

August 2026 Board of Directors Meeting Minutes

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

I. CALL TO ORDER

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

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

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

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

III. PUBLIC COMMENT – Mr. Matthew Zurasky

No public comments were received.

No Action Taken

IV. EMPLOYEE SERVICE AWARDS – Mr. Joseph Wickens

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

Licensures

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

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

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

VI. BOARD CORE BEHAVIORS – Ms. Claire Curcio

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

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

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

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

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

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

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

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

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

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

VIII. PROGRAM REPORTS

A. DEPUTY EXECUTIVE DIRECTOR – Ms. Brandie Williams

1. Monthly Update

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

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

2. Amendment 4: Performance Contract Master Agreement

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

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

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

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

3. Legislative Updates and Priorities

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

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

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

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

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

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

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

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

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

4. Net Promoter Score

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

5. Mary Washington Hospital Foundation Funding Letter

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

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

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

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

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

6. Strategic Plan Year One Q4 Update

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

7. Strategic Plan Year Two Profile

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

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

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

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

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

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

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

B. COMMUNITY SUPPORT SERVICES – Ms. Lacey Fisher Curtis

1. Program Update

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

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

2. Residential Vacancies

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

3. Mental Health Residential Restructure

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

C. CRISIS INTERVENTION SERVICES – Ms. Amy Jindra

1. Program Update

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

2. ES ECO/TDO

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

3. ES Crisis Intervention Team and Co-Response

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

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

4. Sunshine Lady House Utilization

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

5. Peer-Led Wellness Stay Program

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

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

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

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

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

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

D. CLINICAL SERVICES – Ms. Jacque Kobuchi

1. Program Update

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

2. State Hospital Census

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

3. Same Day Access

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

4. Project LINK Site Visit Memo

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

5. Project LINK Review & Program Evaluation

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

E. COMPLIANCE – Ms. Stephanie Terrell

1. Program Update

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

2. Point-In-Time Survey

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

3. Quality Assurance Report

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

4. 4th Quarter Incident Report Review

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

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

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

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

5. Licensing Reports

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

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

F. COMMUNICATIONS – Ms. Amy Umble

1. Monthly Update & Metrics Report

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

G. PREVENTION & EARLY INTERVENTION – Ms. Michelle Wagaman

1. Program Update

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

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

H. FINANCE – Ms. Sara Keeler

1. Program Update

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

2. Summary of Cash Investments

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

3. Other Post-Employment Benefit

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

4. Health Insurance

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

5. Summary of Investments

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

6. Fee Revenue Reimbursement

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

7. Write-off Report

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

8. Payroll Statistics

Ms. Keeler reviewed Payroll Statistics included in the packet.

9. Financial Summary, May

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

10. Financial Summary, June

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

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

11. 5-Year Capital Projects Plan

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

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

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

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

I. HUMAN RESOURCES – Mr. Derrick Mestler

1. Program Update

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

2. Turnover Report

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

3. Applicant and Recruitment Update

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

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

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

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

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

X. BOARD TIME

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

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

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

Mr. Parcell requested a motion for a closed meeting.

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

Matters to be discussed:

CRC and Peer-Led Wellness Stay Program

The motion was unanimously approved.

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

A roll call vote was conducted:

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

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

The meeting adjourned at 6:39 PM.

Board of Directors Chair

Executive Director