



Board of Directors Meeting

Agenda

Tuesday, October 6, 2026, 3:00 PM

RBHA Board of Directors will meet virtually through electronic communication means due to an event at the Allianz Amphitheater Riverfront that may create traffic and parking challenges. Board members, staff, and the general public will be able to participate by teleconference/videoconference via MS Teams. The Teams access is: [Join the meeting now](#) Meeting ID: 217 376 259 044 13 Passcode: o2vU3jg2 Dial in by phone [+1 804-551-9976,,643944728#](#) United States, Richmond [Find a local number](#) Phone conference ID: 643 944 728#

Call to Order: Malesia "Nikki" Taylor, Chair

Roll Call: Meleese Evans, Executive Assistant

Board Vote to approve today's Board meeting take place virtually

Approval of Meeting Minutes: September 1, 2026.....pgs. 1-4 (attachments 5-23)

Public Comment

Employee Recognition: *Sasha Kerr, Finance Supervisor, Budget & Reporting....pg. 24

Board Chair Report: Malesia "Nikki" Taylor, Chair

CEO Report: Cristi C. Zedd, CEO.....pgs. 25-26

Access & Service Delivery Committee Report: Rev. Dana Sally-Allen.....pgs. 27-49

Advocacy & Community Education Committee Report: Scott Cannady, Vice Chair..pgs. 50-51

Executive Committee Report: Malesia "Nikki" Taylor, Chair.....pgs. 52-54

Board Vote: Readopt current RBHA Board Policy for Remote Participation and All-Virtual Meetings

Finance Committee Report: Stephen Willoughby, Secretary/Treasurer.....pgs. 55-61

Board Vote: Acceptance of Financial Report

Presentation: Grants Management at RBHA, presented by Dawn Farrell-Moore, LCSW, CSAC, Director of Grants, Research, Evaluation & Planning and Neal Masri, MSW, Ph.D., Evaluation Program Supervisor in Grants, Research, Evaluation & Planning.....pgs. 62-75

Discussion

Next Meeting: November 10, 2026

Adjournment

**BOARD OF DIRECTORS DRAFT MEETING MINUTES
September 1, 2026**

The Richmond Behavioral Health Authority (RBHA) Board of Directors met in the Boardroom at 107 S. 5th Street in Richmond, Virginia 23219.

RBHA Board members present: Kristi Babenko; Scott Cannady, **Vice Chair**; Verenda Cobbs via MS Teams; Dennis Cohen, Jr.; Dr. Cynthia Newbille; Anika Richburg; Rev. Dana Sally-Allen; Malesia "Nikki" Taylor, **Chair**; Stephen Willoughby, **Secretary/Treasurer**.

RBHA Board members absent: Deborah Dancey; Shanteny Jackson; Rev. Aria Kirkland-Harris and Katie Smithwick.

Staff present: Tim Adams; Steve Buffenstein; Justin Creech; Amy Erb; Dr. Jim May; Shenee McCray; Sheraz Riaz; Autumn Richardson; Carolyn Seaman; Mitch Smith; Michael Tutt; Scott Ward; Cristi Zedd, CEO; and Meleese Evans, Executive Assistant.

RBHA's Legal Counsel: Jon Joseph of Christian & Barton, LLP virtually via MS Teams.

Guests: None.

Proceedings:

- The meeting was called to order at 3:08 p.m. by Malesia "Nikki" Taylor, Board Chair.
- **Motion: Dennis Cohen, Jr. moved to approve Verenda Cobbs' participation virtually via MS Teams from home due to medical reasons; seconded by Dr. Cynthia Newbille and unanimously approved.**
- **Motion: Anika Richburg moved to approve RBHA Board orientation meeting minutes from April 22, 2026, and RBHA Board meeting minutes from July 7, 2026, seconded by Dr. Cynthia Newbille and unanimously approved.**
- **Public Comment:** None.

Employee Recognition

- North Campus Nursing Team in the Substance Use Disorders Services Division was recognized as Team of the Month.

Board Chair Report – Malesia "Nikki" Taylor

- Malesia "Nikki" Taylor congratulated Rev. Dana Sally-Allen on her recent board appointment by Governor Spanberger to the Addiction Recovery Council.

CEO Report – Cristi Zedd, LCSW

- Cristi Zedd discussed her CEO Report included in today's Board meeting packet and with today's meeting minutes.
- The Board was asked to discuss and vote on the FY26-27 Amended Community Services Performance Contract from the Department of Behavioral Health and Developmental Services.
- **Motion: Scott Cannady moved to approve the FY2026-FY2027 Amended Community Services Performance Contract; seconded by Dr. Cynthia Newbille and unanimously approved.**

RBH Foundation (RBHF) Report –Carolyn Seaman

- Carolyn discussed her report on RBHA – RBHF Partnership Fundamentals #2. The report is included in today's Board meeting packet and with today's meeting minutes.

Access & Service Delivery Committee Report – Rev. Dana Sally-Allen

- The Access & Service Delivery has not met since the last board meeting.

Advocacy & Community Education Committee Report – Scott Cannady

- The Advocacy & Community Education Committee has not met since the last Board meeting.

Executive Committee Report –Malesia “Nikki” Taylor

- The Executive Committee has not met since the last Board meeting.

Finance Committee Report – Stephen Willoughby

- There was a combined cash loss of \$5.2 million in July. The primary driver behind this cash loss was that the month of July had a third payroll, which occurs twice per year.
- As of July 31st, the Authority had \$18.4 million in cash on hand.
- For the month of July, the Authority had a loss of \$3.1 million and a fiscal year-to date combined loss of \$3.1 million. As with the cash decline, this loss was primarily driven by the third payroll cycle in the month.
- As of July 31st, total assets were \$67.5 million, with approximately 54% of that being long-term capital assets. Net client receivables are \$7.4 million.
- As of July 31st, total liabilities were \$71.5 million, with \$27.3 million of that balance being deferred revenue and \$13.6 million being leases payable.
- As of July 31st, the operating reserve was 0.78. A ratio of 1.0 or greater is desired.
- The days in Accounts Receivable for July was 95, which is an increase of 15 days from the prior month. A range of 30-60 is ideal.
- The days in Accounts Payable for July was 22, which is a decrease of 3 days from the prior month. Thirty or less is ideal.
- The Board discussed the recent decline in cash and management’s planned response.
- **Motion: Stephen Willoughby moved that the RBHA Board of Directors accept the financial report as presented and unanimously approved by the Finance Committee at its August 26th meeting, seconded by Rev. Dana Sally-Allen. All agreed and the motion carried.**
- **Resolution Adopted by Majority Vote**
Motion: Stephen Willoughby made a motion on behalf of the RBHA Board Finance Committee that the RBHA Board of Directors adopt A Resolution Amending Purchasing Policy Approval Thresholds for Board of Directors (Resolution Attached), seconded by Dennis Cohen, Jr. The motion passed by a majority vote. Those opposing the resolution were Scott Cannady and Anika Richburg.

Human Resources Committee Report – Anika Richburg

- The Human Resources Committee has not met since the last Board meeting.

Nominating & By-Laws Committee – Dennis Cohen, Jr.

- The Nominating & By-Laws Committee has not met since the last Board meeting.

Presentation: Across the Continuum: Comprehensive Substance Use Disorder Services for Women, was presented by Dierdre Pearson, LCSW, CSAC, CCTP-TRE, Director, Women’s Substance Use Disorder & Co-Occurring Services; and Makita Lewis, LCSW, Program Manager, Women’s Residential Treatment Center. The presentation is included with today’s meeting minutes.

The meeting adjourned at 4:47 p.m.

The next Board of Director's meeting will take place on **Tuesday, October 6, 2026, at 3:00 p.m., in the Boardroom at RBHA, 107 S. 5th Street, Richmond, VA 23219.**

Respectfully Submitted:

Malesia "Nikki" Taylor
RBHA Board Chair

Cristen C. Zedd, LCSW
Chief Executive Officer

RESOLUTION OF THE BOARD OF DIRECTORS

A Resolution Amending Purchasing Policy Approval Thresholds for Board of Directors

WHEREAS, the Richmond Behavioral Health Authority (RBHA) maintains a Purchasing Policy and wishes to establish thresholds for Board review and approval of certain contractual commitments and purchasing transactions; and,

WHEREAS, the purchase approval threshold of \$100,000 per year established in the Purchasing Policy has remained unchanged for more than a decade, during which time inflation, vendor pricing, and the prevalence of multi-year service agreements have significantly increased; and,

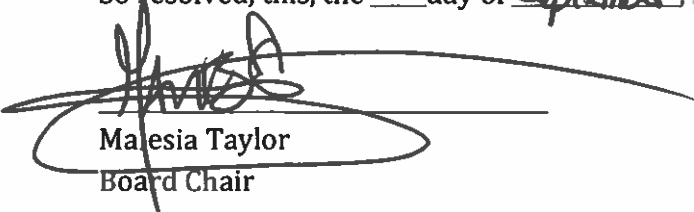
WHEREAS, the Board of Directors recognizes the importance of periodically reviewing purchasing and contracting authorities to ensure they remain aligned with the Authority's operational needs and governance objectives; and,

WHEREAS, the Finance Committee has reviewed management's recommendation to revise the Purchasing Policy approval thresholds in a manner that maintains appropriate Board oversight of significant financial commitments while improving administrative efficiency; and,

NOW, THEREFORE, BE IT RESOLVED by the Board of Directors of the Richmond Behavioral Health Authority that the Purchasing Policy is hereby amended to require Board approval for:

- Individual purchases exceeding \$250,000; and
- Contracts having a cumulative value exceeding \$500,000 over the life of the agreement.

So resolved, this, the 1 day of September, 2026.



Malesia Taylor
Board Chair

Richmond Behavioral Health Authority
Board of Directors
Chief Executive Officer's Report
September 1, 2026

A New Season of Progress

As fall approaches, RBHA continues to build on the work underway across the organization. This month's updates highlight progress in workforce investment, collaboration with state, regional, and local partners, governance, and organizational accountability.

Department of Behavioral Health and Developmental Services

(DBHDS) Commissioner Visit: Commissioner Daryl Washington's planned July 22 visit to RBHA was rescheduled and will take place Thursday, September 3, from 9:00–11:30 a.m. As part of his visits to Community Services Boards across the Commonwealth, RBHA will provide an overview of the organization, discuss key opportunities and challenges, and offer a brief tour of programs and facilities.

Behavioral Health Docket (BHD): On July 29, the CEO met with two Behavioral Health Docket judges and key leaders from the Substance Abuse and Addiction Recovery Alliance (SAARA) and the City's Department of Justice Services to discuss governance of the Behavioral Health Docket. The group is planning to establish a BHD Advisory Committee to provide ongoing oversight, coordination, and strategic guidance. The broader purpose of the docket is to connect eligible individuals with treatment and support while reducing unnecessary involvement in the traditional criminal justice system.

Classification and Compensation Update: RBHA is moving forward with implementation of its new classification and compensation structure, representing a significant investment in our workforce. Changes will take effect with the pay period beginning September 20 and will first appear in the October 9 paycheck. Eligible employees will receive the approved 5% General Pay Increase, and some employees will receive additional targeted adjustments based on the approved methodology. Employee communications and informational sessions are occurring, and supervisors are receiving guidance to support the rollout of updated titles, pay grades, and job descriptions.

VACSB Public Policy Conference: The Virginia Association of Community Services Boards' 2026 Public Policy Conference will be held in Roanoke from October 7–9. RBHA plans to limit staff attendance to essential ELT representation. Board members with a particular interest in attending may contact Meleese.

RBHA Community Open House: I want to personally invite you to join us for Strengthening Partnerships: Discover. Connect. Collaborate. RBHA's Community Open House on October 15. The afternoon is designed to bring together City colleagues, community organizations, and other partners to build relationships, learn more about one another's work, and start conversations about how we can collaborate to better serve Richmond.

FY2026–FY2027 Amended DBHDS Performance Contract: The Community Services Performance Contract is the formal agreement between RBHA and DBHDS that defines the services RBHA provides, the state and federal funding it receives, and related performance, reporting, financial, and compliance requirements. An approved contract is required for RBHA to continue receiving state-controlled funding. This is the amendment year of the two-year contract cycle, so the Board is not approving an entirely new contract. Amendment 4 updates selected requirements for FY2027, including Medicaid billing, quality improvement, reporting schedules, information security, federal grant compliance, regional programs, and indirect cost rates, while provisions not amended remain in effect. The Board is asked to discuss and vote on the amendment, which must be executed and returned to DBHDS by September 30.

Respectfully submitted,

A handwritten signature in dark ink, appearing to read 'C. Zedd', with a stylized flourish at the end.

Cristi C. Zedd, LCSW
Chief Executive Officer

RBHA – RBHF Partnership Fundamentals #2

Understanding the RBHA – RBHF Partnership.

September 2026

Richmond Behavioral Health Foundation

History and Evolution

Purpose of this Report

At the request of the Richmond Behavioral Health Authority (RBHA) Board of Directors, this report provides a concise history of the creation and evolution of Richmond Behavioral Health Foundation (RBHF), including its original purpose, early organizational investment, staffing history, resource-development activity, and changes to the operating structure over time.

I. Origins: 2005–2010

The concept of establishing a private resource-development function for RBHA began in 2005.

2005

- The RBHA Board Fundraising Committee began exploring opportunities to raise private funds for RBHA.
- The Executive Committee supported exploration of a foundation or similar entity to support major fundraising, planned giving, and other organizational goals.

2006

Private resource development became an identified RBHA organizational goal. Plans included:

- Establishing a 501(c)(3) foundation;
- Developing a Board-approved Private Resource Development Plan; and
- Hiring or contracting dedicated development expertise.

RBHA budgeted \$55,000 for a Development Specialist.

2007

- The Fundraising Committee became the Resource Development Task Force.
- The proposed Foundation was identified as a **separate nonprofit entity**.
- Consultants were engaged for development planning, branding, and communications.

2008

Work on the Foundation was temporarily postponed because of other organizational challenges.

2009

- Development of the Foundation resumed.
- The name Richmond Behavioral Health Foundation was recommended.
- The first Foundation Board meeting was held in October 2009.

2010

- The Richmond Behavioral Health Foundation name and branding were finalized.
- RBHA approved funding for a Planning and Development Coordinator position serving RBHA and RBHF.

Historical Takeaway:

RBHF originated as part of a deliberate RBHA effort to establish private resource-development capacity through a separate nonprofit organization.

II. Early Organizational Investment: 2011–2013

2011

- RBHA established a line of credit for RBHF of up to \$120,000.
- The first Director of Development was hired by RBHA and assigned to the Foundation.

2012

RBHF began expanding donor cultivation and community engagement through:

- Cultivation events;
- United Way participation; and
- Community outreach.

2013

- The Foundation conducted an organizational retreat focused on development, communications, and Board expansion.

- Outside consultants assisted with Foundation development and planning.
- The second Director of Development was hired in July 2013.

These early activities demonstrate that RBHA initially supported the Foundation through both financial resources and dedicated development staffing.

III. Development Staffing History

RBHF experienced significant staffing turnover during its early years.

Development Leadership Timeline

- July 2011 – First Director of Development hired
- February 2013 – First Director departed
- July 2013 – Second Director hired
- September 2015 – Second Director resigned
- November 2016 – Third Director hired
- August 2017 – Third Director resigned
- March 2018 – Fourth Director of Development hired

During approximately the first seven years of RBHF operations, the Foundation experienced multiple periods without dedicated development leadership.

Beginning in March 2018, RBHF entered its longest period of consistent development staffing.

IV. Resource Development: FY12–FY26

Charitable Revenue

Donations and Grants Reported on IRS Form 990

- FY12 – \$19,147
- FY13 – \$60,865
- FY14 – \$60,681
- FY15 – \$116,162
- FY16 – \$15,905
- FY17 – \$28,348
- FY18 – \$75,394
- FY19 – \$188,277
- FY20 – \$174,629
- FY21 – \$70,876 (COVID)

- FY22 – \$113,678
- FY23 – \$280,167
- FY24 – \$194,886
- FY25 – \$156,300
- FY26 – \$202,541

FY21 and FY22 occurred during the COVID-19 pandemic.

FY23 represents the highest charitable revenue during the period reviewed.

FY26 includes an unusual \$50,000 gift. Without that gift, FY26 charitable revenue would have been approximately \$152,500.

V. Development of Volunteer Programming

RBHF began developing a structured volunteer program in FY19.

Direct or In-Kind Volunteer-Related Resources

- FY19 – \$10,000
- FY20 – \$50,678
- FY21 – \$41,670
- FY22 – \$46,360
- FY23 – \$47,680
- FY24 – \$37,940
- FY25 – \$9,920
- FY26 – \$9,380

Estimated Volunteer Value

- FY19 – \$6,528
- FY20 – \$24,561
- FY21 – \$42,187
- FY22 – \$68,582
- FY23 – \$81,282
- FY24 – \$58,035
- FY25 – \$31,213
- FY26 – \$13,630

Volunteer programming also expanded RBHF relationships with businesses, corporations, civic organizations, faith communities, schools, families, and individual community members.

VI. FY23 Change in Operating Structure

During FY23, the Director of Development position supporting RBHF changed from full-time to half-time. The available records do not indicate that this material change to RBHF's operating structure was discussed with or formally approved by either the RBHF Board of Trustees or the RBHA Board of Directors.

At the time, the RBHA–RBHF relationship did not have a comprehensive written agreement defining staffing commitments, decision-making authority, or the process for modifying operating arrangements between the two organizations.

The staffing change illustrates the practical impact of that ambiguity: a significant change affecting RBHF's operating capacity occurred without a documented governance process between the two organizations.

Following the staffing change, RBHF continued responsibility for:

- Fundraising and philanthropic strategy;
- Grant research, writing, management, and reporting;
- Donor cultivation and stewardship;
- Volunteer programming;
- Community partnerships;
- Board support;
- Communications; and
- Regulatory and administrative responsibilities.

By FY25, the Director of Development had also assumed responsibility for Foundation financial administration, coordination with an external accountant, financial reporting, and tax filing responsibilities.

VII. Resource Trends Following FY23

Following FY23, charitable revenue changed as follows:

- FY23 – \$280,167
- FY24 – \$194,886
- FY25 – \$156,300
- FY26 – \$202,541, including an unusual \$50,000 gift

Volunteer-related resources changed as follows:

- FY23 – \$47,680
- FY24 – \$37,940
- FY25 – \$9,920
- FY26 – \$9,380

Estimated volunteer value changed as follows:

- FY23 – approximately \$81,282
- FY24 – approximately \$58,035
- FY25 – approximately \$31,213
- FY26 – approximately \$13,630

The reduction in dedicated RBHF staffing capacity required corresponding reductions in resource-development activity. Following the change from full-time to half-time, the number of volunteer events and grant proposals submitted declined as available staff capacity was redirected across the Foundation's operational responsibilities.

Funding cycles, donor behavior, economic conditions, organizational priorities, and other factors can influence annual results; therefore, the staffing change cannot be identified as the sole cause of the financial trends. However, reduced staffing directly limited the Foundation's capacity to conduct revenue-generating and community-engagement activities.

VIII. Foundational Gaps in the Original Operating Model

The historical record reflects significant effort to establish RBHF, create a separate nonprofit organization, and develop private resource-development capacity in support of RBHA's mission.

However, the materials reviewed do not identify two foundational elements that would normally provide long-term organizational clarity:

1. A documented sustainability plan for RBHF

The available records do not show a formal long-term plan addressing how the Foundation would sustain its own operations over time, including:

- Ongoing staffing expectations
- Operating support
- Shared-service arrangements
- Financial reserves
- Endowment development
- Organizational growth
- Long-term capacity needs

2. A comprehensive written agreement between RBHA and RBHF

The available records also do not show that a foundational Memorandum of Understanding or similar written agreement was developed to define:

- Roles and responsibilities of each organization
- Board and leadership authority
- Staffing arrangements
- Financial support
- Shared services
- Decision-making processes
- Procedures for modifying existing arrangements

Instead, the relationship relied largely on informal or verbal understandings, including RBHA's provision of dedicated staffing and financial reporting support.

Historical Significance

The absence of both a documented sustainability framework and a comprehensive written operating agreement left important questions unresolved as leadership, staffing, and organizational circumstances changed over time.

As a result, the relationship developed with:

- Ambiguity around roles and authority
- Reliance on institutional memory
- Dependence on individual leaders' interpretations
- Limited continuity when leadership changed
- No clearly documented framework for how RBHF would remain operationally sustainable over the long term

RBHF was created with a clear purpose, but the historical records reviewed do not show that a long-term sustainability model or a comprehensive operating agreement between RBHA and RBHF was established at its inception.

IX. RBHF Today

RBHF currently:

- Operates as an independent 501(c)(3) charitable organization;
- Is governed by its own Board of Trustees;
- Maintains separate finances and fiduciary responsibilities from RBHA;
- Serves as RBHA's philanthropic partner;

- Operates with one half-time staff position (currently reported to the IRS as a gift-in-kind from RBHA) responsible for Foundation operations; and
- Continues to manage grants, donor relations, volunteer programming, community partnerships, RBHF communications, Board administration, financial administration, and charitable resource development.

Key Historical Takeaways

- RBHF was intentionally created as a separate nonprofit organization to establish private resource-development capacity in support of RBHA's mission.
- Dedicated development staffing and operational support from RBHA were components of the Foundation's original operating model.
- RBHF experienced significant staffing instability during its early years, followed by its longest period of consistent development leadership beginning in 2018.
- Charitable revenue and volunteer engagement expanded substantially during the period of consistent staffing and declined following changes to the operating structure beginning in FY23.
- The RBHA–RBHF relationship has historically relied on informal and verbal operating arrangements rather than a comprehensive written agreement.



Across the Continuum: Comprehensive Substance Use Disorder Services for Women



1

Mission

"To expand treatment access for pregnant, postpartum & parenting women with substance use and co-occurring mental health disorders-improving outcomes for children and families throughout Richmond and the surrounding region"

2

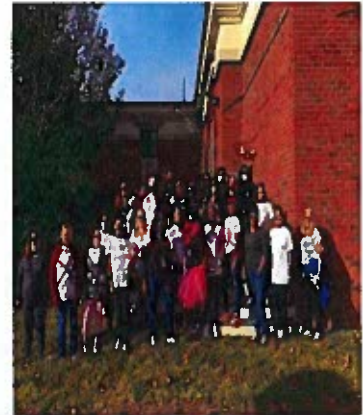
Women's Gender-Responsive Treatment Services Snapshot

FY26 - 186 Women Served!

- **116** Admissions
- **41** received Case Management/Outpatient services
- **31** Pregnant women served
- **39** children served!

Medicaid Coverage

99% of case management/outpatient participants; **95%** of residential participants



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Why Women's Gender-Responsive Services Matter

Women may enter treatment with needs related to trauma, pregnancy, parenting, child care, family relationships, housing, and personal safety. Gender-responsive services address these needs while reducing barriers to treatment and supporting long-term recovery.



Gender-responsive treatment can decrease distractions & empower women to break the cycle of addiction!



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Eligibility Criteria Women's SUD Services

- Diagnosed with a substance use disorder or co-occurring SUD/MH disorder
- Pregnant, postpartum, or parenting
- Dependent children (up to age 11 for residential)
- Must meet criteria for one or more of the following;
 - Case Management,
 - Level 1.0 or 2.1, Outpatient Services
 - Level 3.1 or 3.5 Clinically Managed Low or High-Intensity Residential Treatment Services

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ACCESS POINTS

- WSUDS provides **ACCESS** to treatment services to pregnant & postpartum women and to women with children from the City of Richmond and surrounding areas;
- We have two points of access to services, (1) **Rapid Access**, 107 South 5th Street, and; (2) **RBHA North Campus**

REFERRAL PARTNERS

- Women are **referred** from Hospitals, the Health Department, Social Services, the courts & other legal entities, other community services boards from Region 4 and beyond.

INTERDISCIPLINARY TEAM

- Services are provided by Case Managers, **Clinicians, Credentialed Addiction Professionals, Behavioral Health Technicians, & Certified Peer Recovery Coaches.**
- Children's services are provided by **experienced childcare providers.**

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Continuum of Care

Services Accessed at Any Point Along the Continuum

ENTRY & ASSESSMENT

- Screening & Rapid Access
- Psychiatric Services & Primary Medical Services

TREATMENT & STABILIZATION

- Case Management
- Outpatient counseling
- Intensive outpatient
- Withdrawal Management/Detox
- Residential treatment: ASAM LOC 3.1 & 3.5

RECOVERY & TRANSITION SUPPORT

- Opioid Treatment Services
- Methadone
- Buprenorphine including Office-based Opioid Treatment Services
- Discharge /Transition Planning
- 12-Step /Community Recovery
- Peer Recovery Coaching/Support Services

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Case Management & Outpatient Services

Women-specific outpatient and case management services provide trauma-informed care that addresses substance use, mental health, parenting, and other recovery needs while strengthening women and families.

For Women:

- Counseling;
- Parenting Support;
- Peer recovery support;
- Community referrals;
- Life Skills development
- Medication-assisted Treatment;



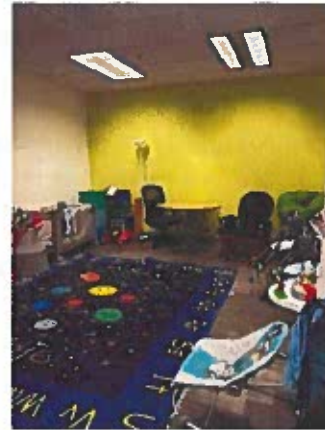
For Children:

- Child-minding with caring providers
- Arts, crafts, creative play
- Healthy snacks
- Educational and learning activities
- Referrals to Early Intervention

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Outpatient Services at 107 S. 5th st.



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WRAP-AROUND SERVICES REMOVE BARRIERS TO TREATMENT!

Child-Minding



Transportation



Assistance accessing basic needs



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Services Provided on our Residential campus

Services are evidence-based, trauma-informed, and designed to support substance use recovery, mental wellness, physical health, and healthy pregnancies.

For Women:

- Seeking Safety Trauma therapy;
- Motivational Interviewing;
- Cognitive-Behavioral Therapy;
- Living in Balance;
- Beyond Anger (S. Covington);
- Medication-Assisted Treatment;
- Mindfulness activities;
- 12 -Step Yoga
- Medication Management
- Smoking Cessation
- Action Planning for Prevention and Recovery (APPR)
- Double Trouble
- Fitness classes
- Doula Services for all pregnant women!



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Women's Residential Treatment Center



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Services for Children & Families

For Children:

- Enhanced childcare services through on-site center
- Age-specific developmental assessments
- Coordinated medical services
- Evidence-based services for children, such as:
 - Al's Pals, Substance use prevention & education program for ages 3-8
 - Too Good for Drugs, SA education & prevention program for school-aged children



For the Family Unit:

- Family Programming –including parenting skills, children's life skills, and family life skills specifically designed for high-risk families
- Family-focused Social events

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Children's Services Center



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STATE RECOGNITION AND PROGRAM DISTINCTION



- Designated by the Virginia Department of Social Services as Virginia's first residential, family-based substance use treatment facility following an intensive application process
- Received strong recognition during a recent SAMHSA site visit for the quality and scope of services provided!



Richmond Behavioral Health

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Partnership with the Richmond Behavioral Health Foundation

ELEVANCE (Anthem) GRANT – MATERNAL HEALTH

Implemented a robust **Contingency Management** program designed to increase treatment engagement and reduce the risk of preterm birth by encouraging successful completion of treatment!



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The look of Success: Healthier Women, Children & Families!



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Questions?



Dierdre Pearson, Director, Women's Substance Use Disorder and Co-Occurring Services

pearsond@rbha.org

(804) 819-4056

Makita Lewis, Program Manager, RBH Women's Residential Treatment Services

Makita.lewis@rbha.org

(804) 321-7940

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Name & Title: Sasha Kerr, Finance Supervisor – Budget & Reporting **Date:** October 6, 2026

Nominator Names & Title: Mitch Smith, CPA, Chief Financial Officer **Division /Dept:** Finance

Sasha consistently rises to the occasion and demonstrates exceptional customer service, both internally and externally. She serves as a trusted resource not only within her own area of responsibility but across the entire Finance team. I have witnessed firsthand the extent to which colleagues rely on her guidance, expertise, and willingness to help on a daily basis. When asked to assist with matters outside her direct scope of responsibility, Sasha never redirects the request or simply passes it along, instead, she takes the initiative to research the issue, identify the information needed, and see the task through to completion. Her responsiveness, problem-solving mindset, and commitment to delivering high-quality results make her an invaluable resource.

Sasha consistently goes above and beyond her job responsibilities. She has been instrumental in developing new and more informative financial reporting for the programmatic divisions, providing leadership with valuable insights for decision-making. Her extensive knowledge of the Agency's funding streams and reporting requirements makes her a trusted resource across the organization. Sasha's initiative, expertise, and willingness to support others have made her an invaluable asset to both leadership and the divisional teams.

Richmond Behavioral Health Authority
Board of Directors
Chief Executive Officer's Report
October 6, 2026

Classification and Compensation Implementation: RBHA implemented the eagerly awaited classification and compensation plan on October 1, following nearly two years of development and preparation. Eligible employees will receive a 5% general pay increase in their October 9 paycheck, with additional targeted years-of-service adjustments for qualifying staff. Preparation included updated job descriptions, titles and pay grades, supervisor guidance, staff informational sessions, and coordination of HR and payroll processes. This milestone supports greater consistency, internal equity, and workforce recruitment and retention. Thank you to Human Resources, the implementation team, and the many staff throughout the agency whose hard work and collaboration made this possible.

Financial Sustainability: ELT devoted significant attention during September to developing and reviewing cash stabilization plans across divisions. This work emphasized shared accountability for agency resources, alignment of spending with organizational priorities, and slowing expenditures while maintaining essential services. These efforts will continue alongside a stronger focus on revenue cycle management and long-term sustainability. The Finance Committee report will provide further updates.

Department of Behavioral Health and Developmental Services (DBHDS) Commissioner Visit: Commissioner Daryl Washington visited RBHA on September 3 as part of his visits to Community Services Boards across the Commonwealth. The visit included an overview of RBHA, discussion of key opportunities and challenges, and a tour of programs and facilities at 107 S. 5th Street.

VCU Health Partnership: On September 30, RBHA leadership met with Sheryl Garland, VCU Health's Chief of Health Impact and Executive Director of the Office of Health Initiatives, to strengthen relationships and explore opportunities for collaboration. The visit included discussion of RBHA's programs and services and a tour of the 5th Street facility. Follow-up conversations will help identify opportunities to advance shared priorities and better serve the community.

VACSB Public Policy Conference: The Virginia Association of Community Services Boards' 2026 Public Policy Conference will be held in Roanoke later this week, October 7-9. RBHA plans to limit staff attendance to essential ELT representation. Dennis Cohen, Jr. will represent the Board of Directors at the conference.

RBHA Community Open House: I warmly invite Board members to join us on October 15 for *Strengthening Partnerships: Discover. Connect. Collaborate.* RBHA's Community Open House will bring together City colleagues, community organizations, and other partners to build relationships, learn more about RBHA's services and one another's work, and explore opportunities to better serve Richmond together.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'Citez', with a stylized flourish extending to the right.

Cristi C. Zedd, LCSW
Chief Executive Officer



RBHA BOARD of DIRECTORS COMMITTEE REPORT FORM

Committee Name: Access and Service Delivery Committee Meeting

Date of Report: October 6, 2026

This meeting was held in person on September 8, 2026, at 107 South 5th Street, Richmond, VA in the Board Room 203.

Access and Service Delivery Committee Board Members present: Rev. Dana Sally-Allen (Committee Chair), Kristi Babenko, Anika Richburg, and Cristi Zedd (CEO).

Absent: Katie Smithwick, Scott Cannady, Scott Ward, and Justin Creech.

Staff, Volunteers, Board Members of other Committees present: Dr. Jim May, Shenee McCray, Autumn Richardson, Nora Woodward, and Brittany Forrest.

The committee convened on Tuesday, September 8, 2026, at 3:04 pm, with the participants noted above. The meeting took place in person. Committee members did a final review and approval of the minutes from June 9, 2026, meeting.

Human Rights Report: The Human Rights reports noted a total of 10 Abuse/Neglect Allegations over the 4th Quarter of FY-2026. A total of 8 met the threshold for reporting to DBHDS Office of Human Rights (OHR) and 8 (80%) were substantiated. A total of 11 complaints were noted. A total of 9 met the threshold for reporting to DBHDS OHR (82%) and 0 were substantiated (0%).

Rapid Access Report for 4th Quarter, FY-2026: The Rapid Access (**same day access**) data was reviewed. This report shows that and an average of 312 people have been requesting services each month.

Intake Client Service Information Report: *The Intake Client Service report is an updated version of a newer report*, detailing a more in-depth look at client admissions, discharges, and service counts, by program, throughout the entire agency. This represents a recent edit to our latest effort at retrieving Key Performance Indicators for services and consumer characteristics from the new electronic health record, MyAvatar, for the purpose of reporting to the Board. The staff of the Committee, in concert with the Access Committee, are working to further simplify and reduce the volume of information contained in these reports for future submissions.

In the 4th Quarter of FY-26 RBHA admitted 5,060 clients, discharged 4,617, and readmitted 273 clients, with a total unique service count of 144,805 (NOTE: Service Count is the total volume of any type of service received by clients between 4/1/26 & 6/30/26. This is an amalgam of all documented reports of contact between an individual receiving services and the RBHA staff delivering a service).

Admission Count is the number of clients admitted into the service in the 4th Quarter. (Clients admitted prior to these dates are not counted). Readmission Count is the number of clients readmitted to a service in the 4th Quarter. Discharge Count is the number of clients with a discharge date between 4/1/26 & 6/30/26. During the 4th Quarter of FY-26, the following were true:

- Client payors for RBHA were 20.1% self-pay, 17.5% Medicaid, 52.8% HMO, 2.5% dual eligible, 1.8% grants, 0.4% commercial, and 4.8% Medicare Part B.
- Adult Mental Health Case Management was the most frequently recommended service for people assessed through Rapid Access. (Additional information including service count, admissions, discharges, and readmission counts by program is available on the tables and charts on pages 6-9 of this report.)

Upcoming Board Education Presentations: The committee continues to consider a wide range of future Board presentations with dates including the following suggestions (subject to change):

- Grants at RBHA (October, 2026)
- Wayne Blanks Award (November, 2026)
- 988 Updates (January, 2027)
- Cross Divisional Housing Services (February, 2027)
- CCBHC (March, 2027)
- VACSB (April, 2027)

CREST (Regional) program update: The CReST program services volumes for June 2026 were as follows: CReST fielded 125 referrals across all services and opened 87 cases. Adult CReST had 84 referrals and 58 case openings. Child CReST had 41 referrals and 29 openings. CReST referred a total of 6 individuals to higher levels of care. CReST was referred a total of 29 cases from higher levels of care, which resulted in 19 case openings.

REACH (Regional) program update: The REACH program services volumes for June of 2026 were as follows: REACH fielded 63 referrals across all services and opened 23 cases to Mobile Crisis; 34 adult referrals with 13 of those opened as cases to Mobile Crisis. There were 29 child referrals and 10 cases opened to Mobile Crisis. The REACH Crisis Therapeutic Homes admitted 2 adults and 7 youths. REACH Adult Transition Home admitted 0 individuals. REACH was referred a total of 33 cases from higher levels of care, resulting in 33 case openings.

Adult CSU (Regional) program update: The Adult CSU services volumes for June 2026 were as follows: Adult CSU admitted 30 individuals and maintained an average census of 6 individuals with a utilization rate of 44%. Average length of stay was 6 days. Adult CSU admitted 6 individuals from hospital settings and discharged a total of 28 individuals in June 2026, including 21 that completed the program.

The RICH Integrated Care Clinic: The RICH Recovery Clinic (integrated primary care services) had 378 total individuals served in the month of June 2026. There were 17 OBAT inductions in June. Also, in June the RICH Recovery Clinic saw a 36% no show rate for both existing patients and new patients.

The Crisis Receiving Center (CRC): A total of 94 individuals were referred to the CRC in June 2026, of which 77 of those individuals were admitted to the program.

Next Meeting: The next Access & Services Delivery Committee meeting is scheduled for December 8, 2026, and will be virtual.

Adjournment: With no further business to discuss, the meeting adjourned at approximately 4:08 pm.

Respectfully submitted,

James C. May, Ph.D. - Chief Operating Officer, Planning, Development, Research, Evaluation & Substance Use Disorders Services

and

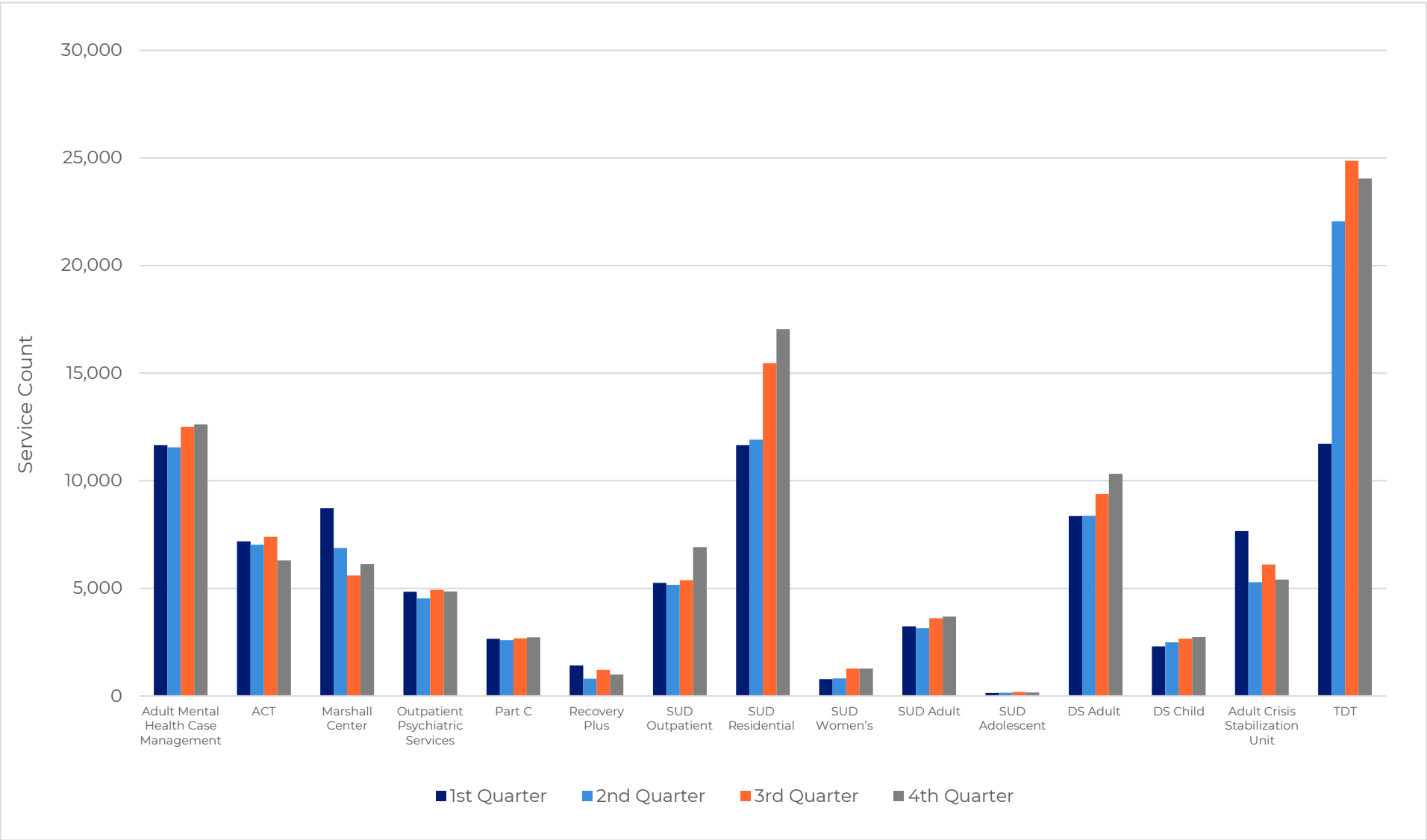
Brittany Forrest, MPH - Health Outcomes Analyst

Intake & Service Information Report – 4th Quarter FY 26

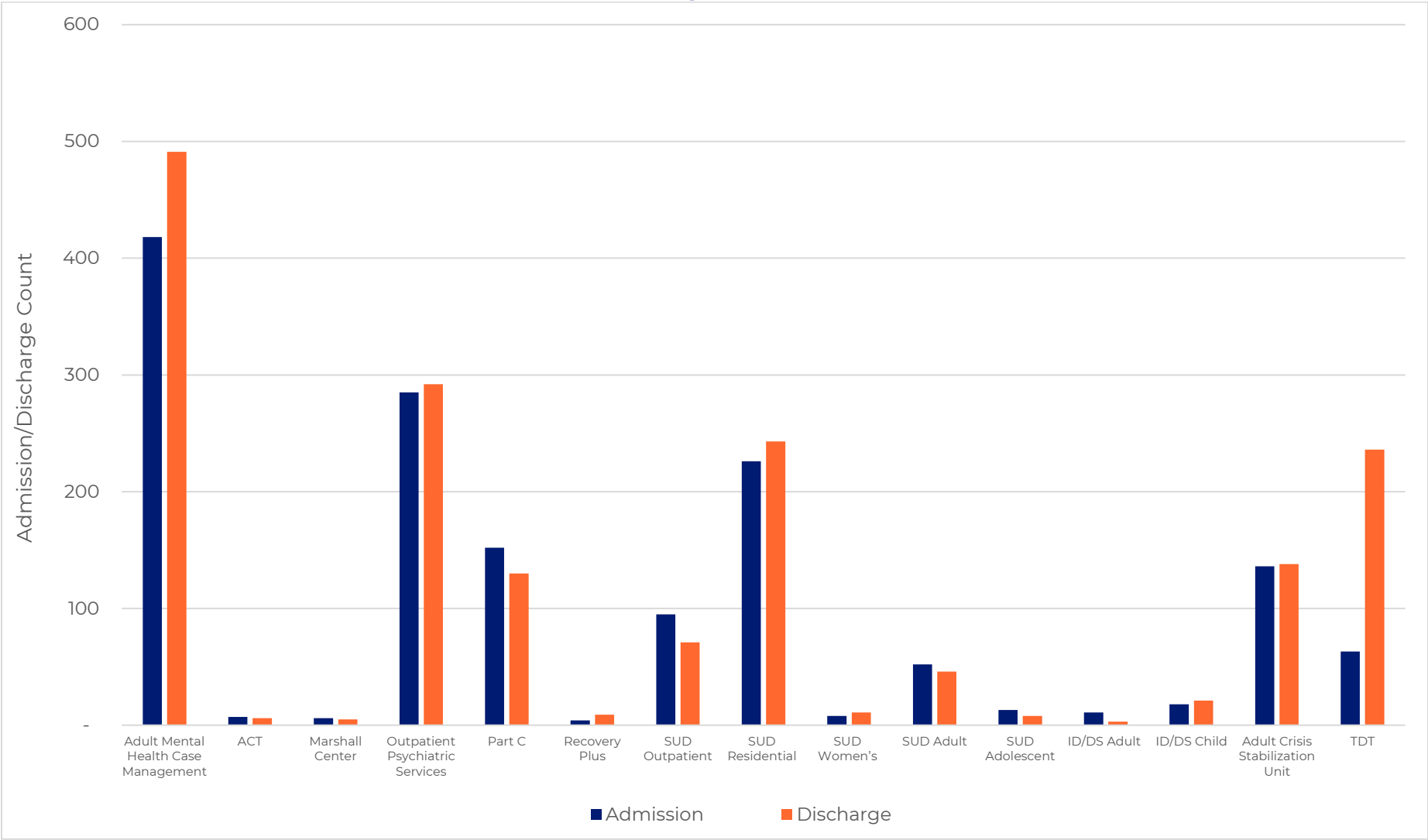
Service Name	Service Count	Admission Count	Readmission Count	Discharge Count
RBHA – All Services	144,805	5,060	273	4,617
Mental Health Case Management	12,620	418	13	491
ACT	6,296	7	0	6
Marshall Center	6,125	6	0	5
Outpatient Psychiatric Services	4,858	285	15	292
Part C	2,724	152	0	130
Recovery Plus	995	4	0	9
SUD Outpatient	6,915	95	1	71
SUD Residential	17,041	226	18	243
SUD Women's	1,268	8	1	11
SUD Adult	3,688	52	2	46
SUD Adolescent	157	13	1	8
ID/DS Adult	10,327	11	0	3
ID/DS Child	2,736	18	0	21
Adult Crisis Stabilization Unit	5,413	136	6	138
TDT	24,044	63	1	236

- Service Count – Number of services received by clients between 4/1/26 & 6/30/26
- Admission Count – Number of clients admitted into the service in the 4th Quarter. (Clients admitted prior to these dates are not counted).
- Readmission Count – Number of clients readmitted to a service in the 4th Quarter.
- Discharge Count - Number of clients with a discharge date between 4/1/26 & 6/30/26.

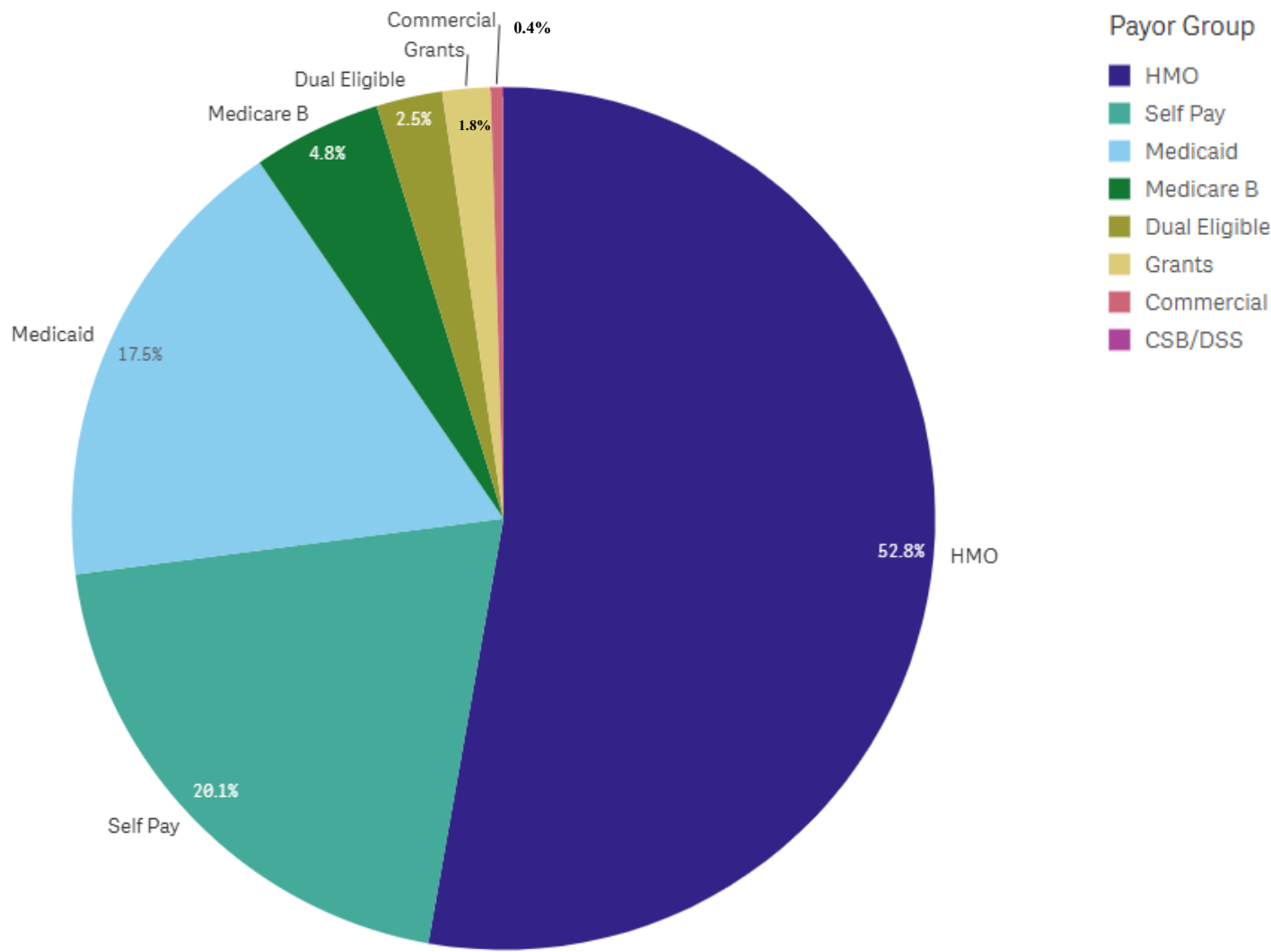
Number of Services Received FY 26



4th Quarter FY26 Client Admissions & Discharges



RBHA Client Payor – 4th Quarter FY 26



Summary of CReST

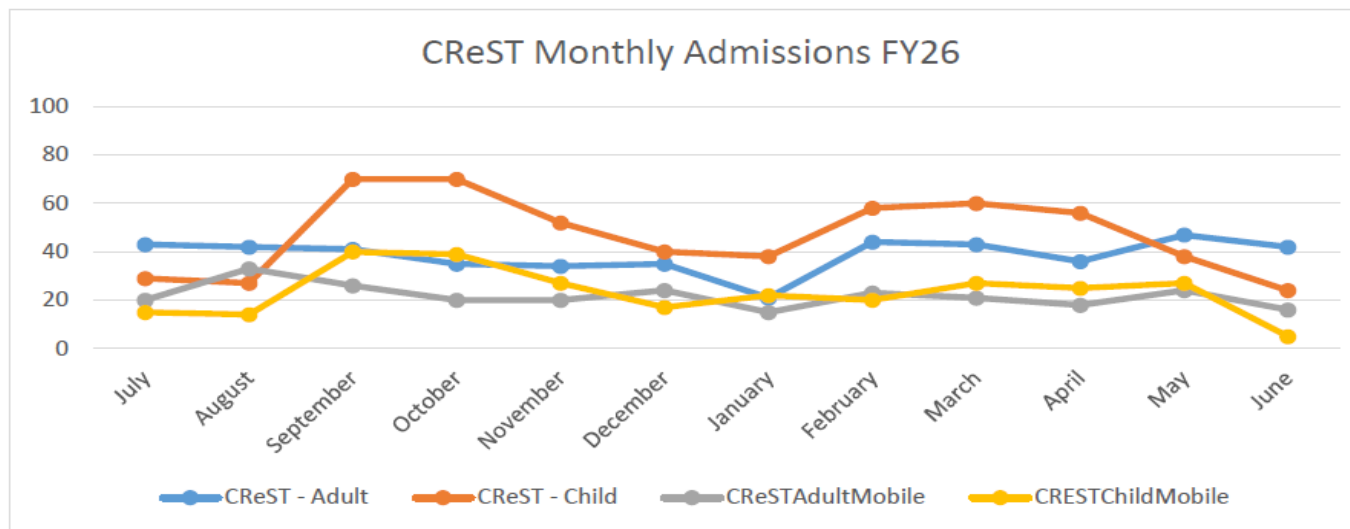
June 2026

- CReST fielded **125** referrals, opening **87** cases
 - Adults – **84** referrals, **58** openings
 - Child – **41** referrals, **29** openings

<u>Top Referral Sources: Adult</u>	<u>Top Referral Sources: Child</u>
36 were referred by family, friend, or self	18 were referred hospitals
9 were referred by CSBs	11 were referred by family, friend, or self
14 were referred by CSB Crisis Services	5 were referred by CSB crisis services

CReST Mobile Crisis Response

Program	Admissions	YTD Mobile Crisis Admissions
CReST Adult	16	260
CReST Child	5	278
Total	21	538



CReST Within the Continuum

CReST referred a total of **6** individuals to higher levels of care.

<u>Step Ups from CReST</u>	<u>Adult</u>	<u>Youth</u>
Jail/Detention	0	0
CSU	2	0
Hospital/Inpatient	3	0
23-Hour CRC	0	1
Total	5	1

CReST was referred a total of **29** cases from higher levels of care, resulting in **19** openings.

<u>Step Down to CReST</u>	<u>Adult</u>	<u>Youth</u>
CSU	5	0
CRT	0	0
Jail/Detention	0	0
Hospital/Inpatient	6	18
Total	11	18

Summary of REACH Crisis Response

June 2026

- REACH fielded **63** referrals across all services, opening **23** cases to Mobile Crisis Response
 - Adults – **34** referrals, **13** Mobile Crisis openings
 - Child – **29** referrals, **10** Mobile Crisis openings

Adult Referral Sources	Child Referral Sources
8 were referred by DD services and case managers	10 were referred by hospitals
10 were referred by Emergency Services	11 were referred by family
9 were referred by hospitals	2 were referred by case managers

REACH Within the Continuum

REACH was referred a total of **33** cases from higher levels of care, resulting in **33** openings.

Step Down to REACH	Adult	Youth
Police/Corrections/Court	0	2
Hospital	9	10
Emergency Services	10	2
Total	19	14

REACH discharged a total of **0** individuals to higher levels of care.

Step Ups from REACH	Adult	Youth
Hospital	0	0
CSU	0	0
Jail/Detention	0	0
Total	0	0

REACH Mobile Crisis

Program	Admissions	YTD Admissions
REACH Adult Mobile	13	258
REACH Youth Mobile	10	182
Total	23	440

Summary of REACH CTH and ATH

June 2026

- The REACH Crisis Therapeutic Homes admitted **9** individuals, including:
 - **2** Adults
 - **7** Youths

Admissions & Bed Days	
Monthly Crisis Residential Admissions	9
Monthly Crisis Residential Bed Days	132
YTD Residential Admissions	143
YTD Bed Days	2334

- The REACH Adult Transition Home admitted:
 - **0** Individuals

Admissions & Bed Days	
Monthly ATH Admissions	0
Monthly Bed Days	154
YTD Admissions	9
YTD Bed Days	1557

Summary of Adult CSU

June 2026

Utilization

- CSU admitted **30** individuals
- CSU maintained an average census of **6** individuals
- CSU's utilization rate was **44%**
- CSU's average length of stay was **6** days
- CSU's acceptance rate was **90%**

Admissions & Bed Days

Monthly Admissions	30
Monthly Bed Days	165
YTD Admissions	492
YTD Bed Days	2547

CSU Within the Continuum

Step Down to CSU

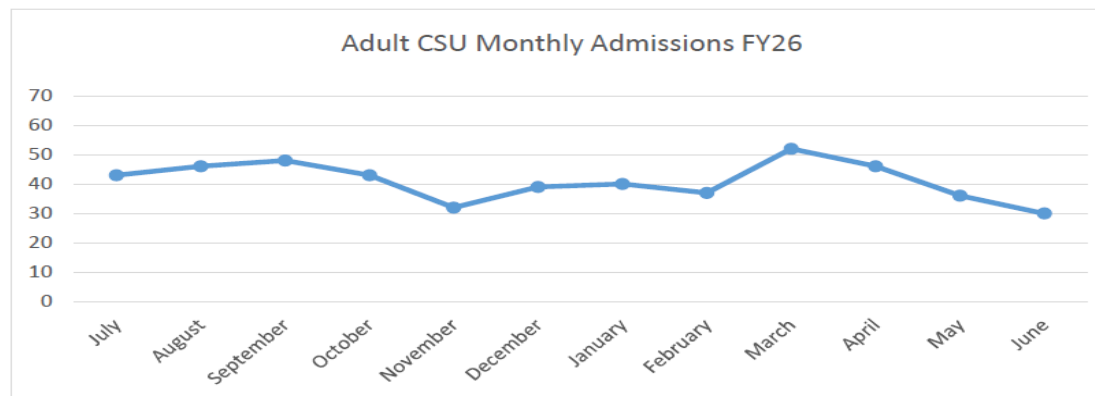
CSU admitted **6** individuals from hospital settings

Discharged from CSU Program

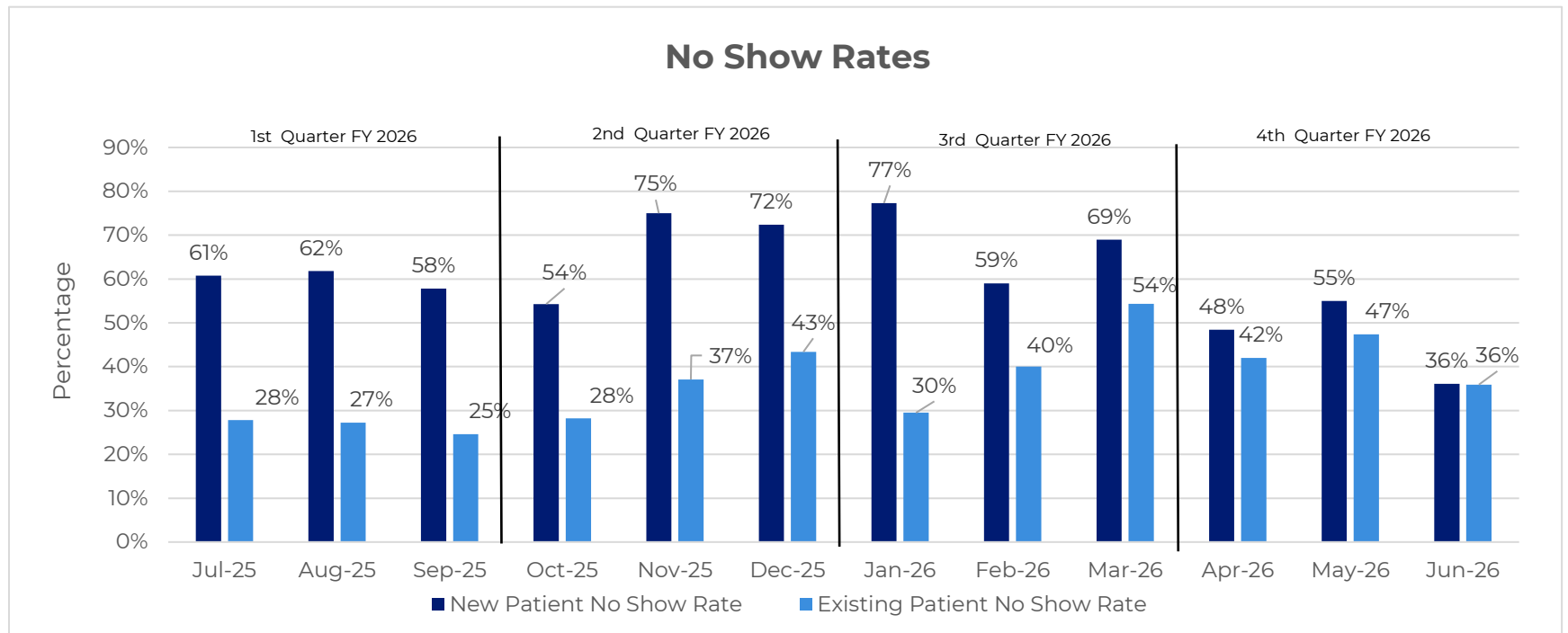
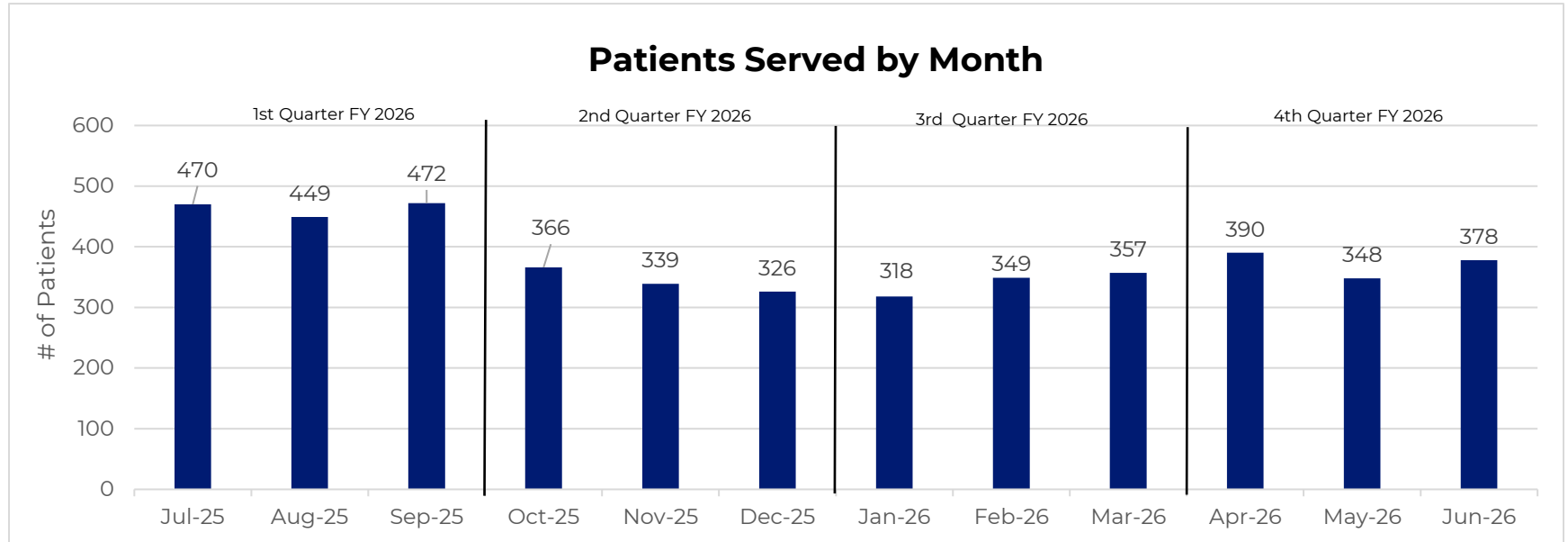
CSU discharged a total of **28** individuals including:

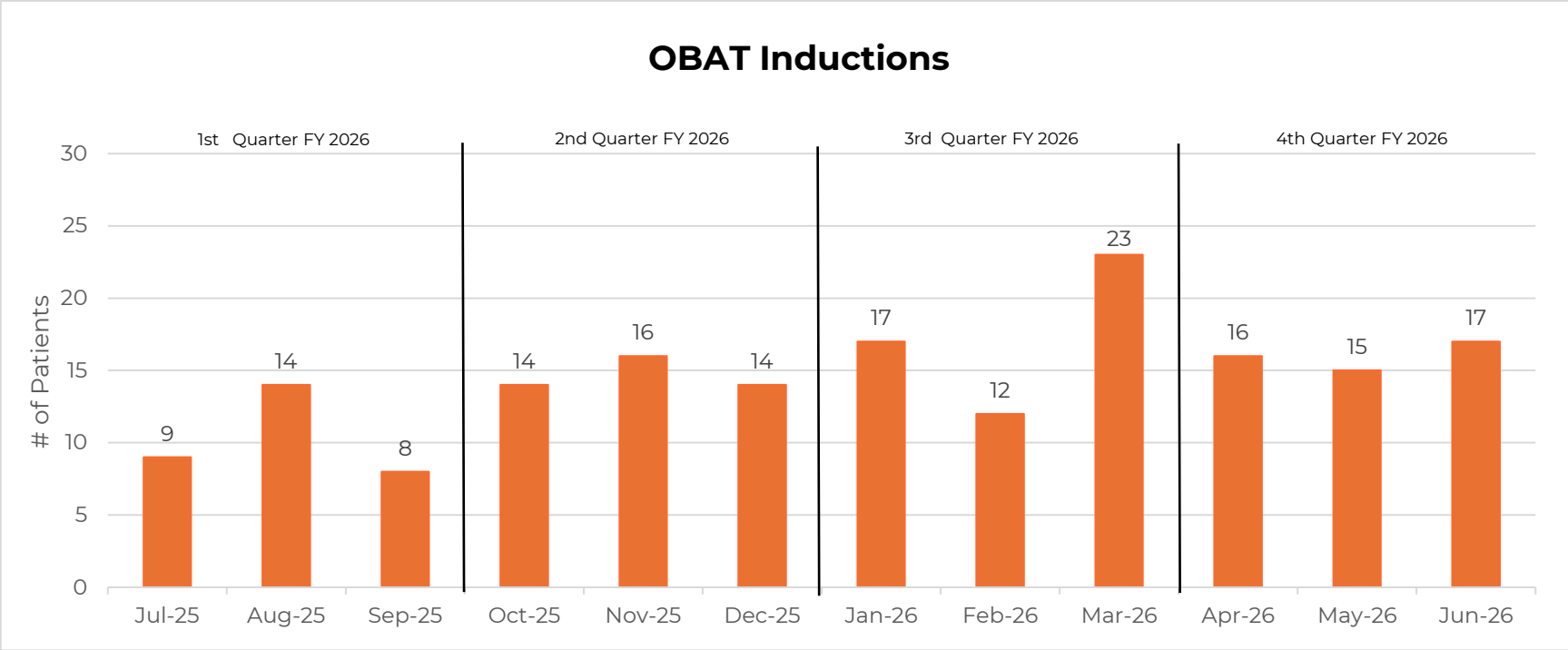
- **21** that completed the program
- **6** Against Psychiatric Advice
- **1** TDO/ECOs
- **0** Other

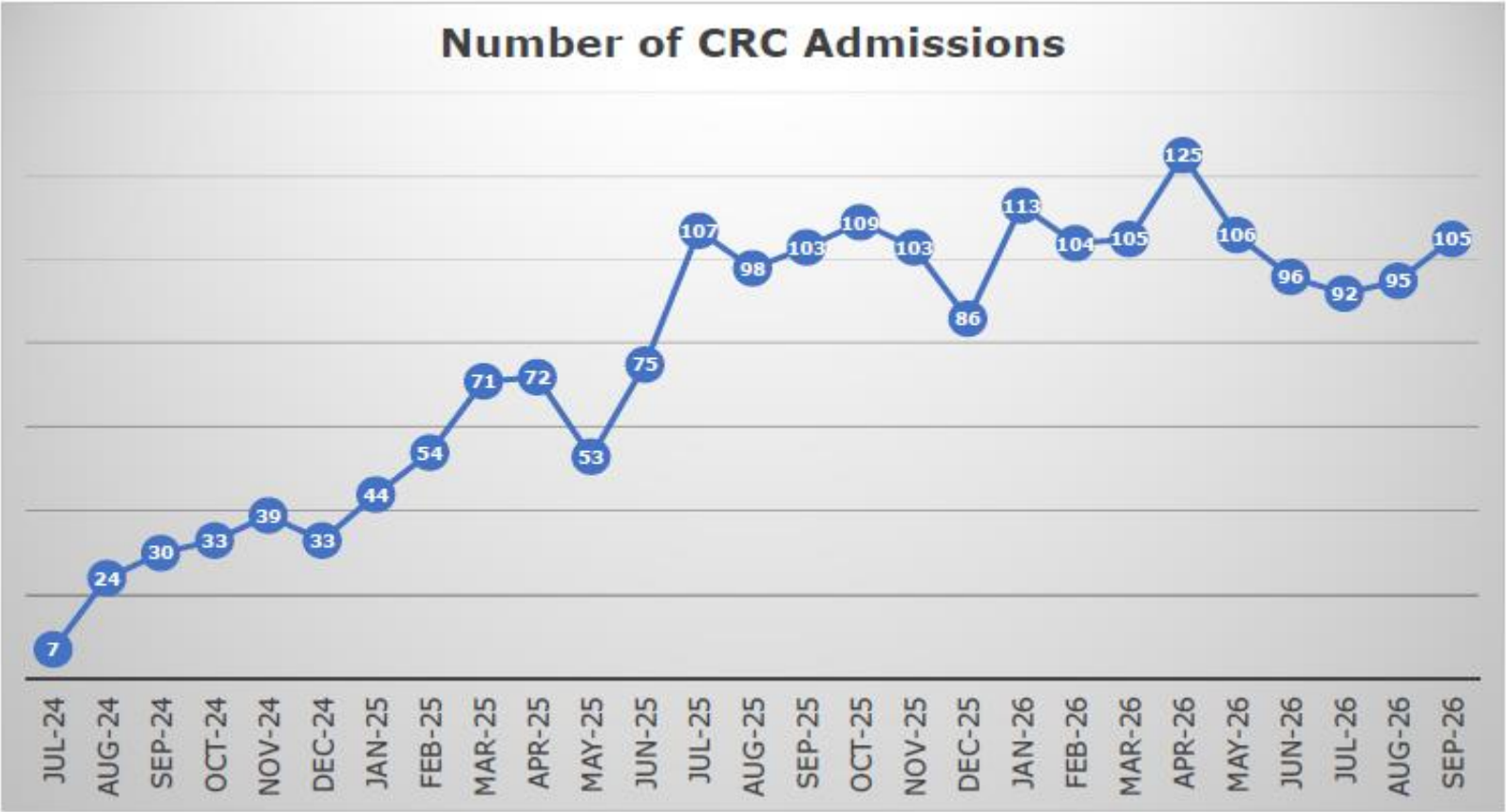
Adult CSU Monthly Admissions FY26



RICH Recovery Clinic FY26







RBHA Service RU Revenue Cycle Table: July 2025 vs July 2026

RU	Service Title	Division	Adjusted Revenue - July 2025	Adjusted Revenue – July 2026	Collections - July 2025	Collections - July 2026	Target - July 25	Target - July 26
-	RBHA (Agencywide)	-	\$2,690,294.00	\$2,395,384.89	\$1,029,504.66	\$944,149.53	\$2,580,913.92	\$2,956,610.58
2310	Adult Mental Health Clinical Supports	Mental Health Services (MH)	\$28,841.35	\$23,327.38	\$11,109.78	\$12,677.63	\$27083.33	\$17,087.50
2320	Adult Mental Health Case Management Team 1	Mental Health Services (MH)	\$77,135.10	\$64,279.25	\$51,056.09	\$46,281.06	\$78,417.00	\$82,450.00
2330	Adult Mental Health Case Management Team 4	Mental Health Services (MH)	\$96,708.66	\$75,665.86	\$60,238.84	\$48,117.61	\$58,560.00	\$84,166.67
2350	Marshall Center	Mental Health Services (MH)	\$87,657.32	\$88,977.27	\$39,204.18	\$41,596.13	\$58,080.83	\$65,000.00
2400	Adult Mental Health Case Management Team 2	Mental Health Services (MH)	\$78,604.34	\$75,665.86	\$48,117.61	\$57,300.36	\$73,785.58	\$84,083.33
2430	Adult Mental Health Home Connect 2	Mental Health Services (MH)	\$30,119.42	\$23,875.15	\$16,528.95	\$16,528.95	\$19324.75	\$25,000.00
2670	Assertive Community Treatment (ACT)	Mental Health Services (MH)	\$200,861.11	\$169,978.61	\$101,269.55	\$99,886.15	\$147,000.00	\$164,166.67

2680	Adult Mental Health Case Management Team 3	Mental Health Services (MH)	\$78,736.79	\$47,916.67	\$49,000.30	\$71,945.52	\$72,798.75	\$54,729.19
2710	Mental Health Psychotherapy – Rapid Access	Mental Health Services (MH)	\$114,681.04	\$63,122.25	\$62,391.94	\$39,803.98	\$56,250.00	\$62,083.33
2760	Child and Family Case Management Team 1	Mental Health Services (MH)	\$81,542.82	\$69,054.28	\$66,115.80	\$58,769.60	\$79,947.67	\$80,000.00
2780	Child and Family Case Management Team 2	Mental Health Services (MH)	\$55,463.81	\$66,115.80	\$44,444.51	\$58,034.98	\$54,351.00	\$62,500.00
2920	Therapeutic Day Treatment (TDT)	Mental Health Services (MH)	\$98,512.59	\$64,695.51	\$54,658.89	\$55,065.78	\$490,833.33	\$475,000.00
2980	Crisis Response and Stabilization Team (CReST) Child	Mental Health Services (MH)	\$21,104.20	\$10,798.30	\$8,108.59	\$5,042.40	\$19,000.00	\$25,000.00
2990	Crisis Response and Stabilization Team (CReST) Adult	Mental Health Services (MH)	\$44,141.65	\$29,939.25	\$8,288.28	\$6,318.62	\$20,500.00	\$30,000.00
3380	Adult Support Coordination	Developmental Services (DS)	\$186,593.48	\$194,674.30	\$-	\$-	\$166,666.67	\$173,333.33
3710	Child Support Coordination	Developmental Services (DS)	\$52,892.64	\$60,973.46	\$-	\$-	\$60,416.67	\$45,833.33
3730	Early Intervention/ Part C	Developmental Services (DS)	\$54,231.71	\$52,047.37	\$38,874.26	\$41,689.54	\$35,000.00	\$45,833.33

3800	DD Commonwealth Catholic Charities	Developmental Services (DS)	\$14,788.98	\$17,985.96	\$337.50	\$-	\$12,158.75	\$12,500.00
3900	REACH Adult Community Stabilization	Developmental Services (DS)	\$9,886.65	\$26,013.35	\$2,628.36	\$4,416.48	\$6,666.67	\$6,250.00
3910	REACH Child Community Stabilization	Developmental Services (DS)	\$9,721.44	\$11,574.66	\$3,411.33	\$7,326.62	\$5,737.83	\$23,485.00
3920	REACH Adult Crisis Therapeutic Home (CTH)	Developmental Services (DS)	\$6,497.73	\$214,861.26	\$-	\$-	\$6,718.42	\$91,666.67
4050	Holistic Opportunities for Promise and Empowerment (HOPE)	Substance Use Disorder Services (SUD)	\$108,941.49	\$119,298.68	\$24,785.63	\$20,636.23	\$83,333.33	\$123,077.92
4170	Richmond Integrated Community Health (RICH)	Substance Use Disorder Services (SUD)	\$50,658.81	\$44,703.39	\$18,375.78	\$19,060.59	\$41,666.67	\$50,000.00
4210	Substance Use Disorder Adult Services	Substance Use Disorder Services (SUD)	\$36,992.44	\$38,151.00	\$17,033.16	\$23,814.00	\$65,833.33	\$39,583.33
4260	Substance Use Disorder Women's Services	Substance Use Disorder Services (SUD)	\$4,617.00	\$11,907.00	\$2,673.00	\$7,776.00	\$13,750.00	\$22,916.67
4310	SUD OP & IOP Services	Substance Use Disorder Services (SUD)	\$63,510.63	\$51,424.65	\$4,586.87	\$28,531.40	\$35,458.33	\$59,650.42

4670	Crisis Receiving Center (CRC)	Substance Use Disorder Services (SUD)	\$83,103.18	\$34,378.47	\$2,144.14	\$8,096.56	\$54,166.67	\$90,805.92
4680	Withdrawal Management	Substance Use Disorder Services (SUD)	\$71,694.64	\$50,602.56	\$27,632.42	\$19,234.35	\$19,433.33	\$48,477.25
4690	Men's Residential Treatment Center (MRTC)	Substance Use Disorder Services (SUD)	\$294,423.40	\$167,091.02	\$64,374.40	\$68,870.01	\$208,333.33	\$259,035.33
4730	Women's Residential Treatment Center (WRTC)	Substance Use Disorder Services (SUD)	\$132,091.12	\$79,680.76	\$41,741.21	\$42,735.42	\$179,166.67	\$183,001.25
6300	Psychological Services	Outpatient Psychological, Psychiatric, Emergency and Justice Support Services, plus Residential Crisis Stabilization Services	\$7,837.67	\$4,083.01	\$995.97	\$1,227.45	\$886.50	\$833.00
6500	Outpatient Psychiatric Services	Outpatient Psychological, Psychiatric, Emergency and Justice Support Services, plus Residential Crisis	\$47,673.38	\$49,342.23	\$18,575.55	\$24,252.63	\$3,6278.00	\$36,000.00

		Stabilization Services						
6700	Crisis Stabilization Unit (CSU)	Outpatient Psychological, Psychiatric, Emergency and Justice Support Services, plus Residential Crisis Stabilization Services	\$215,995.20	\$104,185.92	\$85,551.04	\$6,776.32	\$124,468.00	\$126,000.00

RBHA Service RU Revenue Cycle Graphs

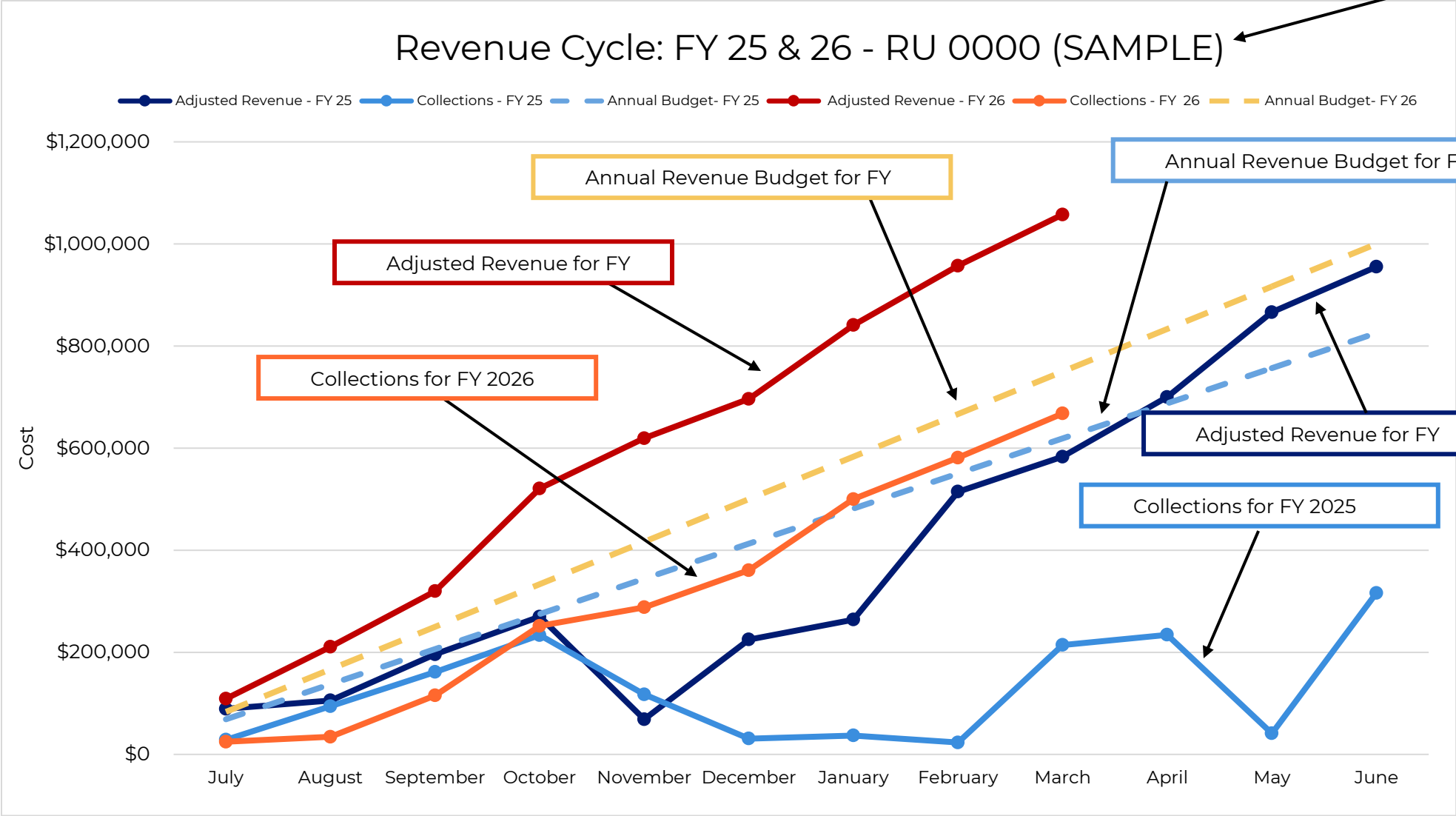
The following graphs are RBHA's Service Revenue (Medicaid) by RU, by fiscal year. These graphs compare adjusted revenue with actual revenue collections per fiscal year, showing each of those compared to the annual budgeted amount for Medicaid. Please see the table of contents for page numbers, service titles, and divisional breakdown. The RUs are listed in numerical order. For consistency annual budgeted figures are represented by dotted lines while adjusted revenue and collections are represented by solid lines. Fiscal year 2025 (FY-25) is represented with a blue color scheme while fiscal year 2026 (FY-26) is represented with a red/orange color scheme. For further clarification please see the sample graph on the next page, and the glossary, below.

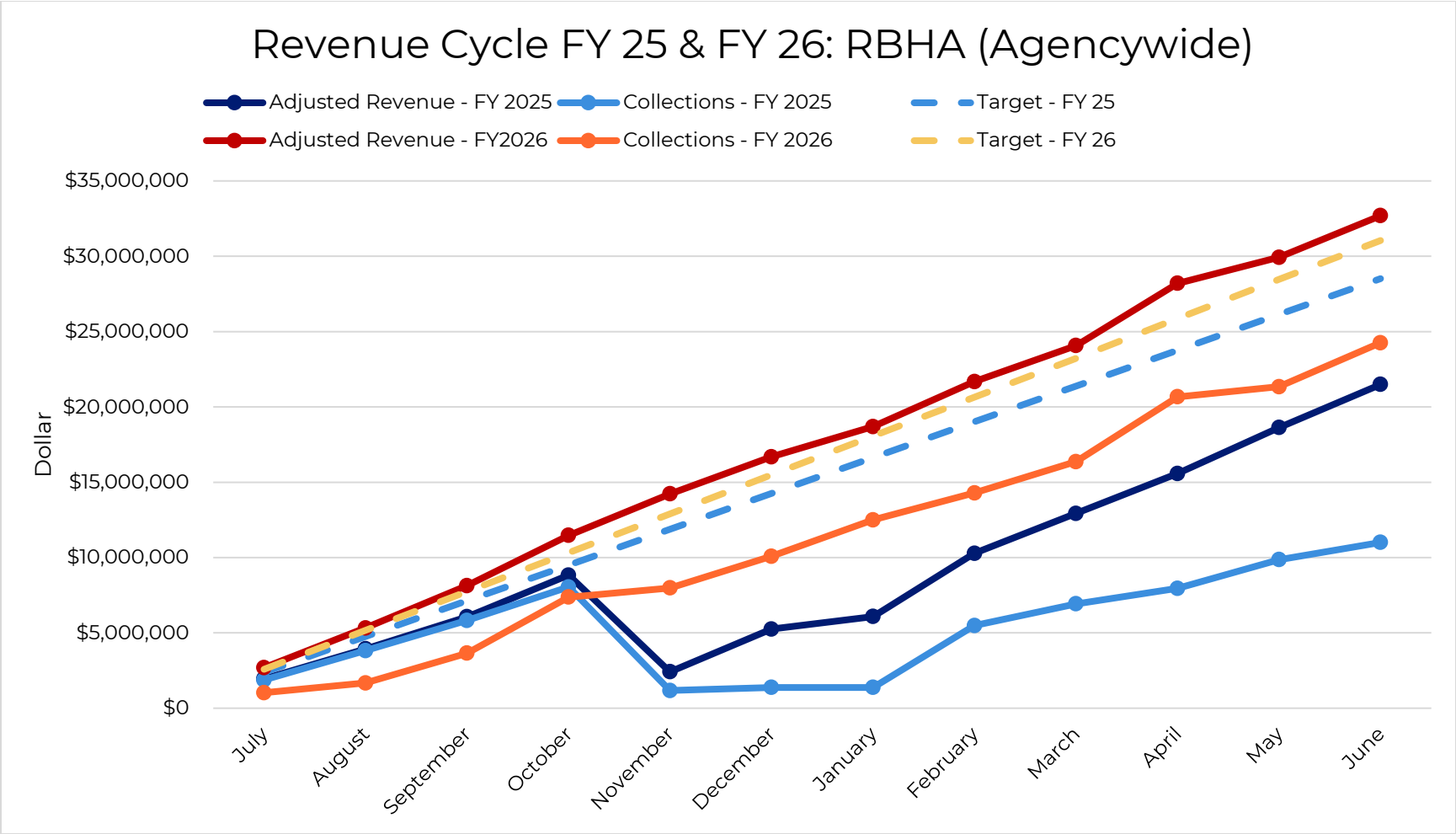
Glossary

- Adjusted Revenue: This represents the total potential for Medicaid revenue collections.
 - Fiscal Year 2025 is represented by the dark blue solid line
 - Fiscal Year 2026 is represented by the red solid line
- Actual Collections: This represents the total, cumulative Medicaid reimbursement received for services delivered in that fiscal year, from third-party payers such as HMOs or straight Medicaid.
 - Fiscal Year 2025 is represented by the medium blue solid line
 - Fiscal Year 2026 is represented by the orange solid line
- Annual Budgeted Medicaid Revenue: This represents the cumulative amount of actual collections, to date, for services delivered in the current fiscal year. This line helps to demonstrate how close or how far away we are in collecting the budgeted amount of Medicaid reimbursement.
 - Fiscal Year 2025 is represented by the light blue dashed line
 - Fiscal Year 2026 is represented by the yellow dashed line

RU number and Service Title

Sample Graph





**RBHA BOARD of DIRECTORS COMMITTEE REPORT FORM
(DRAFT)**

Committee Name: Advocacy & Community Education Committee

Date of Report: September 15, 2026

The Advocacy & Community Education Committee of the RBHA Board of Directors met on Tuesday, September 15, 2026, at RBHA, 107 South Fifth St., Richmond, Virginia.

The meeting began at 3:08 pm.

Present:

Board -Dennis Cohen; Deborah Dancey; Katie Smithwick; and Kristi Babenko.

Staff – Cristi Zedd, CEO; Nora Woodward, RBHA Advocate; Carolyn Seaman, RBHA Director of Communications and Marketing; Dawn Farrell-Moore, Director of Grants, Research, Evaluation & Planning; Makenzie Crosby, Administrative Assistant

Board – participating virtually via Microsoft Teams– Scott Cannady, Committee Chair.

Absent: None

Guests: Justin Nguyen, Marketing & Communication Specialist.

Reviewed Draft Minutes from the last committee meeting: The Advocacy and Community Education Committee reviewed draft minutes from the April 30, 2026 meeting. The minutes were approved with a MOTION by Dennis Cohen, seconded by Scott Cannady and unanimously approved.

2026 Open House Planning

- The October 15 open house will showcase RBHA programs and partnership opportunities.
- Invitations were sent to City Council, city departments, schools, legislators, partners and donors.
- Scott will provide additional Medicaid advocacy contacts for follow-up.
- Staff will review candidate invitees while keeping the event non-political.
- The event will include program tables, light refreshments, media coverage and a collaboration wall.

Legislative and Municipal Advocacy

- Scott identified crisis-stabilization hour reductions as a likely legislative issue.
- The committee expects to continue its January General Assembly visit.
- City Council outreach should occur year-round, not only during budget season.
- Housing, displacement, zoning and density were discussed as RBHA client concerns.

Board Advocacy Support

- Katie asked for clearer guidance on communicating RBHA priorities.
- Board members may use approved minutes, presentations and meeting materials.
- These resources and additional resources can be located on the Board SharePoint.
- Board members discussed newsletters, town halls and coordinated follow-up calls for year-round relationship building.

Other Items

- Scott raised moving committee meetings to late morning.
- Meeting times will be added to the next agenda.
- The group discussed peer warmline options as well as 988.

ACTION Items

- Scott, Dawn, and Dennis will share additional contacts with Makenzie for Open House invitation purposes.
- Scott, Dennis, and Deborah will follow up with legislators and City Council to encourage attendance at the Open House.
 - Continued communications from all board members were encouraged to build and maintain relationships.
- Authority Board members will be asked at the October 6 board meeting to subscribe to their district City Council newsletters and track relevant meetings and town halls.
- A general discussion of changing the committee meeting time from afternoons to late morning will be added to the next committee meeting agenda.

The meeting adjourned at 3:59 pm.

**RBHA BOARD of DIRECTORS COMMITTEE REPORT FORM
(DRAFT)**

Committee Name: Executive Committee

Date of Report: October 1, 2026

Executive Committee Board Members Present: Rev. Dana Sally-Allen, Access and Service Delivery Committee Chair; Scott Cannady, Vice Chair and Advocacy and Community Education Committee Chair; Malesia "Nikki" Taylor, Board Chair and Executive Committee Chair; Stephen Willoughby, Secretary/Treasurer and Finance Committee Chair; and Anika Richburg, Human Resources Committee Chair.

Absent: Dennis Cohen, Jr., Nominating and By-Laws Committee Chair.

Staff, Volunteers, Board Members of other Committees present: Cristi Zedd, CEO; and Meleese Evans, Executive Assistant.

RBHA's Legal Counsel present: None.

Guests: None.

The Executive Committee met on October 1, 2026, in the Boardroom at RBHA, 107 S. 5th Street in Richmond, Virginia. Malesia "Nikki" Taylor called the meeting to order at 1:03 pm.

Motion: Scott Cannady moved to approve Dennis Cohen, Jr.'s participation virtually via MS Teams due to him being out of town for personal matters; seconded by Rev. Dana Sally-Allen and unanimously approved.

Approval of Meeting Minutes

- Executive Committee minutes from September 30, 2025, meeting was approved with a motion by Anika Richburg, seconded by Scott Cannady, and unanimously approved.

Reviewed Nominations for Wayne H. Blanks Service in Recovery Award

- The Executive Committee reviewed and discussed the nominations received for the Wayne H. Blanks Service in Recovery Award. One community member and two RBHA employees were considered.

Motion: Rev. Dana Sally-Allen moved that the Wayne H. Blanks Service in Recovery Award be presented to Community Member, Kheila Jones, Founder & Executive Director of Atlantic Outreach Group, Inc., seconded by Scott Cannady and unanimously approved.

Motion: Scott Cannady moved that the Wayne H. Blanks Service in Recovery Award be presented to RBHA employees, Bently Wood – Lead Regional Certified Peer Recovery Specialist Coordinator at RBHA, and Wayne Johnson – Peer Recovery Specialist at RBHA's Men's Residential Treatment Center, seconded by Rev. Dana Sally-Allen and unanimously approved.

- Kheila Jones, Bently Wood, and Wayne Johnson will be recognized at the November 10 Board Meeting.

RBHA Board Policy for Remote Participation and All-Virtual Meetings

- The Executive Committee discussed the RBHA Board Policy for Remote Participation and All-Virtual Meetings. No changes were made to the current policy; as, RBHA's legal counsel, Jon Joseph, recently informed Meleese the bill was carried over until the 2027 session; however, the Board must adopt a policy at least once annually.

- **Resolution: To readopt the current RBHA Board Policy for Remote Participation and All-Virtual Meetings.**

The Executive Committee of the Richmond Behavioral Health Authority (RBHA) Board recommends the RBHA Board of Directors readopt the current RBHA Board Policy for Remote Participation and All-Virtual Meetings.

The resolution was accepted with a motion by Scott Cannady, seconded by Stephen Willoughby and unanimously approved. (Resolution attached)

Action Item: The Executive Committee will present this to the full Board for discussion and readoption at the next Board Meeting.

The meeting adjourned at 1:28 pm.

October 1, 2026

Resolution to readopt the current RBHA Board Policy for Remote Participation and All-Virtual Meetings

The Executive Committee of the Richmond Behavioral Health Authority (RBHA) Board recommends the RBHA Board of Directors readopt the RBHA Board Policy for Remote Participation and All-Virtual Meetings.

**RBHA BOARD of DIRECTORS COMMITTEE REPORT
FORM**

Committee Name: Finance Committee **Date:** September 30, 2026

Purpose: **Finance Department Strategic Mission:**
"Finance is a responsible and accountable steward of all funding sources intended to promote and provide quality behavioral and developmental services."

The Finance Committee of the RBHA Board of Directors met on Wednesday, September 30, 2026, at RBHA, 107 South Fifth St., Richmond, Virginia.

The meeting convened at 4:05 p.m.

RBHA Board Finance Committee Members present: Stephen Willoughby, Committee Chair; Malesia "Nikki" Taylor, and Shanteney Jackson

Staff Present: Cristi Zedd, Chief Executive Officer, RBHA, and President, RBHF; Mitch Smith, Chief Financial Officer; Tim Adams, Chief Administrative Officer; Jim May, Chief Operating Officer of Planning, Development, Research, Evaluation & Substance Use Disorders Services; Autumn Richardson, Chief Operating Officer of Developmental Services; Shenee McCray, Chief Operating Officer of Mental Health Services; Justin Creech, Director of Strategic Transformation; Pam Doss, Controller; and Makenzie Crosby, Administrative Assistant.

Via MS Teams: Sasha Kerr, Financial Reporting Analyst.

Annual Objectives:

1. **Monitor (monthly) – Revenue/Expenses against Budget**
2. **Develop and review RBHA's annual budget process**
3. **Present and review annual RBHA external audit functions and reports**
4. **Periodically review and monitor RBHA's fiscal policies**
5. **Review and monitor contracts with fiscal and budgetary impact**
6. **Develop, implement, and monitor RBHA's new investment management**

policy and practice

PROGRESS (Key activity since last report):

I. Minutes from August 26th, 2026, meeting were accepted with a **MOTION** by Shanteny Jackson, **Seconded** by Stephen Willoughby, and unanimously approved.

II. Executive Summary and Financial Report: August 31, 2026 – Attached

- Mitch reviewed agency financials with the committee.
- Staff discussed various plans to increase revenue.
 - Mitch and Cristi shared plans to begin recruiting for a Director of Revenue Cycle Management.

III. Fraud, Waste, & Abuse Update – Pam Doss

- One report was received during this reporting period.
 - Pam shared that the investigation process is underway.

IV. Procurement Update – Tim Adams

- Current and upcoming solicitations were reviewed.
 - Updates included the content creator award, Region 4 call center negotiations, insurance options, and transportation agreements.
 - Upcoming procurements include construction services, Region 4 child services, and replacement HR and finance systems.

V. Other Matters

- The committee discussed upcoming meeting conflicts with holidays and tentatively scheduled a virtual meeting for December 1 at 4:00 p.m. and an in-person meeting for January 5 at approximately 3:00 p.m., before the Board meeting.

PLANS (Priorities for future activity; assignments, meeting):

- A. The next meetings are tentatively scheduled for December 1, 2026, and January 5, 2027.

Richmond Behavioral Health Authority

FINANCE COMMITTEE BRIEFING

Executive Cover Sheet

Two Months Ended August 31, 2026

YTD NET LOSS

\$(4.6M)

▼ vs budget \$1.2M income

YTD TOTAL REVENUE

\$13.0M

▼ \$9.0M vs budget (\$22.0M)

TOTAL NET WORTH

\$(12.7M)

▼ YTD loss driven

CASH ON HAND

\$16.7M

▼ \$1.7M from July

BALANCE SHEET SNAPSHOT

Total Assets	\$66.4M
Total Liabilities	\$79.1M
Net Worth	\$(12.7M)
Cash & Short-Term Investments	\$16.7M
Accounts Receivable (net)	\$9.5M
Current Liabilities	\$48.6M
Deferred Revenues	\$33.6M

BUDGET VARIANCE (YTD VS BUDGET — 2 MONTHS)

Revenue — actual vs budget	Unfavorable —\$9.0M
Operating Expenses — actual vs budget	Favorable —\$3.3M under
Net Income — actual vs budget	\$(4.6M) vs budget \$1.2M

KEY REVENUE LINES (YTD ACTUAL VS BUDGET)

State Funds	\$7.6M vs budget \$13.0M
Federal Funds	\$660K vs budget \$1.4M
Net Client Fees	\$5.1M vs budget \$5.8M

INCOME STATEMENT (YTD — 2 MONTHS)

Total Revenue	\$13.0M
Salaries	\$10.5M
Benefits	\$2.5M
Total Employee Costs	\$12.9M
Other Operating Expenses	\$4.7M
Total Operating Expenses	\$17.6M
Net Loss	\$(4.6M)

LONG-TERM OBLIGATIONS

Lease Payable (LT)	\$13.6M
Pension Liability	\$7.1M
OPEB	\$6.3M
Note Payable (LT)	\$3.7M
Total LT Liabilities	\$30.6M
Accrued Vacation Payable	\$4.2M

COMMITTEE ATTENTION ITEMS

CONTEXT — REVENUE SHORTFALL

The \$9.0M revenue shortfall vs budget is the primary driver of the YTD net loss. State fund allocations and federal reimbursements are running below budget pace through two months. It is also worth noting that certain programs carry expected seasonal losses at this point in the year — for example, TDT typically runs at a loss in the early months due to the school year calendar.

POSITIVE — EXPENSE MANAGEMENT

Operating expenses of \$17.6M are running \$3.3M under budget through two months. This favorable variance provides a meaningful offset to the revenue shortfall and reflects disciplined cost management in the early months of FY2027.

WATCH — NET CLIENT FEES

Net client fees of \$5.1M are \$700K under budget (\$5.8M). Gross client fees are slightly ahead of budget, but contractual allowances of \$924K and bad debt expense of \$1.2M are both running well above budgeted levels, compressing net realization.

WATCH — CASH POSITION

Cash declined to \$16.7M, down \$1.7M from July and \$6.9M from fiscal year-end June. While some decline is expected as operations outpace early revenue receipts, continued monitoring is warranted to ensure adequate liquidity as state funding begins to flow.

WATCH — NET WORTH

Net worth of \$(12.7M) reflects the cumulative YTD net loss of \$4.6M compounded by the negative equity position carried into FY2027.

WATCH — DEFERRED REVENUE VS CASH

Deferred revenues increased to \$33.6M while cash stands at \$16.7M — a gap of approximately \$16.9M. While the deferred balance signals future revenue recognition, the committee should monitor the pace of drawdown relative to cash needs.

Draft financials — subject to change pending audit and end-of-year closing adjustments. / Source: RBHA Internal Financial Statements, 2 months ended 8/31/2026. Unaudited.

RBHA • FY2027 • H2

Richmond Behavioral Health Authority
Balance Sheet
8/31/2026

	2027	2026	Variance	Percent
ASSETS				
<i>Cash and Short Term Investments</i>				
Cash	\$16,733,557	\$31,504,146	(\$14,770,589)	(46.88%)
Total Cash and Short Term Investments	16,733,557	31,504,146	(14,770,589)	(46.88%)
<i>Accounts Receivable</i>				
Accounts Receivable - Other	123,379		123,379	0.00%
Client Fees Receivable	8,941,440	2,080,364	6,851,076	327.75%
AR Unapplied Cash	(21,410)	(20,910)	(500)	2.39%
Grants & Other Receivables	1,791,625	2,527,510	(735,885)	(29.12%)
Allowance For Doubtful Accounts	(1,380,823)	1,856,918	(3,037,742)	(183.34%)
Total Accounts Receivable	9,454,210	6,253,882	3,200,328	51.17%
<i>Other Assets</i>				
Prepaid	580,163	680,069	(99,906)	(14.69%)
Pension	2,895,306	2,895,306		0.00%
Total Other Assets	3,475,469	3,575,375	(99,906)	(2.79%)
<i>Long Term Assets</i>				
Land	1,381,253	1,378,963	2,290	0.17%
Buildings	16,642,340	17,047,550	(405,210)	(2.38%)
Furniture	135,613	205,241	(69,627)	(33.92%)
Vehicles	937,234	980,372	(53,137)	(5.37%)
Computers	191,712	269,793	(78,081)	(28.94%)
Leasehold Improvements	1,511,171	1,146,691	364,480	31.78%
Construction in Progress	539,798	(11,839)	551,637	(4659.31%)
Leased Assets	15,402,530	15,402,530		0.00%
Total Long Term Assets	36,741,652	36,429,299	312,353	0.86%
Total Assets	\$66,404,888	\$77,762,703	(\$11,357,815)	(14.61%)
LIABILITIES AND NET WORTH				
<i>Current Liabilities</i>				
Accounts Payable	87,185	62,032	25,153	40.55%
Accrued Payroll Taxes & Benefits	625,225	1,507,406	(882,181)	(58.52%)
Accrued Payroll	1,918,889	1,627,278	291,611	17.92%
Accrued Vacation Payable	4,234,258	4,137,692	96,566	2.33%
Current Portion - Note Payable	218,017	210,225	7,792	3.71%
Current Portion - Lease Payable	1,969,702	1,969,702		0.00%
Funds Held (Non-Region)	579,612	80,571	499,041	619.38%
Deferred Revenues	33,574,373	34,400,904	(826,530)	(2.40%)
	43,207,262	43,995,811	(788,549)	(1.79%)
Funds Held - NANR	5,253,211	5,446,729	(193,519)	(3.55%)
Total Current Liabilities	48,460,473	49,442,540	(982,067)	(1.99%)
<i>Long-Term Liabilities</i>				
OPEB	6,265,707	5,675,508	590,199	10.40%
Pension	7,089,496	7,089,496		0.00%
Note Payable	3,660,080	1,969,468	1,690,613	85.84%
Lease Payable	13,611,509	13,611,509		0.00%
Total Long-Term Liabilities	30,626,792	28,345,980	2,280,812	8.05%
Total Liabilities	79,087,265	77,788,520	1,298,745	1.67%
<i>Net Worth</i>				
Retained Earnings	(9,582,942)	(5,080,665)	(4,502,277)	88.62%
Designated-Cash Reserves	1,500,000	1,500,000		0.00%
Net Income	(4,599,435)	3,554,848	(8,154,282)	(229.38%)
Total Net Worth	(12,682,377)	(25,817)	(12,656,559)	49023.67%
Total Liabilities and Net Worth	\$66,404,888	\$77,762,703	(\$11,357,815)	(14.61%)

6:38 PM
9/25/2026

*Richmond Behavioral Health Authority
Income Statement - Current and YTD
For the Two Months Ending 8/31/2026*

	Aug Actual	Aug Budget	\$ Variance	% Variance	YTD Actual	YTD Budget	\$ Variance	% Variance	Annual Budget	YTD To Annual
<i>Revenue</i>										
State Funds	\$2,255,158	\$2,635,638	\$380,480	14.44%	\$4,396,978	\$6,768,468	\$2,371,490	35.04%	\$33,184,844	\$28,787,866
State Funds - PY	10,216	554,704	544,488	98.16%	62,405	1,109,407	1,047,002	94.37%	6,656,444	6,594,039
Regional State Funds	1,464,346	2,448,798	984,452	40.20%	2,730,344	4,897,597	2,167,253	44.25%	29,385,582	26,655,237
Regional State Funds - PY	147,086		(147,086)		159,835		(159,835)	0.00%		(159,835)
State Funds - Misc	163,156	136,133	(27,024)	(19.85%)	262,469	272,265	9,796	3.60%	1,633,590	1,371,121
Local Funds	134,796	674,112	539,316	80.00%	200,796	1,398,223	1,197,427	85.64%	8,289,340	8,088,544
Local Funds - Other	30,462		(30,462)		30,462		(30,462)	0.00%		(30,462)
Federal Funds - DBHDS	343,893	495,659	151,766	30.62%	368,201	1,031,318	663,116	64.30%	5,987,905	5,619,704
Federal Funds - RBHA	291,995	182,132	(109,863)	(60.32%)	291,995	364,264	72,269	19.84%	2,185,587	1,893,592
Service Fees	13,338	22,500	9,162	40.72%	57,754	45,000	(12,754)	(28.34%)	270,000	212,246
Interest Earned	26,675	62,500	35,825	57.32%	70,849	125,000	54,151	43.32%	750,000	679,151
Miscellaneous	44,458	495,309	450,851	91.02%	486,941	990,619	503,677	50.84%	5,076,137	4,589,196
Miscellaneous - Eliminate	(22,801)	(392,829)	(370,028)	94.20%	(22,801)	(785,658)	(762,857)	97.10%	(4,713,946)	(4,691,146)
Gross Client Fees	2,888,136	2,965,664	77,528	2.61%	6,043,607	5,940,925	(102,682)	(1.73%)	35,263,833	29,220,226
Contractual Allowances	(159,157)	(3,900)	155,257	(3981.18%)	(923,987)	(114,578)	809,409	(708.43%)		923,987
Bad Debt Expense	(671,624)		671,624		(1,204,210)		1,204,210	0.00%		1,204,210
Total Revenue	6,960,135	10,276,419	3,316,284	32.27%	13,011,640	22,042,850	9,031,210	40.97%	123,969,315	110,957,675
<i>Operating Expenses</i>										
<i>Employee-Related Expenses</i>										
Salary	5,212,194	4,968,661	(243,533)	(4.90%)	10,487,106	9,940,574	(546,532)	(5.50%)	59,596,801	49,109,695
Benefits	1,413,626	1,403,347	(10,279)	(0.73%)	2,454,786	2,806,694	351,907	12.54%	16,840,163	14,385,377
Total Employee-Related Expenses	6,625,819	6,372,008	(253,812)	(3.98%)	12,941,892	12,747,268	(194,625)	(1.53%)	76,436,964	63,495,072
<i>Other Operating Expenses</i>										
Training	64,404	86,176	21,772	25.26%	117,832	174,565	56,732	32.50%	1,037,228	919,396
Facility Operating Costs	490,604	471,111	(19,494)	(4.14%)	707,310	942,221	234,912	24.93%	5,653,328	4,946,018
Supplies	111,861	132,153	20,492	15.51%	125,804	264,307	138,502	52.40%	1,585,841	1,460,036
Transportation	44,843	132,260	87,417	66.09%	124,122	264,662	140,540	53.10%	1,587,974	1,463,851
Client Services	658,240	840,402	182,161	21.88%	1,321,051	1,880,803	359,752	21.40%	10,084,819	8,763,768
Client Related Contractual Services	715,863	864,761	148,899	17.22%	1,013,898	1,729,523	715,625	41.38%	9,227,685	8,213,787
Operational Contractual Services	309,240	595,906	286,666	48.11%	786,576	1,198,312	411,736	34.36%	7,189,869	6,403,293
Legal Services	11,961	29,334	17,373	59.22%	11,961	58,668	46,707	79.61%	352,007	340,046
Other Operational Costs	18,131	801,346	783,215	97.74%	84,308	1,602,740	1,518,431	94.74%	9,613,600	9,529,292
Depreciation Expense	114,567	100,000	(14,567)	(14.57%)	229,134	200,000	(29,134)	(14.57%)	1,200,000	970,866
Capital Expenses	147,186		(147,186)		147,186		(147,186)	0.00%		(147,186)
Total Other Operating Expenses	2,686,700	4,053,448	1,366,748	33.72%	4,669,183	8,115,800	3,446,617	42.47%	47,532,350	42,863,167
Total Operating Expenses	9,312,519	10,425,456	1,112,936	10.68%	17,611,075	20,863,068	3,251,993	15.59%	123,969,314	106,358,239
Total Income (Loss) from Operations	(2,352,384)	(149,036)	2,203,348	(1478.40%)	(4,599,435)	1,179,783	5,779,217	489.85%	1	4,599,436

BALANCE SHEET

	TOTAL C=A+B+D	RBHA Cash & Investments C	RBHA & REGION Cash D	TOTAL REGIONAL A+B	REGIONAL Change in Net Cash YTD A	REGIONAL Balance at 06/30/20 B	Non-Agency, Non-Region F
CASH & INVESTMENTS	16,733,557	(4,003,458)	11,622,342	15,625,800	(172,793)	15,798,593	5,111,215
RBHA TOTAL ASSETS							
TOTAL ASSETS		66,404,888				66,404,888	
LESS REGIONAL		15,625,800	A+B				
LESS Non-RBHA Functions		5,111,215	F			5,111,215	
		<u>45,667,873</u>				<u>61,293,673</u>	
RBHA TOTAL LIABILITIES							
TOTAL LIABILITIES		79,087,265				79,087,265	
LESS REGIONAL		(15,776,639)					
LESS NRNA, CONSTRUCTION & REACH		(5,206,879)				(5,206,879)	
		<u>58,103,747</u>				<u>73,880,386</u>	
TOTAL NET WORTH		(12,682,377)				(12,682,377)	
REGIONAL YTD NET INCOME		150,839					
LESS NAR, REACH & CONSTRUCTION NET INCOME		95,663				95,663	
RBHA NET ASSETS (NET WORTH)		<u>(12,435,875)</u>		RBHA & Region NET ASSETS (NET WORTH)		<u>(12,586,714)</u>	
RBHA 7 REGION CASH as a % of TOTAL RBHA & REGION ASSETS							
11622342/61293673		18.96%					

PRO FORMA BALANCE SHEET

	TOTAL	RBHA	REGION	REACH	Non Agency, Non Region
ASSETS					
CASH & SHORT TERM INVESTMENTS	16,733,557	(4,003,458)	15,625,800	0	5,111,215
ACCOUNTS RECEIVABLE	9,454,210	9,454,210			
OTHER ASSETS	3,475,469	3,475,469			
LONG TERM ASSETS	36,741,652	36,741,652			
TOTAL ASSETS	<u>66,404,889</u>	<u>45,667,873</u>	<u>15,625,800</u>	<u>0</u>	<u>5,111,215</u>
LIABILITIES & NET WORTH					
CURRENT LIABILITIES	48,460,473	27,476,955	15,776,639	-	5,206,879
LONG TERM LIABILITIES	30,626,792	30,626,792			
TOTAL LIABILITIES	<u>79,087,265</u>	<u>58,103,747</u>	<u>15,776,639</u>	<u>-</u>	<u>5,206,879</u>
NET WORTH					
RETAINED EARNINGS	(9,582,942)	(9,582,942)			
RICHMOND RETIREMENT FORFEITURE	0	0			
DESIGNATED CASH RESERVES	1,500,000	1,500,000			
NET INCOME	(4,599,434)	(4,352,933)	(150,839)		(95,663)
TOTAL NET WORTH	<u>(12,682,376)</u>	<u>(12,435,875)</u>	<u>(150,839)</u>	<u>0</u>	<u>(95,663)</u>
TOTAL LIABILITIES & NET WORTH	<u>66,404,889</u>	<u>45,667,873</u>	<u>15,625,800</u>	<u>0</u>	<u>5,111,215</u>

Richmond Behavioral Health Authority
Performance Ratios
August 31, 2026

	<u>8/31/2026</u>	<u>7/31/2026</u>	<u>6/30/2026</u>	<u>8/31/2025</u>
Days in AR	91.56	95.45	80.33	64.10

This ratio divides total accounts receivables by the average daily fees and show the length of time an account is waiting for payment. The most desirable outcome would be less than 30 however anything between 30 and 60 is good.

AR

net fees ÷ days in period

AR

net fees ÷ days in period

AR Turnover	0.68	0.32	5.78	6.19
--------------------	------	------	------	------

This ratio divides net fees by the average account receivable and show the number of times that receivables cycle through the process for a given period. The most desirable outcome would be a 12 per year but the outcome is dependent on the number of period in the calculation. Generally one cycle for each period reported is optimal.

Net fees for the period

Average AR for the period

Days in AP	17.59	22.17	25.26	18.61
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This ratio divides average accounts payables by the total expenses and shows the number of days it takes to make payments. The most desirable outcome would be less than 30 however anything less than 45 is good.

Average AP

Total Expenses

Operating Reserve	0.69	0.78	0.99	0.93
--------------------------	------	------	------	------

The operating reserve is required by the DBHDS for FY26 and is calculated by dividing current assets (Cash, investments and prepaids) by an average two months of expenses. Any number over 1.00 is acceptable.

Current Assets

Expenses, 2 month avg.

Grants at RBHA: Funding Innovation

RBHA Board Presentation
October 6, 2026

Who is the Team?



What Does Our Team Do?

Many of RBHA's grants are secured/managed by the Grants, Research, Evaluation & Planning (GREP) Team

- Monitor an array of funding opportunities from federal, state & local funders
- Evaluate various opportunities to find a fit for RBHA
- Gather together the players and submit the grant
- Watch emails very closely for follow-up!

Results: The Big Picture (22 years+)

Total grants submitted	121
Total grants awarded	65
Total amount awarded	\$57,584,717
Average award	\$908,327
Success rate	54%

The Big Picture Details

- Federal grants typically received are from **SAMHSA** (16 awards to-date totaling nearly \$40 million)
- **Department of Justice (DOJ)** has awarded RBHA 5 grants totaling nearly \$2 million
- Several grants received from **state agencies** including DBHDS, Va. Dept. of Social Services, and Dept. of Criminal Justice Services

We got the grant! Now what?

- Begin the planning stages (frequent meetings; workflows)
- Program design
- Evaluation design
- Formalize community partnerships as needed (e.g., MOU)
- Begin hiring process
- Plan finance next steps to include collection of indirect costs

We got the grant! Now what?

- Manage all communication & reporting with funders for awarded grants
- Submit continuation applications (as needed)
- Begin sustainability planning
- Track outcomes

What does all this mean for RBHA?



New Programs, New Energy & New Funding!

- ***LATEST AWARD***: Mobile Crisis Team Grant
- Integrated Care Clinic (CCBHC)
- Pregnant & Parenting Women's Gender Specific Treatment
- POWR Project (*Providing Opportunities for Work & Recovery*)
- HIV Services
- Various Prevention Initiatives
- Recovery Court and Behavioral Health Docket Collaborations
- Crisis-related Services
- School-Based Services

What are we learning from our grants?

The Evaluation Component:

- Are we having an impact?
- What do our funders want to know?
- What do WE want to know?
- What needs to happen in order to get the data we want?
- May include EHR revisions - KPI dashboard creation - client interviews

Reporting Requirements

- Financial / Programmatic / Evaluation Reporting
- Depending on the individual grant:
 - Quarterly/Semi-Annual/Annual Reporting
- Ongoing Project Officer/Funder Calls
- Grantee Meetings
- Many funders require a continuation application be submitted every year – *despite having a multi-year award*

Unfortunately, Grants End. Sustainability is Our Goal

QUESTION: Is this an ongoing Federal/State Priority that will have new funding available at the end of our grant period?

ANSWER:

- Sometimes the answer is another grant.
- Perform well enough that our subsequent grant application will be looked upon favorably. *Our track record speaks for itself.*
- Have we established a service that can be continued by another funding streams (Medicaid, etc.)?
- Disseminate information on the success of our grant funding.

Takeaways

- Our team takes the long view from application to closeout
- Grant award is just the beginning, execution of the grant is key to future success
- Sustainability is on our mind from start to finish
- Our work is made possible by the dedicated staff at RBHA and the outstanding services they provide
- In the end, our goal is to enhance, expand and improve the services we offer to the people of Richmond

Questions?

Thank you.