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# February 2025 Board of Directors Meeting Minutes

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## I. CALL TO ORDER

A meeting of the Board of Directors of the Rappahannock Area Community Services Board was held on February 18, 2025, at 600 Jackson Street and called to order by Chair, Nancy Beebe at 3:00 p.m. *Attendees included:* Nancy Beebe, Claire Curcio, Jacob Parcell, Greg Sokolowski, Carol Walker, Matthew Zurasky, Melissa White, Susan Gayle and Shawn Kiger. *Not Present:* Glenna Boerner, Ken Lapin, Bridgette Williams, and Sarah Ritchie.

## II. PUBLIC COMMENT

No Action Taken

## III. SERVICE AWARDS

Mr. Joe Wickens recognized all employees with awards:

10 years

**Anna Loftis**, Coordinator, Kenmore Club

15 years

**Kathryn Deters**, Administrative Office Associate, PEID

## IV. Employee of the 2<sup>nd</sup> Quarter – Rachael Nieves

## V. BOARD CORE BEHAVIORS, *Ms. Nancy Beebe*

Ms. Beebe reminded the Board of the core behaviors throughout the discussions.

## VI. PRESENTATION, OPIOID RESPONSE; PREVENTION SERVICES (Michelle Wagaman), CLINICAL SERVICES (Eleni McNeil) and SUNSHINE LADY HOUSE (Amy Jindra): Ms. Wagaman presented to the Board on how the agency is responding to the Opioid epidemic by going through prevention initiatives, Ms. McNeil covered treatment, recovery and harm reduction, and Ms. Jindra went over medically managed detox at Sunshine Lady House.

## VII. MINUTES, BOARD OF DIRECTORS, **January 28, 2025**

The Board of Directors approved the minutes from the January 28, 2025 meeting.

**ACTION TAKEN:** The Board approved the January 28, 2025 minutes

Moved by: Ms. Carol Walker

Seconded by: Ms. Susan Gayle

## VIII. MINUTES, EXECUTIVE COMMITTEE MEETING, **February 6, 2025**

The Board of Directors approved the minutes from the February 6, 2025 meeting.

ACTION TAKEN: The Board approved the February 6, 2025 minutes  
Moved by: Mr. Matthew Zurasky  
Seconded by: Mr. Shawn Kiger

## IX. PROGRAM REPORTS

### A. COMMUNITY SUPPORT SERVICES, *Ms. Amy Jindra*

1. **Program Update** – Ms. Jindra highlighted that RAAI had a successful flower sale despite tricky weather- they were able to get all the flowers delivered. Also, this quarter they are focusing on individuals desiring Community Engagement services based out of the YMCA and anticipate starting 2 new groups in the next 30-60 days. This will make a total of 5. Individuals go directly to the YMCA and then back out into the community. It allows for us to receive a higher reimbursement rate. In DD Residential Services, they are down to approximately 10 staffing vacancies and teams are working to eliminate instances of overtime across all DD Residential services. Additionally, more efforts are going towards Person Centered Thinking, which is all about focusing on the individuals. Unfortunately, a longtime individual of one of our ICF programs passed away in January due to medical complications. Staff will attend the services in February.
2. **Mental Health and Developmental Disabilities Residential Vacancies** – Ms. Jindra said that they are only going to have one vacancy at Leeland Road Group Home during the end of this weekend. They have an individual moving in on Friday. This is cause for celebration. They have an individual moving from Ross into Ruffins so that will fill Ruffins vacancy but then they will end up having two vacancies at Ross. They are looking at a myriad of referrals coming in including ones from DBHDS for the ICF programs. Mental Health residential has only three transitional beds vacant by the end of the week. Out of the six, they are down by half now. PSH is busy they have 63 individuals housed and 14 on the waiting list.
3. **Sunshine Lady House** – Ms. Jindra said they dipped down really low in December and they are creeping back up with 40% utilization in January. Still working and trying to encourage to get referrals but their acceptance rate is very high. For every referral received, there are only a handful they have to turn down due to medical reasons or behavioral risks that they can't accept into the program. They do have quite a few individuals that turn down services because they figure out something else.

### B. CLINICAL SERVICES, *Ms. Jacque Kobuchi*

1. **Program Update** - Ms. Kobuchi gave highlights of her programs. She said that they continue to see staffing positions filled that they are very excited about. They have added another child adolescent therapist-emergency services who will provide community crisis stabilization service that had been completely vacant for a while. They had a busy month for adult case management, they added fourteen individuals to their caseload, which is a lot for them for one month. Also, the Fredericksburg Therapeutic Docket application was submitted. We should see this in the next couple of months.

Mr. Zurasky asked if the school-based therapist for Fredericksburg City serves three schools, what about the new school that finishes construction in July, and

is it replacing one of the schools or is it a fourth school. Mr. Parcell stated it would be a fourth school. Mr. Zurasky asked if we needed additional staffing for this position. Ms. Kobuchi said we don't have additional funding for staff. We initially had a grant from the state that paid for the school-based therapist but that money disappeared. We managed to get funding through Mary Washington Healthcare to sustain the one position for a year.

2. **State Hospital Census Report** -Ms. Kobuchi shared that there is currently one individual on the Extraordinary Barriers List. They have 36 individuals that are at state hospitals receiving treatment. There are a variety of hospitals where individuals are receiving treatment. Western State Hospital is our main hospital where we send people.
3. **Emergency Custody Order (ECO)/ Temporary Detention Order (TDO) Report – January 2025.** Ms. Kobuchi stated that Emergency Services staff completed 177 emergency evaluations in January. Fifty-six individuals were assessed under an emergency custody order and sixty-three total temporary detention orders were served of the 177 evaluations. Staff facilitated two admissions to Piedmont Geriatric Hospital. A total of sixteen individuals were involuntarily hospitalized outside of our catchment area in January. Fifteen were able to utilize alternative transport, but one could not due to requiring oxygen. Data reports were submitted. They did hear today that the state is going to be using a new company to contract with for alternative transportation. Ms. Kobuchi said the pilot has been going amazingly well so she's not sure how this transition will affect that.
4. **CIT and Co-Response Report-** Ms. Kobuchi reported that the CIT Assessment Center served 31 individuals in the month of January. She took the Board through a chart indicating 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. The Co-Response Team served 16 individuals in January. The therapist for the Fredericksburg team remains vacant. Stafford therapist position has been filled and the new therapist is in training. In January, two RACSB Co-Response staff participated in DBHDS Mobile Crisis Responder 48-hour training to support staff in obtaining additional knowledge necessary for mobile crisis response.
5. **Outpatient Waitlist and Same Day Access** – Ms. Kobuchi stated that the outpatient clinics have a goal to eliminate all waitlists and increase intake assessments provided through Same Day Access during FY25. The Fredericksburg, King George, Caroline, Children's and Spotsylvania clinics currently have no waiting lists. The Stafford clinic has a small waitlist of 3 individuals and reinstated Same Day Access on 2/4/25. Data on the number of intakes completed by clinic and how many of those are completing Same Day Access provided.

### C. COMPLIANCE, *Ms. Stephanie Terrell*

1. **Program Update** - Ms. Terrell shared with the Board that in January the compliance team focused on four main projects. The first one she referred to at last month's Board meeting, the real time audit project, which continues and is going really well, they are receiving great feedback from staff. The next project

is the Policy Pro program which will allow for all company policies for staff to be in one repository. On another project, they are working with the Lead Peer Specialist in regards to billing for peer services- previously we had not billed for peer services- but reimbursement rates went up so we are working towards billing for their services. The last project they are working on is with QI Folio, which is a company that has automated our audit.

2. **2<sup>nd</sup> Quarter FY25 Incident Report Review** - Ms. Terrell said that the report provides an overview of incident reports submitted by RACSB staff during the months of October 1, 2024 through December 31, 2024. The purpose of the report is to communicate information about trends, remain vigilant for emerging issues, and use data to plan, prioritize and implement preventative and proactive initiatives. Compliance staff received and triaged 714 incident reports from October 1, 2024 through December 31, 2024 (an overall decrease of 61 reports from last quarter). Of those 714 incident reports received, 68 incidents were reported to Department of Behavioral Health and Developmental Services (DBHDS) through the Computerized Human Rights Information System (CHRIS), (47 Level 2, 16 Level 3, 5 Abuse/ Neglect / Exploitation (ANE)).

Mr. Zurasky noted that there are a number of Incident Report Categories that have no definition for them. He pointed out that Accidental Overdose, Medication Non-Adherence, Medication Poor Adherence and Missing Person, do not have definitions for them. Ms. Terrell said that they should all have definitions for them and she will ensure they have them going forward.

3. **Quality Assurance Report** – Ms. Terrell stated the Quality Assurance staff completed chart reviews for the following programs: *Rappahannock Adult Activities (RAAI), Kings Hwy.*; Discrepancies noted with Documentation and Individual Service Plans, average score increased from 91 to 92 on a 100-point scale. *Substance Abuse Outpatient (SAOP): Caroline*; Discrepancies with Individual Service Plans and General Documentation. Caroline received a 95 on a 100-point scale. *Assertive Community Treatment (ACT)*; Discrepancies with Progress Notes and Medical Documentation. Average score increased from 78 to 96 on a 100-point scale. Corrective Action Plans were submitted for all discrepancies.

Mr. Parcell thanked Ms. Terrell for the updated report with the true internal data, he found it very helpful.

#### D. COMMUNICATIONS, *Ms. Amy Umble*

1. **Program Update** - Ms. Umble said the RAAI flower sale was a success and through the website they sold 46 orders and 68 bouquets. The flower sale was featured in the Fredericksburg Free Press. On Sunday, two of our therapists were featured in the Free Lance Star for a story about suicide prevention amongst veterans. There will be an RACSB team at “The Coldest Night of the Year” fundraiser walk for Micah Ecumenical Ministries this Saturday.

**E. PREVENTION, Ms. Michelle Wagaman**

1. **Program Update** - Ms. Wagaman shared that the Youth First Conference was held this past Saturday and they came in second place. It was a good turnout, 500 people with some really dynamic speakers and positive conversations, really good day. She said that this Thursday and Friday is the virtual portion of the Creating Trauma Sensitive Schools Conference. This is supported by scholarships from DBHDS. Region 1 CSB prevention teams held a planning retreat earlier in the month. Also, DBHDS provided information on a new Prevention Strategic Framework for 2025-2030. This will impact the strategies and initiatives RACSB Prevention Services implement in the future.

*The Board took a ten-minute break at this time.*

**F. FINANCE, Ms. Sara Keeler**

1. **Program Update** – Ms. Keeler shared that she is actively advertising and trying to recruit an accounting coordinator. The reimbursement department has been in clean up mode, they have been cleaning up some self-pay items to get ready for debt set off which is where they can recoup some of our funds that are owed to us. They have also been adjusting clients who have exhausted their Medicaid limits. There was also an error in some of the numbers that were discovered after they closed the reporting for the month and Ms. Keeler said she would go into more detail with the Board in the next reports with Crisis Stabilization. On the accounting department side, they had an onsite review from DBHDS that went very well. They received a report back with changes and suggestions that they will work through. They also completed the 1099 filing out to all of the vendors. They are also working on their mid-year report to DBHDS that is due this week.

Mr. Parcell asked about the annual external audit that is due every year, he wanted to know if that was up to date. Ms. Keeler said that it has been done but we don't have the reports back from our auditors. Ms. Brandie Williams said that they were due the first week of December 2024 and they have been diligently working to get the reports from the auditors.

2. Ms. Keeler reviewed the Summary of Cash Investments and Health Insurance.
3. Ms. Keeler reviewed the Summary of Investments.

Mr. Zurasky asked about one of the investments that matured, he wanted to know if we reinvested it into another bill or was it invested into a note and what was the rate. Ms. Brandie Williams said that we have Atlantic Wealth Management that manages all of the reinvestments. She was unsure if it was invested in a note or a bill but imagined it was transitioning more to the note as previously discussed how the market is changing for the longer terms. She said that we will see how it was invested on next month's report.

Mr. Parcell asked if the investment policy statement says how often they have to update the policy, he said it would be a good idea midyear this year to update the treasury policy. Mr. Zurasky agreed. Ms. Williams said that the Fall may be a

good time because that is when Atlantic Wealth Management has their strategy meeting with us. Mr. Wickens said we will keep on the radar for then.

4. Ms. Keeler reviewed the Fee Revenue Reimbursement and Collections.
5. Ms. Keeler reviewed the Write-Off Report.
6. Ms. Keeler reviewed the Payroll Statistics.
7. **Proposed Revision to Financial Policies & Procedures-** Ms. Keeler stated that during their recent DBHDS financial review they learned they should include in the policy a procedure to evaluate all contracts and subaward recipients with a checklist criterion if any federal funds will be used to pay for their services. Therefore, they are recommending language changes to the contract section of Section 2: Purchasing and to the administrative requirements section of Section 8: Contract Agencies in the financial policies and procedures to comply with this requirement.

Mr. Zurasky clarified that they were only voting on the red highlighted text in the document provided. Ms. Keeler confirmed. Mr. Zurasky recommended that they strike the word “all” before federal guidelines. He said he didn’t think that was possible. He suggested instead the word “pertinent” be used. It was agreed to make the change.

The Board moved to approve the amended changes to the Financial Policies and Procedures.

**ACTION TAKEN:** The Board approved the amended changes to the Financial Policies and Procedures.

Moved by: Mr. Matthew Zurasky

Seconded by: Ms. Claire Curcio

#### G. HUMAN RESOURCES, *Mr. Derrick Mestler*

1. **Program Update** – Mr. Mestler went over program highlights for January which was a very busy month for HR. Payroll closed out the calendar year and made sure that W2s were out to everyone. HR successfully transitioned the VRS retirement system to Voya. In employee relations, they implemented a third party FMLA administrator (absence tracker through Isolved) which is going well.
2. **Applicant and Recruitment Update** – Mr. Mestler noted that for the month of January, RACSB received 562 applications. Of the applications, 79 applicants listed the RACSB applicant portal as their recruitment source, 30 stated employee referrals as their recruitment source and 453 listed job boards as their recruitment source. At the end of January, there were 37 open positions, 26 full-time, 11 part-time. The HR department is currently working to quantify qualified candidates. More on this to follow in the coming months.
3. **Turnover Report** – Mr. Mestler shared that HR processed a total of 17 employee separations for the month of January. Of the separations, 14 were voluntary and 3 were involuntary. Mr. Mestler said that they looked at the reasons for the voluntary separations and a lot of the people who voluntarily resigned were given feedback as to their performance during recent evaluations and they chose not to continue on with the agency. He said this is an appropriate use of probationary time period. Some of the other voluntary resignations were relocations and a couple of people did not return from leave.



Mr. Zurasky asked about one of the resignations that states a reduction in force. He did not recall there being a reduction in force. Mr. Wickens said that it was for our landscaping. He shared that previously this was a contracted service then they made it a supported position for people we provided services for. That didn't work out very well so they decided to hire direct from the workforce. Unfortunately, that did not work out. Therefore, they are going back to contracting for landscaping services.

4. **DBHDS Workforce Reporting Overview**- Mr. Mestler shared the data for the quarter. He noted some changes over the past quarters, our DSP and nursing vacancies have gone down. The case manager and peer vacancies have increased. Mr. Parcell asked for the region and state averages to be added to this report in the future. Mr. Mestler confirmed to provide.

#### H. DEPUTY EXECUTIVE DIRECTOR, *Ms. Brandie Williams*

1. **Program Update** – Ms. Williams shared that currently March 1<sup>st</sup> is still the Go Live date for the transition to the new statewide data exchange. Nevertheless, Netsmart is having some challenges making sure it is ready to Go Live. Ms. Williams said that all CSB's are required to be on the new data exchange by June 30<sup>th</sup>. The state reporting and level of accountability that they have to have for this reporting will hit critical mass on July 1<sup>st</sup>. She said if they don't have an EHR that can deliver, and puts our service and our business line at risk, then they have to consider other options. If Netsmart does not deliver on March 1<sup>st</sup> they are considering other EHR vendors. Mr. Zurasky asked what the other CSBs were doing, if they were further along. If Netsmart doesn't deliver for us is there a viable alternative. Ms. Williams said yes there are at least three other EHR vendors who are not having the same level of problems as Netsmart that they may pursue. They would be free to explore other options after December, when the contract is up for renewal.

Ms. Williams also shared she participated in the DBHDS Incident Management System Replacement Committee which is leading the replacement of the CHRIS and CONNECT data systems. She submitted the name for the new system which was ultimately selected – Virginia Incident and Provider Reporting System (VIPRS).

2. **DBHDS Dashboard Report**– Ms. Williams presented the DBHDS Dashboard Report to the Board. The main objective of the dashboard is to have public accountability for meeting different outcomes from CSBs and is part of the Commissioner's strategic plan. Many of our measure ratings presented are measuring from the fall time particularly with Same Day Access Appointment Kept and SUD Engagement. Ms. Williams said those measures are really hard when you still have waitlists and you're trying to get waitlists down and you're still down in staffing. She noted that many of the measures are tied to our need for staffing stabilization.

Ms. Walker asked for more detail on the Universal Adult Columbia Screenings and Universal Child/Adolescent Columbia Screenings. Ms. Williams said that it is

a suicide risk screening. It is a screening required for us to give to all individuals when they enter services, it's built into our workflows and our EHR.

- 3. Legislative Priorities Report** – 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 the community. This report will provide specific information on current legislative or regulatory topics which impact RACSB.

Budget Items/Updates:

Ms. Williams gave highlights from the House report:

- The entire \$8.7M that VACSB requested to assist CSBs with onboarding support coordinators
- \$8M for prevention services
- \$500k for substance use disorder rate increases
- \$500k for problem gambling and support services
- \$3.6M to expand Marcus Alert programs
- The entire \$1.5M that VACSB requested to fund outpatient competency restorations highlights from the Senate report

Include:

- \$16M in substance use disorder rate increase (the VACSB request was for approximately \$17M)
- Language directing DMAS to apply for a waiver to cover behavioral health services in jails
- \$7.8 to fund Marcus Alert programs

- 4. Application for Step-VA Enhancement funds** – Ms. Williams shared that DBHDS Office of Adult Community Behavioral Health Services announced a new funding opportunity for Community Service Boards and Behavioral Health Authorities. Boards were able to submit proposals for how the funds can be used to enhance or improve implementation of the following components of STEP VA with a particular focus on Care Coordination. The RACSB applied for \$215,656 to enhance Coordination of Care through Same Day Access and Outpatient Services steps of STEP-VA.

**X. REPORT FROM THE EXECUTIVE DIRECTOR, *Mr. Joseph Wickens***

- A.** Mr. Wickens said that at the request of the Board, they have signed on with Danielle Ross from Netsmart to provide consultation services in the writing of the company's strategic plan. He said they were the most appealing of all the providers in that she had previous experience doing this work with other CSBs. The first meeting will be held on Thursday, February 27<sup>th</sup> from 10am to 1pm. Ms. Danielle Ross is the contractor who will meet with all members of the Board as well as the management team. Board members to let Mr. Wickens know if they are interested in joining discussion.
- B.** Mr. Wickens gave an update on the homeless outreach staffing position that the City of Fredericksburg approached us about in August 2024. At the city's request, we have been open to the discussion although we don't provide typical homeless support services outside our traditional behavioral health and developmental disability services. Still, the city is scheduling a meeting with us to continue talks about this



position. He said that other localities are also interested in doing something very similar. They have homelessness concerns that affects them differently. He will keep the Board posted on the status of this issue.

- C. Mr. Wickens announced that the All-Staff In-Service day for February had to be rescheduled due to a snow day. The new date is April 23, 2025.
- D. Mr. Wickens shared that two of our drug court staff made the front page of the Free Lance Star for a story on veteran suicide prevention. He mentioned that the program does incredible work that goes unnoticed in the public and it is great to see it get some recognition.

## XI. BOARD TIME

- A. Ms. White thank you, let it snow.
- B. Mr. Parcell, thank you for all of the hard work, the packet is slim. I think we are finally at the fine point of our new Board meetings. I think all the content we need there is there, all the charts are starting to look better. It's very easy to read, great work. Evidence of all your hard work, thank you all.
- C. Ms. Curcio, thank you all, I appreciate getting the packet earlier. Impressed that the numbers keep going in the right direction.
- D. Ms. Walker, appreciate the way you summarize things, very efficient and effective. Thank you for all the work you do.
- E. Ms. Gayle thank you for all that you do, thank you for the food, it was exceptionally good. Thank you for your hard work.
- F. Ms. Beebe, thank you for the food, and for your hard work.
- G. Mr. Kiger, thank you all.
- H. Mr. Sokolowski, thank you.
- I. Mr. Zurasky, thank you, I think the package has gotten to where we can get through it in an appropriate amount of time and yet, anytime we have questions you can back fill and that's pretty impressive. Appreciate your efforts.

## XII. CLOSED MEETING – VA CODE § 2.2 – 3711 A (4), A (7), and A (15)

Ms. Beebe requested a motion for a closed meeting. Matters to be discussed:

- CRC Update

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

The motion was unanimously approved.

Upon reconvening, Ms. Beebe 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:

Claire Curcio – Voted Aye  
Nancy Beebe – Voted Aye  
Melissa White – Voted Aye  
Carol Walker – Voted Aye  
Shawn Kiger – Voted Aye

Jacob Parcell – Voted Aye  
Matthew Zurasky – Voted Aye  
Susan Gayle – Voted Aye  
Greg Sokolowski – Voted Aye

The motion was unanimously approved.

### XIII. ADJOURNMENT

The meeting adjourned at 6:03 PM.

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Board of Directors Chair

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Executive Director