

BOARD OF DIRECTORS MEETING

AGENDA

OCTOBER 20, 2026

600 Jackson Street
Fredericksburg, VA 22401

Board Room 208

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	Five Years: Keeyana Lee, Asst. Group Home Mgr., Piedmont		
	Five Years: Suli Lisk, Administrative Office Associate, DD Support Coordination		
	Five Years: Tarah Stanley, Housing Specialist, PSH, (not present)		
	Five Years: Christina Turberville, Group Home Manager, Galveston		
	Ten Years: Laurie Strother, Supervisor, Healthy Families		
	Fifteen Years: Judy Thompson, Vocational Specialist, ACT South		
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Rappahannock Area Community Services Board

Board of Directors September 2026 Meeting Minutes

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

Absent: Ashley Terry, Matthew Zurasky

I. Call to Order

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

II. Minutes Board of Directors August 18 2026

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

III. Public Comment

No members of the public offered comment.

IV. Employee Service Awards

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

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

V. Employee of the Fourth Quarter

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

VI. Board Core Behaviors

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

VII. Patient Portal Presentation

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

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

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

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

VIII. Program Reports

A. Community Support Services

1. Program Update

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

2. Developmental Disabilities and Mental Health Residential Vacancies

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

B. Crisis Services

1. Program Update

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

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

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

2. Emergency Services Emergency Custody Order and Temporary Detention Order

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

3. Emergency Services Crisis Intervention Team and Co Response

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

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

4. Sunshine Lady House Utilization

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

C. Clinical Services

1. Program Update

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

2. State Hospital Census

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

3. Same Day Access

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

4. State Opioid Response Proposal

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

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

D. Compliance

1. Program Update

Compliance reported routine program activity.

2. Quality Assurance Report

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

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

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

3. Licensing Reports

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

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

E. Communications

1. Monthly Update

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

2. Communications Report September

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

3. Communications Plan FY27

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

F. Prevention and Early Intervention

1. Program Update

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

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

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

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

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

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

2. Healthy Families Rappahannock Area Year End Report

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

3. Healthy Families Rappahannock Area Standards Re Evaluation

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

4. Suicide Prevention Initiatives Year End Summary

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

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

G. Finance

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

1. Program Update

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

2. Summary of Cash Investments

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

3. Other Post Employment Benefit

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

4. Health Insurance

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

5. Summary of Investments

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

6. Fee Revenue Reimbursement

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

7. Write Off Report

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

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

8. Payroll Statistics

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

9. Financial Summary July

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

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

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

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

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

H. Human Resources

1. Program Update

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

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

2. Applicant and Recruitment Update

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

3. August Turnover Report

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

4. FY26 Turnover Report and Exit Interview Analysis Summary

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

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

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

I. Deputy Executive Director

1. Monthly Update

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

2. Performance Contract Amendment 4

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

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

IX. Report from the Executive Director

A. VACSB Public Policy Conference

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

B. Stafford Program Tour

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

C. Crisis Receiving Center

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

D. Community Housing Activities

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

X. Board Time

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

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

XI. Adjournment

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

Board of Directors Chair

Executive Director

October 6, 2026

Dear Amenah:

Congratulations on being selected as RACSB's Employee of the Quarter for the First Quarter of Fiscal Year 2027 (July–September 2026)!

Your selection is especially meaningful because it was determined through a peer voting process by RACSB's 18-member Employee of the Quarter Committee, comprised of fellow employees from across the agency. Your nominations stood out for the exceptional leadership, dedication, professionalism, and support of others they described.

The following nominations were submitted on your behalf:

Nomination 1

I would like to nominate Amenah Price Heath, Assistant Coordinator of Mental Health Residential. Recently, RACSB made the difficult decision to close one of our Mental Health Residential programs. This necessitated the transitioning of 10 residents to new living situations, which included MH Residential, Permanent Supportive Housing, ID/DD Residential and independent living. Amenah supervised the entire transition, helping out with paperwork, finding new housing options, hiring movers, and supporting our staff in every way possible! All this, while also covering for her own supervisor, who was out on medical leave, and taking on the duties of another position that was eliminated. She answered every phone call with courtesy and professionalism, and was always available to problem solve, provide direction, or just listen—no matter what the issue. Her smile never dimmed, and both staff and residents knew she could be counted upon! Thanks to Amenah, we were able to transition all 10 residents successfully in less than two months—and all are doing well in their new homes.

Nomination 2

I am honored to nominate Amenah Price for recognition as an outstanding supervisor and employee. I have had the opportunity to work with Amenah as she provides my supervision and guidance as I continue developing professionally as a Qualified Mental Health Professional (QMHP). Throughout this experience, she has consistently demonstrated exceptional leadership, professionalism, patience, and genuine dedication to supporting those she supervises.

One of the qualities I appreciate most about Amenah is her availability and willingness to help. Whenever I have questions or need clarification regarding my responsibilities, documentation, clinical situations, or professional development, she makes herself available to provide guidance and support. She never makes me feel that a question is unimportant or that I am bothering her. Instead, she takes the time to listen, explain, and help me understand how to approach situations appropriately and professionally.

Amenah has also been an excellent mentor. Her supervision goes beyond simply meeting requirements. She encourages me to think critically, improve my skills, and become more confident in my role as a QMHP. She provides constructive feedback in a respectful and encouraging manner, allowing me to learn from my experiences while continuing to grow professionally. I greatly value the way Amenah balances professionalism with compassion. She creates an environment where I feel comfortable asking questions, discussing concerns,



and seeking guidance when needed. Her leadership has helped me feel supported and motivated to continue improving the quality of the services I provide.

Amenah's dedication is evident not only in the support she provides to me, but also in the way she approaches her work and the people she supports. She is dependable, knowledgeable, approachable, and committed to helping others succeed. Her willingness to go above and beyond, share her knowledge, and make herself available when needed makes her an exceptional supervisor and an asset to the organization.

For these reasons, I wholeheartedly recommend Amenah Price for this employee nomination. I am truly grateful for her supervision, encouragement, patience, and continued support. She has made a meaningful difference in my professional development, and I believe she deserves recognition for the outstanding supervisor and colleague that she is.

Amenah, these nominations speak volumes about the impact you have on both the individuals we serve and your fellow employees. Your leadership during a challenging transition, your willingness to take on additional responsibilities, and the support and mentorship you consistently provide to others exemplify the dedication and commitment we value at RACSB.

On behalf of the Rappahannock Area Community Services Board, thank you for your outstanding service to the agency and to our community. In recognition of your accomplishments and your selection as Employee of the Quarter, a **one-time salary supplement of \$500** will be added to your paycheck.

We hope you will join us to be formally recognized for this achievement at the RACSB Board of Directors meeting on **Tuesday, October 20, 2026, at 3:00 p.m., at 600 Jackson Street**. Recognition will take place at the beginning of the meeting and will be followed by a photo opportunity.

Please RSVP to ddobson@rappahannockareacsb.org or call 540.899.4371 to let us know if you are able to attend.

Congratulations again on this well-deserved recognition, and thank you for the exceptional commitment, leadership, and care you bring to RACSB.

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 September 2026

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

RAAI is currently supporting 138 individuals, with continuous assessments and admissions happening across all programs.

September community engagement hours for the month were an average of 3.532. In the month of September, we volunteered in our community for 117 hours at numerous different establishments across our region such as Saint Peter's Lutheran Church, the Howell Library, Potomac Elementary, Fredericksburg SPCA, and the Community Ministry Food Bank. We are looking forward to participating in fun holiday events in the next few months!

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. We are beginning to fill pots with soil, planting is expected to start in January!

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.

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!

RAAI will be participating in the Spotsylvania Holiday Parade on December 5th! The start time of the parade is 1:00pm at the Spotsylvania Courthouse. This is our first year joining the event, and we are looking forward to our involvement. The theme this year is Red, White, & Merry Christmas.

Stay connected with RAAI! To join the mailing list for our new digital quarterly newsletter, email Rneal@rappahannockareacsb.org and include the email address where you would like to receive the newsletter.

Developmental Disabilities (DD) Residential Services - Courtney Ross

Two individuals were accepted into the Sponsored Placement program with move-in dates confirmed for October 2nd and October 5th. One individual has been accepted into Merchant Square with a confirmed move-in date of November 1st.

The DD Residential Coordinator had a check-in call regarding the Ann Felder Grant that was received earlier this year. The Community Foundation Representative confirmed that we would be invited to reapply for the next round in early 2027.

We are so proud of the team for embracing the transition of the E-MAR process with an implementation date of October 1st. This has been a huge endeavor ensuring staff attend all required trainings. This process required effective change leadership skills among our team of supervisors which can be a difficult skill to navigate. We are excited about this new adventure to increase efficiency, improve processes, and help to minimize medication errors.

Developmental Disabilities Support Services – Christina Rezendes

During the month of September, Jennifer Acors (our previous Coordinator) was awarded the Catalyst Award at the State Arc Convention in Charlottesville, VA. Emily Mooney (new Lead SC) and Christina Rezendes (Coordinator) attended this event as well. We have hired two Support Coordinators; one will be based in Stafford and the remaining is based in Spotsylvania. We are actively interviewing for our Support Coordinator position in Caroline and our Intake Support Coordinator position.

We continue to partner with Compliance to ensure quarterly reports and Part Vs are completed before the deficient date. We have seen a decrease in the number of outstanding quarterly reports beyond the recommended 21-day period. Those who were past the 21-day mark had notified their supervisor prior for an extension which did not go beyond the 30-day required period.

Tameika Bradley (Supervisor – Stafford) presented at the Caroline County Public Schools FAPT meeting to discuss the DD Waiver Waitlist and how to get connected to services. Christina Rezendes (Coordinator) presented virtually at the Spotsylvania County Public schools' parent-teacher fair to also discuss the DD Waiver Waitlist and how to get connected to services.

The Support Coordination team hosted its first Provider Fair on September 25th. We had a total of 13 providers participate and approximately 40 attend the event to get more information on the services of these providers. These 40 individuals included Support Coordinators, families and individuals. We plan on continuing to host one each Spring and Fall. Our next one is scheduled for April 23rd. We already have 5 providers signed up.

Christina Rezendes (Coordinator) was appointed as the DD Support Coordination Alternate for the Region 1 Quality Council.

Mental Health Residential/PSH- Nancy Price

Medicaid coverage remains strong among MH Residential residents. With the exception of one individual, all residents have full Medicaid coverage through Anthem. The remaining individual's income is too high to qualify for full Medicaid coverage; however, he is enrolled in a spend-down program that is managed by the MH Residential Coordinator.

Brian Anderson, Permanent Supportive Housing (PSH) Case Manager, has been assisting an individual with applying for Social Security benefits through SOAR for the past several years. After a lengthy process and many appeals, she was finally approved!

Home Road Supervised Apartment Program (SAP) officially closed on September 30, 2026. In the months leading up to the closure, all residents successfully transitioned to other programs or

community-based housing, and Home Road staff transitioned to other positions within the agency. Current and former Home Road staff gathered at the program on September 25 for a final farewell and an opportunity to share memories from their years at Home Road.

RACSB continues to maintain a positive working relationship with Home Inc., the owners of Home Road Apartments. PSH will be renting two apartments from Home Inc. for PSH individuals at the Home Road location in Stafford County. One individual is scheduled to move into an apartment on October 1, and another individual has a pending application for the second available unit. Two additional units will remain leased by RACSB through June 30, 2027, and will be used as short-term transitional housing for PSH individuals who are awaiting permanent housing.

PSH enrollment is currently at 84 individuals, with 7 open slots: 3 for state hospital referrals, 2 for community outreach referrals, and 2 for community referrals.

Psychosocial Rehabilitation (Kenmore Club)- Anna Loftis

Kenmore Club is gearing up our fall activities. We will be participating in the Out of Darkness Suicide Prevention walk and the NAMI Walk this month. We will be having a spirit week the last week of the month leading up to our Halloween party on the 30th. We are also accepting donations for our yard sale in November. We are accepting all donations of all kinds other than kids items. We will also be taking a trip to the Washington DC Zoo this month as well.

Memorandum

To: Joe Wickens, Executive Director

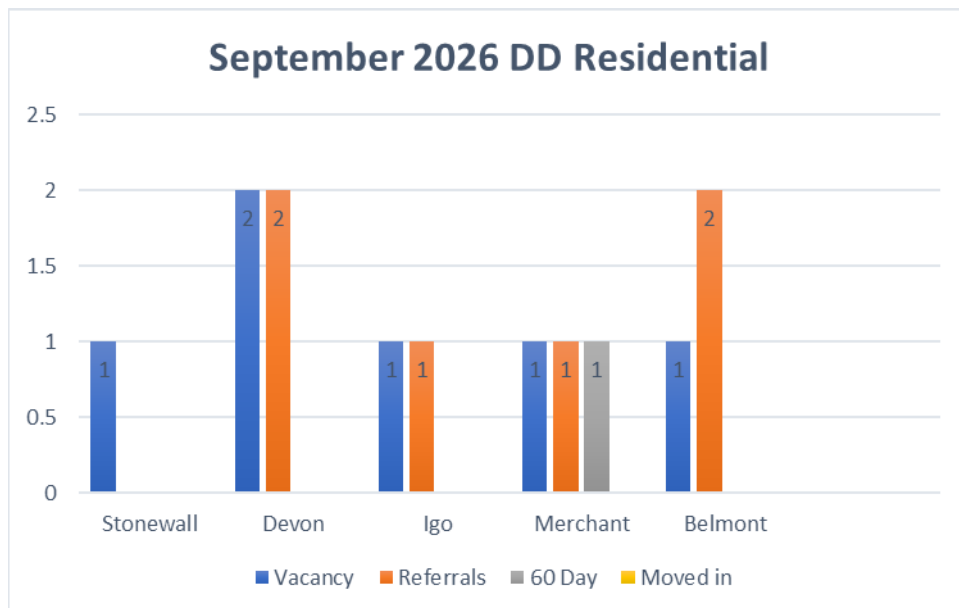
From: Lacey Fisher Curtis, CSS Director

Date: October 9th, 2026

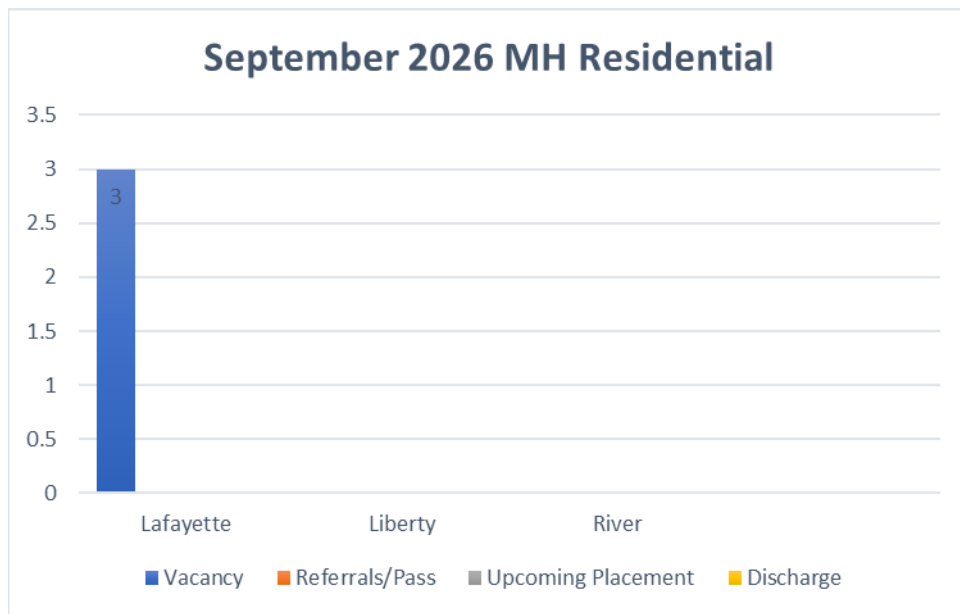
Re: Developmental Disabilities (DD) and Mental Health (MH) Residential Vacancies

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.

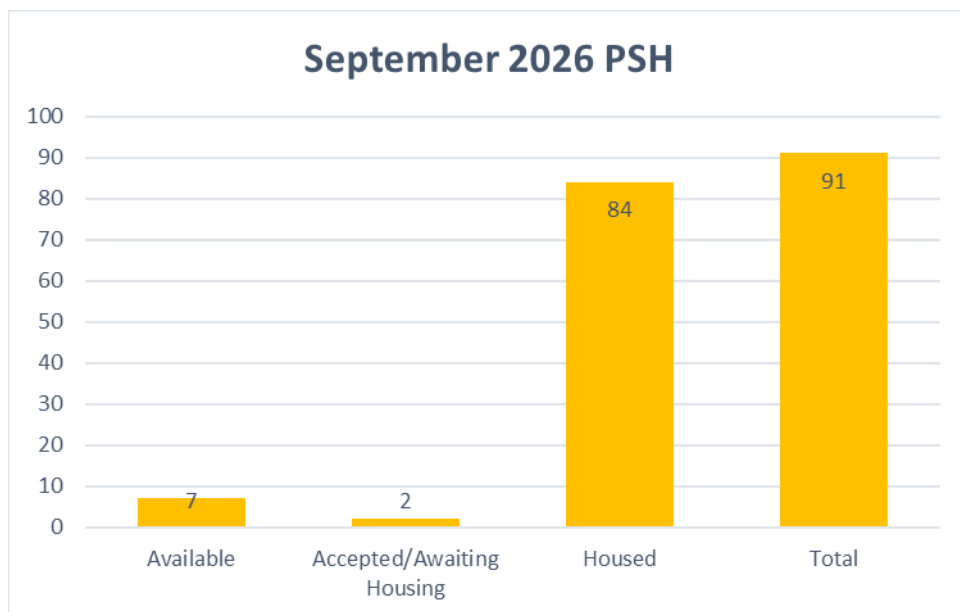
In DD residential, three move-ins occurred in the apartment programs and one additional set for 11/1. Both remaining vacancies at Merchant and Belmont are anticipated to be filled by November. Assessments for all vacancies continue as referrals are received.



Lafayette currently has 3 vacant beds while Liberty and River are both now full. The program continues 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 two referrals in September and the program accepted both individuals. No discharges occurred in September. 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

October 2026

Crisis Intervention Services, Amy Jindra

During the month of September, the Crisis Intervention Services (CIS) continue to support individual through acute psychiatric needs and difficult life experiences. The teams serve with great compassion. I express my gratitude for the skillful way in which the CIS leadership and staff work to help individuals in their recovery.

The CIS director had the opportunity to visit multiple properties for a potential site of the Peer Led Wellness Program. In addition, the director met with national experts in peer respite and peer crisis services from People USA. Steve Miccio, the Chief Executive Officer and founder of People USA offered valuable insight into the development of peer respite supports.

Assertive Community Treatment (ACT) - Sarah McClelland, LCSW

September was a good month for ACT. Our census is holding at 81 individuals served. We continue to seek referrals and continue to push toward our goal of having a full program at 100 individuals. We were fully staffed after hiring our newest ACT North Mental Health Specialist but, unfortunately, that staff member had to abruptly leave the position. We were able to get the position posted the same day with the help of Human Resources. We have been interviewing this week with some very hopeful prospects. We anticipate having the position re-filled in short order.

ACT staff on both teams continue to implement feedback from TMACT reviews. We have implemented client schedules on both teams at TMACT instructions. We are now implementing a process which involves using the stages of change, identified in Motivational Interviewing, to assess and treat individuals with co-occurring substance use disorders and serious mental illness. Our team leads and co-occurring specialists are spearheading this effort but all staff have been trained in the Integrated Dual Disorder Treatment model of care.

Another piece of exciting news: Javonne Kirby, ACT North Peer Specialist, has successfully implemented a walking group which is well attended. They are working up to walking a 5K in the future.

Sunshine Lady House, Crisis Stabilization, Latroy Coleman, LPC

SLH will be welcoming two full time nurses in the month of October. Both nurses are returning back to us and we are really excited for their start. We will also be welcoming a new mental health residential staff member to the team this month as well. Our Assistant Coordinator, Carla Anderson, attended the last board meeting to celebrate five years at SLH. Our program has adjusted programming, reducing to six groups. This adjustment is intended to provide more individually focused time for treatment. We have also successfully admitted, served and discharged another TDO. SLH also celebrated receiving a 100 score on the recent QA audit.

Emergency Services (ES) – Natasha Randall, LCSW

During September 2026, the Emergency Services Coordinator and the Director of Crisis Services, Amy Jindra, LPC, met with representatives from the Department of Veterans Affairs (VA) to explore opportunities for collaboration with the Central Virginia VA Health Care System's McGuire VA Medical Center.

The discussion focused on identifying potential opportunities for McGuire VA Medical Center to accept individuals under Temporary Detention Orders (TDOs) within the Rappahannock Area Community Services Board (RACSB) catchment area. This collaboration aims to explore additional psychiatric placement resources, strengthen interagency partnerships, and improve access to appropriate inpatient behavioral health treatment for individuals experiencing psychiatric crises.

MEMORANDUM

To: Joe Wickens, Executive Director

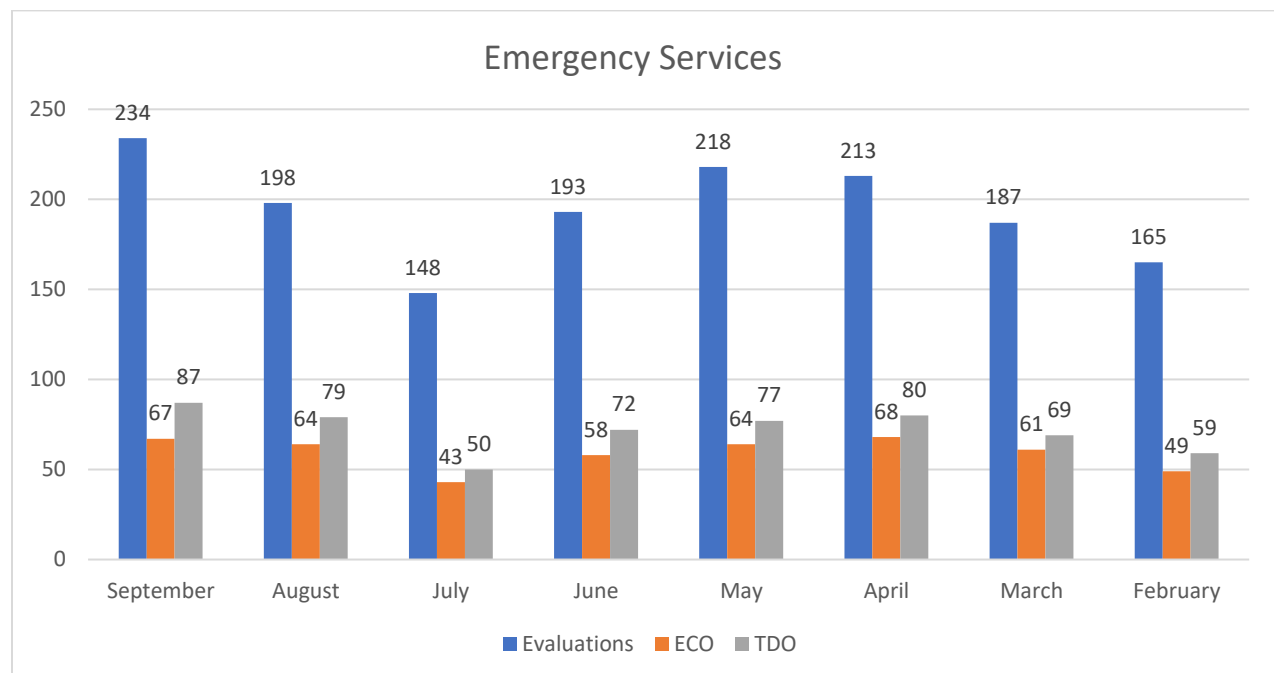
From: Natasha Randall, Emergency Services Coordinator

Date: October 8, 2026

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

In September, Emergency Services staff completed a total of 234 emergency evaluations. Of these, sixty-seven individuals were assessed under Emergency Custody Orders (ECOs), and eighty-seven Temporary Detention Orders (TDOs) were served. Staff did facilitate one admission to Central State Hospital and two to Western State hospital. Additionally, five individuals were involuntarily hospitalized outside of the agency's catchment area during this period.

Please see the attached 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	September 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	
234	41	26	67	87	4	2	81	87	1

FY '27 CSB/BHA Form (Revised: 07/01/2026)

CSB/BHA	Rappahannock Area Community Services			Reporting month	Sep-26	No Exceptions this month →	
Date	Consumer Identifier	1) Special Population Designation (see definition)	1a) Describe "other" in your own words (see definition)	2) "Last Resort" admission (see definition)	3) No ECO, but "last resort" TDO to state hospital (see definition)	4) Additional Relevant Information or Discussion (see definition)	
9/4/2026	84602	Other		Yes	Yes	Central State	
9/24/2026	78597	Other		Yes	Yes	Western State	
9/24/2026	259799	Other		Yes	Yes	Western State	

MEMORANDUM

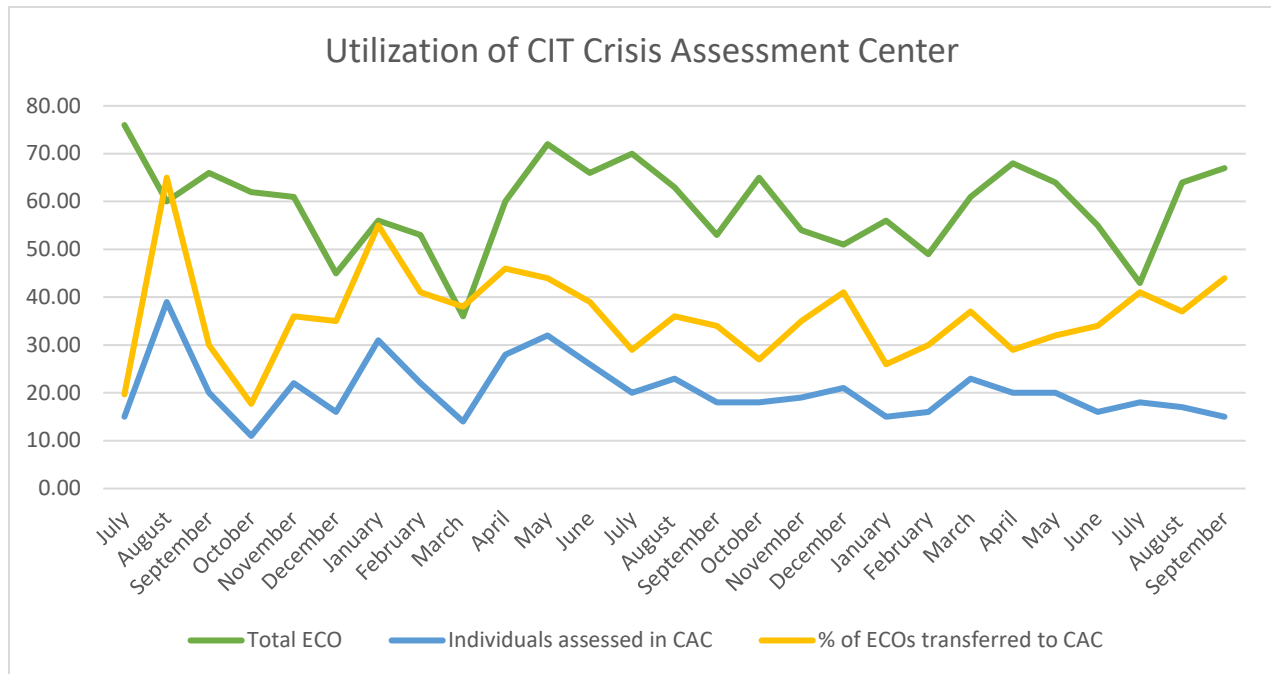
To: Joe Wickens, Executive Director
From: Natasha Randall, LCSW Emergency Services Coordinator
Date: October 8, 2026
Re: Crisis Intervention Team (CIT) and Co-Response Report

The CIT Assessment Center served 15 individuals in the month of September 2026. The number of persons served by locality were the following: Fredericksburg 4; Caroline 1; King George 0; Spotsylvania 4; Stafford 6; and 0 from other jurisdictions.

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

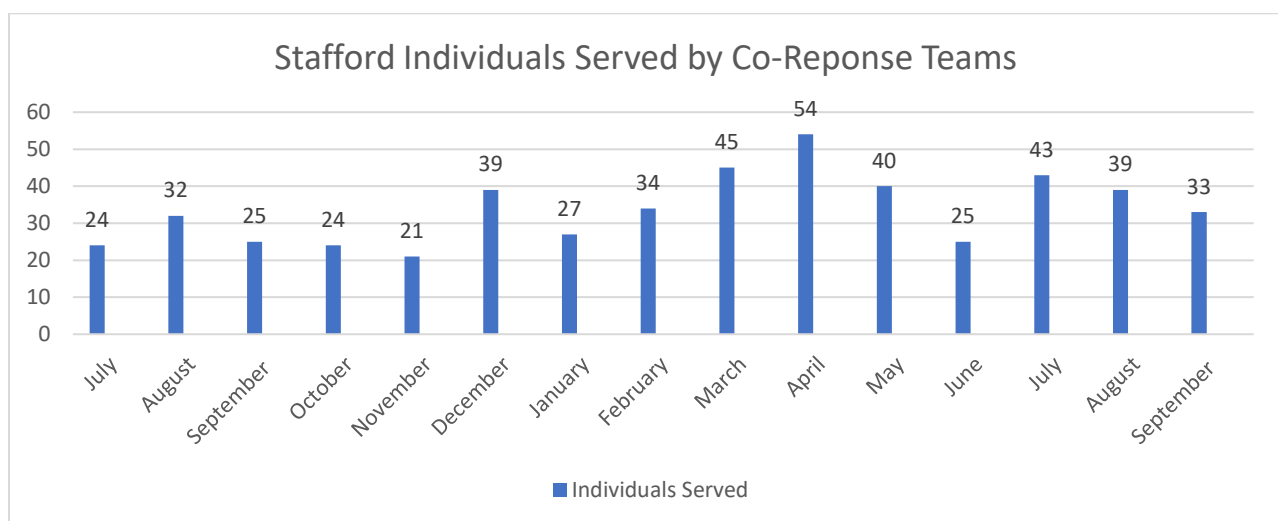
<u>Locality</u>	<u>Total ECO</u>	<u>Custody Transfer</u>	<u>Appropriate for</u>
		<u>to CAC</u>	<u>CAC if Capacity</u>
Caroline	3	1	2
Fredericksburg	11	4	7
King George	3	0	3
Spotsylvania	24	4	20
Stafford	26	6	20
<u>Totals</u>	67	15	52

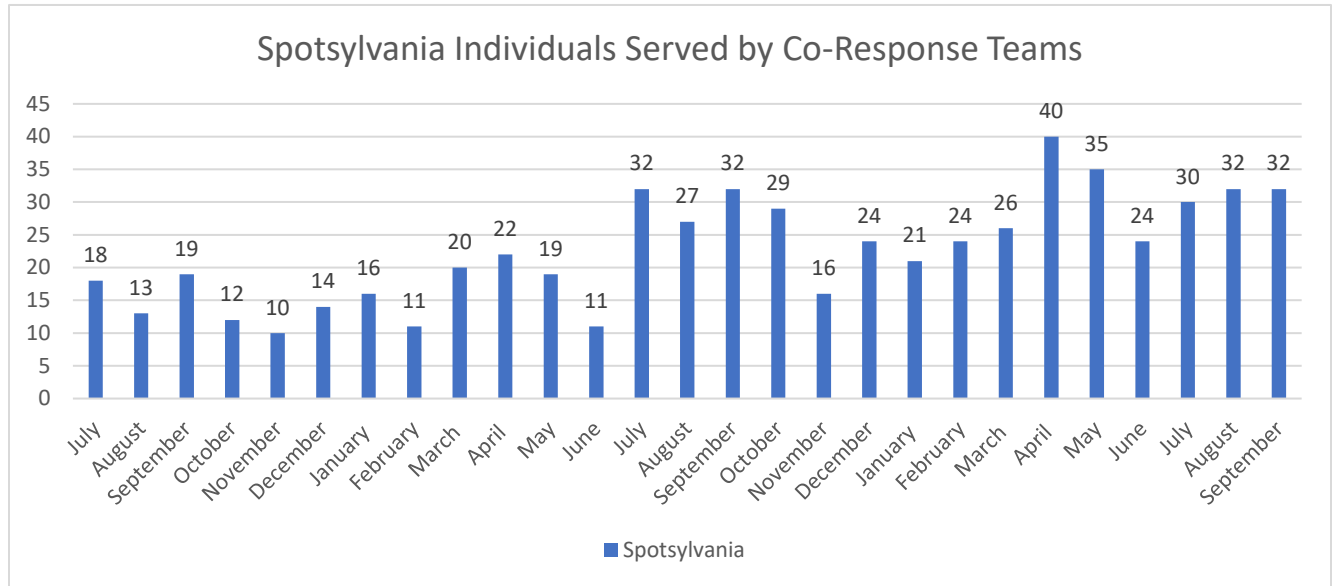
RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD



Co-Response

The Spotsylvania Co-Response Team served 32 individuals in the month of September and the Stafford Co-Response team served 33 individuals. The Fredericksburg Co-Response Therapist position has been filled and she is being trained as an emergency services therapist.





CIT Training

In September, more than 24 law enforcement officers participated in Crisis Intervention Team (CIT) training.

Memorandum

To: Joe Wickens, Executive Director

From: Amy Jindra, CIS Director

Date: October 7, 2026

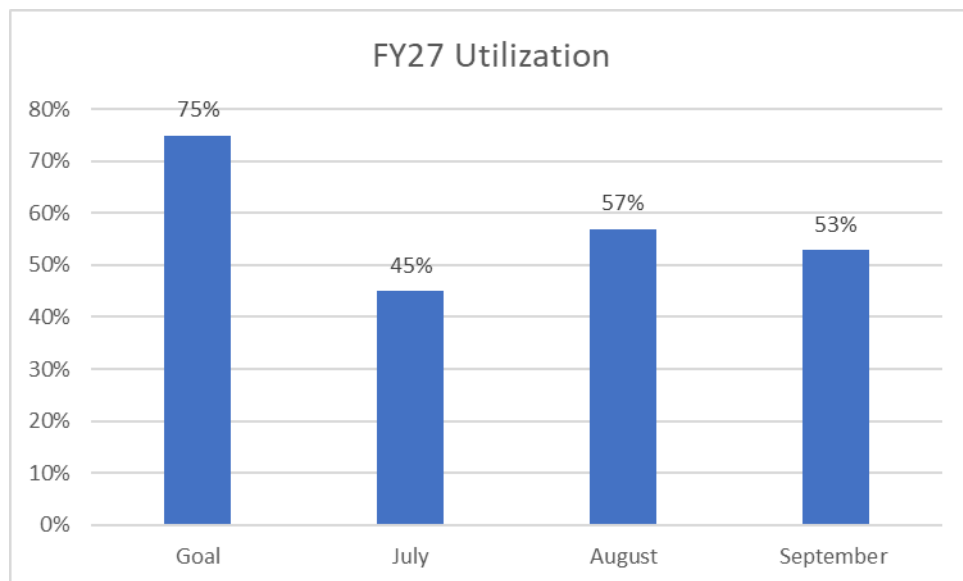
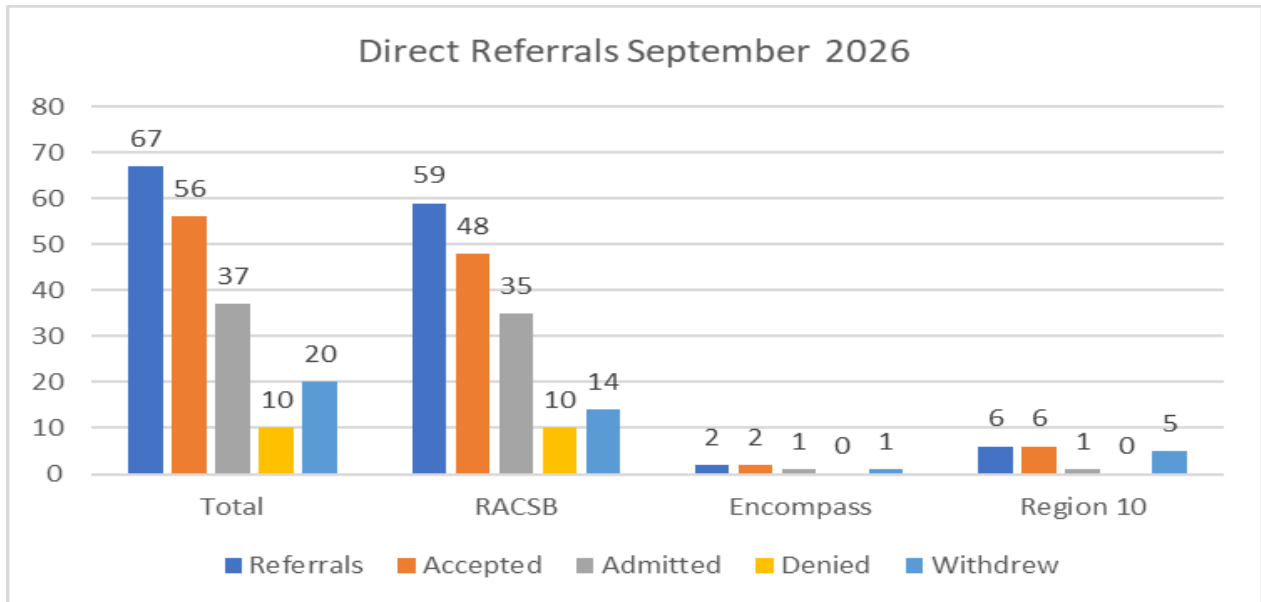
Re: Sunshine Lady House Utilization

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 September, Sunshine Lady House addmitted 37 individuals and served 40. The program had 4 self referrals and 3 co-responder referrals, 1 ACT, and 3 step-downs from private psychiatric hospitals. The program served individuals from RACSB, Encompass, and Region 10 community services boards. The program's utilization for the month of September was 53% with a total of 189 bed days.

In addition to direct referrals from RACSB, Encompass and Region 10 emergency services, Sunshine Lady House receives alerts from the Virginia Crisis Connect (VCC) platform for additional potential referrals. Of the 119 listed in the VCC, 4 were released with safety plans, 33 were accepted to other facilities, and 82 were under temporary detention orders (TDO). Of the 82 awaiting placement under a TDO, 70 of them were from 3 localities, Danville-Pittsylvania, District 19, and Planning District 1.

SLH leadership, the CIS director, and the executive director met with DBHDS on Friday, October 9 to discuss ways to enhance SLH’s utilization. The program requested technical assistance with using the VCC platform in order to better support individuals from across the state.



To: Joseph Wickens, Executive Director

From: Jacqueline Kobuchi, LCSW, Director of Clinical Services

Date: 10/9/2026

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

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Outpatient Services

Caroline Clinic - Nancy Love, LCSW

Caroline Clinic Clinicians completed 40 new assessments in September. Twenty-two intakes were completed through Same Day Access. Twelve were scheduled adult intakes and six were scheduled child and adolescent intakes. Last month, the Caroline Clinic continued to work on expanding its Same Day Access numbers by broadening its intake hours and number of slots at times of the day that are convenient to clients and offering telehealth to address transportation barriers. We added an additional adult substance use group in September after an increase in referrals and are now back to two groups per week. Clinic staff completed trainings last month on Supporting Adolescents with Substance Use disorders, and The Science Behind the Adolescent Brain. The Clinic Coordinator attended Caroline FAPT/CPMT annual fall retreat.

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

During the month of September, the Fredericksburg Clinic completed 82 assessments for adults seeking outpatient services. Out of the 82 intake assessments completed, 60 were completed via Same Day Access. Fifty-one intake assessments were completed in-person while 31 were completed via telehealth during the month of September. The Children's Services Clinic completed 25 intakes with all of the intakes being scheduled. Out of the 25 intakes, twenty-four intakes were completed in person. We welcomed an internal transfer to the front desk to fill our Central Access Associate position and are excited regarding their knowledge of the agency and how it will positively impact the individuals we serve in regards to accessing care. Our new Child/Adolescent Therapist is working on building her caseload and we are happy to have her join our team at the Children's Services Clinic. Many clinicians completed ASAM (American Society of Addiction Medicine) training so that they can complete assessments and provide services for individuals referred by external providers.

King George Clinic - Sarah Davis, LPC

The King George Clinic continues to offer two weekly Substance Use groups. September's group topics included Effects of Cannabis, Stigmas, Substance Use Bingo, and Addiction Neuroscience. There were three group graduates during the month of September. The King George Clinic completed one Narcan training during the month of September. The King George Clinic continues to offer a weekly Wellness Group. September group topics included Spiritual Wellness, Mindfulness, Gratitude, and Goals and Inspirations. The

King George Clinic completed 20 new patient intakes during the month of August. Twelve were completed via Same Day Access. Two were scheduled and six were child and adolescent intakes. One staff attended a training on Ethics in Guardianship and a training on Alternatives to Psychiatric Hospitalizations this month. Two staff attended the Meeting of the Minds Conference in Roanoke. Two staff attended a training on The Science Behind the Adolescent Brain.

Spotsylvania Clinic - Katie Barnes, LPC

The Spotsylvania Therapists completed 63 intakes in September including 45 adults and 18 children and adolescents. Of these assessments, 42 intakes were completed through Same Day Access. The clinic continues to offer a weekly Substance Use group focusing on recovery and relapse prevention planning. Two Substance Use Therapists attended the Meeting of the Minds conference to strengthen evidence-based practices for substance use treatment. Other trainings attended by therapists include Eye Movement Desensitization and Reprocessing and Understanding the Adolescent Brain.

The School-Based Therapist provides services at Hugh Mercer Elementary and James Monroe High School. She is currently providing services to 26 students and continues to process new referrals. The program serves as a critical community asset that significantly increases access to therapeutic treatment.

Stafford Clinic – Lindsay Steele, LCSW

During the month of September, the Stafford clinic met with clients in person as well as virtually. Same day access continues to be offered Monday-Thursday. The Stafford clinic completed 15 child/adolescent intakes and 26 adult intakes; 14 of these intakes were completed via same day access. The Stafford Clinic celebrated one clinician obtaining her license with a celebratory lunch. A second substance use group was added and meets on Wednesday evenings

Medical Services - Jennifer Hitt, RN

During the month of September, 90 new patient assessments were completed for outpatient medication management. Following Dr. Young's retirement announcement, Dr. Williams has accepted the position of Medical Director. We are excited to welcome him into his new position in February.

Adult Mental Health Case Management - Patricia Newman

The Adult Mental Health Case Management team would like to celebrate the success of a young man that has been diligently working toward mental health stability and wellness and his efforts have certainly paid off. This young man was found Not Guilty by Reason of Insanity and was ordered to Conditional Release in 2023. Since that time, he has worked closely with his treatment team to gain insight to his mental health concerns, abstain from any substance use and maintain overall stability in his recovery. He has established and maintained full-time employment and was recently approved by the court for Unconditional Release, which means that he is

now able to simply follow through with his treatment, independently, without a court order. We are so proud of all of his accomplishments and wish him a future of success.

Child and Adolescent Support Services - Donna Andrus, MS

In the month of September, one of our child and adolescent case managers was approved as a QMHP-T (Qualified Mental Health Professional – Trainee) by the board of licensing and will begin supervision towards QMHP. This case manager had significant work experience with child and adolescents with mental health challenges prior to her employment with RACSB but had a college degree that did not automatically qualify for eligibility. She was able to complete the 15-week Behavioral Health Technician class offered through a grant with Germanna Community College that was offered to RACSB employees. This opportunity gave her the hours she needed to qualify for approval by the board of licensing. We have three staff who have been approved by the board for QMHP-T that will begin supervision with one of our senior case managers who was able to complete certification to provide supervision through a class offered by DBHDS. All child and adolescent case managers will be Qualified Mental Health Professionals (QMHP).

Specialty Dockets - Nicole Bassing, LCSW

During the month of September Adult Recovery Court welcomed three new participants, graduated one participant and had zero terminations. We currently have 36 active participants. The Rappahannock Veterans Docket added one new participant this month, had zero graduations and zero terminations. We currently have 17 active participants. The Spotsylvania Behavioral Health Docket welcomed two new participants and had zero graduations and zero terminations. We currently have 15 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 zero new participants and had no graduations or terminations. We currently have two active participants. Five Specialty Dockets staff were able to attend the Specialty Dockets Annual Training in Virginia Beach from September 21-23.

Substance Use Services - Eleni McNeil, LCSW

During the month of September, the SUD program filled the Mobile OBOT PRS vacancy and the mobile OBOT team completed van driving training. The SUD Services Coordinator provided co-occurring training to the community based probation and pretrial team at Rappahannock Regional Jail and to CIT at the Rappahannock Regional Criminal Justice Training Academy. The SUD case managers attended a presentation from Brightview and met with Spotsylvania Regional Medical Center's behavioral health/detox unit's medical director to increase collaboration. SUD Services Coordinator and Assistant SUD services coordinator attended the Mobile SUD Collaborative meeting. The OBOT team attended a presentation from the makers of Vivitrol to learn more about this FDA-approved medication.

Jail and Detention Services - Portia Bennett, LPC

In September, a total of 43 residents were seen at the Rappahannock Juvenile Center for crisis, therapeutic, and medication management services. At the Rappahannock Regional Jail, a total of 112 individuals received crisis and/or therapeutic services, and a total of 199 individuals received substance use services. The Psychiatric Nurse Practitioner saw a total of 83 individuals, and 280 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: October 20, 2026

State Hospital	New	Discharge	Civil	NGRI	Forensic	EBL	Total Census
Catawba Hospital			1				1
Central State Hospital	2	1		1	2		3
Eastern State Hospital							0
Hiram Davis Medical Center			1				1
Northern Virginia Mental Health Institute	1	1					0
Piedmont Geriatric Hospital			4			1	4
Southern Virginia Mental Health Institute	3	1	2				2
Southwestern Virginia Mental Health Institute							0
Western State Hospital	2	3	3	5	13	1	21
Totals	8	6	11	6	15	2	32

Extraordinary Barriers List:

RACSB has two individuals on the Extraordinary Barriers List (EBL) who are hospitalized at Piedmont Geriatric Hospital (PGH) 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.

Piedmont Geriatric Hospital

Individual #1: Was placed on the EBL 7/1/2026. Barriers to discharge include being appointed a guardian as well as being accepted to a nursing facility. This individual is not able to live independently, manage their funds or make appropriate decisions for themselves. At this time, a capacity evaluation is being coordinated and public guardianship is being pursued. They will require a nursing home at time of discharge. This individual will discharge once a guardian is appointed and once accepted to a nursing home.

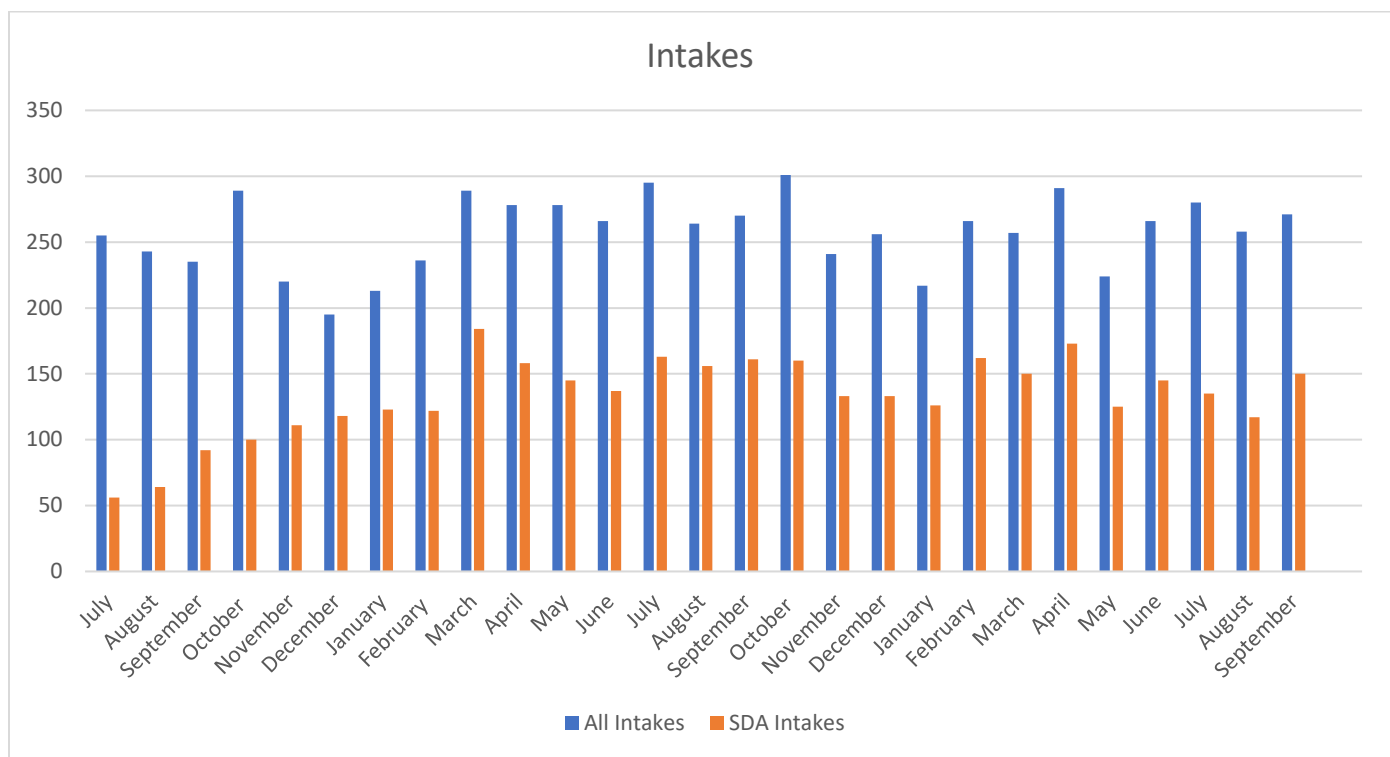
Western State Hospital

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, they are the next person on the waitlist for a bed. This individual also requires Discharge Assistance Planning (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.

MEMORANDUM

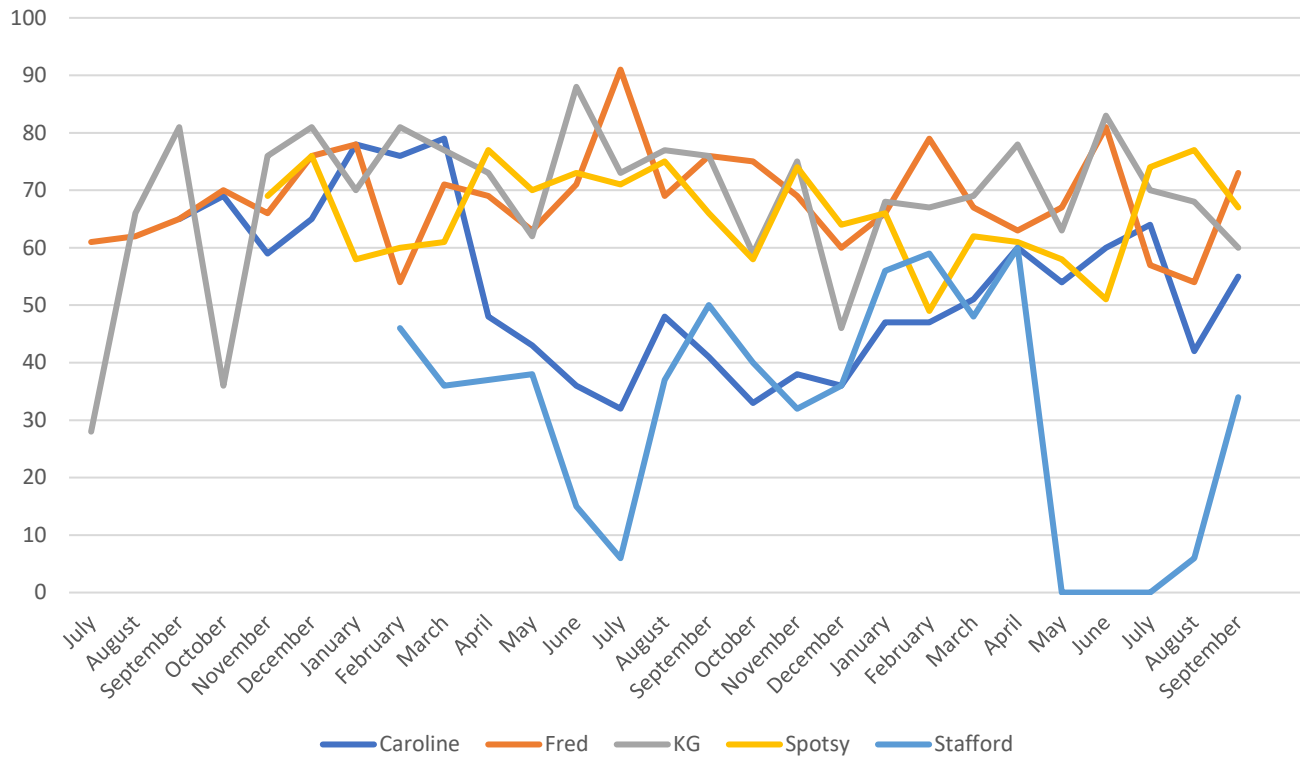
To: Joseph Wickens, Executive Director
From: Jacqueline Kobuchi, LCSW, Director of Clinical Services
Date: October 9, 2026
Re: Same Day Access

Below is data on the number of intakes completed at our outpatient clinics, and the percentage of those completed through Same Day Access. Individuals not seen through SDA received scheduled appointments, many times at their request or based on their needs.

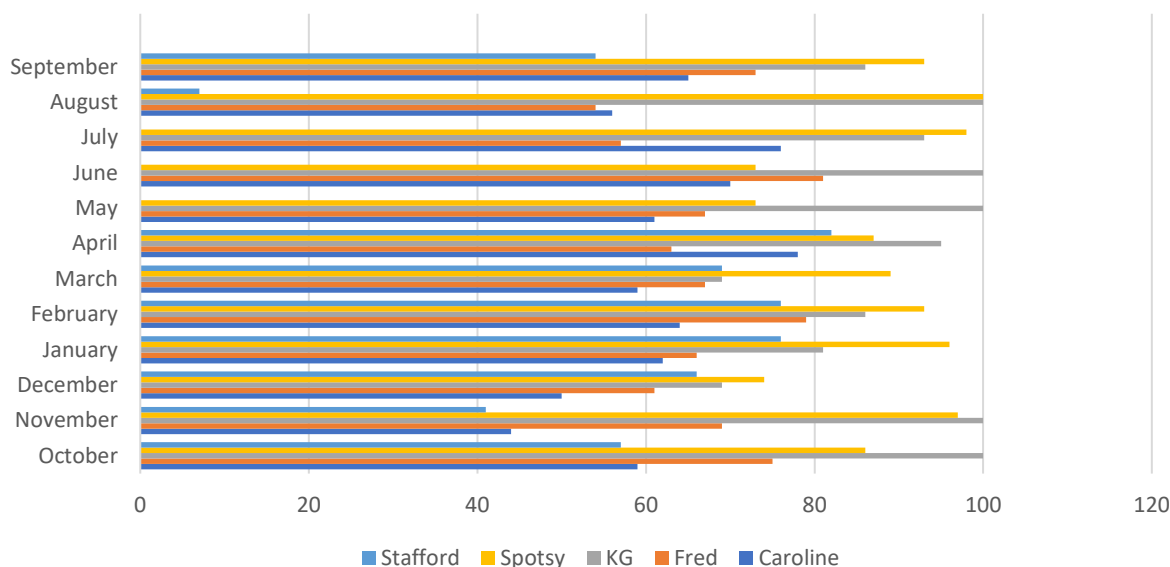


RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD

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: October 9, 2026
Re: State Opioid Response (SOR) Award

As reported at the September board meeting, Rappahannock Area CSB submitted requests for recovery and treatment SOR funds to support our Office-Based Opioid Treatment (OBOT) program. A total of \$275,823.95 was requested in SOR Recovery funding and \$775,573.16 was requested in SOR Treatment funding. We have since been notified by DBHDS that we have been awarded \$868,486.88 for the 2027 federal fiscal year. The award includes \$257,454.81 for recovery and \$611,032.07 for treatment.

This is a significant amount of our ask and will allow our OBOT program to operate successfully for the fiscal year. As a reminder, 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
September 2026

Incident Reports

- There were 322 Incident Reports entered into the Electronic Incident Report Tracker during the month of September. This is a decrease of 1 from August and an increase of 17 compared to July. All incident reports submitted were triaged by the Compliance Team.
- The top three categories of reports submitted in September were Health Concerns (125 reports), Individual Served Injury (44 reports), and Individual Served Safety (44 reports).
- The Compliance Team entered 36 incident reports into the Department of Behavioral and Developmental Services (DBHDS) Electronic Incident reporting system during the month of September (29-Level 2, 7-Level 3). This was an increase of 2 from the number of submitted reports during the month August (19-Level 2, 15- Level 3) and a decrease of 2 from the number of submitted reports during the month of July (31-Level 2, 7- Level 3).
- There was one report that was elevated to a care concern by DBHDS during September related to an individual with cancer. 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 36 root cause analyses reports were requested in the month of September; an increase of 2 from the amount requested in August, and a decrease of 3 from those requested for the month of July. Four expanded root cause analyses reports were requested in September (these are more expansive reports usually requested after a series of serious incidents involving a specific individual).

Human Rights Investigations:

- The Compliance team conducted and completed 3 human rights investigations in September. One investigation involved an allegation of neglect towards 5 individuals by a staff member that received a speeding ticket while driving with the individuals in an

agency vehicle. The second investigation pertained to an allegation against a staff member of verbal abuse towards an individual. The third investigation involved an allegation of neglect against a staff member following an individual sustaining a fall from his wheelchair while under her supervision.

Internal Reviewers:

- The Compliance Team met with Mental Health Case Management Supervisor on September 10th to go over audits/audit scores.
- The Compliance Team met with Mental Health Residential Coordinator on September 19th 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 September, 22 follow-ups were requested from programs (3 initial completion check-ins, 13 3-month check-in; 6 6-month check-ins). CAP actions were deemed to be working effectively in resolving previously cited deficiencies for 2 initial follow-up requests, one 3-month follow-up request, and four 6-month requests. The Compliance team is awaiting confirmation of efficacy for 1 initial completion request, 12 3-month check-in requests, and 2 6-month check-in requests due to dates for check-ins falling at the very end of the month (programs are given 10 days from the date of the request to respond and provide evidence of correction).

External Reviewers:

- The Compliance Team received and responded to 9 external requests for documentation from 4 different insurance providers seeking information for 53 different individuals' records in September.
- The Compliance Team corresponded with Brian Dempsey, DBHDS Incident Management Specialist, on 4 occasions in September regarding serious incident reports.
- The Compliance Team corresponded with the Office of Human Rights regarding follow up concerning 2 investigations.
- The Compliance Team corresponded with the Office of Integrated Health regarding a care concern in September.
- The Compliance Team corresponded with Managed Care Organization representatives on 3 occasions in September to discuss Critical Incident reports.

Complaint Call Synopsis

- The Compliance Team received 4 complaint calls in September.
 - One individual wanted to change his doctor, and was successful in filling out a request with RACSB to accomplish this and resolve his complaint.
 - One individual wanted to be reached out to by the medical team to understand next steps for her husband's care. This was resolved at the program level.

- One individual called expressing that she did not wish for a particular staff member to work with her daughter. This was addressed by the program.
- During a human rights investigation, an employee made a complaint against a co-worker that was opened into a secondary human rights for potential neglect.

Special Projects

- The Compliance team worked in coordination with the Transportation Supervisor in successfully completing a DRPT (Department of Rail and Public Transportation) review that resulted in minimal recommendations by reviewer. DRPT is the entity that provides grant funding for many of our agency vehicles used in community support services.

Trainings

- The Compliance Team hosted Q-Tip trainings on Person Centeredness in Customer Service on September 16th and September 30th.
- The Compliance team participated in Impruvon's Pharmacy Integrations training and Go-Live training in preparation for the new E-MAR process in direct services.
- The Compliance team participated in a training entitled "Combating Med Errors: Practical Strategies for Safer Medication Administration" on September 24th.

MEMORANDUM

To: Joe Wickens, Executive Director
From: Stephanie Terrell, Director of Compliance
Date: October 1, 2026
Re: Licensing Reports

The Department of Behavioral Health and Developmental Services' (DBHDS) Office of Licensing issues licensing reports for areas in which the Department finds agencies in non-compliance with applicable regulations. The licensing report includes the regulatory code which applies to the non-compliance and a description of the non-compliance. The agency must respond to the licensing report by providing a corrective action plan (CAP) to address the areas of noncompliance.

Rappahannock Area Community Services Board (RACSB) received approval from DBHDS for 3 CAPs submitted that included the following citations:

- A citation for a third late incident report from a program
- A citation for a program staff member not making a timely report for suspected abuse
- A citation for abuse of an individual in services

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 #: 101-07-006

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 08-04-2026

Program Type/Facility Name: 07-006 ES Kenmore Ave

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-105-160. D. (2) - The provider shall collect, maintain, and report or make available to the department the following information: 2. Level II and Level III serious incidents shall be reported using the department's web-based reporting application and by telephone or email to anyone designated by the individual to receive such notice and to the individual's authorized representative within 24 hours of discovery. Reported information shall include the information specified by the department as required in its web-based reporting application, but at least the following: the date, place, and circumstances of the serious incident. For serious injuries and deaths, the reported information shall also include the nature of the individual's injuries or circumstances of the	NS	ES Kenmore Ave This regulation was NOT MET (Systemic) as evidenced by: CHRIS Number: 20260202 Date/Time of Discover: 07/17/2026 3:25PM Enter Date/Time: 07/20/2026 1:37PM Reporting Delay: 46:12:00 Location Name: ES Kenmore Ave This is a systemic (NS) citation. Based upon the rolling year (August 5, 2025 – August 4, 2026) for (07-006) this is the Third Step in the Progressive Citation Process for violation of 12VAC35-105-160 D.2. • The first citation was issued on 10/27/25 and is now a non-compliant. • The second citation was issued on 4/30/25 and is now a non-compliant- systemic. Per the Guidance on Incident Reporting Requirements, you are being required to attest to reviewing ALL CHRIS Training and guidance documents located on the DBHDS - website as indicated by a check mark on the attestation form. Resolution to this licensing report requires two actions. The first action is to submit an acceptable licensing report response. The second is to include the signed attestation form(s) for each individual within the organization who is required by you to receive training and to review guidance documents as attachments with the licensing report response. Both items are due no later than the due date of 8/25/26 If the provider does not submit attestation(s) to confirm completion of required trainings and document reviews as indicated on the form, the provider may incur negative actions. The links for the trainings and guidance documents are listed in the attached attestation form.	PR) 08/25/2026 ES Coordinator and staff member met and was provided coaching and supervision with regards to incident reporting within the appropriate time frame Due to this being the third citation in the rolling-year at this time the department will be implementing the following systemic changes: (A) a mandatory "Serious Incident Reporting" checklist has been added to the shift hand-off (B) an internal escalation protocol now requires staff to notify the supervisor by teams and or email that an IR has been completed. (C) all ES staff and supervisors will complete the full CHRIS training and sign the attestation form required by the department; (4) repeated late or missed reporting by any staff member will now trigger a documented disciplinary step under the agency's discipline policy. The Coordinator will monitor compliance. Every serious incident logged in CHRIS will be reviewed within 48 hours of entry to confirm the discovery time, entry time, and notification time fall within the 24-hour requirement (a weekly audit of all incidents from the prior 7 days). Results of the weekly audit, including any reporting delays, will be documented on a compliance tracking log. Any delay identified will trigger an immediate follow-up corrective conversation with the staff involved. Staff and supervisor retraining on the specific incident above: completed by 08/14/2026. Program wide training/guidance-document	9/1/2026

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

Page: 2 of 2

License #: **101-07-006**

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

Date of Inspection: **08-04-2026**

Program Type/Facility Name: **07-006 ES Kenmore Ave**

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
death and any treatment received. For all other Level II and Level III serious incidents, the reported information shall also include the consequences that resulted from the serious incident. Deaths that occur in a hospital as a result of illness or injury occurring when the individual was in a licensed service shall be reported.			review and signed attestation forms for all required staff: completed by 08/20/2026, submitted with this response. Shift hand-off checklist and 1-hour supervisor notification protocol: implemented agency-wide by 09/01/2026. Weekly incident-timeliness audit and monthly compliance reporting: begins 08/25/2026 and continues ongoing thereafter. OLR) Accepted 09/11/2026	

General Comments / Recommendations:

Please be sure to review the Licensing Report Response Guidance in the CAP Issue Letter to aid in the acceptance of your CAP and return the following items no later than August 25, 2026.

1. Licensing Report Response

2. Signed Attestation Form(s) for each individual required by you to receive training and to review guidance documents. This document has been uploaded in the CAP Response Screen for your convenience. Please be sure to complete all the training listed on the form.

I understand it is my right to request a conference with the reviewer and the reviewer's supervisor should I desire further discussion of these findings. By my signature on the Corrective Action Plan, I pledge that the actions to be taken will be completed as identified by the date indicated.

Lakesha Steele, Incident Management
Unit

(Signature of Organization Representative)

Date

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

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

Page: 1 of 2

License #: 101-02-008

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 08-27-2026

Program Type/Facility Name: 02-008 Fredericksburg

<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	Fredericksburg This regulation was NOT MET as evidenced by: See OHR citation below.		10/30/2026
12VAC35-115-260. B. (2d) - Providers shall require their employees to: 2. Protect individuals from any form of abuse, neglect, or exploitation by: 2d. Reporting all suspected abuse, neglect, or exploitation to the director;	N	Fredericksburg This regulation was NOT MET as evidenced by: Providers shall require their employees to protect individuals from any form of abuse, neglect, or exploitation by reporting all suspected abuse, neglect, or exploitation to the director CHRIS #20260019, # 20260020, 20260021 and #20260022 This regulation was NOT MET as evidenced by: Provider substantiated a violation based on the following: - Employee #1 sent Employee #2 the following email on 8/5/2026 at 3:55 PM: "I've been meaning to mention a few things to you but got really busy, so I'm just emailing you now. I've observed a few things of concern." Employee #1 then proceeded to report allegations involving abuse/neglect. - Employee #1 reported that each of the allegations occurred at different times prior to August 5, 2026, but Employee #1 was just reporting them on August	PR) 09/11/2026 PR: Employee #1 was assigned to review RAAI policy 3.2 Client Protection and 10.2 Program Staff qualifications. Employee #1 was also assigned the training Preventing, Identifying, and Responding to Abuse & Neglect. PR: Current employees receive annual training on Personal Rights and Ethics in September, Incident reporting in Behavioral Health in November. All new staff will review Mandating Reporting expectations in accordance with their onboarding training. PR: Coordinator reviews that all annual trainings have been complete by their due date each month. Coordinator ensured that the onboarding	10/30/2026

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

Page: 2 of 2

License #: **101-02-008**

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

Date of Inspection: **08-27-2026**

Program Type/Facility Name: **02-008 Fredericksburg**

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
		5, 2026. As a result, Employee #1 failed to report all suspected abuse, neglect, or exploitation to the director in accordance with regulatory expectations, which then prevented the director from reporting the allegations within regulatory timeframes.	schedule included mandating reporting expectations. Site Leader and Coordinator together will ensure that Employee #1 completes trainings assigned to her. Site Leader will review mandating reporting with Employee #1 during supervision by 10/30/26. OHR/OLR) Accepted 09/18/2026	

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.

LeQuetta Hayes, Human Rights

(Signature of Organization Representative)

Date

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

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

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License #: **101-02-008**

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

Date of Inspection: **08-31-2026**

Program Type/Facility Name: **02-008 Fredericksburg**

<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	Fredericksburg This regulation was NOT MET as evidenced by: See OHR citation below.		

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

Page: 2 of 3

License #: 101-02-008

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 08-31-2026

Program Type/Facility Name: 02-008 Fredericksburg

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-115-50. B. (2) - In receiving all services, each individual has the right to: 2. Be protected from harm including abuse, neglect, and exploitation.	N	Fredericksburg This regulation was NOT MET as evidenced by: CHRIS #20260019 "Abuse" means any act or failure to act by an employee or other person responsible for the care of an individual in a facility or program operated, licensed, or funded by the department, excluding those operated by the Department of Corrections, that was performed or was failed to be performed knowingly, recklessly, or intentionally, and that caused or might have caused physical or psychological harm, injury, or death to a person receiving care or treatment for mental illness, intellectual disability, or substance abuse. Provider substantiated for physical abuse based on the following: Employee #2 witnessed Employee #1 slap Individual #1's hand as Individual #1 turned up the volume using the volume knob in the van while Employee #1 was driving. Slapping an individual is an act that was performed knowingly and intentionally that might have caused physical or psychological harm or injury, and is a violation of 12VAC35-115-50(B) (2).	PR) 09/11/2026 PR: Employee #1 was promptly put on administrative leave the day that the incident was reported. Following the investigation, Employee #1 was terminated and no longer an employee with RACSB, nor will be eligible for re-hire PR: Lead Specialist will review individuals plan and ensure that it outlines that this is a known tendency of the individual and guide staff on how to respond in an appropriate manner. During the next staff meeting for the Specialized Services team, Human Rights of individuals will be reviewed. PR: Lead Specialist will complete any needed plan revisions as needed, during person centered reviews, &/or annually. Site Leader will review Human Rights of individuals during next staff meeting. Coordinator ensured that Employee #1 received corrective action resulting in termination. PR: Plan review & appendment will be completed by 09/30/26. OHR/OLR) Accepted 09/18/2026	09/30/2026 00:00:00

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

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License #: **101-02-008**

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

Date of Inspection: **08-31-2026**

Program Type/Facility Name: **02-008 Fredericksburg**

<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.				
LeQuetta Hayes, Human Rights		(Signature of Organization Representative)	Date	
C = Substantial Compliance, N = Non Compliance, NS = Non Compliance Systemic, ND = Non Determined				

Memorandum

To: Joe Wickens, Executive Director
From: Stephanie Terrell, Director of Compliance
Date: September 24, 2026
Re: Department of Rail and Public Transportation (DRPT) Grant Compliance Review

From August 6th, 2026 through September 17th, RACSB underwent a compliance review for the 5310-grant funded transportation program through the Department of Rail and Public Transportation (DRPT). Funds from this grant program cover 80% of the cost of new vehicles to be used in services provided to persons with disabilities and/or senior citizens.

Items requested and submitted during this process included organizational structure and finances, transportation policies, ADA and Title VI practices, complaint resolution protocols, collaborative efforts with other transportation providers, proof of safety compliance, pictorial review of some of our current grant funded vehicles, vehicle maintenance records, pre-trip vehicle inspection logs, and trip count logs that detailed vehicle usage for the population of individuals that we support. The review ended with an exit interview by the reviewers with the Transportation Supervisor and Coordinator of Compliance and Program Development. Feedback from the exit was exceedingly positive and resulted in 5 simple updates that RACSB needed to put into place. Those needed updates have been completed and included:

- Obtaining an Accord Certificate that shows that DRPT is an additional insurer on the insurance for the 5310 grant vehicles.
- The mileage intervals for preventative maintenance needed to be updated in our written Maintenance Plan from 5000-mile intervals, as required service intervals for vehicle maintenance have changed for the majority of our vehicles.
- Our Pre-Trip Inspection form needed to be updated to have the following checks conducted daily rather than weekly:
 - Fire extinguisher
 - First Aid, CPR face guard, Biohazard kit
 - Emergency triangles, flash light
 - Web Cutter
 - Wheelchair lift cycled daily

- Wheelchair restraints, lap belts, shoulder harness
- A Charter Bus and School Bus Policy was needed. This was simply a policy stating that RACSB does not offer Charter or School Bus services with 5310 grant funded vehicles, as these are not allowable activities with the grant funds.
- A service animal policy was needed for transportation services.

We are eligible to apply for DRPT's 5310-grant every year in January as an opportunity to replace vehicles that have served out their estimated service life or to add vehicles to our existing fleet. RACSB was awarded \$303,620 in April of this year to purchase 5 new vehicles to be used by our Developmental Disability programs. The success of this compliance review affirms that we continue to be on track in our eligibility to continue applying for and benefitting from the DRPT grant program.



COMMONWEALTH of VIRGINIA

Tiffany P. Robinson
Director

DEPARTMENT OF RAIL AND PUBLIC TRANSPORTATION
600 EAST MAIN STREET, SUITE 2102
RICHMOND, VA 23219-2416

(804) 786-4440
FAX (804) 225-3752
Virginia Relay Center
800-828-1120 (TDD)

September 29, 2026

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

Dear Mr. Wickens,

The Department of Rail and Public Transportation (DRPT), in partnership with KFH Group, completed the site visit portion of Rappahannock Area Community Services Board on September 17, 2026. The review assessed compliance with Federal Transit Administration (FTA) and state requirements for recipients of federal funding through the FTA Section 5310, Enhanced Mobility of Seniors and Individuals with Disabilities Program. DRPT evaluated records and procedures to determine Rappahannock Area Community Services Board's implementation of program requirements.

The results from this review concluded that there were no deficiencies for Rappahannock Area Community Services Board's 5310 transit program. This correspondence serves to notify you that DRPT has officially concluded your comprehensive review for this cycle.

DRPT appreciates your cooperation during this review and commitment to meeting the program requirements. If you have any questions concerning the process or would like a paper copy of this letter, please contact Jessica Maffey at Jessica.maffey@drpt.virginia.gov.

Sincerely,

Jess Maffey
DRPT Statewide Transit Program Manager
Enclosure: Compliance Closure Letter

DRPT 2026 Comprehensive Review

Rappahannock Area Community Services Board – No Findings

Attachment A: 2026 Section 5310 Comprehensive Review Findings for Rappahannock Area Community Services Board

Review Area	Finding Type	Description	Corrective Action	Agency Response	Reviewer Assessment	Submission Deadline

Site Visit Attendance

Name	Title	Organization	Phone	Email
Sarah Lasky	Transportation Planner II	KFH Group		slasky@kfhgroup.com
Dan Dalton	Senior Planner	KFH Group		Ddalton@kfhgroup.com
Clark Thomas	Transportation Supervisor	Rapp Area CSB		cthomas@rappahannockareacsb.org
Steve Curtis	Coordinator of Compliance/Program Development	Rapp Area CSB		scurtis@rappahannockareacsb.org

Reviewed Documents

Document	Date Received	Comment
Organizational Chart	9/8	
Board of Directors Roster	9/8	
Articles of Incorporation	9/8	
Board Bylaws	9/8	
Sample Financial Report for Board	9/8	
Authorizing Resolution	9/8	
Grant Management Procedures	9/8	
Board approved budget	9/8	
Local match sources	9/8	
Record retention policy	9/8	
Property disposition policy	9/8	
Documentation for disposition	9/8	
Insurance policy/certificate	9/8	Accord sent after the review – shows DRPT
Asset Inventory	9/8	
Personnel Manual	9/8	
Job descriptions	9/8	
Training policy	9/8	
EEO Policy statement	9/8	
Photo on-site EEO posting	9/8	
Sample job application	9/8	
Sample job posting	9/8	
Drug-free workplace policy	9/8	
Photo on-site drug-free posting	9/8	
Written maintenance plan	9/8	Updated PM mileage post review
Pre-trip inspection form	9/8	Moved safety items and lift cycling to daily – post review
Recall remediation	9/8	
Service policies	9/8	
Transportation service schedule	9/8	
Complaint resolution procedures	9/8	

Safety plan	9/8	
Emergency response plan	9/8	
Documentation of safety training	9/8	
Documentation of PASS training	N/A	
Accident procedures	9/8	
ADA policies	9/8	
Service animal policies	9/8	Sent after the review
Title VI program	9/8	
Photos of Title VI posting	9/8	
Sample public document of posting	9/8	
Charter policy	9/8	Sent after the review
Records on charter	N/A	
School bus policy	9/8	Sent after the review
Budget for mobility management	N/A	
Mobility management job description	N/A	
Policy and procedure manual	N/A	
Planning material for coordination	9/8	
Coordination plan	9/8	State CHSM plan
Maintenance Records	N/A	

Notes

Rappahannock Area Community Services Board is a local government entity that serves Caroline County, Spotsylvania County, Stafford County, King George County, and City of Fredericksburg. It operates its RAAI Day support Monday through Friday from 8:00 am to 4:00 pm, its RACSB Residential Program 24/7, 7 days a week, and the RACSB Administrative Support from Monday through Friday from 8:00 am to 5:00 pm. Overall, they have 45 Section 5310 funded vehicles.

Since they have multiple programs, the vehicles are housed at multiple locations. One vendor (for maintenance) does house some spares at that location that can be used.

After the review, Rappahannock Area Community Services Board sent the following documents:

- Accord Certification showing DRPT listed (was not listed prior to review)
- Written maintenance plan – updated mileage to 7,500
- Pre-trip inspection form – updated daily items
 - Fire extinguisher
 - First aid kit, CPR face guard and biohazard kit
 - Emergency triangles, flash light
 - Web cutter
 - Wheelchair lift – cycle daily
 - Wheelchair restraints, lap belts, shoulder harness
- Written service animal policy (did not have a written one prior to review)
- Charter Bus and School Bus policy

Best Practices:

1. Communicate with DRPT when doing warranty work or if there is a non-warranty recurring pattern during maintenance

MEMORANDUM

To: Joe Wickens, Executive Director
From: Stephanie Terrell, Director of Compliance
Date: October 2026
Re: CARF Survey

Surveyors Pamela Vaught, Natalie Herradon, Katie Hoffmann, Abigail Freeman, and Dawn Rucker conducted Rappahannock Area Community Services Board's (RACSB) 11th CARF Survey on May 27th through May 29th. Thank you to Board Chair, Jacob Parcell, and RACSB staff who assist in the preparation and success of the survey.

As part of the survey process, the Surveyors interviewed Board Chair, staff, and clients, and toured the Spotsylvania Clinic, Fredericksburg Clinic, Caroline Clinic, Stafford Clinic, King George Clinic, Children's Services Clinic, Liberty Street Apartments, River Place Apartments, Kenmore Club, Assertive Community Treatment, and Sunshine Lady House. In addition, surveyors reviewed multiple policies and procedures, reports, staff meeting minutes, client charts and a host of other documents. The exit conference took place on Friday May 29th. As part of the exit conference, the surveyors described numerous strengths and complimented our facilities and RACSB's staff. The administrative surveyor noted that RACSB's was surveyed based on 1,891 CARF standards.

RACSB achieved the highest award possible, a three-year accreditation for the following programs:

- Case Management/Service Coordination: Integrated: AOD/MH (Adult)
- Case Management/Service Coordination: Integrated: AOD/MH (Children/Adolescent)
- Community Housing: Mental Health (Adult)
- Community Integration: Psychosocial Rehabilitation (Adult)
- Court Treatment: Integrated: AOD/MH (Adult)
- Court Treatment: Integrated: AOD/MH (Children and Adolescent)
- Crisis Stabilization: Integrated (Adult)
- Outpatient Treatment: Integrated (Adult)
- Outpatient Treatment: Integrated (Children and Adolescent)
- Assertive Community Treatment: Mental Health (Adult)

This accreditation will extend through November 30, 2028. As part of the accreditation process RACSB is required to submit a Quality Improvement plan to address recommendations noted from the survey.

Attached please find the survey report.

CARF Accreditation Report
for
Rappahannock Area Community
Service Board

Three-Year Accreditation



CARF International Headquarters
6951 E. Southpoint Road
Tucson, AZ 85756-9407, USA

www.carf.org

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About CARF

CARF is an independent, nonprofit accreditor of health and human services, enhancing the lives of persons served worldwide.

The accreditation process applies CARF's internationally recognized standards during a site survey conducted by peer surveyors. Accreditation, however, is an ongoing process that distinguishes a provider's service delivery and signals to the public that the provider is committed to continuous performance improvement, responsive to feedback, and accountable to the community and its other stakeholders.

CARF accreditation promotes providers' demonstration of value and Quality Across the Lifespan® of millions of persons served through application of rigorous organizational and program standards organized around the ASPIRE to Excellence® continuous quality improvement framework. CARF accreditation has been the recognized benchmark of quality health and human services for more than 50 years.

For more information or to contact CARF, please visit www.carf.org/contact-us.

Organization

Rappahannock Area Community Service Board
600 Jackson Street
Fredericksburg, VA 22401

Organizational Leadership

Amy Jindra, Director of Community Support Services
Amy Umble, Public Information Officer
Brandie D. Williams, Deputy Executive Director
Derrick Mestler, Director of Human Resources
Jacqueline Kobuchi, LCSW, Clinical Services Director
Joe Wickens, Executive Director
Michelle Wagaman, Director, Prevention & Public Information
Sara Keeler, Director of Finance & Administration
Stephanie Terrell, Director of Compliance and Human Rights

Survey Number

201185

Survey Date(s)

May 27, 2026–May 29, 2026

Surveyor(s)

Pamela Vaught, EdD, Administrative
Katie Hoffmann, Program
Abigail Freeman, Program
Natalie M. Herradon, MHSA, LMHC, Program
Dawn M. Rucker, LMSW, ACSW, CAADC, Program

Program(s)/Service(s) Surveyed

Assertive Community Treatment: Mental Health (Adults)
Case Management/Services Coordination: Integrated: SUD/Mental Health (Adults)
Case Management/Services Coordination: Integrated: SUD/Mental Health (Children and Adolescents)
Community Housing: Mental Health (Adults)
Community Integration: Psychosocial Rehabilitation (Adults)
Court Treatment: Integrated: SUD/Mental Health (Adults)
Court Treatment: Integrated: SUD/Mental Health (Children and Adolescents)
Crisis Programs - Crisis Stabilization: Integrated: SUD/Mental Health (Adults)
Outpatient Treatment: Integrated: SUD/Mental Health (Adults)
Outpatient Treatment: Integrated: SUD/Mental Health (Children and Adolescents)

Previous Survey

October 17, 2022–October 19, 2022
Three-Year Accreditation

Accreditation Decision

Three-Year Accreditation

Expiration: November 30, 2028

Executive Summary

This report contains the findings of CARF's site survey of Rappahannock Area Community Service Board conducted May 27, 2026–May 29, 2026. This report includes the following information:

- Documentation of the accreditation decision and the basis for the decision as determined by CARF's consideration of the survey findings.
- Identification of the specific program(s)/service(s) and location(s) to which this accreditation decision applies.
- Identification of the CARF surveyor(s) who conducted the survey and an overview of the CARF survey process and how conformance to the standards was determined.
- Feedback on the organization's strengths and recognition of any areas where the organization demonstrated exemplary conformance to the standards.
- Documentation of the specific sections of the CARF standards that were applied on the survey.
- Recommendations for improvement in any areas where the organization did not meet the minimum requirements to demonstrate full conformance to the standards.
- Any consultative suggestions documented by the surveyor(s) to help the organization improve its program(s)/service(s) and business operations.

Accreditation Decision

On balance, Rappahannock Area Community Service Board demonstrated substantial conformance to the standards. Rappahannock Area Community Service Board (RACSB) indicates a strong commitment to excellence through its experienced and dedicated workforce, innovative approach to service delivery, and deep investment in the well-being of persons served. The organization fosters meaningful partnerships throughout the community; provides welcoming and engaging service environments; and promotes opportunities that support recovery, independence, and community inclusion. Persons served, personnel, and community stakeholders consistently described an organization characterized by compassion, responsiveness, collaboration, and trust. The positive outcomes achieved by persons served, combined with a culture of support, professional growth, and continuous improvement, position RACSB as a valued leader in behavioral healthcare within the communities it serves. Opportunities for improvement include the areas of leadership, health and safety, technology, program/service structure, and medication use.

Rappahannock Area Community Service Board appears likely to maintain and/or improve its current method of operation and demonstrates a commitment to ongoing quality improvement. Rappahannock Area Community Service Board is required to submit a post-survey Quality Improvement Plan (QIP) to CARF that addresses all recommendations identified in this report.

Rappahannock Area Community Service Board has earned a Three-Year Accreditation. The leadership team and staff are complimented and congratulated for this achievement. In order to maintain this accreditation, throughout the term of accreditation, the organization is required to:

- Submit annual reporting documents and other required information to CARF, as detailed in the Accreditation Policies and Procedures section in the standards manual.
- Maintain ongoing conformance to CARF's standards, satisfy all accreditation conditions, and comply with all accreditation policies and procedures, as they are published and made effective by CARF.

Survey Details

Survey Participants

The survey of Rappahannock Area Community Service Board was conducted by the following CARF surveyor(s):

- Pamela Vaught, EdD, Administrative
- Katie Hoffmann, Program
- Abigail Freeman, Program
- Natalie M. Herradon, MHSA, LMHC, Program
- Dawn M. Rucker, LMSW, ACSW, CAADC, Program

CARF considers the involvement of persons served to be vital to the survey process. As part of the accreditation survey for all organizations, CARF surveyors interact with and conduct direct, confidential interviews with consenting current and former persons served in the program(s)/service(s) for which the organization is seeking accreditation. In addition, as applicable and available, interviews may be conducted with family members and/or representatives of the persons served such as guardians, advocates, or members of their support system.

Interviews are also conducted with individuals associated with the organization, as applicable, which may include:

- The organization's leadership, such as board members, executives, owners, and managers.
- Business unit resources, such as finance and human resources.
- Personnel who serve and directly interact with persons served in the program(s)/service(s) for which the organization is seeking accreditation.
- Other stakeholders, such as referral sources, payers, insurers, and fiscal intermediaries.
- Community constituents and governmental representatives.

Survey Activities

Achieving CARF accreditation involves demonstrating conformance to the applicable CARF standards, evidenced through observable practices, verifiable results over time, and comprehensive supporting documentation. The survey of Rappahannock Area Community Service Board and its program(s)/service(s) consisted of the following activities:

- Confidential interviews and direct interactions, as outlined in the previous section.
- Direct observation of the organization's operations and service delivery practices.
- Observation of the organization's location(s) where services are delivered.
- Review of organizational documents, which may include policies; plans; written procedures; promotional materials; governing documents, such as articles of incorporation and bylaws; financial statements; and other documents necessary to determine conformance to standards.
- Review of documents related to program/service design, delivery, outcomes, and improvement, such as program descriptions, records of services provided, documentation of reviews of program resources and services conducted, and program evaluations.
- Review of records of current and former persons served.

Program(s)/Service(s) Surveyed

The survey addressed by this report is specific to the following program(s)/service(s):

- Assertive Community Treatment: Mental Health (Adults)
- Case Management/Services Coordination: Integrated: SUD/Mental Health (Adults)
- Case Management/Services Coordination: Integrated: SUD/Mental Health (Children and Adolescents)
- Community Housing: Mental Health (Adults)
- Community Integration: Psychosocial Rehabilitation (Adults)
- Court Treatment: Integrated: SUD/Mental Health (Adults)
- Court Treatment: Integrated: SUD/Mental Health (Children and Adolescents)
- Crisis Programs - Crisis Stabilization: Integrated: SUD/Mental Health (Adults)
- Outpatient Treatment: Integrated: SUD/Mental Health (Adults)
- Outpatient Treatment: Integrated: SUD/Mental Health (Children and Adolescents)

A list of the organization's accredited program(s)/service(s) by location is included at the end of this report.

Representations and Constraints

The accreditation decision and survey findings contained in this report are based on an on-balance consideration of the information obtained by the surveyor(s) during the site survey. Any information that was unavailable, not presented, or outside the scope of the survey was not considered and, had it been considered, may have affected the contents of this report. If at any time CARF subsequently learns or has reason to believe that the organization did not participate in the accreditation process in good faith or that any information presented was not accurate, truthful, or complete, CARF may modify the accreditation decision, up to and including revocation of accreditation.

Survey Findings

This report provides a summary of the organization's strengths and identifies the sections of the CARF standards that were applied on the survey and the findings in each area. In conjunction with its evaluation of conformance to the specific program/service standards, CARF assessed conformance to its business practice standards, referred to as Section 1. ASPIRE to Excellence, which are designed to support the delivery of the program(s)/service(s) within a sound business operating framework to promote long-term success.

The specific standards applied from each section vary based on a variety of factors, including, but not limited to, the scope(s) of the program(s)/service(s), population(s) served, location(s), methods of service delivery, and survey type. Information about the specific standards applied on each survey is included in the standards manual and other instructions that may be provided by CARF.

Areas of Strength

CARF found that Rappahannock Area Community Service Board demonstrated the following strengths:

- RACSB was referred to as an innovative partner that is not afraid to think strategically and globally, even if the decisions may not always have a positive impact on it. A strong dedication to doing what is right and what benefits the persons served was reported and observed throughout the organization, from the leadership to the frontline staff members.
- RACSB demonstrates exceptional workforce stability, with many personnel dedicating many years of service to the organization. Persons served described longstanding relationships with personnel who have supported them through significant life events, challenges, and milestones. The organization's ability to retain experienced professionals promotes continuity of services, preserves organizational knowledge, and fosters trusting relationships that enhance engagement and positive outcomes. The commitment of long-tenured personnel is a significant organizational asset and reflects a culture that values both its workforce and the persons served.
- Personnel reported that the organization has experienced significant growth and expressed appreciation for the support and transparency demonstrated by leadership. Many personnel have lengthy tenure with the organization, reflecting a strong commitment to the mission and a positive sense of support and engagement. The organization maintains clear and consistent communication regarding strategic initiatives, fostering a culture of trust and a shared vision among team members. Leadership demonstrates a proactive approach to organizational development, ensuring that infrastructure and support systems are effectively expanded to support continued growth and change.
- Community partners overwhelmingly described RACSB's personnel as among the most passionate, caring, and dedicated behavioral healthcare professionals they know. They reported that the organization consistently demonstrates a commitment to listening and responding to the needs of the community and persons served. Community partners expressed strong support for the organization's rebranding efforts and the addition of the tagline "Hope Starter," noting that it more clearly communicates the organization's purpose to community partners, referral sources, and persons served.
- Through partnerships with schools, courts, healthcare providers, law enforcement agencies, and community organizations, RACSB promotes early intervention, coordinated care, improved access to services, and positive outcomes for persons served and their families. RACSB also serves as a valuable educational resource within the community, as evidenced by stakeholders unaffiliated with the organization seeking consultation for unique and complex cases. Through outreach activities, training opportunities, and collaborative initiatives, RACSB increases awareness of behavioral health services; reduces stigma; and strengthens the community's capacity to support recovery, resilience, and wellness.
- RACSB demonstrates a commitment to supporting the whole person. This is evident in the warm, welcoming atmosphere throughout its facilities and in the variety of activities and services available to persons served. Opportunities such as aromatherapy and yoga groups, along with an impressive art studio, provide meaningful outlets for self-expression, personal growth, and healing. Through dance, painting, and other creative mediums, persons served are encouraged to explore and communicate their experiences, strengths, and identities in ways that promote engagement and recovery.
- RACSB's dedicated assertive community treatment (ACT) teams consistently provide meaningful community integration opportunities that have a life-changing impact on persons served. Both teams are recognized for their creativity in developing inclusive activities and events that embrace diversity and promote community participation. Many of these experiences represent first-time opportunities for persons served, expanding their horizons; building confidence; and supporting increased independence, social connection, and overall quality of life.

- The ACT teams demonstrate a consistent person-centered approach to service delivery, resulting in numerous success stories among persons served. Significant accomplishments include obtaining stable housing, increased independence in community living, family reunification, employment, citizenship, and improvements in both mental and physical health. Personnel at multiple levels within both ACT teams reported high levels of job satisfaction, opportunities to contribute to organizational change, open communication with executive leadership, and meaningful opportunities for professional growth and development.
- The North and South ACT teams are recognized for the longevity of their personnel and the depth of experience gained through cross-training and service in multiple areas of the organization. The diverse backgrounds and expertise of team members enhance service delivery, strengthen collaboration, and support effective internal referrals. Persons served by the North and South ACT teams reported feeling heard, respected, valued, safe, and celebrated. They also described increased connection to their communities and an improved sense of belonging and support.
- RACSB demonstrates pride in the environments where services are delivered. Each facility is exceptionally clean, welcoming, and well maintained, creating a calm atmosphere that feels more like a home than a traditional service setting. The children's clinic in Fredericksburg is particularly noteworthy, featuring a beautiful mural created by a local Girl Scout group that enhances the space and reflects the organization's strong connection to the community.
- RACSB demonstrates a person-centered culture in its daily service delivery. Personnel actively listen to persons served and support them in identifying and pursuing their own goals, allowing them to direct their treatment and recovery journeys. Through the provision of resources, guidance, and individualized support, personnel meet persons served where they are in the process and promote engagement, self-determination, and meaningful progress toward desired outcomes.
- RACSB's personnel were described as a "blessing" by the persons served. This sentiment is consistently reflected in discussions with persons served, who reported that personnel are supportive, advocate on their behalf, and remain committed to helping them navigate challenges in their lives. Persons served spoke positively about the quality of customer service they receive and described personnel as making difficult situations more manageable while creating a welcoming and supportive environment. Many reported that beginning services can be challenging but that the strong relationships developed with personnel make the completion of services and achievement of goals a meaningful milestone that is often difficult to leave behind.
- Persons served through RACSB consistently expressed deep appreciation for the commitment, compassion, and dedication demonstrated by personnel. Persons served frequently described the support and clinical care they receive as life-changing, often characterizing their recovery journeys as remarkable. This consistently positive feedback reflects a high level of satisfaction and demonstrates the effectiveness of the organization's person-centered approach to service delivery. The integrated efforts of clinical and support personnel foster a culture of care that empowers persons served to pursue and achieve their individual recovery goals and desired outcomes.
- Persons served provided overwhelmingly positive feedback regarding the quality of services and the dedication of RACSB personnel. They spoke passionately about the support they receive and share numerous examples of personnel demonstrating exceptional commitment to ensuring that they feel respected, heard, and valued. Several persons served spent considerable time describing the positive impact the organization has had on their lives and enthusiastically expressed appreciation for the care, support, and encouragement they receive throughout their recovery journeys.

Opportunities for Quality Improvement

The CARF survey process identifies opportunities for continuous improvement, a core concept of "aspiring to excellence." This section of the report lists the sections of the CARF standards that were applied on the survey, including a description of the business practice area and/or the specific program(s)/service(s) surveyed and a summary of the key areas addressed in that section of the standards.

In this section of the report, a recommendation identifies any standard for which CARF determined that the organization did not meet the minimum requirements to demonstrate full conformance. All recommendations must be addressed in a QIP submitted to CARF.

In addition, consultation may be provided for areas of or specific standards where the surveyor(s) documented suggestions that the organization may consider to improve its business or service delivery practices. Note that consultation may be offered for areas of specific standards that do not have any recommendations. Such consultation does not indicate nonconformance to the standards; it is intended to offer ideas that the organization might find helpful in its ongoing quality improvement efforts. The organization is not required to address consultation.

When CARF surveyors visit an organization, their role is that of independent peer reviewers, and their goal is not only to gather and assess information to determine conformance to the standards, but also to engage in relevant and meaningful consultative dialogue. Not all consultation or suggestions discussed during the survey are noted in this report. The organization is encouraged to review any notes made during the survey and consider the consultation or suggestions that were discussed.

During the process of preparing for a CARF accreditation survey, an organization may conduct a detailed self-assessment and engage in deliberations and discussions within the organization as well as with external stakeholders as it considers ways to implement and use the standards to guide its quality improvement efforts. The organization is encouraged to review these discussions and deliberations as it considers ways to implement innovative changes and further advance its business and service delivery practices.

Section 1. ASPIRE to Excellence®

1.A. Leadership

Description

CARF-accredited organizations identify leadership that embraces the values of accountability and responsibility to the individual organization's stated mission. The leadership demonstrates corporate social responsibility.

Key Areas Addressed

- Leadership structure and responsibilities
- Person-centered philosophy
- Organizational guidance
- Leadership accessibility
- Cultural competency, diversity, and inclusion
- Corporate responsibility
- Organizational fundraising, if applicable

Recommendations

1.A.6.a.(5)

Although RACSB has a social media policy, it is recommended that corporate responsibility efforts include written ethical codes of conduct in the area of use of social media.

1.C. Strategic Planning

Description

CARF-accredited organizations establish a foundation for success through strategic planning focused on taking advantage of strengths and opportunities and addressing weaknesses and threats.

Key Areas Addressed

- Environmental considerations
- Strategic plan development, implementation, and periodic review

Recommendations

There are no recommendations in this area.

1.D. Input from Persons Served and Other Stakeholders

Description

CARF-accredited organizations continually focus on the expectations of the persons served and other stakeholders. The standards in this subsection direct the organization's focus to soliciting, collecting, analyzing, and using input from all stakeholders to create services that meet or exceed the expectations of the persons served, the community, and other stakeholders.

Key Areas Addressed

- Collection of input from persons served, personnel, and other stakeholders
- Integration of input into business practices and planning

Recommendations

There are no recommendations in this area.

1.E. Legal Requirements

Description

CARF-accredited organizations comply with all legal and regulatory requirements.

Key Areas Addressed

- Compliance with obligations
- Response to legal action
- Confidentiality and security of records

Recommendations

There are no recommendations in this area.

1.F. Financial Planning and Management

Description

CARF-accredited organizations strive to be financially responsible and solvent, conducting fiscal management in a manner that supports their mission, values, and performance objectives. Fiscal practices adhere to established accounting principles and business practices. Fiscal management covers daily operational cost management and incorporates plans for long-term solvency.

Key Areas Addressed

- Budgets
- Review of financial results and relevant factors
- Fiscal policies and procedures
- Reviews of bills for services and fee structures, if applicable
- Review/audit of financial statements
- Safeguarding funds of persons served, if applicable

Recommendations

There are no recommendations in this area.

1.G. Risk Management

Description

CARF-accredited organizations engage in a coordinated set of activities designed to control threats to their people, property, income, goodwill, and ability to accomplish goals.

Key Areas Addressed

- Risk management plan implementation and periodic review
- Adequate insurance coverage
- Media relations and social media procedures
- Reviews of contract services

Recommendations

There are no recommendations in this area.

1.H. Health and Safety

Description

CARF-accredited organizations maintain healthy, safe, and clean environments that support quality services and minimize risk of harm to persons served, personnel, and other stakeholders.

Key Areas Addressed

- Healthy and safe environment
- Competency-based training on health and safety procedures and practices
- Emergency and evacuation procedures
- Access to first aid and emergency information
- Critical incidents
- Infections and communicable diseases
- Health and safety inspections

Recommendations

1.H.7.a.(1)

1.H.7.a.(2)

1.H.7.a.(3)

1.H.7.b.

1.H.7.c.(1)

1.H.7.c.(2)

1.H.7.c.(3)

1.H.7.c.(4)

1.H.7.c.(5)

1.H.7.d.

It is recommended that an unannounced test of each emergency procedure be conducted at least annually, on each shift, and at each location; include, as relevant to the emergency procedure, a complete actual or simulated physical evacuation drill; be analyzed for performance that addresses areas needing improvement, actions to address the improvements needed, implementation of the actions, necessary education and training of personnel, and whether the actions taken accomplished the intended results; and be evidenced in writing, including the analysis.

1.H.14.a.(1)

1.H.14.a.(2)

1.H.14.b.(1)

1.H.14.b.(2)

1.H.14.b.(3)

Safety self-inspections are done on some shifts. Comprehensive health and safety self-inspections should be conducted at least semiannually on each shift and result in a written report that identifies the areas inspected, recommendations for areas needing improvement, and actions taken to respond to the recommendations.

Consultation

- Although the organization has evacuation routes posted in offices within the main building, it is encouraged to add evacuation routes to the common areas and hallways of the main building.
- Although the organization's first aid kits display expiration dates on the kit containers, the supplies inside do not expire. It is suggested that RACSB either replace the kit containers or remove the expiration dates to ensure consistency with the contents.
- Although RACSB imbeds hazardous material procedures within each program and tailors them to the specific type of hazardous material, it is suggested that a cover sheet outlining the overall process be added to make the procedures easier to follow.

1.I. Workforce Development and Management

Description

CARF-accredited organizations demonstrate that they value their human resources and focus on aligning and linking human resources processes, procedures, and initiatives with the strategic objectives of the organization. Organizational effectiveness depends on the organization's ability to develop and manage the knowledge, skills, abilities, and behavioral expectations of its workforce. The organization describes its workforce, which is often composed of a diverse blend of human resources. Effective workforce development and management promote engagement and organizational sustainability and foster an environment that promotes the provision of services that center on enhancing the lives of persons served.

Key Areas Addressed

- Composition of workforce
- Ongoing workforce planning
- Verification of backgrounds/credentials/fitness for duty
- Workforce engagement and development
- Performance appraisals
- Succession planning

Recommendations

There are no recommendations in this area.

1.J. Technology

Description

Guided by leadership and a shared vision, CARF-accredited organizations are committed to exploring and, within their resources, acquiring and implementing technology systems and solutions that will support and enhance:

- Business processes and practices.
- Privacy and security of protected information.
- Service delivery.
- Performance management and improvement.
- Satisfaction of persons served, personnel, and other stakeholders.

Key Areas Addressed

- Ongoing assessment of technology and data use, including input from stakeholders
- Technology and system plan implementation and periodic review
- Technology policies and procedures

Recommendations

1.J.4.a.

1.J.4.b.(1)

1.J.4.b.(2)

1.J.4.b.(3)

1.J.4.b.(4)

1.J.4.b.(5)

1.J.4.b.(6)

1.J.4.c.

It is recommended that a test of the organization's procedures for business continuity/disaster recovery be conducted at least annually; be analyzed for effectiveness, areas needing improvement, actions to address the improvements needed, implementation of the actions, whether the actions taken accomplished the intended results, and necessary education and training of personnel; and be evidenced in writing, including the analysis.

1.J.5.a.

1.J.5.b.

1.J.5.c.(1)

1.J.5.c.(2)

Although RACSB has some computer security training imbedded in other compliance training, the organization should provide documented training to personnel on cybersecurity and on the technology used in performance of their job duties, including initial training and ongoing training.

1.K. Rights of Persons Served

Description

CARF-accredited organizations protect and promote the rights of all persons served. This commitment guides the delivery of services and ongoing interactions with the persons served.

Key Areas Addressed

- Policies that promote rights of persons served
- Communication of rights to persons served
- Formal complaints by persons served

Recommendations

There are no recommendations in this area.

1.L. Accessibility

Description

CARF-accredited organizations promote accessibility and the removal of barriers for the persons served and other stakeholders.

Key Areas Addressed

- Assessment of accessibility needs and identification of barriers
- Accessibility plan implementation and periodic review
- Requests for reasonable accommodations

Recommendations

There are no recommendations in this area.

1.M. Performance Measurement and Management

Description

CARF-accredited organizations demonstrate a culture of accountability by developing and implementing performance measurement and management plans that produce information an organization can act on to improve results for the persons served, other stakeholders, and the organization itself.

The foundation for successful performance measurement and management includes:

- Leadership accountability and support.
- Mission-driven measurement.
- A focus on results achieved for the persons served.
- Meaningful engagement of stakeholders.
- An understanding of extenuating and influencing factors that may impact performance.
- A workforce that is knowledgeable about and engaged in performance measurement and management.
- An investment in resources to implement performance measurement and management.
- Measurement and management of business functions to sustain and enhance the organization.

Key Areas Addressed

- Leadership accountability for performance measurement and management
- Identification of gaps and opportunities related to performance measurement and management
- Input from stakeholders
- Performance measurement and management plan
- Identification of objectives and performance indicators for service delivery
- Identification of objectives and performance indicators for priority business functions
- Personnel training on performance measurement and management

Recommendations

There are no recommendations in this area.

1.N. Performance Improvement

Description

CARF-accredited organizations demonstrate a culture of performance improvement through their commitment to proactive and ongoing review, analysis, reflection on their results in both service delivery and business functions, and transparency. The results of performance analysis are used to identify and implement data-driven actions to improve the quality of programs and services and to inform decision making. Performance information that is accurate and understandable to the target audience is shared with persons served, personnel, and other stakeholders in accordance with their interests and needs.

Key Areas Addressed

- Analysis of service delivery performance
- Analysis of business function performance
- Identification of areas needing performance improvement
- Implementation of action plans
- Use of performance information to improve program/service quality and make decisions
- Communication of performance information

Recommendations

There are no recommendations in this area.

Section 2. General Program Standards

Description

For an organization to achieve quality services, the persons served are active participants in the planning, prioritization, implementation, and ongoing evaluation of the services offered. A commitment to quality and the involvement of the persons served span the entire time that the persons served are involved with the organization. The service planning process is individualized, establishing goals and objectives that incorporate the unique strengths, needs, abilities, and preferences of the persons served. The persons served have the opportunity to transition easily through a system of care.

2.A. Program/Service Structure

Description

A fundamental responsibility of the organization is to provide a comprehensive program structure. The staffing is designed to maximize opportunities for the persons served to obtain and participate in the services provided.

Key Areas Addressed

- Written program plan
- Crisis intervention provided
- Medical consultation
- Services relevant to diversity
- Assistance with advocacy and support groups
- Team composition/duties
- Relevant education
- Clinical supervision
- Family participation encouraged

Recommendations

2.A.34.

Although RACSB has policies and procedures regarding the work of peer support services, there is no evidence of a code of ethical conduct addressing boundaries. The organization's written ethical codes of conduct should specifically address boundaries related to peer support services.

2.B. Screening and Access to Services

Description

The process of screening and assessment is designed to determine a person's eligibility for services and the organization's ability to provide those services. A person-centered assessment process helps to maximize opportunities for the persons served to gain access to the organization's programs and services. Each person served is actively involved in, and has a significant role in, the assessment process. Assessments are conducted in a manner that identifies the historical and current information of the person served as well as the person's strengths, needs, abilities, and preferences. Assessment data may be gathered through various means, including face-to-face contact, telehealth, or written material, and from various sources, including the person served, family, or significant others, or from external resources.

Key Areas Addressed

- Screening process described in policies and procedures
- Ineligibility for services
- Admission criteria
- Orientation information provided regarding rights, grievances, services, fees, etc.
- Waiting list
- Primary and ongoing assessments
- Reassessments

Recommendations

There are no recommendations in this area.

Consultation

- It is suggested that RACSB enhance assessment practices by incorporating questions regarding complementary and alternative health approaches used by persons served, including vitamins, supplements, herbal products, alternative therapies, and culturally preferred healing practices.

2.C. Person-Centered Planning

Description

Each person served is actively involved in and has a significant role in the person-centered planning process and determining the direction of the plan. The person-centered plan contains goals and objectives that incorporate the unique strengths, needs, abilities, and preferences of the person served, as well as identified challenges and potential solutions. The planning process is person-directed and person-centered. The person-centered plan may also be referred to as an individual service plan, treatment plan, or plan of care. In a family-centered program, the plan may be for the family and identified as a family-centered plan.

Key Areas Addressed

- Person-centered planning process
- Co-occurring disabilities/disorders
- Person-centered goals and objectives
- Designated person coordinates services

Recommendations

There are no recommendations in this area.

2.D. Transition/Discharge

Description

Transition, continuing care, or discharge planning assists the persons served to move from one level of care to another within the organization or to obtain services that are needed but are not available within the organization. The transition process is planned with the active participation of each person served. Transition may include planned discharge, placement on inactive status, movement to a different level of service or intensity of contact, or a re-entry program in a criminal justice system.

The transition plan is a document developed with and for the person served and other interested participants to guide the person served in activities following transition/discharge to support the gains made during program participation. It is prepared with the active participation of the person served when transitioning to another level of care, after-care program, or community-based services. The transition plan is meant to be a plan that the person served uses to identify the support that is needed to prevent a recurrence of symptoms or reduction in functioning. It is expected that the person served receives a copy of the transition plan.

A discharge summary is a clinical document written by the program personnel who are involved in the services provided to the person served and is completed when the person leaves the organization (planned or unplanned). It is a document that is intended for the record of the person served and released, with appropriate authorization, to describe the course of services that the organization provided and the response by the person served.

Just as the assessment is critical to the success of treatment, the transition services are critical for the support of the individual's ongoing recovery or well-being. The organization proactively attempts to connect the persons served with the receiving service provider and contact the persons served after formal transition or discharge to gather needed information related to their post-discharge status. Discharge information is reviewed to determine the effectiveness of its services and whether additional services were needed.

Transition planning may be included as part of the person-centered plan. The transition plan and/or discharge summary may be a combined document or part of the plan for the person served as long as it is clear whether the information relates to transition or pre-discharge planning or identifies the person's discharge or departure from the program.

Key Areas Addressed

- Referral or transition to other services
- Active participation of persons served
- Transition planning at earliest point
- Unplanned discharge referrals
- Plan addresses strengths, needs, abilities, preferences
- Follow up for persons discharged for aggressiveness

Recommendations

There are no recommendations in this area.

2.E. Medication Use

Description

Medication use is the practice of controlling, administering, and/or prescribing medications to persons served in response to specific symptoms, behaviors, or conditions for which the use of medications is indicated and deemed efficacious. The use of medication is one component of treatment directed toward maximizing the functioning of the persons served while reducing their specific symptoms. Prior to the use of medications, other therapeutic interventions should be considered, except in circumstances that call for a more urgent intervention.

Medication use includes all prescribed medications, whether or not the program is involved in prescribing, and may include over-the-counter or alternative medications. Alternative medications can include herbal or mineral supplements, vitamins, homeopathic remedies, hormone therapy, or culturally specific treatments.

Medication control is identified as the process of physically controlling, storing, transporting, and disposing of medications, including those self-administered by the person served.

Medication administration is the preparing and giving of prescription and nonprescription medications by authorized and trained personnel to the person served. Self-administration is the application of a medication (whether by oral ingestion, injection, inhalation, or other means) by the person served to the individual's own body. This may include the program storing the medication for the person served, personnel handing the bottle or prepackaged medication dose to the person served, instructing or verbally prompting the person served to take the medication, coaching the person served through the steps to ensure proper adherence, and/or closely observing the person served self-administering the medication.

Prescribing is the result of an evaluation that determines if there is a need for medication and what medication is to be used in the treatment of the person served. Prior to providing a prescription for medication, the prescriber obtains the informed consent of the individual authorized to consent to treatment and, if applicable, the assent of the person served. Prescription orders may be verbal or written and detail what medication should be given to whom, in what formulation and dose, by what route, when, how frequently, and for what length of time.

Key Areas Addressed

- Scope of medication services provided by the program(s) seeking accreditation
- Education and training provided to direct service personnel at orientation and at least annually
- Education and training provided to persons served, family members, and others identified by the persons served, in accordance with identified needs
- Written procedures that address medication control, administration, and/or prescribing, as applicable to the program
- Use of treatment guidelines and protocols to promote prescribing consistent with standards of care, if applicable to the program
- Peer review of prescribing practices, if applicable to the program

Recommendations

- 2.E.9.a.(1)
- 2.E.9.a.(2)
- 2.E.9.a.(3)
- 2.E.9.a.(4)(a)
- 2.E.9.a.(4)(b)
- 2.E.9.a.(4)(c)
- 2.E.9.a.(4)(d)
- 2.E.9.a.(4)(e)
- 2.E.9.a.(5)(a)(i)
- 2.E.9.a.(5)(a)(ii)
- 2.E.9.a.(5)(a)(iii)
- 2.E.9.a.(5)(a)(iv)
- 2.E.9.a.(5)(b)
- 2.E.9.a.(5)(c)
- 2.E.9.b.(1)
- 2.E.9.b.(2)
- 2.E.9.b.(3)

In a program that provides prescribing of medications, it is recommended that a documented peer review be conducted at least annually by a qualified professional licensed to prescribe or a pharmacist on the records of a representative sample of clients for whom prescriptions were provided to assess the appropriateness of each medication, as determined by the needs and preferences of the person served, the condition for which the medication is prescribed, dosage, periodic reevaluation of continued use related to the primary condition being treated, and the efficacy of the medication, and to determine whether contraindications, side effects, adverse reactions, and drug-to-drug interactions were identified and (if needed) addressed; whether necessary monitoring protocols were implemented; and (when applicable) whether simultaneous use of multiple in-class medications was limited to the fewest number of medications needed to achieve the therapeutic goals of the person served. Information collected from the peer review process should be reported to appropriate personnel, used to improve the quality of services provided, and incorporated into the performance measurement and management system.

2.G. Records of the Persons Served

Description

A complete and accurate record is developed to ensure that all appropriate individuals have access to relevant clinical and other information regarding each person served.

Key Areas Addressed

- Confidentiality
- Timeframes for entries to records
- Individual record requirements
- Duplicate records

Recommendations

There are no recommendations in this area.

2.H. Quality Records Management

Description

The organization implements systems and procedures that provide for the ongoing monitoring of the quality, appropriateness, and utilization of the services provided. This is largely accomplished through a systematic review of the records of the persons served. The review assists the organization in improving the quality of services provided to each person served.

Key Areas Addressed

- Quarterly professional review
- Review current and closed records
- Items addressed in quarterly review
- Use of information to improve quality of services

Recommendations

There are no recommendations in this area.

2.I. Service Delivery Using Information and Communication Technologies

Description

Depending on the type of program, a variety of terminology may be used to describe the use of information and communication technologies to deliver services; e.g., telepractice, telehealth, telemental health, telerehabilitation, telespeech, etc. Based on the individual plan for the person served, the use of information and communication technologies allows providers to see, hear, and/or interact with persons served, family/support system members, and other providers in or from remote settings (i.e., the person served and provider are not in the same physical location).

The provision of services via information and communication technologies may:

- Include services such as assessment, individual planning, monitoring, prevention, intervention, team and family conferencing, transition planning, follow-up, supervision, education, consultation, and counseling.
- Involve a variety of providers such as case managers/service coordinators, social workers, psychologists, speech-language pathologists, occupational therapists, physical therapists, physicians, nurses, dietitians, employment specialists, direct support professionals, peer support specialists, rehabilitation engineers, assistive technologists, teachers, and other personnel providing services and/or supports to persons served.
- Encompass settings such as:
 - Hospitals, clinics, professional offices, and other organization-based settings.
 - Schools, work sites, libraries, community centers, and other community settings.
 - Congregate living, individual homes, and other residential settings.
- Be provided via fully virtual platforms.

The use of technology for strictly informational purposes, such as having a website that provides information about the programs and services available or the use of self-directed apps, is not considered providing services via the use of information and communication technologies.

Key Areas Addressed

- Written procedures for the use of information and communication technologies (ICT) in service delivery
- Personnel training on how to deliver services via ICT and the equipment used
- Instruction and training for persons served, family/support system members, and others.
- Provision of information related to ICT
- Maintenance of ICT equipment
- Emergency procedures that address unique aspects of service delivery via ICT
- Scope of ICT services

Recommendations

There are no recommendations in this area.

Section 3. Core Treatment Program Standards

Description

The standards in this section address the unique characteristics of each type of core program area. Behavioral health programs are organized and designed to provide services for persons who have or who are at risk of having psychiatric disorders, harmful involvement with alcohol or other drugs, or other addictions or who have other behavioral health needs. Through a team approach, and with the active and ongoing participation of the persons served, the overall goal of each program is to improve the quality of life and the functional abilities of the persons served. Each program selected for accreditation demonstrates cultural competency and relevance. Family members and significant others are involved in the programs of the persons served as appropriate and to the extent possible.

3.A. Assertive Community Treatment (ACT)

Description

Assertive Community Treatment (ACT) is a multidisciplinary team approach that assumes responsibility for directly providing acute, active, and ongoing community-based psychiatric treatment, assertive outreach, rehabilitation, and support. The program team provides assistance to individuals to maximize their recovery, ensure consumer-directed goal setting, assist the persons served to gain hope and a sense of empowerment, and provide assistance in helping

the persons served become respected and valued members of their community. The program provides psychosocial services directed primarily to adults with severe and persistent mental illness who often have co-occurring problems, such as substance use, or are homeless or involved with the judicial system.

The team is the single point of clinical responsibility and is accountable for assisting the persons served to meet their needs and to achieve their goals for recovery. Multiple members of the team are familiar with each person served to ensure the timely and continuous provision of services. Services are provided on a long-term care basis with continuity of caregivers over time. The majority of services are provided directly by ACT team members, with minimal referral to outside providers, in the natural environment of the person served and are available 24 hours a day, 7 days per week. Services are comprehensive and highly individualized and are modified as needed through an ongoing assessment and treatment planning process. Services vary in intensity based on the needs of the persons served.

ACT has been identified as an effective model for providing community-based services for persons whose needs and goals have not been met through traditional office-based treatment and rehabilitation services. Desired outcomes specific to ACT services may include positive change in the following areas: community tenure, independent living, quality of life, consumer satisfaction of the person served, functioning in work and social domains, community integration, psychological condition, subjective well-being, and the ability of the persons served to manage their own healthcare.

In certain geographic areas, ACT programs may be called Community Support programs, Intensive Community Treatment programs, Mobile Community Treatment Teams, or Assertive Outreach Teams.

Key Areas Addressed

- Composition of ACT team and ratio of staff members/persons served
- Medication management
- Provision of crisis intervention, case management, and community integration services
- Assertive outreach and engagement of ACT team with persons served primarily in community settings

Recommendations

There are no recommendations in this area.

Consultation

- Although the organization has vehicles assigned for both ACT teams to share, it is suggested that the organization add an additional vehicle. In particular, team leads and nurses on both teams spend significant time in the field providing services while not always transporting persons served. Improved fuel efficiency and the ease of maneuvering and parking a smaller vehicle in the community could enhance service delivery based on current daily schedules.

3.B. Case Management/Services Coordination (CM)

Description

Case management/services coordination programs provide goal-oriented and individualized supports focusing on improved self-sufficiency for the persons served through assessment, planning, linkage, advocacy, coordination, and monitoring activities. Successful service coordination results in community opportunities and increased independence for the persons served. Programs may provide occasional supportive counseling and crisis intervention services, when allowed by regulatory or funding authorities.

Case management/services coordination may be provided by an organization as part of its person-centered planning and delivery, by a department or division within the organization that works with individuals who are internal and/or external to the organization, or by an organization with the sole purpose of providing case management/services coordination. Such programs are typically provided by qualified case managers/coordinators or by case management teams.

Organizations performing case management/services coordination as a routine function of other services or programs are not required to apply these standards unless they are specifically seeking accreditation for this program.

Key Areas Addressed

- Personnel who are knowledgeable about appropriate services and relevant support systems
- Optimization of resources and opportunities for persons served
- Provision of or linkage to skill development services related to performing ADL activities

Recommendations

There are no recommendations in this area.

3.C. Community Integration (COI)

Description

Community integration is designed to help persons to optimize their personal, social, and vocational competency in order to live successfully in the community. Activities are determined by the needs of the persons served. The persons served are active partners in all aspects of these programs. Therefore, the settings can be informal in order to reduce barriers between staff members and program participants. In addition to services provided in the home or community, this program may include a psychosocial clubhouse, a drop-in center, an activity center, or a day program.

Community integration provides opportunities for the community participation of the persons served. The organization defines the scope of these services based on the identified needs and desires of the persons served. A person may participate in a variety of community life experiences that may include, but are not limited to:

- Leisure or recreational activities.
- Communication activities.
- Spiritual activities.
- Cultural activities.
- Vocational pursuits.
- Development of work attitudes.
- Employment activities.
- Volunteerism.
- Educational and training activities.
- Development of living skills.
- Health and wellness promotion.
- Orientation, mobility, and destination training.
- Access and utilization of public transportation.

Key Areas Addressed

- Opportunities for community participation
- Based on identified preferences of participants
- Times and locations meet the needs of participants

Recommendations

There are no recommendations in this area.

3.D. Court Treatment (CT)

Description

Court Treatment programs provide comprehensive, integrated behavioral health services that work in conjunction with the judicial system. The purpose of court treatment programs is to appropriately respond to the abuse of alcohol and/or other drugs, mental illness, post-traumatic stress disorder, family problems, or other concerns and their related criminal and/or civil judicial actions, in order to reduce recidivism and further involvement in the criminal justice system. Court treatment includes services provided to persons referred through various types of problem-solving courts, including drug, mental health, veterans, family dependency, tribal, re-entry, and others.

The treatment team works in collaboration with judges, prosecutors, defense counsel, probation authorities, law enforcement, pretrial services, treatment programs, evaluators, and an array of local service providers. Treatment is usually multi-phased and is typically divided into a stabilization phase, an intensive phase, and a transition phase. During each phase, the treatment team is responsible for assessing the behavioral health needs of the person served within the parameters of the legal sanctions imposed by the court. The treatment team either directly provides or arranges for the provision of screening and assessment, case management, detoxification/withdrawal support, intensive outpatient treatment, outpatient, residential treatment, medication use, self-help and advocacy, recovery, health and wellness, relapse prevention, and education regarding factors contributing to the person's court involvement.

A court treatment program may be a judicial or law enforcement organization that provides or contracts for the identified services or may be a direct treatment provider working as part of the court treatment team.

Key Areas Addressed

- Comprehensive behavioral health services in conjunction with judicial system
- Collaboration between judicial system and behavioral health providers
- Address concerns related to recidivism
- Multi-phased process
- Linkages to community resources based on the needs of the person served
- Person-centered planning

Recommendations

There are no recommendations in this area.

3.E. Crisis Programs (CP)

Description

Crisis programs include a continuum of services designed to rapidly respond to the needs of persons experiencing acute emotional, mental health, and/or substance use crises in order to keep them safe, seek to resolve the crisis, and maintain community tenure. Crisis response, depending on the immediate needs and preferences of the persons served, may be managed through a crisis contact center, a crisis intervention program that might include mobile crisis intervention services, or admission to a crisis stabilization program.

Key Areas Addressed

Crisis Stabilization Programs:

- Short-term services that operate 24 hours a day, 7 days a week, to meet the needs of persons experiencing acute emotional, mental health, and/or substance use crises
- Provision of a calm and safe environment
- Crisis-focused assessment conducted and initial crisis stabilization plan developed upon admission
- Provision of and/or linkage to services that meet the needs of persons served
- Availability of on-site, supervisory, and medical personnel
- Transition planning to ensure successful transition of persons served into ongoing services

Recommendations

There are no recommendations in this area.

3.N. Outpatient Treatment (OT)

Description

Outpatient treatment programs provide culturally and linguistically appropriate services that include, but are not limited to, individual, group, and family counseling and education on wellness, recovery, and resiliency. These programs offer comprehensive, coordinated, and defined services that may vary in level of intensity. Outpatient programs may address a variety of needs, including, but not limited to, situational stressors, family relations, interpersonal relationships, mental health issues, life span issues, psychiatric illnesses, and substance use disorders and other addictive behaviors.

Key Areas Addressed

- Therapy services
- Education on wellness, recovery, and resiliency
- Accessible services
- Creation of natural supports

Recommendations

There are no recommendations in this area.

Section 4. Core Support Program Standards

Description

The standards in this section address the unique characteristics of each type of core program area. Behavioral health programs are organized and designed to provide services for persons who have or who are at risk of having psychiatric disorders, harmful involvement with alcohol or other drugs, or other addictions or who have other behavioral health needs. Through a team approach, and with the active and ongoing participation of the persons served, the overall goal of each program is to improve the quality of life and the functional abilities of the persons served. Each program selected for accreditation demonstrates cultural competency and relevance. Family members and significant others are involved in the programs of the persons served as appropriate and to the extent possible.

4.C. Community Housing (CH)

Description

Community housing addresses the desires, goals, strengths, abilities, needs, health, safety, and life span issues of the persons served, regardless of the home in which they live and/or the scope, duration, and intensity of the services they receive. The residences in which services are provided may be owned, rented, leased or operated directly by the organization, or a third party, such as a governmental entity. Providers exercise control over these sites.

Community housing is provided in partnership with individuals. These services are designed to assist the persons served to achieve success in and satisfaction with community living. They may be temporary or long term in nature. The services are focused on home and community integration and engagement in productive activities. Community housing enhances the independence, dignity, personal choice, and privacy of the persons served. For persons in alcohol and other drug programs, these services are focused on providing sober living environments to increase the likelihood of sobriety and abstinence and to decrease the potential for relapse.

Community housing programs may be referred to as recovery homes, transitional housing, sober housing, domestic violence or homeless shelters, safe houses, group homes, or supervised independent living. These programs may be located in rural or urban settings and in houses, apartments, townhouses, or other residential settings owned, rented, leased, or operated by the organization. They may include congregate living facilities and clustered homes/apartments in multiple-unit settings. These residences are often physically integrated into the community, and every effort is made to ensure that they approximate other homes in their neighborhoods in terms of size and number of residents.

Community housing may include either or both of the following:

- Transitional living that provides interim supports and services for persons who are at risk of institutional placement, persons transitioning from institutional settings, or persons who are homeless. Transitional living can be offered in apartments or homes, or in congregate settings that may be larger than residences typically found in the community.
- Long-term housing that provides stable, supported community living or assists the persons served to obtain and maintain safe, affordable, accessible, and stable housing.

Key Areas Addressed

- Safe, secure, private location
- Support to persons as they explore alternatives
- In-home safety needs
- Access as desired to community activities
- Options to make changes in living arrangements
- System for on-call availability of personnel

Recommendations

There are no recommendations in this area.

Section 5. Specific Population Designation Standards

5.C. Children and Adolescents (CA)

Description

Programs for children and adolescents consist of an array of behavioral health services designed specifically to address the treatment needs of children and adolescents. Such programs tailor their services to the particular needs and preferences of children and adolescents and are provided in a setting that is both relevant to and comfortable for this population.

Key Areas Addressed

- Comprehensive assessments
- Services based on needs of child
- Criminal background checks for staff providing direct services

Recommendations

There are no recommendations in this area.

Program(s)/Service(s) by Location

Rappahannock Area Community Service Board

600 Jackson Street
Fredericksburg, VA 22401

Case Management/Services Coordination: Integrated: SUD/Mental Health (Adults)
Case Management/Services Coordination: Integrated: SUD/Mental Health (Children and Adolescents)
Court Treatment: Integrated: SUD/Mental Health (Adults)
Court Treatment: Integrated: SUD/Mental Health (Children and Adolescents)
Outpatient Treatment: Integrated: SUD/Mental Health (Adults)
Outpatient Treatment: Integrated: SUD/Mental Health (Children and Adolescents)

ACT South

405 Bridgewater Street
Fredericksburg, VA 22401

Assertive Community Treatment: Mental Health (Adults)

Children's Clinical Services

4815 Carr Drive
Fredericksburg, VA 22408

Outpatient Treatment: Integrated: SUD/Mental Health (Children and Adolescents)

Crisis Stabilization

615 Wolfe Street
Fredericksburg, VA 22401

Crisis Programs - Crisis Stabilization: Integrated: SUD/Mental Health (Adults)

Home Road Apartments

104, 106, 200, 202, 204, and 206 Home Road
Fredericksburg, VA 22405

Community Housing: Mental Health (Adults)

Kenmore Club Psychosocial Rehabilitation Program

632 Kenmore Avenue
Fredericksburg, VA 22401

Community Integration: Psychosocial Rehabilitation (Adults)

Liberty Street Apartments

915 Liberty Street
Fredericksburg, VA 22401

Community Housing: Mental Health (Adults)

RACSB - Caroline County Clinic

19254 Rogers Clark Boulevard
Ruther Glen, VA 22546

Case Management/Services Coordination: Integrated: SUD/Mental Health (Adults)
Case Management/Services Coordination: Integrated: SUD/Mental Health (Children and Adolescents)
Outpatient Treatment: Integrated: SUD/Mental Health (Adults)
Outpatient Treatment: Integrated: SUD/Mental Health (Children and Adolescents)

RACSB - King George County Clinic

8479 Saint Anthony's Road
King George, VA 22485

Case Management/Services Coordination: Integrated: SUD/Mental Health (Adults)
Case Management/Services Coordination: Integrated: SUD/Mental Health (Children and Adolescents)
Outpatient Treatment: Integrated: SUD/Mental Health (Adults)
Outpatient Treatment: Integrated: SUD/Mental Health (Children and Adolescents)

RACSB - Spotsylvania County Clinic

7424 Brock Road
Spotsylvania, VA 22553

Case Management/Services Coordination: Integrated: SUD/Mental Health (Adults)
Case Management/Services Coordination: Integrated: SUD/Mental Health (Children and Adolescents)
Outpatient Treatment: Integrated: SUD/Mental Health (Adults)
Outpatient Treatment: Integrated: SUD/Mental Health (Children and Adolescents)

RACSB - Stafford County Clinic

15 Hope Road
Stafford, VA 22554

Case Management/Services Coordination: Integrated: SUD/Mental Health (Adults)
Case Management/Services Coordination: Integrated: SUD/Mental Health (Children and Adolescents)
Outpatient Treatment: Integrated: SUD/Mental Health (Adults)
Outpatient Treatment: Integrated: SUD/Mental Health (Children and Adolescents)

RACSB ACT North

401 Bridgewater Street
Fredericksburg, VA 22401

Assertive Community Treatment: Mental Health (Adults)

River Place Apartments

708 Sophia Street
Fredericksburg, VA 22401

Community Housing: Mental Health (Adults)

GUIDELINES FOR SUBMITTING A QUALITY IMPROVEMENT PLAN

Attached is a form for your use in submitting a Quality Improvement Plan (QIP). Quality improvement efforts are regarded by CARF as integral and critical facets of the accreditation process. Guidelines for completing the form are as follows:

1. Respond to all standards identified.
2. Include a brief response that indicates the steps that have been taken or are being taken to address the recommendation. Indicate estimated dates for completion of “in process” items, where appropriate. Do not repeat the wording of the recommendation from the survey report in your QIP.
3. Do **not** include any copies of your organization’s forms, policies, procedures, memos, pamphlets, documents, or other attachments with the QIP. CARF will only review your written response to each recommendation.

Upon receipt of the QIP, CARF will review your progress toward addressing the recommendations and acknowledge the plan in a letter to your operational leadership. The QIP will be included in the packet of materials sent to the next survey team. During the next survey visit, the team will review this further to make the determination whether the actions you have taken have brought your organization into conformance to the standards. Additional information concerning the interpretation of specific standards is available by calling CARF.

Please note that the submission of a QIP within 90 days following your initial notice of accreditation is a CARF Accreditation Condition and is required to maintain accredited status. For more information refer to the Accreditation Conditions in the current standards manual.

We encourage you to approach the completion of the QIP as an additional opportunity to enhance the quality, value, and outcomes of your services. If you would like further assistance, please do not hesitate to contact us toll free at (888) 281-6531 [dial 001 (520) 325-1044 from outside the US and Canada].

Please upload the completed QIP via Customer Connect. Click on the Quality Improvement Plan Due action item on the home page.

If you are unable to submit the QIP electronically, you may send the completed plan via regular mail to the Tucson, Arizona, office.

QUALITY IMPROVEMENT PLAN

Return to CARF by October 6, 2026

Company ID: 20477

Survey Number: 201185

Rappahannock Area Community Service Board

600 Jackson Street
Fredericksburg, VA 22401

Accreditation Decision: Three-Year Accreditation

Accreditation Expiration Date: November 30, 2028

Survey Date(s): May 27–29, 2026

Standards Manual(s): 2025 Behavioral Health

Completed by (Name): Stephanie Terrell

Date Completed:
9/21/2026

Job Title: Director of Compliance

Standard Number for Recommendation	Step(s) to Address the Recommendation	Completion Date (Actual or Estimated)
1.A.6.a.(5)	Rappahannock Area Community Services Board (RACSB) addresses 1A.6.a. in the Employee handbook section 7.8. "Online Social Networking," as this this policy addresses the risk and ethical consideration related to social media. However, as a component of the agency handbook review process of the agency will review this policy to determine if additional enhancement is needed based on current risk factors and CARF Standards related to corporate compliance.	1/1/2027
1.H.7.a.(1) 1.H.7.a.(2) 1.H.7.a.(3) 1.H.7.b. 1.H.7.c.(1) 1.H.7.c.(2) 1.H.7.c.(3) 1.H.7.c.(4) 1.H.7.c.(5) 1.H.7.d.	In response to the recommendation received the required drill and facility inspection forms were updated and the drill and facility schedule (drill that need to be completed monthly) was updated. Drills are scheduled to be completed monthly. In addition, program supervisors received the opportunity to participate in a training, facilitated by the Compliance Team, related to drills and facility checklist. Completed drill forms are to be submitted to the Compliance Coordinator monthly.	8/5/2026
1.H.14.a.(1) 1.H.14.a.(2) 1.H.14.b.(1) 1.H.14.b.(2) 1.H.14.b.(3)	In response to the recommendation received the required drill and facility inspection forms were updated and the drill and facility schedule (drill that need to be completed monthly) was updated. Facility inspections are scheduled to be completed monthly. In addition, program supervisors received the opportunity to participate in a training, facilitated by the Compliance Team, related to drills and facility inspections. Completed facility inspection forms are to be submitted to the Compliance Coordinator monthly.	8/5/2026
1.J.4.a. 1.J.4.b.(1) 1.J.4.b.(2) 1.J.4.b.(3) 1.J.4.b.(4)	To address the recommendation regarding technology and disaster recovery, the IT Department has updated the Disaster Recovery /Business Continuity Plan to include established formal, unannounced testing. Moving forward,	7/17/2026

1.J.4.b.(5) 1.J.4.b.(6) 1.J.4.c.	OneTeam or another Third Party will commence live simulation drills to verify system restoration capabilities. In the event of a naturally occurring, major system outage or disaster during the calendar year, the live activation and recovery response to that real-world event will satisfy the annual testing requirement, provided it undergoes the same post event evaluation & documentation. All testing procedures, including actual recovery times, identified gaps, and subsequent remediation steps, will be formally documented using a standardized Disaster Recovery Test Log and is reviewed by CSB Management.	
1.J.5.a. 1.J.5.b. 1.J.5.c.(1) 1.J.5.c.(2)	In order to satisfy the requirements regarding teaching about cybersecurity risks, the IT Department has collaborated with the Human Resources Department to source and implement a dedicated Cybersecurity Training module within Relias. This training has been integrated into the mandatory onboarding curriculum for all new hires and will be required as an annual refresher for all active personnel.	7/17/2026
2.A.34.	Rappahannock Area Community Services Board's Code of Ethics 3.12.L states "Employees will uphold the standards of any board or accrediting organization under which they are licensed and or hold membership. All RACSB peers are certified with the Department of Health Profession and as a certified peer specialist they are required to abide by the peer code of ethics established and governed by the Department of Health Professions. The peer code of ethics addresses personal and professional boundaries related to services provided. To meet this standard RACSB will now ask that a signed copy of the peer code of ethics be submitted to Human Rights and maintained in the peer's personnel file.	1/1/2027
2.E.9.a.(1) 2.E.9.a.(2) 2.E.9.a.(3) 2.E.9.a.(4)(a) 2.E.9.a.(4)(b) 2.E.9.a.(4)(c) 2.E.9.a.(4)(d) 2.E.9.a.(4)(e) 2.E.9.a.(5)(a)(i) 2.E.9.a.(5)(a)(ii) 2.E.9.a.(5)(a)(iii) 2.E.9.a.(5)(a)(iv) 2.E.9.a.(5)(b) 2.E.9.a.(5)(c) 2.E.9.b.(1) 2.E.9.b.(2) 2.E.9.b.(3)	The Medical Director and Director of Clinical Services will develop a peer review form that captures the information required in this standard. A process for implementation and ongoing review will be developed and the new form will be in use by January 1,2027.	1/1/27

Communications Update, October 2026

RACSB was present at these community events:

- Sept. 3: Veterans Affairs suicide prevention awareness fair
- Sept. 12: Together We Shine, Caroline County
- Sept. 15: Resources for Parents, Central Rappahannock Regional Library
- Sept. 16: Freedom Middle School back-to-school night
- Sept. 18: presentation to early college students at Germanna Community college
- Sept. 18: disAbility Resource Center community fair
- Sept. 24: presentation to Rappahannock Regional Jail probation/pretrial team
- Sept. 24: presentation to Caroline County Children's Services Act team, Family Assessment and Planning Team, and Community Policy and Management Team
- Sept. 25: Medicaid Waiver Provider Fair (hosted by our support coordination team)
- Sept. 26: Stay Safe September (King George Department of Social Services)
- Sept. 30: Presentation to the Health Coordination Network Impact and Vision Summit

Additional communications information:

- 166 social media posts in September
- Website updates: blog post, deep-dive link audit, accessibility audits (going page by page), updating alternative text for images
- Internal Communications/Employee Engagement:
 - September's service project was spreading messages of hope, including a traveling Garden of Hope, painting rocks, a digital Wall of Hope, and social media messaging

RAPPAHANNOCK AREA

COMMUNITY SERVICES BOARD

- The annual employee and family picnic was held Sept. 17, with about 300 people attending
- September's spirit day was wearing flannel for the first day of Fall.
- September's Mission:HopeStarter projects included the dossier, "Spread Hope," and five weekly missions:
 - Operation Communications Network
 - Operation Spread the Word
 - Operation Signal Boost
 - Operation Escape from Headquarters
 - Operation Who Am I?
- Continued to expand Viva Engage, Spark, and Inside RACSB

Communications October 2026 Report



Communications Metrics for August 2026

Social Media:

- 166 posts
- 84,035 impressions
- 62 comments
- 1,088 reactions
- 4,628 followers

Instagram

- 514 followers
- 66 posts
- 3,232 impressions
- 3 shares
- 168 reactions

Top Four Posts:

Website:

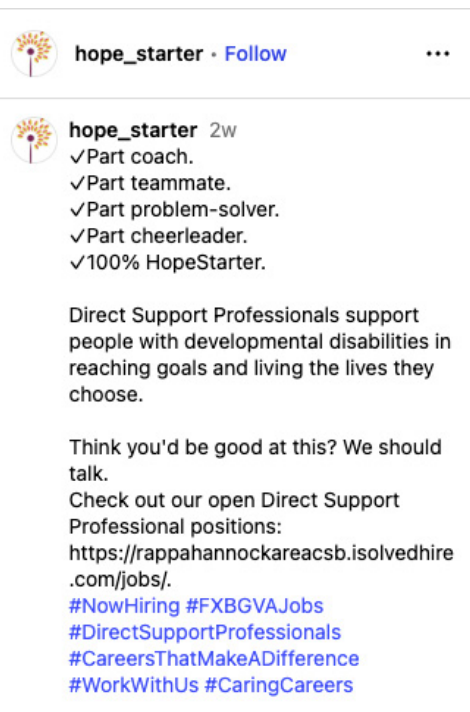
- 10,897 users
- 32,764 views

Top five pages:

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

Top referrers:

Search engines, racsbjobs; Facebook; My Life My Community; City of Fredericksburg





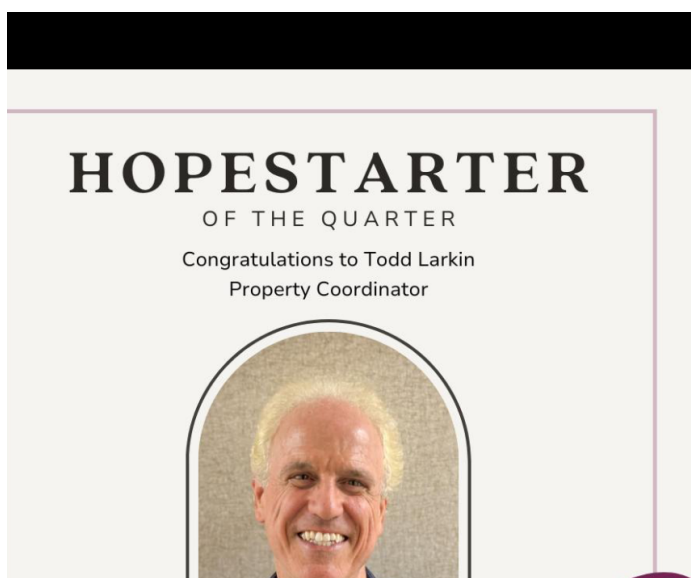
hope_starter

hope_starter 🎉🎂🥳 Happy birthday, Jessica! Jessica, who lives at Igo Road Group Home, was all smiles at her recent birthday celebration. 🎉🎂🥳
[#GroupHomeLife](#) [#InclusiveCommunity](#) [#HopeStarter](#) [#BirthdayQueen](#)

5w

journeywithjenyoga ❤️ Thank you so much for sharing these ❤️ Love the Big Sisiter

5w 1 like Reply

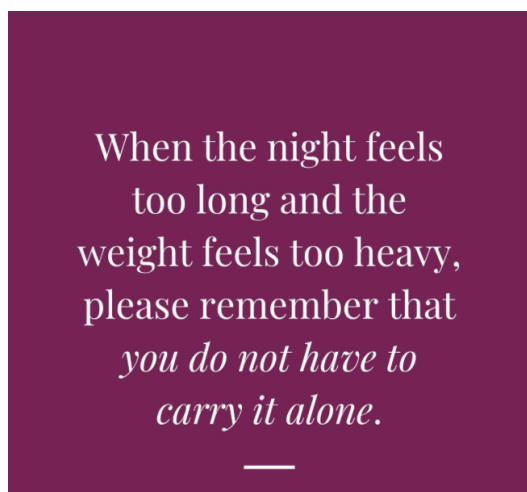


hope_starter

hope_starter 🏆 Congratulations to our latest HopeStarter of the Quarter, Property Coordinator Todd Larkin! 🏆
 🏠 With more than 40 locations, keeping up with all of our maintenance needs is a big task, and on any given day, you'll find Todd out and about in our planning district. 🏠

Here is an excerpt from his nomination: 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.

3w



hope_starter

hope_starter 🌱🌱 For [#SuicidePreventionMonth](#), we've launched a digital Wall of Hope where you can read messages of hope—and leave one (or a few!) of your own.

Spark a little hope. Share a little hope. Spread a little hope. 🌱

Visit the Wall, read the messages, and add your own words of hope for someone who might need them today.
<https://rappahannockareacsb.org/wall-of-hope/>

[#SpreadHope](#) [#SharedBurdens](#) [#MentalHealth](#) [#SuicidePrevention](#)

2w

mental_community 🌍💙 This shot is really great, please send me this post

2w Reply

- 3,665 followers
- 79 posts
- 59,808 impressions
- 46 shares
- 877 reactions

 Rappahannock Area Community Services Board
September 1 · 🌐

🎂🍰🌟🎉🥳 Happy birthday, Jessica! Jessica, who lives at Igo Road Group Home, was all smiles at her recent birthday celebration. ❤️🎁🍰🥳🐼
[#GroupHomeLife](#) [#InclusiveCommunity](#) [#HopeStarter](#) [#BirthdayQueen](#)

At our Churchill Drive Group Home, birthdays are always a big deal—residents pick their dream theme, and staff bring it to life! To celebrate a very special birthday, the team rented out a local community center for an epic, full-scale Toy Story party! 🚀🌟

A huge thank you to our Churchill staff for going to infinity and beyond to create a day filled with pure joy, warm memories, and so much love. Happy Birthday! 🎂🌟



- ✓Part coach.
- ✓Part teammate.
- ✓Part problem-solver.
- ✓Part cheerleader.
- ✓100% HopeStarter.

Direct Support Professionals support people with developmental disabilities in reaching goals and living the lives they choose.

Think you'd be good at this? We should talk.

Check out our open Direct Support Professional positions:

<https://rappahannockareacsb.isolvedhire.com/jobs/>.

#NowHiring #FXBGVAJobs #DirectSupportProfessionals #CareersThatMakeADifference

#WorkWithUs #CaringCareers



🍁🍂🧡🧡🧡🧡 Happy fall, y'all! Yesterday we celebrated the arrival of autumn by wearing flannel.

#FlannelCheck #FirstDayofFall #AutumnEquinox #ItsFallYall

#LumberjacksStartHope



Employee Engagement

August's service project was spreading messages of hope. We created a traveling Garden of Hope (see picture, right); built a digital Wall of Hope; and painted rocks with hopeful messages.

The annual employee and family picnic was held at Braehead Farm in Fredericksburg. Despite drizzly weather, we had a great turnout of nearly 300 people. We had dinner from Mission BBQ, farm activities, a photo Bingo game, the Garden of Hope for partygoers to add their flowers, and rock-painting.

Mission:HopeStarter has been going well, and 101 employees qualified for the prize drawing in September. To qualify, an employee must complete at least two of the weekly operations or return the monthly dossier completed. October's theme is Spook Hope, and the dossier is a choose-your-own adventure, where agents can choose two out of five activities to complete. These activities include learning a fact about a different program or department; interviewing a co-worker; give a kudos for a co-worker; or do an act of kindness. Agents complete the assignments by turning in evidence tags that describe their adventure (see image, right).

Each week, agents answer questions to move through a virtual escape room created using Microsoft Forms. Here are some of the problems they solved in September:

My job is part detective, part advocate, and part problem-solver. I help people with developmental disabilities and their families navigate services, connect with providers, and work toward the supports they need to live the life they want. Who am I?

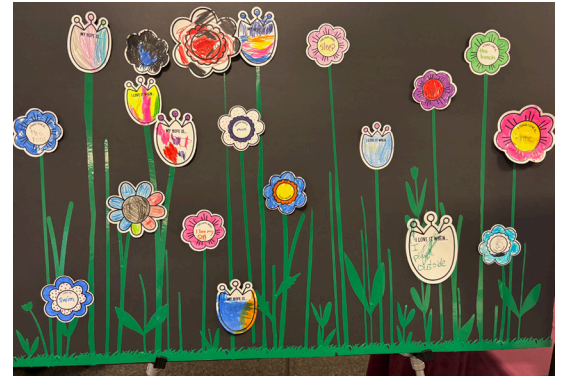
- A. Prevention Specialist
- B. Support Coordinator
- C. IT Specialist
- D. Peer Support Specialist

A friend has started withdrawing from people, seems unusually hopeless, and says they feel like a burden. What should you do?

- A. Wait and see if things improve
- B. Tell them to cheer up
- C. Check in, listen, and encourage them to connect with help.
- D. Distract them and avoid bringing it up—you don't want to make things worse.

Team [REDACTED] travels directly into the community 24/7 to meet individuals where they are, helping prevent hospitalization and homelessness for clients with severe mental illness. This team is:

- A. Mental Health Outpatient
- B. Assertive Community Treatment
- C. Prevention Services
- D. Kenmore Club



Blog Posts:

What to Know About Seasonal Affective Disorder

Fall has officially arrived, bringing cooler temperatures, changing leaves—and increasingly shorter days. For some people, this seasonal shift impacts more than their cravings for pumpkin spice. Seasonal Affective Disorder (SAD) is a type of depression with a recurring seasonal pattern. Winter-pattern SAD is the most common form, when symptoms begin in late fall or early winter and improve in spring.

Many of us find ourselves getting grumpier when the days are shorter—we're not often fans of daylight leaving before the work day ends. But SAD is much more than "I hate that it gets dark at 5 p.m." It is a form of depression, something we may dismiss as "winter blues" but that can have very real impacts on mental health.

Know the Signs

- feeling persistently sad, hopeless or irritable
- losing interest in things you normally enjoy
- having less energy
- sleeping more than usual
- withdrawing socially
- changes in appetite, particularly increased cravings/overeating
- difficulty concentrating

Know Your Rhythms

The seasonal aspect of SAD means that it can be somewhat predictable. If you're like me, it sneaks up on you each January, but it doesn't have to be a surprise attack. Knowing a seasonal pattern exists can give you something valuable: a chance to notice earlier.

Maybe you notice that your energy drops when the days get shorter. Maybe you start sleeping more, withdrawing from people, craving certain foods or losing interest in things you usually enjoy. Maybe you don't notice anything until January, when you suddenly realize you've been feeling unlike yourself for weeks.

By paying attention to your emotional cycles, you can plan ahead and prepare.

What to Do

Whether you've planned ahead or suddenly realized that SAD is impacting you, there are things you can do to improve your emotional well-being when the days get shorter.

Pay attention to daylight. Get outside during daytime hours when you can. For people with SAD, light therapy is an established treatment; the National Institute of Mental Health describes light boxes delivering 10,000 lux, generally used in the morning, but recommends talking with a health-care provider because light therapy isn't appropriate for everyone. ([Click here to visit NIMH's page on SAD.](#))

Keep some structure. Try to maintain reasonably consistent sleep and daily routines as the seasons change. This one can seem hard, because cold, dark mornings seem made especially for sleeping in. But remind yourself that your mind and body will thank you for sticking with a schedule.

Don't hibernate completely. Intentionally maintain your connections, even when you want to spend all of your free time burrowing under blankets. Spending time with friends and family is an important part of caring for your mental health. On days when that seems too hard, try reaching out via text or cuddling with a pet.

Keep doing things you enjoy. Reading, music, hobbies, getting outside, spending time with people you like—these things go a long way toward protecting your emotional well-being. If you're struggling, think of one hobby that you enjoy and can do in a low-stress environment and stick with that.

Know when it's time to ask for help. If symptoms persist, get worse, or interfere with your everyday life, talk with a healthcare provider.

You don't have to wait until you're struggling to pay attention to your mental health.

If seasonal changes tend to affect your mood, fall can be a good time to think about what support helps you—and what signs tell you it's time to reach out.

Sometimes taking care of your mental health means noticing the change before it becomes a crisis.

If you or someone you know is struggling, support is available. Text or call 988 or call our emergency services at 540-373-6876. Or, find the clinic in your locality to start outpatient services. [Click here to check out our mental health outpatient services.](#)

Making Space When a Little Cleaning Feels Like a Lot

We know that a clean space can boost our mood, improve focus, and reduce stress. But, sometimes that mess can feel inescapable.

A crowded countertop. A drawer that won't close. A closet full of things we haven't used in years. None of these things is necessarily a problem on its own, but when we're already feeling overwhelmed, the accumulation can become another source of stress.

That doesn't mean a messy home is a sign that something is wrong with you. Life gets messy. People get tired. Depression, anxiety, stress, busy schedules, illness, caregiving and countless other things can make everyday tasks harder. Your home is not a measure of your worth or your character. Mess isn't tied to morality.

But sometimes, making a little space around us can help us feel like we're making a little space in our minds, too.

You don't have to clean the whole house

When you're overwhelmed, "clean the house" is a terrible assignment.

It's too big. There are too many decisions. And if you can't finish, it can leave you feeling like you failed.

Try making the goal much smaller.

Clean one drawer.

Clear one shelf.

Go through one stack of papers.

Fill one donation bag.

Set a timer for 10 minutes and see what happens.

And then stop.

You don't have to turn a productive moment into a day-long cleaning marathon. Doing something small counts. A lot.

Make the goal flexible

One person's "space" might be a junk drawer. Another person's might be an entire closet. Both are accomplishments.

Instead of deciding exactly how much you should accomplish, consider setting a flexible goal: three spaces this week, for example.

One day, you might have the energy to tackle a closet. Another day, it might be one bathroom drawer. If you're having a particularly difficult week, three small spaces still count.

The point isn't to create a perfectly clean home. It's to create opportunities to notice that you can take manageable action and make a difference.

Let go of perfection

Sometimes perfectionism makes it harder to begin.

If you believe something has to be done completely to count, even a simple task can feel impossible. And when the task feels impossible, it's easy to avoid it altogether.

Try changing the definition of success.

You don't have to finish everything.

You don't have to organize everything beautifully.

You don't have to make your home look like a magazine.

You can simply make one small area easier to use than it was before.

That's progress.

Pay attention to how it feels

If cleaning or organizing makes you feel calmer, more capable or less overwhelmed, notice that.

If it doesn't, that's useful information, too.

Cleaning isn't a cure for depression, anxiety or stress, and you don't need to turn it into another wellness obligation.

Sometimes the healthiest choice is to rest instead. Sometimes asking someone else for help is the right choice.

The goal isn't to become more productive for productivity's sake. It's to find small things that make everyday life feel a little more manageable.

Make some room for yourself

There is no moral value attached to a clean house.

You don't have to earn rest by finishing your chores. You don't have to be embarrassed if your home is cluttered. And you don't have to wait until you have the energy to do everything before you do something.

Sometimes five minutes is enough.

Sometimes one drawer is enough.

Sometimes simply getting started is the accomplishment.

Making space isn't about fixing yourself or proving that you can keep up with everything life asks of you. It's about giving yourself one small opportunity to say, "I did something today."

And that's a pretty big win when you're feeling overwhelmed.

Fast Five: Quick Tips to Get Started

- **The Five-Minute Timer:** Set a timer for 5 minutes at stop when it goes off. You will probably be surprised by how much you can accomplish in five minutes, and doing a little at a time can break your inertia.
- **Body Doubling:** Have a friend or loved one sit in the room with you or join a virtual accountability stream while you tidy up. (What is Virtual Body Doubling?)
- **Make it Easy:** Keep cleaning supplies in the rooms where you use them, such as keeping cleaning wipes under the bathroom sink for easy cleanup or keeping a donation box in the living room.
- **Tackle the Trash First:** Simply walking through a room with a garbage bag to collect obvious trash provides a quick win with little effort.
- **Shift Your Mindset:** Remind yourself that a clean home is a comfort and a convenience, not a reflection on your worth.

Want to Go a Little Deeper?

If this idea resonates with you, these resources offer a deeper look at the relationship between our homes, our brains and the things that can make everyday tasks feel harder than they seem:

- **How to Keep House While Drowning** by KC Davis — A compassionate, practical approach to household tasks that moves away from shame and perfectionism and toward making our homes more functional for the lives we actually live.
- **TED Talks Daily:** KC Davis — "How to Keep House While Drowning" — A short conversation with KC Davis about why everyday tasks can become so difficult and why we don't have to earn our right to rest by getting everything done.
- **Mental Health America: Creating a Healthy Home Environment** — A blog post that offers tips and tricks for optimizing your space to improve mental health.
- **How to Tackle House Cleaning if You're Struggling** — A blog post on Everyday Health with tricks for cleaning your house when depression makes it hard.
- **FlyLady's BabyStep Your Way to Routines** — The official guiding philosophy for FlyLady's classic system, which focuses on breaking out of the "overwhelm cycle" by starting incredibly small. You can also explore their main introduction guide on the FlyLady Homepage.



Prevention and Early Intervention Services Program Updates

Michelle Wagaman, Director

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October 2026

Top 5 for October:

1. Healthy Families Rappahannock Area hosted a fall graduation event on September 26, 2026. A total of 12 youth transitioned out of the program.
2. Early Intervention Services staff are now fully remote following the end of the Carr Drive office lease on September 30, 2026.
3. teenMHFA is being implemented at James Monroe High School and Caroline High School this month. It is the third year of implementation of the curriculum.
4. Central Rappahannock Regional Library is planning to restock Lock and Talk displays at various branches as part of suicide prevention awareness.
5. DBHDS hosted the Fall Prevention Summit on October 6, 2026 in Roanoke. Michelle Wagaman was recognized with the “2026 Collaboration Champion Award.” Initial data from the Virginia Young Adult Survey was shared. Guidance for the upcoming gambling and cannabis needs assessment was reviewed.

Upcoming Events:

- 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 24, 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>

Substance Abuse Prevention

RACSB Prevention Services continues substance abuse prevention efforts specifically targeting youth. In response to the opioid epidemic and legalization of adult-use cannabis, our target demographics includes adults.

Youth Education/Evidence Based Curriculums – Jennifer Bateman, Prevention Specialist, has

resumed for curriculum facilitation at St. Paul's and 4Seasons day care/preschool centers in King George County. The Second Step Bullying Prevention has been completed at two of three elementary schools in Caroline County.

Coalitions – The Community Collaborative for Youth and Families is scheduled to meet again on December 11, 2026. To learn more: <https://www.thecommunitycollaborative.org/>

Tobacco Control – The Prevention Services Team has received the updated materials reflecting code changes effective July 1, 2026. Included will be a post card with information on the new online training available for store clerks and reminder that illegal gaming machines on site could result in loss of tobacco retail license. CSB Prevention Teams have until June 30, 2028 to complete this cycle of store audits and merchant education the visits.

The Spotsylvania County Sheriff's Office recently reported raiding 23 stores and confiscating 660 illegal vapes with potential fines of \$5,000 per item. The vapes were not approved by the Food and Drug Administration.

Alcohol and Vaping Prevention Education – Jennifer Bateman, Prevention Specialist, continues 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.

No additional ASIST trainings are scheduled for 2026. We will switch to the new curriculum in 2027.

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 December 15 (from 8:30 a.m. to 5:00 p.m.).

RACSB is no longer able to offer Mental Health First Aid in Spanish as the instructors were not able to maintain their certification requirement of three (3) facilitations annually. We will pursue re-certification if there is sufficient community interest in the future.

Youth Mental Health First Aid training is scheduled for November 3 (from 8:30 a.m. to 5:00 p.m.).

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>

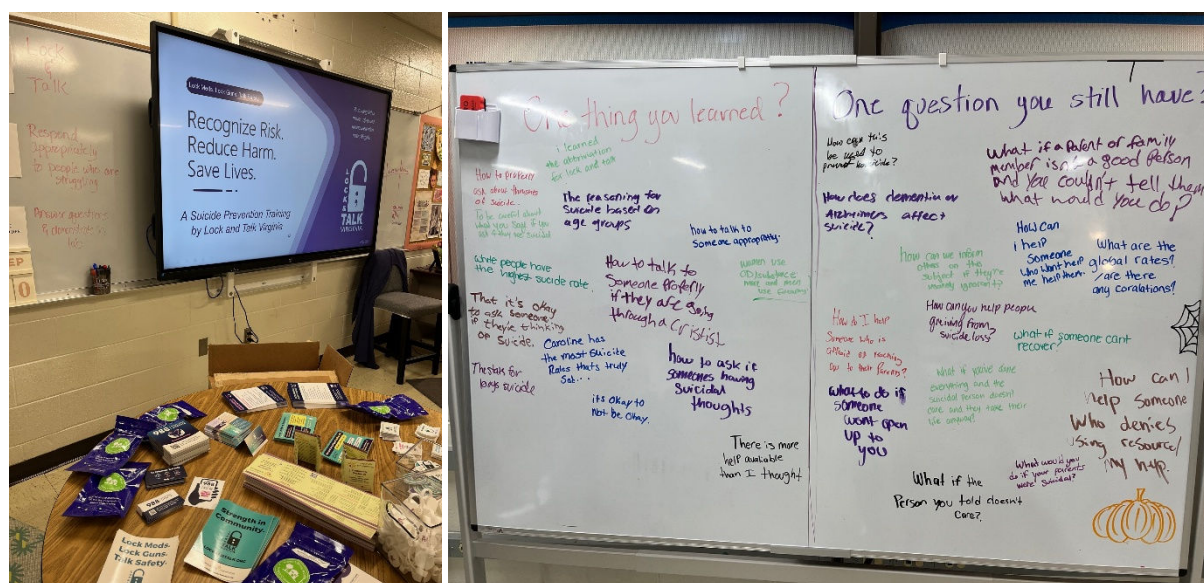
To register for Youth Mental Health First Aid Training:
<https://www.signupgenius.com/go/RACSB-YMHFA2026>

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 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 – RACSB facilitated four (4) sessions of the new Lock and Talk Training for students enrolled in the new Mental Health and Behavioral Science curriculum at the Spotsylvania County Public School Career and Technical Center. This corresponded with suicide prevention month initiatives.



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 supported Mental Health America Fredericksburg Region to host the second annual teen mental health summit on September 26, 2026. A total of 17 high school students and 10 parents participated in the event. Hannah Smith, Co-response Therapist, presented and the RACSB Prevention facilitated Hidden in Plain Sight and The Brain Architecture Game.

State Opioid Response (SOR)

RACSB Prevention Services is actively engaged with community partners to address the opioid response in the areas of prevention, harm reduction, treatment, and recovery.

Coalitions – The Opioid Workgroup meets monthly and is an interdisciplinary professional group. Plans for 2026 are underway to update the group mission and vision. We continue to provide support to the Save 1 Life Fredericksburg harm reduction initiative.

REVIVE! Naloxone Training and Dispensing – RACSB continues to host virtual trainings twice a month. Additionally, we schedule and host trainings upon the request of community partners. We are actively engaged with DBHDS to improve end user experiences for REVIVE! instructors and training coordination.

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.

Understanding ACEs trainings are scheduled for 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 no longer move forward at this time due to insufficient registrations.

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.

September 2026

LOCALITY	NUMBER OF REFERRALS	ASSESSMENTS	NUMBER OF FAMILIES RECEIVING HOME VISITS	NEW ENROLLEES YEAR-TO-DATE
CAROLINE COUNTY	2	1	7	0
CITY OF FREDERICKSBURG	2	6	30	7
KING GEORGE COUNTY	2	0	2	0
SPOTSYLVANIA COUNTY	7	5	20	3
STAFFORD COUNTY	4	4	19	0
OUT OF AREA (REFERRED TO OTHER HF SITES)	0	0	0	0
TOTAL	17	16	78	10

- HFRA is currently at full capacity serving 88 families.
- The program received a \$200 donation from Wegmans for the Holiday Party “Gingerbread House kit” drive for the families served.
- HFRA’s Board hosted a Double Good Fundraiser where \$3,161 in popcorn was sold. HFRA will be awarded 50% of the total sales. Thank you to everyone who supported this fundraiser.
- HFRA hosted its semi-annual graduation celebration on September 26, 2026. A total of 12 graduates of the program were to be celebrated. Two (2) families and one (1) Parent Ambassador were able to attend the celebration in person.



WITH THE SUPPORT
OF LOCAL LAW
ENFORCEMENT



OPERATION MEDICINE CABINET

October 24th, 2026

10 a.m. to 2 p.m.

Drop off your Expired or Unused Medications and Sharps!
Drive up, drop off and drive out! No questions asked.
Fourteen Locations to Serve You (* Narcan Training Available):

CAROLINE COUNTY

Walgreens (*)
104 West Broddus Avenue
Bowling Green, VA 22427
NO SHARPS ACCEPTED

Mary Washington Primary Care and Pediatrics
8051 Prosperity Way
Ruther Glen, VA 22546
NO SHARPS ACCEPTED

CITY OF FREDERICKSBURG

Fredericksburg Police Department
2200 Cowan Boulevard
Fredericksburg VA 22401
NO SHARPS ACCEPTED

Wegmans
2281 Carl D. Silver Parkway
Fredericksburg, VA 22401
NO SHARPS ACCEPTED

Mary Washington Hospital Tomkins (*)
Martin Medical Plaza
1101 Sam Perry Boulevard
Fredericksburg, VA 22401

University of Mary Washington Bell Tower
1301 College Avenue
Fredericksburg VA 22401
NO SHARPS ACCEPTED

Fredericksburg Sheriff's Office
701 Princess Anne St.
Fredericksburg VA 22401
NO SHARPS ACCEPTED

SPOTSYLVANIA COUNTY

Chancellor's Village
12100 Chancellor's Village Lane
Fredericksburg, VA 22407
NO SHARPS ACCEPTED

Fredericksburg ER
5005 Plank Road
Fredericksburg, VA 22407
NO SHARPS ACCEPTED

Mary Washington Healthcare (*)
Emergency and Outpatient Center – Lees Hill
10401 Spotsylvania Avenue
Fredericksburg, VA 22408

CVS Courtland Commons
9767 Courthouse Road
Spotsylvania, VA 22533
NO SHARPS ACCEPTED

Spotsylvania Regional Medical Center (*)
4600 Spotsylvania Parkway
Fredericksburg, VA 22408
NO SHARPS ACCEPTED

KING GEORGE COUNTY

Walmart/Petco Parking Lot
16375 Merchant's Lane
King George, VA 22485
NO SHARPS ACCEPTED

STAFFORD COUNTY

Stafford Hospital
101 Hospital Center Boulevard
Stafford, VA 22554



The mission of Partners in Aging is to improve the quality of life of senior adults in the greater Fredericksburg area by providing access to resources and programs.

Memorandum

To: Joe Wickens, Executive Director
From: Michelle Wagaman, Prevention and Early Intervention Services Director
Date: October 7, 2026
Re: State Opioid Response (SOR) Prevention Funding

The Virginia Department of Behavioral Health and Developmental Services (DBHDS) provided an opportunity for Community Services Boards to request State Opioid Response (SOR) funding for FY 2027. Proposals were due August 27, 2026. This is for the Federal Fiscal Year (October 1, 2026 through September 29, 2027).

In addition to applications for Recovery and Treatment, Rappahannock Area CSB also applied for Prevention funding. We were awarded \$255,719.80 to support a portion of personnel and fringe expenses, ongoing REVIVE trainings/supplies, facilitation of ACE Interface train-the-presenters, and community engagement.



Healthy Families Rappahannock Area – Grant Application Rural Maternal Connections: Expanding Care Closer to Home October 2026

Healthy Families Rappahannock Area (HFRA), a program of the Rappahannock Area Community Services Board, pending Board approval, submitted a grant application in the amount of \$125,294 as part of the *Rural Maternal Connections: Expanding Care Closer to Home* grant under the Virginia Department of Health’s Innovative Maternal Care Initiative.

The proposed project will expand and strengthen access to coordinated maternal healthcare and supportive services for pregnant and postpartum individuals residing in Caroline County and King George County, both of which are designated as eligible rural communities under Virginia’s Rural Health Transformation Program. The project will prioritize expectant and postpartum parents who experience limited access to prenatal or postpartum care, low income, transportation difficulties, language barriers, behavioral health needs, social isolation, or challenges navigating complex healthcare and community-service systems.

Rural Maternal Connections will build upon HFRA’s established Healthy Families America home visiting model and trusted relationships with families and community partners. The project will strengthen connections among families, clinical providers, behavioral health services, public health agencies, and community-based organizations. Grant-supported activities are expected to include:

- Expanded outreach and enrollment of pregnant and postpartum individuals in Caroline and King George Counties;
- Prenatal and postpartum home visiting, maternal health education, and individualized family support;
- Maternal depression and behavioral health screenings, referrals, and follow-up;
- Care coordination and patient navigation across prenatal, postpartum, behavioral health, pediatric, and community services;
- Development of stronger closed-loop referral processes to confirm that families successfully connect with recommended services;
- Transportation assistance and technology-enabled strategies to reduce barriers to healthcare access;
- Culturally and linguistically responsive education and navigation provided by bilingual staff;
- Workforce development and cross-training for home visitors and participating partners;
- Engagement of parents, Parent Ambassadors, and the Parent Advisory group in project planning, implementation, and continuous quality improvement; and
- Development of a sustainability plan to integrate successful project activities into ongoing regional maternal health services.



Implementation will begin with a focused assessment of maternal health needs, existing resources, service gaps, and referral pathways in the two rural localities. HFRA will work with families and partners to finalize workflows, formalize roles, establish baseline data, and develop the project's implementation and evaluation plans. Services will then be expanded through coordinated outreach, home visiting, navigation, screening, referral, and follow-up activities. Performance data and family feedback will be reviewed regularly to identify barriers, improve service delivery, and ensure that the project remains responsive to community needs.

Anticipated partners include the Rappahannock Area Health District, Mary Washington Healthcare and other regional hospitals, obstetric and pediatric providers, behavioral health providers, local Departments of Social Services, Medicaid managed care organizations, healthcare clinics, transportation resources, and community- and faith-based organizations. Each partner will contribute to outreach, referrals, service coordination, care transitions, or the reduction of identified barriers. Individuals with lived experience will also help guide project decisions and evaluate whether services are accessible, respectful, culturally responsive, and useful to families.

Expected outcomes include an increase in the number of rural pregnant and postpartum individuals connected to services; improved access to timely prenatal and postpartum care; increased completion of maternal depression screenings and behavioral health referrals; stronger care coordination and referral completion; reduced transportation, language, and navigation barriers; improved family engagement and satisfaction; and stronger partnerships between healthcare providers and community-based services. The project will track the number of unique individuals served, including those residing in eligible rural localities, as well as outreach contacts, screenings, referrals, completed service connections, home visits, education activities, and other project-specific measures.

**Finance Department
September 2026 Program Updates**

Staffing Changes and Opportunities:

All positions are currently filled.

Reimbursement Department:

The Reimbursement Team remained focused on resolving outstanding claims affected by payer-related issues and reducing aged accounts receivable. Efforts were prioritized toward claims exceeding expected processing timelines that required additional follow-up, investigation, and payer intervention to facilitate resolution and improve reimbursement turnaround times.

Accounting Department:

The Accounting Department continues to make progress on fiscal year-end closeout activities in preparation for the annual fiscal year-end audit, while providing ongoing support to program areas in implementing FY27 budgetary changes.

Preparations are underway for the ICF Cost Reports and the reconciliation of federal fund spending balances through September. Additionally, the department has been notified of a Medicaid field verification of ICF transactions scheduled for January, covering FY23 and FY24. Advance preparation and coordination efforts are ongoing to ensure the organization is well-prepared for the review and can respond effectively to all documentation and verification requirements.

The department also continues to prioritize staff development through training for employees transitioning into new roles and cross-training on essential departmental functions. These initiatives are strengthening staff capacity, improving operational coverage, and enhancing continuity of operations throughout the fiscal year.

Summary of Cash Investments

(as of September 30, 2026)

Depository		Rate	Comments
Atlantic Union Bank			
Checking	\$ 8,836,908	2.50%	
Investment Portfolio			
Cash Equivalents	25,724		
Fixed Income	9,451,412		
Total Investment	\$ 9,477,136		
Total Atlantic Union Bank	\$ 18,314,044		
Other			
Local Gov. Investment Pool (LGIP)	1,010,670	3.88%	Avg. Monthly Yield
VA Municipal Investment Trust (MINT)	7,289,186	4.02%	Avg. Monthly Yield
Total Other	\$ 8,299,856		
Total Investments	\$ 26,613,900		

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
September	\$465,514	\$440,638	\$622	\$1,601,253
YTD Total	\$1,374,740	\$1,413,521	\$1,915	\$1,601,253

Historical Data	Average Monthly Claims	Monthly Average Difference from PY	Highest Month
FY 2027	\$471,174	\$58,562	\$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

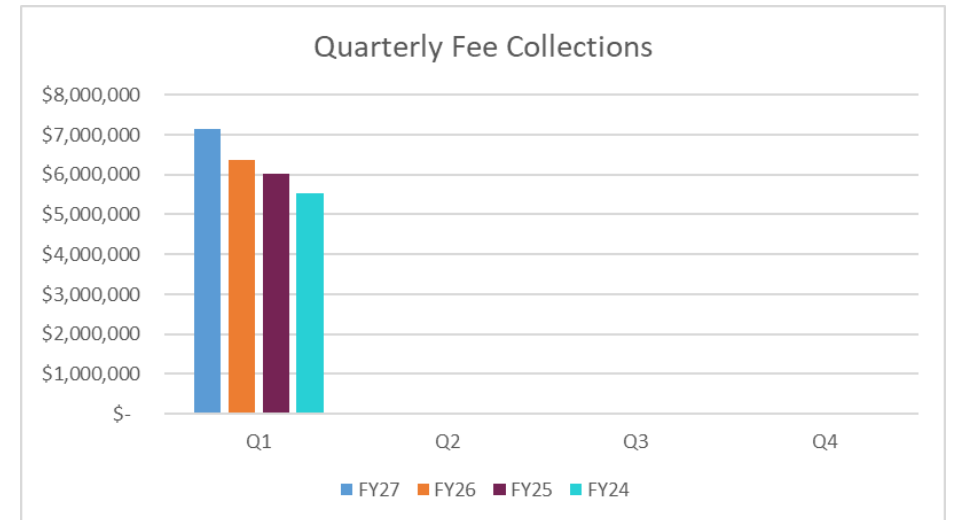
Summary of Investments

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	\$ 25,724.01	\$ 25,724.01	\$ 25,724.01	\$ -	\$ 990.37	3.85%	3.85%
Total Cash Equivalents	\$ 25,724.01	\$ 25,724.01	\$ 25,724.01	\$ -	\$ 990.37	3.85%	3.85%
US Treasury Bill(10/06/2026)	\$ 500,000.00	\$ 499,740.00	\$ 497,129.14	\$ 2,610.86	\$ 2,870.86	3.23%	3.76%
US Treasury Note (10/15/2026)	\$ 500,000.00	\$ 500,060.00	\$ 501,256.91	\$ (1,196.91)	\$ 23,125.00	4.31%	4.11%
US Treasury Note(11/30/2026)	\$ 600,000.00	\$ 597,162.00	\$ 593,183.91	\$ 3,978.09	\$ 7,500.00	4.12%	3.56%
US Treasury Bill(12/3/2026)	\$ 500,000.00	\$ 496,510.00	\$ 496,128.53	\$ 381.47	\$ 3,871.47	4.01%	4.01%
US Treasury Note(01/31/2027)	\$ 500,000.00	\$ 499,725.00	\$ 500,888.78	\$ (1,163.78)	\$ 20,625.00	4.28%	3.76%
US Treasury Note (03/15/2027)	\$ 500,000.00	\$ 500,010.00	\$ 496,308.59	\$ 3,701.41	\$ 21,250.00	4.24%	4.52%
US Treasury Note(06/30/2027)	\$ 500,000.00	\$ 497,400.00	\$ 498,106.02	\$ (706.02)	\$ 18,750.00	4.46%	4.14%
US Treasury Note (08/15/2027)	\$ 500,000.00	\$ 496,540.00	\$ 498,265.13	\$ (1,725.13)	\$ 18,750.00	4.56%	4.10%
US Treasury Note(11/15/2027)	\$ 1,000,000.00	\$ 973,750.00	\$ 980,323.79	\$ (6,573.79)	\$ 22,500.00	4.67%	3.61%
US Treasury Note (02/29/2028)	\$ 500,000.00	\$ 494,825.00	\$ 499,988.22	\$ (5,163.22)	\$ 20,000.00	4.76%	4.00%
US Treasury Note(05/15/2028)	\$ 500,000.00	\$ 484,940.00	\$ 494,017.95	\$ (9,077.95)	\$ 14,375.00	4.82%	3.50%
US Treasury Note(09/15/2028)	\$ 500,000.00	\$ 486,135.00	\$ 496,308.59	\$ (10,173.59)	\$ 16,875.00	4.88%	3.64%
US Treasury Note(11/15/2028)	\$ 1,000,000.00	\$ 972,110.00	\$ 998,535.16	\$ (26,425.16)	\$ 35,000.00	4.90%	3.55%
US Treasury Note(02/15/2029)	\$ 500,000.00	\$ 484,065.00	\$ 500,000.00	\$ (15,935.00)	\$ 17,500.00	4.94%	3.50%
US Treasury Note(04/15/2029)	\$ 500,000.00	\$ 487,225.00	\$ 500,404.00	\$ (13,179.00)	\$ 19,375.00	4.96%	3.85%
US Treasury Note(06/15/2029)	\$ 500,000.00	\$ 489,455.00	\$ 498,320.31	\$ (8,865.31)	\$ 20,625.00	4.97%	4.25%
US Treasury Note(09/15/2029)	\$ 500,000.00	\$ 491,760.00	\$ 493,750.00	\$ (1,990.00)	\$ 21,875.00	4.98%	4.83%
Total Fixed Income	\$ 9,600,000.00	\$ 9,451,412.00	\$ 9,542,915.03	\$ (91,503.03)	\$ 304,867.33	4.53%	3.92%
9/30/2026		\$ 9,477,136.01	\$ 9,568,639.04	\$ (91,503.03)	\$ 305,857.70	4.55%	3.88%

Fee Revenue Reimbursement- August 31, 2026

RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD FEE REVENUE REIMBURSEMENT REPORT AS OF AUGUST, 31 2026							
AGED CLAIMS		Current Month		Prior Month		Prior Year	
Total Claims Outstanding	Total	100%	\$5,649,759	100%	\$5,686,460	100%	\$6,263,206
	Consumers	28%	\$1,601,877	29%	\$1,650,633	29%	\$1,843,476
	3rd Party	72%	\$4,047,882	71%	\$4,035,826	71%	\$4,419,730
Claims Aged 0-29 Days	Total	67%	\$3,775,752	65%	\$3,682,947	65%	\$4,063,812
	Consumers	0%	\$7,866	1%	\$52,270	1%	\$37,514
	3rd Party	67%	\$3,767,886	64%	\$3,630,677	64%	\$4,026,298
Claims Aged 30-59 Days	Total	3%	\$151,122	6%	\$334,721	2%	\$132,589
	Consumers	1%	\$41,588	3%	\$178,241	0%	\$28,540
	3rd Party	2%	\$109,534	3%	\$156,479	2%	\$104,049
Claims Aged 60-89 Days	Total	1%	\$65,680	2%	\$86,419	2%	\$145,408
	Consumers	0%	\$17,491	0%	\$20,215	0%	\$25,918
	3rd Party	1%	\$48,189	1%	\$66,204	2%	\$119,490
Claims Aged 90-119 Days	Total	3%	\$186,677	1%	\$62,670	2%	\$99,455
	Consumers	3%	\$174,602	0%	\$10,165	0%	\$20,496
	3rd Party	0%	\$12,075	1%	\$52,506	1%	\$78,959
Claims Aged 120+ Days	Total	26%	\$1,470,528	27%	\$1,519,702	29%	\$1,821,942
	Consumers	24%	\$1,360,330	24%	\$1,389,741	28%	\$1,731,008
	3rd Party	2%	\$110,198	2%	\$129,961	1%	\$90,934

CLAIM COLLECTIONS	
Current Year To Date Collections	\$7,133,434
Prior Year To Date Collections	\$6,359,064
\$ Change from Prior Year	\$774,370
% Change from Prior Year	12%



Write-off Report

Month: August 2026		
Write Off Code	Current MTD	Prior Year MTD
BAD ADDRESS	\$ -	\$ 5,574
BANKRUPTCY	\$ 23	\$ 200
DECEASED	\$ -	\$ 405
NO FINANCIAL AGREEMENT	\$ 5,232	\$ 12,979
SMALL BALANCE	\$ 40	\$ 143
UNCOLLECTABLE	\$ -	\$ 2,012
FINANCIAL ASSISTANCE	\$ 206,783	\$ 209,539
NO SHOW	\$ 120	\$ 2,160
MAX UNITS/BENEFITS	\$ 51,858	\$ 80,404
PROVIDER NOT CREDENTIALLED	\$ 415	\$ 443
DIAGNOSIS NOT COVERED	\$ 789	\$ 160
NON-COVERED SERVICE	\$ 130	\$ 5,424
SERVICES NOT AUTHORIZED	\$ 19,575	\$ 28,889
PAST BILLING DEADLINE	\$ -	\$ -
INSUFFICIENT DOCUMENTATION	\$ 260	\$ 1,695
MCO DENIED AUTH	\$ 1,330	\$ 2,541
INCORRECT PAYER	\$ 900	\$ 8,229
INVALID MEMBER ID	\$ -	\$ -
INVALID POS/CPT/MODIFIER	\$ -	\$ -
NO PRIMARY EOB	\$ 65	\$ 4,425
SPENDDOWN NOT MET	\$ 10,286	\$ 19,500
STATE FUNDS EXHAUSTED	\$ -	\$ -
TOTAL	\$ 297,806	\$ 384,721

Year to Date: July 2026 - August 2026		
Write Off Code	Current YTD	Prior YTD
BAD ADDRESS	\$ -	\$ 8,683
BANKRUPTCY	\$ 93	\$ 2,670
DECEASED	\$ 857	\$ 600
NO FINANCIAL AGREEMENT	\$ 6,566	\$ 39,055
SMALL BALANCE	\$ 48	\$ 402
UNCOLLECTABLE	\$ -	\$ 3,481
FINANCIAL ASSISTANCE	\$ 381,355	\$ 556,454
NO SHOW	\$ 260	\$ 10,078
MAX UNITS/BENEFITS	\$ 102,265	\$ 136,557
PROVIDER NOT CREDENTIALLED	\$ 415	\$ 1,053
DIAGNOSIS NOT COVERED	\$ 1,192	\$ 480
NON-COVERED SERVICE	\$ 3,148	\$ 22,217
SERVICES NOT AUTHORIZED	\$ 47,929	\$ 73,524
PAST BILLING DEADLINE	\$ -	\$ 785
INSUFFICIENT DOCUMENTATION	\$ 2,007	\$ 2,718
MCO DENIED AUTH	\$ 10,387	\$ 15,928
INCORRECT PAYER	\$ 2,654	\$ 13,688
INVALID MEMBER ID	\$ 400	\$ -
INVALID POS/CPT/MODIFIER	\$ 325	\$ -
NO PRIMARY EOB	\$ 378	\$ 4,425
SPENDDOWN NOT MET	\$ 19,948	\$ 31,138
STATE FUNDS EXHAUSTED	\$ -	
TOTAL	\$ 580,227	\$ 923,935

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

MENTAL HEALTH

PROGRAM	REVENUE			EXPENDITURES			ACTUAL VARIANCE	VARIANCE / REVENUE
	BUDGET FY 2027	ACTUAL YTD	%	BUDGET FY 2027	ACTUAL YTD	%		
INPATIENT	0	16,150	0.00%	0	20,150	0.00%	(4,000)	-25%
OUTPATIENT (FED)	3,232,209	549,573	17.00%	3,232,209	501,085	15.50%	48,488	9%
MEDICAL OUTPATIENT (R) (FED)	4,064,004	733,593	18.05%	4,064,004	657,831	16.19%	75,763	10%
ACT NORTH (R)	1,260,089	192,705	15.29%	1,260,089	196,170	15.57%	(3,465)	-2%
ACT SOUTH (R)	1,198,919	286,521	23.90%	1,198,919	194,952	16.26%	91,569	32%
CASE MANAGEMENT ADULT (FED)	1,398,672	226,855	16.22%	1,398,672	216,427	15.47%	10,428	5%
CASE MANAGEMENT CHILD & ADOLESCENT (FED)	1,181,182	168,067	14.23%	1,181,182	188,621	15.97%	(20,554)	-12%
PSY REHAB & KENMORE EMP SER (R) (FED)	858,544	108,062	12.59%	858,544	134,147	15.62%	(26,085)	-24%
PERMANENT SUPPORTIVE HOUSING (R)	3,983,496	4,055,303	101.80%	3,983,496	566,605	14.22%	3,488,698	86%
CRISIS STABILIZATION (R)	2,810,608	439,972	15.65%	2,810,608	435,893	15.51%	4,079	1%
SUPERVISED RESIDENTIAL	391,182	77,951	19.93%	391,182	94,305	24.11%	(16,353)	-21%
SUPPORTED RESIDENTIAL	880,717	92,615	10.52%	880,717	149,829	17.01%	(57,214)	-62%
JAIL DIVERSION GRANT (R)	0	0	#DIV/0!	0	0	#DIV/0!	-	0%
JAIL & DETENTION SERVICES	857,834	24,161	2.82%	857,834	141,710	16.52%	(117,548)	-487%
SUB-TOTAL	22,117,455	6,971,528	32%	22,117,455	3,497,724	16%	3,473,804	50%

DEVELOPMENTAL SERVICES

PROGRAM	REVENUE			EXPENDITURES			ACTUAL VARIANCE	VARIANCE / REVENUE
	BUDGET FY 2027	ACTUAL YTD	%	BUDGET FY 2027	ACTUAL YTD	%		
CASE MANAGEMENT	4,971,904	985,697	19.83%	4,971,904	803,952	16.17%	181,746	18%
DAY HEALTH & REHAB *	6,227,064	1,029,464	16.53%	6,227,064	976,998	15.69%	52,465	5%
GROUP HOMES	7,285,903	1,628,919	22.36%	7,285,903	1,141,896	15.67%	487,024	30%
RESPIRE GROUP HOME	774,622	137,384	17.74%	774,622	123,321	15.92%	14,063	10%
INTERMEDIATE CARE FACILITIES	5,499,466	920,112	16.73%	5,499,466	867,530	15.77%	52,581	6%
SUPERVISED APARTMENTS	1,875,446	527,279	28.11%	1,875,446	304,537	16.24%	222,742	42%
SPONSORED PLACEMENTS	2,034,379	403,723	19.85%	2,034,379	365,348	17.96%	38,375	10%
SUB-TOTAL	28,668,785	5,632,578	19.65%	28,668,785	4,583,582	15.99%	1,048,996	19%

(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 August 31, 2026
SUBSTANCE ABUSE

PROGRAM	REVENUE			EXPENDITURES				VARIANCE / REVENUE
	BUDGET FY 2027	ACTUAL YTD	%	BUDGET FY 2027	ACTUAL YTD	%	ACTUAL VARIANCE	
SA OUTPATIENT (R) (FED)	2,257,136	263,859	11.69%	2,257,136	364,425	16.15%	(100,566)	-38%
MAT PROGRAM (R) (FED)	1,982,894	63,009	3.18%	1,982,894	247,102	12.46%	(184,093)	-292%
CASE MANAGEMENT(with LINK) (R) (FED)	460,345	62,631	13.61%	460,345	78,035	16.95%	(15,404)	-25%
RESIDENTIAL (R)	36,612	6,172	16.86%	36,612	6,200	16.93%	(28)	0%
PREVENTION (R) (FED)	558,705	94,837	16.97%	558,705	83,951	15.03%	10,886	11%
SUB-TOTAL	5,295,692	490,507	9%	5,295,692	779,713	15%	(289,205)	-59%

SERVICES OUTSIDE PROGRAM AREA

PROGRAM	REVENUE			EXPENDITURES				VARIANCE / REVENUE
	BUDGET FY 2027	ACTUAL YTD	%	BUDGET FY 2027	ACTUAL YTD	%	ACTUAL Variance	
EMERGENCY SERVICES (R)	2,054,868	887,756	43.20%	2,054,868	304,652	14.83%	583,104	66%
CHILD MOBILE CRISIS (R)	302,399	4,354	1.44%	302,399	32,462	10.73%	(28,109)	-646%
CIT ASSESSMENT SITE (R)	419,896	58,319	13.89%	419,896	54,482	12.98%	3,837	7%
CONSUMER MONITORING (R) (FED)	-	0	#DIV/0!	0	45,917	#DIV/0!	(45,917)	0%
ASSESSMENT AND EVALUATION (R)	550,382	85,438	15.52%	550,382	86,065	15.64%	(627)	-1%
SUB-TOTAL	3,327,546	1,035,866	31.13%	3,327,546	523,578	15.73%	512,289	49%

ADMINISTRATION

PROGRAM	REVENUE			EXPENDITURES			
	BUDGET FY 2027	ACTUAL YTD	%	BUDGET FY 2027	ACTUAL YTD	%	ACTUAL VARIANCE
ADMINISTRATION (FED)	702,348	188,095	26.78%	702,348	188,095	26.78%	0
PROGRAM SUPPORT	27,600	4,600	16.67%	27,600	4,600	16.67%	0
SUB-TOTAL	729,948	192,695	26.40%	729,948	192,695	26.40%	0
ALLOCATED TO PROGRAMS				4,268,473	3,126,283	73.24%	
CAPITAL PROJECTS	2,524,917	0	0.00%	2,524,917	160,084	6.34%	(160,084)
TOTAL ADMINISTRATION	3,254,865	192,695	5.92%	3,254,865	352,780	10.84%	(160,084)

(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 August 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	323,765	16.65%	1,944,589	278,794	14.34%	44,971	14%
INFANT CASE MANAGEMENT (R)	665,135	124,295	18.69%	665,135	123,166	18.52%	1,128	1%
EARLY INTERVENTION (R)	2,617,671	426,865	16.31%	2,617,671	413,185	15.78%	13,681	3%
TOTAL PART C	5,227,395	874,925	16.74%	5,227,395	815,144	15.59%	59,781	7%
HEALTHY FAMILIES (R)	954,665	52,759	5.53%	954,665	156,597	16.40%	(103,838)	-197%
TOTAL HEALTHY FAMILY	954,665	52,759	5.53%	954,665	156,597	16.40%	(103,838)	-197%
COMMUNITY OUTREACH	134,331	0	0.00%	134,331	14,880	11.08%	(14,880)	0%
TOTAL COMMUNITY OUTREACH	134,331	0	0.00%	134,331	14,880	11.08%	(14,880)	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 August 31, 2026

RECAP FY 2027 BALANCES

	<u>REVENUE</u>	<u>EXPENDITURES</u>	<u>NET</u>	<u>NET / REVENUE</u>
MENTAL HEALTH	6,971,528	3,497,724	3,473,804	50%
DEVELOPMENTAL SERVICES	5,632,578	4,583,582	1,048,996	19%
SUBSTANCE ABUSE	490,507	779,713	(289,205)	-59%
SERVICES OUTSIDE PROGRAM AREA	1,035,866	523,578	512,289	49%
ADMINISTRATION	192,695	352,780	(160,084)	-83%
FISCAL AGENT PROGRAMS	927,684	986,621	(58,937)	-6%
TOTAL	15,250,859	10,723,997	4,526,862	30%

RECAP FY 2026 BALANCES

	<u>REVENUE</u>	<u>EXPENDITURES</u>	<u>NET</u>	<u>NET / REVENUE</u>
MENTAL HEALTH	6,148,962	3,516,306	2,632,656	43%
DEVELOPMENTAL SERVICES	5,596,184	4,087,118	1,509,066	27%
SUBSTANCE ABUSE	469,324	679,353	(210,029)	-45%
SERVICES OUTSIDE PROGRAM AREA	989,400	488,415	500,984	51%
ADMINISTRATION	194,837	8,196,180	(8,001,343)	-4107%
FISCAL AGENT PROGRAMS	770,863	938,554	(167,692)	-22%
TOTAL	14,169,570	17,905,926	(3,736,357)	-26%

	<u>\$ Change</u>	<u>% Change</u>
Change in Revenue from Prior Year	\$ 1,081,289	7.63%
Change in Expense from Prior Year	\$ (7,181,929)	-40.11%
Change in Net Income from Prior Year	\$ 8,263,219	-221.16%

*Unaudited Report

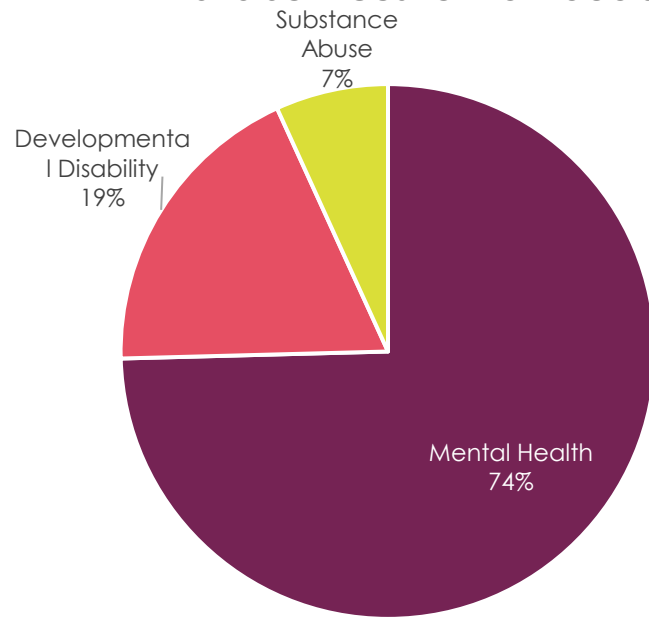
RACSB

LOCAL FUNDING REQUEST FY 2028

Overview

- ▶ RACSB requests local funding to support the Mental Health and Substance Abuse programs. RACSB request total funding of \$2,551,811 for fiscal year 2028, from the Counties of Caroline, King George, Spotsylvania, Stafford and the City of Fredericksburg. RACSB is requesting \$477,168 (23.0%) additional funding across all localities over last year's approved to meet community need for STEP-VA expanded code-mandated services and to maintain the appropriate staffing to meet these requirements.
- ▶ Further, increased funding is needed to ensure localities meet their Virginia code-mandated 10% minimum match.

FY 2026 Services to Individuals

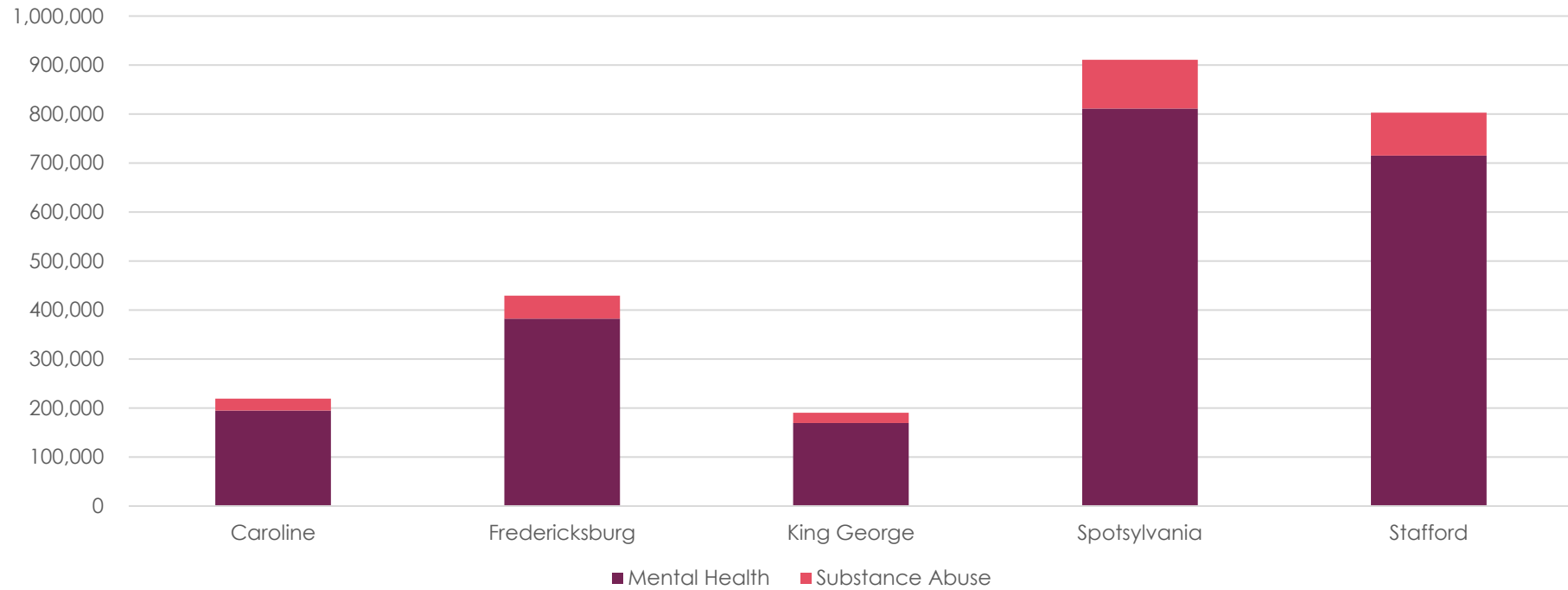


FY 2026 INDIVIDUALS SERVED BY LOCALITY AND PROGRAM AREA					
Locality	Mental Health	Developmental Disability	Substance Abuse	Total	% Increase/ (Decrease) from PY
Caroline	1413	276	106	1,795	3%
Fredericksburg	2833	408	280	3,521	8%
King George	1167	274	119	1,560	-1%
Spotsylvania	5426	1566	479	7,471	1%
Stafford	4774	1371	442	6,587	0%
Total	15,613	3,895	1,426	20,934	2%

FY 2028 Request by Locality

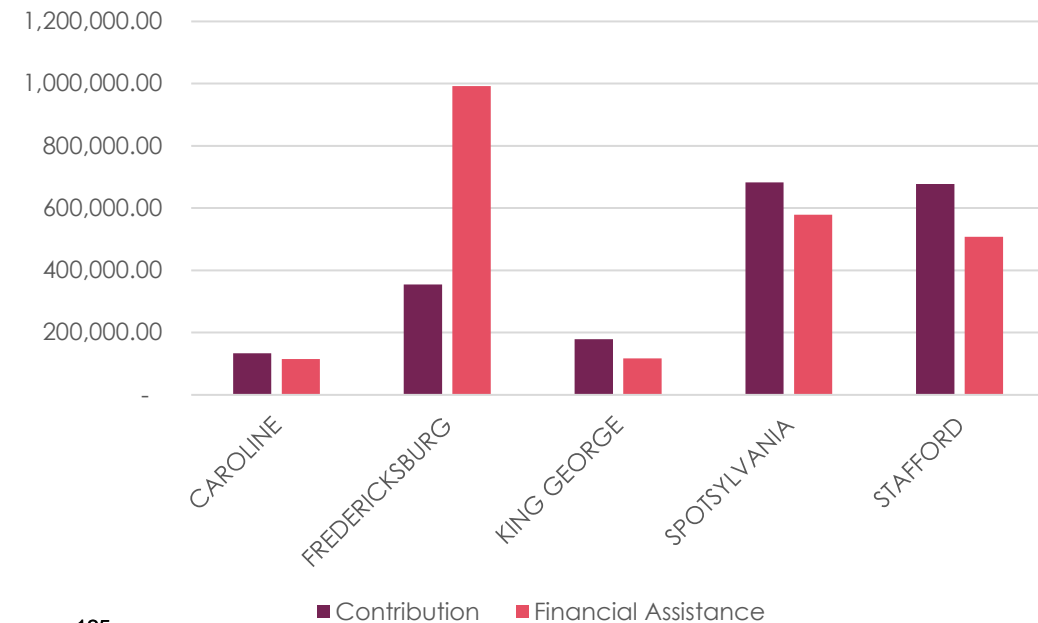
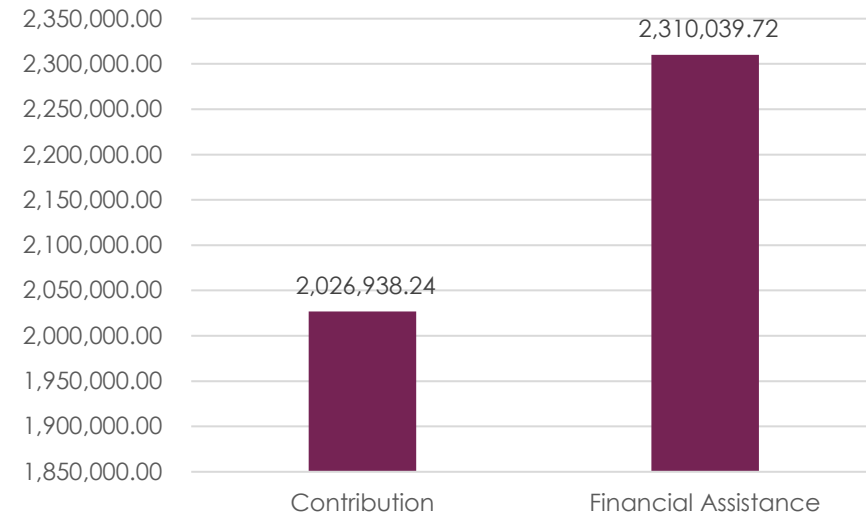
LOCALITY	FY2026 Request	FY2026 Actual	FY2027 Request	FY2027 Actual	FY2028 Request	Change from Prior Year	
						\$	%
Caroline	168,649	133,906	208,702	139,597	218,807	79,210	56.74%
Fredericksburg	358,535	354,535	390,402	358,461	429,203	70,742	19.73%
King George	179,044	179,044	189,980	189,980	190,161	181	0.10%
Spotsylvania	801,924	682,605	892,055	682,605	910,699	228,094	33.42%
Stafford	676,848	676,848	791,725	704,000	802,942	98,942	14.05%
TOTAL	2,185,000	2,026,938	2,472,865	2,074,643	2,551,811	477,168	23.00%

FY 2028 Local Funding Allocation Request

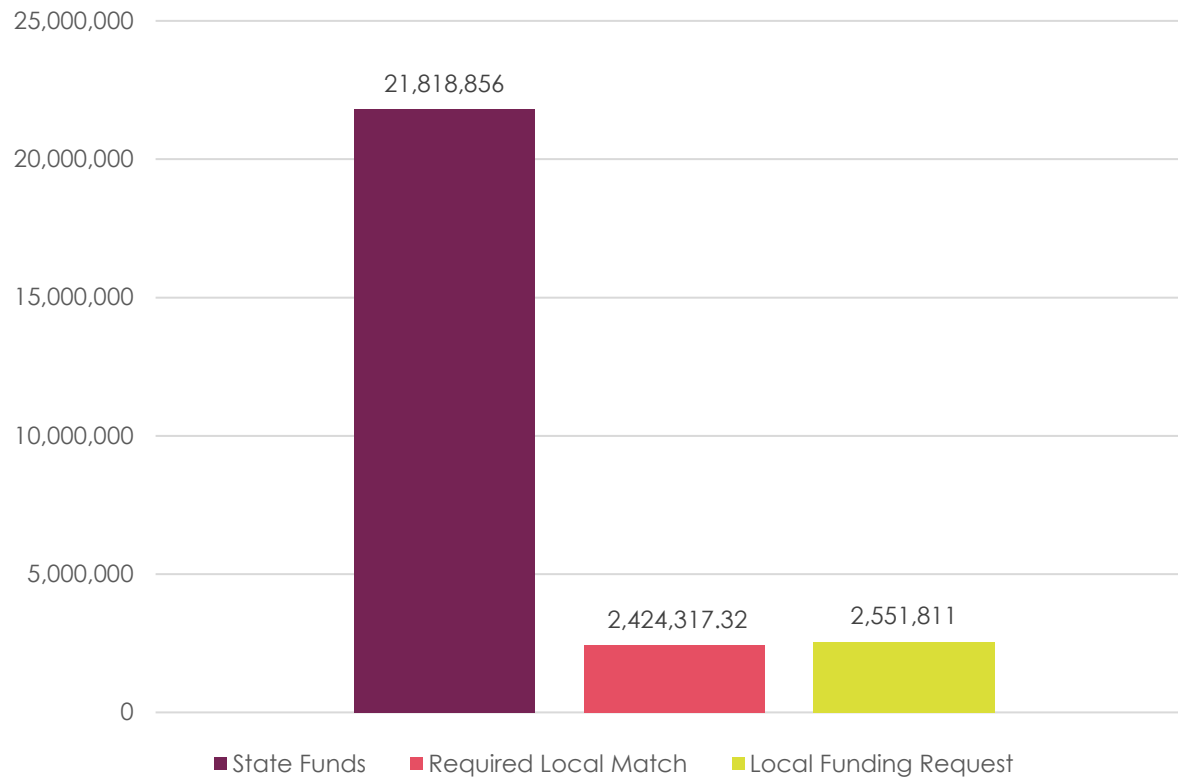


FY 2026 Return on Investment

RACSB provides services to individuals regardless of ability to pay. In fiscal year 2026, RACSB received \$2,026,938 from all localities but provided \$2,310,040 in financial assistance to individuals seeking services.

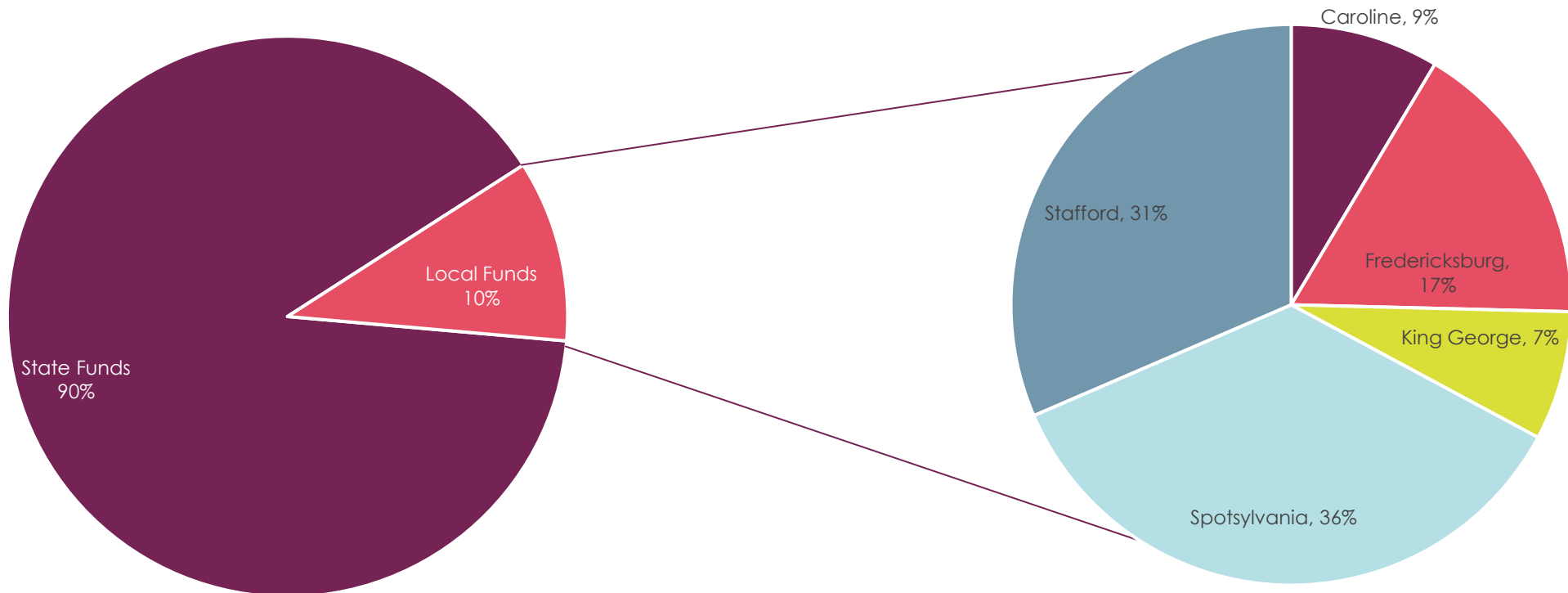


Performance Contract Funding Requirements for Local Funding

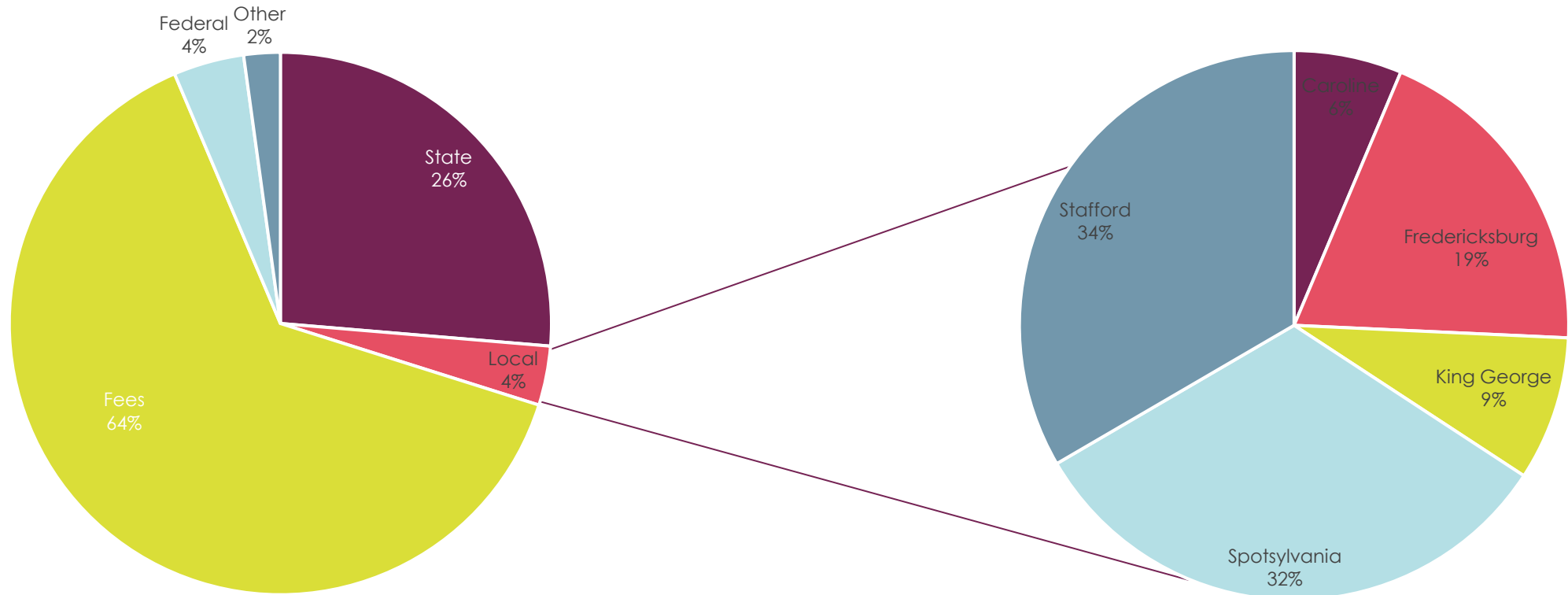


[37.2-509](#) of the Code of Virginia requires local matching funds at a minimum of 10% of the total of state and local funding related to services in the performance contract.

Performance Contract Requirements



Fiscal Year 2027 Budgeted Revenue



HUMAN RESOURCES PROGRAM UPDATE- October 2026

Recruitment & Onboarding

Seven 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.

Employee Engagement & Retention

HR continued 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.

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 (October 19-30), 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: October 5, 2026

Re: Summary – September 2026 Applicant and Recruitment Update

For September 2026, RACSB received 126 applications.

Of the 126 applications received, 51 applicants cited the RACSB applicant portal as their recruitment source, 16 cited employee referrals, and 59 cited various job boards.

As of the end of September, 25 positions — 12 full-time and 13 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 September 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	101									
Male	47	33	25									
Not Supplied	0	93	0									
Total	193	286	126	0	0	0	0	0	0	0	0	0
<u>ETHNICITY</u>												
White	62	50	49									
African American	94	96	58									
Hispanic	14	23	5									
Asian	2	4	4									
American Indian	2	0	1									
Native Hawaiian	0	0	1									
Two or More Races	14	108	8									
Not Supplied	5	5	0									
<u>RECRUITMENT SOURCE</u>												
RACSB Website	55	86	51									
Employee Referrals	15	20	16									
Indeed.com	85	120	52									
Social Media	4	9	1									
Other -	27	34	4									
Zip Recruiter	7	17	2									
Total # of Applicants	193	286	126	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	3										15
Full-time	1	12	4										17
PRN	0	0	0										0
Sub Total External Applicants Hired	5	20	7	0	0	0	0	0	0	0	0	0	32
Internal Applicants Moved:													
Part-time to Full-time	1	2	1										4
PRN As Needed to Full-Time	1	0	0										1
Promotions	2	3	4										9
Lateral Transfers	4	8	4										16
Full-time to Part-time	0	0	2										2
Full-time to PRN	1	0	0										1
Sub Total Internal Applicant Moves	9	13	11	0	0	0	0	0	0	0	0	0	33

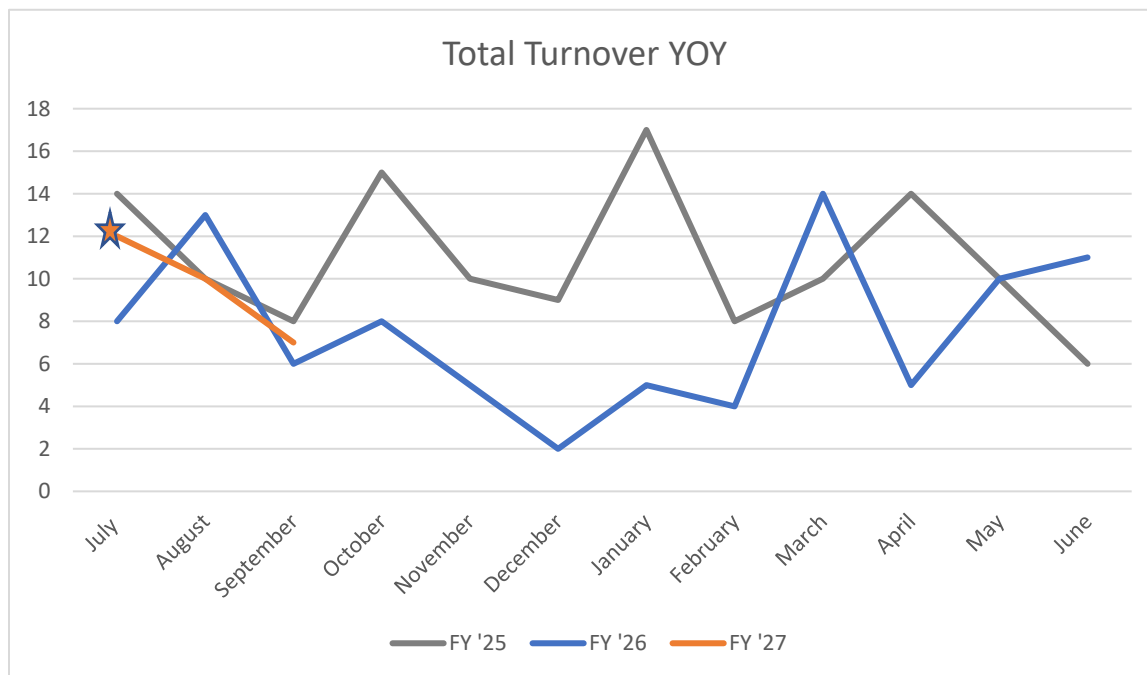
9/28/2026							
Actively Recruiting to Hire							
Original Date Listed	Days Open	Pos Number	Job Title	RU	Division	FT	PT
					Admin		
					Prevention		
4/30/2026	151	620	PSYCHIATRIC NURSE PRACTITIONER		Clinical	1	
8/18/2026	41	192	MH NURSE, LPN - CRISIS STABILIZATION	2770	CIS	1	
9/18/2026	10	129	MH SPECIALIST - ACT NORTH	2371	CIS	1	
5/29/2026	122	205	NURSE, RN - CRISIS STABILIZATION	2770	CIS	1	
8/17/2026	42	234	DEVELOPMENTAL SERVICES SUPPORT COORDINATOR	3300	CSS	1	
9/23/2026	5	649	DEVELOPMENTAL SERVICES INTAKE SUPPORT COORDINATOR	3300	CSS	1	
9/8/2026	20	523	ASSISTANT GROUP HOME MANAGER - MYERS RESPITE	3794	CSS	1	
7/22/2026	68	635	DIRECT SUPPORT PROFESSIONAL - KING GEORGE	3653	CSS		1
8/7/2026	52	324	DIRECT SUPPORT PROFESSIONAL - DAY SUPPORT ICF	3656	CSS		1
3/6/2026	206	367	DIRECT SUPPORT PROFESSIONAL - FLOATER	3771	CSS		1
9/23/2026	5	366	DIRECT SUPPORT PROFESSIONAL - FLOATER	3772	CSS		1
7/13/2026	77	399	DIRECT SUPPORT PROFESSIONAL - STONEWALL	3773	CSS		1
9/2/2026	26	394	DIRECT SUPPORT PROFESSIONAL - STONEWALL	3773	CSS	1	
9/2/2026	26	398	DIRECT SUPPORT PROFESSIONAL - STONEWALL	3773	CSS		1
6/25/2026	95	646	DIRECT SUPPORT PROFESSIONAL - RUFFINS POND	3775	CSS		1
9/9/2026	19	423	DIRECT SUPPORT PROFESSIONAL - PIEDMONT	3776	CSS		1
9/23/2026	5	419	DIRECT SUPPORT PROFESSIONAL - PIEDMONT	3776	CSS	1	
2/27/2026	213	433	DIRECT SUPPORT PROFESSIONAL - IGO	3777	CSS		1
7/31/2026	59	428	DIRECT SUPPORT PROFESSIONAL - IGO	3777	CSS	1	
2/27/2026	213	482	DIRECT SUPPORT PROFESSIONAL - GALVESTON	3790	CSS		1
7/30/2026	60	480	DIRECT SUPPORT PROFESSIONAL - GALVESTON	3790	CSS	1	
9/14/2026	14	487	DIRECT SUPPORT PROFESSIONAL - CHURCHILL	3791	CSS		
5/11/2026	140	503	DIRECT SUPPORT PROFESSIONAL - ROSS ICF	3792	CSS		1
7/16/2026	74	518	DIRECT SUPPORT PROFESSIONAL - LUCAS ICF	3793	CSS		1
7/30/2026	60	515	DIRECT SUPPORT PROFESSIONAL - LUCAS ICF	3793	CSS	1	
12/16/2025	286	531	DIRECT SUPPORT PROFESSIONAL - MYERS RESPITE	3794	CSS		1
					Total	12	13
Avg days open	80.35		Total Positions in Recruitment			25	
Budgeted Vacant			Job Title	RU	Division	FT	PT
					ADMIN		
					Prevention		
		68	UNLICENSED EMERGENCY SERVICES THERAPIST	2000	CIS	1	
		200	MH RESIDENTIAL SPECIALIST	2770	CIS	1	
		303	DIRECT SUPPORT PROFESSIONAL - SPECIALIZED SERVICES	3658	CSS		1
		352	DIRECT SUPPORT PROFESSIONAL - DAY SUPPORT ICF	3656	CSS	1	
		500	DIRECT SUPPORT PROFESSIONAL - ROSS ICF	3792	CSS	1	
		405	DIRECT SUPPORT PROFESSIONAL - DEVON	3774	CSS	1	
		402	DIRECT SUPPORT PROFESSIONAL - DEVON	3774	CSS	1	
		638	OUTPATIENT THERAPIST - FREDERICKSBURG CLINIC	2200	Clinical		1
		148	CASE MANAGER, ADULT MENTAL HEALTH	2400	Clinical	1	
					Total	7	2
					Total Budgeted Vacant	9	

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: October 5, 2026
Re: Summary – Turnover Report – September 2026

Human Resources processed seven (7) employee separations in September 2026; all seven were voluntary.



RACSB MONTHLY TURNOVER REPORT

Sep-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				
<i>Unit Totals</i>	0	0	0	
Community Support Services		2		Unknown
		2		Job abandon
		1		Job dissatisfaction
<i>Unit Totals</i>	5	5	0	
Crisis Intervention Services				
		2		Unknown
<i>Unit Totals</i>	2	2	0	
Prevention & Early Intervention Services				
<i>Unit Totals</i>	0	0	0	
Grand Totals for the Month	7	7	0	

Total Average Number of Employees	551
Retention Rate	98.73%
Turnover Rate	1.27%
Total Separations	7

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	551									
Monthly Terminations*	12	10	7									
Turnover by Month	2.20%	1.83%	1.27%									
Cumulative Turnover YTD	2.20%	4.03%	5.30%									
Average % Turnover per Month YTD	2.20%	2.01%	1.77%									

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

RACSB DEPUTY EXECUTIVE DIRECTOR REPORT

September 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.
- Met two times a week 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. Supported the go-live for our ID/DD Residential and Day Support Programs.
- Presented national webinar on Combating Workforce Shortage and Staff Burnout to Eliminate Risk.
- Reviewed, provided input, and posted Invitation To Bid for Market Street Construction project.
- Presented at the Virginia Health Information's Health Coordination Network Summit.
- Attended Behavioral Health Commission meeting and made public comment related to challenges of the Department of Medical Assistance Services' Behavioral Health Redesign.
- Attended Netsmart's national Connections conference.
- Started planning and opened registration for the Caroline County Senior Citizen's gala.

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 two times a week to work towards resolutions on some major, long-standing errors impacting our state reporting.

Information Technology Update

Total Number of Tickets Closed in September: 1,039

State Reporting

- Netsmart has completed nearly all technical scripting and data translations. We are still waiting on 1 final Avatar update to resolve a data input issue. In a recent review with DBHDS, RACSB, and Netsmart, Enhance Case Management data were verified as what's in the charts is correctly received by DBHDS. We are currently awaiting Netsmart's final After-Action Report and Root Cause Analysis to formally close out this phase.
- DBHDS is increasing the frequency of statewide WaMS meetings. While annual WaMS specification updates go-live in late summer, DBHDS deferred the current release to Spring 2027 to avoid Electronic Health Record vendor resource constraints, as DBHDS is

also scheduling Data Warehouse changes toward the end of the fiscal year. Netsmart is already participating in these technical sessions, has received the draft specifications, and is positioning development resources to ensure RACSB remains compliant well ahead of the deadline.

Projects:

- Deployment of our new automated appointment reminder platform is on track for mid-October to improve client engagement and reduce no-shows across our clinics. All the automated file exports have been built and tested to ensure seamless daily integration between our electronic health record system and TeleVox. Comprehensive staff training will take place on Monday, October 13th, to walk front desk teams through front-end procedures, immediately followed by our go-live on Tuesday, October 14th.

To: Joe Wickens, Executive Director

From: Brandie Williams, Deputy Executive Director

Re: Legislative Updates and Priorities

Date: October 13, 2026

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

Please see the following attachments for review:

- Department of Medical Assistance Services and the Department of Behavioral Health and Developmental Services Decision Packages

SUMMARY: DMAS and DBHDS Decision Packages

DMAS

Increase Environmental Modification Cap from \$5K Annual to \$10K Across Two Years: Medicaid members receiving Environmental Modification services through the Developmental Disability (DD) Waivers can access up to \$5,000 per calendar year for modifications to the family unit. Examples include ramp construction on primary entrance, accessibility features in the primary bathroom area, widening of doorways, and installation of safety glass for members with externally aggressive behaviors. The \$5,000 limit must cover materials, labor, and installation. The overall costs of products and labor can create barriers to completing needed modifications within one calendar year. This request would revise the limit to allow up to \$10,000 across two calendar years, with no carryover beyond the two-year cycle.

Increase Personal Needs Allowance from \$40 to \$70: The Department of Medical Assistance Services (DMAS) requests funding to increase the Personal Needs Allowance (PNA) for Medicaid members residing in nursing facilities from \$40 to \$70 per person per month, effective July 1, 2027. The \$30 increase would allow affected members to retain additional income for personal expenses that are not covered by Medicaid. The PNA is the amount of a Medicaid member's income that may be retained for personal needs while the member resides in a nursing facility. These funds may be used for simple, personal items and services not covered by Medicaid, such as clothing, shoes, haircuts, books, and postage. Virginia's current PNA is \$40 per month. Increasing the allowance to \$70 would reduce the amount of member income applied toward the cost of nursing facility care (patient pay) by \$30 per month and would increase DMAS payments by a corresponding amount for nursing facility members with patient pay. The federal requirement for a PNA was authorized by the Supplemental Security Act Amendments of 1972. Each state sets their own personal needs allowance amount, as long as it meets the federal minimum PNA of \$30 established by the Omnibus Budget Reconciliation Act of 1987. The current rate of \$40 per month was set by the Commonwealth in 1988.

Provide Funding for Increasing Certain DD Waiver Rates: The definition of "certain" and the cost estimate for this item are TBD.

Realign Rates as a Result of Behavioral Health Redesign: DMAS is requesting authority and funding to conduct rate alignment for behavioral health redesign and crisis services. This proposal seeks authority to increase the planned Community Psychiatric Support and Treatment (CPST) rates to the high end of the proposed range, increase Clubhouse Model of Psychosocial Rehabilitation rates to \$95 per diem, and decrease the Mobile Crisis Response and 23-Hour Crisis Stabilization by 20%. While this request would result in crisis rates still being significantly higher than the rehabilitative service rates, the discrepancy will be narrower. Behavioral Health Redesign is an initiative to replace legacy mental health rehabilitative services with evidence-based, trauma-informed services. The redesign project has been approved in phases since 2019 when a budget neutral project was initially proposed to support the fiscally balanced approach of revising the legacy services using a cost neutral modality. At that time, in 2018-2019, the DMAS legacy service spending was around 33% higher than it has been in the past five years due to COVID impacts on school-based care, managed care oversight-related reductions in certain services, and provider shifts to new services (e.g., Crisis Services). Thus, the older

SUMMARY: DMAS and DBHDS Decision Packages

service delivery environment would have yielded much higher reimbursement levels for the new BH Redesign services had this budget neutral project moved forward at the beginning of the redesign. The current phase of the project authorized in 2024 required a budget neutral approach in replacing four core rehabilitative services (Mental Health Skill Building Services, Psychosocial Rehabilitation Services, Intensive In Home Services, and Therapeutic Day Treatment). The resulting reimbursement rates for the redesigned mental health services were set in the lower end of recommended rate ranges from the rate study due to budget neutrality requirements. An earlier phase of this ongoing behavioral health redesign work brought on new services, including crisis services, which were not required to be budget neutral and were set at the high end of the actuarial sound range. They were also designed in the rate study as in-person only services, as they were designed prior to the COVID-19 pandemic. However, telehealth allowances have drastically decreased the cost of delivering these services, although the rates have since increased. Now that the agency is authorized to replace legacy services with redesigned rehabilitative services, a shift is needed from the crisis services to rehabilitative services. Individuals with behavioral health disorders are best served with community-based, ongoing services that prevent and intervene early in the crisis cycle. The services themselves are quite similar, with paraprofessionals and professionals working together to deliver assessment, psychotherapy, crisis intervention, skills training, and care coordination. Both are billed in 15-minute intervals. Although the services are similar, crisis services are typically reimbursed at a higher rate due to the uncertainty of the situation. However, if crisis services are reimbursed at a rate extremely higher than the comparable, ongoing rehabilitative service, then providers will be drawn exclusively to that service line. As DMAS implements the new redesigned rehabilitative services, which includes crisis support as a service component, it is important that incentives are appropriately aligned to ensure high quality service.

DBHDS

Expand alternative transportation and custody options to Regions 4 and 5: Self explanatory.

Support the Growing and Expanding Virginia 988 Suicide and Crisis Lifeline Service: This budget request provides ongoing General Fund support of \$9,000,000 in FY 2028, ongoing non-general fund support of \$1,750,000 in FY 2028, and the transfer of \$13,150,818 in non-general funds from Agency 790 to Agency 720 as described in Item 301II.1 and 301II.10 of the Appropriation Act to meet the growing demand from Virginians seeking emotional support and access to the behavioral health crisis continuum, and ensure timely, efficient, and effective dispatching and support of Mobile Crisis Response.

Address the needs of the Forensic Division to better serve the commonwealth: This budget request provides ongoing general fund support of \$2,363,885 in FY 2028 to support an array of positions to support both legal mandates as well as reducing the forensic population contributing to census pressures within DBHDS hospitals.

Expand Mental Health Group Home Capacity: This budget request provides ongoing General Fund support of \$8,146,800 in FY 2028 to increase the daily per diem for existing Mental Health Group Homes (MHGH) by \$51 per bed to better align reimbursement with the increased cost of providing care and maintaining the level of services required for individuals with complex behavioral health needs as well as to expand the MHGH continuum by adding 60 new beds across seven group homes dedicated to serving individuals discharging from

SUMMARY: DMAS and DBHDS Decision Packages

Virginia's state psychiatric hospitals to increase access to appropriate community placement reduce discharge delays, improve patient flow within the state hospital system, and support timely transitions to the least restrictive setting while maintaining continuity of care.

Increase Part C Early Intervention Funding: This budget request provides for additional general fund support of \$4,442,416 in FY 2028 for the Department of Behavioral Health and Developmental Services (DBHDS) to ensure provision of necessary early intervention Part C services for infants and toddlers with disabilities and their families and supports Virginia's compliance with federal service delivery requirements. This request seeks to address budget deficits for serving current children in early intervention, account for predicted increases in children served, and ensure the budget is not impacted by revenue loss from updated sliding fee scale.

Increase Problem Gambling Treatment and Support Fund to accelerate the development of a statewide Problem Gambling Service System: This budget request provides a language change to grant DBHDS the authority to access and utilize the full revenue deposited into the Problem Gambling Treatment and Support Fund (the Fund) to accelerate the development of a comprehensive statewide problem gambling service system. Currently, the amount of Problem Gambling Treatment and Support funds appropriated in the biennial budget significantly lag behind actual revenues deposited into the Fund by amounts ranging from \$630,000 to more than \$2 million. As a result, substantial revenue intended for prevention, treatment, and system development remains unspent each year.

Increase State Rental Assistance Program (SRAP) capacity to ensure affordability and access to community-based housing for adults with developmental disabilities: The Department of Behavioral Health and Developmental Services (DBHDS) is requesting \$2,412,282 GF in FY 28 with \$130,719 in agency 720 and \$2,281,563 in agency 790. The State Rental Assistance Program (SRAP) requires increased funding and an additional staff member to ensure stable and affordable housing for individuals with significant support needs, particularly those who are elderly, have disabilities, or are receiving services through the Medicaid Developmental Disabilities (DD) Waiver or are on the waitlist to receive a Medicaid DD Waiver. A companion budget request will be submitted to make adjustments to corresponding funding lines in Agency 790.

Increase Support for Community Crisis Receiving and Stabilization Services: This budget request provides \$6,367,308 from the general fund in fiscal year 2028, representing a 15 percent increase in the existing appropriation for Virginia's comprehensive crisis services system. The additional funding will support ongoing operations at Crisis Receiving Centers and Crisis Stabilization Units operated by Community Services Boards and address costs that cannot be recovered from Medicaid, commercial insurance, or payments from individuals receiving services.

Increase capacity for Assertive Community Treatment (ACT) evaluations: This budget request transfers general fund support of \$580,884 in FY 2028 and ongoing from agency 790 to agency 720 to create four FTE within the Office of Mental Health Wellness and Recovery Supports (OMHWRs).

Increase capacity to provide Mental Health and Suicide Prevention Services: This budget request provides ongoing general fund support of \$816,844 in FY 2028 to restore and maintain Mental Health and Suicide Prevention programming statewide. Funding has remained unchanged since 2014 while service needs, training

SUMMARY: DMAS and DBHDS Decision Packages

costs, and federal funding losses have significantly increased. Without new investment, DBHDS cannot meet prevention needs across communities, schools, and college campuses.

Increase support for the Local Inpatient Purchase of Services program: This budget request provides ongoing general fund support of \$1,500,000 in FY 2028 to meet the increasing demand for the Local Inpatient Purchase of Services program.

Replace Licensing and Incident Management Systems: This budget request provides general fund support of \$2,521,727 and non-general fund support of \$13,500,000 in FY2028 to fund 5 full-time positions and funding for the first phase to replace the existing DBHDS licensing systems with one that integrates reporting within DBHDS and seamlessly integrates the Department's licensing and incident reporting system with the Department of Medical Assistance Services (DMAS) MES system. The first phase will focus on fundamental capabilities for DBHDS licensing with an integration to MES and will be a self-build for the agency. The second phase will build out other integrations and capability within the system. The Department is still working through requirements for the entire project as far as final scope but funding is needed in FY 2028 to start the project. DBHDS is working with DMAS to request matching federal funds to develop this system.

Strengthen and Improve Behavioral Health Capacity, Licensing Programs, and Implement Human Rights Consultation: This budget request provides general fund support of \$4,183,498 in FY2028 to fund 30 full-time positions and one part-time position. This budget request aims to strengthen the Commonwealth's behavioral health system by building workforce capacity, improving competency, and sustaining regulatory compliance across DBHDS's quality, licensing, and human rights functions. It establishes an Office of Human Rights Consultation Unit and provides additional staffing to enhance proactive oversight, provider support, and enforcement of human rights regulations. It expands the Office of Licensing to address significant increases in behavioral health service licensure, targeted crisis inspections, and enhanced monitoring of psychiatric residential treatment facilities. Together, these investments support a comprehensive approach to improving quality, accountability, system performance, and consumer protection across Virginia's behavioral health continuum.

Support Expansion of School-Based Mental Health/Health Center funding: This budget request provides expansion from the general fund support of \$15,000,000 in FY 2028 to increase the number of school divisions currently participating in school based mental health funding which provides licensed, in person or telemental health services to youth of school age (grades K-12) across the state; of the appropriation; a companion budget request will be requesting a language change for flexibility of use of funds to support data collection and technical assistance for School Based Mental Health. This will also allow for expansion of school-based health centers per the budget appropriation.

Support Psychotropic Medications in Jails Pilot: The Department of Behavioral Health and Developmental Services (DBHDS) is requesting \$4,398,340.20 in FY 2028 to support a pilot for the delivery of psychotropic medications to the Commonwealth's forensic population. Treatment of inmates with long-acting injectable (LAI) medications will provide needed psychiatric care to inmates with serious mental illness and is expected to result in a reduction in forensic admissions to DBHDS and create avenues for diversion from jail to community

SUMMARY: DMAS and DBHDS Decision Packages

treatment. Reducing forensic admissions will help address growing forensic and civil waitlists, as well as census pressures at DBHDS facilities. Jails noted that one barrier to using LAIs is the cost, which this request addresses.

GRANTS TO LOCALITIES

Address the needs of the Forensic Division to better serve the commonwealth: This budget request provides a zero-sum transfer by shifting \$312,500 in existing community-based funds in the Grants to Localities (790) category to DBHDS Central Office Administrative and Support Services category (720) and create a new full-time Central Office position to grow the outpatient competency restoration program.

Increase STEP-VA service capacity and delivery through adjustments in funding structure: This budget request provides for the consolidation of funding categories to support ongoing efforts of System Transformation, Excellence, and Performance of Virginia (STEP-VA); the distinct separation of funds for particular services in the appropriation act prevents funding from being effectively distributed to meet the particular needs of localities; the proposed language change would allow for more effective distribution of funds based upon community needs.

Increase State Rental Assistance Program (SRAP) capacity to ensure affordability and access to community-based housing for adults with developmental disabilities: The Department of Behavioral Health and Developmental Services (DBHDS) is requesting \$2,412,282 GF in FY 28 with \$130,719 in agency 720 and \$2,281,563 in agency 790. The State Rental Assistance Program (SRAP) requires increased funding and an additional staff member to ensure stable and affordable housing for individuals with significant support needs, particularly those who are elderly, have disabilities, or are receiving services through the Medicaid Developmental Disabilities (DD) Waiver or are on the waitlist to receive a Medicaid DD Waiver. A companion budget request will be submitted to make adjustments to corresponding funding lines in Agency 720.

Increase capacity for Assertive Community Treatment (ACT) evaluations: This budget request transfers general fund support of \$580,884 in FY 2028 and ongoing from agency 790 to agency 720 to create four FTE within the Office of Mental Health Wellness and Recovery Supports (OMHWRS).

Maintain existing REACH service line and quality: This budget requests provides ongoing general fund support for \$6,080,863.78 in FY 2028 to the Department of Behavioral Health and Developmental Services (DBHDS) to support REACH (Regional Education Assessment Crisis Services Habilitation) programs to be more properly aligned with cost of service delivery, and adjustment to sustain crisis stabilization service.

Support the Growing and Expanding Virginia 988 Suicide and Crisis Lifeline Service: This budget request provides ongoing non-general fund transfer of \$13,150,818 from Agency 790 to Agency 720 as described in Item 301II.1 and 301II.10 of the Appropriation Act to meet the growing demand from Virginians seeking emotional support and access to the behavioral health crisis continuum, and ensure timely, efficient, and effective dispatching and support of Mobile Crisis Response.