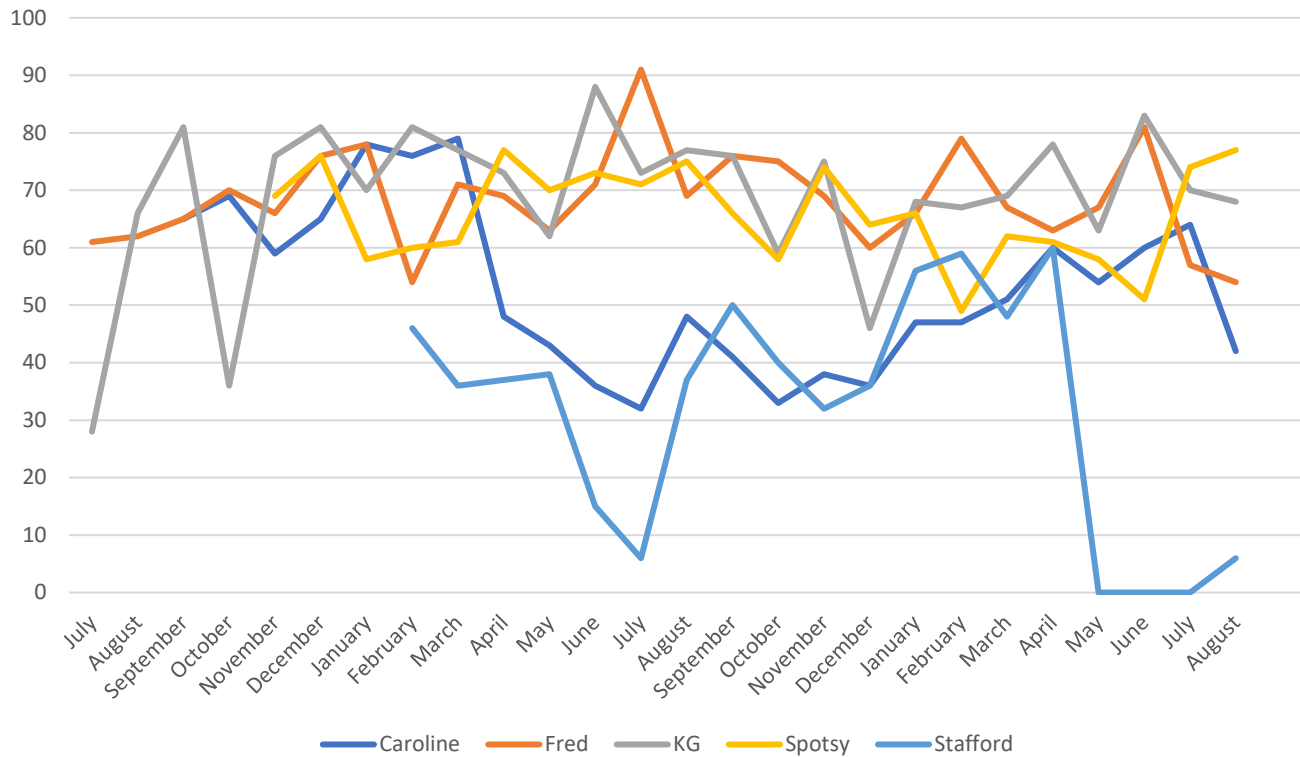
Below is data on the number of intakes completed at our outpatient clinics, and the percentage of those completed through Same Day Access. Individuals not seen through SDA received scheduled appointments, many times at their request or based on their needs. The Stafford Clinic initiated a waitlist in April due to a significant staffing shortage. That waitlist has now been resolved and SDA resumed in August.



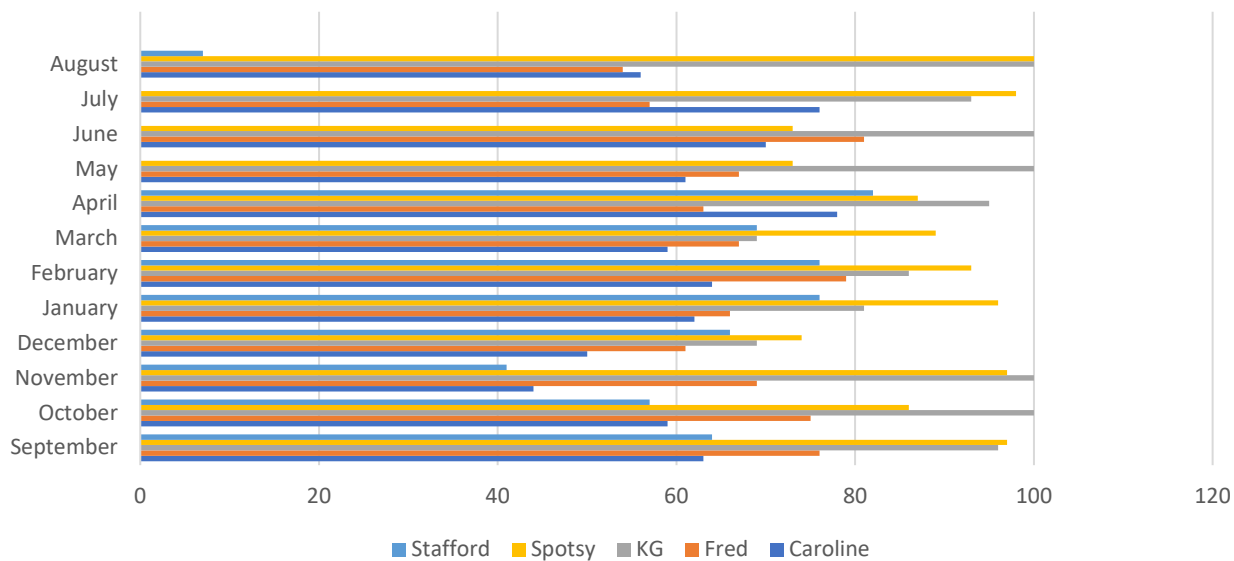
RAPPAHANNOCK AREA

COMMUNITY SERVICES BOARD

Percentage of Intakes Completed Through SDA



Percentage of Adult Intakes Completed Through SDA



EMORANDUM

To: Joe Wickens, Executive Director
From: Jacqueline Kobuchi, Director of Clinical Services
Date: September 4, 2026
Re: State Opioid Response (SOR) Proposal

DBHDS has provided an opportunity for community services boards to request SOR funds for FY27. Proposals were due August 27th and will be awarded for the federal fiscal year, which begins October 1st. Rappahannock Area CSB submitted requests for recovery and treatment funds to support our Office-Based Opioid Treatment (OBOT) program. A total of \$275,823.95 was requested in SOR Recovery funding. This amount includes \$170,796.66 for personnel salaries, \$61,808.38 for fringe benefits, \$1,500 for client transportation, \$1,800 for programmatic materials, as well as laptop replacements and repairs, and additional funds related to facility costs and overhead.

Additionally, \$775,573.16 was requested in SOR Treatment funding. This amount includes \$504,499.91 for personnel salaries, \$108,278.38 for fringe benefits, \$41,500 for supplies, including drug testing supplies, medications, programmatic materials, and laptop replacements and repairs; \$5,000 for contracts, including transportation services for clients and physical and laboratory work for uninsured clients; and \$11,000 for clinical and supportive services, including outpatient, intensive outpatient, residential treatment, temporary housing support, and SAMHSA Unified Performance Reporting Tool (SUPRT) incentives. There were also additional funds requested for facility costs and overhead.

SOR funds do not fully cover the cost of RACSB's Office-Based Opioid Treatment (OBOT) program; however, they are intended to help cover the costs of services provided to individuals who are uninsured.

RACSB
Program Update Report
Compliance
August 2026

Incident Reports

- There were 323 Incident Reports entered into the Electronic Incident Report Tracker during the month of August. This is an increase of 18 from July and an increase of 3 compared to June. All incident reports submitted were triaged by the Compliance Team.
- The top three categories of reports submitted in August were Health Concerns (97 reports), Individual Served Injury (45 reports), and Suicide Non-Completion (40 reports).
- The Compliance Team entered 34 incident reports into the Department of Behavioral and Developmental Services (DBHDS) Electronic Incident reporting system during the month of August (19-Level 2, 15- Level 3). This is a decrease of 4 from the number of submitted reports during the month of July (31-Level 2, 7- Level 3), and a decrease of 6 from the number of submitted reports during the month of June (28-Level 2, 12- Level 3).
- There were no reports that were elevated to care concerns by DBHDS during August. 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 34 root cause analyses reports were requested in the month of August; a decrease of 4 from the amount requested in July, and a decrease of 9 from those requested for the month of June. Five expanded root cause analyses reports were requested in August (these are more expansive reports usually requested after a series of serious incidents involving a specific individual).

Human Rights Investigations:

- The Compliance team conducted 2 human rights investigations in August. One investigation involved an allegation of physical abuse by a staff member towards an individual receiving services. This investigation was unsubstantiated. The second investigation pertained to an allegation against 1 staff member of physical abuse towards

an individual and neglect of 3 individuals. For this investigation, the allegation of abuse was substantiated; the 3 allegations of neglect were unsubstantiated.

Internal Reviewers:

- The Compliance Team met with Mental Health Outpatient Stafford on August 17th to go over audits/audit scores.
- The Compliance Team met with Mental Health Outpatient Spotsylvania on August 21st to go over audits/audit scores.
- The Compliance Team met with Peer Support Mental Health Outpatient Fredericksburg on August 21st 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 August, 10 follow-ups were completed (2 initial completion check-ins, 5 3-month check-in; 2 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 16 external requests for documentation from 6 different insurance providers seeking information for 240 different individuals' records in August.
- The Compliance Team corresponded with Brian Dempsey, DBHDS Incident Management Specialist, on 7 occasions in August regarding serious incident reports.
- The Compliance Team corresponded with the Office of Human Rights to provide evidence of corrective action regarding investigations on 6 occasions in August.
- The Compliance Team corresponded with Managed Care Organization representatives on 3 occasions in August to discuss Critical Incident reports.

Complaint Call Synopsis

- The Compliance Team did not receive any complaints for the month of August.

Special Projects

- The Compliance team, in coordination with DD Services, completed the eighth round of HSAG (Health Services Advisory Group) quality reviews. DBHDS contracts with HSAG to complete ongoing audits regarding quality of all DD services. This latest review began in April.
- The Compliance team worked with programs, Property Coordination, and Administration to complete a 5-year plan/schedule for capital projects.
- The Compliance team worked in coordination with the Transportation Supervisor preparing materials for a DRPT (Department of Rail and Public Transportation) audit that

will be finalized in September. DRPT is the entity that provides grant funding for many of our agency vehicles used in community support services.

Trainings

- The Compliance Team hosted a Q-Tip training on facility inspections and drills on August 5.
- The Compliance team participated in Impruvon's Staff and Administration Foundations training in preparation for the new E-MAR process in direct services.
- The Compliance team conducted a 2-day Person-Centered Thinking class on August 13th and 14th.
- The Compliance team attended a virtual training on a new audit tool and note writing tool on August 27th with Bells.

To: Joseph Wickens, Executive Director

From: Stephanie Terrell, Director of Compliance & Human Rights

Date: August 2026

Re: Quality Assurance Report

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

- Crisis Stabilization
- Mental Health Case Management

Crisis Stabilization

There were two staff members responsible for the selected charts.

Findings for the ten closed charts for Crisis Stabilization were as follows:

- Ten charts were reviewed for Assessment compliance:
 - **No discrepancies noted with Assessments:**
- Ten charts were reviewed for Individual Service Plan compliance:
 - **No discrepancies noted with Service Plans.**
- Ten charts were reviewed for Progress Note compliance:
 - **No discrepancies noted with Progress Notes.**
- Ten charts were reviewed for Discharge compliance:
 - **No discrepancies noted Discharge Documentation.**

Comparative Information:

In comparing the Crisis Stabilization charts from previous audits to the current audits, the average score remained the same at 100.

Mental Health Case Management: Spotsylvania

There were three staff members responsible for the selected charts.

Findings for the ten open charts and two closed charts reviewed for Mental Health Case Management Spotsylvania services were as follows:

- Ten charts were reviewed for Assessment compliance:

- **Discrepancies noted with Assessments:**
 - One chart was missing the Daily Living Activities (DLA 20).
- Ten charts were reviewed for Individual Service Plan compliance:
 - **Discrepancies noted with Individual Service Plans:**
 - Two charts had Individual Service Plans that were finalized after the start of the plan year.
- Ten charts were reviewed for Quarterly Review compliance:
 - **Discrepancies noted with Quarterly Reviews.**
 - Two charts had Quarterly Reviews that were missing.
- Ten charts were reviewed for Progress Note compliance:
 - **No discrepancies noted with Discharge.**
- Two charts were reviewed for Discharge compliance:
 - **No discrepancies noted with Discharge.**

Comparative Information:

In comparing the audit reviews of Mental Health Case Management: Spotsylvania charts from the previous audits to the current audits, the average score increased from 85 to 92 on a 100-point scale.

Corrective Action Plan:

- Mental Health Case Management (MHCM) Supervisor met with each staff to review the audit and provide praise for good documentation as well as guidance regarding documentation requirements for Individual Service Plans (ISPs) and Quarterlies.
- Staff with missing documentation completed the missing documentation prior to returning the reviews.
- Supervisor will review the following in our staff meeting to be held 7/13/2026
- The importance of scheduling ISP meetings a good time in advance of the due date of the ISP to allow for any cancellations of the individual or other scheduling issues that may arise.
- The requirement regarding completing the last quarterly that is due prior to discharging an individual from Case Management (CM) Services.

MEMORANDUM

To: Joe Wickens, Executive Director
From: Stephanie Terrell, Director of Compliance
Date: September 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 non-compliance.

Rappahannock Area Community Services Board (RACSB) received approval from DBHDS for 2 CAPs submitted that included the following citations:

- Citation for not ensuring that the entries in an individual's services record were at all times authentic, accurate, complete, timely, and pertinent.
- Citation for neglect for staff receiving speeding tickets in agency vehicles with program participants aboard.

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

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

Page: 1 of 2

License #: 101-07-003

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 07-18-2026

Program Type/Facility Name: 07-003 Caroline Clinic

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-105-150. (4) - The provider including its employees, contractors, students, and volunteers shall comply with: 4. Section 37.2-400 of the Code of Virginia and related human rights regulations adopted by the state board;	N	Caroline Clinic This regulation was NOT MET as evidenced by: See OHR citation below.		
12VAC35-115-60. B. (8) - The provider's duties. 8. Providers shall ensure that the entries in an individual's services record are at all times authentic, accurate, complete, timely, and pertinent.	N	Caroline Clinic This regulation was NOT MET as evidenced by: During an internal investigation the provider determined the following: • Individual 1 reported inaccurate documentation in the treatment record. • Individual 1 also reported that Individual 1 interpreted Employee 1's notes as not believing the traumatic events that Individual 1 had experienced in the past. • Individual 1 reported that Employee 1 documented in the treatment record that Individual 1 had been sexually assaulted, but Individual 1 reported that Individual 1 was physically assaulted.	PR) 08/10/2026 Employee will be coached on how to append documentation. In addition, the process to add documentation to their file was discussed with Individual #1 during the investigation process. The Medical Director will review documentation expectations at the August 6th medical meeting, with an emphasis on accurate and unbiased documentation. The Employee referenced in the complaint will be assigned documentation training in Relias to be completed by 8/31/26. Completion of the items listed above will be monitored by the Director of Clinical Services. OHR/OLR) Accepted 08/17/2026	08/31/2026 00:00:00

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

Page: 2 of 2

License #: **101-07-003**

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

Date of Inspection: **07-18-2026**

Program Type/Facility Name: **07-003 Caroline Clinic**

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

Page: 1 of 3

License #: 101-18-002

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 08-21-2026

Program Type/Facility Name: 18-002 ACT North

<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	ACT North This regulation was NOT MET as evidenced by: See OHR citation below.		
12VAC35-115-50. B. (2) - In receiving all services, each individual has the right to: 2. Be protected from harm including abuse, neglect, and exploitation.	N	ACT North "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. This regulation was NOT MET as evidenced by: • The provider has substantiated for neglect due to the following: o Employee 1 and Employee 2 received speeding tickets for driving 73mph in a 60mph work zone and 74mph in a 60mph work zone, respectively, while operating agency vehicles while Individual #1, Individual #2, Individual #3, Individual #4, Individual #5, Individual #6, and Individual #7 were in their care. o As a result, the employees failed to provide transportation services necessary to the health, safety, and welfare of the individuals being transported.	PR) 08/26/2026 Both employees involved in the speeding incidents were counseled immediately upon discovery and received formal written disciplinary action, which is documented in their personnel files. Each employee completed a driving refresher course. Individual #1 through Individual #7 were assessed by nursing and direct care staff following the incidents, and no injuries or adverse effects were identified. The staff were informed that any further violations while transporting individuals will result in further disciplinary action to up and including termination. All ACT team staff have been coached during daily team meetings on the expectation to obey posted speed limits at all times when operating agency vehicles, with particular emphasis on work zones, while transporting individuals. This expectation has been reinforced verbally by team leadership and will continue to be revisited as a standing topic in daily team meetings to keep it fresh for staff. A recurring reminder regarding safe driving practices and speed limit compliance has also been added to the agenda	09/03/2026 00:00:00

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

Page: 2 of 3

License #: 101-18-002

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 08-21-2026

Program Type/Facility Name: 18-002 ACT North

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
			notes for administrative team meetings, ensuring that supervisory staff consistently reinforce this expectation and have a regular opportunity to address any concerns or questions that arise. Any staff member who receives a moving violation while transporting individuals will be reviewed by the Program Coordinator for continued driving privileges as part of this process. The ACT Coordinator will monitor staff compliance with speed limit expectations through the daily team meetings, using this recurring agenda item to check in with staff, address any concerns, and reinforce safe driving practices on an ongoing basis. The ACT Coordinator will also confirm monthly that the safe driving reminder remains on the administrative team meeting agenda and that it is being consistently discussed. Any moving violation reported or discovered will be reviewed immediately by the ACT Coordinator, who will determine whether further action, including review of the employees continued driving privileges, is warranted. Tickets paid by both employees: completed 6/30/26 · Written disciplinary action and driving record review for both employees: completed 7/28/26 · Coaching of ACT team staff on speed limit expectations initiated during daily team meetings: completed 7/28/26 · Safe driving reminder added to administrative team meeting agenda notes: completed 7/28/26 START driving course for both employees: to be	

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

Page: 3 of 3

License #: 101-18-002

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 08-21-2026

Program Type/Facility Name: 18-002 ACT North

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
			completed 9/3/26 (next available course date) · Ongoing monitoring by ACT Coordinator through daily team meetings and monthly agenda confirmation: began 7/28/26 and ongoing OHR/OLR) Accepted 08/27/2026	

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.

Heather Hilleary, Human Rights

(Signature of Organization Representative)

Date

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

Communications Update, September 2026

RACSB was present at these community events:

- Aug. 4: National Night Out (Spotsylvania and King George)
- Aug. 14: Family Reunification/Back-to-School Resource Fair
- Aug. 31: Overdose Awareness Day events

Additional communications information:

- 96 social media posts in August
- Website updates: blog post, link audit, updated documents, board packet and minutes, continued work on accessibility review, created a digital Wall of Hope as part of September's service project and Suicide Prevention Month
- Internal Communications/Employee Engagement:
 - Disbursed the donated school supplies from July's service project
 - Cleaned Dixon Park as the August service project
 - Developed and distributed August Mission:HopeStarter dossier, Operation Human Intelligence
 - Continued to expand Viva Engage, Spark, and Inside RACSB

Communications September 2026 Report



Communications Metrics for August 2026

Social Media:

- 90 posts
- 87,742 impressions
- 30 comments
- 970 reactions
- 4,581 followers

Website:

- 6,584 users
- 69,162 views

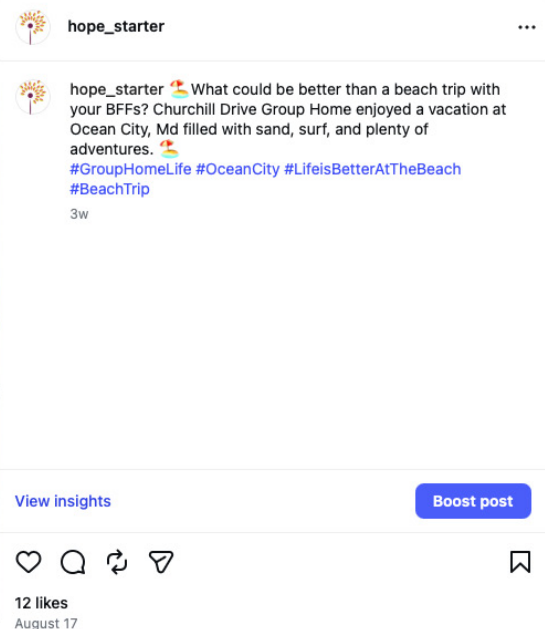
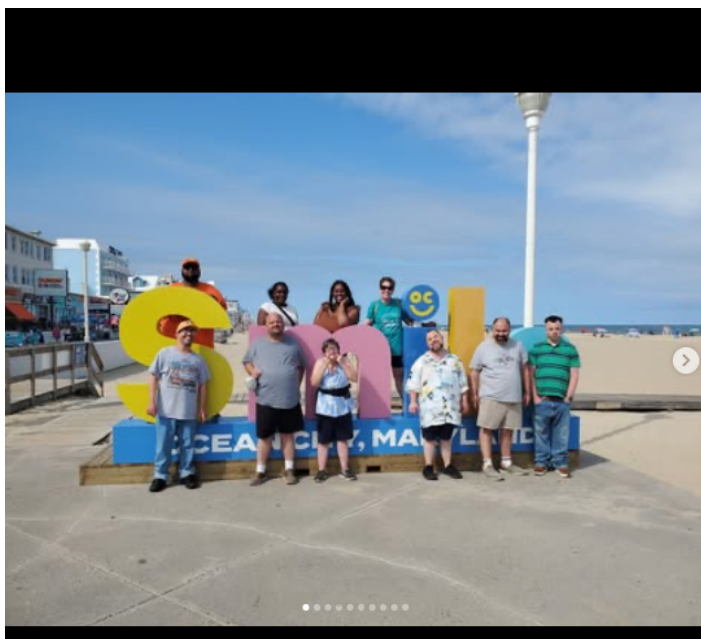
Top five pages:

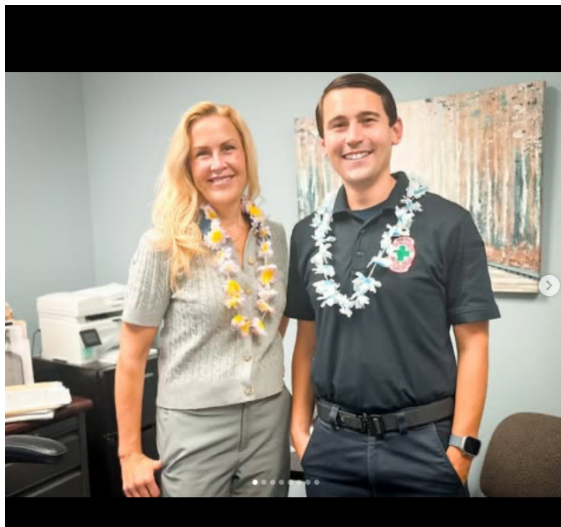
Staff portal, home, employment, contact us, mental health services

Instagram

- 514 followers
- 35 posts
- 3,002 impressions
- 3 shares
- 139 reactions

Top Four Posts:





hope_starter
...

hope_starter 🌺🌺🌺 Aloha from RACSB! 🌺🌺🌺
#SpiritDay #TropicalVibes #HawaiianDay #Aloha #HopeStarter
1w

View insights
Boost post

Liked by clean.images and 13 others
August 28



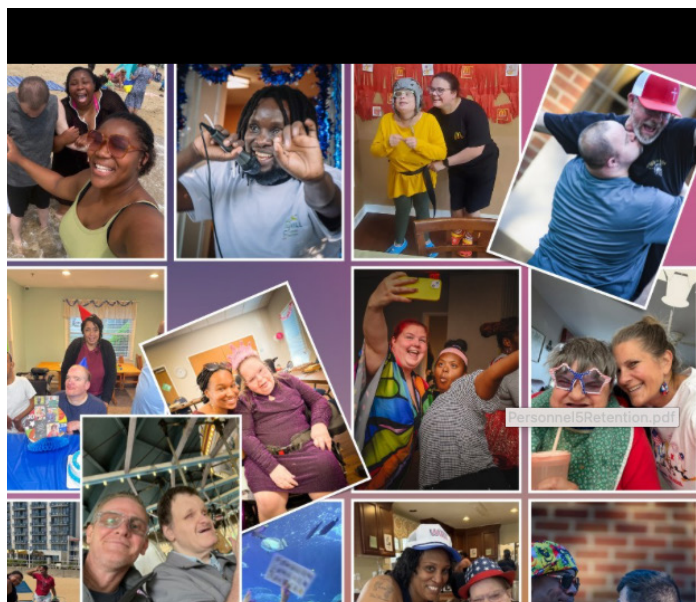
hope_starter
...

hope_starter 🗑️🌿 Did you know that clean environments are hope-filled? For our August service project, HopeStarters headed to Dixon Park in Fredericksburg to clean up litter. A huge thank you to Fredericksburg Parks and Recreation for giving us the opportunity to start our day with sunshine, fresh air, and the chance to help our community. 💚
1w

joannascathach Awesome!
1w 1 like Reply

View insights
Boost post

Liked by mha_fred and 10 others



hope_starter
.

hope_starter DJ. 🎧 Dance partner. 🚗 Road trip buddy. 🎉 Party planner. 📸 Selfie partner. 🏖️ Beach companion. 🌊

The official title might be Direct Support Professional, but the job description is so much more.

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5w

View insights
Boost post



Rappahannock Area Community Services Board

Published by Hootsuite · August 28 at 4:01PM ·



🌴🌺🌺 Aloha from RACSB! 🌴🌺🌺

#SpiritDay #TropicalVibes #HawaiianDay #Aloha #HopeStarter



Road trip recap! 🚗🌟

Deborah, a resident at our Lucas Street Intermediate Care Facility, recently enjoyed a fun overnight getaway to Williamsburg!

Her trip was packed with great food and good finds—starting with a delicious feast at Captain George's Seafood Restaurant and ending with a successful shopping spree at the outlet mall. 🛍️🦀

At RACSB, we love supporting our residents as they explore new places, pursue their favorite activities, and make wonderful memories out in the community. Looks like an amazing trip, Deborah! 💙

#ShopTilYouDrop #InclusiveCommunity #IntermediateCareFacilities
#RoadTrip #HopeStarter See less



Facebook

- 3,600 followers
- 55 posts
- 84,740 impressions
- 109 shares
- 973 engagements

Top Four Posts:

Today, we wear purple. 💜

On International Overdose Awareness Day, we remember the lives lost to overdose, support the families left behind, and acknowledge the grief felt by so many in our community. Wearing purple is a visible promise that no one has to walk the path of recovery or grief alone. At RACSB, we remain deeply committed to providing education, treatment, harm reduction resources, and compassionate care across Planning District 16.

To anyone impacted by addiction or loss: we see you, we honor your journey, and hope is always within reach. 💙

[#IOAD2026](#) [#OverdoseAwareness](#) [#PreventOverdose](#) [#SaveLives](#)
[#SpreadHope](#) [#HopeStarter](#) [#SparkHope](#) See less



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[#ShopTilYouDrop](#) [#InclusiveCommunity](#) [#IntermediateCareFacilities](#)
[#RoadTrip](#) [#HopeStarter](#) See less



🌴🌺🍍🌺 Aloha from RACSB! 🌴🌺🍍🌺

[#SpiritDay](#) [#TropicalVibes](#) [#HawaiianDay](#) [#Aloha](#) [#HopeStarter](#)



Employee Engagement

August's service project was cleaning Dixon Park in Fredericksburg. We partnered with Fredericksburg City Parks and Recreation Department and cleaned the park on a Monday morning. We had 20 employees, plus three groups from Rappahannock Adult Activities.

Mission:HopeStarter has been going well, and 103 employees qualified for the prize drawing in August. To qualify, an employee must complete at least two of the weekly operations or return the monthly dossier completed. To give you an idea of what the dossiers include, here is a page from the September dossier:

HSF-2026-09

CLASSIFIED

TOP SECRET

YOUR SEPTEMBER ASSIGNMENT

Hope isn't always a feeling. Sometimes it's a person, a choice, a treatment, a connection, a reason to keep going—or simply someone willing to sit beside us while we find our way.

This month, your mission is to explore what it means to spread hope without oversimplifying it.

RACSB UP CLOSE

Our intelligence team intercepted these photos from a top secret place in the RACSB network. Can you identify it?



ANSWER:

FIELD INTELLIGENCE—FIND HOPE IN UNEXPECTED PLACES

Find something that gives you hope. This could be a person, an animal, a place, something someone made, a tiny moment, something funny, something you're looking forward to, something you've overcome. Take a picture and email it to aumble@rappahannockareacsb.org with a sentence about why this brings you hope.

WHAT PICTURE DID YOU SEND?

Hope Starter Communications

Communications Plan FY 27

FY26: Building the Foundation

Website

- Major content review/redesign work
- Improved navigation/accessibility
- Expanded/updated service information
- Started groundwork for accessibility requirements

External Communications

- Increased storytelling
- Social media campaigns
- Community education

Internal Communications/Employee Engagement

- Increased editions of Inside RACSB
- Started monthly service projects
- End-of-year employee appreciation efforts
- Expanded use of intranet and Engage

By the Numbers

142

Engage posts created by communications coordinator

76

HopeStarter shirts given to employees through engagement contests and the ambassador program or as rewards for volunteering to represent RACSB at events.

22,760

visits to Spark

43

Information Friday emails sent

4,449

social media followers at the end of FY26

1,494

social media posts in FY26

72,566

website visitors in FY26

863,221

website page views in FY26

53

community events where RACSB had representation

What's Next?

In FY27, Communications will build on the foundation established in FY26 by connecting RACSB's communication channels and activities into a more intentional communications ecosystem.

Guided by RACSB's vision to Spark Hope. Support Hope. Spread Hope., communications will focus on making services easier to find, making information more accessible, strengthening RACSB's public voice, connecting employees to the mission, and creating sustainable systems for sharing the organization's story.

Spark Hope.

Tell RACSB's story. Increase awareness, reduce stigma, build trust, and show our community what hope, recovery, wellness, and inclusion look like.

Support Hope.

Make help easier to find. Make services understandable, navigable, and accessible —from the website and Guides to Services to program materials and crisis information.

Spread Hope.

Connect HopeStarters and our community. Use internal communications, employee engagement, recognition, and storytelling to strengthen connection to RACSB's mission.

FY27 Communications Priorities

Make Help Easier to Find: Improve website navigation, service guides, plain-language content, and cross-channel consistency.

Make Communications Accessible: Reach WCAG 2.1 AA compliance and establish accessibility as a standard for all new content.

Tell the RACSB Story: Strengthen storytelling, media relations, social media, and public education around hope, recovery, wellness, and inclusion.

Connect HopeStarters: Expand internal communications, Spark, Viva Engage, and employee engagement and continue Mission:HopeStarter.

Build a Communications Ecosystem: Develop reusable content, photography, templates, campaigns, and systems that make communications more sustainable.

Be Ready When It Matters: Strengthen crisis, media, and high-stakes communications readiness.

Make Help Easier to Find:

- monthly website updates
- Guides to Services redesign
- program webpages
- quarterly link/contact audit
- three blog posts/quarter
- e-newsletter growth

Make Communications Accessible:

- April 26, 2027 WCAG compliance deadline
- accessible templates
- accessible documents and forms
- accessibility workflow
- accessibility training
- accessibility audit

Tell RACSB's story:

- Two media releases/quarter
- 100 social media posts/quarter
- annual report
- program photography/photo library
- blog posts

Connect HopeStarters:

- Mission:HopeStarter
- monthly issues of InsideRACSB
- Information Friday emails
- service projects
- employee and family picnic
- employee appreciation efforts
- Spark and Engage growth

Build the Communications Ecosystem

- branded templates
- photography library
- style guide
- reusable content
- organization of content

Be Ready When It Matters

- media relations
- crisis communications plan

What is a communications ecosystem?

It's coordinating efforts so one story can serve multiple strategic purposes and audiences.

An example: The digital Wall of Hope

This sprang from two simultaneous activities—monthly service projects and Mission:HopeStarter. We needed an activity for the service project and a theme for Mission:HopeStarter. We decided both would be about spreading hope, and one activity would be a digital Wall of Hope on the website. A post on Engage asked employees to submit the first hopeful messages to display on the wall. We then took those messages and created social media posts. These social media posts were then shared with employees to use on their own and also posted on RACSB's social media feeds. This created engagement activities, social media content, community engagement, suicide prevention messaging, and website traffic.

RACSB's Strategic Plan

In FY27, communications will support the following components of RACSB's strategic plan:

- Ensure equitable, timely, and comprehensive access to services for all individuals in our community.
- Increase awareness and reduce stigma around behavioral health and remove barriers that prevent clients from engaging in services.
- To be a trusted leader in delivering accessible, person-centered, and evidence-based care that improves the lives of individuals and strengthens communities.
- To deliver and advocate for comprehensive, individualized, and community-integrated supports that enhance the well-being, independence, and inclusion of individuals served.
- To recruit, develop, and retain a competent and compassionate workforce through training, leadership development, and employee well-being initiatives while building a positive culture of service.
- To enhance employee retention and engagement to support a resilient and high-performing workforce aligned with RACSB's mission that delivers equitable and high-quality care to the community.



Prevention and Early Intervention Services Program Updates

Michelle Wagaman, Director

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

September 2026

Top 5 for September:

1. September is Suicide Prevention Awareness Month and National Recovery Month.
2. Healthy Families Rappahannock Area is hosting their first “Breaking Barriers to Employment” workshop on September 8, 2026. This initiative is funded by a grant from the Women’s and Girls Fund of The Community Foundation of the Rappahannock River Region. It is being facilitated in partnership with the University of Mary Washington’s Center for Career and Professional Development and Rappahannock Goodwill.
3. Early Intervention Services supported 58 children to transition to Part B Preschool Special Education with our local school systems (May through July).
4. Lock and Talk launched an awareness campaign called “Beyond the Chat” to encourage more personal conversations and relationships.
5. Bully Prevention Education has returned to elementary schools in Caroline County for a fourth year.

Upcoming Events:

- The Fredericksburg and Spotsylvania County Battlefields Memorial National Military Park is hosting a Safety, Health, and Wellness Fair on September 2, 2026.
- 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.
- Greater Fredericksburg annual Out of Darkness Community Walk will be held October 17, 2026 at Pratt Park. This is organized by the American Foundation for Suicide Prevention.
- Operation Medicine Cabinet will be held October 26, 2026 from 10:00 a.m. to 2:00 p.m. at various locations throughout Planning District 16. The April event collected 1,882 pounds.
- 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>

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 June 2nd, July 7th, August 13th; Rappahannock Area Interagency Coordinating Council meeting June 18th, July 16th, August 20th; VACSB Public Policy Committee meeting May 27th, June 24th, July 29th, August 26th; VACSB CCC+ State Steering Committee meeting May 18th, June 22nd, July 20th; Co-hosted the Board Tour May 13th; CoCoA Steering Committee meeting May 14th and July 9th; VACSB Leadership to develop budget priorities May 18th; VDH Perinatal Substance Use Conference Jun 3rd and 4th; VACSB Developmental Disabilities Leadership meeting July 20th; VACSB Developmental Services Council meeting August 17th; Infant and Early Childhood Mental Health Consultation ECHO July 23rd, 30th, August 6th, August 27th; and Inaugural SB133/HB652 Workgroup meeting August 12th.

Infant Case Managers received 76 referrals in May, 84 in June, and 77 in July. Program-wide, we discharged 66 children in May, 71 in June, and 107 in July; 58 of these children transitioned to Part B Preschool Special Education in our local school systems May through July.

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 Curriculum – 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. The Second Step Bullying Prevention has returned to elementary schools in Caroline 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 continues to wait for the updated materials reflecting code changes effective July 1, 2026. CSB Prevention Teams will have another two years to repeat the visits.

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.

One remaining training scheduled for 2026 will be held September 23-24 (8:30 a.m. to 5:00 p.m. both days). To register: <https://www.signupgenius.com/go/RACSB-ASIST-Training2026>

Mental Health First Aid – This 8-hour course teaches adults how to identify, understand, and respond to signs of mental health and substance use disorders. The training introduces common mental health challenges and gives participants the skills to reach out and provide initial support to someone who may be developing a mental health or substance use problem and connect them to the appropriate care.

Adult Mental Health First Aid trainings will be held on the following dates in 2026: September 29; and December 25 (from 8:30 a.m. to 5:00 p.m.).

Mental Health First Aid in Spanish is scheduled for October 15 (from 8:30 a.m. to 5:00 p.m.).

Youth Mental Health First Aid training is scheduled for November 3 (from 8:30 a.m. to 5:00 p.m.). Spotsylvania County Public Schools recently had two (2) school social work staff complete the train-the-trainer. They will begin facilitating the training in-house this academic year. We will continue to provide support and co-train as needed.

Teen Mental Health First Aid will be implemented again at James Monroe High School and Caroline High School this fall.

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 – This September, Lock and Talk Virginia is going Beyond the Chat. Young people are already using AI to study, write, think out loud, and sometimes to work through hard feelings. Technology can be part of your support system. It does not have to be your whole support system. This campaign is about keeping a real person in the conversation.

AI Can Help. People Heal.

AI can help you:

- Find information
- Sort out your thoughts
- Practice a hard conversation
- Explore ways to handle stress
- Figure out what to ask a doctor or counselor

People can help you:

- Understand what you are going through
- Know your history
- Notice when something has changed
- Make decisions with you
- Show up and stay

You can use both. Just do not use AI alone for the things that matter most.

What We Know

A 2025 study in Scientific Reports tested 29 AI chatbot apps against a standardized set of prompts designed to simulate rising suicide risk. None of them met the researchers' bar for an adequate response, with 14 rated inadequate and 15 rated marginal. A 2026 review reached a similar conclusion, finding that commercial chatbots built without clinical design showed a near-universal failure to respond adequately in a crisis. The response has been fast. A growing number of states now require chatbot operators to recognize expressions of suicidal thoughts or self-harm and point users toward resources like the 988 Suicide & Crisis Lifeline.

There is also a design issue worth knowing about. Many chatbots are built to agree with you and validate whatever you say, because that keeps people coming back. The American Psychological Association has warned that this can be harmful when someone is struggling. A person who cares about you will tell you the truth instead. That difference matters.

Find Your Words

You do not have to know what to say. Just start:

"Can I talk to you about something?"

"I have been having a hard time lately, and I do not really know what I need."

"You have seemed quiet. How are you actually doing?"

Think of your top 3. Who could you go to when life gets hard? A friend, parent, teacher, coach, counselor, or another trusted adult. Save their names in your phone before you need them. Use our family conversation cards to keep the conversation going.

Beyond the Chat
Your Story Deserves Real Conversation

Conversation Cards for Families

AI can help organize your thoughts. People help you heal. Keep talking to the ones who know you best.

Pull one card at dinner, in the car, or anywhere you are already together. There are no wrong answers.

Made for dinner tables, classrooms, youth groups, and counseling groups.

locktalkva.org/beyond #BeyondTheChat

988 Suicide & Crisis Lifeline: call or text 988

Beyond the Chat:
Your Story Deserves Real Conversation



Real connection starts September 1

A chatbot can reply, but only a person can answer.

Real people are ready to listen.

10,000+ Virginians helped every month by real 988 crisis workers

#BeyondTheChat



World Suicide Prevention Day
September 10

A screen can hold your words.

A person can help you carry them.

Hard moments pass and reaching out works.



#BeyondTheChat

Lock it up, then talk it out.

Secure storage creates time, and time creates conversation.

Free locking devices at your local community services board

#BeyondTheChat



Beyond the Chat
Your Story Deserves Real Conversation

Conversation Cards for Families

AI can help organize your thoughts. People help you heal. Keep talking to the ones who know you best.

Pull one card at dinner, in the car, or anywhere you are already together. There are no wrong answers.

Made for dinner tables, classrooms, youth groups, and counseling groups.

locktalkva.org/beyond #BeyondTheChat

988 Suicide & Crisis Lifeline: call or text 988

Keep checking on your people.

Keep talking to the ones who know you.

Keep your home safely stored.

Keep 988 in your phone.

Beyond the Chat:
Your Story Deserves Real Conversation



#BeyondTheChat

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 October 26, 2026. The coalition is working with the VA Healthcare Center to host a training for faith leaders, Collaborating in Care: Ministry and Mental Health (CCMM) Training,

to be held October 23, 2026. This will 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. Registration is now open. Hannah Smith, Co-response Therapist, is a panelist. RACSB Prevention will also offer Hidden in Plain Sight and The Brain Architecture Game.



8.45 - 9.15 a.m.	Arrival & Check In Check in at the entrance of the Cyber Bytes Foundation Building. All students must be registered prior to arrival. <i>Address: 1010 Corporate Dr. Stafford, VA 22554 USA</i>	10.20 - 10.50 a.m.	Hannah Smith Learn about the role of Behavioral Health Units and use this opportunity to ask questions!
9.30 - 9.35 a.m.	Opening Remarks Introduction of MHAfred, presenters, and an overview of the conference.	10.50 - 11.00 a.m.	BREAK! Please take 10 minutes to chat & take a break. Anyone with a blue badge is available for one-on-one conversations. Feel free to chat with any of these volunteers!
9.35 - 9.55 a.m.	Hayley Robinson A presentation that highlights the importance of athletic mental health & ending stigma.	11.05 - 11.45 a.m.	Lunch & Vendor Break All attendees will enjoy a complimentary lunch. Community resource tables will be on site.
9.45 - 10.05 a.m.	Kathy Butler: Girls on the Run Learn from Kathy Butler on how overcoming mistakes can help to build mental health resiliency.	11.45 - 12.45 p.m.	Break Out Activity Students: Engage in a ACE's breakout activity hosted by RACSB. Parents: Head upstairs for Hidden in Plain Sight
10.10 - 10.30 a.m.	Chirstine O'Connor Learn about how to protect your mental health while utilizing AI.	12:50 - 1:00 p.m.	Closing Remarks A big thanks for joining us for another excellent conference! See you next year!

This schedule is subject to change. Attendees will be notified of any changes in advance.

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.

For International Overdose Awareness Day, RACSB partnered with Germanna Community College and the University of Mary Washington to host REVIVE! trainings with Naloxone distribution. More than 100 kits were distributed at the two events.

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.

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 hosted a train-the-presenter in August with 24 participants completing the 2.5 day workshop. All but two (2) participants were from other CSBs. RACSB hosting allows other CSBs to meet training expectations set forth in the annual performance contract.



Understanding ACEs trainings are scheduled for September 8, October 27, and December 2, 2026.

To register: <https://www.signupgenius.com/go/RACSB-ACES-Training2026>

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 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.” There are currently more than 70 individuals registered.

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 at the YMCA.

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 on October 28. The remaining 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.

August 2026

LOCALITY	NUMBER OF REFERRALS	ASSESSMENTS	NUMBER OF FAMILIES RECEIVING HOME VISITS	NEW ENROLLEES YEAR-TO-DATE
CAROLINE COUNTY	1	0	7	0
CITY OF FREDERICKSBURG	12	9	32	5
KING GEORGE COUNTY	1	3	2	0
SPOTSYLVANIA COUNTY	9	4	31	1
STAFFORD COUNTY	5	0	15	0
OUT OF AREA (REFERRED TO OTHER HF SITES)	0	0	0	0
TOTAL	28	16	87	6

- HFRA full capacity will be 88 families. The program will graduate seven (7) families in August. New families are being assigned and the program anticipates returning to capacity quickly.
- HFRA Performance tier rating was changed from “Meets” to “Exceptional” after the Site Visit Re-Evaluation was conducted from Healthy Families Virginia.

- HFRA has 10 participants registered for the “Breaking Barriers to Employment” Workshop scheduled for September 8, 2026. This is funded by the Women and Girls Fund grant through the Community Foundation of the Rappahannock River Region.
- HFRA Board Fundraiser with Orleans Bistro collected \$1,700.
- HFRA received a generous \$3,000 donation from the Rappahannock – Fredericksburg Rotary Club.

Healthy Families Rappahannock Area FY 2026 Year-end Report

Healthy Families Rappahannock Area is a voluntary home visitation program designed to promote healthy families and healthy children through a variety of services, including child development, access to health care and parent education.

Rappahannock Area Community Services Board serves as the fiscal agent for Healthy Families Rappahannock Area (HFRA). The program consists of one (1) Program Director, two (2) Supervisors, and five (5) Direct Service Professionals (Family Resource Specialist and Family Support Specialists).

In FY 2026, Healthy Families Rappahannock Area:

- Completed 385 Screenings
- Completed 202 parent assessments
- Offered services to 112 families
- Enrolled 59 new families
- Conducted 1,815 home visits with 230 families
- Served 350 families

RAPPAHANNOCK AREA

COMMUNITY SERVICES BOARD

Healthy Families Rappahannock Area (HFRA) July 1, 2023 – June 30, 2026

HFRA helps parents **IDENTIFY** the best version of themselves, **PARTNERS** with parents with success in parenting, and **EMPOWERS** parents to raise healthy children. We provide free support to families residing in the City of Fredericksburg and the counties of Caroline, King George, Spotsylvania and Stafford.

SCREENINGS

Period	Quarter 01	Quarter 02	Quarter 03	Quarter 04	YTD
Total number of Healthy Families screenings completed	92	54	67	172	385

ASSESSMENTS

Period	Quarter 01	Quarter 02	Quarter 03	Quarter 04	YTD
Total number of Parent Survey/Assessment completed	57	48	47	50	202
How many families were offered HV services	33	33	26	20	112
How many families enrolled (completed 1st home visit)	17	21	11	10	59

HOME VISITS

Period	Quarter-01	Quarter-02	Quarter-03	Quarter-04	YTD
Total number of home visits completed	568	453	460	334	1815
Total number of Families served with home visiting	174	159	153	133	230

FAMILIES SERVED

Period	Quarter 01	Quarter 02	Quarter 03	Quarter 04	YTD
Total number of Families served	203	184	181	171	350
Total number of Target Children served	159	144	137	123	191

RAPPAHANNOCK AREA

COMMUNITY SERVICES BOARD

LOCALITY	NUMBER OF REFERRALS YTD	ASSESSMENTS YTD	NUMBER OF FAMILIES RECEIVING HOME VISITS JUNE 2026	NEW ENROLLEES YEAR-TO-DATE
CAROLINE COUNTY	20	8	6	5
CITY OF FREDERICKSBURG	121	52	20	16
KING GEORGE COUNTY	32	13	1	2
SPOTSYLVANIA COUNTY	121	65	31	22
STAFFORD COUNTY	91	58	20	14
OUT OF AREA (REFERRED TO OTHER HF SITES)	7	0	0	0
TOTAL	365	202	78	59

Newsorthy:

- HFRA awarded \$50,000 grant from Community Foundation Women and Girl's Fund
- Received "Exceptional" Tier Rating for HFV TA Site Visit
- HFRA participated in the Mary Washington Hospital Annual Baby Shower collecting 94 screens
- Collected \$395 on Giving Tuesday
- Collected \$2,676 in donations via Zeffy
- Received \$5,000 Donation from Strong Tower Church



To: Joe Wickens, Executive Director
From: Melodie Jennings, Healthy Families Coordinator
Date: September 1, 2026
Re: **Re-Evaluation - FY 2026 Healthy Families Virginia Mid-Cycle Site Visit**

Following the Healthy Families Virginia Mid-Cycle Site Visit on May 27, 2026, our program received a performance rating of “Meets.” While this rating reflected that we were successfully meeting all Safety Standards and the majority of the Essential Standards, the visit also provided us with valuable feedback and opportunities to strengthen our practices.

Rather than viewing the findings as shortcomings, our team viewed them as an opportunity to grow, learn, and ensure that the quality of our work was consistently reflected in our documentation.

The May review identified four (4) Essential Standards for improvement:

1. Creative Outreach;
2. CHEERS observations (Cues, Holding, Expression, Empathy, Rhythm and Reciprocity, Smiles);*
3. Supervisory support of CHEERS; and
4. Reflective Supervision documentation.

Our team immediately began putting plans into action, including targeted coaching, staff discussions, file reviews, monthly monitoring, and increased collaboration among supervisors.

Our hard work paid off.

On August 27, 2026, Healthy Families Rappahannock Area participated in a State-Level Panel Re-Evaluation. The results were outstanding: our performance tier was upgraded from “Meets” to “Exceptional.”

The re-evaluation found that:

- Creative Outreach (3-3.B) was brought into adherence.
- CHEERS used to assess parent-child interaction (6-3.B) was brought into adherence.
- Reflective Supervision (12-2.B) was found to be in adherence.
- All six Safety Standards remained in adherence.
- The site maintained adherence across the vast majority of the Essential Standards.

One area, 6-3.E – Supervisory Support of Staff in Assessing, Addressing, and Promoting Parent-Child Interaction, remains an area for continued growth. Supervisors are now working monthly with our state technical assistance specialist to enhance their documentation skills in hopes of improving this standard as well.

This achievement also reminds us of something important: quality improvement is a journey, not a destination. We will continue to strengthen the consistency between the excellent work our staff are doing and the documentation that demonstrates that work as well as continue to use coaching, reflective supervision, peer review, training, and collaboration to strengthen our practice.

*CHEERS is used to help identify Parent Child Interaction during a home visit. Home Visitors are using at least 2 areas of CHEERS to build on Reflective Strategies like Accentuate the Positive, Explore and Wonder, Normalizing, Problem Talk, etc. They also use CHEERS to help with Activities they are using to help promote Parent Child Interaction.

Site Re-Evaluation Report

State Level Panel Review of Safety and Essential Standards

Site Name & HFA ID

Rappahannock Area - VA021

Date of Site Re-Evaluation

Thursday, August 27, 2026

Healthy Families Virginia Performance Tier - Initial:

Meets

Healthy Families Virginia Performance Tier - Updated:

Exceptional

Safety Standards

	In adherence	Out of adherence	Upgrade?
9-3.B Legally Permissible Background Checks	✓		
10-2.D Orientation Training	✓		
12-1.B Supervision Frequency and Duration (practice)	✓		
GA-3.C Informed Consent to Release Information	✓		
GA-4.A Child Abuse and Neglect Reporting (policy)	✓		
GA-4.B Reports Suspected Child Abuse & Neglect to Proper Authorities (practice)	✓		

Essential Standards

	In adherence	Out of adherence	Upgrade?
2-1.B FROG Uniformity - Practice	✓		
3-3.B Post-Enrollment Creative Outreach (practice)		✓	✓
4-2.C Level Changes in Supervision (practice)	✓		

	In adherence	Out of adherence	Upgrade?
5-4.B Equity Plan	✓		
6-1.C Service Plan with Families (practice)	✓		
6-2.B Family Goal Development (practice)	✓		
6-3.B CHEERS Used to Assess PCI (practice)		✓	✓
6-3.C PCI Addressed and Promoted (practice)	✓		
6-3.E SUP support staff in assessing, addressing, promoting PCI (practice)		✓	
9-1.D Screening & Selection of Direct Service Staff	✓		
10-4.A HFA Core FROG Training	✓		
10-4.B HFA Core Foundations Training	✓		
10-4.C HFA Core Supervision Training	✓		
12-2.B Reflective Supervision provided (practice)		✓	✓
GA-3.A Family Rights & Confidentiality (policy and forms)	✓		
GA-3.B Family Rights & Confidentiality (practice)	✓		

Indicate those Essential Standards requested for re-evaluation:

3-3.B

6-3.B

6-3.E

12-2.B

3-3.B Findings

The site's use of Creative Outreach as documented in Casie during the review period meets expectations in the Best Practice Standards.

6-3.B Findings

The site's use of CHEERS in files reviewed are in adherence with the Best Practice Standards.

6-3.E Findings

Not yet in adherence. Of 8 family supervision reviewed, 3 indicated supervisor support of staff around PCI as required in the Best Practice Standards.

12-2.B Findings

In adherence. Review of supervision documentation indicated consistent provision of reflective supervision in accordance with the Best Practice Standards.

Mid-Cycle Site Visit Report

Healthy Families Virginia

Site Name	Rappahannock Area - VA021
Program Manager Name	Melodie Jennings
Program Manager Email	mjennings@rappahannockareacsbs.org
TA/QA Name	Jakeeta Scott
TA/QA Email	jscott@familiesforwardva.org
Fiscal Year Period	26
Start Date of Visit	Wednesday, May 27, 2026
Date of Report	Thursday, May 28, 2026

This report summarizes the impressions and recommendations of the Healthy Families Virginia TA/QA Specialist team, who represents Healthy Families Virginia (HFV) and Prevent Child Abuse Virginia (PCAV). This report includes both strengths and next steps for further growth. Where appropriate, 8th Ed. Healthy Families America Best Practice Standards (HFA BPS) or Healthy Families Virginia Best Practice Recommendations (BPR) are cited. The recommended next steps are intended to support updates to your annual Quality Improvement Plan and planning for technical assistance based on program needs. This Site Visit Report indicates HFV's adherence to Healthy Families America MSS Standards Q-4.8 & Q-5.

General Impressions and Site Strengths

Rappahannock Area Healthy Families demonstrates a strong, well-established foundation grounded in commitment to families, quality service delivery, and continuous improvement. The site successfully met all Safety Standards and the majority of Essential Standards, reflecting consistent attention to family safety and program fidelity. Staff show meaningful engagement with families, with clear evidence of strong relationship-building, active participation in goal setting, and effective use of service plans to guide work. Documentation of key tools such as FROGs, level changes, and service plans is consistently completed, and the site's equity plan stands out as a model of inclusive practice with input from staff, families, and leadership. Additionally, high staff retention, collaborative team dynamics, and strong supervisory involvement contribute to a stable and supportive environment where families and staff alike can thrive. Overall, the team's dedication, strengths-based approach, and alignment with best practices position the program for continued success.

Overall Site Challenges and Areas for Growth

The primary opportunities for growth at the site center on strengthening consistency and ensuring that documentation fully reflects the quality work already taking place. While staff demonstrate strong understanding and implementation of core practices, there are inconsistencies in how these practices are documented across areas such as CASIE, CHEERS observations, reflective supervision, and creative outreach. Variability in documentation—including incomplete FROG domains, inconsistent supervision notes, and occasional misalignment between documentation and actual service delivery—can impact the

site’s ability to fully demonstrate adherence to Best Practice Standards. With targeted training, coaching, and a continued focus on alignment between practice, policy, and documentation, the site is well-positioned to strengthen consistency and clearly showcase the high-quality, strength-based work already being done.

Site Goals and Focus for Next Year

Over the next year, the site will build on its strong foundation by focusing on improving consistency between practice and documentation. Key efforts will include strengthening CASIE documentation (FROG, CHEERS, outreach, and referrals), enhancing reflective supervision, and ensuring greater consistency in CHEERS observations and Creative Outreach practices. The site will continue to support staff through targeted training, maintain strong service planning with measurable goals, and ensure full training compliance. By leveraging its stable and collaborative team, the program is well positioned to strengthen alignment with Best Practice Standards while continuing to provide high-quality, strength-based services to families.

Site is fully accredited by Healthy Families America through:

Saturday, September 30, 2028

TA/QA Site Visit Review Process

Documents reviewed for site visit:

Program outcomes

Relevant state and model level reports

Family files

Supervision documentation

Training records

Discussions completed for site visit with:

Program Supervisor(s)

Host Agency Representative*

Program Management

*Annual meeting with Host Agency Representative required by VDSS.

Safety and Essential Standards

Healthy Families America Multi-Site System Standard Q-4.5

The Central Administration annually monitors adherence to all Safety and Essential Standards in the HFA Best Practice Standards. Feedback is provided to sites where challenges are identified.

Safety Standards

9-3.B Legally Permissible Background Checks	In adherence
10-2.D Orientation Training	In adherence
12-1.B Supervision Frequency and Duration (practice)	In adherence
GA-3.C Informed Consent to Release Information	In adherence

GA-4.A Child Abuse and Neglect Reporting (policy)	In adherence
GA-4.B Reports Suspected Child Abuse & Neglect to Proper Authorities (practice)	In adherence

Essential Standards

2-1.B FROG Uniformity - Practice	In adherence
3-3.B Post-Enrollment Creative Outreach (practice)	Out of adherence
4-2.C Level Changes in Supervision (practice)	In adherence
5-4.B Equity Plan	In adherence
6-1.C Service Plan with Families (practice)	In adherence
6-2.B Family Goal Development (practice)	In adherence
6-3.B CHEERS Used to Assess PCI (practice)	Out of adherence
6-3.C PCI Addressed and Promoted (practice)	In adherence
6-3.E SUP support staff in assessing, addressing, promoting PCI (practice)	Out of adherence
9-1.D Screening & Selection of Direct Service Staff	In adherence
10-4.A HFA Core FROG Training	In adherence
10-4.B HFA Core Foundations Training	In adherence
10-4.C HFA Core Supervision Training	In adherence
12-2.B Reflective Supervision provided (practice)	Out of adherence
GA-3.A Family Rights & Confidentiality (policy and forms)	In adherence
GA-3.B Family Rights & Confidentiality (practice)	In adherence

Feedback for Essential Standards out of adherence:

Creative Outreach: Building on the site's strong engagement practices, the site will strengthen Creative Outreach by ensuring consistent implementation and documentation aligned with Standard 3-3.B. This will

include clarifying policy expectations, providing targeted CASIE training with examples, and conducting monthly monitoring. These efforts will ensure outreach practices consistently meet duration, documentation, and supervision requirements while reflecting intentional family engagement.

CHEERS (practice): Building on the site’s strong use of observation to support parent-child interactions, the site will strengthen CHEERS practice by ensuring documentation consistently reflects direct observation and alignment with Standard 6-3.B. This will include ongoing coaching to support staff in distinguishing observed versus reported information, along with the use of peer and file review feedback to promote consistency. These efforts will ensure CHEERS documentation is accurate, consistent, and reflective of high-quality practice across staff.

Supervisory Support of CHEERS: Building on the site’s strong supervisory practices, the site will strengthen supervision support of CHEERS by ensuring documentation consistently reflects intentional, reflective guidance aligned with Standard 6-3.E. The site will support supervisors in clearly documenting how they guide staff in assessing and strengthening parent-child interactions through CHEERS, with a focus on reflective strategies and skill development rather than task-based discussion. These efforts will ensure supervision consistently highlights how staff are supported in building their observation and interaction skills.

Reflective Supervision (documentation): Building on the site’s strong foundation in reflective supervision, the site will strengthen consistency across supervisors by ensuring documentation clearly reflects the use of reflective strategies aligned with Standard 12-2.B. The site will support supervisors in consistently documenting how they hold reflective space and guide staff in critical thinking and decision-making, rather than focusing primarily on administrative or directive guidance. Emphasis will be placed on documenting how reflective strategies are used to support staff in determining next steps. These efforts will promote consistent, high-quality reflective supervision practices across all supervisors.

Healthy Families Virginia Assurances

Assurances

Governance and Administration	In adherence
Training and Professional Development	In adherence
Recruitment and Ongoing Effective Supervision	In adherence
Standardized Assessment Process	In adherence
Cultural Humility	In adherence
Quality Assurance and Continuous Quality Improvement (quarterly PDSAs)	In adherence
Evaluation and Data Collection	In adherence
Healthy Families Virginia Network Meeting (attendance)	In adherence

Technical Assistance planned or provided on the following topics:

Family goal plans

Family service plans

Supervision documentation

Casie data entry

Training plans for new staff

Policies and procedures

Reflective Strategies/parallel process

**Healthy Families Virginia
Performance Tier:**

Meets

**Date of finalized report (reviewed and
approved by Central Administration
and Site Leadership):**

Friday, May 29, 2026

Suicide Prevention Initiatives Fiscal Year 2026 Year-end Summary

RACSB continues to facilitate suicide prevention initiatives to include trainings, safe messaging campaigns, and distribution of lethal means safety devices through Lock and Talk Virginia.

Curriculum (Year RACSB began implementing)	FY 2026		Cumulative	
	# Trainings	# Participants	# Trainings	# Participants
Mental Health First Aid (2014)	22	476	290	5,254
teenMHFA (2025)	3 schools	426		983
ASIST (2019)	4	70	19	283
safeTALK (2023)	4	43	14	195
Total:	30	1,015	323	6,715

In FY 2026, RACSB distributed:

- 169 Medication Lock Boxes
- 386 Cable Gun Locks
- 351 Trigger Gun Locks
- 1,822 Medication Deactivation Kits
- 11,000+ Wallet Resource Cards

Deaths by Suicide

The Virginia Department of Health released the Office of the Chief Medical Examiner 2023 Annual Report (most recent data available): <https://www.vdh.virginia.gov/medical-examiner/annual-reports/>

Death by suicide has remained relatively stable between 2020 and 2023 on the state level. The number of suicide deaths in 2023 compared to 2022 increased slightly (1.6%; 1,230 deaths and 1,211 deaths respectively). Within Planning District 16, there was an increase of 10 from 42 deaths in 2021 to 52 deaths in 2022 and another increase of seven (7) to 59 deaths in 2023.

In Virginia, the largest number of victims continue to be male (78.6%) and white (75.7%). Those aged 55-64 year of age (16.6%) now exceed those 25-34 years. Males die by suicide at a rate of 3.7 compared to females. Firearms were used in 58.9% of all suicides (decrease from 60.9% the prior year).

Death by Suicide by Locality of Residence

	2020		2021		2022		2023	
	No.		No.		No.		No.	
Locality	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate
Caroline	6	19.4	6	19.4	6	18.8	7	21.4
Fredericksburg	6	20.3	4	13.6	6	20.9	6	20.7
King George	6	21.9	1	3.7	6	21.5	8	42
Spotsylvania	15	10.8	15	10.8	20	13.6	21	14
Stafford	23	15.3	16	10.2	14	8.6	17	10.3
<i>Planning District 16 total</i>	55		42		52		59	
State Total	1147	13.4	1138	13.2	1152	13.3	1230	14.1

Mental Health First Aid Trainings

RACSB trainers are certified to facilitate the adult, youth, higher education, public safety, corrections and teen curriculums.

In FY 2024, two (2) staff with Healthy Families Rappahannock Area became certified to facilitate adult MHFA in Spanish. Since that time, we have only been able to host one (1) of these training due to persistent low registrations.

We continue to provide the Public Safety and/or Corrections curriculums to all recruits at the Rappahannock Regional Criminal Justice Academy. We also partner with the University of Mary Washington to train new resident life staff twice a year.

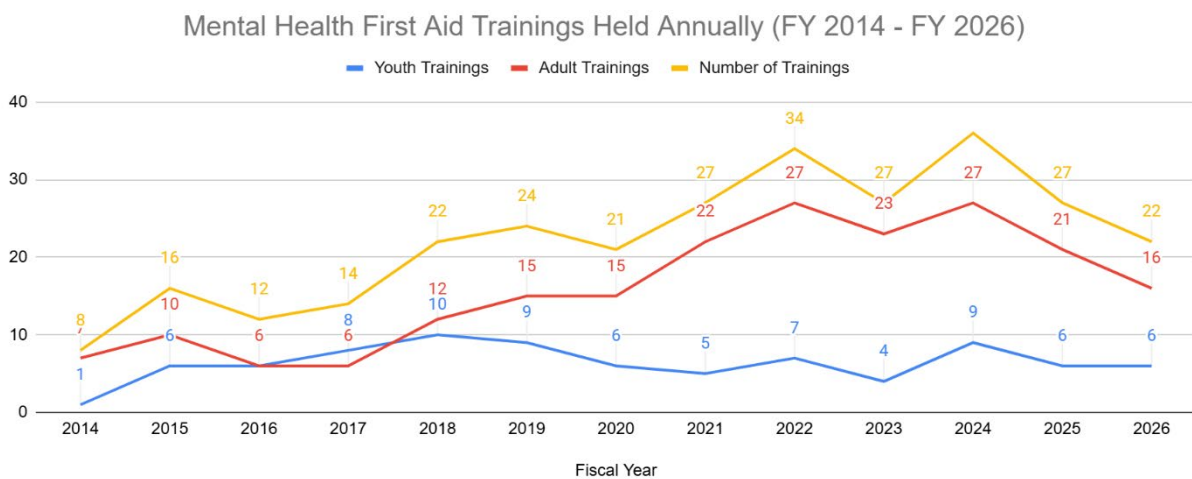
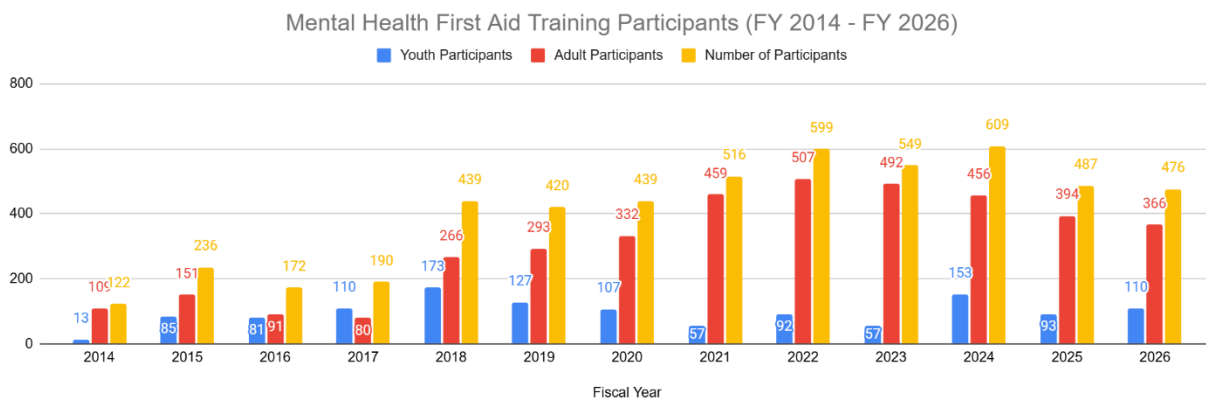
In FY 2026, 479 community members were trained in either the adult or 9 youth curriculums. An additional 426 high school students were trained at Caroline High School, James Monroe High School and the CHAMP Program at Brooke Point High School.

Since RACSB began offering the Mental Health First Aid training in 2014, a total of 5,254 adult community members have been trained. In two (2) years of implementation

for teenMHFA, we have trained 983 high school students. We are preparing for a third round at all three (3) of the partnering high schools.

In addition to hosting numerous trainings that were open within the community, trainings were held in partnership with the following organizations:

- Central Virginia Housing
- Rappahannock Regional Criminal Justice Academy
- University of Mary Washington
- Caroline County Public Schools
- Spotsylvania County Public Schools
- Stafford County Public Schools



Lock and Talk Virginia

RACSB is one of the eight founding CSBs of Lock and Talk Virginia. It has since grown from Health Planning Region 1 to across the Commonwealth with all 40 CSBs participating. Five communities in New York have formally signed on as Lock and Talk partners as well as localities in Maryland and West Virginia. It's an identified best practice by The Governor's Challenge to Prevent Suicide Among Service Members and their Families.

In addition to providing gatekeeper trainings like ASIST, safeTALK, and Mental Health First Aid, the initiatives promote help seeking behaviors and lethal means safety. RACSB distributes medication lock boxes and gun locks through our clinics, trainings, and prevention outreach efforts.

In FY 2026, RACSB distributed:

- 169 Medication Lock Boxes
- 386 Cable Gun Locks
- 351 Trigger Gun Locks
- 1,822 Medication Deactivation Kits
- 11,000+ Wallet Resource Cards

Much of FY 2026 was spent preparing the new safe storage map for the website and creating two (2) new training slide decks and activities. We continue to expand the graphics library and implement a series of social media campaigns (Suicide Prevention Month, Caregiver Awareness Month, Mental Health Month). We also continued efforts to refine the data evaluation plan.

The Gun Shop Project to provide education to firearm retailers will continue in FY 2027 with support from the Suicide Prevention Coalition.

ASIST: Applied Suicide Intervention Skills Training

This suicide prevention "first aid" is a 2-day in-person training the supports participants to identify and intervene to help keep a person with thoughts of suicide safe for now. We were successful in getting a second internal instructor certified in March 2022 and resumed offering this training in FY 2023.

In response to the Virginia ASIST evaluation survey, upon completion of the training, 100% of respondents agreed or strongly agreed that they feel confident to assist a person at risk of suicide.

Fiscal Year	# Trainings	# Participants
2019	1	8
2020	1	15
2021*	0	0
2022	1	30
2023	6	53
2024	3	51
2025	3	56
2026	4	70
Total:	19	283

*COVID and lack of required second trainer.

SafeTALK

SafeTALK is a 3-hour suicide alertness training. It helps participants recognize a person with thoughts of suicide and connect them with resources who can help them in choosing life. TALK stands for Tell, Ask, Listen, and KeepSafe. We began offering this training in FY 2023.

In response to the Virginia safeTALK evaluation survey, upon completion of the training, 100% of respondents agreed or strongly agreed that they feel confident to assist a person at risk of suicide.

Fiscal Year	# Trainings	# Participants
2023	4	71
2024	4	61
2025	2	20
2026	4	43
Total:	14	195

**Finance Department
August 2026 Program Updates**

Staffing Changes and Opportunities:

All positions are currently filled.

Reimbursement Department:

Reimbursement is evaluating claims management tools available through our clearinghouse to enhance the identification and analysis of denial and rejection trends. This initiative will enable the team to proactively address payer-related issues, improve claims resolution, and support stronger reimbursement performance.

Accounting Department:

The Accounting Department remains actively engaged in fiscal year-end closeout activities in preparation for the annual fiscal year-end audit, while also supporting program areas with the implementation of FY27 budgetary changes.

The department has completed several required reports for DBHDS, including the FY27 Budgeted Performance Contract Report, FY26 Year-End Regional Report, and FY26 Year-End Performance Contract Report.

Preparation is underway for the ICF Cost Reports, as well as documentation requested for an upcoming DRPT grant review. In addition, the department has been notified of a Medicaid field verification of ICF transactions scheduled for October, covering FY23. Preparatory activities are underway to ensure the organization is well-positioned for the review.

The department continues to prioritize staff development through training for new roles and cross-training on critical functions. These efforts are strengthening departmental coverage, enhancing operational resilience, and supporting continuity of operations throughout the fiscal year.

Summary of Cash Investments

(as of August 31, 2026)

Depository		Rate	Comments
Atlantic Union Bank			
Checking	\$ 8,209,655	2.50%	
Investment Portfolio			
Cash Equivalents	697,750		
Fixed Income	8,806,048		
Total Investment	\$ 9,503,798		
Total Atlantic Union Bank	\$ 17,713,453		
Other			
Local Gov. Investment Pool (LGIP)	1,007,460	3.81%	Avg. Monthly Yield
VA Municipal Investment Trust (MINT)	7,265,133	3.93%	Avg. Monthly Yield
Total Other	\$ 8,272,593		
Total Investments	\$ 25,986,046		

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
FY 2026 Year-End Balance	\$ 2,128,895	\$ 1,175,290	\$ 5,371,798	\$ 3,904,877
Realized Gain/(Loss)			\$ 738	
Unrealized Gain/(Loss)			\$ (23,748)	
Fees & Expenses	\$ (488)		\$ (1,226)	
Balance at 7/31/2026	\$ 2,128,407	\$ 1,173,787	\$ 5,347,563	\$ 4,392,943

Health Insurance

FY 2027	Monthly Premiums	Monthly Claims & Fees	Interest	Balance
Beginning Balance				\$1,638,118
July	\$451,315	\$521,209	\$633	\$1,568,857
August	\$457,912	\$451,674	\$661	\$1,575,755
YTD Total	\$909,227	\$972,883	\$1,294	\$1,575,755

Historical Data	Average Monthly Claims	Monthly Average Difference from PY	Highest Month
FY 2027	\$486,442	\$73,830	\$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

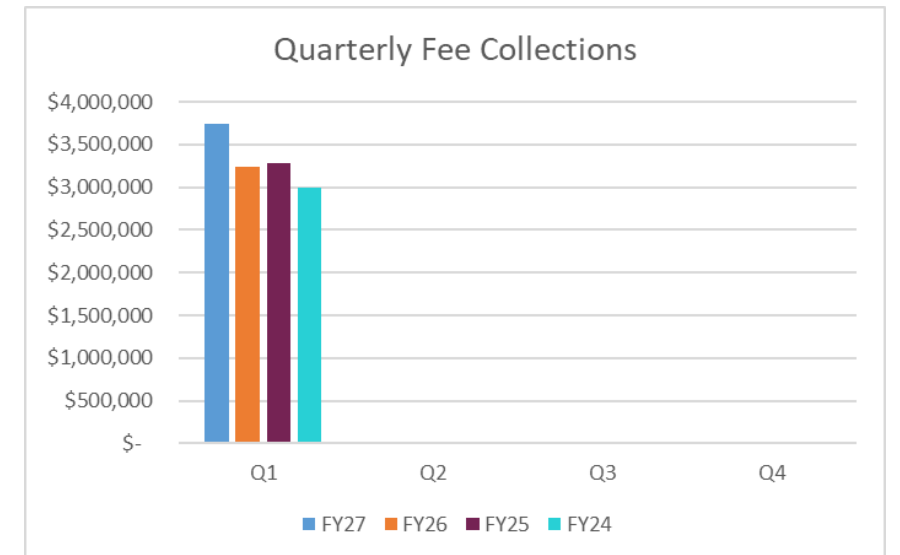
Summary of Investments

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	\$ 697,750.00	\$ 697,750.00	\$ 697,750.00	\$ -	\$ 27,149.45	3.66%	3.66%
Total Cash Equivalents	\$ 697,750.00	\$ 697,750.00	\$ 697,750.00	\$ -	\$ 27,149.45	3.66%	3.66%
US Treasury Bill(09/08/2026)	\$ 300,000.00	\$ 299,790.00	\$ 296,426.63	\$ 3,363.37	\$ 3,573.37	3.24%	3.70%
US Treasury Bill(10/06/2026)	\$ 500,000.00	\$ 498,205.00	\$ 497,129.14	\$ 1,075.86	\$ 2,870.86	3.65%	3.76%
US Treasury Note (10/15/2026)	\$ 500,000.00	\$ 500,470.00	\$ 501,256.91	\$ (786.91)	\$ 23,125.00	3.83%	4.11%
US Treasury Note(11/30/2026)	\$ 600,000.00	\$ 596,118.00	\$ 593,183.91	\$ 2,934.09	\$ 7,500.00	3.88%	3.56%
US Treasury Note(01/31/2027)	\$ 500,000.00	\$ 500,265.00	\$ 500,888.78	\$ (623.78)	\$ 20,625.00	3.99%	3.76%
US Treasury Note (03/15/2027)	\$ 500,000.00	\$ 500,735.00	\$ 496,308.59	\$ 4,426.41	\$ 21,250.00	3.97%	4.52%
US Treasury Note(06/30/2027)	\$ 500,000.00	\$ 498,295.00	\$ 498,106.02	\$ 188.98	\$ 18,750.00	4.17%	4.14%
US Treasury Note (08/15/2027)	\$ 500,000.00	\$ 497,765.00	\$ 498,265.13	\$ (500.13)	\$ 18,750.00	4.23%	4.10%
US Treasury Note(11/15/2027)	\$ 1,000,000.00	\$ 976,370.00	\$ 980,323.79	\$ (3,953.79)	\$ 22,500.00	4.28%	3.61%
US Treasury Note (02/29/2028)	\$ 500,000.00	\$ 497,735.00	\$ 499,988.22	\$ (2,253.22)	\$ 20,000.00	4.32%	4.00%
US Treasury Note(05/15/2028)	\$ 500,000.00	\$ 488,145.00	\$ 494,017.95	\$ (5,872.95)	\$ 14,375.00	4.33%	3.50%
US Treasury Note(09/15/2028)	\$ 500,000.00	\$ 490,530.00	\$ 496,308.59	\$ (5,778.59)	\$ 16,875.00	4.36%	3.64%
US Treasury Note(11/15/2028)	\$ 1,000,000.00	\$ 981,880.00	\$ 998,535.16	\$ (16,655.16)	\$ 35,000.00	4.37%	3.55%
US Treasury Note(02/15/2029)	\$ 500,000.00	\$ 489,745.00	\$ 500,000.00	\$ (10,255.00)	\$ 17,500.00	4.39%	3.50%
US Treasury Note(04/15/2029)	\$ 500,000.00	\$ 493,635.00	\$ 500,404.00	\$ (6,769.00)	\$ 19,375.00	4.39%	3.80%
US Treasury Note(06/15/2029)	\$ 500,000.00	\$ 496,365.00	\$ 498,320.31	\$ (1,955.31)	\$ 20,625.00	4.40%	4.25%
Total Fixed Income	\$ 8,900,000.00	\$ 8,806,048.00	\$ 8,849,463.13	\$ (43,415.13)	\$ 282,694.23	4.11%	3.84%
8/31/2026		\$ 9,503,798.00	\$ 9,547,213.13	\$ (43,415.13)	\$ 309,843.68	4.12%	3.80%

Fee Revenue Reimbursement- July 31, 2026

RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD FEE REVENUE REIMBURSEMENT REPORT AS Of JULY 31, 2026							
AGED CLAIMS		Current Month		Prior Month		Prior Year	
Total Claims Outstanding	Total	100%	\$5,686,460	100%	\$6,023,055	100%	\$5,869,626
	Consumers	29%	\$1,650,633	26%	\$1,569,246	31%	\$1,838,452
	3rd Party	71%	\$4,035,826	74%	\$4,453,809	69%	\$4,031,175
Claims Aged 0-29 Days	Total	65%	\$3,682,947	71%	\$4,275,768	61%	\$3,588,264
	Consumers	1%	\$52,270	2%	\$142,927	1%	\$36,194
	3rd Party	64%	\$3,630,677	69%	\$4,132,841	62%	\$3,552,070
Claims Aged 30-59 Days	Total	6%	\$334,721	2%	\$94,725	4%	\$239,460
	Consumers	3%	\$178,241	0%	\$21,538	0%	\$9,810
	3rd Party	3%	\$156,479	1%	\$73,187	4%	\$229,649
Claims Aged 60-89 Days	Total	2%	\$86,419	1%	\$81,484	2%	\$105,858
	Consumers	0%	\$20,215	0%	\$10,278	0%	\$25,277
	3rd Party	1%	\$66,204	1%	\$71,206	1%	\$80,580
Claims Aged 90-119 Days	Total	1%	\$62,670	1%	\$61,212	1%	\$52,917
	Consumers	0%	\$10,165	0%	\$22,227	0%	\$27,789
	3rd Party	1%	\$52,506	1%	\$38,985	0%	\$25,128
Claims Aged 120+ Days	Total	27%	\$1,519,702	25%	\$1,509,866	32%	\$1,883,128
	Consumers	24%	\$1,389,741	23%	\$1,372,277	31%	\$1,739,381
	3rd Party	2%	\$129,961	2%	\$137,589	3%	\$143,747

CLAIM COLLECTIONS	
Current Year To Date Collections	\$3,748,672
Prior Year To Date Collections	\$3,246,507
\$ Change from Prior Year	\$502,165
% Change from Prior Year	15%



Write-off Report

Month: July 2026		
Write Off Code	Current MTD	Prior Year MTD
BAD ADDRESS	\$ -	\$ 3,109
BANKRUPTCY	\$ 70	\$ 2,470
DECEASED	\$ 857	\$ 195
NO FINANCIAL AGREEMENT	\$ 1,333	\$ 26,076
SMALL BALANCE	\$ 8	\$ 259
UNCOLLECTABLE	\$ -	\$ 1,469
FINANCIAL ASSISTANCE	\$ 174,572	\$ 346,915
NO SHOW	\$ 140	\$ 7,918
MAX UNITS/BENEFITS	\$ 50,407	\$ 56,153
PROVIDER NOT CREDENTIALLED	\$ -	\$ 610
DIAGNOSIS NOT COVERED	\$ 403	\$ 320
NON-COVERED SERVICE	\$ 3,018	\$ 16,793
SERVICES NOT AUTHORIZED	\$ 28,354	\$ 44,635
PAST BILLING DEADLINE	\$ -	\$ 785
INSUFFICIENT DOCUMENTATION	\$ 1,747	\$ 1,023
MCO DENIED AUTH	\$ 9,057	\$ 13,387
INCORRECT PAYER	\$ 1,754	\$ 5,459
INVALID MEMBER ID	\$ 400	\$ -
INVALID POS/CPT/MODIFIER	\$ 325	\$ -
NO PRIMARY EOB	\$ 313	\$ -
SPENDDOWN NOT MET	\$ 9,662	\$ 11,637
TOTAL	\$ 282,421	\$ 539,214

Year to Date: July 2026 - July 2026		
Write Off Code	Current YTD	Prior YTD
BAD ADDRESS	\$ -	\$ 3,109
BANKRUPTCY	\$ 70	\$ 2,470
DECEASED	\$ 857	\$ 195
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INVALID POS/CPT/MODIFIER	\$ 325	\$ -
NO PRIMARY EOB	\$ 313	\$ -
SPENDDOWN NOT MET	\$ 9,662	\$ 11,637
TOTAL	\$ 282,421	\$ 539,214

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
8/21/2026	131	\$5,618.43	\$42.89	51.88	\$2,741.88	\$52.85	182.88	\$8,360.31
9/4/2026	89	\$3,657.56	\$41.10	23	\$1,494.79	\$64.99	112	\$5,152.35
Grand Total	717.5	\$29,602.25	\$41.26	353.88	\$16,773.02	\$47.40	1071.38	\$46,375.27

RACSB
FY 2027 FINANCIAL REPORT
Fiscal Year: July 1, 2026 through June 30, 2027
Report Period: July 1, 2026 through July 31, 2026

MENTAL HEALTH

PROGRAM	REVENUE			EXPENDITURES			ACTUAL VARIANCE	VARIANCE / REVENUE
	BUDGET FY 2027	ACTUAL YTD	%	BUDGET FY 2027	ACTUAL YTD	%		
INPATIENT	0	0	0.00%	0	16,150	0.00%	(16,150)	0%
OUTPATIENT (FED)	3,232,209	333,298	10.31%	3,232,209	257,190	7.96%	76,107	23%
MEDICAL OUTPATIENT (R) (FED)	4,064,004	463,699	11.41%	4,064,004	331,297	8.15%	132,402	29%
ACT NORTH (R)	1,260,089	80,733	6.41%	1,260,089	102,014	8.10%	(21,281)	-26%
ACT SOUTH (R)	1,198,919	140,742	11.74%	1,198,919	99,860	8.33%	40,882	29%
CASE MANAGEMENT ADULT (FED)	1,398,672	108,623	7.77%	1,398,672	111,445	7.97%	(2,822)	-3%
CASE MANAGEMENT CHILD & ADOLESCENT (FED)	1,181,182	102,484	8.68%	1,181,182	97,417	8.25%	5,067	5%
PSY REHAB & KENMORE EMP SER (R) (FED)	858,544	52,604	6.13%	858,544	74,404	8.67%	(21,800)	-41%
PERMANENT SUPPORTIVE HOUSING (R)	3,983,496	3,893,872	97.75%	3,983,496	314,495	7.89%	3,579,377	92%
CRISIS STABILIZATION (R)	2,810,608	248,070	8.83%	2,810,608	217,969	7.76%	30,101	12%
SUPERVISED RESIDENTIAL	391,182	42,884	10.96%	391,182	48,695	12.45%	(5,811)	-14%
SUPPORTED RESIDENTIAL	880,717	47,604	5.41%	880,717	78,094	8.87%	(30,490)	-64%
JAIL DIVERSION GRANT (R)	0	0	#DIV/0!	0	0	#DIV/0!	-	0%
JAIL & DETENTION SERVICES	857,834	12,081	1.41%	857,834	72,346	8.43%	(60,265)	-499%
SUB-TOTAL	22,117,455	5,526,694	25%	22,117,455	1,821,377	8%	3,705,317	67%

DEVELOPMENTAL SERVICES

PROGRAM	REVENUE			EXPENDITURES			ACTUAL VARIANCE	VARIANCE / REVENUE
	BUDGET FY 2027	ACTUAL YTD	%	BUDGET FY 2027	ACTUAL YTD	%		
CASE MANAGEMENT	4,971,904	453,334	9.12%	4,971,904	410,018	8.25%	43,316	10%
DAY HEALTH & REHAB *	6,227,064	528,100	8.48%	6,227,064	518,846	8.33%	9,254	2%
GROUP HOMES	7,285,903	950,221	13.04%	7,285,903	587,261	8.06%	362,960	38%
RESPIRE GROUP HOME	774,622	78,478	10.13%	774,622	70,083	9.05%	8,395	11%
INTERMEDIATE CARE FACILITIES	5,499,466	518,336	9.43%	5,499,466	347,256	6.31%	171,080	33%
SUPERVISED APARTMENTS	1,875,446	284,498	15.17%	1,875,446	155,450	8.29%	129,048	45%
SPONSORED PLACEMENTS	2,034,379	195,673	9.62%	2,034,379	179,452	8.82%	16,221	8%
SUB-TOTAL	28,668,785	3,008,640	10.49%	28,668,785	2,268,367	7.91%	740,273	25%

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

RACSB
FY 2027 FINANCIAL REPORT
Fiscal Year: July 1, 2026 through June 30, 2027
Report Period: July 1, 2026 through July 31, 2026
SUBSTANCE ABUSE

PROGRAM	REVENUE			EXPENDITURES			ACTUAL VARIANCE	VARIANCE / REVENUE
	BUDGET FY 2027	ACTUAL YTD	%	BUDGET FY 2027	ACTUAL YTD	%		
SA OUTPATIENT (R) (FED)	2,257,136	147,253	6.52%	2,257,136	186,348	8.26%	(39,095)	-27%
MAT PROGRAM (R) (FED)	1,982,894	29,673	1.50%	1,982,894	122,769	6.19%	(93,097)	-314%
CASE MANAGEMENT(with LINK) (R) (FED)	460,345	38,168	8.29%	460,345	39,516	8.58%	(1,348)	-4%
RESIDENTIAL (R)	36,612	3,051	8.33%	36,612	3,800	10.38%	(749)	-25%
PREVENTION (R) (FED)	558,705	61,073	10.93%	558,705	39,448	7.06%	21,626	35%
SUB-TOTAL	5,295,692	279,218	5%	5,295,692	391,881	7%	(112,663)	-40%

SERVICES OUTSIDE PROGRAM AREA

PROGRAM	REVENUE			EXPENDITURES			ACTUAL Variance	VARIANCE / REVENUE
	BUDGET FY 2027	ACTUAL YTD	%	BUDGET FY 2027	ACTUAL YTD	%		
EMERGENCY SERVICES (R)	2,054,868	742,329	36.13%	2,054,868	146,484	7.13%	595,845	80%
CHILD MOBILE CRISIS (R)	302,399	2,497	0.83%	302,399	16,866	5.58%	(14,369)	-575%
CIT ASSESSMENT SITE (R)	419,896	25,586	6.09%	419,896	35,153	8.37%	(9,568)	-37%
CONSUMER MONITORING (R) (FED)	-	0	#DIV/0!	0	23,955	#DIV/0!	(23,955)	0%
ASSESSMENT AND EVALUATION (R)	550,382	43,420	7.89%	550,382	44,243	8.04%	(824)	-2%
SUB-TOTAL	3,327,546	813,831	24.46%	3,327,546	266,701	8.01%	547,130	67%

ADMINISTRATION

PROGRAM	REVENUE			EXPENDITURES			ACTUAL VARIANCE
	BUDGET FY 2027	ACTUAL YTD	%	BUDGET FY 2027	ACTUAL YTD	%	
ADMINISTRATION (FED)	702,348	57,353	8.17%	702,348	57,353	8.17%	0
PROGRAM SUPPORT	27,600	2,300	8.33%	27,600	2,300	8.33%	0
SUB-TOTAL	729,948	59,653	8.17%	729,948	59,653	8.17%	0
ALLOCATED TO PROGRAMS				4,268,473	3,126,283	73.24%	
CAPITAL PROJECTS	2,524,917	0	0.00%	2,524,917	155,679	6.17%	(155,679)
TOTAL ADMINISTRATION	3,254,865	59,653	1.83%	3,254,865	215,331	6.62%	(155,679)

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

RACSB
FY 2027 FINANCIAL REPORT
Fiscal Year: July 1, 2026 through June 30, 2027
Report Period: July 1, 2026 through July 31, 2026
FISCAL AGENT AND OTHER PROGRAMS

PROGRAM	REVENUE			EXPENDITURES			ACTUAL VARIANCE	VARIANCE / REVENUE
	BUDGET FY 2027	ACTUAL YTD	%	BUDGET FY 2027	ACTUAL YTD	%		
INTERAGENCY COORDINATING COUNCIL (R)	1,944,589	161,883	8.32%	1,944,589	156,351	8.04%	5,532	3%
INFANT CASE MANAGEMENT (R)	665,135	60,143	9.04%	665,135	65,389	9.83%	(5,247)	-9%
EARLY INTERVENTION (R)	2,617,671	216,570	8.27%	2,617,671	210,994	8.06%	5,576	3%
TOTAL PART C	5,227,395	438,595	8.39%	5,227,395	432,734	8.28%	5,860	1%
HEALTHY FAMILIES (R)	954,665	10,336	1.08%	954,665	81,650	8.55%	(71,315)	-690%
TOTAL HEALTHY FAMILY	954,665	10,336	1.08%	954,665	81,650	8.55%	(71,315)	-690%
COMMUNITY OUTREACH	134,331	0	0.00%	134,331	7,676	5.71%	(7,676)	0%
TOTAL COMMUNITY OUTREACH	134,331	0	0.00%	134,331	7,676	5.71%	(7,676)	0%

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

RACSB
FY 2027 FINANCIAL REPORT
Fiscal Year: July 1, 2026 through June 30, 2027
Report Period: July 1, 2026 through July 31, 2026

RECAP FY 2027 BALANCES

	<u>REVENUE</u>	<u>EXPENDITURES</u>	<u>NET</u>	<u>NET / REVENUE</u>
MENTAL HEALTH	5,526,694	1,821,377	3,705,317	67%
DEVELOPMENTAL SERVICES	3,008,640	2,268,367	740,273	25%
SUBSTANCE ABUSE	279,218	391,881	(112,663)	-40%
SERVICES OUTSIDE PROGRAM AREA	813,831	266,701	547,130	67%
ADMINISTRATION	59,653	215,331	(155,679)	-261%
FISCAL AGENT PROGRAMS	448,930	522,061	(73,131)	-16%
TOTAL	10,136,965	5,485,718	4,651,247	46%

RECAP FY 2026 BALANCES

	<u>REVENUE</u>	<u>EXPENDITURES</u>	<u>NET</u>	<u>NET / REVENUE</u>
MENTAL HEALTH	4,849,260	1,798,970	3,050,289	63%
DEVELOPMENTAL SERVICES	3,457,697	2,190,819	1,266,878	37%
SUBSTANCE ABUSE	369,526	346,021	23,505	6%
SERVICES OUTSIDE PROGRAM AREA	801,332	252,400	548,932	69%
ADMINISTRATION	96,870	187,369	(90,500)	-93%
FISCAL AGENT PROGRAMS	464,113	545,868	(81,755)	-18%
TOTAL	10,038,797	5,321,448	4,717,349	47%

	<u>\$ Change</u>	<u>% Change</u>
Change in Revenue from Prior Year	\$ 98,168	0.98%
Change in Expense from Prior Year	\$ 164,272	3.09%
Change in Net Income from Prior Year	\$ (66,102)	-1.40%

*Unaudited Report

HUMAN RESOURCES PROGRAM UPDATE- August 2026

Employee Engagement & Retention

HR began preparation for the FY27 Employee Engagement Survey. Results will provide another source of employee feedback to use alongside turnover, exit interview, and future stay interview data to identify opportunities to strengthen retention.

Compliance & Workforce Training

HR developed new flu epidemic/tuberculosis training using DBHDS guidance and Virginia requirements. HR also established Relias tracking to monitor employee completion of training associated with the new eMAR process.

Recruitment & Onboarding

Twenty new Hopestarters were onboarded during the month. HR continues to evaluate recruitment, interviewing, and onboarding practices to improve hiring outcomes and reduce early-tenure turnover.

Additional HR Activity:

HR continued to provide ongoing support to employees and supervisors involving benefits, leave administration, employee relations, recruitment, performance management, and regulatory compliance. These activities represent a significant portion of HR's monthly workload but are not individually reported because of confidentiality and the transactional nature of the work.

Looking Ahead

During the next several months, HR will focus on the Employee Engagement Survey, Stay Interviews, improvements to CSS interviewing and onboarding, leadership development, and continuing policy initiatives.



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: September 2, 2026

Re: Summary – August 2026 Applicant and Recruitment Update

For August 2026, RACSB received 286 applications.

Of the 286 applications received, 86 applicants cited the RACSB applicant portal as their recruitment source, 20 cited employee referrals, and 180 cited various job boards.

As of the end of August, 37 positions — 22 full-time and 15 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 August 2026.

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	160										
Male	47	33										
Not Supplied		93										
Total	193	286	0	0	0	0	0	0	0	0	0	0
<u>ETHNICITY</u>												
White	62	50										
African American	94	96										
Hispanic	14	23										
Asian	2	4										
American Indian	2	0										
Native Hawaiian	0	0										
Two or More Races	14	108										
Not Supplied	5	5										
<u>RECRUITMENT SOURCE</u>												
RACSB Website	55	86										
Employee Referrals	15	20										
Indeed.com	85	120										
Social Media	4	9										
Other -	27	34										
Zip Recruiter	7	17										
Total # of Applicants	193	286	0	0	0	0	0	0	0	0	0	0

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	8											12
Full-time	1	12											13
PRN	0	0											0
Sub Total External Applicants Hired	5	20	0	0	0	0	0	0	0	0	0	0	25
Internal Applicants Moved:													
Part-time to Full-time	1	2											3
PRN As Needed to Full-Time	1	0											1
Promotions	2	3											5
Lateral Transfers	4	8											12
Full-time to Part-time	0	0											0
Full-time to PRN	1	0											1
Sub Total Internal Applicant Moves	9	13	0	0	0	0	0	0	0	0	0	0	22

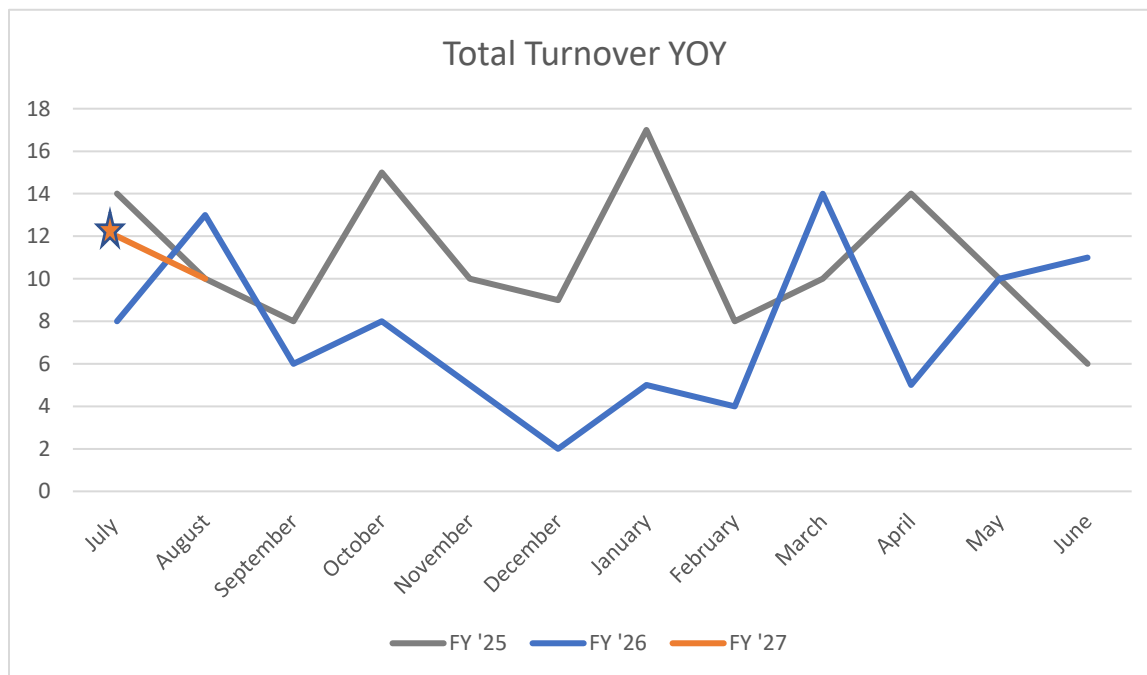
8/31/2026							
Actively Recruiting to Hire							
Original Date Listed	Days Open	Pos Number	Job Title	RU	Division	FT	PT
5/4/2026	119	563	MOBILE OBOT PEER RECOVERY SPECIALIST	4261	Clinical	1	
4/30/2026	123	620	PSYCHIATRIC NURSE PRACTITIONER		Clinical	1	
7/29/2026	33	45	CENTRAL ACCESS ASSOCIATE - FREDERICKSBURG CLINIC	1100	Clinical	1	
7/31/2026	31	107	THERAPIST, MENTAL HEALTH/SUBSTANCE ABUSE OUTPATIENT	4250	Clinical	1	
8/11/2026	20	126	MEDICAL DIRECTOR	2201	Clinical	1	
4/15/2026	138	194	MH RESIDENTIAL SPECIALIST	2770	CIS	1	
8/18/2026	13	192	MH NURSE, LPN - CRISIS STABILIZATION	2770	CIS	1	
5/29/2026	94	205	NURSE, RN - CRISIS STABILIZATION	2770	CIS	1	
8/14/2026	17	245	DEVELOPMENTAL SERVICES SUPPORT COORDINATOR - SPOTSYLVANIA	3300	CSS	1	
8/14/2026	17	264	DEVELOPMENTAL SERVICES SUPPORT COORDINATOR - SPOTSYLVANIA	3300	CSS	1	
8/21/2026	10	648	DEVELOPMENTAL SERVICES SUPPORT COORDINATOR - SPOTSYLVANIA	3300	CSS	1	
8/18/2026	13	667	Developmental Services Support Coordinator - Floater	3300	CSS	1	
8/17/2026	14	234	DEVELOPMENTAL SERVICES SUPPORT COORDINATOR	3300	CSS	1	
6/3/2026	89	661	ASSISTANT SITE LEADER - RAAI STAFFORD	3655	CSS	1	
7/22/2026	40	635	DIRECT SUPPORT PROFESSIONAL - KING GEORGE	3653	CSS		1
8/7/2026	24	334	DIRECT SUPPORT PROFESSIONAL - SPECIALIZED SERVICES	3658	CSS		1
8/7/2026	24	324	DIRECT SUPPORT PROFESSIONAL - SPECIALIZED SERVICES	3658	CSS		1
8/3/2026	28	359	DIRECT SUPPORT PROFESSIONAL - DAY SUPPORT ICF	3656	CSS	1	
8/10/2026	21	494	ASSISTANT GROUP HOME MANAGER - ROSS ICF	3792	CSS	1	
3/6/2026	178	367	DIRECT SUPPORT PROFESSIONAL - FLOATER	3771	CSS		1
8/24/2026	7	370	DIRECT SUPPORT PROFESSIONAL - WOLFE ICF	3771	CSS	1	
8/18/2026	13	379	DIRECT SUPPORT PROFESSIONAL - WOLFE ICF	3771	CSS		1
7/16/2026	46	375	DIRECT SUPPORT PROFESSIONAL - WOLFE ICF	3771	CSS	1	
7/20/2026	42	390	DIRECT SUPPORT PROFESSIONAL - LEELAND	3772	CSS		1
7/21/2026	41	386	DIRECT SUPPORT PROFESSIONAL - LEELAND	3772	CSS	1	
7/13/2026	49	399	DIRECT SUPPORT PROFESSIONAL - STONEWALL	3773	CSS		1
6/25/2026	67	646	DIRECT SUPPORT PROFESSIONAL - RUFFINS POND	3775	CSS		1
8/21/2026	10	407	DIRECT SUPPORT PROFESSIONAL - DEVON	3774	CSS		1
2/27/2026	185	433	DIRECT SUPPORT PROFESSIONAL - IGO	3777	CSS		1
7/31/2026	31	48	DIRECT SUPPORT PROFESSIONAL - IGO	3777	CSS	1	
2/27/2026	185	482	DIRECT SUPPORT PROFESSIONAL - GALVESTON	3790	CSS		1
7/30/2026	32	480	DIRECT SUPPORT PROFESSIONAL - GALVESTON	3790	CSS	1	
5/11/2026	112	503	DIRECT SUPPORT PROFESSIONAL - ROSS ICF	3792	CSS		1
6/11/2026	81	519	DIRECT SUPPORT PROFESSIONAL - LUCAS ICF	3793	CSS		1
7/16/2026	46	518	DIRECT SUPPORT PROFESSIONAL - LUCAS ICF	3793	CSS		1
7/30/2026	32	515	DIRECT SUPPORT PROFESSIONAL - LUCAS ICF	3793	CSS	1	
12/16/2025	258	531	DIRECT SUPPORT PROFESSIONAL - MYERS RESPITE	3794	CSS		1
Avg days open	61.70					22	15
			Total Positions in Recruitment				37
Budgeted Vacant			Job Title	RU	Division	FT	PT
		68	UNLICENSED EMERGENCY SERVICES THERAPIST	2000	CIS	1	
		200	MH RESIDENTIAL SPECIALIST	2770	CIS	1	
		207	NURSE, RN - CRISIS STABILIZATION	2770	CIS		1
		500	DIRECT SUPPORT PROFESSIONAL - ROSS ICF	3792	CSS	1	
		296	DIRECT SUPPORT PROFESSIONAL - KINGS HIGHWAY	3652	CSS	1	
		405	DIRECT SUPPORT PROFESSIONAL - DEVON	3774	CSS	1	
		226	RESIDENTIAL COUNSELOR I	2781	CSS	1	
			ASSISTANT SITE LEADER - KG/CAROLINE		CSS	1	
		638	OUTPATIENT THERAPIST - FREDERICKSBURG CLINIC	2200	Clinical		1
		168	PSYCHOSOCIAL ADVOCATE - KENMORE CLUB	2680	Clinical	1	
		148	CASE MANAGER, ADULT MENTAL HEALTH	2400	Clinical	1	
						9	2
			105		Total	11	

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: September 4, 2026
Re: Summary – Turnover Report – August 2026

Human Resources processed ten (10) employee separations in August 2026; seven were voluntary, and three were involuntary.



RACSB MONTHLY TURNOVER REPORT
Aug-26

<u>ORGANIZATIONAL UNIT</u>	<u>NUMBER OF TERMS</u>	<u>VOLUNTARY</u>	<u>INVOLUNTARY</u>	<u>EXPLANATION</u>
Administrative				
<i>Unit Totals</i>	0	0	0	
Clinical Services				
			1	Reduction in Force
<i>Unit Totals</i>	1	0	1	
Community Support Services				
			2	For cause
		4		Unknown
		2		Job dissatisfaction
		1		School
<i>Unit Totals</i>	9	7	2	
Crisis Intervention Services				
<i>Unit Totals</i>	0	0	0	
Prevention & Early Intervention Services				
<i>Unit Totals</i>	0	0	0	
Grand Totals for the Month	10	7	3	

Total Average Number of Employees	547
Retention Rate	98.17%
Turnover Rate	1.83%
Total Separations	10

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*	8	13	6	8	5	2	5	4	14	5	10	11
Turnover by Month	1.43%	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	1.61%	3.78%	4.88%	6.34%	7.24%	7.61%	8.51%	9.22%	11.73%	12.61%	14.41%	16.41%
Average % Turnover per Month YTD	1.61%	1.89%	2.11%	1.58%	1.45%	1.27%	1.22%	1.15%	1.30%	1.26%	1.31%	1.37%

*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	547										
Monthly Terminations*	12	10										
Turnover by Month	2.20%	1.83%										
Cumulative Turnover YTD	2.20%	4.03%										
Average % Turnover per Month YTD	2.20%	2.01%										

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



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: September 4, 2026

Re: FY26 Turnover & Exit Interview Analysis Summary

During FY26, RACSB experienced 91 employee separations, including 73 voluntary and 18 involuntary terminations, resulting in an overall turnover rate of 16.59%. This represents a 6% year-over-year decrease in turnover, while average agency headcount declined approximately 4% to 555 employees. Turnover was concentrated among employees with shorter tenure, with 78% of separations occurring within the first four years of employment, including 34% within the first year. Direct Support Professionals, nursing staff, and Support Coordinators accounted for 64% of all separations and 67% of voluntary separations, with Community Support Services accounting for 64% of agency-wide turnover.

Exit survey participation was 62%, providing 42 responses from departing employees. RACSB's mission and work environment were the most frequently cited positive aspects of employment, while training, direct supervision, staffing shortages, work schedules, and work-life balance emerged as the most common opportunities for improvement. New opportunities were the most frequently reported reason for leaving. These results reinforce the importance of continued attention to employee development, supervisor effectiveness, staffing and workload management, and retention strategies in the positions and divisions experiencing the highest turnover. The FY27 exit survey has been revised to capture more specific information about why employees leave and to strengthen the agency's ability to identify actionable retention trends.

The FY26 turnover findings support RACSB's strategic priority of strengthening employee retention and reinforce several initiatives already underway. The Employee Engagement Survey and implementation of Stay Interviews will provide additional retention-focused data that can be evaluated alongside turnover and exit interview results to better identify trends, areas of concern, and opportunities for earlier intervention. In addition, targeted efforts are underway within Community Support Services (CSS), which accounted for 64% of FY26 separations, to strengthen hiring and onboarding. This includes revising interview questions and training supervisors and managers on effective interviewing and candidate selection. By improving the consistency and quality of hiring decisions and better assessing candidate fit at the outset, RACSB aims to reduce first-year turnover and strengthen longer-term employee retention.

TURNOVER REPORT FY26

In FY 2026 we had 91 terminations

Involuntary

18

Voluntary

73

FY26 Turnover Rate

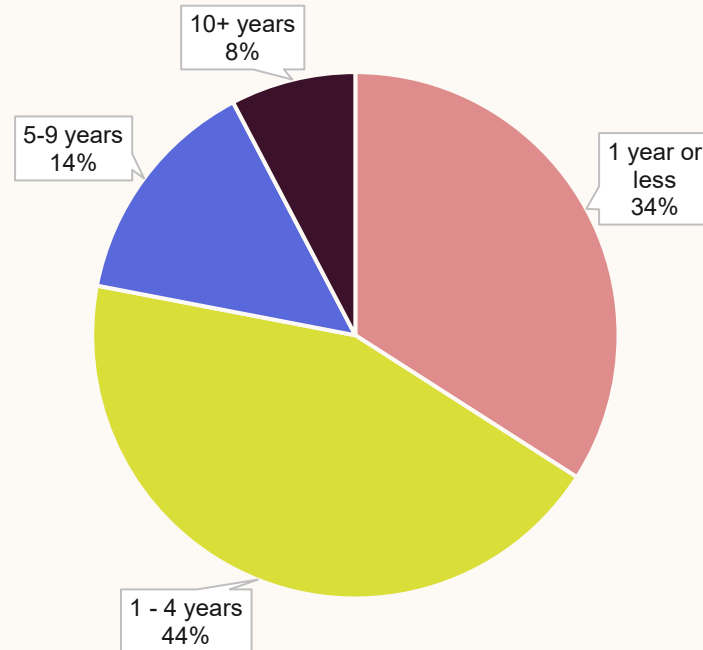
16.59%

Decrease of 6% YOY

**38% of voluntary
turnover gave
sufficient notice**

28 Zero Day Notices

Tenure Across Terminations



74% of all terminations scored between 3.00 and 3.99 on their performance evaluation.

**Average
Headcount**

555

Decrease of ~4% YOY

31 people are eligible for rehire
(total terminations)

Exit Survey Participation Rate

62% | 42 results

Lack of training is leading as the top reason for exiting the organization, followed closely by direct supervisors and staffing

46% of exiting employees quote our mission as the best part of working at RACS

TURNOVER BY POSITION

Terminations by title	Involuntary	Voluntary	Total
RACSB	18	73	91
Direct Support Professional	8	30	38
Support Coordinator	2	5	7
Nurse, RN	0	6	6
Administrative Office Associate	2	1	3
Maintenance Tech	0	3	3
Nurse Manager	1	2	3
Nurse, LPN	0	3	3
Therapist, Licensed	0	3	3
Therapist, Unlicensed	1	2	3
Case Manager	0	2	2
Counselor	0	2	2
Support Specialist	2	0	2
Accounting Specialist	1	0	1
Accounting Coordinator	0	1	1
Advocate	0	1	1
Assistant Group Home Manager	0	1	1
Assistant Site Leader	0	1	1
Central Access Associate	1	0	1
Compliance Coordinator	0	1	1
Day Support Aide	0	1	1
Group Home Manager	0	1	1
HR Specialist	0	1	1
IT Specialist	0	1	1
Lead Specialist	0	1	1
Mental Health Specialist	0	1	1
Residential Specialist	0	1	1
Site Leader	0	1	1
Special Educator	0	1	1

Direct Support Professionals, Support Coordinators, and Nursing Staff made up the majority of terminations.

Together, they accounted for 64% of all terminations in the agency.

- ❖ 42% are Direct Support Professionals
- ❖ 13% are Nursing Staff
- ❖ 8% are Support Coordinators

67% of voluntary terminations fall under these three job areas.

TURNOVER BY DIVISION AND EXIT SURVEY SCORES

	All Terminations			% of All Responses Received	
	Terms	Involuntary	Voluntary	Assigned Survey Responses	Total Score out of 100%
RACSB	91	18	73	41	86%
Crisis - Crisis Intervention Services	10%	0%	12%	12%	82%
Clinic - Clinical	11%	17%	10%	15%	82%
CSS - Community Support Services	64%	61%	64%	59%	79%
ADMIN	9%	6%	10%	10%	91%
Prevention & Early Intervention	7%	17%	4%	5%	82%

EXIT SURVEY RECAP

The FY26 exit survey focused on capturing a point in time where an employee might feel empowered to speak freely about their experiences with RACSB. Our questions were:

- ❖ Did you feel that there were clear paths of growth within the agency?
- ❖ What made you happy while working with us?
- ❖ What would you improve about your experience?
- ❖ Please rate the following on a scale of 1-5 with 5 being the highest:
 - ❖ Communication
 - ❖ Training/Job Preparedness
 - ❖ Benefits/Pay
 - ❖ Work Environment
 - ❖ Schedule

On the following slides, we go over the exit interview data from the surveys in more detail. Division breakouts can be found in the appendix.

EXIT SURVEY AGGREGATE DATA

What impacted your employment positively?	
Our mission	19
Environment	15
Compensation	2
Flexibility	2
Direct Supervisor(s)	1
Direct Team Members	1
Training	1

Our mission and environment are rated the highest among survey participants as highlights of their employment.

In addition, when asked whether they felt there were clear paths for growth within the agency, 58% of exiting employees said yes.

Aligns with FY 26 Engagement Survey

93.14% of employees felt committed (or strongly committed) to RACSB mission and goals.

EXIT SURVEY AGGREGATE DATA

Based on the aggregate data and the detailed data of the surveys, employees would have felt most impacted by:

- ❖ Improved work life balance and schedule management
- ❖ Visible ways to grow their career
- ❖ Better training for themselves and their direct supervisors

Aligns with FY 26 Engagement Survey

17.01% of employees felt that they were unable to maintain a health balance between work and personal life.

18.21% of employees felt that their workload was unreasonable.

What is your reason for leaving?		What would you improve about your experience, if you could?	
New Opportunity	15	Nothing	7
Personal	8	Training	7
Work Environment	5	Direct Supervisor(s)	6
Relocation	4	Staffing shortages	6
Schedule	4	Work Schedule	4
Retirement	4	Environment	4
Conflict of Interest	1	Lack of Mission Focus	2
		Communication	2
		Work Life Balance	2
		Equipment	1

EXIT SURVEY REVISED

For FY27, we have made updates to the exit survey to give us more information on the why behind people leaving.

Section 1

We expanded the reasons for leaving category to include more options: education, pay, benefits, scheduling, and health. We removed “New Opportunity”.

Section 2

People can rate the following 1-5 with 5 being the highest:

- ★ Communication
- ★ Direct Supervisors (new)
- ★ Job Training/Preparedness
- ★ Benefits (new)
- ★ Pay (new)
- ★ Work-life balance
- ★ Scheduling practices (new)

APPENDIX

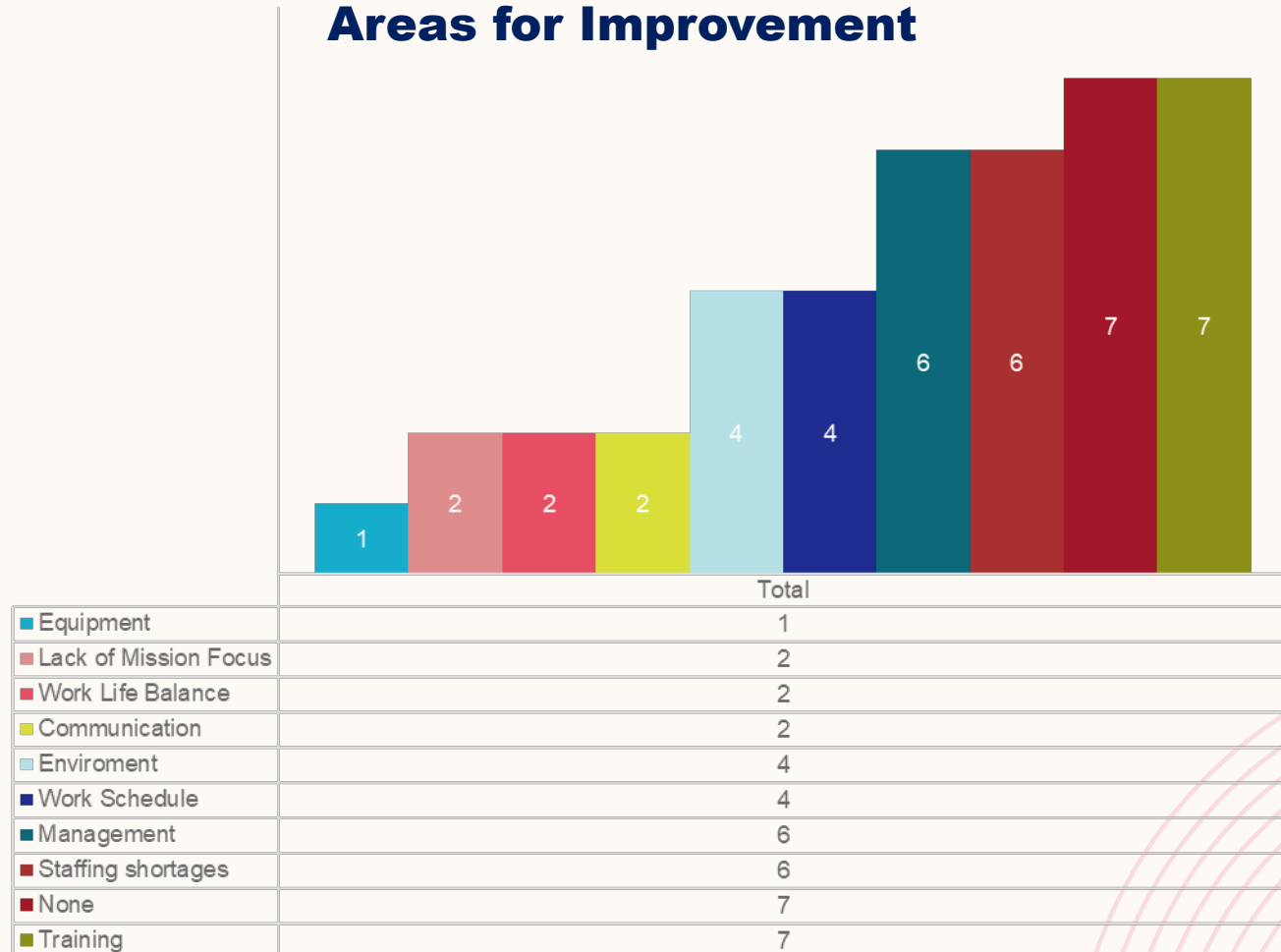
Division One Pagers
Supporting Charts and Visuals

RACSB

# of Responses Received	Score from Survey Responses						Total Score out of 100%
	Communication	Training	Benefits/Pay	Culture	Schedule		
42	85%	90%	91%	78%	87%		86%

Terminations by title	Involuntary	Voluntary	Total
RACSB	18	73	91
Direct Support Professional	8	30	38
Support Coordinator	2	5	7
Nurse, RN	0	6	6
Administrative Office Associate	2	1	3
Maintenance Tech	0	3	3
Nurse Manager	1	2	3
Nurse, LPN	0	3	3
Therapist, Licensed	0	3	3
Therapist, Unlicensed	1	2	3
Case Manager	0	2	2
Counselor	0	2	2
Support Specialist	2	0	2
Accounting Specialist	1	0	1
Accounting Coordinator	0	1	1
Advocate	0	1	1
Assistant Group Home Manager	0	1	1
Assistant Site Leader	0	1	1
Central Access Associate	1	0	1
Compliance Coordinator	0	1	1
Day Support Aide	0	1	1
Group Home Manager	0	1	1
HR Specialist	0	1	1
IT Specialist	0	1	1
Lead Specialist	0	1	1
Mental Health Specialist	0	1	1
Residential Specialist	0	1	1
Site Leader	0	1	1
Special Educator	0	1	1

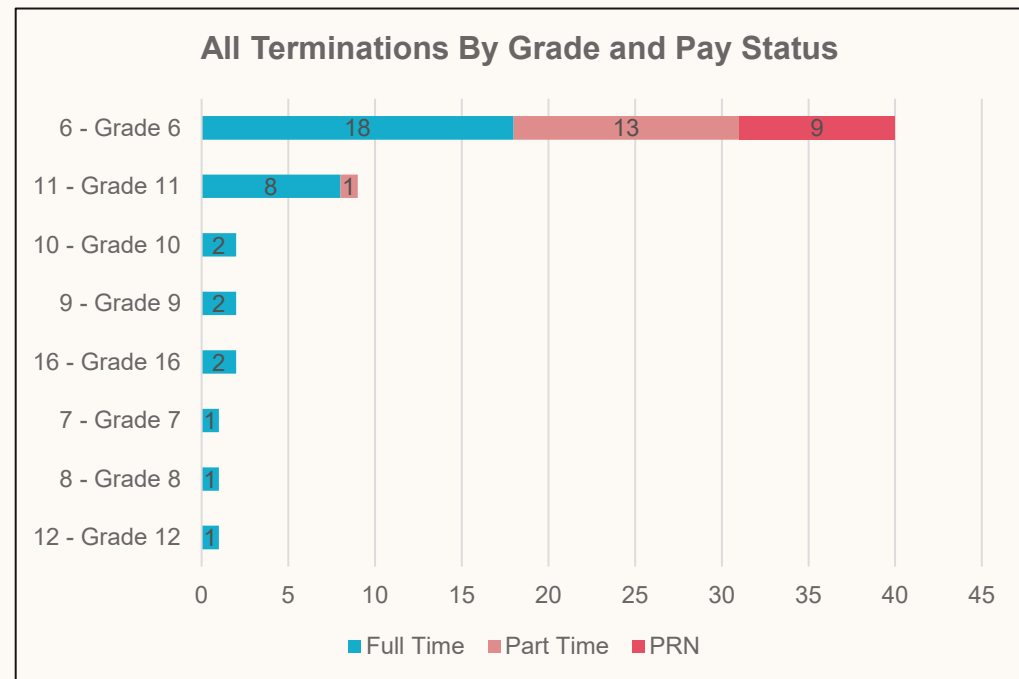
Areas for Improvement



RACSB (CONT.)

All Terminations by Performance Evaluation Score			
Evaluation Scores	Total	Voluntary	Involuntary
2.99 or below (26)	7	4	3
3.00-3.99 (297)	49	41	8
4.00-4.49 (114)	7	5	2
4.50-5.00 (80)	3	2	1

Note: 25 people did not have a performance evaluation rating



COMMUNITY SUPPORT SERVICES

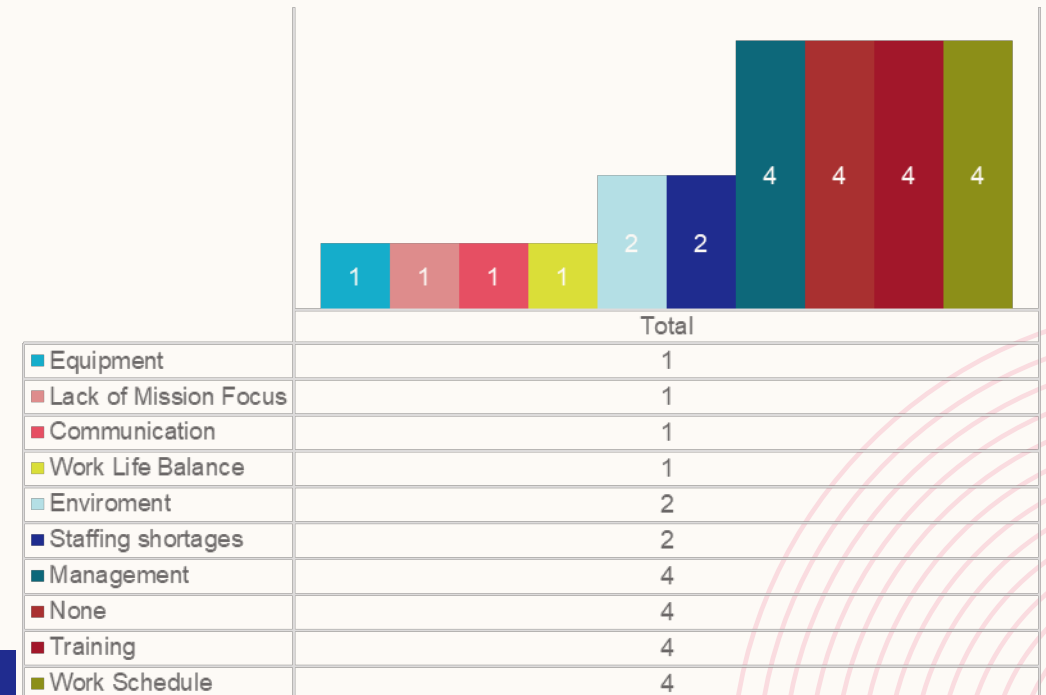
# of Responses Received Assigned Survey Responses	Score from Survey Responses					
	Communication	Training	Benefits/Pay	Culture	Schedule	Total Score out of 100%
24	79%	82%	79%	83%	72%	79%

Position Title	Involuntary	Voluntary	# of Terminations
Direct Support Professional	8	30	38
Support Coordinator	2	3	5
Nurse Manager	1	1	2
Administrative Office Associate		1	1
Advocate		1	1
Assistant Group Home Manager		1	1
Assistant Site Leader		1	1
Case Manager		1	1
Counselor		1	1
Day Support Aide		1	1
Group Home Manager		1	1
Lead Specialist		1	1
Mental Health Specialist		1	1
Nurse, LPN		1	1
Nurse, RN		1	1
Site Leader		1	1
TOTAL	11	47	58

121

Full Time	Part Time	PRN
35	14	9

Areas for Improvement



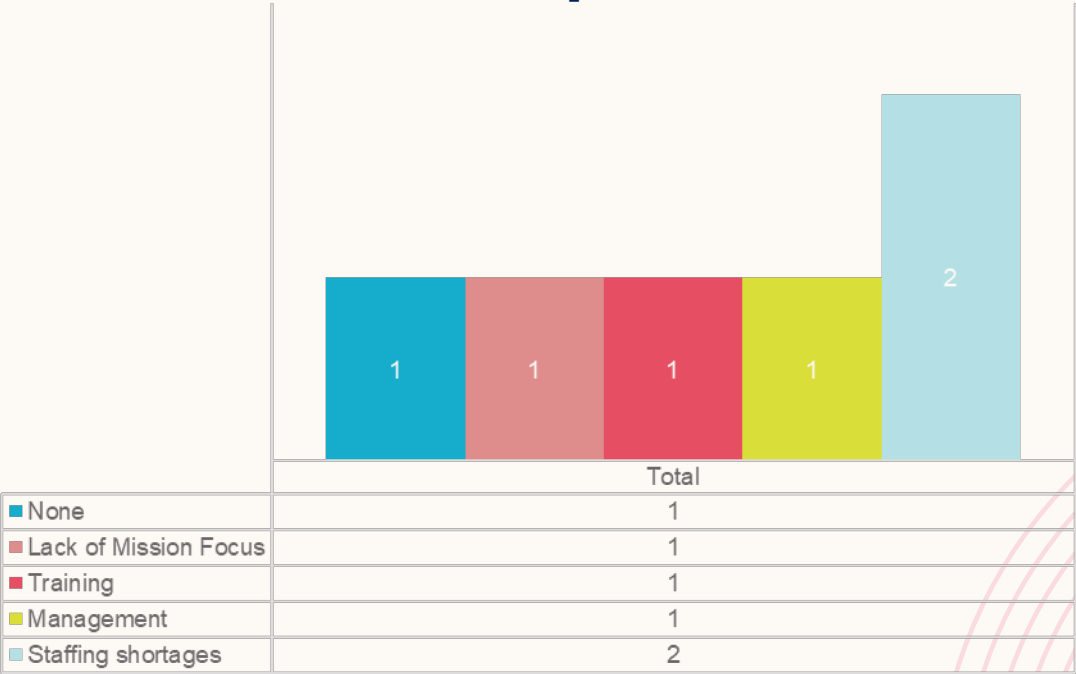
CLINICAL

# of Responses Received Assigned Survey Responses	Score from Survey Responses					
	Communication	Training	Benefits/Pay	Culture	Schedule	Total Score out of 100%
6	83%	80%	93%	77%	77%	82%

Position Title	Involuntary	Voluntary	# of Terminations	Full Time	Part Time	PRN
				10	0	0

Therapist, licensed		3	3
Therapist, Unlicensed	1	2	3
Administrative Office Associate	1		1
Case Manager		1	1
Central Access Associate	1		1
Nurse, RN		1	1
TOTAL	3	7	10

Areas for Improvement



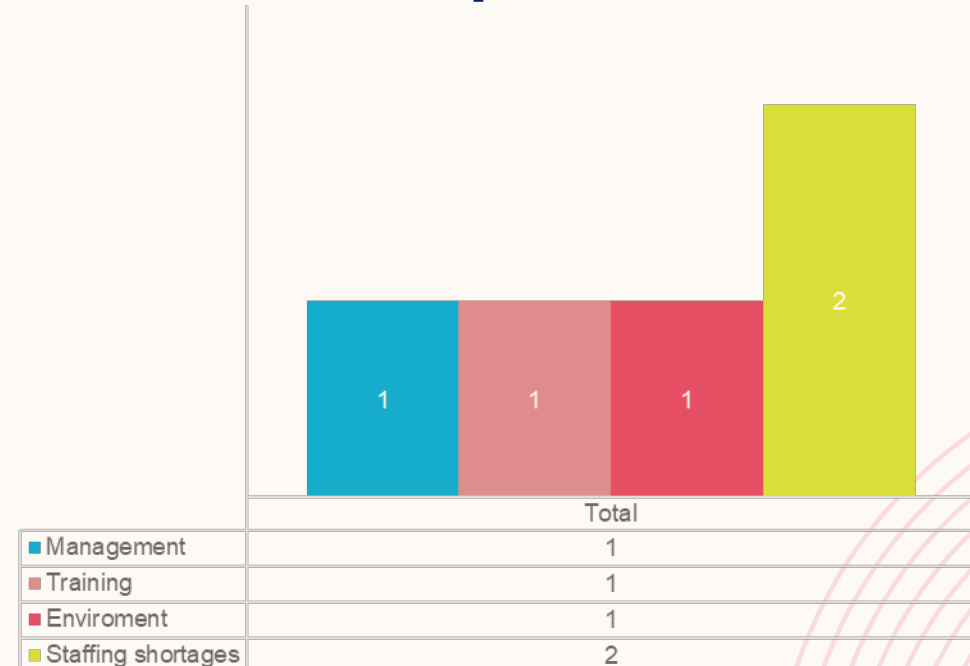
CRISIS INTERVENTION SERVICES

# of Responses Received Assigned Survey Responses	Score from Survey Responses					Total Score out of 100%
	Communication	Training	Benefits/Pay	Culture	Schedule	
5	84%	76%	84%	84%	80%	82%

Position Title	Involuntary	Voluntary	# of Terminations
Nurse, RN		4	4
Nurse, LPN		2	2
Counselor		1	1
Nurse Manager		1	1
Residential Specialist		1	1
TOTAL		9	9

Full Time	Part Time	PRN
6	1	2

Areas for Improvement



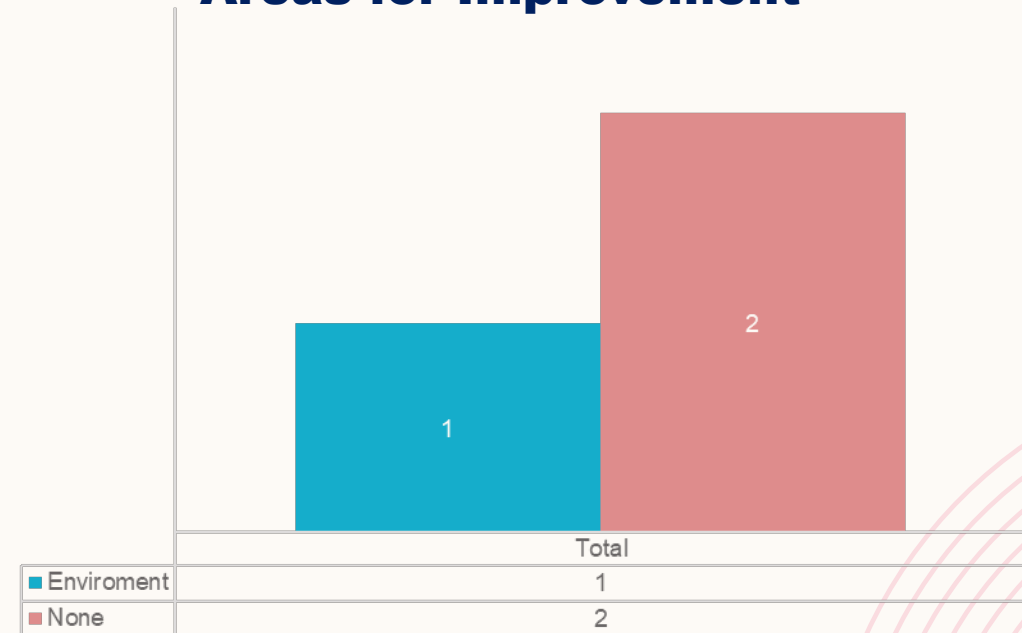
ADMIN

# of Responses Received Assigned Survey Responses	Score from Survey Responses					Total Score out of 100%
	Communication	Training	Benefits/Pay	Culture	Schedule	
4	90%	95%	95%	75%	100%	91%

Position Title	Involuntary	Voluntary	# of Terminations
Accounting Specialist	1		1
Accounting Coordinator		1	1
Compliance Coordinator		1	1
HR Specialist		1	1
Maintenance Tech		3	3
TOTAL	1	7	

Full Time	Part Time	PRN
7	1	0

Areas for Improvement



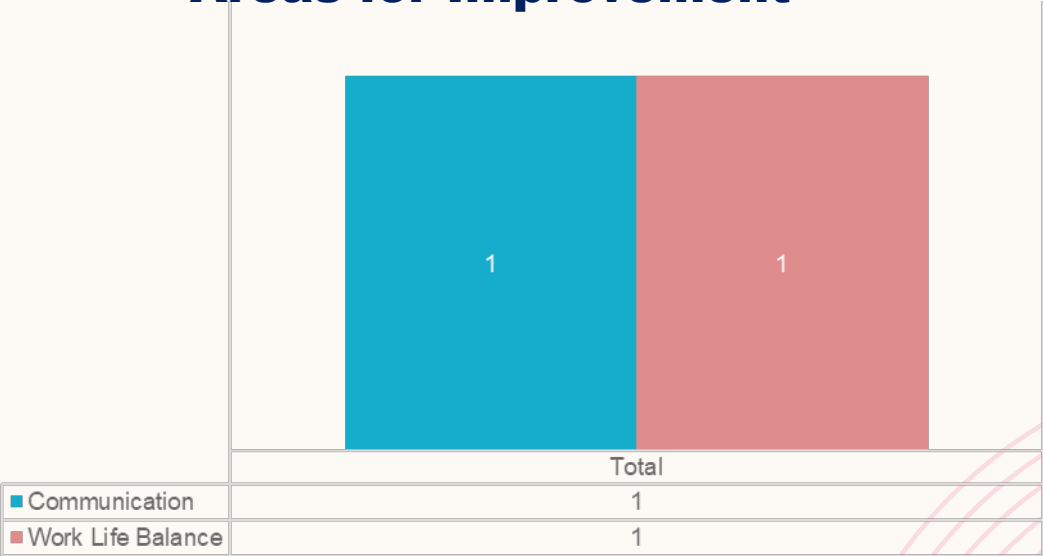
PREVENTION & EI

# of Responses Received Assigned Survey Responses	Score from Survey Responses					
	Communication	Training	Benefits/Pay	Culture	Schedule	Total Score out of 100%
2	70%	100%	90%	80%	70%	82%

Position Title	Involuntary	Voluntary	# of Terminations
Admin Office Associate	1		1
Special Educator		1	1
Support Coordinator		2	2
Support Specialist	2		2
TOTAL	3	3	6

Full Time	Part Time	PRN
5	1	0

Areas for Improvement



ALL TERMINATIONS BROKEN OUT BY GRADE

Retained	Average Active Employee Count	# of Terminations in FY 2026	Grade Turnover %	% of Overall Turnover
6 - Grade 6	173	46	27%	51%
7 - Grade 7	17	1	6%	1%
8 - Grade 8	17	1	6%	1%
9 - Grade 9	16	3	19%	3%
10 - Grade 10	48	7	15%	8%
11 - Grade 11	91	14	15%	15%
12 - Grade 12	46	5	11%	5%
13 - Grade 13	43	5	12%	5%
14 - Grade 14	19	0	0%	0%
15 - Grade 15	19	5	26%	5%
16 - Grade 16	11	4	36%	4%
17 - Grade 17	8	0	0%	0%
18 - Grade 18	3	0	0%	0%
19 - Grade 19	3	0	0%	0%
20 - Grade 20	3	0	0%	0%
21 - Grade 21	1	0	0%	0%

EXIT SURVEY AGGREGATE DATA

What impacted your employment positively?		What is your reason for leaving?		What would you improve about your experience, if you could?	
Our mission	19	New Opportunity	15	Nothing	7
Environment	15	Personal	8	Training	7
Compensation	2	Work Environment	5	Direct Supervisor(s)	6
Flexibility	2	Relocation	4	Staffing shortages	6
Direct Supervisor(s)	1	Schedule	4	Work Schedule	4
Direct Team Members	1	Retirement	4	Environment	4
Training	1	Conflict of Interest	1	Lack of Mission Focus	2
Did you feel that there were clear paths of growth within the agency?		Lack of Training	0	Communication	2
				Work Life Balance	2
				Equipment	1
Yes	24				
No	15				
Somewhat	2				

RACSB DEPUTY EXECUTIVE DIRECTOR REPORT

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.
- Implemented 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 an executive summary and analysis of responses to VACSB.
- Met with Department of Behavioral Health and Developmental Services (DBHDS) to discuss reporting solution for IV drug use metric and individuals served under Temporary Detention Orders by Residential Crisis Stabilization Units.
- 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.
- Continued to lead Impruvon project to implement new electronic medication administration platform to go-live on October 1, 2026.
- Presented national webinar on avoiding data overload for Open Minds.
- Worked with Director of Finance to finalize responses to the end of the year Performance Contract report.
- Reviewed, provided input, and posted Invitation To Bid for Market Street Construction project.
- Met with Early Intervention to plan transition from paper documentation to use of myAvatar. Begin making the required changes to the forms previously built in the electronic health record to ensure most up-to-date versions are available.

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 August: 953

State Reporting Transition to DBHDS

DBHDS state reporting remains our top priority, and we have made significant technical progress alongside Netsmart. Netsmart has now executed nearly all required scripting, data

translations, and almost all data re-pushing. The only work left is to re-push data from a non-functioning field from July of FY 2027. While we continue to audit and confirm that our FY 2026 data looks as expected, preliminary reviews show the data is aligning well with our expectations. The level of accepted data submissions was hovering at 85% to 88% with about 500 errors a day, now after the clean ups we are at 99% acceptance with around 5-20 errors a day. With the core data migration and scripting phase largely complete, we are currently awaiting a final after-action report from Netsmart. In the meantime, we remain in close contact with DBHDS and neighboring Virginia CSBs to ensure seamless coordination as this final phase wraps up.

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: September 8, 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.

We ask that the Board take action on the proposed contract during the September board of director's meeting.

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. The document has also been submitted to each locality for approval.

<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

Post Office Box 1797
Richmond, Virginia 23218-1797

Telephone (804) 786-3921
Fax (804) 371-6638
www.dbhds.virginia.gov

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 IDCRC 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