



GOOCHLAND POWHATAN COMMUNITY SERVICES
BOARD MEETING

October 2, 2023
4:30 P.M.
Pathways (Goochland)

AGENDA

- I. Minutes of the September 11, 2023 Board Meeting
Pages:
***Action: Approve or Amend September 2023 minutes**
- II. Public Comment
- III. Goochland County Appointees Code of Ethics and Standards of Conduct
***Informational**
- IV. CSB Board by-law review
Pages:
***Action: Approve or amend revised by-laws**
- V. CCBHC Presentation
Pages:
***Informational**
- VI. Additional State Holiday Hours
Pages:
***Action: Approve or amend additional Holiday floating hours**
- VII. Reports
 - a. Board Chair
 - b. Senior Community Support Director
 - c. Senior Clinical Director
 - d. Senior Administrative Director
 - e. Executive Director
 - f. Other Reports***Informational**
- VIII. Closed Session: Personnel Issue
- VIII. Adjourn

Next Meeting: November 6, 2023. Location: Village Building Board Room (Powhatan)

GOOCHLAND POWHATAN COMMUNITY SERVICES

MINUTES

September 11, 2023

Goochland Powhatan Community Services Board of Directors held its September 2023 meeting on Monday, September 11, 2023, at Pathways in Goochland.

Present

Michael Asip
James Babcock via Zoom
Parthenia Dinora
Stephen Hancock
Joyce Layne-Jordan
Crystal Neilson-Hall
Linda Revels
Renee Sottong

Absent

Jackie Cahill
Mariah Leonard

Staff Attending

Les Saltzberg
Carinne Kight
Cheryl Smith
Irene Temple
LaTasha Brown
Jeanine Vassar
Ashley Fitzkee
Jess Childress

Welcome

Les Saltzberg welcomed all attending Board members and thanked them for joining the meeting. He asked if there were any additions to the agenda. There were no additions.

Public Comment

There was no public comment.

Minutes

June 2023 meeting minutes were reviewed for approval. There were no noted errors or corrections.

ACTION: Motion to approve June 2023 meeting minutes, was made by C. Neilson-Hall, seconded by M. Asip. Motion carried by all in attendance, none opposed. June 2023 minutes were approved.

Updated FY2024 Budget

Cheryl reviewed the budget with the Board and explained there was only one significant change. She reminded them that this budget was created based off what the presented state budget was although it had not been passed by the General Assembly as of the last Board meeting. She noted the addition of \$72,000 from Goochland County to hire a substance use disorder case manager to the budget. Additionally, she reviewed that in the recently passed budget there were some items that will impact GPCS, though how much is unclear. Specifically, the inclusion of funding for state staff increases as of January 1st and additional funding for step Virginia and child psychiatry.

Action: M. Allen motioned to approve the FY24 budget as presented. Motion seconded by C. Neilson-Hall, all approved, none opposed, none abstained. Motion carried.

Community Supports Programs Presentation

Lateshia gave a brief overview of all community supports programs, including program staffing, numbers of consumers served, and methods used to serve consumers. She then introduced the program supervisors. LaTasha Dodson, developmental services case manager, Jeanine Vassar, PIEP program supervisor, Jess Childress, pathways program supervisor, and Ashley Fitzkee, pathways program peer specialist. Jess Childress then presented the new Pathways program and how it evolved from the Virginia House program. Finally, Ashlee Fitzkee discussed what peer support services is and how it fits in with the Pathways program.

CSB Board by-law review

Mike and Jamie discussed the bylaw review. He noted that they reviewed bylaws from other CSBs that Les had provided to them and reviewed those in comparison to GPCS' Board bylaws.

They noted that GPCS bylaws are unique in that they don't go through the specific powers of duties of the board and just list the Virginia code number. Mike then proposed two additions. The first addition is the specific powers and duties of the board from the state code. Second, within the powers and duties the addition number 6, the hiring, supervision evaluation of CSB.

Mike then noted that to have public transparency and meet the requirements of the Board.

The Board agreed to review the proposed changes and if they note any other changes to send them to Mike for the including in the October board meeting.

Action: M. Asip motioned at the October meeting the board vote to amend the bylaws to include replacement of article 5 as presented today. Motion seconded by S. Hancock all approved, none opposed, none abstained. Motion carried.

Addition of 2 new School Clinician and an EHR Administrator positions

Les noted that following meetings with both Powhatan and Goochland schools, the need for school-based clinicians became apparent. Thinking it would take time to find a good fit, the ad was put out in July. Luckily two great candidates applied and accepted positions quickly.

Carinne reviewed the history of the administration unit and how it has grown over the past year. In addition to funding that supports growth. She then explained that for over a year leadership has discussed the need for changes to the electronic health record (EHR) and the amount of time it takes to focus on those changes. Given the growth of the agency, specifically the outpatient units, the increase in need for an EHR administrator has become apparent.

Action: C. Neilson-Hall motioned to approve the addition of 2 school clinicians and an EHR administrator as presented. Motion seconded by J. Layne-Jordan, all approved, none opposed, none abstained. Motion carried.

Reports

Board Chair –

No report

Senior Community Supports Director –

No report.

Senior Clinical Director-

Irene reported that recently she, Lateshia, Jess, and Jackie met with Dr. Marianne Farkas from Boston University for a consultation around psychiatric rehab. Irene received her name from a colleague at Hanover CSB, and they had great praise for the consultation process. Lateshia noted that the consultation was paid for using part of the \$450,000 that GPCS was awarded from DBHDS for a grant application she and Jess submitted to support Pathways program.

GPCS Senior Administrative Director –

Carinne reported that the occupational therapist, pathways support staff, SUD case manager, and van driver positions are all open. She also noted that the firm that conducts the independent financial audit will be out this month, so that will be presented to the board in November.

Executive Director -

Les noted that the board may have heard the term CCBHC discussed during presentations. He explained that it stands for certified community behavior health centers and that he will be giving the board a presentation on it next month.

At approximately 5:54p, M. Asip moved that the Board convene in a closed meeting pursuant to Virginia Code § 2.2-3711.A (4) for the protection of the privacy of individuals in personnel matters not related to public business. J. Layne-Jordan seconded this motion, and the Board unanimously approved it.

Reconvened in Regular Session

Whereas the Goochland-Powhatan Community Services Board of Directors convened in a closed meeting on this date pursuant to an affirmative recorded vote and in accordance with the provision of the Virginia Freedom of Information Act; and whereas § 2.2-3712.D of the Code of Virginia requires a certification by this Board that such closed meeting was conducted in conformity with the Virginia Freedom of Information Act. Now therefore, be it resolved that the Goochland Powhatan Community Services Board of Directors certifies that, to the best of each member’s knowledge, only public business matters lawfully exempted from open meeting requirements under the Freedom of Information Act, and only such public business matters as were identified in the motion convening the closed meeting were heard, discussed, or considered by the Board.

ACTION: Motion made by M. Asip to certify conformity of closed meeting and to reconvene regular session, seconded by Crystal Neilson-Hall. All members affirmed this.

The meeting was adjourned at 6:40 pm.

The next meeting date is October 2, 2023 at Pathways (Goochland).

Crystal Neilson-Hall, Secretary
CNH/ck

Date

CODE OF ETHICS AND
STANDARDS OF CONDUCT
FOR GOOCHLAND COUNTY APPOINTEES

CODE OF ETHICS

Persons who are appointed by the Goochland County Board of Supervisors or the County Administrator to serve on boards, committees, commissions, authorities, or similar groups are being appointed to represent the county and its citizens and have been given a public trust that requires a high level of ethical and moral conduct. Accordingly, any appointee should adhere to the following Code of Ethics:

1. Uphold the Constitution, laws and regulations of the United States and of Virginia and never knowingly be a party to their evasion.
2. Act in the best interest of the county and its residents.
3. Give a full measure of effort and service to the position of trust for which stewardship has been granted; giving earnest effort and best thought to the performance of duties.
4. Seek to find and use the most equitable, efficient, effective, and economical means for getting tasks accomplished.
5. Adopt policies and programs that support the rights and recognize the needs of all Goochland County citizens and avoid adopting policies or engaging in activities that discriminate against Goochland County citizens because of race, sex, age, religion, creed, country of origin, disability, sexual orientation, or gender identity. We do not tolerate discrimination based on race, sex, age, religion, creed, country of origin, disability, sexual orientation, or gender identity.
6. Ensure the integrity of the actions of the entity to which you are appointed by avoiding discrimination through the dispensing of special favors or unfair privileges to anyone, whether for remuneration or not. An appointee should never accept for himself or herself or for family members, any gifts, favors or benefits under circumstances which might be construed by reasonable persons as influencing the performance of governmental duties. In addition, each appointee shall comply with all applicable provisions of the State and Local Government Conflict of Interests Act, including those provisions that regulate the solicitation and acceptance of gifts, money or other things of value for services performed within the scope of the member's official duties.
7. Make no private promises of any kind binding upon the duties of your office, since a public servant has no private word which can be binding on public duty.
8. Engage in no business with the county government, or the school system, either directly or indirectly, which is inconsistent with the conscientious performance of government duties except as may be consistent with the conflict of interests statutes in the Virginia Code.
9. Never use any information gained confidentially in the performance of governmental duties as a means of making private profit.

10. Expose through appropriate means and channels, corruption, misconduct, or neglect of duty whenever discovered.
11. Adhere to the principle that the public's business should be conducted in the public view by observing and following the letter and spirit of the Freedom of Information Act using closed meetings only to deal with sensitive personnel, legal matters, contractual matters or as otherwise provided by the Virginia Code.
12. Avoid using your position of public trust to gain access to the media for the purposes of criticizing colleagues, citizens, or personnel, impugning their integrity or vilifying their personal beliefs.
13. Make sure, when responding to the media, that a clear distinction is made between personal opinion or belief and a decision made by the entity with which you serve.
14. If requested by any board of supervisors' member, review orally and in public session at the annual organizational meeting each of these principles.
15. Pledge to honor and uphold these principles, ever conscious that public office is a public trust.

STANDARDS OF CONDUCT

Recognizing that persons holding a position of public trust are under constant observation by the media and interested county residents, and recognizing that maintaining the integrity and dignity of the public office is essential for maintaining high levels of public confidence in our institutions of government, every person appointed by the Goochland County Board of Supervisors or County Administrator to a board, committee, commission, or similar group should adhere to the following Standards of Conduct:

1. In responding to questions, from the media or citizens, appointees should remind the listener that they are not speaking for their entity, clarify their position on a particular item, and make "no public comment" on closed meeting matters in reference to individuals, real estate, and other areas addressed pursuant to Virginia Code Section 2.2-3711.
2. Remember that personnel matters are to remain confidential and that it is the appointee's obligation to protect the privacy of the individual.
3. Focus on issues and avoid making public comments about individuals, staff members, fellow appointees, community residents or media representatives.
4. Ensure that e-mails on matters of public business which are sent to more than one member of an entity shall be sent to all other members.
5. Avoid, during public meetings and during the performance of public duties, the use of abusive, threatening, or intimidating language or gestures directed at colleagues, citizens, or personnel.
6. Pay all taxes due to the county, state, or national government.

7. Attend all regularly scheduled meetings of the entity to which you have been assigned, resigning whenever personal circumstances preclude regular attendance.
8. Avoid a private lifestyle that casts public doubt upon the integrity and competence of county government.
9. Make a conscientious effort to be well prepared for each meeting.
10. Offer criticism of colleagues or county employees only in private meetings with appropriate individuals or in closed meeting.
11. Work to create a positive environment in public meetings where citizens will feel comfortable in their roles as observers or participants.
12. Maintain an attitude of courtesy and consideration toward all colleagues and staff during all discussions and deliberations.
13. Be tolerant. Allow citizens, employees, or colleagues sufficient opportunity to present their views.
14. Be respectful and attentive. Avoid comments, body language or distracting activity that conveys a message of disrespect for the presentations from citizens, personnel or colleagues.
15. Be concise. Avoid the practice of taking more time to address an issue before the body than is necessary and essential for an adequate consideration of those matters being discussed.
16. Complaints. If a Goochland County resident believes an appointee has violated the Code of Ethics and/or Standards of Conduct, he/she should report it to the board of supervisors and county administrator.

Adopted by the Goochland County Board of Supervisors: January 5, 2021

Adopted January 19, 2022

Adopted January 3, 2023

Goochland Powhatan Community Services Board of Directors Bylaws

Article 1: Name

The name of this body shall be the Goochland Powhatan Community Services Board of Directors, hereafter referred to as the “Board.”

Article 2: Authority

The counties of Goochland and Powhatan established the Goochland Powhatan Community Services as an operational policy board pursuant to § 37.2 500 and appointed members of the Board pursuant to § 37.2-501 of the Code of Virginia, as amended.

Article 3: Purpose

The purpose of this Board shall be to act as the agent of Goochland County and Powhatan County, Virginia, in the establishment and operation of Community Mental Health, Development Disability, and Substance Use Disorder programs as provided for in Chapter 5 of Title 37.2 of the Code of Virginia as amended, relating to the Virginia Department Behavioral Health and Developmental Services.

Goochland Powhatan Community Services shall provide a system of comprehensive community mental health, developmental disability, and substance use disorder services which include emergency services, same-day access, primary care screening, outpatient services, day-support services, residential services, behavioral health wellness, and early intervention services. The agency also provides access to inpatient facilities and/or other appropriate mental health, developmental disability, and substance use disorder programs, related to and integrated with existing and planned programs within the limits of aforesaid jurisdictional boundaries.

Article 4: Membership

Section A: Composition of the Board: The Board shall consist of 10 members, five from Goochland and five from Powhatan, appointed by the respective Boards of Supervisors. Appointments to the Board shall be broadly representative of the community. One third of the appointments shall be individuals who are receiving or have received any public or private mental health, developmental, or substance use disorder services or family members of individuals who are receiving or who have received services. One or more members may be non-governmental services providers. Sheriffs or their designees shall be included, when practical. No employee or board member of an organization which receives funding from any Community Services Board shall be appointed a member of the Board. New Board members will receive orientation from the Executive Director within the first month of appointment.

Section B: Appointments and Terms of Office: A member of the Board shall be appointed for a term of three years from the first day of July of the year of the appointment. No person shall be eligible to serve more than three full terms. Appointing authorities shall fill vacancies for unexpired terms in the same manner as original appointments. However, after a one-year period has elapsed since the end of a member's last three-year term, the governing body may reappoint that member in accordance with Chapter 5 of Title 37.2-502. The appointing authority may remove any member of the Board for cause, after giving the member a written statement of the cause and an opportunity to be heard.

Article 5: Duties and Powers of the Board

Section A. Duties and Powers: The Board shall have the following powers and duties:

1. Review and evaluate public and private community mental health, developmental, and substance abuse services and facilities that receive funds from it and advise the governing body of each city or county that established it as to its findings.
2. Pursuant to § 37.2-508, submit to the governing body of each county that established it a performance contract for community mental health, developmental, and substance abuse services for its approval prior to submission of the contract to the Department of Behavioral Health and Developmental Services, hereafter referred to as the "Department."
3. Within amounts appropriated for this purpose, provide services authorized under the performance contract.
4. In accordance with its approved performance contract, enter into contracts with other providers for the delivery of services or operation of facilities.
5. Make policies or regulations concerning the delivery of services and operation of facilities under its direction or supervision, subject to applicable policies and regulations adopted by the Board.
6. Appoint, supervise, and evaluate an executive director of community mental health, developmental, and substance abuse services, who meets the minimum qualifications established by the Department, and prescribes their duties.
 - a. The compensation of the executive director shall be fixed by the operating board within the amounts made available by appropriation for this purpose. The executive director shall serve at the pleasure of the operating board and be employed under an annually renewable contract that contains performance objectives and evaluation criteria.
 - b. The Department shall approve the selection of the executive director for adherence to minimum qualifications established by the Department and the salary range of the executive director.
 - c. The Board shall participate in the annual performance evaluation of the executive director by reviewing annual performance objectives and evaluation criteria

recommended by the executive committee; providing substantive input regarding the executive director's performance with regard to evaluation criteria; and approving a final performance evaluation after reviewing the draft from the executive committee.

7. Prescribe a reasonable schedule of fees for services provided by personnel or facilities under the jurisdiction or supervision of the board and establish procedures for the collection of those fees. All fees collected shall be included in the performance contract submitted to the local governing body or bodies pursuant to subdivision 2 and § 37.2-508 and shall be used only for community mental health, developmental, and substance abuse services purposes. Every board shall institute a reimbursement system to maximize the collection of fees from individuals receiving services under its jurisdiction or supervision, consistent with the provisions of § 37.2-511, and from responsible third party payors. The Boards shall not attempt to bill or collect fees for time spent participating in commitment hearings for involuntary admissions pursuant to Article 5 (§ 37.2-814 et seq.) of Chapter 8.
8. Accept or refuse gifts, donations, bequests, or grants of money or property from any source and utilize them as authorized by the governing body of each city or county that established it.
9. Seek and accept funds through federal grants. In accepting federal grants, the board shall not bind the governing body of any city or county that established it to any expenditures or conditions of acceptance without the prior approval of the governing body.
10. Notwithstanding any provision of law to the contrary, disburse funds appropriated to it in accordance with such regulations as may be established by the governing body of each city or county that established it. 411.
11. Apply for and accept loans as authorized by the governing body of each city or county that established it.
12. Develop joint written agreements, consistent with policies adopted by the Board, with local school divisions; health departments; boards of social services; housing agencies, where they exist; courts; sheriffs; area agencies on aging; and regional offices of the Department for Aging and Rehabilitative Services. The agreements shall specify the services to be provided to individuals. All participating agencies shall develop and implement the agreements and shall review the agreements annually.
13. Take all necessary and appropriate actions to maximize the involvement and participation of individuals receiving services and family members of individuals receiving services in policy formulation and services planning, delivery, and evaluation.
14. Institute, singly or in combination with other community services boards or behavioral health authorities, a dispute resolution mechanism that is approved by the Department and enables individuals receiving services and family members of individuals receiving services to resolve concerns, issues, or disagreements about services without adversely

affecting their access to or receipt of appropriate types and amounts of current or future services from the community services board.

15. Notwithstanding the provisions of § 37.2-400 or any regulations adopted thereunder, release data and information about each individual receiving services to the Department so long as the Department implements procedures to protect the confidentiality of that data and information.
16. Have authority, notwithstanding any provision of law to the contrary, to receive state and federal funds directly from the Department and act as its own fiscal agent, when authorized to do so by the governing body of each city or county that established it.

Section 2: Conflict of Interest: Membership of the Board shall conduct all its activities in such a manner as to preclude possible conflict of interest. No member of the Board shall vote on an issue in which they have direct or indirect interest or fiduciary interest.

Under the Virginia State and Local Conflict of Interest Act, a prohibited conflict of interest arises for an employee or Board member of Goochland Powhatan Community Services, or a member of his/her immediate family, who has a personal interest in a firm or business which contracts with Goochland Powhatan Community Services. A personal interest generally is defined as ownership of more than three percent of the equity or liability of the business or receipt of income or other commercial arrangement worth more than \$10,000 annually from the business which accrues to the employee/board member or a member of the employee's/board member's immediate family. Immediate family means (i) a spouse and (ii) any other person residing in the same household as the employee, who is a dependent of the employee/board member or of whom the employee/board member is a dependent.

Article 6: Officers of the Board

Section A: Officers: The officers of the Board shall be the Chair, Vice-Chair and Secretary. Officers shall be elected by the Board and shall perform the duties prescribed by these bylaws and the parliamentary authority adopted by the Board and as directed by the Board.

Section B: Chair: The chair shall

1. preside at all meetings of the Board and the Executive Committee;
2. appoint members of standing or special committees;
3. serve as the immediate supervisor of and give direction to the CSB Executive Director in accordance with decisions of the Board and the Executive Director job description adopted by the Board;
4. coordinate negotiation of the performance objectives and evaluation criteria contained in the annually renewable employment contract and the annual performance evaluation of the Executive Director by taking into consideration feedback from all Board members and the CSB senior management;

5. work with the executive director to determine the types of Board meetings, agendas, reports, communications, and involvement that will enable other members to carry out their powers, duties, and responsibilities;
6. be an ex-officio member of all standing committees; and
7. perform other duties authorized by the Board.

The Chair also may:

1. appoint members to serve on task forces, committees, and other bodies on which
2. representation of the Board is required or would be useful; and
3. assign other duties or responsibilities to standing committees.
4. In any votes of the Board, the Chairperson shall vote last. Upon the request of the Board, the Chairperson shall act as its representative.

Section C: Vice-Chair: In the absence of the Chair at any meeting or in the event of the disability of the Chair or a vacancy in that office, the Vice-Chair shall perform the duties of the Chair.

Section D: Secretary: The Secretary shall ensure that accurate records are maintained of all meetings of the Board and the Executive Committee. All records shall be maintained in the central administrative office of the CSB.

Article 7: Nomination, Election and Term of Officers

Section A: Nominating Committee: The Chair shall appoint a nominating committee consisting of one representative from each county to nominate a slate of Board officers for the next fiscal year. The Nominating Committee chair shall present the proposed slate to the full Board at least one month prior to the election of officers.

Section B. Election: The Board shall elect its officers from among its membership at the next to last regular meeting in the fiscal year. When the slate of officers is presented to the Board, additional nominations shall be permitted from the floor. Officers shall be elected by a majority vote of appointed Board members.

Section C: Vacancies: Any vacancy occurring in an office shall be filled by a majority vote of appointed Board members.

Section D: Term of Office: The term of office shall be for one year beginning July 1. Officers shall be eligible for re-election.

Article 8: Board Meetings

Section A. Regular Meetings: The Board shall meet the first Monday of each month, except July, unless a meeting is rescheduled. Meetings are held alternately at the Goochland and Powhatan offices.

Article 9: Electronic Meetings

Section A. Individual Member Virtual Attendance: It is the policy of Goochland Powhatan Community Services Board of Directors that individual members may participate in meetings by electronic communication as permitted by § 2.2-3708.3 of the Code of Virginia. This policy shall apply to the entire membership and without regard to the identity of the member requesting remote participation or the matters that will be considered or voted on at the meeting.

Whenever an individual member wishes to participate from a remote location, the law requires a quorum of Goochland Powhatan Community Services Board of Directors to be physically assembled at the primary or central meeting location.

Reasons for a member's remote participation in a Goochland Powhatan Community Services Board of Directors meeting are as follows.

1. The member has a temporary or permanent disability or other medical condition that prevents physical attendance.
2. A medical condition of a member of the member's family requires the member to provide care that prevents the member's physical attendance.
3. The member's principal residence is more than sixty miles from the meeting location.
4. The member is unable to attend the meeting due to a personal matter and identifies with specificity the nature of the personal matter.
 - a. Note, members attending remotely due to personal matters may not attend remotely more than two meetings per calendar year.
 - b. Note that the limits on remote participation due to personal matters are separate from the limits on all-virtual public meetings and will be counted separately.
5. Requests for remote participation shall be conveyed to the Goochland Powhatan Community Services Board of Directors Board Chair and Goochland Powhatan Community Services Executive Director.
6. Individual participation from a remote location shall be approved unless such participation would violate this policy or the provisions of the Virginia Freedom of Information Act (§ 2.2-3700 et seq. of the Code of Virginia). If a member's participation from a remote location is challenged, then Goochland Powhatan Community Services Board of Directors shall vote whether to allow such participation. The request for remote participation shall be recorded in the minutes of the meeting. If Goochland Powhatan Community Services Board of Directors votes to disapprove of the member's participation because such participation would violate this policy, such disapproval shall be recorded in the minutes with specificity. The minutes shall include other information regarding member remote participation including the remote location from which the

member participated and the provision under which the member attended the meeting virtually; as required by §§ 2.2-3707 and 2.2-3708.3.

Section B. Full Virtual Meetings: Further, it is the policy of Goochland Powhatan Community Services Board of Directors that all virtual public meetings may be held pursuant to subsection C of § 2.2-3708.3. Such all-virtual public meetings are also limited by law to two meetings per calendar year. Additionally, an all-virtual public meeting may not be held consecutively with another all-virtual public meeting.

1. Requests for an all-virtual meeting shall be conveyed to the Goochland Powhatan Community Services Board of Directors Board Chair and Goochland Powhatan Community Services Executive Director.
2. Requests for an all-virtual meeting shall be voted on by the Goochland Powhatan Community Services Board of Directors. The request for an all-virtual meeting shall be recorded in the minutes of the meeting as well as the results of the accompanying vote. If Goochland Powhatan Community Services Board of Directors votes to disapprove an all-virtual meeting because such participation would violate this policy, such disapproval shall be recorded in the minutes with specificity. The minutes shall include other information as required by §§ 2.2-3707 and 2.2-3708.3.

Article 10: Executive Committee

Section A. Members: The three elected officers of the Board and one other Board member appointed by the Chair shall constitute the Executive Committee, and the Chair and Secretary respectively shall be Chair and Secretary of the committee. The CSB executive director shall provide staff support to the committee.

Section B. Authority: The committee shall conduct the necessary business of the Board between regular Board meetings. The Board must ratify any official action taken by the committee at its next regular meeting for the action to remain in effect.

Article 11: Reviews and Amendment

Section A: Quadrennial Review: The Board shall review its bylaws at least once every four years before its last meeting of the fiscal year and amend them as necessary.

Section B: Annual Review: The Executive Committee shall review these bylaws annually after the General Assembly session and recommend any necessary amendments before the start of the fiscal year, when new legislation becomes effective.

Section C: Amendment: The Board may amend these bylaws in whole or in part by a majority vote of the members of the Board at any regular Board meeting whenever such action is necessary, for example as a result of reviews in sections A or B, and when the amendments have

been announced in the notice of that meeting. This notice shall include the specific bylaw provisions proposed for amendment. The Chair and Secretary shall sign and date the amended bylaws to document the Board’s approval and the latest amendment date.

Article 12: Effective Date

By our signatures, we certify that the Board approved these bylaws on the second day of October 2023. These bylaws shall be in effect on this date and until the Board subsequently amends them.

Board Chair Printed

Board Chair Signature

Date

Board Secretary Printed

Board Secretary Signature

Date

Date Amendments Approved by the Board:

10/7/2019

5/1/2023

10/2/2023

Introduction

The Protecting Access to Medicare Act of 2014 (PAMA, P.L. 113-93), Section 223, directed the Department of Health and Human Services (HHS) to publish criteria for clinics to be certified as Certified Community Behavioral Health Clinics (CCBHCs). In 2015, HHS issued the original CCBHC certification criteria. The criteria established a set of uniform standards that providers must meet to be a CCBHC. By meeting these criteria, CCBHCs across the country are transforming systems by providing comprehensive, coordinated, trauma-informed, and recovery-oriented care for mental health and substance use conditions.

The standards were used by the initial eight states participating in the Section 223 CCBHC Demonstration program to certify 67 CCBHCs in 2016. Since then, the CCBHC Section 223 CCBHC Demonstration has expanded to two additional states, HHS has supported the development of CCBHCs through the SAMHSA CCBHC Expansion Grant Program, which was established in 2018, and states have supported the development of CCBHCs separate from the Section 223 CCBHC Demonstration. Today, there are over 500 CCBHCs across 48 U.S. states, territories, and the District of Columbia.

What is a Certified Community Behavioral Health Center?

CCBHCs provide:

- Comprehensive, coordinated mental health and substance use services appropriate for individuals across the life span
- Increased access to high-quality community mental health and substance use care, including crisis care
- Integrated person- and family-centered services, driven by the needs and preferences of people receiving services and their families
- A range of evidence-based practices, services, and supports to meet the needs of their communities
- Services to anyone seeking help for a mental health or substance use condition, regardless of their diagnosis, place of residence, or ability to pay.



Since 2015, a lot has been learned about implementing the CCBHC model. Developments and advancements in the mental health and substance use disorder field have also created a need to update the criteria in several areas. As a result, HHS is releasing this updated version of the criteria.

Updates were informed by written feedback from the public, CCBHCs, and states; listening sessions where the public, people with lived experience of mental health and substance use conditions, and CCBHC stakeholders provided input; and findings from the Section 223 CCBHC Demonstration evaluation. The updated criteria will guide existing and future CCBHCs. These criteria will ensure that individuals who seek CCBHC services can expect the same quality, comprehensive, coordinated care regardless of where they reside.

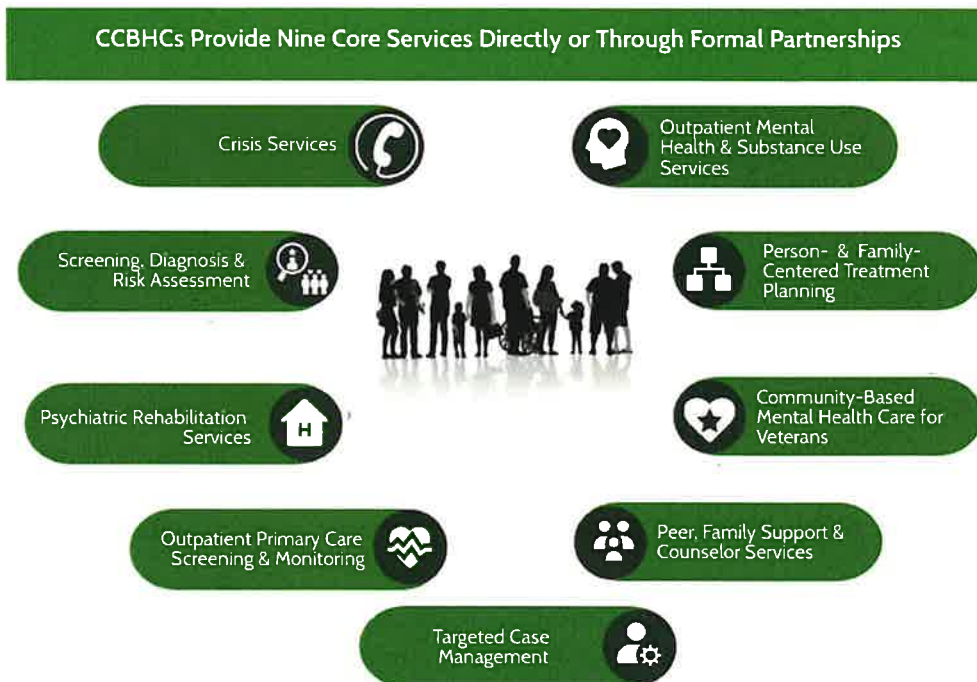
CCBHC Background and History

On April 1, 2014, PAMA was signed into law, establishing the Section 223 CCBHC Demonstration.¹ A cross-HHS partnership supports the CCBHC initiative, including the Substance Abuse and Mental Health Services Administration (SAMHSA), the Centers for Medicare & Medicaid Services (CMS), and the Assistant Secretary of Planning and Evaluation (ASPE).

PAMA included program requirements that have served as the organizing framework for the CCBHC certification criteria. These requirements also guide the updated criteria and include:

1. Staffing
2. Availability and Accessibility of Services
3. Care Coordination
4. Scope of Services
5. Quality and Other Reporting
6. Organizational Authority and Governance

PAMA makes clear that, regardless of condition, CCBHCs must provide services to anyone seeking help for a mental health or substance use condition, regardless of their place of residence, ability to pay, or age. This includes any individual with a mental or substance use disorder who seeks care, including those with serious mental illness (SMI); substance use disorder (SUD) including opioid use disorder and severe SUD; children and adolescents with serious emotional disturbance (SED); individuals with co-occurring mental and substance disorders (COD); and individuals experiencing a mental health or substance use-related crisis. It also specifies that CCBHCs provide nine required services.



¹ [Protecting Access to Medicare Act of 2014.](#)

Development and Expansion of the CCBHC Program

The original CCBHC certification criteria, released in 2015, were based primarily on the requirements in PAMA. They were informed by review of state Medicaid Plans, standards for Federally Qualified Health Centers and Medicaid Health Homes, and state quality measures. The criteria were refined and finalized through a public process that included national listening sessions; consultation with tribal, state, and federal leadership; and written public comments. The original criteria were written for states participating in the Section 223 CCBHC Demonstration.

Since then, other funding sources for CCBHCs have emerged. In 2018, SAMHSA was appropriated funding for the CCBHC-Expansion Grant Program. Unlike the Section 223 CCBHC Demonstration, which was administered through states, the CCBHC-Expansion grants are awarded directly from SAMHSA to community provider organizations. Some states are also using existing Medicaid authorities to allow CMS-approved payments to CCBHCs that are certified by states but outside of the Section 223 CCBHC Demonstration.

As of September 2022, CCBHCs are primarily funded through three separate funding streams:

1. **CCBHCs funded by the Section 223 CCBHC Demonstration.** These CCBHCs are managed through state Section 223 CCBHC Demonstration programs. They are certified by the state as being in compliance with the CCBHC Certification Criteria and are reimbursed via a prospective payment system (PPS) for 9 required services defined in the criteria. These CCBHCs may also receive SAMHSA expansion grants.
2. **CCBHC-Es funded by SAMHSA expansion grants.** These CCBHCs are supported through direct SAMHSA grants to the provider organization and the grantee self-attests to compliance with the certification criteria. There is no PPS for services provided as a part of the expansion grants and there is no required oversight by their state, tribe, or territory. These CCBHCs fund their activities using a combination of grant funds and other funding sources (e.g., Medicaid, Medicare, state and local funding, other third-party payment). In FY 2022, the expansion grant program was divided into two tracks: Planning, Development, and Implementation (PDI) grants for new CCBHCs and Improvement and Advancement (IA) grants for existing CCBHCs.
3. **CCBHCs funded through state Medicaid programs separate from the Section 223 CCBHC Demonstration.** These states use Medicaid state plan or section 1115 demonstration authority, not the Section 223 CCBHC Demonstration, to define the CCBHC array of services and payment for CCBHC services. These CCBHCs are subject to state oversight through their Medicaid programs and may also receive SAMHSA expansion grants.

Revised CCBHC Criteria

The revised CCBHC criteria are applicable to all CCBHCs, regardless of state, tribe, territory, or funding stream. The criteria maintain the six program requirements and nine services that anchor the 2015 criteria.

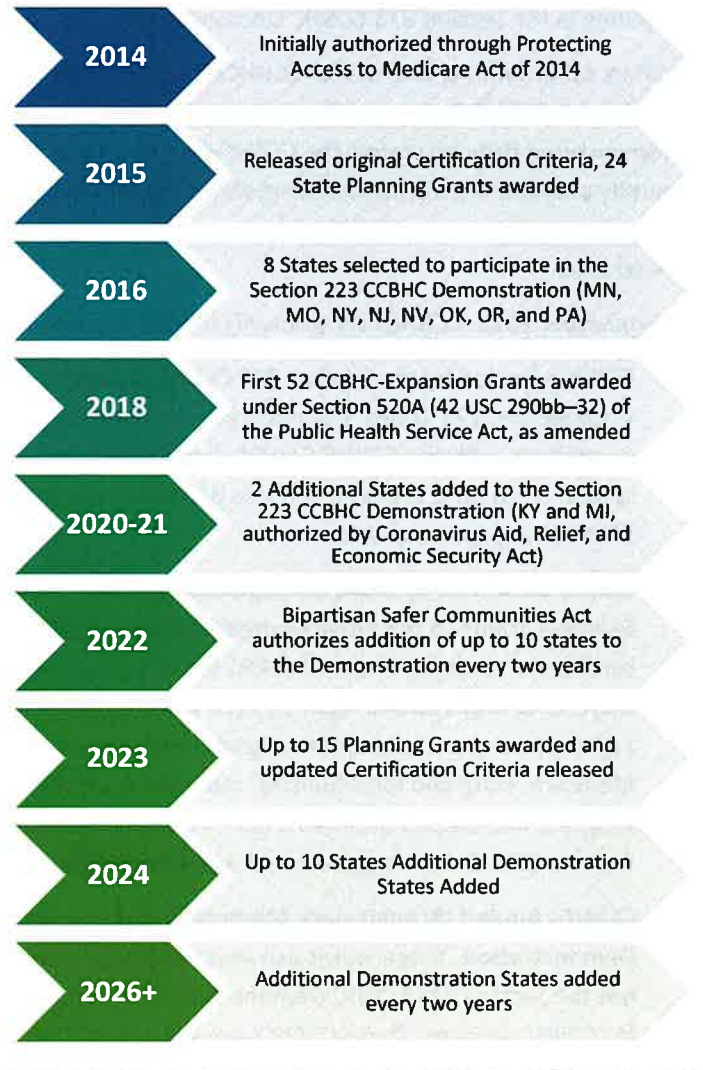
The criteria continue to emphasize the principles embedded in PAMA, including the provision of coordinated, person-and family-centered care to help individuals recover, be healthy, and live fully within their communities. These criteria are intended to empower people and families to engage with their communities in the ways that they choose. These criteria are also designed to support effective community-based care that meets the legal obligation to provide services in the least restrictive setting possible.

In December 2022, HHS released a draft of the updated CCBHC Criteria after receiving input on the 2015 criteria from the public, key stakeholders, and federal partners. After additional public input on these draft revised criteria², HHS developed the version of the criteria that is included in this document.

The revised criteria seek to strengthen and update the criteria without significantly adding to state

or clinic burden. SAMHSA updated and revised the criteria to 1) respond to developments in the field (e.g., newer terminology, 988 and the crisis continuum, emerging best practices, workforce shortages), 2) update criteria that are no longer current (e.g., reference to outdated electronic health record standards), and 3) address areas suggested by CCBHCs, states, and other stakeholders.

CCBHC Milestones



² [Federal Register :: Request for comments on the initial revised draft of the Update to the Certified Community Behavioral Health Clinics certification criteria.](#)



Additional State Holiday Hours

This year the Governor of Virginia has declared that state employees will receive an additional 12 hours of holiday time. He awarded an additional four hours the Wednesday before Thanksgiving and eight hours for December 22.

Per GPCS Policies and Procedures, The Board of Directors may, at its discretion, award additional holidays. These will also be considered floating holidays and will not be intended to close the agency as a whole for any specific day.

Historically, the GPCS Board of Directors has considered awarding additional time declared by the Governor to employees as floating holiday time in accordance with GPCS policy.

We propose that the Board of Directors award 12 hours to employees as floating holiday time.

*Action: Approve or Amend additional floating holiday time for GPCS employees.

COMMUNITY SUPPORT SERVICES

October 2023 Board Report

Parent-Infant Education Program (PIEP)

We had 8 referrals to PIEP in August, 7 children were discharged, and we served 64 families with active IFSPs (with another 17 families in the intake process). PIEP is headed to the Powhatan/Goochland County Family Café hosted by Thrive Birth to Five. This is an event for parents/caregivers of children 5 and under to “build relationships with other parents, learn more about early childhood care for your children, and provide insight on childcare gaps and needs in your community.”

We want to build on this to help local families know what’s available out here, so we’re bringing this flyer as a one-stop spot to find out about PIEP, Child Check, the CSB, and the new Grandparents Group starting. In addition to our usual methods of sharing info (emails, posting flyers, websites, social media) we’re trying our hand at using QR codes that will direct people straight to the information they need. This gives people the option to learn as much or as little as they choose in a sitting so that they’re not overwhelmed but also not left wondering “what now?”



The flyer features a light blue background with images of families and children. At the top left, a woman sits on the floor with a child and a dog. At the top right, a man holds a baby. The title "Infant & Toddler Connection of Goochland Powhatan" is in a large, purple, sans-serif font. Below the title is a purple rounded rectangle with the text "Who Are We?". Underneath is a dashed-line box containing a Facebook icon and QR code on the left, and a website icon and QR code on the right. The text in the center describes the program's mission. Below this is another purple rounded rectangle with the text "What Do We Do?". Underneath is a dashed-line box with text describing the program's approach and a list of services. At the bottom, there are three images of children and a purple rounded rectangle with the text "What's Going On?". Below this are two dashed-line boxes with text about "Goochland Child Check" and "Grandparents Raising Grandchildren". At the very bottom, there are two QR codes and the organization's logo, which consists of two stylized figures holding hands in a heart shape.

Infant & Toddler Connection of Goochland Powhatan

Who Are We?

Find us on  We're a local program providing family-centered educational and therapeutic services to infants and toddlers who have or are at risk for developmental delays. We offer free developmental screenings and help families find ways to encourage their child's development and participation in family and community activities  <http://>

What Do We Do?

We meet families where they are, literally & figuratively, to listen to what their priorities are for their child. We share our expertise and ask for theirs so together we can help each child reach their maximum potential.

If you want to get technical - we provide developmental assessments, case management, and therapy as needed including Speech Therapy, Physical Therapy, Occupational Therapy, Developmental Services, and Social Work.

What's Going On?

Goochland Child Check
October 12th & 13th

Grandparents Raising Grandchildren
Weekly starting 10/5

If you've never used a QR code before, open the camera app on your phone and aim it at the QR code at the bottom left. A link should appear that you can follow to get information on the upcoming Child Check event. Now that you're there – share the information with someone else!

Submitted by Jeanine Vassar, PIEP Program Manager

Day Support Services

Monacan Services transitioned to the temporary location at the Pocohontas Landmark Center at the end of August. It has been an adjustment, but the consumers are doing well with the change. Staff and consumers are excited for when we can transition back to the Village Building Center Space.

We continue serve 20 consumers at Monacan Services (18 individuals with DD waivers and two non-waiver).

The beautiful weather has given the opportunity for the consumers to be outside. One of the consumers favorite things to do at the Landmark Center, is to play pickleball on the outside courts. We have started some fun games and the consumers have improved their skills on the court. The consumers have also enjoyed being able to play basketball in the gym often. The consumers are excited for the upcoming Fall season, with scheduled trips to Fruit Hill Orchard and the Pumpkin Patch.



Submitted by Maitlin Ware, Monacan Services Program Manager

Community Support Services

Psychosocial Rehabilitation Services

Pathways

September is recovery month and to highlight that we facilitated groups on managing negative thoughts, coping with stress and self-discovery in recovery. We introduced extended hours this month and had 5 clients participate. We led a mindfulness art exercise & discussion and provided dinner as well as transportation home. Clients remarked that they enjoyed the opportunity to connect with each other outside of day hours and look forward to future activities. Extended hour program activities will vary depending on interest and feedback. We had two referrals, one tour this and we currently have 16 active consumers.

Submitted by Jess Childress, Pathways Program Manager

Developmental Services Support Coordination (ID/DD)

We have 103 active cases. Developmental Services Support Coordinators (SC) continue to support our individuals within the community. The SC and Support Coordinator Program Manager participated in the following trainings or in-service opportunities such as a SIS training, and in-service with CREST and REACH and a lunch & learn regarding Wisdom of Trauma. The SC are working diligently to get our new waiver recipients open to the agency and selecting providers for the services they need.

	September
Active CM (Medicaid)	102
Active CM (Non-Medicaid)	1
Waiver Breakdown	
Community Living	64
Family & Individual	36
Building Independence	1
Active Waiver Total	101
Non-waiver Active CM	2
Total Individuals Served	103
Contracted CM Services	7
Transfers	0
DD Waiver Wait List Numbers	
Priority 1	7
Priority 2	30
Priority 3	35
Wait List Total	72

County	Number of residents on Waiver Waitlist
Powhatan County	46
Goochland County	23
Out of Catchment	3

Submitted by LaTasha Dodson, Developmental Services (DS) Support Coordination Program Manager

In Home Support Services

We are currently serving 12 consumers in our IHSS program. Direct Support Professionals (DSPs) supported consumers in their homes and communities by utilizing a person-centered approach. DSPs supported consumers in their homes by assisting with individual care tasks, activities of daily living, and building life skills.

There were various community activities throughout the month. DSPs supported consumers participating in weekly meetings with the Circle of Friends. In addition, consumers enjoyed a game night at the local library, trips to Kings Dominion, and a visit to the Science Museum of Virginia. In an effort to increase opportunities for community involvement and socialization, our program will host events in the community each month. Consumers will decide on a theme and activity.



Submitted by Veneda Scott, In Home Support Services Program Manager

MHOP

In August the clinicians had 398 total sessions. Currently we have 245 active consumers in MHOP. School-based services are up and running at both localities. Clinicians have been attending training to increase knowledge of Autism and Neurodiversity to better serve kids in our community and make appropriate referrals as needed. We have several upcoming events with community partners that clinicians will be participating and/or speaking at including a local church and a training day at Powhatan Schools.

MH Case Management

In **September 2023**, The Mental Health Case Management Unit was staffed with 4 case managers, a SUD Peer Support Specialist, Mental Health Recovery Coach, and a Program Manager. Case Managers continued to follow up with community referrals and targeted case management services were provided with more visits being conducted in the community with consumers. MHCM program manager and nursing staff have been meeting weekly to ensure all consumers that receive medication management only, are remaining active with prescribers and have maintained stability to maintain eligibility to receive only med services. Casaundra Allen-Cox was hired September 1, 2023, as a Mental Health Recovery Coach. Currently there is an open position for SUD Care Coordinator on the case management team. MHCM Program Manager and the SDA team have worked jointly to increase the utilization of Brian McKeown our Peer Support Specialist, by having him greet consumers and assisting them in completing the paperwork or answering questions if needed.

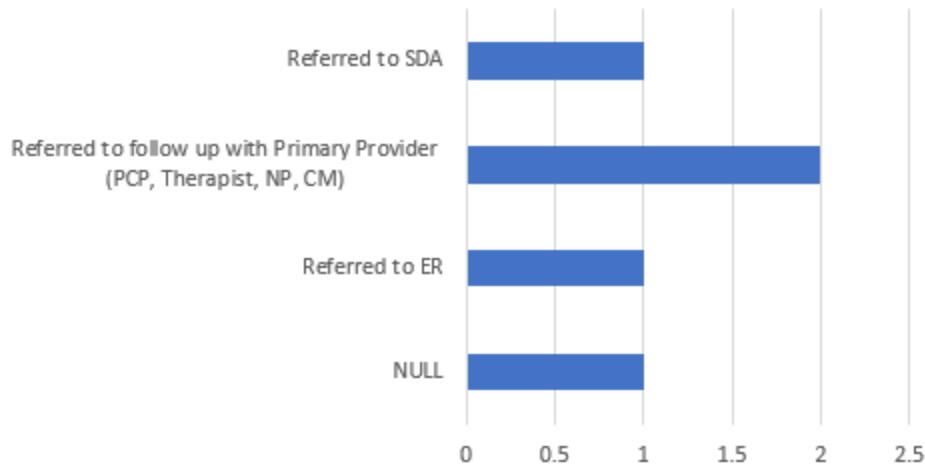
SDA

For FY22-23 we served 315 individuals through our intake process. Over the year we’ve worked to decrease wait times for consumers to be seen for intakes and provided efficient means for gathering information. Our SDA assessments are averaging 90 minutes, which includes the consumer completing paperwork, being seen by an SDA assessor and being provided with a recommendation. This is compared to other Regional SDAs which are stating average times are 120 minutes or more.

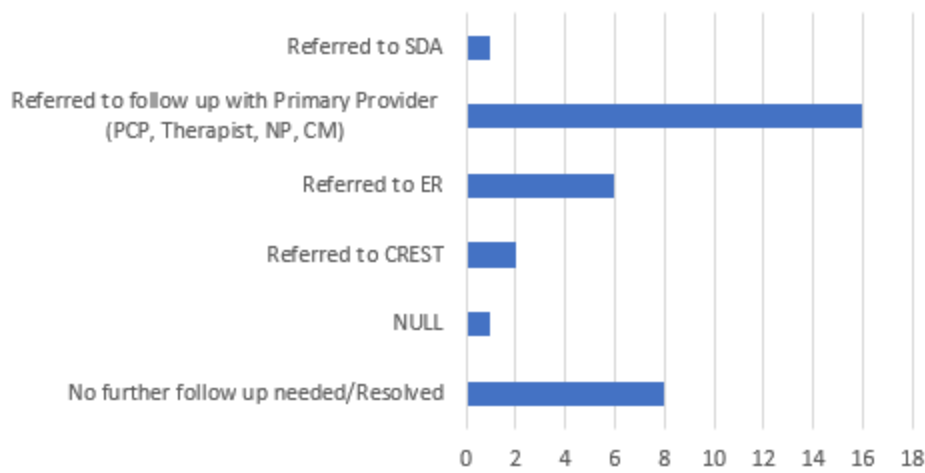
Rolling 13 Months of SDAs													
	July 22	Aug 22	Sept 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	July 23
Total SDAs	17	21	20	28	32	15	23	33	39	26	25	22	15
Location	July 22	Aug 22	Sept 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	July 23
Goochland	7	9	6	9	10	8	8	19	11	7	13	11	6
Powhatan	5	11	9	15	19	6	11	13	22	15	5	11	8
Telehealth	5	1	5	4	3	1	4	1	6	4	3	0	1

Emergency Services: For FY23 our goal was to identify outcomes to crisis contacts. A crisis contact in this instance is identified as a crisis intervention and ES phone call. We have been able to gather documentation for the past three months (June, July and Aug). During this time, we’ve seen five children in crisis and only one resulted in a referral to ER. Emergency Services calls is our second highest crisis service. During FY 23 Emergency Services completed 193 calls.

June-August FY23 Outcomes Children



June-August FY 23 Outcomes Adults



Rolling 13 Months of Crisis Services													
	July 22	Aug 22	Sept 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	July 23
Total Crisis	83	55	68	55	46	35	64	43	53	42	52	59	34
Location	July 22	Aug 22	Sept 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	July 23
Goochland	24	29	26	27	14	11	26	22	16	21	34	38	29
Powhatan	34	19	8	10	11	9	19	12	24	20	15	20	4
Telehealth	13	3	19	6	6	7	6	9	13	1	3	1	1
Other	8	4	9	12	15	5	12	0	0	0	0	0	0
Non-State Med	0	0	6	0	0	3	0	0	0	0	0	0	0
State Hospital	1	0	0	0	0	0	0	0	0	0	0	0	0
Juvenile Detention	3	0	0	0	0	0	0	0	0	0	0	0	0
Service Type	July 22	Aug 22	Sept 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	July 23
HOSP LIAIS	26	25	27	21	7	10	19	16	17	20	21	25	22
ES Phone	21	13	15	7	9	7	22	15	24	14	17	22	7
PRESC ECO	4	0	1	1	1	2	0	1	4	0	1	2	0
PS C-RL NB	5	1	4	3	3	3	0	1	0	0	0	3	0
ECO CR BIL	4	0	1	0	0	1	0	0	0	0	0	0	0
CRISIS	4	1	4	7	8	3	11	3	4	5	5	3	1
C-RL LOG	6	5	0	0	0	0	0	0	0	0	0	0	0
PS OTHER	7	8	10	8	13	4	6	7	3	2	4	2	3
O/C Phone	4	0	1	6	3	4	6	0	0	1	2	1	0
PRE NO ECO	1	1	3	2	2	1	0	0	1	0	2	1	1
NOEC RL B	1	1	2	0	0	0	0	0	0	0	0	0	0

Prevention

Radio advertising is live and running. RSAAC organized an interview between Community Clo, Robyn Hantelman, and Rural Recovery Revue Head Speaker Libby Roberts that is now available for listening on our website: <https://rsaac.org/in-the-news/>

We continue to market the September 30th Rural Recovery Revue event at Powhatan High School. A flyer with an event agenda is attached.

Below is the current traffic for our digital media campaign for Sept.



Recent wins:

QPR Suicide Training-Served 10 VCU students on 8/31/23

We scheduled QPR trainings for: VCU in October and 2 trainings for Goochland County Employees on 11/8/2023.

Lock and Talk Training for multiple churches during September.

MHFA training for 6 people on 9/15.

Chickahominy Health District gained capacity to do Mental Health First Aid. DBHDS gave us permission to reimburse the cost of their books.

Travis Fellows co-facilitated an Adverse Childhood Experience (ACE) class in Petersburg with D19 staff. Almost 60 people came.

Robin co facilitated a virtual class with multiple CSB's that was attended by around 50 people.

Our CSB had a presence at multiple events throughout the month including ESL night at Goochland Schools, multiple church events, and at the Root Revive Training hosted by Robyn Hantelman.

We added a new Val Pak advertisement to promote awareness of fentanyl and the Root Project. Other CSB's liked the ad and adapted our files to fit their needs.

FENTANYL: The Facts

Fentanyl is odorless, tasteless and can be used to make fake pills that are deadly.

BE PREPARED

Carry Naloxone/Narcan



KNOW THE SIGNS

ID an overdose and Act Fast



Learn about free Narcan at <https://gpcsb.org/root/>

Advertise with Valpak of Central Virginia, 800-880-1145

©VPCMS, Inc. 10/2023









Open more great neighborhood deals at valpak.com/ 3155079163

CONTINUOUS QUALITY IMPROVEMENT PLAN

GPCS 2023 CQI Goals	Objectives		Outcomes
Individuals are healthy and safe.	Decrease annual # of late CHRIS SIR entries to 0 within 1 year.		0 late CHRIS SIR Entries
Individuals are satisfied with services.	Consumer Satisfaction Survey responses will be 85% positive for the "Overall Satisfaction" questions on average per program by the end of 2023.		All Programs met the target. Agency average was 99% satisfied w/ 165 respondents
Individual's EHR is in compliance w/ Regulatory Requirements.	Program	# of consumers reviewed	% of target
	MHOP	86	100%
	MHCM	15	42%
	IHSS	8	100%
	DDCM	62	100%
	SAOP	11	92%
	SACM	2	17%
	PIEP	32	100%
	ES	8	67%
Monacan	0, but Monacan does all reviews in the 4 th quarter		

DASHBOARD PERFORMANCE MEASURES

Program	Outcome Measure	Target	12 month rolling average
SDA	Next Appointment Offered	86% offered an appt w/in 10 business days of SDA	90.3% ↓
SDA	Appointment Kept	70% kept an appt w/in 30 calendar days of SDA	88.4% ↓
SUD	Engagement	50% w/ a service w/in 14 days & at least 2 more services w/in 30 days	47.4% ↑
MH/SUD	Child Columbia Screenings	86% had a Columbia w/in 30 days before or 5 days after case opening	73.6% ↓
MH/SUD	Adult Columbia Screenings	86% had a Columbia w/in 30 days before or 5 days after case opening	79.5% ↓
MH	Child DLA-20	35% of MHOP consumers scoring below 4.0 will have a 0.5 growth in their DLA scores in 6 months	50% ↔
MH	Adult DLA-20	35% of MHOP consumers scoring below 4.0 will have a 0.5 growth in their DLA scores in 6 months	50% ↑
All	SMVF status	90% have military status marked	100% ↔
All	SMVF referral	70% of SMVF are provided information about military services	0% ↔

All	SMVF Columbia Screenings	86% of SMVF had a Columbia w/in 30 days before or 5 days after case opening	77% 
MH	Continuity of Care	No target. % of individuals who keep an MHOP non-emergency appt w/in 7 days of discharge from a state hospital.	86% kept at GPCS  93% kept at any CSB
DDCM	Enhanced Case Management	86%	90.40% 
DDCM	TCM	90%	98.7% 
DDCM	Adults w/ ISP w/ employment outcomes	50%	48.1% 
DDCM	Goals for involvement in their community	86%	93.4% 
DDCM	Receive annual physical exam	86%	59% 
DDCM	Receive annual dental exam	86%	50.9% 

CORRECTIVE ACTION PLAN UPDATES

2 MH Outpatient & 1 In-Home Support Services CAPs for late CHRIS entries in 2022	Successfully completed as of 3/31/23
1 In-Home Support Services CAP from 1/23/23 Licensing DD Inspection	Monitoring of completed ISP documentation is ongoing through 12/31/23.

DOJ ADA SETTLEMENT UPDATE

We completed our first year under the Settlement in August, and have accomplished the following:

- ✓ Named and trained an ADA Coordinator and Deputy Coordinator
- ✓ Trained all staff and new hires in the ADA
- ✓ Updated our ADA Plan and Consumer Notice and Grievance Procedure
- ✓ Posted notices regarding services available to deaf and hard of hearing individuals on our website and at our locations
- ✓ Improved our procedures and documentation regarding communication assessments and provision of auxiliary aids and services
- ✓ Created and disseminated a Language Guide to aid staff in accessing interpreters
- ✓ Created and disseminated a Communication Resource document
- ✓ Met with the Virginia Department of Deaf and Hard of Hearing regional office and learned about the Technology Assistance Program
- ✓ Purchased and deployed Pocket-Talkers at each location for hard of hearing individuals
- ✓ Completed an agency self-assessment, including facility checklists of all our locations