hopestarter RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD

BOARD OF DIRECTORS MEETING

AGENDA

November 17, 2026 | 600 Jackson Street, Fredericksburg, VA 22401 | **Board Room 208**

#	AGENDA ITEM	PRESENTER	PAGE
I.	Call to Order	*Parcell*	
II.	*Minutes, Board of Directors, October 20, 2026	*Parcell*	**3**
III.	*Minutes, Executive Committee Meeting, November 9, 2026	*Parcell*	**9**
IV.	Public Comment	*Parcell*	
V.	Employee Service Awards	*Wickens*	
	Five Years: Regina Baidoo, Direct Support Professional, Wolfe Street, ICF		
	Five Years: Carolyn Birch, Developmental Services Support Coordinator		
	Five Years: Bryanda Monge-Vega, Family Resource Specialist, Healthy Families		
	Ten Years: Carmen Lopez, Family Support Specialist, Healthy Families		
	Fifteen Years: Ashley Wilson, Lead Specialist, RAAI		
	Twenty-Five Years: Teresa Gilliand, Substance Abuse Case Manager		
VI.	Board Core Behaviors	*Curcio*	**10**
VII.	Behavioral Health Redesign Presentation	*Fisher Curtis*	
VIII.	PROGRAM REPORTS		
A.	**Community Support Services**		
1.	Program Update	*Fisher Curtis*	**11**
2.	Developmental Disabilities & Mental Health Residential Vacancies	*Fisher Curtis*	**15**
B.	**Crisis Intervention Services**		
1.	Program Update	*Jindra*	**17**
2.	Emergency Services Emergency Custody Order/Temporary Detention Order	*Jindra*	**20**
3.	Emergency Services Crisis Intervention Team and Co-Response	*Jindra*	**22**
4.	Sunshine Lady House Utilization	*Jindra*	**25**
C.	**Clinical Services**		
1.	Program Update	*Kobuchi*	**27**
2.	State Hospital Census	*Kobuchi*	**30**
3.	Same Day Access	*Kobuchi*	**32**
4.	Problem Gambling Screening & Training Pilot	*Kobuchi*	**34**
D.	**Compliance**		

hopestarter RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD

#	AGENDA ITEM	PRESENTER	PAGE
1.	Program Update	*Curtis*	**35**
2.	*Licensing Reports	*Curtis*	**38**
3.	Quality Assurance Report	*Curtis*	**51**
E.	**Communications**		
1.	Monthly Update	*Umble*	**55**
2.	Communications Report October	*Umble*	**57**
F.	**Prevention & Early Intervention**		
1.	Program Update	*Wagaman*	**64**
2.	Part C Determination (SFY 2026)	*Standring*	**72**
G.	**Finance**		
1.	Program Update	*Keeler*	**97**
2.	Summary of Cash Investments	*Keeler*	**98**
3.	Health Insurance	*Keeler*	**99**
4.	Summary of Investment	*Keeler*	**100**
5.	Fee Revenue Reimbursement	*Keeler*	**101**
6.	Write-off Report	*Keeler*	**102**
7.	*Financial Summary, September	*Keeler*	**103**
8.	*Proposed Revision to Financial Policies and Procedures	*Keeler*	**107**
H.	**Human Resources**		
1.	Program Update	*Mestler*	**109**
2.	Applicant and Recruitment Update	*Mestler*	**110**
3.	October Turnover Report	*Mestler*	**114**
I.	**Deputy Executive Director**		
1.	Monthly Update	*Williams*	**117**
2.	Legislative Update with VACSB advocacy priorities	*Williams*	**119**
3.	DBHDS Internal Audit Memorandum	*Williams*	**121**
4.	*Application for one time Step VA money	*Williams*	**124**
5.	*Workforce funding award Memorandum	*Williams*	**128**
6.	*Strategic Plan Update	*Williams*	**129**
7.	*Bonus Compliance Memorandum	*Williams*	**132**
IX.	Report from the Executive Director	*Wickens*	
X.	Board Time		
XI.	Closed Session	*Parcell*	
XII.	Adjournment	*Parcell*	

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

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

I. Call to Order

The meeting was called to order at approximately 3:00 p.m. Mr. Zurasky presided while Mr. Parcell was delayed in traffic. A quorum was present.

II. Minutes, Board of Directors, September 15, 2026

Ms. Williams moved to approve the September 15, 2026 Board of Directors meeting minutes as presented. Ms. Walker seconded the motion. The motion carried unanimously.

III. Public Comment

No members of the public offered comment.

IV. Employee Service Awards

Mr. Wickens recognized employees for service milestones, including five-year honorees Carly Hecker, Keeyana Lee (not present), Suli Lisk, Tarah Stanley (not present), and Christina Turberville; ten-year honoree Laurie Strother; fifteen-year honoree Judy Thompson; and twenty-five-year honoree Stephen Curtis. Honorees in attendance expressed appreciation for their colleagues and the opportunity to serve RACSB.

V. Employee of the First Quarter

Mr. Wickens recognized Amenah Heath, Assistant Coordinator of Mental Health Residential, as FY2027 First Quarter Employee of the Quarter. Ms. Heath expressed gratitude for the recognition and her coworkers. Mr. Zurasky commended the inspiring nominations and thanked RACSB employees for their contributions.

VI. Board Core Behaviors

The Board was reminded of the importance of communicating honestly and openly during its deliberations.

VII. Crisis Receiving Center Presentation

Ms. Jen Weatherford of Worley Associates Architects reviewed the proposed Crisis Receiving Center renovation, including separate youth and adult intake, 23-hour observation and crisis stabilization areas, secure law-enforcement access, shared clinical support spaces, safety and accessibility features, and limited second-floor work. Staff described the anticipated assessment, stabilization, and discharge process. In response to Board inquiries, the presenter clarified the loading-dock elevation and covered sally port, the condition and possible future use of the second floor, and the placement of electrical equipment. Leadership also discussed recently approved federal Center for Medicaid Service (CMS) waiver flexibility affecting crisis stabilization bed limits and emphasized that the facility had been deliberately designed around the requirements known during planning.

VIII. Program Reports

A. Community Support Services

1. Program Update

Ms. Fisher-Curtis reported upcoming RAAI community activities, including Trunk or Treat and participation in the Spotsylvania Christmas parade. Developmental Disability Residential launched an electronic medication administration record on October 1. Former Support Coordination Coordinator

Jennifer Acors received an ARC Catalyst for Change award. All individuals formerly served at Home Road had transitioned to community placements. In response to a Board inquiry about donations to the Kenmore Club yard sale, staff explained that donations were accepted at Kenmore Club weekdays during October, from 8:00 a.m. to 4:00 p.m., with details shared through social media.

2. Developmental Disabilities and Mental Health Residential Vacancies

Three individuals moved into Developmental Disability apartment programs, with another move-in anticipated in November; group-home vacancies remained under assessment. Liberty and River were full, while Lafayette had three vacant beds. Leadership noted that decisions about filling those beds must consider forthcoming Community Psychiatric Support and Treatment (CPST) service changes. Permanent Supportive Housing served 84 individuals and reported seven open slots.

B. Crisis Intervention Services

1. Program Update

Ms. Jindra reported that the agency was exploring properties for a peer-led wellness center and had filled an ACT vacancy. Sunshine Lady House anticipated having three full-time nurses by the end of October. In response to a Board question about the return of former nurses, staff explained that two former employees returned following changes in their circumstances and a PRN nurse elected to become full time after scheduling and staffing adjustments. Staff also met with Department of Veterans Services representatives to discuss emergency custody and detention processes.

2. Emergency Services Emergency Custody Order/Temporary Detention Order

Emergency Services completed 234 prescreenings in September, including 67 under emergency custody orders and 87 involving temporary detention orders. Three individuals were admitted to state hospitals, an unusual occurrence for the service area.

3. Emergency Services Crisis Intervention Team and Co-Response

Fifteen individuals were transferred from law enforcement custody at the crisis assessment location, where hours remain reduced because of funding constraints. Co-response teams served 32 individuals in Spotsylvania and 33 in Stafford; the Fredericksburg team was expected to begin operations by the end of November. Twenty-four law-enforcement officers completed Crisis Intervention Team training. In response to an inquiry about refresher training, staff described topic-specific refresher opportunities rather than routinely repeating the full course.

4. Sunshine Lady House Utilization

Sunshine Lady House reported 53 percent utilization. Four individuals self-referred, although two required a different level of medical care. The program served another individual under a temporary detention order, bringing the total to four since July. Staff highlighted that some individuals subsequently chose to remain or return voluntarily after their involuntary legal status ended.

C. Clinical Services

1. Program Update

Ms. Kobuchi described clinical training opportunities and the expansion of therapy groups to increase access and provide services responsive to community needs. Dr. Williams will transition into the Medical Director role in February ahead of Dr. Young’s April retirement. A long-serving locum tenens psychiatrist accepted a permanent position beginning in November, supporting continuity of care and reducing contract staffing costs.

2. State Hospital Census

Thirty-two individuals from the RACSB service area were receiving care in state hospitals, including eight new admissions during the reporting period; six individuals had been discharged. Staff described continuing efforts to secure community placements for individuals facing extraordinary discharge barriers, including one person accepted to a group home and awaiting an available opening.

3. Same Day Access

Same Day Access continued to serve a substantial number of individuals, while scheduled intake appointments accommodated transportation needs, parents' work schedules, and children's school schedules. Stafford Clinic intake capacity was expected to improve following the start of a newly hired employee in mid-October.

4. State Opioid Response Award

RACSB received a State Opioid Response award of $868,586.88 for the federal fiscal year beginning in October, less than the total requested but sufficient, together with service billing, to continue medication-assisted treatment services, including care for uninsured individuals.

D. Compliance

1. Program Update

The written Compliance program update was provided without additional discussion.

2. Licensing Reports

Ms. Terrell presented three approved corrective action plans. One concerned a late incident report; staff explained that repeated late reporting within a rolling twelve-month period could affect licensure. Two reports arose from related concerns about staff conduct, including delayed reporting and an incident involving inappropriate physical contact with an individual. Leadership explained that the separate reports were unusual because related findings are often combined.

Ms. Williams moved to accept the licensing corrective action plans as presented. Ms. Curcio seconded the motion. The motion carried unanimously.

3. DRPT Grant Compliance Review

Mr. Curtis reviewed RACSB's first Department of Rail and Public Transportation compliance review and reported a favorable result with limited policy and documentation findings. The approximately $303,000 grant supports about 80 percent of the purchase cost of five accessible vehicles. Board members asked about vehicle cost, fleet size, replacement criteria, maintenance, fleet management, and adequacy of current transportation resources. Staff explained that vehicle costs vary by configuration, that the fleet includes approximately 80 vehicles, and that replacement decisions rely on mileage, condition, program demand, and monthly tracking. The agency generally provides the 20 percent match and may reinvest eligible proceeds from disposed grant-funded vehicles. Staff also described centralized fuel tracking and fleet oversight by Clark Thomas.

4. CARF Report

Ms. Terrell reported that CARF surveyors reviewed nine program areas against 1,891 standards and issued only six recommendations: two concerning health and safety, two technology, one medication management, and one program structure. The quality improvement plan was submitted and approved. Board members praised the exceptionally favorable findings and the work of the Compliance team and agency staff. The next survey is anticipated in approximately two years.

E. Communications

1. Monthly Update

Ms. Umble reported strong participation in the employee and family picnic and described Mission: HopeStarter, a new agency-wide initiative connecting employees with RACSB's mission and the work of other programs. Participation represented a broad cross-section of agency locations and roles.

2. Communications Report October

Communications continues extensive work to meet the April digital-accessibility deadline, including remediation of historical Board packets and online content. Staff emphasized that accessibility supports both regulatory compliance and public access to RACSB services.

F. Prevention & Early Intervention

1. Program Update

Ms. Wagaman reported that Early Intervention and Infant and Toddler Support Coordination employees transitioned to remote work, allowing RACSB to discontinue a leased office. Healthy Families graduated twelve families. Teen Mental Health First Aid instruction resumed at Caroline and James Monroe high schools, continuing a multi-year partnership with school divisions. Staff highlighted suicide-prevention outreach, safe medication disposal activities, and Ms. Wagaman's statewide Collaboration Champion recognition.

2. State Opioid Response (SOR) Prevention Funding FY2027

Prevention received $255,719.80 in State Opioid Response prevention funding to support prevention specialist positions, REVIVE! training supplies, community outreach, and ACE Interface presenter training.

3. Healthy Families Grant Application

Ms. Wagaman requested approval to apply for $125,294 through the Virginia Department of Health Maternal Care Initiative to support a full-time home visitor dedicated to Caroline and King George counties. The position would focus on maternal support, relationship-building, and connections to community resources, without Medicaid-targeted case management, and would be fully grant-funded.

Ms. Terry moved to approve the Healthy Families grant application as presented. Ms. White seconded the motion. The motion carried unanimously.

G. Finance

1. Program Update

Ms. Brandie Williams provided the monthly update and reviewed the financial reports and timing of reimbursements and restricted funding.

2. Summary of Cash Investments

The Board reviewed the summary of cash investments.

3. Health Insurance

The health insurance report was included in the Board packet.

4. Summary of Investment

The Board reviewed the investment summary.

5. Fee Revenue Reimbursement

The Board reviewed fee revenue reimbursement results.

6. Write-off Report

The Board reviewed write-off activity and the impact of delayed reimbursements and Medicaid spend-down amounts on reported balances.

7. Financial Summary, August

Ms. Brandie Williams explained material timing and restricted-fund items affecting the August financial results. Permanent Supportive Housing included substantial restricted carryforward funds; DBHDS denied an initial exception request to redirect a portion toward the Crisis Receiving Center, and RACSB appealed. Ms. Williams also described pending Marcus Alert carryforward authorization, web-grant reimbursements, spend-down receivables, and other amounts owed across mental health, substance use, jail, and community programs. Board members questioned the apparent Permanent Supportive Housing surplus, potential uses of restricted balances, and favorable Developmental Disability residential variances. Management clarified that timing and carryforward amounts do not

represent unrestricted operating revenue and agreed to continue developing reporting that emphasizes service capacity and utilization. After excluding restricted and pass-through amounts, the adjusted favorable net result was approximately $1,675,847.08.

Ms. Gayle moved to approve the August financial summary as presented. Ms. Walker seconded the motion. The motion carried unanimously.

8. Local Funding Request

Ms. Brandie Williams presented the FY2028 joint locality funding request of $2,551,811, approximately $477,000 above the prior approved amount. The request was structured to support the statutory minimum local contribution relative to state funding. Ms. Williams explained that local allocations are informed by the distribution of individuals served and that RACSB provided more than $2.3 million in financial assistance while receiving approximately $2 million in locality support in the prior year. Board members asked when localities consider the requests, whether elected officials receive information beyond the standardized application, and how RACSB could better communicate return on investment and service outcomes. Ms. Williams described the limitations of the application format, prior presentations to local governing bodies, and interest in renewed peer-locality funding comparisons. Board members encouraged stronger direct advocacy and sharing of community impact information.

Mr. Lapin moved to approve submission of the FY2028 local funding request as presented. Ms. Guasp seconded the motion. The motion carried unanimously.

H. Human Resources

Human Resources presented earlier in the meeting than its position on the printed agenda.

1. Program Update

Mr. Mestler reported that the annual employee engagement survey had launched and approximately 20 percent of employees responded on the first day. Results will be reviewed later in the year to assess progress on employee engagement priorities.

2. Applicant and Recruitment Update

Applicant flow remained strong. At the end of September, approximately 25 positions were posted, and Human Resources continued monitoring vacancies and internal promotional opportunities.

3. September Turnover Report

Turnover continued to follow the seasonal downward trend observed in recent years. Seven separations were reported for September, all voluntary.

I. Deputy Executive Director

1. Monthly Update

Ms. Brandie Williams highlighted the October launch of an electronic medication administration documentation platform and an automated appointment reminder system offering text and telephone confirmations, cancellations, and rescheduling. Ms. Williams continued addressing electronic health record reporting errors and participating in planning for state waiver management system updates and replacement.

2. Legislative Updates and Priorities

Ms. Brandie Williams reviewed preliminary DMAS and DBHDS budget requests ahead of the Governor’s proposed budget. Leadership expressed concern about a proposal to reduce reimbursement for mobile crisis, 23-hour crisis stabilization, and crisis stabilization services by approximately 20 percent to fund the new CPST benefit. Ms. Williams also discussed the transition away from legacy behavioral health services, the need for adequate developmental disability waiver rates, and a requested increase in Part C Early Intervention funding. Another concern was the proposed transfer of funds from allocations intended for direct CSB support to central-office funding,

potentially increasing administrative burden and reimbursement delays. RACSB will continue monitoring and advocating on these issues.

IX. Report from the Executive Director

Mr. Wickens reminded members of the Stafford program tour scheduled for October 27 and the Board of Directors Holiday Celebration scheduled for December 15. He thanked Board members and staff for their participation and support.

X. Board Time

Board members expressed appreciation for the Crisis Receiving Center design and the planning behind it, as well as the service-award recipients and the many agency accomplishments presented. Members commended the CARF survey results, DRPT grant and compliance review, opioid-related funding, Prevention & Early Intervention recognition, expanded high-school mental health education, clinical service improvements, and staff efforts to connect individuals with meaningful supports. Several members commented on the value of client success stories and shared positive community feedback about RACSB services. A member also emphasized the importance of stronger advocacy for local financial support. Board members thanked staff for their work and commitment to the community.

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

Mr. Parcell requested a motion for a closed meeting.

It was moved by Ms. Curcio and seconded by Ms. Walker that the Board of Directors of the Rappahannock Area Community Services Board convene in a closed meeting pursuant to Virginia Code § 2.2 – 3711 A (4) for the protection and privacy of individuals in personal matters not related to public business; and Virginia Code § 2.2 – 3711 A (15) to discuss medical records excluded from 2.2 – 3711 pursuant to subdivision 1 of 2.2 – 3705.5.

Matters to be discussed:

CRC, Peer-Led Wellness Stay Program and Legal Case

The motion was unanimously approved.

Upon reconvening, Mr. Parcell called for a certification from all members that, to the best of their knowledge, the Board discussed only matters lawfully exempted from statutory open meeting requirements of the Freedom of Information Act; and only public business matters identified in the motion to convene the closed meeting.

Ms. Ashley Terry departed the meeting at 6:00 p.m.

A roll call vote was conducted:

Claire Curcio-Voted Aye	George Dallas- Voted Aye
Susan Gayle-Voted Aye	Phyllis Guasp-Voted Aye
Ken Lapin-Voted Aye	Caroline Teter-Voted Aye
Carol Walker-Voted Aye	Melissa White-Voted Aye
Bridgette Williams-Voted Aye	Matt Zurasky-Voted Aye

The meeting adjourned at 6:11 PM.

_____ _____

Board of Directors Chair Executive Director

Rappahannock Area Community Services Board

Executive Committee Meeting Minutes

Monday, November 9, 2026 at 7:00 a.m.

600 Jackson Street, Board Room 208, Fredericksburg, VA

Attendees: *Executive Committee:* Jacob Parcell, Matt Zurasky, Claire Curcio, Nancy Beebe
Staff Members: Joseph Wickens

MINUTES

I. Call to Order — Parcell

Mr. Parcell called the meeting to order at 7:03 a.m. A quorum was present.

II. Closed Session – VA CODE § 2.2 – 3711 A (4), A (7), and A (15) — Parcell

Mr. Parcell requested a motion for a closed meeting. Matter to be discussed:

a. Crisis Receiving Center
b. Legal Case

It was moved by Mr. Parcell and seconded by Mr. Zurasky that the Board of Directors of the Executive Committee convene in a closed meeting pursuant to Virginia Code § 2.2 – 3711 A (4) for the protection and privacy of individuals in personal matters not related to public business; and Virginia Code § 2.2 – 3711 A (15) to discuss medical records excluded from 2.2 – 3711 pursuant to subdivision 1 of 2.2 – 3705.5.

The motion was unanimously approved.

Upon reconvening, Mr. Parcell called for a certification from all members that, to the best of their knowledge, the Board discussed only matters lawfully exempted from statutory open meeting requirements of the Freedom of Information Act; and only public business matters identified in the motion to convene the closed meeting.

A roll call vote was conducted:

Nancy Beebe – Voted Aye	Jacob Parcell – Voted Aye
Matt Zurasky – Voted Aye	Claire Curcio – Voted Aye

III. Action on Closed Session: — Parcell

Mr. Parcell moved, and Mr. Zurasky seconded, that, with additional funding commitment by DBHDS, the Rappahannock Area Community Services Board enter into a contract with the winning bidder, Loughridge & Company, for the renovation and construction of the crisis receiving center.

IV. Adjournment — Parcell

The meeting adjourned at 7:58 a.m.

Board Core Behaviors



Open and Honest
Communication



Ask
Tough Questions



Next Level
Decision Making

Community Support Services Board Report October 2026

All CSS programs that administer medications have successfully transitioned to Impruvon Electronic Medication Records (EMAR). This will allow for more accurate administration, documentation, reporting, and accountability for programs. We also continue to make progress towards our Fiscal Year program goals of doing annual review and updates to policies in Policy Pro, completing stay interviews for all staff, and ongoing efforts at screening, interviewing and onboarding to improve recruitment and retention.

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

RAAI is currently supporting 139 individuals, with continuous assessments and admissions happening across all programs.

October community engagement hours for the month were an average of 3.205. We saw a slight decrease from September to October due to the changing weather and Halloween festivities. We anticipate a decrease every winter due to weather, but always make up for it in the Spring and Summer! In the month of October, we volunteered in our community for 95.483 hours at numerous different establishments across our region such as Fredericksburg SPCA, Community Ministry Center Food Bank, Saint Peter's Lutheran Church, and the Fredericksburg Area Food Bank. We are always looking for more volunteer opportunities, so please think of us when you hear of any!

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 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. We are beginning to receive donations from the community to decorate our vehicles and trailer. We cannot wait to spread patriotic and Holiday cheer!

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 Residential program, with confirmed move-in dates of November 9 and November 18, 2026. Additionally, one individual has been accepted into the Belmont Supervised Apartment Program (SAP), with a scheduled move-in date of December 1, 2026.

We are pleased to welcome two new members to the DD Residential management team: Allison Jacob, Assistant Manager at Ross ICF, and Ashley Miller, joining the management team at Myers Respite Group Home. Both bring more than three years of experience in the developmental disabilities field, and we look forward to the knowledge, perspectives, and contributions they will bring to their respective programs.

In an effort to recognize outstanding leadership, DD Residential Services recently introduced the Hopestarter Manager of the Quarter Award. This peer-recognition initiative provides management team members with an opportunity to acknowledge colleagues who consistently demonstrate exceptional dedication, teamwork, and commitment to the individuals we serve.

We are proud to announce Kelly Saunders, Manager of Churchill Drive Group Home, as the recipient for the first quarter of FY 2027. Kelly has demonstrated exceptional leadership, particularly while guiding her team through a challenging period involving an individual supported by her program. Throughout this time, she remained committed not only to addressing the individual's needs but also to ensuring that others in the home continued to enjoy meaningful experiences and new opportunities.

DD Residential Services distributed a feedback survey to individuals receiving services and their families. The survey closed on October 31, 2026, with an overall participation rate of 12.3%. Although participation was limited, the responses received provided valuable insight into the experiences and perspectives of individuals and families. This feedback will help identify areas of strength, opportunities for improvement, and ways to further enhance communication, service quality, and overall satisfaction.

The following comments highlight feedback shared by survey participants:

“The program provides a residence my sister considers her home. Very much appreciated.”

“The recent hire of DeAnna Josemans (manager at Stonewall) has been a very welcome addition. She works very hard and is very responsive to any concerns.”

“Our son’s care is fabulous in every aspect of the program. The staff members are so caring and compassionate. He is very happy and being supported to live his best life.”

“My husband and I are legal guardians of our son who lives at Wolfe Street ICF. Our son has been very happy there since day 1, and we believe staff is taking good care of him. We are in constant communication with the house manager and assistant manager and they are quick to address any concerns that we may have.”

"I have great communication with the group home. Best staff and management that we've ever had. My daughter is so happy, which makes for great peace of mind."

"Fully engaged, caring, knowledgeable, and always willing to go the extra mile."

"This home is outstanding. All management and staff are fantastic."

Developmental Disabilities Support Services – Christina Rezendes

During the month of October, we hired one Intake Coordinator and one Support Coordinator who will be based out of King George. We will be fully staffed as of December 6th.

We are currently working on restructuring caseloads to reduce outliers in other counties. As of December, most of the outliers will be assigned to the correct Support Coordinator.

We have begun transitioning some of our dually diagnosed individuals from internal episodes ID to DD. We had 46 individuals change from an ID episode to a DD episode. This will bring in an additional revenue of $2,584.28 each month or $31,011.36 per year. We will continue to review charts to determine if there are any additional individuals who are dually diagnosed with supportive documentation.

Support Coordination continues to look at their Policy and Procedure guidelines to update and create additional policies. We have updated and completed one for Case Notes, Retain Slot and Release of Waiver and Incident Reporting.

Mental Health Residential/PSH- Nancy Price

Beginning in October, 100% of individuals receiving MH Residential services have full Medicaid coverage. The transition from Mental Health Skill Building to Community Psychiatric Support and Treatment (CPST) is well underway. Discussions and planning continue regarding service delivery, staffing needs, discharge and transition planning, and identifying individuals who may be appropriate for CPST services. Planning is underway for three individuals transitioning out of MH Residential programs in November, as well as one individual transitioning from Lafayette to Liberty Street.

Celebration! An individual enrolled in PSH celebrated two years of sobriety in October and was also approved for overnight visitation with her daughter. This is a significant milestone that she has been working toward with the support of PSH Peer, Anne Martin, since entering the program. Nancy Price, Brian Anderson, and Anne Martin attended the Housing Virginia's Most Vulnerable Conference in Richmond on October 21. This marks the sixth consecutive year that PSH has participated in the conference.

PSH enrollment is currently at 82 individuals, with 9 available slots: 3 designated for state hospital referrals, 2 for community outreach referrals, and 4 for community referrals. Two individuals are currently being assessed for eligibility. Two individuals were discharged from

PSH in October, one individual successfully self-resolved, obtained employment, and moved in with a friend after receiving nearly five years of PSH support. The second individual chose to discontinue PSH housing and support services while continuing to receive ACT services

Psychosocial Rehabilitation (Kenmore Club)- Anna Loftis

Kenmore Club is hosting our yard sale on November 14 from 10-2. Come support the club by purchasing items. We are having our annual Thanksgiving Day lunch on November 24 at 12:00. We are also looking forward to more student volunteers assisting us, and we are working on expanding unit tasks to align more with Clubhouse International's work ordered day requirements.

Memorandum

To: Joe Wickens, Executive Director

From: Lacey Fisher Curtis, CSS Director

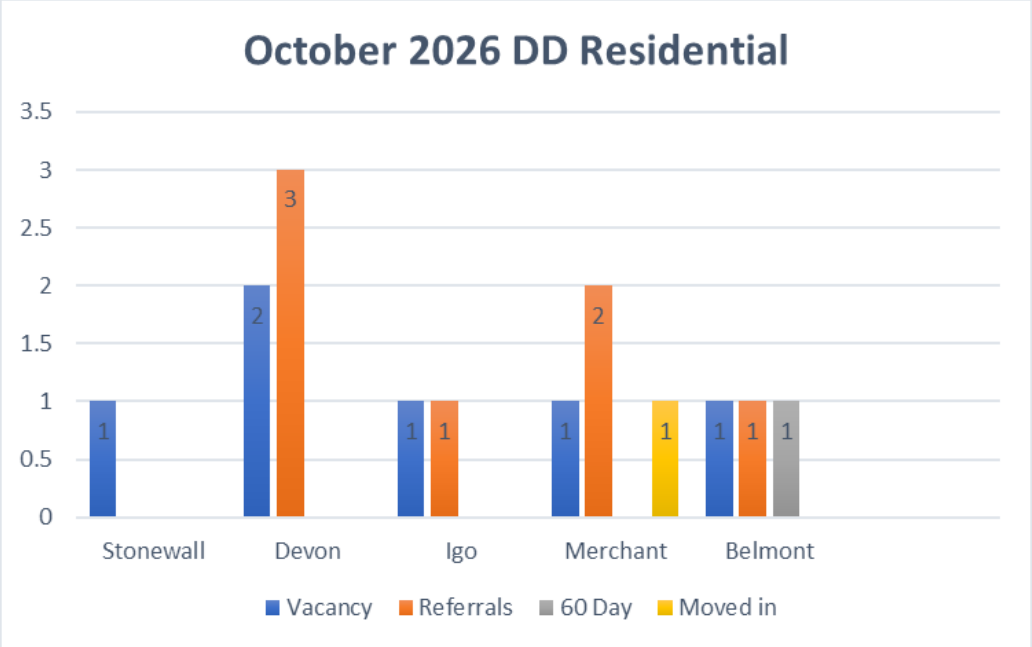
Date: November 6th, 2026

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

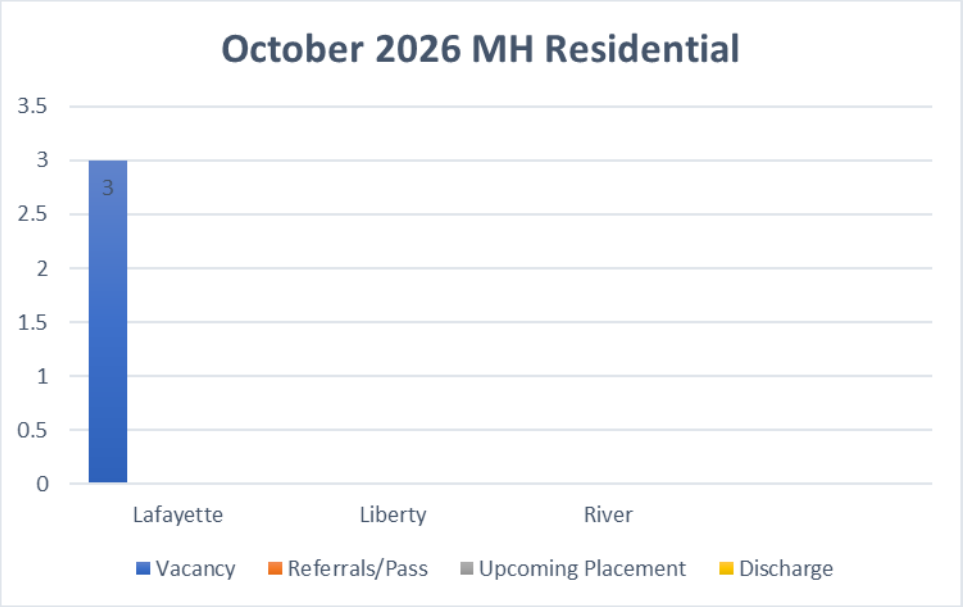
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RACSB residential programs continue to provide vital 24-hour care to individuals with intellectual developmental services as well as those individuals with serious mental illness.

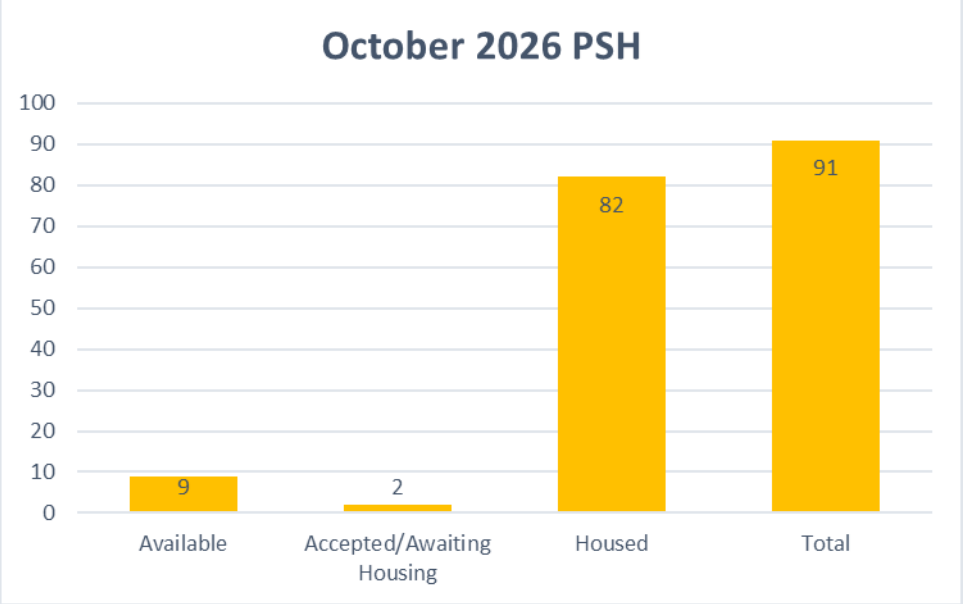
In DD residential, one move-in to Belmont occurred this month and one additional move-in date set for Merchant for 12/1. Both Supervised Apartment programs will then be full with an additional 4 requesting assessment. Remaining vacancies at Stonewall, Devon and Igo continue assessments and taking referrals.



Lafayette currently has 3 vacant beds while Liberty and River remain 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) discharged two individuals this month. The total individuals enrolled in PSH is now 82, with 9 (3 state hospital, 2 community outreach, 2 community) open slots.



Crisis Intervention Services Program Updates

November 2026

Crisis Intervention Services, Amy Jindra

In October, the CIS director participated in multiple state meetings regarding the state hospital bed census, crisis stabilization units, and efforts to support individuals' access to the entirety of the crisis continuum of services.

Programs also reviewed progress towards goals during this first quarter. Each of the CIS division programs have made significant strides towards meeting programmatic objectives. ACT continues to effectively divert individuals from psychiatric hospital admissions, utilizing program strategies as well as linking individuals to Sunshine Lady House. ACT also continues to improve access to services. The program enrollment during the first quarter was 81. The annual goal is 86 enrolled. Sunshine had a chart audit with a high level of compliance at 100%. Emergency services also demonstrated effective documentation with meeting objectives for timely submissions. One of Sunshine's annual goals is to support hospital diversion and community stabilization. The program measures the goal by the number of individuals who require involuntary admission post discharge from Sunshine. In the first quarter, less than 4% of individuals discharged from the program required involuntary hospitalization. Emergency Services also met goals for co-responder contacts. All of the CIS programs strive to offer the highest quality of care while consistently looking for opportunities to improve.

Assertive Community Treatment (ACT) - Sarah McClelland

October was a challenging month for ACT with the new roll out of Impruvon and learning new processes and procedures related to the system. Our Go Live Date was on 10/15/26 and it has taken several days of adjustment but we are now really becoming accustomed to our new process. We strongly believe it will help us in the future and become our new way of doing business quite easily once we are fully acclimated to the program. Despite the challenges we have faced, we are very happy to have Impruvon over our old paper MARS.

ACT was the recipient of 65 more shoe vouchers. ACT clients in need of new shoes have enjoyed outings to Shoe Show to receive their new kicks. During the winter, ACT also hopes to participate in a winter coat drive to obtain new winter coats for our clients who need them. We are gearing up for the holidays as plans are underway for a Holiday wish list which clients are

looking forward to participating in. ACT continues to grow our program with several intakes in October.

ACT had an internal documentation audit completed by Compliance. ACT North scored a 98% and ACT South 100%.

Currently the ACT census sits at 81. We discharged a very successful client, previously NGRI, on 10/30/26 who started with ACT on 8/21/24. Looking ahead to November, ACT has meetings scheduled in various programs and clinics to get around the agency to discuss our referral process and admission criteria in an effort to boost enrollment.

We are also fully staffed again. The mental health specialist position that was hired in September for ACT North ended up leaving abruptly for personal reasons. We had to work to fill that position again very quickly. We were able to hire a strong candidate who has previous PACT experience. She will start NEO on 11/9/26. We anticipate her to be fully up and running and able to administer medications to clients by mid-December.

Sunshine Lady House, Crisis Stabilization, Latroy Coleman

SLH has onboarded three new hires. They have been a wonderful addition to the SLH team. One of our therapists, Melody Allison, has completed hours as a resident and has submitted to the Virginia Board of Counseling for licensure. Receiving licensure as a professional counselor requires successful completion of CACREP accredited coursework, passing the NCMHCE or NCE exam, and a total of 3400 hours of indirect, direct and supervision. We are excited for Melody's future as a licensed professional counselor.

We have listened to previous guests and reduced the number of groups offered daily. Groups have been reduced from nine to six groups per day. This has proven to be successful with most of the guests. The additional time has been utilized for specific one on one time with staff to assist with services/referrals or support towards discharge planning goals. In the month of November, we plan to introduce additional groups, as well as, begin running concurrent groups at different points during the day. This will allow guests to take advantage of a greater number of programming options. We are excited to see how the changes enhance our service delivery.

Emergency Services (ES) – Natasha Randall

During October 2026, the Emergency Services Coordinator collaborated with Walker-Grant Middle School and the City of Fredericksburg Police Department to facilitate two

presentations focused on bullying prevention and mental health awareness. These presentations reached more than 300 sixth-grade students and emphasized the importance of recognizing bullying behaviors, promoting emotional well-being, and identifying appropriate resources for mental health support.

A certified crisis intervention therapy dog was incorporated into the presentations to create a welcoming and supportive environment, encouraging students to share their thoughts, feelings, and experiences related to bullying and mental health. Students also received information about the Rappahannock Area Community Services Board (RACSB) and its role as a community resource for individuals and families experiencing mental health challenges.

This collaborative outreach initiative strengthened partnerships between Emergency Services, local law enforcement, and the school system while promoting early intervention, mental health awareness, and access to community-based behavioral health resources among youth.

MEMORANDUM

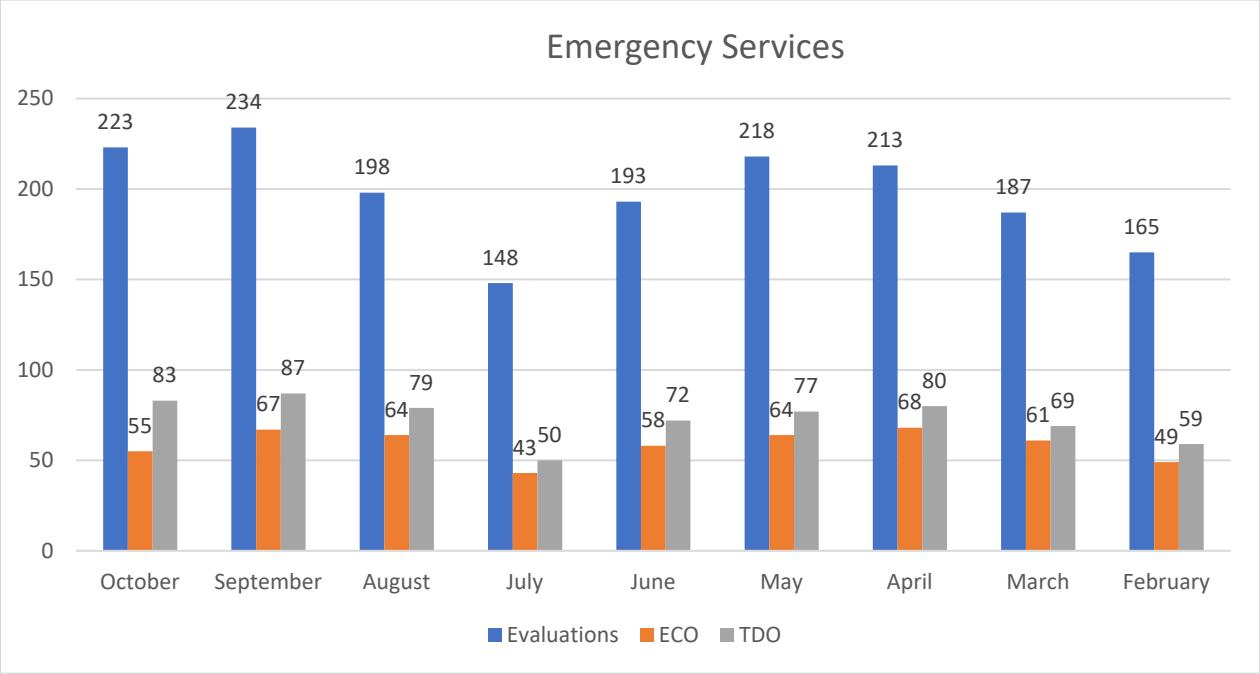
To: Joe Wickens, Executive Director

From: Natasha Randall, Emergency Services Coordinator

Date: November 3, 2026

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

In October, Emergency Services staff completed a total of 223 emergency evaluations. Of these, fifty-five individuals were assessed under Emergency Custody Orders (ECOs), and eighty-three Temporary Detention Orders (TDOs) were served. Staff did facilitate one state admission to Catawba State Hospital. Additionally, nine individuals were involuntarily hospitalized outside of the agency's catchment area during this period.



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

CSB/BHA	Rappahannock Area Community Services Board	Month	October 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	
223	26	29	55	83	3	3	77	83	0

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

CSB/BHA	Rappahannock Area Community Services	Reporting month	October 2026		No Exceptions this month	

Date	Consumer Identifier	1) Special Population Designation (see definition)	1a) Describe "other" in your own words (see definition)	2) "Last Resort" admission (see definition)	3) No ECO, but "last resort" TDO to state hospital (see definition)	4) Additional Relevant Information or Discussion (see definition)
10/30/2026	33566	Other	aggression towards LE and medical staff	No	Yes	Catawba State

RAPPAHANNOCK AREA
COMMUNITY SERVICES BOARD

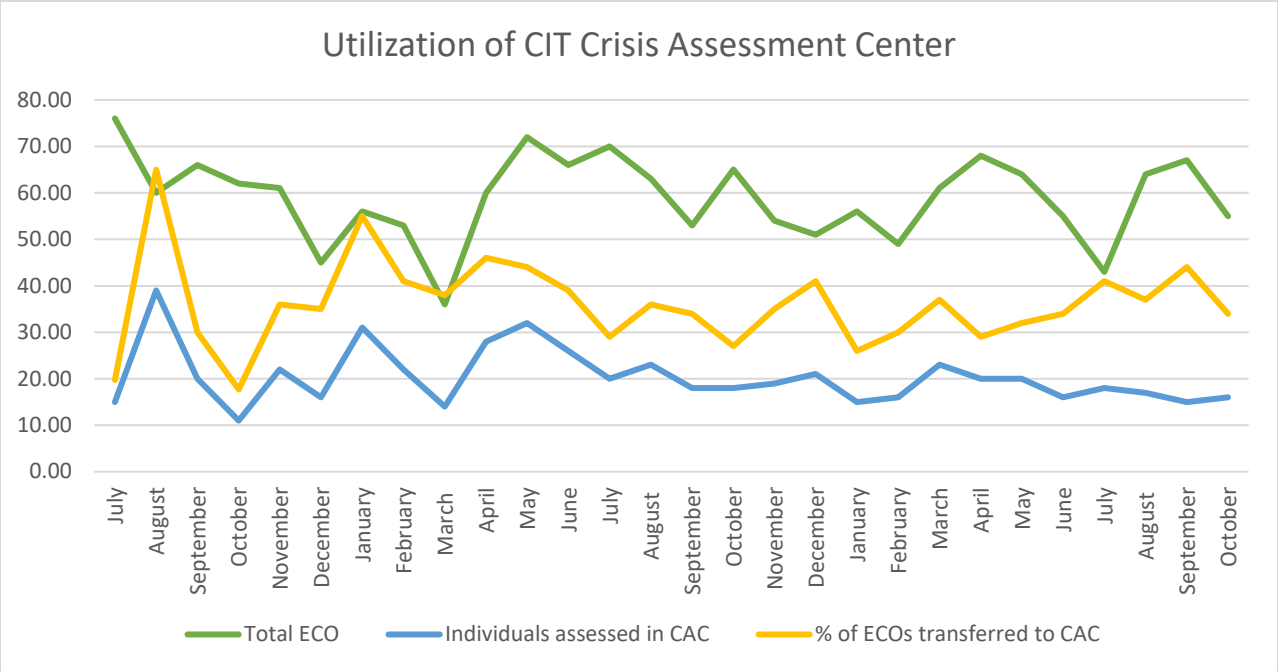
MEMORANDUM

To: Joe Wickens, Executive Director
From: Natasha Randall, LCSW Emergency Services Coordinator
Date: November 3, 2026
Re: CIT and Co-Response Report

The CIT Assessment Center served 16 individuals in the month of October 2026. The number of persons served by locality were the following: Fredericksburg 7; Caroline 1; King George 0; Spotsylvania 4; Stafford 4; and 0 from other jurisdictions.

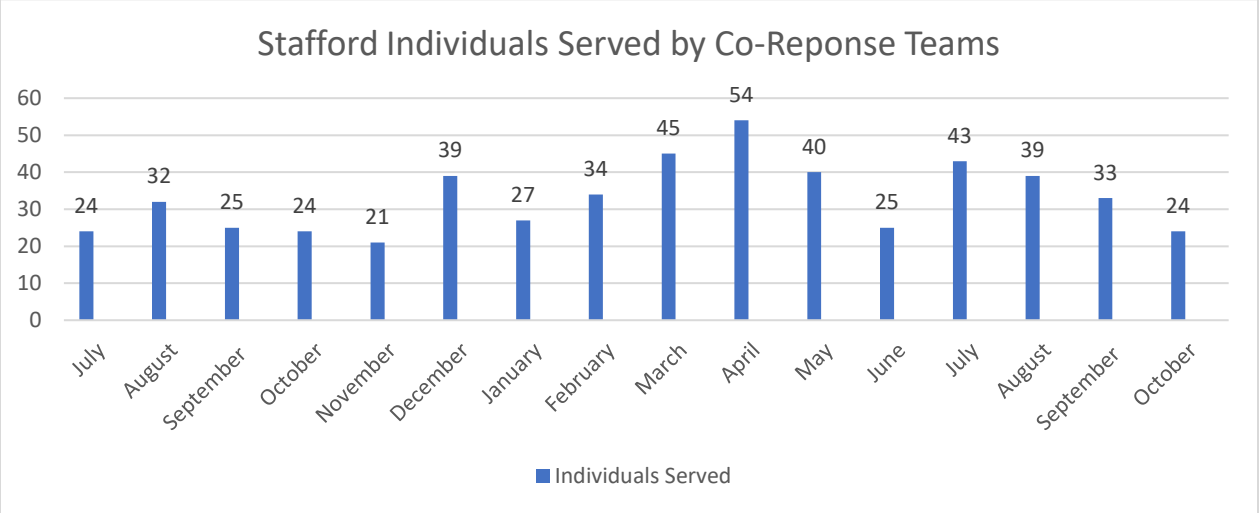
The chart below indicates the number of Emergency Custody orders by locality, those that were able to be transferred into CAC custody, and those who could have used the assessment center if there was additional capacity:

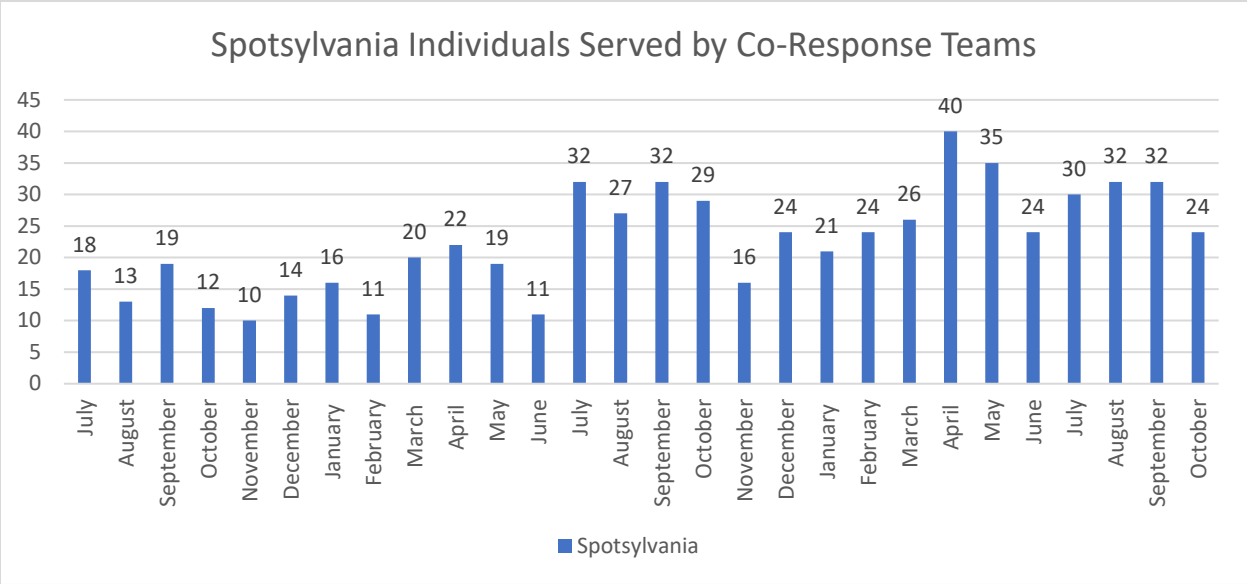
Locality	Total ECO	Custody Transfer to CAC	Appropriate for CAC if Capacity
Caroline	4	1	3
Fredericksburg	21	7	14
King George	1	0	1
Spotsylvania	13	4	9
Stafford	16	4	12
Totals	**55**	**16**	**39**



Co-Response

The Spotsylvania Co-Response Team served 24 individuals in the month of October and the Stafford Co-Response team served 24 individuals. The Fredericksburg Co-Response Therapist position has been filed and she is being trained as an emergency services therapist.





CIT Training

In the month of October, we had over 10 dispatchers participate in CIT training.

Memorandum

To: Joe Wickens, Executive Director

From: Amy Jindra, CIS Director

Date: November 6, 2026

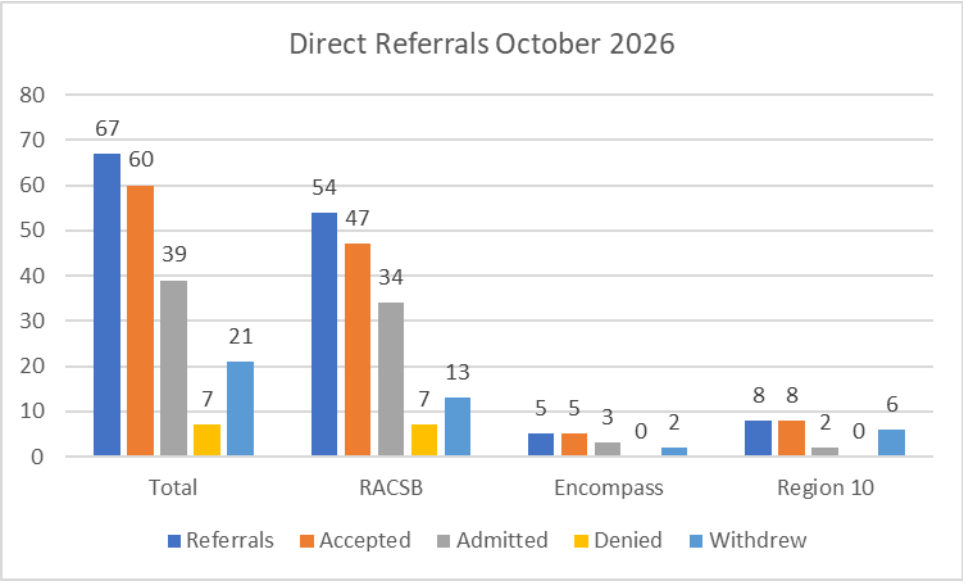
Re: Sunshine Lady House Utilization

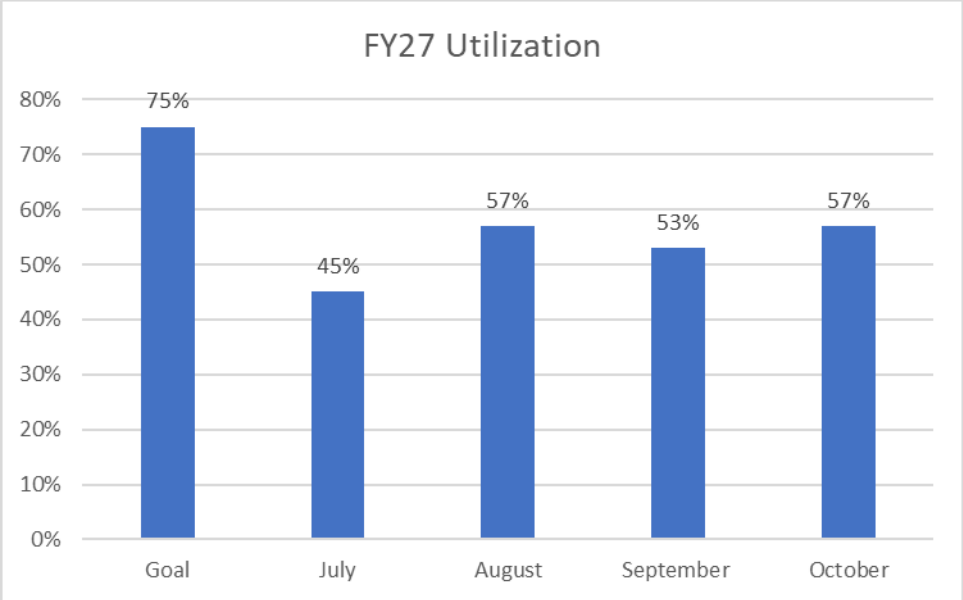
Sunshine Lady House for Mental Health Wellness and Recovery is a 12-bed, adult residential crisis stabilization unit. As part of the crisis continuum of care, the Substance Abuse and Mental Health Services Administration (SAMHSA) defines residential crisis stabilization units as a moderate level of care, providing mostly voluntary services with the ability to support involuntary admissions within specific parameters. Sunshine Lady House provides group and individual psychotherapy, skill restoration, crisis intervention, psychiatric evaluation, medication management, health literacy, care coordination, and peer support. An individual experiencing a behavioral health crisis to include the inability to cope, increase in mental health symptoms, at risk for harming themselves or others, meets criteria for services. Individuals could also receive services as a way of stepping down from a higher level of care or otherwise at risk for psychiatric hospitalization. As the program has limited medical interventions, individuals who require more intensive medical care will be referred to 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.

In October, Sunshine Lady House served 43 individuals from 3 different catchment areas, to include Region 10, Encompass, and RACSB. The program had 39 new admissions. Sunshine received referrals from ACT, Spotsylvania Regional Medical Center, Snowden, and Emergency Services. Sunshine also supported self referrals. Sunshine's utilization was 57% with a total of 206 bed days. Of the referrals sent to Sunshine, the program accepted 90%, denying only 7 individuals due to medical acuity, inability to manage personal daily living needs, or psychiatric acuity. The program saw an increase in the length of stay for guests, with more individuals staying longer than the previous 5 day average.

Sunshine supported one individual under a temporary detention order. The individual provided positive feedback to the program upon discharge.

Sunshine Lady House participates in the Virginia Crisis Connect (VCC) platform to provide statewide access to services. Through the VCC emergency services programs from across the Commonwealth can bedsearch for individuals seeking inpatient or 24-hour crisis supports. Sunshine was notified of 102 individuals from 13 CSBs across the state needing placement. Of the 102 individuals, 43 were accepted to other facilities and based on the information available, 59 individuals needed a higher level of care than Sunshine could provide.





To: Joseph Wickens, Executive Director

From: Jacqueline Kobuchi, LCSW, Director of Clinical Services

Date: November 6, 2026

Re: Clinical Program Updates for the November Board Meeting

Outpatient Services

Caroline Clinic - Nancy Love, LCSW

Caroline Clinic Clinicians completed 33 new assessments in October. Sixteen adult assessments were completed on the same day the client called to request services. Nine were scheduled adult intakes and eight were scheduled child and adolescent intakes. The majority of intakes were completed in-person, but telehealth was also offered to help alleviate transportation barriers. We continue to offer two substance use groups and three individuals successfully completed group treatment last month. The adult wellness group will start in early November. One clinician completed training on EMDR and Parts Work for Treating Complex Trauma and another staff person attended The Legalization of Marijuana and the Effects on our Youth.

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

During the month of October, the Fredericksburg Clinic completed 73 intake assessments for adults seeking outpatient services. Out of the 73 intakes completed, forty-nine intakes were completed the same day that an individual called in for services, resulting in 67.1% of intakes being seen through Same Day Access. We completed 27 intakes for individuals who were recently discharged from a psychiatric hospital, Sunshine Lady House, or from Rappahannock Regional Jail and five additional intakes were scheduled for individuals with recent opioid use. Thirty-one intakes were completed in-person while 42 intakes were completed virtually. At the Children's Services Clinic, thirty-one intakes were completed. Two were seen via Same Day Access, as they were scheduled the same day they called in for services. The rest requested to be scheduled. All intakes were completed in-person. Several clinicians were able to attend the Trauma-Focused Cognitive Behavioral Therapy training offered by Region One during the month of October and look forward to additional training opportunities. During the month of October, we transitioned to a text reminder system for scheduled outpatient appointments and both staff and clients have provided positive feedback regarding this implementation.

King George Clinic - Sarah Davis, LPC

The King George Clinic continues to offer two weekly Substance Use groups. October's group topics included Gray Area Drinking, Triggers, and Substance Use in Film. There was one group graduate during the month of October. The King George Clinic completed 22 new patient intakes during the month of October. Fourteen were completed via Same Day Access. Two were scheduled adults and six were scheduled child and adolescent intakes. One staff attended a training on Ethics and a training on Fetal Alcohol Spectrum Disorder. Two staff attended a training called Eye Movement Desensitization and Reprocessing Therapy and Parts Work for Treating Complex Trauma.

The King George Clinic team would like to highlight two recent successes. An individual who had previously completed substance use treatment over a year ago came to visit and reported maintaining abstinence from all substances since

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completing treatment, enjoying more time with their children, and completing all requirements of court. Another individual who has a history of attending outpatient therapy at the King George Clinic and had recently discharged from Sunshine Lady House shared: "I realized I know the skills from therapy and use them. I just needed that reminder that I am doing the right things."

Spotsylvania Clinic - Katie Barnes, LPC

The Spotsylvania Therapists completed 57 intakes in October including 30 adults and 27 children and adolescents. Of these assessments, 37 intakes were completed through Same Day Access (30 adults and seven children). The clinic continues to offer a weekly Substance Use group focusing on recovery and relapse prevention planning. An additional group is scheduled to start next month. The School-Based Therapist continues to provide services at Hugh Mercer Elementary and James Monroe High School in Fredericksburg City. The program serves as a critical community asset that increases access to services that students may not be able to participate in otherwise.

Stafford Clinic – Lindsay Steele, LCSW

During the month of October, the Stafford clinic met with clients in person as well as virtually. Same day access continues to be held Monday-Thursday. Hospital discharge appointments and priority populations continue to be scheduled to ensure timely intake appointments. The Stafford clinic completed 14 child/adolescent intakes and 29 adult intakes; 15 of these intakes were completed via same day access. A new clinician joined the Stafford team in October and has begun building his caseload. He is working with adults and adolescents with mental health or substance use diagnoses. The child/adolescent clinician attended a training on trauma focused cognitive behavioral therapy and one clinician completed the ASAM training. A program tour was held at the Stafford clinic and concluded with lunch.

Medical Services - Jennifer Hitt, RN

During the month of October, 119 new patient assessments were completed for outpatient medication management. Dr. Noman Shamim has accepted the vacant psychiatrist position at RACSB. Dr. Shamim has been with RACSB as a Locum for several years. He will begin his full time RACSB schedule starting the week of 11/23. The Outpatient Nurse Manager continues to assist in interviewing OBOT MRU Nurse candidates.

Adult Mental Health Case Management - Patricia Newman

The Adult Mental Health Case Management team would like to celebrate an individual this month for returning to school to gain a certification as a Certified Medical Assistant. This individual took the initiative to apply for a grant to cover the cost of their tuition, was approved and has started their coursework. They would like to eventually enroll in nursing school and have a home of their own. We are excited to continue to provide them support as they work toward their goals of increased independence.

Child and Adolescent Support Services - Donna Andrus, MS

In the month of October, Child and Adolescent Case Management had an adolescent female successfully discharge home from a residential treatment facility. The individual had been referred to Child and Adolescent Case Management a year ago after multiple inpatient hospitalizations and crisis interventions. Services in the home and community had not been successful in stabilizing her in the home and family stress continued to increase. Placement out of home in a residential facility was necessary to address her mental health needs. She remained actively involved in treatment for

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the past year and her family was actively involved in family therapy. The RACSB case manager provided coordination of services and visited her every month on site at the treatment facility. The case manager worked with the individual, her parent and the treatment facility to monitor treatment, address any concerns and ensure progress towards a successful discharge. The individual was able to successfully discharge home in October and has maintained stability for the past 30 days.

Specialty Dockets - Nicole Bassing, LCSW

During the month of October Adult Recovery Court welcomed two new participants, graduated two participants and had one termination. We currently have 35 active participants. The Rappahannock Veterans Docket added one new participant this month, had one graduation and zero terminations. We currently have 16 active participants. The Spotsylvania Behavioral Health Docket welcomed one new participant and had one graduation and zero terminations. We currently have 15 active participants. The Juvenile Recovery Court had one new participant, did not have any graduations or terminations. We currently have six active participants. The Fredericksburg Therapeutic Docket welcomed zero new participants and had no graduations or terminations. We currently have two active participants.

Substance Use Services - Eleni McNeil, LCSW

During the month of October, the mobile RN position became vacant and was posted. The SUD Services Coordinator cofacilitated training with Lighthouse Counseling to District 21 Probation and Parole staff on medication for opioid use disorders. The SUD Services Coordinator met with District 21 staff separately as well to review the referral process and services provided by RACSB. The SUD case managers attended a presentation from Salvation Army's inpatient treatment program. The SUD Services Coordinator and other members of the substance use team attended SaveOneLife's monthly meeting, as well as Recovery Behind Walls, the HIDTA I-95 Workgroup and Dr. Michael Gilette's ethics training.

Those served in the month of October in Fredericksburg SUD programs is as follows: Project LINK-33; OBOT-76; ARTS Case Management-68; SUD Outpatient (Fredericksburg)-72; SUD Peer Services- 19.

Jail and Detention Services - Portia Bennett, LPC

In October, 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 173 individuals received crisis and/or therapeutic services, and a total of 159 individuals received substance use services. The Psychiatric Nurse Practitioner saw a total of 110 individuals, and 295 individuals were prescribed psychotropic medications. Anna Jolliffe joined the jail team as an intern from The George Washington University’s Forensic Psychology Master’s program! Finally, the jail team participated in the Community Corrections Open House event on October 30th.

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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: November 17, 2026

State Hospital	New	Discharge	Civil	NGRI	Forensic	EBL	Total Census
Catawba Hospital			1				1
Central State Hospital				1	2		3
Eastern State Hospital							0
Hiram Davis Medical Center		1					0
Northern Virginia Mental Health Institute							0
Piedmont Geriatric Hospital	1		5			1	5
Southern Virginia Mental Health Institute	1	2					0
Southwestern Virginia Mental Health Institute	1		1				1
Western State Hospital	3	1	4	5	13	3	21
Totals	6	4	11	6	15	4	31

Extraordinary Barriers List:

RACSB has four 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, public guardianship is being pursued. Discharge Assistance Program (DAP) funding has been approved to cover the cost of the legal fees associated with the guardianship process. This individual will require a nursing home at time of discharge. They 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. They remain on a wait list for this facility; however, their treatment team is continuing to pursue other mental health group homes for availability and potential acceptance. This individual also requires DAP funding as they do not have any income and do not qualify for Medicaid. Their DAP plan has been approved in preparation for their discharge.

Individual #3: Was placed in the EBL 10/28/26. Barriers to discharge include working through the Not Guilty by Reason of Insanity process. This individual has a primary diagnosis of schizoaffective disorder. This individual will benefit from a supervised residential setting and has been accepted to a supervised program through Alleghany Highlands Community Services Board. They have been successfully completing passes in the community and their Conditional Release Plan (CRP) has been developed. At this time, they are awaiting a court date for final approval of their CRP. This individual will discharge from the hospital once the court approves their CRP.

Individual #4: Was placed on the EBL 10/27/26. Barriers to discharge include identifying and being accepted to an assisted living facility. This individual has a primary diagnosis of major neurocognitive disorder and requires a memory care setting as they are not able to safely navigate the community on their own. This individual has been referred to numerous facilities but has not been accepted due to a past history of aggression. At this time, facilities in Massachusetts are also being pursued so this individual can be closer to family. This individual will discharge once they are accepted to a facility that can meet their needs.

RAPPAHANNOCK AREA
COMMUNITY SERVICES BOARD

MEMORANDUM

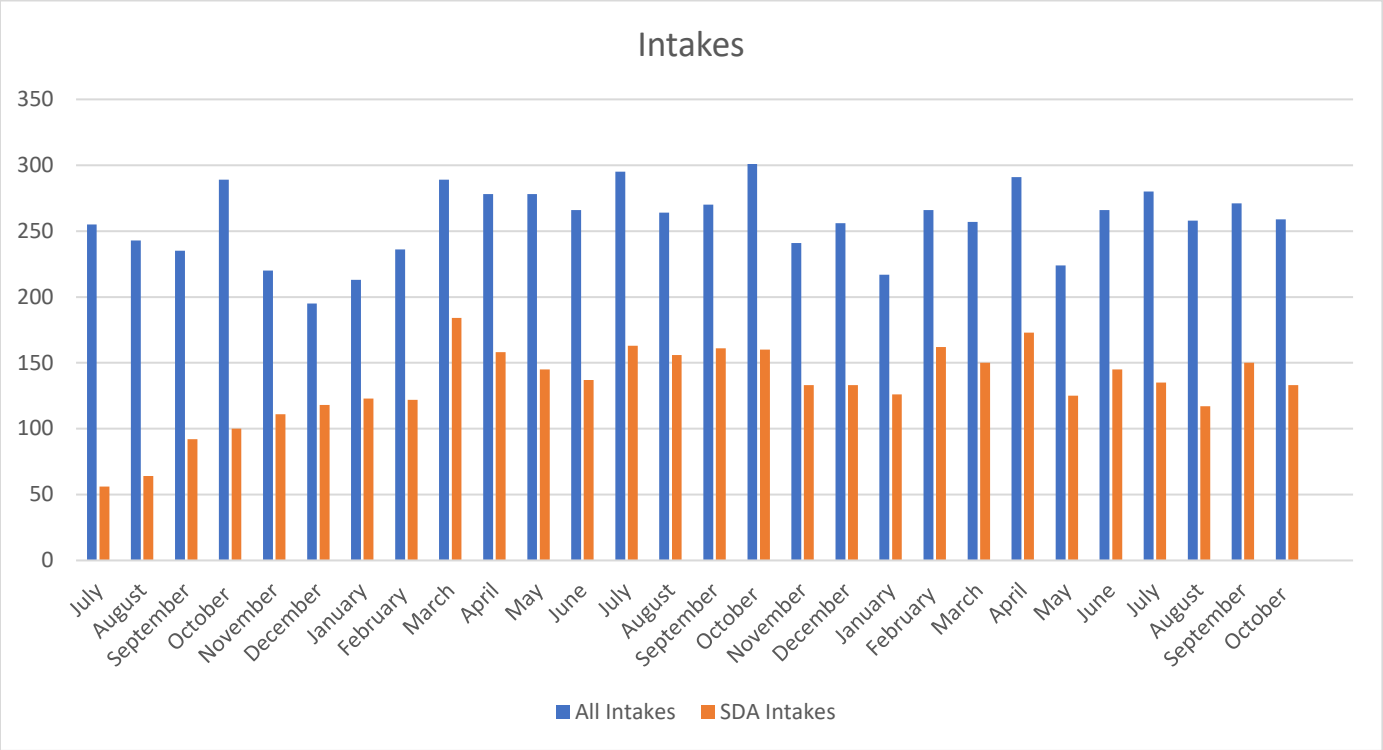
To: Joseph Wickens, Executive Director

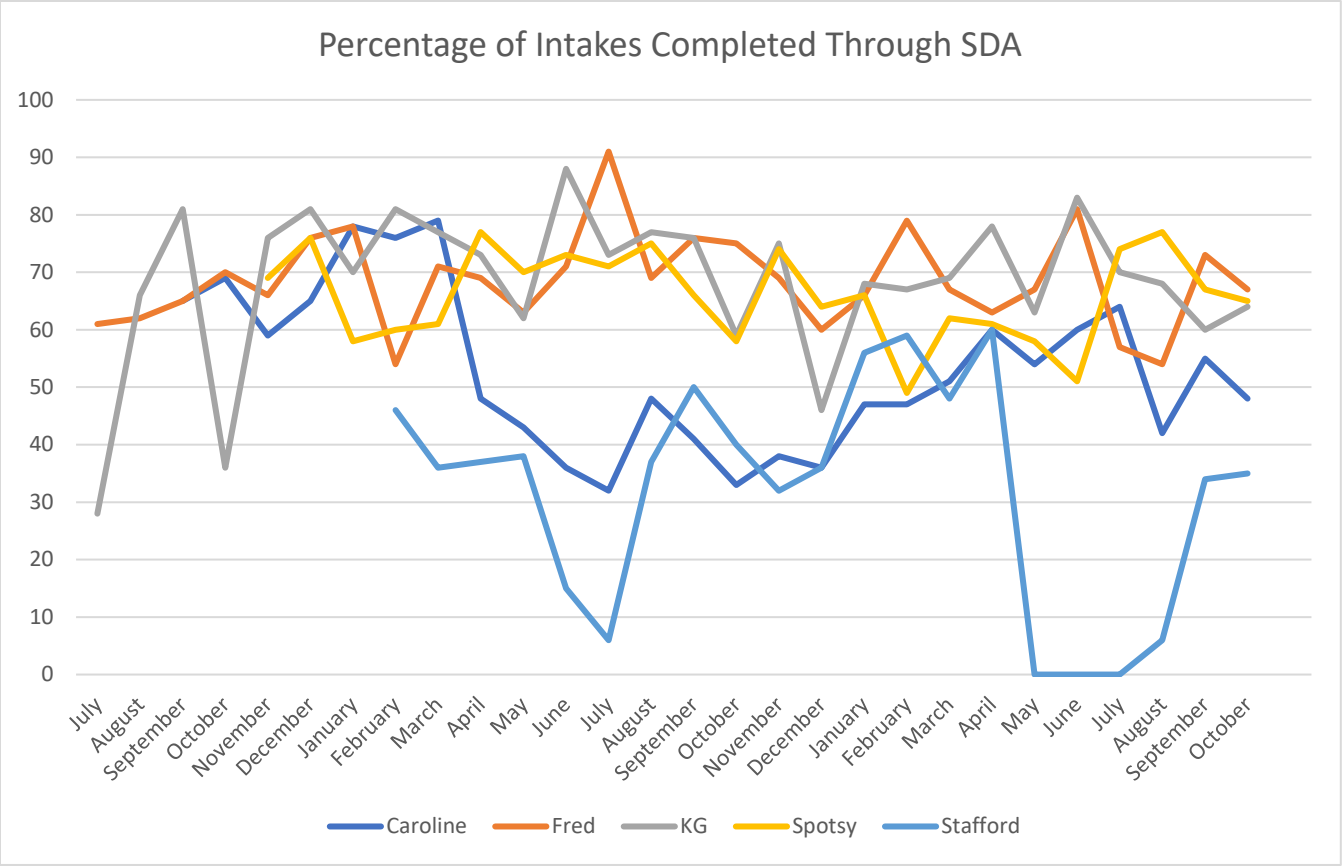
From: Jacqueline Kobuchi, LCSW, Director of Clinical Services

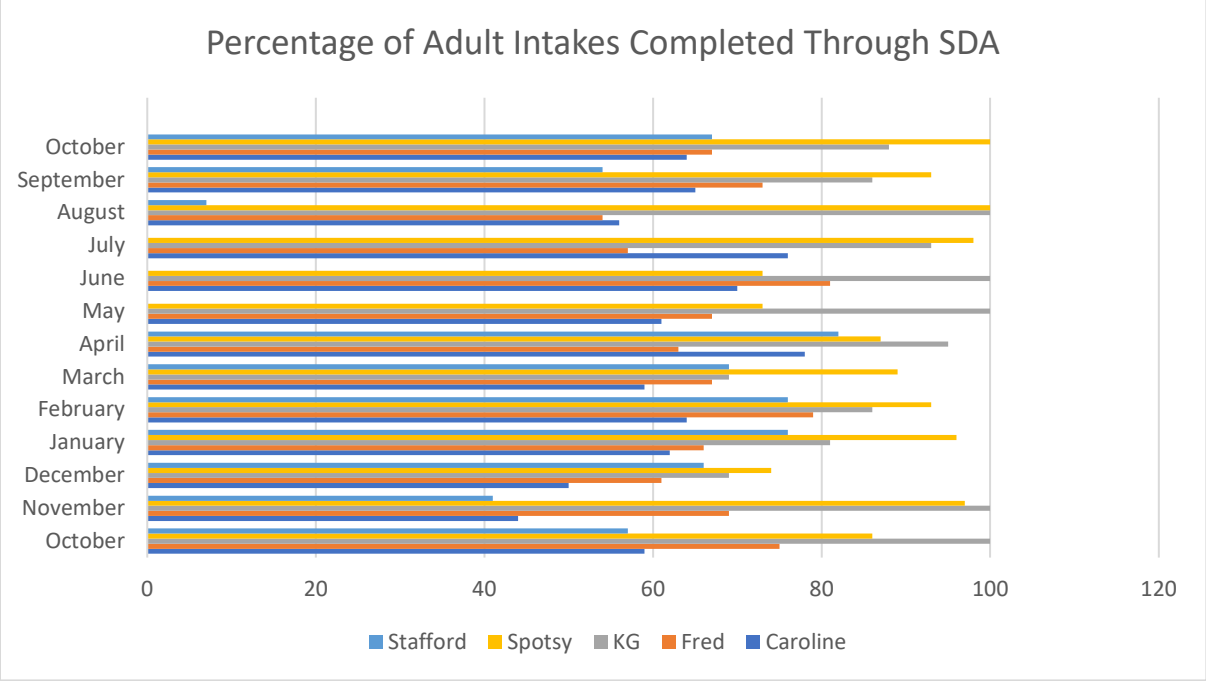
Date: November 6, 2026

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.




Percentage of Intakes Completed Through SDA
100
90
80
70
60
50
40
30
20
10
0
July
August
September
October
November
December
January
February
March
April
May
June
July
August
September
October
November
December
January
February
March
April
May
June
July
August
September
October
Caroline
Fred
KG
Spotsy
Stafford


Percentage of Adult Intakes Completed Through SDA
October
September
August
July
June
May
April
March
February
January
December
November
October
0
20
40
60
80
100
120
Stafford
Spotsy
KG
Fred
Caroline

EMORANDUM

To: Joe Wickens, Executive Director

From: Jacqueline Kobuchi, Director of Clinical Services

Date: November 6, 2026

Re: Problem Gambling Screening and Training Pilot

RACSB has been offered an opportunity to participate in a pilot program for problem gambling screening and training. The program will focus on training staff, completing screening protocols, establishing referral pathways, and implementing a data collection system to inform a potential full-scale program. RACSB will receive $80,000 to support efforts to build the screening tools into our electronic record, purchase equipment, develop protocols and train staff. The outpatient therapy programs will participate in the pilot.

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Fredericksburg, VA 22401
540-373-3223

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RACSB
Program Update Report
Compliance
October 2026

Incident Reports

- There were 328 Incident Reports entered into the Electronic Incident Report Tracker during the month of October. This is an increase of 6 from September and an increase of 5 compared to August. All incident reports submitted were triaged by the Compliance Team.
- The top three categories of reports submitted in September were Health Concerns (114 reports), Individual Served Injury (49 reports), and Individual Served Safety (44 reports).
- The Compliance Team entered 21 incident reports into the Department of Behavioral and Developmental Services (DBHDS) Electronic Incident reporting system during the month of October (18-Level 2, 3-Level 3). This was a decrease of 15 from the number of submitted reports during the month September (29-Level 2, 7- Level 3) and a decrease of 13 from the number of submitted reports during the month of August (19-Level 2, 15-Level 3).
- There were no reports that were elevated to care concerns by DBHDS during the month of October. 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 20 root cause analyses reports were requested in the month of October, a decrease of 16 from the amount requested in September, and a decrease of 14 from those requested for the month of August. One expanded root cause analysis report was requested in October (these are more expansive reports usually requested after a series of serious incidents involving a specific individual).

Human Rights Investigations:

- The Compliance team completed 3 human rights investigations in October. One investigation involved an individual incurring bruises of unknown origin. A second

investigation concerned an allegation of neglect for a staff member not following an individual's dietary protocols. The third investigation concerned an allegation of abuse for an individual sustaining an injury of unknown origin.

Internal Reviewers:

- The Compliance Team met with the RAAI Coordinator on October 7th to go over audits/audit scores.
- The Compliance Team met with ACT Coordinator on October 16th to go over audits/audit scores.
- The Compliance Team met with King George Clinic Coordinator on October 22nd 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 October, 9 follow-ups were requested from programs (3 initial completion check-ins, 5 3-month check-ins;1 6-month check-in). CAP actions were deemed to be working effectively in resolving previously cited deficiencies for 2 of the initial follow-up requests and 1 of the 3 month follow-up requests. The Compliance team is awaiting confirmation of efficacy for 1 initial completion request, 4 3-month check-in requests, and 1 6-month check-in request due to dates for check-ins falling at the 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 external requests for documentation from 2 different insurance providers seeking information for 19 different individuals' records in October.
- The Compliance Team corresponded with Brian Dempsey, DBHDS Incident Management Specialist, on 3 occasions in October regarding serious incident reports.
- The Compliance Team corresponded with the Office of Human Rights regarding follow up corrective action for staff stemming from 5 investigations.
- The Compliance Team corresponded with Managed Care Organization representatives on 3 occasions in October to discuss Critical Incident reports.
- The Compliance team corresponded with APS on three human rights reports that were submitted from day support on 10/29.

Complaint Call Synopsis

- The Compliance Team received 3 complaint calls in October.
    - One individual left a message upset about his case manager, but when Compliance staff returned his call the following morning, he stated that he had been upset and thought his case manager was actually doing a good job for him.

- One individual's guardian reached out and had a complaint regarding how staff had spoken to an individual's family member in front of the individual. This complaint was handled at the program level.
- One individual called expressing concern needing a medication to be transferred to a different pharmacy for her son so that it could be filled timely (the original pharmacy was out of stock of the needed med). This concern was addressed at the program level.

Special Projects:

- The Compliance team met with Bells on October 6th for an overview of Quality Coach, a new Auditing/Quality tool that the team will be working on developing for use with programs.
- The Compliance team attended a demo for "Incident Pro", an Incident Tracking software through Relias, on October 13th .

Trainings

- The Compliance Team hosted and participated in a Q-Tip training on Staff Injuries led by Human Resources on October 21st.
- One Compliance team member participated in a nursing meeting led by DBHDS' Office of Integrated Health on October 16th. The meeting's focus topic was on Stroke Awareness.

MEMORANDUM

To: Joe Wickens, Executive Director

From: Stephanie Terrell, Director of Compliance

Date: November 4, 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 in October from DBHDS for 4 CAPs submitted that included the following citations:

- A citation for neglect due to staff receiving a speeding ticket while transporting program participants
- A citation for neglect due to staff failing to supervise an individual in the community which resulted in him being ejected from his wheelchair
- A citation for staff failing to report a suspected incident of verbal abuse of an individual receiving services, and a citation for verbal abuse of an individual in services
- A citation for a program for submitting a late incident report

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

License #: **101-02-008**
Organization Name: **Rappahannock Area Community Services Board**

Date of Inspection: **10-08-2026**
Program Type/Facility Name: **02-008 Spotsylvania Clinic**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
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	Spotsylvania Clinic This regulation was NOT MET as evidenced by: See OHR citation below.		
12VAC35-115-50. B. (2) - In receiving all services, each individual has the right to: 2. Be protected from harm including abuse, neglect, and exploitation.	N	Spotsylvania Clinic This regulation was NOT MET as evidenced by: "Neglect" means failure by a person, program, or facility operated, licensed, or funded by the department, excluding those operated by the Department of Corrections, responsible for providing services to do so, including nourishment, treatment, care, goods, or services necessary to the health, safety, or welfare of an individual receiving care or treatment for mental illness, intellectual disability, or substance abuse. CHRIS A#20260023-27 Provider substantiated for neglect based on the following: • On September 14, 2026, Employee #1 received speeding ticket for driving 56mph in a 45mph work zone on August 04, 2026, while operating agency vehicle while Individual #1, Individual #2, Individual #3, Individual #4, and Individual #5 were in Employee #1's care. • As a result, Employee #1 failed to provide transportation services necessary to the health,	PR) 10/25/2026 Employee #1 was financially responsible for paying the ticket. Employee #1 is scheduled to complete driving refresher training on 11/17/26. Employee #1 received corrective action on 09/17/26. Employee #1 will receive a substandard evaluation score in a corresponding factor which will decrease her overall competency score. PR: The corrective action procedure was reviewed for Site Leaders for anyone who gets a speeding ticket on 10/14/26.	01/30/2027 00:00:00

License #: **101-02-008**
Organization Name: **Rappahannock Area Community Services Board**

Date of Inspection: **10-08-2026**
Program Type/Facility Name: **02-008 Spotsylvania Clinic**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
		safety, and welfare of the individuals being transported.	Transportation policy attestation will be signed by all staff by 1/30/2027 Expectations will be reviewed biannually to Site Leaders by Coordinators, with an expectation that the expectations be shared with all staff at their next Site Leader meeting. Site Leaders will hold staff accountable and provide corrective action if necessary. DSPs will be monitored for this and it will be addressed in supervision and notated in their bi annually and annually performance evaluation. Transportation policy attestation will be signed by all staff by 1/30/2027. Employee #1 will complete driving refresher training by 11/17/26. Employee #1 will receive a substandard evaluation score by December 2026 OHR/OLR) Accepted 10/26/2026	

DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

License #: **101-02-008**
Organization Name: **Rappahannock Area Community Services Board**

Date of Inspection: **10-08-2026**
Program Type/Facility Name: **02-008 Spotsylvania Clinic**

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

General Comments / Recommendations:

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

Heather Hilleary, Human Rights	(Signature of Organization Representative)	Date

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

DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

License #: **101-02-006**
Organization Name: **Rappahannock Area Community Services Board**

Date of Inspection: **10-09-2026**
Program Type/Facility Name: **02-006 Fredericksburg**

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

License #: **101-02-006**
Organization Name: **Rappahannock Area Community Services Board**

Date of Inspection: **10-09-2026**
Program Type/Facility Name: **02-006 Fredericksburg**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-115-50. B. (2) - In receiving all services, each individual has the right to: 2. Be protected from harm including abuse, neglect, and exploitation.	N	Fredericksburg This regulation was NOT MET as evidenced by: CHRIS #20260029 "Neglect" means failure by a person, program, or facility operated, licensed, or funded by the department, excluding those operated by the Department of Corrections, responsible for providing services to do so, including nourishment, treatment, care, goods, or services necessary to the health, safety, or welfare of an individual receiving care or treatment for mental illness, intellectual disability, or substance abuse. • Provider substantiated neglect based on the following. ◦ Employee #1 failed to supervise Individual #1 after seeing Individual #1 attempt to self-propel Individual #1's wheelchair. ◦ This resulted in Individual #1 taking the lock off the wheelchair causing the wheelchair to roll fast down the hill. ◦ Individual #1 hit the curb and was thrown from the wheelchair. Failure to provide services necessary to the health, safety and welfare of the individual is a violation of 12VAC35-115-50(B)(2).	PR) 10/25/2026 Employee #1 was terminated from her position on 10/02/26. Staff will review the policy and procedures of correctly supporting, transporting, and ensuring the safety of those individuals we support who utilize wheelchairs on our vans. All Kings Highway staff were retrained on Wheelchair Safety Protocols and Tie Down Training on 10/02/26. New staff will continue to be trained in vehicle safety during their NEO week, and will be reviewed annually or as needed. Site Leader of Kings Highway ensured that the training was completed in a timely manner. RAAI Coordinator ensured that corrective action was provided. OHR/OLR) Accepted 10/28/2026	10/02/2026 00:00:00

DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

License #: **101-02-006**
Organization Name: **Rappahannock Area Community Services Board**

Date of Inspection: **10-09-2026**
Program Type/Facility Name: **02-006 Fredericksburg**

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

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

License #: **101-01-001**
Organization Name: **Rappahannock Area Community Services Board**

Date of Inspection: **10-10-2026**
Program Type/Facility Name: **01-001 Igo Road Group Home**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
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	Igo Road Group Home This regulation was NOT MET as evidenced by: See OHR citations below.		11/15/2026

License #: **101-01-001**
Organization Name: **Rappahannock Area Community Services Board**

Date of Inspection: **10-10-2026**
Program Type/Facility Name: **01-001 Igo Road Group Home**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
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	Igo Road Group Home This regulation was NOT MET as evidenced by: CHRIS #20260028 Reporting all suspected abuse, neglect, or exploitation to the director; • Provider substantiated a violation for failure to report based on the following: ◦ During the investigation Employee #2 accused Employee #1 of verbally abusing Individual #1 on September 20, 2026, by telling Individual #1 to "Go get [Individual #1's] [expletive] snack". ◦ Employee #2 failed to report this to the director until Employee #2 was being investigated associated with this allegation. Failure to report all suspected abuse, neglect or exploitation to the director is a violation of 12VAC35-115-260(B)(2)(d)	PR) 10/25/2026 Employee #2 received corrective action on 10/2/2026 and is no longer employed with RACSB. All staff at Igo have been assigned the following trainings in the electronic training platform and will complete them no later than 11/15/2026: Professionalism in Direct Support Services Overview of Quality Dementia Care Abuse: Preventing, Recognizing, and Reporting The DD Residential Coordination team will monitor for completion of these additional trainings for all staff by 11/15/2026. The DD Residential Coordination team will complete ongoing monitoring monthly to ensure completion of "human rights rules and regulations to assure individual rights" training as assigned in Relias for all staff to complete on an annual basis. OHR/OLR) Accepted 10/28/2026	11/15/2026

License #: **101-01-001**
Organization Name: **Rappahannock Area Community Services Board**

Date of Inspection: **10-10-2026**
Program Type/Facility Name: **01-001 Igo Road Group Home**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-115-50. B. (2) - In receiving all services, each individual has the right to: 2. Be protected from harm including abuse, neglect, and exploitation.	N	Igo Road Group Home This regulation was NOT MET as evidenced by: CHRIS #20260028 "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 verbal abuse based on the following: ◦ Employee #1 reports that Employee #2 was heard yelling at Individual #1 because Individual #1 was not "listening". ◦ During the investigation, review of Employee #2's supervision records indicate her inappropriate tone, loudness, and professionalism with respect to speaking with individuals in services and others. ◦ Employee #2 admitted that Employee #2 was frustrated while supporting Individual #1 on that day to the point that Employee 2 had to walk away. Use of language that demeans, threatens, intimidates, or humiliates the person is a violation of 12VAC35-115-50(B)(2).	PR) 10/25/2026 Employee #1 was terminated from her position on 10/02/26. Staff will review the policy and procedures of correctly supporting, transporting, and ensuring the safety of those individuals we support who utilize wheelchairs on our vans. All Kings Highway staff were retrained on Wheelchair Safety Protocols and Tie Down Training on 10/02/26. New staff will continue to be trained in vehicle safety during their NEO week, and will be reviewed annually or as needed. Site Leader of Kings Highway ensured that the training was completed in a timely manner. RAAI Coordinator ensured that corrective action was provided. OHR/OLR) Accepted 10/28/2026	11/15/2026

License #: **101-01-001**
Organization Name: **Rappahannock Area Community Services Board**

Date of Inspection: **10-10-2026**
Program Type/Facility Name: **01-001 Igo Road Group Home**

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

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

License #: **101-16-004**
Organization Name: **Rappahannock Area Community Services Board**

Date of Inspection: **10-07-2026**
Program Type/Facility Name: **16-004 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	N	Kenmore Ave This regulation was NOT MET as evidenced by: CHRIS Number: 20260280 Date/Time of Discover: 09/21/2026 12:00PM Enter Date/Time: 09/23/2026 8:17PM Reporting Delay: 32:17:00 Location Name: Kenmore Ave	PR) 10/25/2026 Adult MHCM Supervisor communicated with Director of Compliance regarding late submission of IR as well as obtained clarification as to when an IR needs to be completed when a CM is involved in the coordination of crisis services or responds to a crisis situation. Adult MHCM Supervisor will add a reminder to the monthly staff meeting agenda to cover when IR’s should be completed as well as timely submission. Adult MHCM Supervisor will provide monthly reminders during our staff meetings as well as will follow up with staff to ensure IR’s are completed when supervisor is aware of the incident. OLR) Accepted 10/30/2026	10/26/2026

License #: **101-16-004**
Organization Name: **Rappahannock Area Community Services Board**

Date of Inspection: **10-07-2026**
Program Type/Facility Name: **16-004 Kenmore Ave**

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

General Comments / Recommendations:

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

Lakesha Steele, Incident Management Unit	(Signature of Organization Representative)	Date

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

To: Joseph Wickens, Executive Director

From: Stephanie Terrell, Director of Compliance & Human Rights

Date: November 2026

Re: Quality Assurance Report

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

- Mental Health Outpatient- Stafford
- Mental Health Peer Services- Fredericksburg
- Liberty Group Home

Mental Health Outpatient: Stafford

There were two staff members responsible for the selected charts.

Findings for the ten open and two closed charts for Mental Health Outpatient (Stafford) were as follows:

- Ten charts were reviewed for Assessment compliance:
  - **Discrepancies noted with Assessments:**
    - Five charts were missing the Daily Living Activities (DLA 20) or World Health Organization Disability Assessment Schedule (WHODAS).

- Ten charts were reviewed for Individual Service Plan compliance:
  - **Discrepancies noted with Service Plans.**
    - Three charts were missing signatures on Service Plans.

- Ten charts were reviewed for Quarterly Review compliance:
  - **Discrepancies noted with Quarterly Reviews.**
    - Two charts contained late Quarterly Reviews.

- Ten charts were reviewed for Progress Notes compliance:
  - **No discrepancies noted with Progress Notes.**

- Two charts were reviewed for Discharge compliance:
  - **No discrepancies noted Discharge Documentation.**

Comparative Information:

In comparing the Mental Health Outpatient: Stafford charts from previous audits to the current audits, the average score increased from a 68 to an 86 on a 100-point scale.

Corrective Action:

Within 15 days, clinicians will implement quarterly and WHODAS due dates into tracking system (written, Avatar, word, or excel).
Within 30 days, clinicians will update charts with missing information.
Clinicians will review these dates weekly and complete necessary documentation.

Coordinator will audit at least one chart per clinician per month, including self-audit.

Mental Health Peer Services: Fredericksburg

There were two staff members responsible for the selected charts.

Findings for the eleven open charts for Mental Health Peer Services: (Fredericksburg) were as follows:

- Eleven charts were reviewed for Assessment compliance:
  - **No discrepancies noted Assessment compliance.**

- Eleven charts were reviewed for Individual Service Plan compliance:
  - **Discrepancies noted with Service Plans.**
    - One chart contained a plan which was expired at the time of audit.
    - One chart contained a plan which was late at the time of the audit.

- Eleven charts were reviewed for Quarterly Review compliance:
  - **Discrepancies noted with Quarterly Reviews.**
    - Six charts contained late Quarterly Reviews.

- Eleven charts were reviewed for Progress Notes compliance:
  - **Discrepancies noted with Progress Notes.**
    - Two charts did not have monthly contacts documented.

- Two charts were reviewed for Discharge compliance:
  - **Discrepancies noted Discharge Documentation.**
    - One chart did not contain a discharge summary but was closed to services at the time of the audit.

Comparative Information:

The average score was an 88 on a 100-point scale.

Corrective Action:

Peer 1

- Supervisor will educate peer on the importance of timely quarterly reviews.
- Supervisor will educate peer on the importance of timely discharge summaries.

Peer 2

- Supervisor will retrain peer on quarterly reviews.
- Monthly audits will occur on all peer documentation and will be documented in the supervision log.
- Peer will document all contacts with clients in Avatar and will be reviewed each month with supervisor.
- Peer will block time on scheduling calendar and put alerts on chart to complete quarterly reviews.
- Peer will be retrained on World Health Organization Disability Assessment Schedule (WHODAS) for clients who are no longer open to Case Management or therapy.

Liberty Group Home:

There was one staff member responsible for the selected charts.

Findings for the five open and two closed charts for Liberty Group Home was as follows:

- Five charts were reviewed for Assessment compliance:
  - **Discrepancies noted with Assessments:**
    - One chart did not recommend Mental Health Skill Building as a service.

- Five charts were reviewed for Individual Service Plan compliance:
  - **No discrepancies noted with Service Plan Documentation.**

- Five charts were reviewed for Quarterly Review compliance:
  - **Discrepancies noted with Quarterly Reviews.**
    - One chart contained a late Quarterly Review.

- Five charts were reviewed for Progress Notes compliance:
  - **No discrepancies noted with Progress Notes.**

- Five charts were reviewed for General Documentation compliance:
  - **No discrepancies noted with General Documentation.**

- Five charts were reviewed for Medical Documentation compliance:
  - **Discrepancies noted with Medical Documentation:**
    - One chart did not contain prescriptions.

- Two charts were reviewed for Discharge compliance:
  - **No discrepancies noted Discharge Documentation.**

Comparative Information:
In comparing the Liberty Group Home charts from previous audits to the current audits, the average score increased from a 68 to a 91 on a 100-point scale.

Corrective Action:
Discrepancy 1: **Comprehensive Needs Assessment (CNA) does not recommend Mental Health Skill Building:** The CNA does not include a recommendation or clinical need for skill building services or Mental Health residential.
At the mental health residential staff meeting on 9/23, the manager, will review and the procedure for reviewing CNA's prior to completing individualized service plan's (ISP's). Once the CNA is completed and finalized in the chart, it must be read by the responsible qualified mental health professional (QMHP), checking specifically for clinical impression and recommendations for Mental Health Residential and Mental Health Skill building. Without this recommendation, no plan can be written. QMHP staff assigned to the chart and/or that identifies the missing recommendation in the CNA should immediately reach out to the licensed mental health professional (LMHP) via email and request a CNA addendum recommending MH Residential Skill building services. The program manager and assistant residential coordinator must also be included on the email to the LMHP requesting the update to the CNA.
The current CNA in the chart has been updated to include a recommendation for Mental Health Skill Building Services. The updated note is dated 9/10/26 but was finalized 9/22/26 by the LMHP.

Completion date 9/23/26

Discrepancy 2**: Late Quarterly due 7/7/26 completed 7/30/26**
A review of the incident revealed that mental health (MH) Residential Specialist had inadvertently transcribed the due date of the quarterly on his calendar as 8/7 instead of 7/7. He discovered his own mistake and reported it himself to Assistant Program Coordinator advised him to complete the quarterly immediately.
The Quarterly was completed and signed 7/30/26.
Staff responsible for the Quarterly appears to have made a human error in recording the due date of the quarterly. MH Residential Specialist has committed to being more accurate in recording due dates.
Quarterly due dates will be discussed at the staff meeting 9/23/2026. Program Manager will review charting requirements due with staff at monthly supervision, ensuring charting responsibilities have been completed. Residential staff and MH Residential Specialist will also routinely check AVATAR for quarterlies, individualized service plan's (ISP's), and assessments that are due for the Liberty and River Place programs, and follow-up with each other if they discover missing paperwork.
MH Residential Assistant Coordinator audits 20% of charts each month and manages a spreadsheet with documentation dates. Responsible staff and managers are provided a copy of the updated spreadsheet each month and are notified if issues are identified during audits.
Completion date 9/23/26
Discrepancy 3: **Missing Scripts**
The MAR was scanned by another staff and the scripts were not attached to the MAR when they were scanned in.
Scripts were scanned into AVATAR 9/16/2026
Scanning procedures for the MAR and Scripts will be discussed at the staff meeting on 9/23/26. Steps will be taken to ensure that all MARs and Scripts are ready to be scanned together on the first of the month, and MARs and Scripts do not become separated.
MH Residential Specialist will be responsible for the scanning of the Liberty St. MARs and Scripts. Residential staff be responsible for scanning River Place MARs and Scripts. Both will check to ensure the other's MARs and Scripts have been scanned by the fifth of the month. In the event that Residential staff or Residential Specialist is out of the office when scanning is scheduled, Program Manager will be responsible for the scanning of that program for that month, which may mean assigning task to another staff or completing the scanning herself.
MH Residential Assistant Coordinator audits 20% of charts each month, which includes verifying MARs and scripts are present.
Corrective Action will be complete by 9/23/26.

Communications Update, November 2026

RACSB was present at these community events:

- Oct. 15: Stafford High School community event
- Oct. 22–23: Anti-bullying and mental health presentations at Walker-Grant Middle School
- Oct. 27: VCU Community Partner Fair
- Oct. 30: Community Corrections Open House
- Nov. 7: Spotsylvania County Veterans Day ceremony
- Nov. 9: Mobile Response Unit outreach at Garrison Woods

Additional communications information:

- Published 92 social media posts during the reporting period.
- Published one blog post.
- Began cataloguing website PDFs and images as part of ongoing accessibility improvement efforts.
- Transitioned the weekly Information Friday email to The Friday Spark

Internal Communications/Employee Engagement:

- Held a t-shirt design competition
- Celebrated Halloween with a week of themed spirit days

- Recognized Case Management Week with social media posts highlighting our case managers and support coordinators
- Began planning for Employee Appreciation Month
- Continued the Mission:HopeStarter initiative with October's Spook Hope theme, featuring a choose-your-own-adventure monthly dossier and weekly virtual escape room activities.

Communications October 2026 Report













Communications Metrics for October 2026

Social Media:

- 92 posts
- 72,147 impressions
- 47 comments
- 1,092 reactions
- 4,663 followers

Website:

28,122 session
Top five pages:
Staff portal, home, employment, contact us, emergency services
Top referrers:
Search engines, racsbjobs; chatgpt; Facebook; My Life My Community

Instagram

- 524 followers
- 42 posts
- 5,080 impressions
- 4 shares

Top Four Posts:





hope_starter · Follow

hope_starter 1w
🎃👻☠️ Our Spotsylvania County Clinic team is hoping you're getting ready for a spooktacular Halloween. 🎃👻☠️

No comments yet.

Start the conversation.

10

October 29



hope_starter · Follow

hope_starter 2w
🌟 Please join us in congratulating these HopeStarters! At the October meeting of our Board of Directors, the following employees were recognized for their years of service to RACSB:
🏆Five Years: Carly Hecker, MAT Case Manager, Fredericksburg
🏆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

10

October 23



hope_starter 4w
🤩⭐👏 Over the first quarter of FY27, we recognized RACSB employees reaching service milestones and earning new professional licenses and credentials. These accomplishments represent years of dedication, continued learning and commitment to the people we serve. ✨
🏆 Please join us in celebrating...
🌟 Licensures: Kinsey Tyler and Tamara Johnson
🌟 Five Years: Vanessa Nunez, Dr. Kathy Hickman, Javonne Kirby, Jessica Madden, Carrie Richbourg, Carla Anderson, Heidi Heyse
🌟 Ten Years: Joyce Osafo, Tameika Bradley, Ryan Eagles, Joseph Stafford, Amy Umble
🌟 Fifteen Years: Vickie Lomax and Toni DeLeon
🌟 Twenty-Five Years: Gale Shell

10

October 8

Facebook

- 3,697followers
- 46 posts
- 58,703 impressions
- 11.18% engagement rate

Top Four Posts





Rappahannock Area Community Services Board
Published by Hootsuite · October 31 at 8:03 AM ·

Happy Halloween from all of us! 🎃👻 Our HopeStarters displayed spooktacular spirit this week! 🐕‍🦺✨ We wish you all a fun, safe, sweet Halloween filled with lots of treats.



Rappahannock Area Community Services Board
Published by Hootsuite · October 22 at 1:01 PM ·

Navigating Medicaid waivers and connecting individuals with developmental disabilities to services is complex, high-stakes work. But our Support Coordination team handles it with empathy, expertise, and experience every single day. 💙 For Case Management Week, we hit reset and celebrated this incredible team with a retro game night at Reclaim Arcade! 👾🕹️ Thank you for being HopeStarters, life-changers, advocates, and champions for the families we serve. We appreciate you!#CaseManagementWeek #SupportCoordination #DevelopmentalDisabilities #HopeStarters #LifeChangers



Blog Posts:

Let's Talk Fall! Activities to Encourage Toddler Speech

The air is growing crisp as the trees drop their leaves—autumn is here and it brings many fun opportunities to help your little ones with speech and language development.
Here are a few simple ideas for using this season to boost toddler communication:
Read, talk, and explore fall books. Three adorable books that can help with speech and language development include:
"The Leaf Thief" by Alice Hemming: Great for talking about colors, leaves, wind, and counting, or for asking questions like "Where did the leaf go?" Its humorous mystery gives little ones reasons to guess and comment.
"Red Leaf, Yellow Leaf" by Lois Ehlert: A colorful introduction to trees and how they grow. Explore descriptive words and simple concepts such as big and small.
"We're Going on a Leaf Hunt" by Steve Metzger: Repetitive language, rhyme, and sound effects make this one especially fun to read together. Pause before familiar phrases and let your toddler join.
Make a fall sensory bin. Fill a shallow container with large artificial leaves, toy pumpkins, cups, and scoops. (For children who mouth objects, avoid small items such as acorns, which can pose choking hazards.)Model words naturally as you play:
Describing: soft, crunchy, orange, big, little
Actions: scoop, pour, fill, dump, shake
Concepts: in, out, more, empty, full
Follow your child's lead. If they repeatedly fill and dump a cup, you can narrate, "In goes the leaf! Now it's empty!" (This Instagram video shows an easy, simple fall sensory bin for little ones.)
Practice trick-or-treating. You can recruit neighbors and practice ringing doorbells and saying "trick or treat" and "thank you." You could also use a playhouse, a cardboard box, or a dollhouse for pretend play and practice. You can model "trick or treat," "hello," "thank you," "more," and "bye-bye." Try a pretend candy shop, too, where your child can choose between two items.
Go on a fall adventure. A pumpkin patch, apple orchard, neighborhood walk, or trip to the library can all provide new things to see, hear, touch, and talk about. Here are some nearby adventures to try:
Braehead Farm, 1130 Tyler Street in Fredericksburg: Pumpkin patch, plus fall farm fun with animals, slides, swings, and more.
Snead's Farm, 18294 Tidewater Trail in Spotsylvania: Pumpkin patch, hayrides, playhouse, play forest, and more
Hartland Orchard, 3064 Hartland Lane in Markham: Pick-your-own apples
Stribling Orchard, 11587 Poverty Hollow Lane in Markham: Pick-your-own apples, farm animals, and picnic spaces
Carter Mountain Orchard, 1435 Carter Mountain Trail in Charlottesville: Pick-your-own apples, apple cider slushies, hayrides, and more
Messick's Farm Market, 6025 Catlett Road in Bealeton: Petting zoo, corn maze, hayrides, pick-your-own flowers, and more
Sing, move, and play with fall words. Sing familiar songs, stomp through leaves, pretend to be squirrels collecting acorns, or make up a simple "We're going on a pumpkin hunt" song. Repeat favorite words and phrases, exaggerate fun sounds, and let your child fill in a familiar sound or action when they're ready. Repetition helps children hear language in a playful, meaningful context.
Remember: It's About Connection, Not Perfection!
You don't need special toys or elaborate adventures to support your toddler's communication development. Some of the best opportunities happen during everyday moments together.
Communication comes in many forms. Words, gestures, signs, pictures, and sounds can all help children express themselves.
Everyday moments count. Reading a book, getting dressed, making a snack, or taking a walk can become opportunities to explore language together.
Follow your child's lead. Notice what interests them, respond to their attempts to communicate, and build on what they're already doing.
Keep it fun and pressure-free. There's no need to turn every activity into a lesson. Enjoying time together is valuable all on its own.
Every child develops at their own pace. If you have concerns about your child's speech, language, or communication development, talk with your pediatrician or a speech-language pathologist. Or, call 540-372-3561 for a

free assessment. Or, complete the Virginia Early Intervention Child Referral Form.

Prevention and Early Intervention Services Program Updates

Michelle Wagaman, Director **November 2026**
mwagaman@rappahannockareacsb.org
540-374-3337, ext. 7520

Top 5 for November:

1. Prevention Services hosted their annual Substance Use Block Grant site visit with DBHDS consultant Antone Green on October 19, 2026 and received positive feedback.
2. Prevention and Early Intervention Services hosting their inaugural division wide meeting on November 2, 2026. Keith Cartwright presented on a sense of mattering.
3. James Monroe High School students will be volunteering on November 23, 2026 to prep medication lock boxes for distribution and label gun locks.
4. The Veterans and First Responders workgroup of the Suicide Prevention is hosting monthly coffee socials (November 25 and December 23, 2026 from 10:00 a.m. to 11:30 a.m. at Black Rifle Coffee Company on Warrenton Road).
5. The 2027 training schedule is nearly complete.

Upcoming Events:

- Spotsylvania County Public Schools will host their third annual 4 E's Expo on November 5, 2026.
- November 21, 2026 is recognized as Survivors of Suicide Loss Day.

Parent Education – Infant Development Program

There are currently 537 children enrolled in the program receiving a combination of services to include service coordination, speech therapy, physical therapy, occupational therapy and educational developmental services. We are scheduling 16 consistent assessments per week. We had 68 referrals in October. There are currently 14 providers on staff. We recently hired a Special Educator who begins orientation on November 9, 2026. We are currently recruiting to fill another Special Educator position. Staff continue to adjust to the transition to full remote work.

Part C and Infant/Child Case Management

Alison Standring, Part C System Manager, represented RACSB and/or the Council Coordinators Association (CoCoA) as co-chairperson in the following groups and/or meetings since the last report: Local System Manager's Regional meeting September 1 and October 5; Rappahannock Area Interagency Coordinating Council meeting September 17 and October 15; VACSB Public Policy Committee meeting October 28;CoCoA Steering Committee meeting September 3 and November 5; VACSB Developmental

Disabilities Leadership meeting September 21; VACSB Developmental Services Council meeting October 8; SB133/HB652 Study of Prenatal and Postnatal Substance Use Work Group meetings September 9, 15, and 22; and VACSB Legislative Conference October 7 and 8.

Infant Case Managers received 90 referrals in August, 89 in September, and 68 in October. Program-wide, we discharged 65 children in August and 42 in September. 35 of these children transitioned to Part B Preschool Special Education in our local school systems August through September.

The team met in October to review the draft early intervention forms in AVATAR in preparation for moving from PDF documents to completing documents directly in AVATAR, anticipating a December or January implementation.

The team participated in the inaugural Prevention and Early Intervention Division meeting November 2nd, a welcomed opportunity to be in the same physical space with each other and to get to know members of the division better.

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, continues 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 all three (3) elementary schools in Caroline County. This is the fifth year of implementation for all 3rd through 5th grade students.

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.

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 version 12 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 virtually on November 12 and in-person on December 15 (from 8:30 a.m. to 5:00 p.m.).

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

Teen Mental Health First Aid was implemented again at James Monroe High School and Caroline High School this fall. This is the third year of implementation. Planning is underway to bring the curriculum to some classes at the Spotsylvania County Public Schools Career and Technical Center.

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 – The September campaign, Beyond the Chat, in recognition of Suicide Prevention Awareness Month was very well received. This year, we achieved an 18% higher reach than in 2025 which means an additional 32,819 individuals saw the ads compared to last year. Overall, this was the 3rd highest reach during the last six years of September campaigns. The social media ads had a reach of 216,877 with 474,180 impressions. The YouTube ad had 149,462 impressions and reached 102,739 unique users. The website had 11,306 pageviews during the campaign.

Lethal means safety devices were once again provided to branches of the Central Rappahannock Regional Library in an effort to make the items more accessible.



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 December 14, 2026.

State Opioid Response (SOR)

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

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

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

DBHDS is undergoing some system and process changes as it relates to the REVIVE! program. This may result in current instructors needing to recertify as well as new ongoing implementation standards.

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.

An Understanding ACEs training is scheduled 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 successfully hosted quarterly lunch and learns in 2026. Planning is underway to host a new series of speakers in 2027. We are also considering a virtual book club option.

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.

The remaining Course 2 is scheduled for November 12 (Course 1 is a requirement prior to attending Course 2).

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.

October 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	6	4	32	8
KING GEORGE COUNTY	7	2	2	0
SPOTSYLVANIA COUNTY	5	7	28	4
STAFFORD COUNTY	8	4	17	0
OUT OF AREA (REFERRED TO OTHER HF SITES)	0	0	0	0
TOTAL	**28**	**18**	**86**	**12**

- Received 35 Gingerbread House Kit Donations for the Holiday Party from Sunshine Volunteers
- Received 30 pajama and holiday book donations from New Hope UMC
- Scheduled the second "Breaking Barriers to Employment" Workshop for November 17, 2027. There are currently eight (8) participants registered to participate.

NOVEMBER 2026

Healthy Families Rappahannock Area Newsletter

Growing Gratitude. Sharing Kindness. Creating Memories.

November invites us to pause and appreciate the people and moments that bring meaning to our lives. At Healthy Families Rappahannock Area (HFRA), we are thankful for the families who welcome us into their homes, the staff who walk alongside them, and the community partners and supporters who help make our work possible.

We see so much worth celebrating: a parent finding confidence, a baby reaching a new milestone, a family working toward a goal, or a child discovering something new. These everyday moments remind us that strong families grow through love, encouragement, and connection.

Thankfulness Begins with Everyday Moments and Creating Memories

One thing we love working with families on is providing ideas that can help their child practice gratitude even before they understand the word "thankful." Our team provides families with simple gratitude activities like creating thankful trees, sharing happy moments together, noticing kindness and encouraging children to draw or scribble a picture for someone who cares for them

This holiday season, HFRA's goal is to help families create joyful memories. Through our Making Memories campaign, we hope to provide new holiday pajamas and a new book for every child, along with a gingerbread house kit for each family.

Imagine a child choosing a new bedtime story, snuggling into cozy pajamas, or laughing with family while decorating a gingerbread house. These simple experiences offer opportunities to connect and enjoy being together.



We Are Still Asking For Support in Creating These Memories!



If you, your church, business, or community group would like to support this effort, please contact the Healthy Families team to learn about donation needs and ways to participate. Every contribution helps bring these moments within reach.

~Melodie "Mel" Jennings

Making Room for Every Feeling

The holiday season can bring joy, but it can also bring stress, sadness, or worry. Being thankful does not mean everything has to feel easy. Give yourself permission to keep celebrations simple, ask for support, and make choices that work for your family.

A favorite song, a shared book, or a few quiet minutes together can become a treasured tradition.

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www.healthyfamiliesrappahannock.org

NOVEMBER 2026

Healthy Families Rappahannock Area Newsletter

Support Shoutouts

This month's shout outs belong to

- **The Test Family**
- **Ashley King**
- **Fred Nats**
- **Little Hands**
- **From the Heart**

We are truly Thankful for all the Support you give!

Be A Part of the Village
Scan to Donate

Community Partners,

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

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



BREAKING BARRIERS TO EMPLOYMENT WORKSHOP
EMPOWER • EQUIP • EMPLOY

November 17th Workshop

Our Thanks to You

To the HFRA Team: Thank you for the care, patience, and dedication you bring to your work.
To our BOARD: Thank you for supporting the HFRA vision and caring about the wellness of the team
To our partners, donors, and friends: Thank you for helping us surround families with encouragement and opportunity.

This November, may we notice the kindness around us, share what we can, and remember how much a caring connection can mean.





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www.healthyfamiliesrappahannock.org

What's Happening This Month

November 2026

Falling Leaves Playgroup

Wednesday, November 18, 2026
1pm - 2 pm
Hillcrest UMC
2208 Lafayette Blvd
Fredericksburg

Family Holiday Party Playgroup

Saturday, December 5, 2026
11am - 1 pm
RACSB River Club
10825 Tidewater Trail
Fredericksburg

CONTACT US

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www.healthyfamiliesrappahannock.org

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To: Joe Wickens, Executive Director
From: Alison Standring, ICC & Part C Services Manager
Subject: Monitoring Results for FFY25/SFY26
Date: November 5, 2026

Kyla Patterson's memo and the accompanying chart provide the results of our annual chart review to determine compliance with Part C federal regulations for FFY25/SFY26.

MEMORANDUM

To: Joe Wickens, Executive Director
From: Alison Standring, ICC & Part C Services Manager
Subject: Monitoring Results and Determination FFY25/SFY26 (July 1, 2025 through June 30, 2026)
Date: November 5, 2026

The Department of Behavioral Health and Developmental Services monitors each of the 40 local Part C systems in the Commonwealth to assure that it is in compliance with federal Part C requirements. Enclosed is a memo from Kyla Patterson that summarizes the monitoring process and what is involved in determinations (pages 4 through 5), a chart that describes the federal indicators reviewed and how we scored on each (pages 6 through 13), a letter from Kyla Patterson providing verification of corrected noncompliance with C8A (pages 14 through 17), a letter from Kyla Patterson providing verification of corrected noncompliance with C8B (pages 18 through 21) and the LEIS Monitoring Results & Determination Report Companion Guide (pages 22 through 25).

The charts on pages 6 through 13 describe our results for Compliance Indicators, Timely and Accurate Data, Results Indicators, POSM Findings, Out of Cycle Noncompliance Findings, Longstanding Noncompliance, our Cumulative Score and Annual Determination, and Enforcement Actions. Points are awarded based on our local result compared to the state target.

1. Page 6 shows
    a. Initially we were not in compliance with meeting Timely Initiation of Services (Indicator C1), documenting Transition Steps and Services (Indicator C8A), and providing Notification to LEA and SEA (C8B); we were able to demonstrate compliance with C1 before June 30th and we were notified August 25th that we corrected noncompliance with C8A (see pages 14-17); we were notified November 2nd that we corrected non-compliance with C8B (see pages 18-21).
2. Page 7 shows the data we submit are timely and accurate.
3. Page 8 shows
    a. We are in compliance with Primary Service Setting (Indicator C2), providing services in the child's natural environment.
    b. Our local results for Child Outcomes (Indicator C3) which measure children's positive social-emotional skills, acquisition and use of knowledge and skills, and use of appropriate behaviors to meet needs in comparison to same aged peers as they exit out of early intervention.
        i. Summary Statement 1: Of those infants and toddlers who entered early intervention below age expectations in each Outcome, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program.
        ii. Summary Statement 2: The percent of infants and toddlers who were functioning within age expectations in each Outcome by the time they turned 3 years of age or exited the program.
    c. There were no Data Anomalies among our Child Outcomes data;
    d. 92.78 % of eligible children had Exit Scores;
4. Page 9 shows

    a. The results of Family Outcomes (Indicator C4) as measured through an annual family survey.
    b. Our Family Survey Response Rate was less than 22% and below the 25th percentile resulting in zero points. This survey is mailed from Old Dominion University in the spring to each family enrolled in our program on the prior December 1st.
    c. We are near the state targets for Child Find (Indicator C5, Indicator C6).
5. Page 10 shows results of Periodic Oversight of Systems and Methods; RACSB has not yet been selected to participate in this process.
6. Page 11 shows
    a. Out of Cycle Noncompliance findings; we had none.
    b. Longstanding Noncompliance; we had none.
7. Page 12 shows our Cumulative Score is 83.33% resulting in a **Meets Requirements** determination.
8. Page 13 identifies Enforcement Actions; we had none.

During State Fiscal Year 2026, our program processed 831 referrals (down from 849 last year) and served more than 1,078 infants and toddlers (down from 1,082 last year).

I appreciate the dedication and commitment of our team to work towards and assure continued compliance with Part C federal regulations.

pc: Michelle Wagaman, Director, Prevention and Early Intervention Services
Suzanne Haskell, PE-ID Coordinator
PE-ID Staff
Infant Case Management Staff

MEMORANDUM

TO: Local Early Intervention System (LEIS) Lead Agency Directors

FROM: Kyla C. Patterson
Early Intervention Program Manager

DATE: September 30, 2026

RE: Local Early Intervention System (LEIS) Monitoring Results & Determination for FFY25/SFY26 (July 1, 2025 – June 30, 2026) – Copy 2 of 2

Enclosed is your LEIS Monitoring Results & Determination Report for FFY25/SFY26. This is Copy 2 of 2, the final report for the year. Copy 1 of 2, issued June 30, 2026, reported your compliance indicator results. This copy repeats those results and adds your data quality and timeliness results, your results indicator performance, the status of any monitoring findings, your cumulative score, and your annual determination. Your determination appears in Section G.

The Individuals with Disabilities Education Act (IDEA) requires the State to make this determination. Under 34 C.F.R. § 303.700(a)(2), the State Lead Agency must determine annually how each local early intervention system is performing, using the four categories set out in § 303.703(b): Meets Requirements, Needs Assistance, Needs Intervention, and Needs Substantial Intervention. The State must also report each local system's performance to the public (§ 303.702(b)). The underlying data will be included in Virginia's Annual Performance Report to the Office of Special Education Programs in February 2027. Your results will be posted on the Infant & Toddler Connection of Virginia (ITCVA) website no later than 120 days thereafter.

This year's report is substantially expanded. It now reports noncompliance identified through every monitoring activity the State conducts: the annual compliance indicator review (CIMV), Periodic Oversight of Systems and Methods (POSM), and out-of-cycle review (OOCNC). Total points and the 50/50 weighting between compliance and results are unchanged from last year, so your score remains comparable. One long-standing rule is now stated plainly on the report itself: a local system with noncompliance from any source that remains uncorrected beyond one year cannot receive a determination of Meets Requirements, regardless of its score. Where that rule

applies, the report shows the finding and its correction status, so the reason for the determination is visible on the page.

If enforcement actions apply to your local system, you will find them in Section H of the report. Your locality's assigned Part C technical assistance consultant will contact your local system manager to review each required action and plan next steps. Any open noncompliance, from any source, must be corrected as soon as possible and in no case later than one year from the date of written notification. Your locality's assigned monitoring consultant will continue to track and verify correction.

The enclosed companion guide explains what each section of the report does, how the score is calculated, and how longstanding noncompliance affects the determination. The complete policy reference is Appendix G: Local Results and Determinations of the ITCVA General Supervision and Monitoring Framework. If you have questions about your report or your determination, please contact your monitoring consultant.

A determination measures what can be measured. It does not capture the judgment your staff exercise on behalf of individual families or the problems your system solves before they ever become findings. DBHDS recognizes that work, and your continued commitment to Virginia’s infants and toddlers with disabilities and their families is greatly appreciated.

Enclosures:

- LEIS Monitoring Results & Determination Report, FFY25/SFY26 – Copy 2 of 2
- LEIS Monitoring Results & Determination Report Companion Guide (DOC ID APPG-02 Rev. 2026-09)

cc: Local System Manager
Local System Manager Supervisor
Daryl Washington, Commissioner, DBHDS
Heather Norton, Deputy Commissioner, Community Services, DBHDS
Kari Savage, Director, Office of Child and Family Services, DBHDS
Richard Corbett, Part C Data and Monitoring Lead, ITCVA, DBHDS
Monitoring Consultant, ITCVA, DBHDS
Technical Assistance Consultant, ITCVA, DBHDS

Infant & Toddler Connection of

Rappahannock Area

Section A Compliance Indicators						
C1: Timely Initiation of Services / C7: Initial IFSP Meeting / C8A-B-C: Transition						
Scoring • CPN[1] = N/A → 2 • CPN = Y → 2 • CPN = N and CIMV[2] >= 95% → 2 • CPN = N and CIMV >= 75% → 1 • CPN = N and CIMV < 75% → 0						
Indicator	**State Target**	**State Result**	**CIMV Result**	**CPN Y•N•N/A**	**FCN[3] Y•N•N/A**	**Points**
C1: Timely Initiation of Services	100.00%	98.68%	97.66%	Y	Y	2
C7: Initial IFSP Meeting	100.00%	98.87%	100.00%	N/A	N/A	2
C8A: Steps and Services	100.00%	99.57%	98.18%	N	N/A	2
C8B: Notification to LEA[4] & SEA[5]	100.00%	88.01%	79.31%	N	N/A	1
C8C: Planning Conference	100.00%	98.73%	100.00%	N/A	N/A	2

[1] CPN = Corrected prior to notification (as of 06/30/2026)
[2] CIMV = Compliance Indicators Measurement and Verification
[3] FCN = Full correction of noncompliance identified in SFY 2025, demonstrated on or before 06/30/2026. Reported for information only; longstanding noncompliance is scored in Section F.
[4] LEA = Local Education Authority
[5] SEA = State Education Authority (Virginia Department of Education)

Section B Timely and Accurate Data			
Contract Deliverables			
Item(s)		**Contract Due Date**	**Received Date[6]**
SFY25 Q4 Data Verification		07/21/2025	07/16/2025
SFY26 Q1 Data Verification		10/20/2025	10/20/2025
SFY26 Fidelity Assessment Report		12/01/2025	11/14/2025
SFY26 Q2 Data Verification; 12/01 Child Count Verification		01/20/2026	01/23/2026
SFY26 Q3 Data Verification		04/20/2026	04/17/2026
Scoring • True → 1 • False → 0	**Category**	**Measures**	**Points**
	Timeliness	Contract Deliverables[7]	1
	Accuracy	Measure A[8]	1
		Measure B[9]	1
		Measure C[10]	1

[6] All LEISs are afforded an automatic 3-business-day extension. Deliverables received for any reason after the extended grace period are recorded as late.
[7] All contract deliverables submitted; no more than one deliverable submitted late in order to receive full credit. Due dates as specified or following business day if weekend/holiday.
[8] Measure A = December 1st Child Count — Data consistent between two point-in-time measures.
[9] Measure B = CIMV Data Verification — For SFY26: Correct application of compliant/noncompliant reason codes for indicator C8B.
[10] Measure C = Medicaid Data Accuracy — Medicaid data entry and/or verification errors < 3.0% of annualized child count.

Section C Results Indicators				
C2: Primary Service Setting (PSS)				
Scoring • PSS >= State target → 1 • PSS < State target → 0	**State Target**	**State Result**	**Local Result**	**Points**
	98.00%	99.63%	100.00%	1
C3: Child Outcomes				
Scoring: N/A *(local results reported but not scored)*	**State Target**	**State Result**	**Local Result**	**Points**
C3A-S1: Positive social-emotional skills	65.78%	64.82%	54.94%	Not Scored[11]
C3A-S2: Positive social-emotional skills	59.54%	51.91%	50.14%	
C3B-S1: Acquisition and use of knowledge and skills	70.04%	68.80%	62.13%	
C3B-S2: Acquisition and use of knowledge and skills	48.92%	44.68%	46.40%	
C3C-S1: Use of appropriate behaviors to meet needs	69.59%	66.67%	60.34%	
C3C-S2: Use of appropriate behaviors to meet needs	51.99%	48.01%	48.70%	
Data Anomalies				

Scoring
• 3 child outcomes x 5 progress categories (a-e) = 15 results
• 15 results – total anomalies = Score
  ○ Score = 13, 14 or 15 → 2 points
  ○ Score = 10, 11 or 12 → 1 point
  ○ Score < 10 → 0 points
	Anomalies	**Local Result**	**Points**	

	0	15	2	
Children w/ Exit Scores				

Scoring
• # score captured ÷ total # eligible for scores = LEIS %
  ○ LEIS % >= 90% → 2 points
  ○ LEIS % between 80% and 90% → 1
  ○ LEIS % < 80% → 0 points
	Eligible	**Captured**	**Local Result**	**Points**

	374	347	92.78%	2

[11] Child outcome summary statement results are reported for information only and are not scored. Indicator C3 is scored on the anomaly review and exit-data capture rows that follow, which measure the quality of the locality's outcome data rather than the outcomes themselves, and are not sensitive to local sample size.

Section C Results Indicators					
C4: Family Outcomes					
Scoring • Meaningful Difference (MD) = N/A → 1 • Meaningful Difference (MD) = N → 1 • Meaningful Difference (MD) = Y → 0	**State Target**	**State Result**	**Local Result**	**MD** **Y•N•N/A**	**Points**
C4A: Family Outcomes (Know their rights)	77.98%	80.20%	77.00%	N	1
C4B: Family Outcomes (Communicate needs)	75.88%	77.20%	76.00%	N/A	1
C4C: Family Outcomes (Help child learn)	88.85%	89.20%	87.00%	N	1
Family Survey Response Rate					
Scoring • Surveys returned ÷ surveys connected = LEIS % ○ *LEIS % >= 26% OR at/above 75th percentile → 2* ○ *LEIS % >= 22% OR between 25th and 75th percentile→ 1* LEIS % at or below 25th PERCENTILE → 0		**Connected**	**Returned**	**Local Result**	**Points**
		514	82	15.95%	0
C5: Birth-to-1 / C6: Birth-to-3 (Child Find)					
Scoring • Meaningful difference = N/A → 1 • Meaningful difference = N → 1 • Meaningful difference = Y → 0	**State Target**	**State Result**	**Local Result**	**MD** **Y•N•N/A**	**Points**
C5: Birth-to-1	1.90%	2.03%	1.87%	N	1
C6: Birth-to-3	4.00%	4.36%	3.97%	N	1

Section D Periodic Oversight of Systems and Methods (POSM) Findings		
This locality has not yet participated in POSM. The table below is blank.		
POSM SFY	N/A	
Report Issued on Date		
Findings Y/N	N/A	
Correction Required by Date[12]		
Protocol ID	**Correction Verified on Date**	**Longstanding Noncompliance Y/N**

[12] Noncompliance must be corrected as soon as possible and in no case later than one year from the date of written notification, consistent with 34 C.F.R. § 303.120(a)(2)(iv).

Section E Out-of-Cycle Noncompliance (OOCNC) Findings			
This locality had no OOCNC findings open or corrected during the reporting cycle.			
	OOCNC Finding 1	**OOCNC Finding 2**	**OOCNC Finding 3**
Description			
Citation Date			
Correction Required by Date			
Correction Verified on Date			
Longstanding Noncompliance Y/N			

Section F Longstanding Noncompliance		

Scoring
• No longstanding noncompliance → 2
• For compliance indicators C1, C7 and C8A-B-C
  ○ Noncompliance corrected within one (1) year; if repeated, compliance at CIMV >= 95% → 2
  ○ Noncompliance corrected within one (1) year; if repeated, compliance at CIMV < 95% → 1
  ○ Noncompliance exceeding one (1) year → 0
	• For POSM findings
	  ○ All noncompliance verified as corrected by *Correction Required Date* → 2
	  ○ Any noncompliance exceeding one (1) year → 0
	• For OOCNC findings
	  ○ All noncompliance verified as corrected by *Correction Required Date* → 2
	  ○ Any noncompliance exceeding one (1) year → 0
	
	Section F score = lowest result across all indicators and findings
		Points
		2

Section G: Cumulative Score and Annual Determination

Scoring

- Cumulative Score = 50% Section A+B+F % Score + 50% Section C % Score
- Determination — based on Cumulative Score
- 80%-100% → Meets Requirements (MR)
  - 60%-79% → Needs Assistance (NA)
  - 50%-59% → Needs Intervention (NI)
  - 0%-49% → Needs Substantial Intervention (NSI)

- **Longstanding Noncompliance Ceiling**
  - A LEIS with noncompliance from any monitoring activity that remains uncorrected beyond one (1) year cannot receive Meets Requirements. Where the cumulative score would otherwise yield MR, the determination is Needs Assistance. A lower category determined by score is not raised.

	Possible	Awarded		
Section A — Compliance Indicators	10	9		
Section B — Timely and Accurate Data	4	4		
Section F — Longstanding Noncompliance	2	2	**A+B+F Points**	15
			A+B+F % Score	93.75%
Section C — Results Indicators	12	10		
Section D — POSM Findings	N/A	N/A		
Section E — OOCNC Findings	N/A	N/A	**C Points**	10
			C % Score	83.33%
			FFY25/SFY26 Cumulative Score	**88.54%**
			FFY25/SFY26 Determination	**MR**

Section H: Enforcement Actions
No enforcement actions required.

Section I: Local EIS Determination 5-Year History				
FFY21/SFY22 07/01/2021-06/30/2022	**FFY22/SFY23 07/01/2022-06/30/2023**	**FFY23/SFY24 07/01/2023-06/30/2024**	**FFY24/SFY25 07/01/2024-06/30/2025**	**FFY25/SFY26 07/01/2025-06/30/2026**
MR	NA	MR	MR	MR

The annual determination is the State Lead Agency's formal, documented assessment of each LEIS's overall performance under IDEA Part C for the completed State Fiscal Year. It integrates compliance indicator results, data quality and timeliness, results indicator performance, and the full record of compliance and correction from all monitoring activities — CIMV, POSM, and out-of-cycle investigations — into a single accountability determination. Please refer to ITCVA General Supervision and Monitoring Framework documentation, Appendix G – Local Results and Determinations, for more information.

August 25, 2026

Mr. Joe Wickens
Executive Director
Rappahannock Area Community Services Board
Infant & Toddler Connection of Rappahannock Area
600 Jackson Street
Fredericksburg, VA 22401

Dear Mr. Wickens:

The Virginia Department of Behavioral Health and Developmental Services (DBHDS), as the state lead agency (SLA) for the implementation of Part C of the Individuals with Disabilities Education Act (IDEA), recently completed required general supervision and monitoring activities to verify correction of noncompliance previously identified as having occurred within your local early intervention system (LEIS). The purpose of this letter is to describe actions taken and to share our findings and conclusion.

REGULATION(S)

- 34 CFR § 303.209(d) – Transition plan.

  Summarized as follows: For all toddlers with disabilities, an IFSP shall contain transition steps and services at least ninety (90) days and at the discretion of all parties not more than nine (9) months prior to the child's third birthday (Indicator C-8A).

- 12VAC35-225-190 Transition.

  F. The service coordinator shall ensure development of a transition plan in the IFSP at least 90 days and (at the discretion of all parties) up to nine months before the child's third birthday, or anticipated date of transition if the child is age two years by September 30 of a given school year, for all children exiting early intervention.

ISSUE

Previously[1], a written finding was issued to your LEIS citing noncompliance with Part C indicator C-8A which requires complete and timely transition planning for all children and families exiting the Part C early intervention system to home, school-based services, community-based services or other services as appropriate. This finding was made during our annual compliance indicators measurement and verification (CIMV) process. CIMV is one of five core integrated monitoring activities within Virginia's general supervision and monitoring framework for Part C.

ACTIVITIES

SLA compliance verification activities included both prong 1 (child-specific) and prong 2 (system) as follows:

1. For any child and family identified via CIMV as not having had a transition plan developed in accordance with Part C requirements for a noncompliant (i.e., system) reason, Part C monitoring staff used data from the state data system, TRAC-IT, and confirmed that either:
    a. A transition plan was subsequently completed, albeit late; or
    b. The child and family were no longer in the jurisdiction of your LEIS.

2. For a selected verification period[2], Part C monitoring staff reviewed updated data from the state data system, TRAC-IT, and verified that transition planning occurred in accordance with Part C requirements for all children and families—resulting in 100% compliance.

FINDINGS

The SLA has verified the following:

1. For any child and family identified via CIMV as not having had a transition plan developed in accordance with Part C requirements for a noncompliant (i.e., system) reason, a transition plan was subsequently developed, albeit late, and/or the child and family had exited from the local system[3]. The LEIS has corrected each individual case of child-specific noncompliance.

2. The IFSPs for all children who exited during the verification period contained transition plans developed in accordance with Part C requirements. If transition planning was delayed, the delay was the result of a compliant (i.e., non-system) reason[4]. The LEIS is correctly implementing the regulatory requirement.

[1] See page 4: Noncompliance Notification Date
[2] See page 4: Verification Period
[3] See page 4: Prong 1 Correction As-of Date
[4] See page 4: Prong 2 Correction As-of Date

CONCLUSION

As a result of our findings, the SLA can conclude that your LEIS has corrected the noncompliance observed during CIMV and for which a finding was previously issued.

Thank you for your successful efforts to provide timely services for infants and toddlers. If you have any questions regarding this notification, please do not hesitate to contact me at k.patterson@dbhds.virginia.gov or (804) 402-8759.

Sincerely,



Kyla Patterson, MS
Early Intervention Program Manager

Noncompliance Notification Date	6/30/2026	
Source	☒ TRAC-IT	☐ LEIS
Number of Prong 1 Cases	1	
Compliance Percentage	98.21%	
Prong 1 Correction As-of Date	3/27/26	
Verification Period	6/1/2026 to 6/30/2026	
Number of Prong 2 Cases	0	
Compliance Percentage	100.00%	
Prong 2 Correction As-of Date	6/1/2026	

cc: Michelle Wagaman, LSM Supervisor, Early Intervention Services Director, Rappahannock Community Services Board
Alison Standring, Local System Manager, Infant & Toddler Connection of Rappahannock Area
Richard Corbett, Early Intervention Team Leader, Infant & Toddler Connection of Virginia
Terri Nelligan, Technical Assistance Consultant, Infant & Toddler Connection of Virginia
Ariel Chambers, Monitoring Consultant, Infant & Toddler Connection of Virginia

DARYL WASHINGTON, LCSW
COMMISSIONER

COMMONWEALTH of VIRGINIA
DEPARTMENT OF
BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
Post Office Box 1797
Richmond, Virginia 23218-1797

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11/2/2026

Mr. Joe Wickens
Executive Director
Rappahannock Area Community Services Board
Infant & Toddler Connection of Rappahannock Area
600 Jackson Street
Fredericksburg, VA 22401

Dear Mr. Wickens:

The Virginia Department of Behavioral Health and Developmental Services (DBHDS), as the state lead agency (SLA) for the implementation of Part C of the Individuals with Disabilities Education Act (IDEA), recently completed required general supervision and monitoring activities to verify correction of noncompliance previously identified as having occurred within your local early intervention system (LEIS). The purpose of this letter is to describe actions taken and to share our findings and conclusion.

REGULATION(S)

- 34 CFR § 303.209(b) – Notification to the SEA and LEA as appropriate.

  Summarized as follows: Notification to the Local Education Agency (LEA) and the State Education Agency (SEA) shall occur at least ninety (90) days prior the child's third birthday or anticipated date of transition for children potentially eligible for Part B preschool services (Indicator C-8B).

  12VAC35-225-190 Transition.

  C. For each child who is potentially eligible for preschool services under Part B, and unless the parent objects, the service coordinator shall ensure notification to the local school division and the Virginia Department of Education not fewer than 90 days before the child's third birthday or the anticipated date of transition if the child is aged two years by September 30 of a given school year.

ISSUE

Previously[1], a written finding was issued to your LEIS citing noncompliance with Part C indicator C-8B which requires that notification (unless the parent opts out) to the Local Education Agency (LEA) and the State Education Agency (SEA) must occur at least ninety (90) days prior to the child's third birthday for children potentially eligible for Part B preschool services. This finding was made during our annual compliance indicators measurement and verification (CIMV) process. CIMV is one of five core integrated monitoring activities within Virginia's general supervision and monitoring framework for Part C.

ACTIVITIES

SLA compliance verification activities included both prong 1 (child-specific) and prong 2 (system) as follows:

1. For any child and family identified via CIMV whose LEA and/or SEA transition notification(s) did not occur in accordance with Part C requirements for a noncompliant (i.e., system) reason, Part C monitoring staff used data from the state data system, TRAC-IT, and confirmed that either:
    a. Notification subsequently occurred, albeit late; or
    b. The child and family were no longer in the jurisdiction of your LEIS.

2. For a selected verification period[2], Part C monitoring staff reviewed updated data from the state data system, TRAC-IT, and verified that transition notifications occurred in accordance with Part C requirements for all children and families—resulting in 100% compliance.

FINDINGS

The SLA has verified the following:

1. For any child and family identified via CIMV whose LEA and/or SEA transition notification(s) did not occur in accordance with Part C requirements for a noncompliant (i.e., system) reason, notification subsequently occurred, albeit late, and/or the child and family had exited the from the local system[3]. The LEIS has corrected each individual case of child-specific noncompliance.

2. Transition notifications for all children who exited during the verification period occurred in accordance with Part C requirements. If a notification was delayed, the delay was the result of a compliant (i.e., non-system) reason[4]. The LEIS is correctly implementing the regulatory requirement.

[1] See page 4: Noncompliance Notification Date
[2] See page 4: Verification Period
[3] See page 4: Prong 1 Correction As-of Date
[4] See page 4: Prong 2 Correction As-of Date

CONCLUSION

As a result of our findings, the SLA can conclude that your LEIS has corrected the noncompliance observed during CIMV and for which a finding was previously issued.

Thank you for your successful efforts to provide timely services for infants and toddlers. If you have any questions regarding this notification, please do not hesitate to contact me at k.patterson@dbhds.virginia.gov or (804) 402-8759.

Sincerely,



Kyla Patterson, MS
Early Intervention Program Manager

Noncompliance Notification Date	06/30/2026	
Source	☐ TRAC-IT	☒ LEIS
Number of Prong 1 Cases	6	
Compliance Percentage	79.31%	
Prong 1 Correction As-of Date	3/31/2026	
Verification Period	9/1/2026-9/30/2026	
~~Number of Prong 2 Cases~~	~~0~~	
Compliance Percentage	100.00%	
Prong 2 Correction As-of Date	9/1/2026	

cc: Michelle Wagaman, LSM Supervisor, Title, Agency
Alison Standring, Local System Manager, Infant & Toddler Connection of ITC
Richard Corbett, Early Intervention Team Leader, Infant & Toddler Connection of Virginia
Terri Nelligan, Technical Assistance Consultant, Infant & Toddler Connection of Virginia
Ariel Chambers, Monitoring Consultant, Infant & Toddler Connection of Virginia

LEIS Monitoring Results & Determination Report Companion Guide

A Companion Document to Appendix G: Local Results and Determinations

Contents

About the Determination Report 1
How the Report Is Issued 1
What Each Section Does 2
How Scoring Works 3
Determination Categories 4
A Note on Longstanding Noncompliance 4

About the Determination Report

The **LEIS Monitoring Results & Determination Report** — the "determination form" — is the State Lead Agency's (SLA's) formal, documented assessment of each Local Early Intervention System's (LEIS's) overall performance under IDEA Part C for a completed state fiscal year (SFY). It brings compliance, data quality and timeliness, results for children and families, and the full record of correction across all monitoring activities (CIMV[1], POSM[2], and OOCNC[3] investigations) into a single accountability determination. The form is issued annually to each of Virginia's 40 local systems.

How the Report Is Issued

The report is issued in two copies during the year. Both copies cover the same data period — the SFY that ended on June 30 (July 1, 20YY – June 30, 20YY).

Copy	Issued	Contents & Purpose
Copy 1 of 2 — Compliance Indicator Results	June 30, 20YY	Section A (Compliance Indicators) only. Reports CIMV results and correction status, starts the one-year correction clock for any identified noncompliance, and initiates structured and supervised local monitoring (SSLM) where required. No determination is issued in this copy.

[1] Compliance Indicators Measurement and Verification (CIMV)
[2] Periodic Oversight of Systems and Methods (POSM)
[3] Out-of-Cycle Noncompliance (OOCNC)

Copy	Issued	Contents & Purpose
Copy 2 of 2 — Final Results & Determination	September 30, 20YY	All sections (A through I). Repeats the compliance results and adds data quality, results, findings, the cumulative score, the formal annual determination, and any enforcement actions.

What Each Section Does

The form has nine sections, A through I. Sections A, B, C, and F earn points; Sections D and E record findings without scoring them directly; and Sections G, H, and I report the result, the enforcement response, and the multi-year context.

Section	Title & Purpose	Scoring Role
Section A	**Compliance Indicators —** Records CIMV results and correction status for federal Part C compliance indicators C1, C7, and C8A–C8C.	Scored — up to 10 points
Section B	**Timely and Accurate Data —** Assesses data quality through three accuracy measures and the timeliness of contract deliverables.	Scored — up to 4 points
Section C	**Results Indicators —** Reports primary service setting (C2), child outcomes (C3), family outcomes (C4), and child find (C5 and C6). Child outcome summary statements are reported but not scored; C3 is scored on the quality and completeness of outcome data.	Scored — up to 12 points
Section D	**POSM Findings —** Records Periodic Oversight of Systems and Methods (POSM) findings and correction status.	Not scored — tracking and disclosure; affects the score only through Section F.
Section E	**OOCNC Findings —** Records out-of-cycle noncompliance findings and correction status.	Not scored — tracking and disclosure; affects the score only through Section F.
Section F	**Longstanding Noncompliance —** Evaluates whether any noncompliance from any source went uncorrected past its required correction date (one year from the date of written notification).	Scored — up to 2 points; also acts as a ceiling (see below).
Section G	**Cumulative Score & Annual Determination —** Combines the scored sections into the weighted cumulative score and assigns the determination category.	Calculation and result

Section	Title & Purpose	Scoring Role
Section H	**Enforcement Actions —** Documents any required or selected enforcement actions.	Not scored
Section I	**5-Year Determination History —** Shows the locality's determination for the prior five state fiscal years to make trends visible.	Not scored — context

How Scoring Works

The cumulative score is a weighted average of two equally weighted halves. This 50/50 design reflects the policy judgment that compliance with IDEA requirements and results for children and families carry equal weight: a locality cannot earn a strong determination on compliance alone while results lag, or on results alone while compliance requirements go unmet.

Scored Section	Points Possible	Score Half
Section A — Compliance Indicators	10	Compliance & Accountability
Section B — Timely and Accurate Data	4	Compliance & Accountability
Section F — Longstanding Noncompliance	2	Compliance & Accountability
Subtotal — Compliance & Accountability half	**16**	**= 50% of score**
Section C — Results Indicators	12	Results
Subtotal — Results half	**12**	**= 50% of score**

The two halves are combined as follows:

- **Compliance & Accountability half** = (Section A + B + F points) ÷ 16 × 100
- **Results half** = Section C points ÷ 12 × 100
- **Cumulative Score** = (50% × Compliance & Accountability half) + (50% × Results half)

Determination Categories

Section G converts the cumulative score into one of the four federal determination categories required under 34 C.F.R. § 303.703(b).

Determination	Cumulative score	Longstanding noncompliance condition
Meets Requirements (MR)	80% – 100%	AND no longstanding noncompliance from any monitoring activity
Needs Assistance (NA)	60% – 79%	OR a score of 80% or higher with any longstanding noncompliance
Needs Intervention (NI)	50% – 59%	Score-based
Needs Substantial Intervention (NSI)	0% – 49%	Score-based

A Note on Longstanding Noncompliance

Longstanding noncompliance (LSN) exists when a locality has not corrected identified noncompliance within one year from the date of written notification, consistent with 34 C.F.R. § 303.120(a)(2)(iv). LSN does two things. It scores Section F at 0 points, and it acts as a ceiling: any LSN — whether from a compliance indicator, a POSM finding, or an out-of-cycle finding — prevents a Meets Requirements (MR) determination no matter how high the numeric score. A locality scoring 95% with one unresolved finding past its deadline cannot receive a determination of MR. Where the score would otherwise yield MR, the determination is Needs Assistance (NA). The ceiling works in one direction only: it never raises a lower category, so a locality scoring in the Needs Intervention or Needs Substantial Intervention range keeps that determination.

Compliance-indicator noncompliance uses a tiered “seesawing” rule: 2 points if corrected within one year and, if it recurs, the locality is back at or above 95%; 1 point if corrected within one year but recurring below 95%; 0 points if uncorrected beyond one year. POSM and out-of-cycle findings are evaluated against each finding’s own correction-required date, which is one year from written notification of that finding, so every locality is measured against its own deadline. Because the form reports a single Section F score, that score is the lowest result across all indicators and findings. For example, a locality with a recurring compliance-indicator finding at 91% (1 point) and a POSM finding corrected on time (2 points) receives 1 point in Section F.

For the full policy reference — including the scoring detail, longstanding-noncompliance rules by source, enforcement procedures, and staff roles — see Appendix G: Local Results and Determinations of the ITCVA General Supervision and Monitoring (GSM) Framework.

Finance Department
October 2026 Program Updates

Staffing Changes and Opportunities:

All departmental positions are currently filled. One team member is on approved Family and Medical Leave Act (FMLA) leave, with an anticipated return in January.

Reimbursement Department:

The Reimbursement team continued to focus on resolving outstanding payer-related claims and reducing aged accounts receivable to strengthen cash flow and enhance overall revenue cycle performance.

Additionally, the team reinforced collaboration with program staff to proactively identify and address reimbursement barriers, verify patient eligibility, confirm diagnosis coverage, and ensure supporting documentation aligns with payer requirements. These initiatives are designed to minimize claim denials, accelerate reimbursement timelines, improve collections, and strengthen overall revenue cycle efficiency.

Accounting Department:

The Accounting Department successfully completed fiscal year-end closeout activities and submitted all required documentation to the external auditors in support of the annual financial audit. Documentation was also provided to Forvis, the external vendor responsible for preparing the ICF Cost Report. Additionally, required DBHDS federal balance reporting was completed, and all follow-up questions related to the recent ICF Provider Fund Account engagement have been addressed and resolved.

Preparations are currently underway for the Medicaid field review of ICF transactions, scheduled for January, covering fiscal years 2023 and 2024.

The department continues to prioritize staff development through targeted training for employees transitioning into new roles, as well as cross-training on critical departmental functions. These efforts are focused on building staff capacity, strengthening operational coverage, and ensuring continuity of essential accounting functions.

Summary of Cash Investments

(as of October 31, 2026)

Depository			Rate	Comments
Atlantic Union Bank				
Checking	$	7,099,490	2.50%	
Investment Portfolio				
Cash Equivalents		558,747		
Fixed Income		8,982,785		
Total Investment	$	9,541,532		
Total Atlantic Union Bank	$	16,641,022		
Other				
Local Gov. Investment Pool (LGIP)		1,014,104	4.00%	Avg. Monthly Yield
VA Municipal Investment Trust (MINT)		7,314,713	4.12%	Avg. Monthly Yield
Total Other	$	8,328,817		
Total Investments	**$**	**24,969,839**		

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
October	$464,476	$602,831	$617	$1,463,515
YTD Total	**$1,839,216**	**$2,016,352**	**$2,532**	**$1,463,515**

Historical Data	Average Monthly Claims	Monthly Average Difference from PY	Highest Month
FY 2027	**$504,088**	**$91,476**	**$602,831**
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

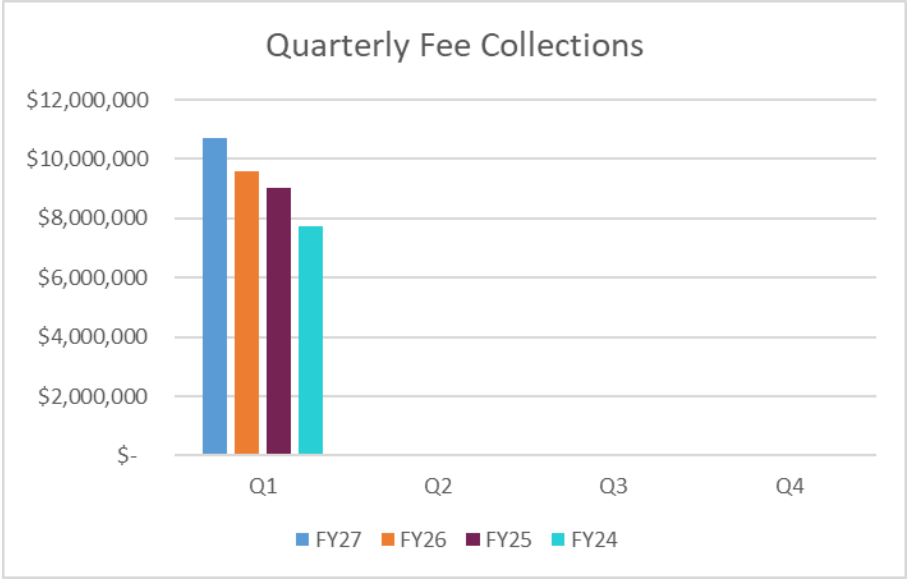
Asset Description	Shares/Face Value	Market Value	Total Cost	Unrealized Gain/Loss	Est. Income	Yield to Maturity	Yield to Cost
State Street U.S. Government Money Market	$ 558,746.69	$ 558,746.69	$ 558,746.69	$ -	$ 22,467.20	3.91%	3.91%
Total Cash Equivalents	**$ 558,746.69**	**$ 558,746.69**	**$ 558,746.69**	**$ -**	**$ 22,467.20**	**3.91%**	**3.91%**
US Treasury Note(11/30/2026)	$ 600,000.00	$ 598,740.00	$ 593,183.91	$ 5,556.09	$ 7,500.00	3.97%	3.56%
US Treasury Bill(12/3/2026)	$ 500,000.00	$ 498,380.00	$ 496,128.53	$ 2,251.47	$ 3,871.47	3.74%	4.01%
US Treasury Bill(04/08/2027)	$ 500,000.00	$ 491,115.00	$ 489,532.47	$ 1,582.53	$ 10,467.53	4.20%	4.29%
US Treasury Note(01/31/2027)	$ 500,000.00	$ 499,950.00	$ 500,888.78	$ (938.78)	$ 20,625.00	4.12%	3.76%
US Treasury Note (03/15/2027)	$ 500,000.00	$ 500,090.00	$ 496,308.59	$ 3,781.41	$ 21,250.00	4.17%	4.52%
US Treasury Note(06/30/2027	$ 500,000.00	$ 498,100.00	$ 498,106.02	$ (6.02)	$ 18,750.00	4.33%	4.14%
US Treasury Note (08/15/2027)	$ 500,000.00	$ 497,455.00	$ 498,265.13	$ (810.13)	$ 18,750.00	4.38%	4.10%
US Treasury Note(11/15/2027)	$ 1,000,000.00	$ 977,670.00	$ 980,323.79	$ (2,653.79)	$ 22,500.00	4.46%	3.61%
US Treasury Note (02/29/2028)	$ 500,000.00	$ 496,620.00	$ 499,988.22	$ (3,368.22)	$ 20,000.00	4.51%	4.00%
US Treasury Note(05/15/2028)	$ 500,000.00	$ 487,615.00	$ 494,017.95	$ (6,402.95)	$ 14,375.00	4.54%	3.50%
US Treasury Note(09/15/2028)	$ 500,000.00	$ 489,200.00	$ 496,308.59	$ (7,108.59)	$ 16,875.00	4.58%	3.64%
US Treasury Note(11/15/2028)	$ 1,000,000.00	$ 978,670.00	$ 998,535.16	$ (19,865.16)	$ 35,000.00	4.59%	3.55%
US Treasury Note(02/15/2029)	$ 500,000.00	$ 487,910.00	$ 500,000.00	$ (12,090.00)	$ 17,500.00	4.62%	3.50%
US Treasury Note(04/15/2029)	$ 500,000.00	$ 491,270.00	$ 500,287.62	$ (9,017.62)	$ 19,375.00	4.62%	3.85%
US Treasury Note(06/15/2029)	$ 500,000.00	$ 493,710.00	$ 498,320.31	$ (4,610.31)	$ 20,625.00	4.63%	4.25%
US Treasury Note(09/15/2029)	$ 500,000.00	$ 496,290.00	$ 493,750.00	$ 2,540.00	$ 21,875.00	4.65%	4.83%
Total Fixed Income	**$ 9,100,000.00**	**$ 8,982,785.00**	**$ 9,033,945.07**	**$ (51,160.07)**	**$ 289,339.00**	**4.38%**	**3.94%**
10/31/2026		**$ 9,541,531.69**	**$ 9,592,691.76**	**$ (51,160.07)**	**$ 311,806.20**	**4.38%**	**3.94%**

Fee Revenue Reimbursement- September 30, 2026

RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD
FEE REVENUE REIMBURSEMENT REPORT AS Of SEPTEMBER, 30 2026

AGED CLAIMS		Current Month		Prior Month		Prior Year	
Total Claims Outstanding	**Total**	100%	$5,451,938	100%	$5,649,759	100%	$6,043,058
	Consumers	31%	$1,670,783	28%	$1,601,877	30%	$1,842,813
	3rd Party	69%	$3,781,155	72%	$4,047,882	70%	$4,200,245
Claims Aged 0-29 Days	**Total**	61%	$3,329,179	67%	$3,775,752	63%	$3,798,794
	Consumers	1%	$36,967	0%	$7,866	1%	$45,330
	3rd Party	60%	$3,292,213	67%	$3,767,886	62%	$3,753,464
Claims Aged 30-59 Days	**Total**	7%	$401,176	3%	$151,122	2%	$114,202
	Consumers	1%	$57,340	1%	$41,588	0%	$9,236
	3rd Party	6%	$343,836	2%	$109,534	2%	$104,966
Claims Aged 60-89 Days	**Total**	2%	$90,456	1%	$65,680	2%	$109,468
	Consumers	1%	$33,860	0%	$17,491	0%	$28,502
	3rd Party	1%	$56,596	1%	$48,189	1%	$80,966
Claims Aged 90-119 Days	**Total**	1%	$41,970	3%	$186,677	2%	$130,465
	Consumers	0%	$14,830	3%	$174,602	0%	$23,759
	3rd Party	0%	$27,141	0%	$12,075	2%	$106,706
Claims Aged 120+ Days	**Total**	29%	$1,589,157	26%	$1,470,528	31%	$1,890,129
	Consumers	28%	$1,527,787	24%	$1,360,330	29%	$1,735,986
	3rd Party	1%	$61,369	2%	$110,198	3%	$154,144

CLAIM COLLECTIONS	
Current Year To Date Collections	$10,703,132
Prior Year To Date Collections	$9,604,694
$ Change from Prior Year	$1,098,438
% Change from Prior Year	11%



Write-off Report

Month: September 2026		
Write Off Code	Current MTD	Prior Year MTD
BAD ADDRESS	$ -	$ 502
BANKRUPTCY	$ 770	$ -
DECEASED	$ -	$ -
NO FINANCIAL AGREEMENT	$ 2,894	$ 7,692
SMALL BALANCE	$ 15	$ 78
UNCOLLECTABLE	$ -	$ -
FINANCIAL ASSISTANCE	$ 129,911	$ 190,371
NO SHOW	$ 137	$ 560
MAX UNITS/BENEFITS	$ 36,563	$ 67,517
PROVIDER NOT CREDENTIALED	$ 689	$ 944
DIAGNOSIS NOT COVERED	$ 2,515	$ 160
NON-COVERED SERVICE	$ 4,196	$ 332
SERVICES NOT AUTHORIZED	$ 15,333	$ 13,725
PAST BILLING DEADLINE	$ 2,801	$ 115
INSUFFICIENT DOCUMENTATION	$ 940	$ -
MCO DENIED AUTH	$ -	$ -
INCORRECT PAYER	$ 1,989	$ 1,000
INVALID MEMBER ID	$ -	$ 150
INVALID POS/CPT/MODIFIER	$ -	$ -
NO PRIMARY EOB	$ 2,959	$ 300
SPENDDOWN NOT MET	$ 4,348	$ 12,308
STATE FUNDS EXHAUSTED	$ -	$ -
TOTAL	**$ 206,058**	**$ 295,754**

Year to Date: July 2026 - September 2026		
Write Off Code	Current YTD	Prior YTD
BAD ADDRESS	$ -	$ 9,184
BANKRUPTCY	$ 863	$ 2,670
DECEASED	$ 857	$ 600
NO FINANCIAL AGREEMENT	$ 9,459	$ 46,747
SMALL BALANCE	$ 63	$ 480
UNCOLLECTABLE	$ -	$ 3,481
FINANCIAL ASSISTANCE	$ 511,266	$ 746,825
NO SHOW	$ 397	$ 10,638
MAX UNITS/BENEFITS	$ 138,828	$ 204,074
PROVIDER NOT CREDENTIALED	$ 1,104	$ 1,997
DIAGNOSIS NOT COVERED	$ 3,707	$ 640
NON-COVERED SERVICE	$ 7,344	$ 22,549
SERVICES NOT AUTHORIZED	$ 63,262	$ 87,249
PAST BILLING DEADLINE	$ 2,801	$ 900
INSUFFICIENT DOCUMENTATION	$ 2,947	$ 2,718
MCO DENIED AUTH	$ 10,387	$ 15,928
INCORRECT PAYER	$ 4,643	$ 14,687
INVALID MEMBER ID	$ 400	$ 150
INVALID POS/CPT/MODIFIER	$ 325	$ -
NO PRIMARY EOB	$ 3,336	$ 4,725
SPENDDOWN NOT MET	$ 24,296	$ 43,446
STATE FUNDS EXHAUSTED	$ -	$ -
TOTAL	**$ 786,285**	**$ 1,219,689**

RACSB
FY 2027 FINANCIAL REPORT
Fiscal Year: July 1, 2026 through June 30, 2027
Report Period: July 1, 2026 through September 30, 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	28,150	0.00%	(12,000)	-74%
OUTPATIENT (FED)	3,232,209	787,031	24.35%	3,232,209	757,143	23.42%	29,888	4%
MEDICAL OUTPATIENT (R) (FED)	4,064,004	1,032,969	25.42%	4,064,004	982,926	24.19%	50,043	5%
ACT NORTH (R)	1,260,089	377,261	29.94%	1,260,089	307,014	24.36%	70,247	19%
ACT SOUTH (R)	1,198,919	455,280	37.97%	1,198,919	292,372	24.39%	162,908	36%
CASE MANAGEMENT ADULT (FED)	1,398,672	342,759	24.51%	1,398,672	325,761	23.29%	16,998	5%
CASE MANAGEMENT CHILD & ADOLESCENT (FED)	1,181,182	235,169	19.91%	1,181,182	284,741	24.11%	(49,572)	-21%
PSY REHAB & KENMORE EMP SER (R) (FED)	858,544	181,350	21.12%	858,544	196,426	22.88%	(15,077)	-8%
PERMANENT SUPPORTIVE HOUSING (R)	3,983,496	4,325,182	108.58%	3,983,496	844,195	21.19%	3,480,987	80%
CRISIS STABILIZATION (R)	2,810,608	781,241	27.80%	2,810,608	657,707	23.40%	123,534	16%
SUPERVISED RESIDENTIAL	391,182	106,884	27.32%	391,182	107,649	27.52%	(765)	-1%
SUPPORTED RESIDENTIAL	880,717	161,609	18.35%	880,717	240,537	27.31%	(78,928)	-49%
JAIL DIVERSION GRANT (R)	0	0	#DIV/0!	0	0	#DIV/0!	-	0%
JAIL & DETENTION SERVICES	857,834	46,219	5.39%	857,834	213,228	24.86%	(167,009)	-361%
SUB-TOTAL	**22,117,455**	**8,849,103**	**40%**	**22,117,455**	**5,237,849**	**24%**	**3,611,255**	**41%**

DEVELOPMENTAL SERVICES

PROGRAM	REVENUE			EXPENDITURES			ACTUAL VARIANCE	VARIANCE / REVENUE
	BUDGET FY 2027	ACTUAL YTD	%	BUDGET FY 2027	ACTUAL YTD	%		
CASE MANAGEMENT	4,971,904	1,466,651	29.50%	4,971,904	1,200,749	24.15%	265,902	18%
DAY HEALTH & REHAB *	6,227,064	1,805,097	28.99%	6,227,064	1,467,452	23.57%	337,645	19%
GROUP HOMES	7,285,903	2,303,890	31.62%	7,285,903	1,719,950	23.61%	583,940	25%
RESPITE GROUP HOME	774,622	194,396	25.10%	774,622	188,595	24.35%	5,800	3%
INTERMEDIATE CARE FACILITIES	5,499,466	1,288,777	23.43%	5,499,466	1,332,102	24.22%	(43,324)	-3%
SUPERVISED APARTMENTS	1,875,446	752,280	40.11%	1,875,446	461,909	24.63%	290,371	39%
SPONSORED PLACEMENTS	2,034,379	644,430	31.68%	2,034,379	553,618	27.21%	90,812	14%
SUB-TOTAL	**28,668,785**	**8,455,521**	**29.49%**	**28,668,785**	**6,924,375**	**24.15%**	**1,531,146**	**18%**

(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 September 30, 2026
SUBSTANCE ABUSE

PROGRAM	REVENUE			EXPENDITURES				
	BUDGET FY 2027	ACTUAL YTD	%	BUDGET FY 2027	ACTUAL YTD	%	ACTUAL VARIANCE	VARIANCE / REVENUE
SA OUTPATIENT (R) (FED)	2,257,136	350,684	15.54%	2,257,136	550,075	24.37%	(199,391)	-57%
MAT PROGRAM (R) (FED)	1,982,894	83,279	4.20%	1,982,894	411,310	20.74%	(328,031)	-394%
CASE MANAGEMENT(with LINK) (R) (FED)	460,345	74,624	16.21%	460,345	117,467	25.52%	(42,843)	-57%
RESIDENTIAL (R)	36,612	9,223	25.19%	36,612	16,530	45.15%	(7,307)	-79%
PREVENTION (R) (FED)	558,705	237,155	42.45%	558,705	160,901	28.80%	76,254	32%
SUB-TOTAL	**5,295,692**	**754,965**	**14%**	**5,295,692**	**1,256,283**	**24%**	**(501,318)**	**-66%**

SERVICES OUTSIDE PROGRAM AREA

PROGRAM	REVENUE			EXPENDITURES				
	BUDGET FY 2027	ACTUAL YTD	%	BUDGET FY 2027	ACTUAL YTD	%	ACTUAL Variance	VARIANCE / REVENUE
EMERGENCY SERVICES (R)	2,054,868	1,043,745	50.79%	2,054,868	481,872	23.45%	561,873	54%
CHILD MOBILE CRISIS (R)	302,399	9,295	3.07%	302,399	48,509	16.04%	(39,214)	-422%
CIT ASSESSMENT SITE (R)	419,896	83,861	19.97%	419,896	77,551	18.47%	6,311	8%
PEER LED WELLNESS (R)	-	69,791	#DIV/0!	-	0	#DIV/0!	69,791	100%
CONSUMER MONITORING (R) (FED)	-	0	#DIV/0!	0	68,733	#DIV/0!	(68,733)	0%
ASSESSMENT AND EVALUATION (R)	550,382	128,181	23.29%	550,382	130,166	23.65%	(1,985)	-2%
SUB-TOTAL	**3,327,546**	**1,334,873**	**40.12%**	**3,327,546**	**806,831**	**24.25%**	**528,042**	**40%**

ADMINISTRATION

PROGRAM	REVENUE			EXPENDITURES			
	BUDGET FY 2027	ACTUAL YTD	%	BUDGET FY 2027	ACTUAL YTD	%	ACTUAL VARIANCE
ADMINISTRATION (FED)	702,348	257,355	36.64%	702,348	257,355	36.64%	0
PROGRAM SUPPORT	27,600	6,900	25.00%	27,600	6,900	25.00%	0
SUB-TOTAL	**729,948**	**264,255**	**36.20%**	**729,948**	**264,255**	**36.20%**	**0**
ALLOCATED TO PROGRAMS				4,268,473	3,126,283	73.24%	
CAPITAL PROJECTS	2,524,917	0	0.00%	2,524,917	404,032	16.00%	(404,032)
TOTAL ADMINISTRATION	**3,254,865**	**264,255**	**8.12%**	**3,254,865**	**668,287**	**20.53%**	**(404,032)**

(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 September 30, 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	485,648	24.97%	1,944,589	411,912	21.18%	73,736	15%
INFANT CASE MANAGEMENT (R)	665,135	176,864	26.59%	665,135	177,635	26.71%	(772)	0%
EARLY INTERVENTION (R)	2,617,671	620,503	23.70%	2,617,671	629,006	24.03%	(8,503)	-1%
TOTAL PART C	**5,227,395**	**1,283,014**	**24.54%**	**5,227,395**	**1,218,553**	**23.31%**	**64,461**	**5%**
HEALTHY FAMILIES (R)	954,665	95,306	9.98%	954,665	233,801	24.49%	(138,495)	-145%
TOTAL HEALTHY FAMILY	**954,665**	**95,306**	**9.98%**	**954,665**	**233,801**	**24.49%**	**(138,495)**	**-145%**
COMMUNITY OUTREACH	134,331	0	0.00%	134,331	23,494	17.49%	(23,494)	0%
TOTAL COMMUNITY OUTREACH	**134,331**	**0**	**0.00%**	**134,331**	**23,494**	**17.49%**	**(23,494)**	**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 September 30, 2026

RECAP FY 2027 BALANCES

	REVENUE	EXPENDITURES	NET	NET / REVENUE
MENTAL HEALTH	8,849,103	5,237,849	3,611,255	41%
DEVELOPMENTAL SERVICES	8,455,521	6,924,375	1,531,146	18%
SUBSTANCE ABUSE	754,965	1,256,283	(501,318)	-66%
SERVICES OUTSIDE PROGRAM AREA	1,334,873	806,831	528,042	40%
ADMINISTRATION	264,255	668,287	(404,032)	-153%
FISCAL AGENT PROGRAMS	1,378,320	1,475,847	(97,527)	-7%
TOTAL	**21,037,037**	**16,369,472**	**4,667,565**	**22%**

RECAP FY 2026 BALANCES

	REVENUE	EXPENDITURES	NET	NET / REVENUE
MENTAL HEALTH	8,275,706	5,203,370	3,072,336	37%
DEVELOPMENTAL SERVICES	8,064,437	6,258,047	1,806,389	22%
SUBSTANCE ABUSE	728,944	1,025,263	(296,319)	-41%
SERVICES OUTSIDE PROGRAM AREA	1,285,978	732,807	553,171	43%
ADMINISTRATION	8,192,979	8,248,065	(55,086)	-1%
FISCAL AGENT PROGRAMS	1,434,380	1,562,947	(128,567)	-9%
TOTAL	**27,982,424**	**23,030,500**	**4,951,924**	18%

	$ Change	% Change
Change in Revenue from Prior Year	$ (6,945,388)	-24.82%
Change in Expense from Prior Year	$ (6,661,027)	-28.92%
Change in Net Income from Prior Year	$ (284,359)	-5.74%

*Unaudited Report

RAPPAHANNOCK AREA
COMMUNITY SERVICES BOARD

MEMORANDUM

To: Joe Wickens, Executive Director

From: Sara Keeler, Director of Finance and Administration

Date: November 9, 2026

Re: Proposed revision to Financial Policies and Procedures – Capital Asset and Procurement Thresholds

The current capital asset threshold is $5,000, with a requirement to obtain four informal quotes or bids for applicable purchases. These thresholds have remained unchanged for several years. Due to rising costs, an increasing number of routine purchases now fall within the capital asset tracking and purchasing requirements, resulting in additional administrative workload and processing time without a corresponding increase in purchasing oversight or internal controls.

Effective October 1, 2024, the Federal Uniform Guidance (2 CFR Part 200) increased the federal equipment threshold and the equipment disposal threshold from $5,000 to $10,000.

In consideration of these changes and the need to improve administrative efficiency, staff recommend updating the organization's capital asset and purchasing thresholds to better align with current federal guidelines and operational needs.

Staff Recommendation

Staff recommend the following revisions to Policy 4.1: Fixed Assets and Policy 4.2: Purchasing:

1. **Capital Asset Threshold:** Increase the minimum capital asset threshold from $5,000 to $10,000.
2. **Purchasing Quote/Bid Threshold:** Revise the applicable purchasing range from $5,000–$100,000 to $10,000–$100,000.
3. **Informal Quote/Bid Requirement:** Reduce the required number of informal quotes or bids from four (4) to three (3) for non-professional purchases under $100,000. Purchases over $100,000 will continue to follow the current competitive procurement requirements.

Recommended language changes to current polices

Policy 4.1: FIXED ASSETS – 2.0 Definitions, item 2

Threshold for Accountability: All fixed assets acquired with a value over ~~$5,000~~ $10,000 will be accounted for in the fixed asset management system. Title to fixed assets shall be vested in RACSB.

Policy 4.1: FIXED ASSETS – 4.0 Procedures, 2. Additions and Repairs, item b

Revaluation: The agency must determine if the expenditures will increase the economic benefits to be derived from the assets. Expenditures that increase the economic benefits of the underlying assets are those that materially extend the useful lives by at least one year, increase the capacity, or improve the efficiency. The useful life of the original asset should be adjusted accordingly if the repair or improvement extends the life of the original asset. If the revalued asset is ~~$5,000~~ $10,000 or greater, it should be capitalized; if less than ~~$5,000~~ $10,000, the item should be expensed.

Policy 4.1: FIXED ASSETS – 4.0 Procedures, 4. Assets Purchased with Federal Funds, item a

If federal funds were expended to purchase the asset, then the asset may be disposed of when one of the following conditions is met:

i. Items are no longer needed, and fair market value is less than ~~$5,000~~ $10,000 - items may be retained or sold with no further obligation.

ii. Items no longer needed and fair market value is in excess of ~~$5,000~~ $10,000 - awarding agency has the right to its percentage of the proceeds of the sale.

Policy 4.2: PURCHASING – 4.0 Procedures, 6. Approval, item e

Purchases not expected to exceed ~~$5,000~~ $10,000 can be made based on a single quote, if that quote appears to be fair and reasonable. Additional policies apply for purchases over ~~$5,000~~ $10,000 in addition to the submission of a requisition form and issuance of a purchase order. The procurement method indicated below will apply to such purchases. Such purchases will be handled in accordance with the respective procurement method procedures detailed in the RACSB Procurement Procedures Manual.

Policy 4.2: PURCHASING – 4.0 Procedures, items 7 and 8

7. PURCHASES UP TO ~~$5,000~~ $10,000

a. A single quote is acceptable.

8. PURCHASES FOR NON-PROFESSIONAL SERVICES BETWEEN ~~$5,000~~ $10,000 UP TO AND INCLUDING $100,000

a. Solicitation of ~~four~~ three informal quotes or bids for purchases is required.

b. Pricing obtained from eVA vendors may be counted as quotes, and pricing obtained from catalogs or electronic websites may be counted as quotes.

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

HUMAN RESOURCES PROGRAM UPDATE- November 2026

Recruitment & Onboarding
Seven new Hopestarters onboarded this month. HR continues to evaluate recruitment, interviewing, and onboarding practices to improve hiring outcomes and reduce early-tenure turnover.

Employee Engagement & Retention
The FY27 Employee Engagement Survey was completed. We had 59% participation from our Hopestarters and are actively reviewing the results and comments given. Results and action plans will be shared in the near future.

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. The flu clinic began in late October and continued into November.

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

Office of Human Resources

600 Jackson Street ▪ Fredericksburg, VA 22401 ▪ 540-373-3223

RappahannockAreaCSB.org

MEMORANDUM

To: Joe Wickens, Executive Director

From: Derrick Mestler, Human Resources Director

Date: November 5, 2026

Re: Summary – October 2026 Applicant and Recruitment Update

For October 2026, RACSB received 162 applications.

Of the 162 applications received, 46 applicants cited the RACSB applicant portal as their recruitment source, 13 cited employee referrals, and 103 cited various job boards.

As of the end of October, 31 positions — 16 full-time and 15 part-time — were actively being recruited for.

A summary is attached, indicating the number of external applicants hired, the number of internal applicants promoted, and the total number of applicants who applied for positions in October 2026.

APPLICANT DATA REPORT
RACSB FY 2027

APPLICANT DATA	Jul-26	Aug-26	Sep-26	Oct-26	Nov-26	Dec-26	Jan-27	Feb-27	Mar-27	Apr-27	May-27	Jun-27	Total
Female	146	160	101	103									510
Male	47	33	25	27									132
Not Supplied	0	93	0	32									125
Total	193	286	126	162	0	0	0	0	0	0	0	0	767
ETHNICITY													
White	62	50	49	45									206
African American	94	96	58	59									307
Hispanic	14	23	5	5									47
Asian	2	4	4	3									13
American Indian	2	0	1	0									3
Native Hawaiian	0	0	1	0									1
Two or More Races	14	108	8	44									174
Not Supplied	5	5	0	6									16
RECRUITMENT SOURCE													
RACSB Website	55	86	51	46									238
Employee Referrals	15	20	16	13									64
Indeed.com	85	120	52	75									332
Social Media	4	9	1	0									14
Other -	27	34	4	25									90
Zip Recruiter	7	17	2	3									29
Total # of Applicants	193	286	126	162	0	0	0	0	0	0	0	0	767

RECRUITMENT ACTIVITY REPORT FY 2027

MONTHLY RECRUITMENT	***JULY***	***AUGUST***	***SEPTEMBER***	***OCTOBER***	***NOVEMBER***	***DECEMBER***	***JANUARY***	***FEBRUARY***	***MARCH***	***APRIL***	***MAY***	***JUNE***	***TOTAL YTD***
External Applicants Hired:													
Part-time	4	8	3	2									17
Full-time	1	12	4	5									22
PRN	0	0	0	0									0
Sub Total External Applicants Hired	**5**	**20**	**7**	**7**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	39
Internal Applicants Moved:													
Part-time to Full-time	1	2	1	2									6
PRN As Needed to Full-Time	1	0	0	2									3
Promotions	2	3	4	2									11
Lateral Transfers	4	8	4	1									17
Full-time to Part-time	0	0	2	0									2
Full-time to PRN	1	0	0	0									1
Sub Total Internal Applicant Moves	**9**	**13**	**11**	**7**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	40

10/26/2026								
Actively Recruiting to Hire								
Original Date Listed	Days Open	Original Listing #	Pos Number	Job Title	RU	Division	FT	PT
10/23/2026	3	1890645	55	PROPERTY MAINTENANCE TECHNICIAN	1100	Admin	1	
10/2/2026	24	1876987	552	SPECIAL EDUCATOR - PE-ID	3910	Prevention	1	
4/30/2026	179	1761902	620	PSYCHIATRIC NURSE PRACTITIONER		Clinical	1	
10/14/2026	12	1884170	94	THERAPIST, MHSA OUTPATIENT - KING GEORGE	2200	Clinical	1	
10/19/2026	7	1887138	570	NURSE, MOBILE OBOT	4261	Clinical	1	
						CIS		
8/17/2026	70	1844321	234	DEVELOPMENTAL SERVICES SUPPORT COORDINATOR	3300	CSS	1	
10/23/2026	3	1890216	318	LEAD SPECIALIST	3658	CSS	1	
7/22/2026	96	1826221	635	DIRECT SUPPORT PROFESSIONAL - KING GEORGE	3653	CSS		1
10/6/2026	20	1879642	634	DIRECT SUPPORT PROFESSIONAL - KING GEORGE	3653	CSS	1	
10/6/2026	20	1879639	327	DIRECT SUPPORT PROFESSIONAL - RAAI SPOTSYLVANIA	3654	CSS	1	
10/15/2026	11	1884976	296	DIRECT SUPPORT PROFESSIONAL - DAY SUPPORTKINGS HIGHWAY	3652	CSS	1	
10/23/2026	3	1890394	352	DIRECT SUPPORT PROFESSIONAL - DAY SUPPORT ICF	3656	CSS		1
10/15/2026	11	1885151	334	DIRECT SUPPORT PROFESSIONAL - DAY SUPPORT ICF	3656	CSS		1
3/6/2026	234	1721266	367	DIRECT SUPPORT PROFESSIONAL - FLOATER	3771	CSS		1
10/13/2026	13	1883542	374	DIRECT SUPPORT PROFESSIONAL - WOLFE ICF	3771	CSS	1	
9/23/2026	33	1870941	366	DIRECT SUPPORT PROFESSIONAL - FLOATER	3772	CSS		1
7/13/2026	105	1819554	399	DIRECT SUPPORT PROFESSIONAL - STONEWALL	3773	CSS		1
9/2/2026	54	1856890	394	DIRECT SUPPORT PROFESSIONAL - STONEWALL	3773	CSS	1	
9/2/2026	54	1856916	398	DIRECT SUPPORT PROFESSIONAL - STONEWALL	3773	CSS		1
6/25/2026	123	1807453	646	DIRECT SUPPORT PROFESSIONAL - RUFFINS POND	3775	CSS		1
9/9/2026	47	1860628	423	DIRECT SUPPORT PROFESSIONAL - PIEDMONT	3776	CSS		1
2/27/2026	241	1716244	433	DIRECT SUPPORT PROFESSINAL - IGO	3777	CSS		1
7/31/2026	87	1833097	428	DIRECT SUPPORT PROFESSINAL - IGO	3777	CSS	1	
2/27/2026	241	1716237	482	DIRECT SUPPORT PROFESSIONAL - GALVESTON	3790	CSS		1
7/30/2026	88	1831646	480	DIRECT SUPPORT PROFESSIONAL - GALVESTON	3790	CSS	1	
9/14/2026	42	1863784	487	DIRECT SUPPORT PROFESSIONAL - CHURCHILL	3791	CSS		1
5/11/2026	168	1768657	503	DIRECT SUPPORT PROFESSIONAL - ROSS ICF	3792	CSS		1
10/23/2026	3	1890270	497	DIRECT SUPPORT PROFESSIONAL - ROSS ICF	3792	CSS	1	
7/16/2026	102	1821644	518	DIRECT SUPPORT PROFESSIONAL - LUCAS ICF	3793	CSS		1
4/14/2026	195	1749828	629	DIRECT SUPPORT PROFESSIONAL - MYERS RESPITE	3794	CSS	1	
12/16/2025	314	1619813	531	DIRECT SUPPORT PROFESSIONAL - MYERS RESPITE	3794	CSS		1
Avg days open	**83.97**					**Total**	**16**	**15**
						Total Positions in Recruitment	**31**	
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
			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	
			668	DIRECT SUPPORT PROFESSIONAL - BELMONT SAP	3781	CSS	1	
			638	OUTPATIENT THERAPIST - FREDERICKSBURG CLINIC	2200	Clinical		1
			148	CASE MANAGER, ADULT MENTAL HEALTH	2400	Clinical	1	
						Total	**7**	**2**
						Total Positions	**9**	

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

MEMORANDUM

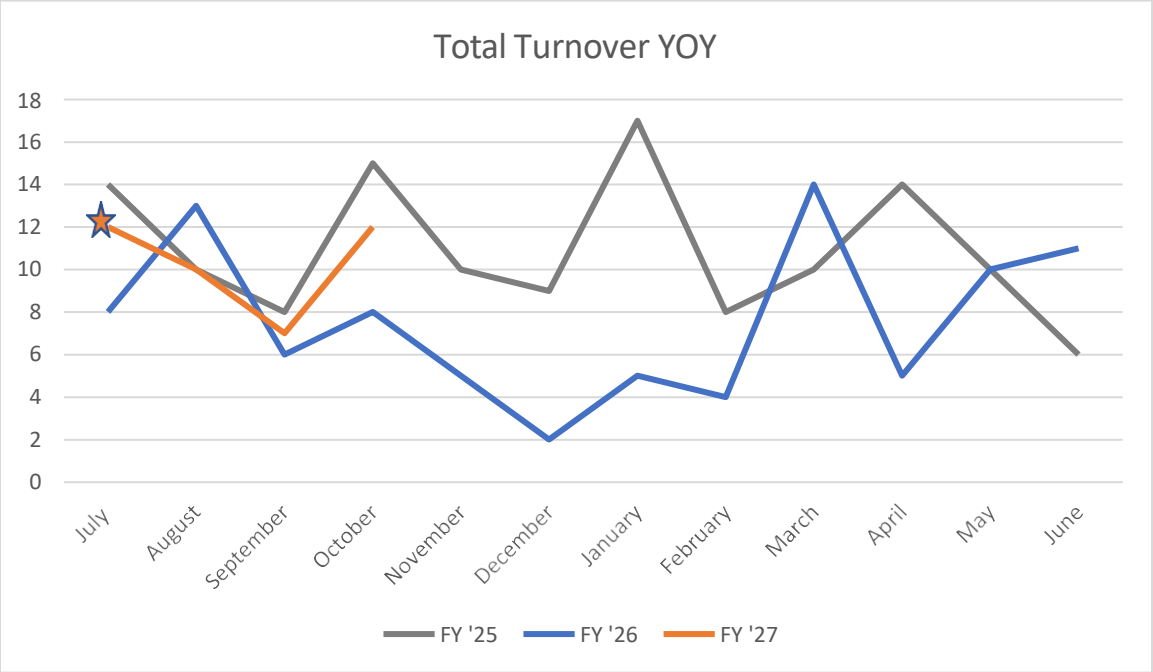
To: Joe Wickens, Executive Director

From: Derrick Mestler, Human Resources Director

Date: November 5, 2026

Re: Summary – Turnover Report – October 2026

Human Resources processed eleven (12) employee separations in October 2026: eight (8) voluntary and five (5) involuntary.



RACSB Turnover FY '25

Employees	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25
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

Employees	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26
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

Employees	Jul-26	Aug-26	Sep-26	Oct-26	Nov-26	Dec-26	Jan-27	Feb-27	Mar-27	Apr-27	May-27	Jun-27
Average Headcount	545	547	551	550								
Monthly Terminations*	12	10	7	12								
Turnover by Month	2.20%	1.83%	1.27%	2.18%								
Cumulative Turnover YTD	2.20%	4.03%	5.30%	7.48%								
Average % Turnover per Month YTD	2.20%	2.01%	1.77%	1.87%								

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

RACSB MONTHLY TURNOVER REPORT
Oct-26

ORGANIZATIONAL UNIT	NUMBER OF TERMS	VOLUNTARY	INVOLUNTARY	EXPLANATION
Administrative		1		Other opportunity
Unit Totals	**1**	**1**	**0**	
Clinical Services			1	For cause
			1	Unable to return from LOA
Unit Totals	**2**	**0**	**2**	
Community Support Services			2	For cause
			1	Death
		2		Job abandonment
		1		Resigned no notice
		1		Resigned scheduling conflicts
		1		Resigned Health Reason
Unit Totals	**8**	**6**	**3**	
Crisis Intervention Services				
Unit Totals	**0**	**0**	**0**	
Prevention & Early Intervention Services		1		Other opportunity
Unit Totals	**1**	**1**	**0**	
Grand Totals for the Month	**12**	**8**	**5**	

Total Average Number of Employees	**550**
Retention Rate	**97.82%**
Turnover Rate	**2.18%**
Total Separations	**12**

RACSB DEPUTY EXECUTIVE DIRECTOR REPORT
October 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 weekly with Netsmart to guide correction of state reporting errors and to develop corrective action plan for future 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, Mental Health Residential, and Assertive Community Treatment.
- Completed responsiveness and reasonableness review related to Market Street Invitation to Bid.
- Started planning and completed registration for the Caroline County Senior Citizen's gala.
- Resumed work as part of the Virginia Association of Community Services Board's (VACSB) Certified Community Behavioral Health Clinic (CCBHC) Steering Committee focused on developing Request for Proposals for Prospective Payment System Rate Study.
- Attended the VACSB's October Public Policy Conference in Roanoke.
- Began work on both the WaMS annual update as well as served as Community Services Board's representative on the Department of Behavioral Health and Developmental Services (DBHDS) WaMS replacement initiative.
- Planned the VACSB's Data Management Committee's Technology and Data Summit for November 6th at Western Tidewater Community Services Board.
- Started quarter one goal update meetings with each director to review program and division goals and progress.
- Lead the Data Mapping Workgroup efforts and presented findings to DBHDS for inclusion in this year's HL7 State Reporting update cycle.
- Supported the current Invitation to Bid for snow removal services.

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.

Information Technology Update

Total Number of Tickets Closed in September: 1,004

Key Project Updates

- **TeleVox Automated Text Reminders (Go-Live Complete):** Implementation of the TeleVox text appointment reminder system is now complete. Comprehensive front-desk training was conducted on October 13th, followed by our agency-wide go-live on October 14th.

- **OrderConnect NX Upgrade (Planning Phase):** Transition planning is underway for upgrading our electronic prescribing platform to OrderConnect NX. The IT team is collaborating with Medical Director and Nursing staff to configure workflows, complete interface testing, and finalize a tentative go-live date to ensure seamless e-prescribing and medication management.
- **DBHDS State Reporting & Netsmart Root Cause Analysis:** Core data scripting, file translations, and Special Population validation—including Enhanced Case Management chart checks—were completed successfully and verified with DBHDS. We are currently waiting on Netsmart's formal After-Action Report and Root Cause Analysis to document the underlying causes of past transmission delays and officially finalize this project phase.
- **Impruvon:** Implementation of our new electronic medication administration record platform is complete across all RACSB programs. User account management and group permissions are fully synchronized with Active Directory to support continuous, compliant medication administration and automated security access across all sites.

To: Joe Wickens, Executive Director

From: Brandie Williams, Deputy Executive Director

Re: Legislative Updates and Priorities

Date: November 4, 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:

- Virginia Association of Community Services Board Legislative and Advocacy Priorities

DRAFT Virginia Association of Community Services Boards
Budget Priorities for the 2027 General Assembly Session

CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINIC (CCBHC) RATE DEVELOPMENT: VACSB requests a language-only budget amendment that would direct DMAS to develop a prospective payment system (PPS) in concert with nationally recognized experts in PPS rate development. CCBHCs are Virginia's best response to the Medicaid changes resulting from H.R. 1 and many of the access, workforce, and service-delivery challenges addressed in the budget priorities below.

COMMUNITY STABILIZATION REINSTATEMENT: Community stabilization is a critical component of the crisis continuum. Restoring this service will help divert individuals from a behavioral health crisis, provide support following a crisis, and reduce the likelihood that they will require a higher level of care. VACSB supports restoring funding for community stabilization while implementing appropriate safeguards to address fraud and abuse concerns.

BEHAVIORAL HEALTH REDESIGN SERVICE PRESERVATION AND TRANSITION FUNDING: The proposed Behavioral Health Redesign creates significant risks to continued access to psychiatric rehabilitation, intensive in-home, and other critical community-based services. VACSB requests that DMAS retain the existing legacy services while introducing the new Redesign services, allowing providers to offer the service models they can sustain and that best meet the needs of the individuals they serve.

EARLY INTERVENTION SERVICE COORDINATION AND SUPPORT FOR NON-MEDICAID CHILDREN: VACSB requests that the Early Intervention targeted case management and service coordination rate be increased to at least the DD case management rate of $242.73 per month. In addition, local Early Intervention systems are required to serve all eligible infants and toddlers, regardless of whether they are covered by Medicaid or another payer. VACSB requests sufficient and ongoing state funding to cover the cost of providing mandated Early Intervention services to eligible children who are not covered by Medicaid.

DEVELOPMENTAL DISABILITY WAIVER SLOTS: Access to DD waiver services is critical for individuals with developmental disabilities and their families. Without continued investment, the progress made in reducing the waitlist will be lost. VACSB requests funding for additional DD waiver slots in FY28 to ensure that individuals with the most urgent needs can access essential services and supports.

MEDICAID EXPANSION REVENUE LOSS OFFSET: Changes affecting the Medicaid expansion population, including redeterminations and community engagement requirements, could cause coverage losses and reduce CSB reimbursement for services already being provided. VACSB supports state funding to offset revenue losses and careful implementation of exemptions for individuals who are medically fragile, have serious mental illness, are receiving substance use disorder treatment, or are in recovery.

PEER RECOVERY SUPPORT SERVICES RATE: Peer recovery support services are a critical component of Virginia's behavioral health and substance use disorder systems, but the current individual reimbursement rate of $14.30 per 15-minute unit does not reflect the full cost of providing the service. VACSB requests that the individual Peer Recovery Support Services reimbursement rate be increased to $20 per 15-minute unit to support sustainable, high-quality peer services.

PREVENTION FUNDING: Prevention services are a critical part of the behavioral health continuum, helping communities address mental health and substance use concerns before individuals require more intensive and costly services. CSB prevention programs have expanded their partnerships with schools, law enforcement, and other community organizations, but the temporary federal pandemic funding that supported much of this work ended in March 2025. VACSB requests increased, flexible, and ongoing state general fund support to restore lost prevention capacity.

To: Joe Wickens, Executive Director

From: Brandie Williams, Deputy Executive Director

Re: Department of Behavioral Health and Developmental Services CSB Operational Review

Date: November 4, 2026

The Department of Behavioral Health and Developmental Services conducts operational reviews of CSBs to evaluate the fiscal accountability and transparency in managing funds awarded to the organization by DBHDS, compliance with the DBHDS performance contract, existence and functioning of internal controls, and the efficiency and economy of processes. DBHDS conducted its initial review in 2023. This most recent review was conducted as a follow-up review.

SUMMARY OF FINDINGS

DBHDS reviewed the following finding from the last follow-up audit to ensure appropriate corrective action has been implemented:

- DD Waiver Active Without Services

The DD Waiver Active Without Services remain outstanding and will have another review to confirm appropriate corrective action. Please see attached memo for further details.

COMMONWEALTH of VIRGINIA

DARYL WASHINGTON, LCSW
COMMISSIONER

DEPARTMENT OF
BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
POST OFFICE BOX 1797
RICHMOND, VIRGINIA 23218-1797

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MEMORANDUM

TO: Daryl Washington, Commissioner of DBHDS
Joseph Wickens, Executive Director of Rappahannock Area Community Services Board

FROM: Divya Mehta, Director of Internal Audit

SUBJECT: Rappahannock Area Community Services Board Operational Review FY27 Follow-up

DATE: October 20, 2026

BACKGROUND & OBJECTIVES:

The Virginia Department of Behavioral Health and Developmental Services (DBHDS) Office of Internal Audit conducted a third follow-up review of the FY23 Rappahannock Area Community Services Board (RACSB) Operational Review. The focus of this review was to determine whether corrective actions were implemented to address the finding noted in the follow-up memo dated September 8, 2025. The FY26 follow-up memo identified one finding related to DD Waiver monitoring of clients listed on the Active Without Services report.

FINDINGS:

We conducted this review by requesting documentation to support management's corrective actions taken since the previous follow-up memo was issued. The following repeat finding was identified:

DD Waiver Active Without Services

We requested clarification from RACSB regarding clients identified on the Active Without Services report. Responses were provided for 19 clients. Based on our review, the following was identified:

- 8 of 19 (42%) of clients on the Active Without Services Report no longer required waiver slots. These slots should have been released, or a retainer slot request submitted, within 30 days.

CONCLUSION:

A fourth follow-up will be conducted to review the final corrective actions on the one remaining open finding.

To: Joe Wickens, Executive Director

From: Brandie Williams, Deputy Executive Director

Re: Department of Behavioral Health and Developmental Services One-Time Funding Request

Date: November 4, 2026

Within the past month, the Department of Behavioral Health and Developmental Services has offered an opportunity for the Rappahannock Area Community Services Board to apply for one-time STEP-VA money in the amount of $231,237 for a set of designated uses. One of the uses was to modernize financial systems. RACSB submitted the attached application for the funding opportunity.

FY27 Unallocated STEP-VA Funding Proposal

Rappahannock Area Community Services Board

Financial Reporting and Reimbursement Modernization

Funding Request: $231,237
Project Type: One-time technology and reimbursement modernization
Proposed Project Period: FY27, subject to the funding agreement and implementation schedule

Project Purpose and Description

The Rappahannock Area Community Services Board (RACSB) proposes to use FY27 unallocated STEP-VA funding to modernize and replace its existing Microsoft Dynamics Great Plains financial reporting system with a more advanced financial management and reporting solution. The current system does not adequately support the increasingly complex reporting, data integration, and analytical capabilities needed to connect financial expenditures with service-level information. This particular funding will be used to contribute to one-time implementation costs.

This one-time investment will strengthen RACSB's financial and technological infrastructure to support reimbursement modernization, improve fiscal oversight, and enhance the ability to evaluate the relationship between financial resources and STEP-VA service delivery. The proposed system will provide enhanced reporting capabilities, facilitate integration with service-level data, and improve the accuracy, timeliness, and accessibility of information used for reimbursement analysis, program monitoring, budgeting, and resource allocation.

The project directly aligns with the FY27 funding opportunity's emphasis on regionally focused reimbursement modernization through technology, with potential supporting benefits for staffing efficiency and staff training. The proposed modernization will support these priorities by advancing reimbursement modernization, strengthening financial and service-level integration, improving financial oversight and reporting, and promoting sustainability of STEP-VA. Due to the one-time nature of the funding, project will focus on modernizing the financial reporting infrastructure that supports STEP-VA services, rather than directly funding clinical service expansion. Its primary purpose is to improve the technology and reporting capabilities necessary to manage, evaluate, and sustain those services effectively. It will help position RACSB to better understand service delivery costs, monitor program expenditures, identify reimbursement and funding trends, and support the long-term sustainability of STEP-VA services.

SMART Goals, Performance Measures, and Proposed Implementation Plan

Goal 1: Modernize the CSB's financial reporting system.

SMART objective: Within 12 months of project initiation, select, configure, and begin implement a replacement financial reporting solution that meets documented requirements for complex financial reporting, data access, and integration with designated service-level data sources.

Performance measures:

- Complete a documented assessment of current system limitations and business requirements.
- Select and configure a replacement solution.
- Begin implementation and transition to the new system.

Proposed Implementation Plan

Phase 1: Requirements Assessment and Planning

- Document Great Plains reporting limitations and current manual processes.
- Identify reimbursement modernization priorities and STEP-VA reporting needs.
- Establish baseline reporting efficiency measures.
- Define technical, integration, security, and financial control requirements.

Phase 2: Vendor Selection and System Design

- Evaluate potential replacement vendors and reporting platforms.
- Assess integration capabilities with existing service-level data systems.
- Develop a system implementation plan and reporting specifications.
- Select a solution that meets the CSB's operational and financial management requirements.

Phase 3: Implementation and Integration

- Begin configuration of the selected financial reporting solution.

Proposed Budget and Use of Funds

The CSB requests up to $231,237 in one-time FY27 STEP-VA funding to support the acquisition and implementation of a modern financial reporting solution. The proposed budget prioritizes technology and data integration directly related to reimbursement modernization, with supporting allocations for implementation, validation, and training. This funding will be used to contribute to one-time implementation costs.

Budget category	Proposed use	Estimated amount
Financial reporting software and licensing	Initial software acquisition, implementation-year licensing, or eligible subscription costs	$100,000
Vendor implementation and configuration	Requirements mapping, system configuration, deployment, and technical consulting	$131,237
Total funding request		**$231,237**

The final budget will be based on vendor quotes, documented implementation requirements, and applicable state funding guidance. Costs will be structured as one-time project expenditures to the extent permitted by the funding terms. Any ongoing licensing, maintenance, or support costs will be identified separately and addressed through future operational planning where necessary.

Sustainability

This project is designed as a one-time investment in the technology and reporting infrastructure necessary to strengthen reimbursement modernization and STEP-VA oversight. Following implementation, the CSB will maintain documented procedures, trained users, and recurring financial and service-level reporting processes to support ongoing operational use.

The CSB will plan for future licensing, maintenance, and system enhancements through its regular budgeting process, as applicable. The improved reporting infrastructure will provide a sustainable foundation for financial accountability, reimbursement analysis, and ongoing evaluation of the resources required to support STEP-VA services.

To: Joe Wickens, Executive Director

From: Brandie Williams, Deputy Executive Director

Re: DBHDS Workforce Funding Application and Award

Date: November 4, 2026

The Virginia General Assembly included funding in general fund appropriations to be provided to grow the Virginia Community Services Board (CSB) workforce. The Department of Behavioral Health and Developmental Services (DBHDS) allocated the funding based on the size of each CSB's workforce. DBHDS offered options for workforce activities from which each CSB could select to use the funding. Each CSB had to apply to receive funding for the current fiscal year.

The Rappahannock Area Community Services Board has been awarded $167,00 of this funding for this fiscal year for the following purposes:

- **Fund clinical supervision hours for licensed-eligible staff**
- **Fund tuition reimbursement and educational supplements**
- **Fund the allowable 15% of Indirect Cost Rate**

To: Joe Wickens, Executive Director

From: Brandie Williams, Deputy Executive Director

Re: 2025-2028 Rappahannock Area Community Services Board Strategic Plan, Year 2, Quarter 1 Update

Date: November 4, 2026

The Rappahannock Area Community Services Board has developed a strategic plan through June 2028 to respond to the service and support needs of persons with Mental Health, Substance Use, or Developmental Disabilities in Planning District 16. Please find updates attached.

Rappahannock Area Community Services Board Strategic Plan
Year-Two Profile
Quarter 1 Updates

Mission

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

Vision

Spark Hope. Support Hope. Spread Hope.

Values

Inclusion. Collaboration. Integrity. Resilience. Excellence and Innovation

Priority 1: Access To Services
By FY2028, increase total number of individuals served by 5%
By June 2027, 100% of programs will demonstrate improvement on their specific access measure compared to FY27 Q4 baseline.
Strategy #1: By June 2027, 60% of individuals receive 1st service within 10 days of request for service and receive their next two services within 30 days. The Department of Behavioral Health and Developmental Services has not yet updated the dashboard for FY27 reporting on this measure. Update on both first and second quarter will be provided during next strategic plan update.
Strategy #2: By June 2027, construction/renovation will be started for Adult CSU, Adult CRC, Child CSU, and Child CRC. During Q1, RACSB put out the Invitation To Bid for the renovation project which closed on September 23, 2026.
Strategy #3: By June 2027, 80% of individuals assigned a waiver will have a service plan developed and Active within 90 days of waiver allocation. 63%- Continued to run into obstacles with transitioning individuals from the CCC+ waiver to the DD Waiver since these have to be completed on the 1st of each month. We saw a continued delay with Medicaid being approved and one individual was still waiting on being determined disabled by the Social Security Administration. 2 out of 3 emergency waivers assigned in July 2026 were opened by October 1, 2026.
Strategy #4: By June 2027, Community Engagement hours will increase to an average of 3.5 hours. Current average hours of Community Engagement are 3.53.
Strategy #5: By June 30, 2027, partner with six (6) additional middle schools or high schools to provide substance use prevention education. During Q1, Prevention re-engaged King George High School and initiated at Spotsylvania Career and Technical Center.
Priority 2: Effective and Quality Services
By June 2027, 100% of programs will demonstrate improvement on their specific effectiveness measure compared to FY26 Q4 baseline.
Strategy #1: By June 2027, RACSB will complete and start the implementation of a work plan to address CCBHC gaps and move the agency towards meeting required criteria. During Q1, Deputy Executive Director participated in VACSB CCBHC Steering Committee efforts to plan Prospective Payment System Rate Study.
Strategy #2: By June 2027, Net Promotor Score will meet the benchmark established in year one (Score of at least 65) as measured quarterly. RACSB's current NPS is 56 with 937 responses. (June- 77; July- 50; August-46; September-78)
Strategy #3: By June 2027, RACSB will maintain 85 formalized MOUs/Contracts for partnerships and attend a minimum of 50 community engagement events. During Q1- RACSB maintained 149 formalized MOUs/Contracts and attended 18 community engagement events.
Strategy 4: By April 2027, procure and open the Peer-Lew Wellness program to include purchase/renovation of facility, development of policies, and onboarding of staff. During Q1, search began for locating a property for the program.
Priority 3: Staff retention, workforce support, and talent development
By the end of FY2028, increase employee retention as demonstrated by annual turnover rate of 15% or less and achieve a staff engagement score of at least 80% (4.0 as scored on the 5.0 survey) on the annual engagement survey.
Strategy #1: By October 2026, RACSB will meet the established benchmarks of a score of at least 4.0 on a 5-point scale for key engagement areas on the employee engagement survey. During Q1, the employee engagement survey was prepared for distribution and collection during the month of October 2026.
Strategy #2: By June 2026, RACSB will offer exit interviews and surveys to 100% of employees who voluntarily resign. RACSB will develop a structured stay interview process and survey and conduct them with 75% of staff with the goal of 100% of staff within the three-year period. During Q1, 100% of employees who voluntarily resigned were offered an exit interview or survey. 12 out of 24 individuals completed the exit survey. During Q1, stay interviews are currently underway with an anticipation that this goal will be completed by Q2.
Strategy #3: By June 2027, 70 employees will engage in the leadership program, per the benchmark established in year 1. During Q1, HR Director worked with Joe on Executive Leadership Training starting at the retreat on 12/4/2026. R1 Leadership Training series will start in January with leaders attending a minimum of two trainings.
Priority 4: Fiscal and Operational
By the end of FY2028, increase year-end positive variance to 1%.
Create a sustainability, staffing, and succession plan to reaching towards a balance budget within 3 years for each program.

Strategy #1: By June 2027, RACSB will complete RFP and procurement process to update financial systems, to include at minimum, the general ledger system. Not addressed during Q1.
Strategy #2: By June 2027, RACSB will meet the Year 1 benchmark/baseline on established performance metrics for time from service to documentation completion. 85% of notes will be filed within the program-specific required timelines. During Q1, 94.3% of notes were filed within the program-specific required timelines.
Strategy #3: By June 2027, 100% of programs audited will have a minimum comparative score of 80 on audits. During Q1, 8 programs were audited and 100% of them scored above 80 on the audits (MHOP Caroline- 97; Healthy Families- 80; SLH-100; MHCM Spotsylvania- 92; MHOP Stafford- 86; MHOP Spotsylvania- 93; Peer Services- 84; Liberty Street- 91)
Strategy #4: -By June 2027, RACSB will implement KPI Dashboards which focus on productivity, utilization, and individuals served. During Q1, work has continued with Netsmart to build the focused dashboards.
Strategy #5: By June 2027, RACSB will implement Impruvon electronic medication administration record platform, Bells AI Scribe and Quality Coach, and texting solution to improve documentation and workflow efficiencies. During Q1, RACSB prepared, trained, and began implementation of the Impruvon electronic medication administration record platform. Go-Live began October 1, 2026. The texting solution was implemented on October 14, 2026. The information technology department has started work on the Bells AI Scribe and Quality coach project.

To: Joe Wickens, Executive Director

From: Brandie Williams, Deputy Executive Director

Re: Bonus Compliance and Recommendation for Board Approval

Date: November 4, 2026

During the last Virginia General Assembly session, the caboose bill (Laws 2026, Chapter 7) provided a 2% bonus for all full-time CSB staff pursuant to Item 469 Y.1. (see below). The funding was delayed until FY 2027. As indicated by the language below, the funding can only be used to provide a one-time bonus to full-time staff as of June 1, 2026. As funding is only provided to CSBs based on the number of full-time staff funded by state funds, each CSB does not get the total amount sufficient to cover a full 2% bonus. CSBs are allowed to use for bonuses less than the 2%. If a CSB does not elect to provide a bonus meeting the above criteria, the funding must be returned to DBHDS for re-allocation.

Item 469 Y.1. Up to $32,731,221 from the general fund the second year is provided for a one-time bonus payment, equal to two percent of their base salary, on June 1, 2026 provided that the governing authority of such employees use such funds to support the provision of a bonus for the following listed employees: a. Locally-elected constitutional officers; b. General Registrars and members of local electoral boards; c. Full-time employees of locally-elected constitutional officers; and, d. Full-time employees of Community Services Boards, Centers for Independent Living, secure detention centers supported by Juvenile Block Grants, juvenile delinquency prevention and local court service units, local social services boards, local pretrial services act and Comprehensive Community Corrections Act employees, and local health departments where a memorandum of understanding exists with the Virginia Department of Health.

The Rappahannock Area Community Services Board received $292,014.00 for this funding.

Recommendation

RACSB recommends providing a one-time bonus in the month of November to full-time current employees who were employed on June 1, 2026. The amount received does not cover the cost of a 2% bonus. The bonus will be based on tenure with the agency as of June 1, 2026 and will follow the schedule below. Total cost of this action is approximately $310,125.

Tenure- As of June 1, 2026	Bonus Amount
0-4 years	$375
5-9 years	$750
10+ years	$1,500