

GPCS BOARD MEETING AGENDA

June 1, 2026 at 4:30 P.M.

Pathways (Goochland)

- I. GPCS Board Member appreciation
- II. Minutes of the May 4th, 2026 Board Meeting
Pages: 2-5
***Action: Approve or amend May 2026 minutes.**
- III. Public Comment
- IV. Review of Internal Controls, Risk Management, and Fraud Prevention Measures
Pages: 6
***Informational**
- V. Presentation: Budget for FY27
Pages: 7
***Action: Approve or amend the proposed budget for FY27**
- VI. Facility Updates
Pages: N/A
***Informational**
- VII. Reports
 - a. Board Chair
 - b. Senior Developmental Services Director
 - c. Senior Clinical Director
 - d. Senior Administrative Director
 - e. Executive Director
 - f. Other Reports***Informational**
- VIII. Closed Session: Annual performance evaluation for the Executive Director
Pages: N/A
***Action: Motion to enter closed session, and certification of closed session actions taken at end of session.**
- IX. Adjourn

Next Meeting: August 3, 2026.

Location: Village Building Conference Room in Powhatan

GOOCHLAND POWHATAN COMMUNITY SERVICES
MINUTES
May 4, 2026

Goochland Powhatan Community Services Board of Directors held its May 2026 meeting on Monday, May 4, 2026, in Goochland.

Present

Marcus Allen
Michael Asip
Rudy Gregory
Stephen Hancock
Joyce Layne-Jordan
Sandra Leabough
Crystal Neilson-Hall
Linda Revels
Hannah Robicheau
Erin Tierney-Butler

Absent

Staff Attending

Toby Fritz
Lateshia Brown
Lisette Edwards
Carinne Kight

Welcome

Mike Asip welcomed all attending Board members and thanked them for joining the meeting. There were no additions to the agenda.

Minutes

The minutes of April 2026 meeting were reviewed for approval. No edits were noted.

ACTION: A motion to approve the April 2026 meeting minutes was made by C. Neilson-Hall and seconded by E. Tierney-Butler. All in favor, no opposition. The motion carried.

Public Comment

None

FY27 Board Officers (Chair, Vice-Chair and Secretary)

Marcus informed the Board that, in accordance with annual procedure, the Board is required to elect new officers. Nominations were presented as follows: Chair: Mike Asip, Secretary: Joyce Layne-Jordan, Vice Chair: Crystal Neilson-Hall and Hannah Robicheau. Marcus asked for any comments, questions, or concerns regarding the slate of nominees as presented. None were raised.

Because voting would occur as a single slate, Marcus invited brief background statements from the Vice Chair nominees. Crystal shared that she is committed to continuing her service, noting that she has one year remaining before reaching her term limit. This marks her sixth year on the Board.

Hannah provided a summary of her background. She has experience in school and clinic settings and expressed enthusiasm for being considered for a leadership role to further support the committee's work. A motion was made to close discussion and proceed to a vote. Final vote results were tallied and the slate of officers for FY27 is Chair, Mike Asip, Secretary, Joyce Layne-Jordan, Vice Chair, Hannah Robicheau.

ACTION: A motion to accept the votes as tallied and certify the FY27 slate of officers was made by S. Hancock, seconded by R. Gregory. All in favor, no opposition. The motion carried.

FY 2026 nine-month YTD financial report

Toby presented the nine-month financial report to the Board. He noted that expenses remain in line with expectations for the third quarter. Overall, the agency is operating with a positive balance of \$315,000 at the close of the nine-month period.

Presentation: Draft Budget for FY27

Toby presented the draft budget for the upcoming fiscal year, showing an initial deficit of approximately \$34,000. Toby emphasized that this is an early draft, and a finalized budget will be presented at the next meeting. He noted that the team is reviewing potential cost adjustments and is confident that a level budget can be achieved for the upcoming fiscal year. However, he expressed concern about FY28 due to the anticipated costs associated with the new building.

The Board reviewed the FY27 expense breakdown, with Toby noting that approximately 82% of costs are personnel related. Toby also explained that within the remaining 18%, there is limited flexibility for reductions, as those expenses are essential to ongoing operations. He further reported that 83% of the agency's revenue is restricted funding, which limits how dollars can be allocated. One ongoing challenge has been the lack of an increased allocation from Goochland County for the second consecutive year, though the team is continuing to work through the impact of this. The Board further discussed concerns regarding upcoming Medicaid changes and the potential effects on the agency.

Facility Updates

Toby provided an update on the new building project and shared a current photo of the site. He reported that the septic tank has been installed, and an alarm system will be in place to alert staff in the event of any issues with the septic pump. Framing and roofing work are currently underway. Toby noted that the drain field will be in the area designated for the parking lot; once that installation is complete, the parking lot will be roughed in. During a recent walkthrough, the team identified the need to discuss the layout of the multi-purpose room, including selecting an appropriate divider. Toby also confirmed that the building should be equipped with high-speed fiber through Verizon.

Reports

Board Chair –

Mike thanked the staff and Toby for providing an informative tour of the new building. He also recognized Rick for doing an excellent job leading the tour and explaining the project details.

Mike expressed his appreciation to all candidates who ran for officer positions.

He raised the importance of being prepared to address any public questions related to fraud. Board members were encouraged to review the provided one-page summary; any questions can be discussed at the next meeting.

Mike also noted that he had forgotten to mention at the previous meeting that Crystal was selected as the Rookie Teacher of the Year in Goochland County. The Board congratulated her on this achievement.

Senior Developmental Services Director –

Lateisha reported to the Board that there has been some staffing movement on the developmental services team as a Monacan Services Direct Support Professional (DSP) has resigned. She also reminded the Board that the agency continues to offer a sign-on bonus for part-time DSPs. Board members were encouraged to refer any interested candidates to the agency's website to apply. Lateshia added that the primary qualifications are a high school diploma and a passion for working with individuals with disabilities.

Senior Clinical Director –

Lisette reported that her team has been looking into private and federal grants to assist with budget planning for the upcoming fiscal years. She noted that in June two new clinicians will be starting, filling an emergency services vacancy and a school-based vacancy.

She further reported that the clinical services team is in the beginning stages of planning for Hopefest. It will be August 29th this year and she'll provide more details as planning progresses.

Senior Administrative Director –

Carinne reported that the preliminary audit for FY26 was completed at the end of April, and the independent financial auditors indicated that everything appears to be in good order. The auditors will return later in the summer to complete the full FY26 audit.

Carinne also reviewed current vacancies in In-Home Support Services for part-time DSPs, as well as a full-time DSP position at Monacan, which has recently closed. She highlighted the positive impact of the Bamboo HR system in increasing the number of applications and potential candidates, while also acknowledging that it has resulted in additional review responsibilities for managers.

Executive Director –

Toby provided updates on several operational initiatives. He reported that the agency is moving forward with ClinicallyAI, Docusign, and other tools that are currently supported through a three-year grant. These systems are part of broader efforts to improve processes and secure grant funding to sustain enhancements over time.

He also discussed progress on the Great Place to Work (GPTW) initiative. Employee-led sprint teams have been established and will meet over a 4–6-week period to develop recommendations addressing areas where survey scores were lower. Another GPTW survey will be conducted later this year to measure progress.

Toby shared a success story highlighting the long-term impact of GPCS services. He described an individual who first came to the agency as an eight-year-old child in crisis. Over the years, Support Coordinators, Mental Health Case Managers, and community partners provided consistent wraparound support, even though periods of legal involvement and significant behavioral challenges. Today, the individual's charges have been dismissed, his anger has decreased, he is working toward his GED, and he has rebuilt a positive relationship with his family, demonstrating the power of sustained, coordinated care. He noted that Lisa Williams, Shenika Eldridge, Cat Burgess, and Ravyn Turner played pivotal roles in

this individual's progress, and that their dedication and hard work were fundamental to making this a true GPCS success story.

The Board reviewed the QA quarterly dashboard. Toby noted the lower Columbia scores for the quarter and explained that the team is conducting a deeper analysis to identify opportunities for updates and improvements.

At approximately 5:19 p.m., S. Hancock moved that the Board convene in a closed meeting pursuant to Virginia Code § 2.2-3711. for Discussion, consideration, or interviews of prospective candidates for employment; assignment, appointment, promotion, performance, demotion, salaries, discipline, or resignation of specific public officers, appointees, or employees of any public body. R. Gregory 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. Allen to certify conformity of the closed meeting and to reconvene the regular session, seconded by L. Revels. All members affirmed this.

The meeting was adjourned at 5:36 pm.

Joyce Layne-Jordan, Secretary

Date

JLJ/ck

Internal controls and fraud prevention measures at GPCS.

Governance & Fiduciary Oversight

- **Board Responsibility:** The Board of Directors maintains fiduciary oversight, which includes safeguarding assets, approving the annual budget, and approving policy and procedure that govern staff financial monitoring.
- **Independent Audits:** GPCS undergoes annual independent financial audit to ensure compliance with Department of Behavioral Health and Developmental Services (DBHDS) requirements as well as public accounting requirements, including those established by GASB.
- **Risk Management:** A designated Compliance Director serves as the Risk Manager, overseeing the annual Risk Management Plan and leading a Critical Incident Team (CIT) to analyze data and recommend improvements.

Financial Internal Controls

- **Segregation of Duties:** Financial tasks are assigned so that no single individual manages all phases of a transaction. For example, in the reimbursement process, one person performs the intake while another performs file verification.
- **Purchase Authorizations:** Expenditure requests are approved based on defined thresholds:
 - Up to \$500: Program Directors or designees.
 - \$501 – \$15,000: Executive Director or Purchasing Specialist.
 - Major Purchases/Capital Assets: Require Board of Directors approval.
- **Payroll Verification:** Prior to entry into the payroll system, across the board pay rate changes require Board approval while the Executive Director approves individual pay rate adjustments for performance, licensure, or other factors necessary to ensure equity and manage compression. Hourly timesheets must be approved by a direct supervisor. Payroll is entered by the Business Support Generalist-Payroll and is not processed until reviewed and approved by the Senior Director of Administration.
- **Asset Management:** Capital assets exceeding a \$10,000 threshold are identified for capitalization and logged onto a maintained asset list.
- **Financial Reconciliations:** The Finance Director performs monthly reconciliations between bank statements, the Munis accounting system, and receipts to resolve any discrepancies. These are reviewed to ensure accuracy and signed off on by senior director of administration.
- **Credit Card Oversight:** Agency credit card use requires pre-approval and submission of receipts for monthly reconciliation by the Business Support Generalist.

Fraud Prevention & Revenue Integrity

- **Identity Verification:** Individuals must present government-issued photo identification at every visit to ensure services are provided to the correct person and to prevent fraud.
- **Fraud Reporting:** Established policies require reporting suspected fraud, waste, or abuse to the Reimbursement Supervisor and Senior Director of Administration for investigation.
- **Clinical Oversight:** Managers conduct regular reviews of staff schedules, caseloads, and documentation to verify service appropriateness and accuracy.
- **Billing Integrity Checks:** Reimbursement staff cross-reference clinical notes with billing details (e.g., verifying "in-person" vs. "telehealth" status) to identify and correct discrepancies before submission.
- **Automated Segregation of Duties:** The EHR system (Credible) automatically generates Medicaid billing based on service entries, which is then independently processed by reimbursement staff.
- **Electronic Payment Reconciliation:** Medicaid payments are received electronically and applied directly to billed claims within the system to ensure transaction transparency.
- **Transportation Controls:** Medicaid transportation billing requires a dual-authorization process involving driver signatures and supervisor verification of routes and mileage.
- **Monthly Fraud Screenings:** All staff undergo background checks at hire and are screened monthly against the Office of Inspector General (OIG) exclusion list to ensure no individuals with a history of fraud are employed.
- **Mandatory Compliance Training:** Employees involved in billing must complete specialized training on preventing Medicare and Medicaid fraud, waste, and abuse

GOOCHLAND POWHATAN COMMUNITY SERVICES
ALL PROGRAMS COMBINED
BUDGET
FY 2027

Account Description	FY 2025	FY 2026	FY 2027	Difference	Note #
	Actual	Approved	Budget		
EXPENSE					
PERSONNEL					
Total Salaries and Wages	\$6,032,572	\$5,809,213	\$5,929,645	\$120,432	
Total Fringe	\$1,498,498	\$1,598,766	\$1,643,105	\$44,339	
Total Personnel Services	\$7,531,070	\$7,407,979	\$7,572,749	\$164,771	
OPERATIONS					
Total Staff Development	\$34,179	\$31,785	\$20,537	(\$11,248)	
Total Facility Expense	\$210,454	\$198,649	\$210,865	\$12,217	
Total Supplies	\$190,202	\$193,185	\$196,808	\$3,623	
Total Travel Expense	\$128,946	\$162,648	\$154,530	(\$8,117)	
Total Consultants	\$472,917	\$507,880	\$528,856	\$20,976	
Total Misc. Expense	\$131,074	\$120,520	\$120,931	\$411	
Total Operations	\$1,167,772	\$1,214,666	\$1,716,634	\$501,968	Includes one-time grant of \$484,106.29
TOTAL EXPENDED	\$8,698,842	\$8,622,645	\$9,289,383	\$666,738	
INCOME					
State Income - MH	\$2,753,436	\$2,837,611	\$3,283,255	\$445,645	
State Income - DD	\$510,937	\$571,511	\$595,571	\$24,060	
State Income - SA	\$612,163	\$620,575	\$606,014	(\$14,562)	
Federal Income	\$595,855	\$522,907	\$553,021	\$30,114	
Goochland County	\$411,928	\$498,836	\$498,837	\$1	
Powhatan County	\$411,928	\$432,524	\$454,149	\$21,625	
Fees:				\$0	
Medicaid SPO	\$1,276,985	\$1,256,979	\$1,176,718	(\$80,261)	
Medicaid Waiver	\$689,989	\$746,274	\$767,705	\$21,431	
Medicaid Transport	\$20,000	\$20,000	\$22,000	\$2,000	
Schools	\$402,721	\$108,000	\$222,500	\$114,500	
Direct & Third Party	\$451,066	\$480,818	\$484,364	\$3,546	
Work Contracts	\$0	\$0	\$0	\$0	
Program Activities	\$5,143	\$2,783	\$0	(\$2,783)	
PIEP Part C	\$259,266	\$296,402	\$314,186	\$17,784	
Reinvestment	\$177,425	\$177,425	\$177,425	\$0	
Restricted-Grant	\$0	\$0	\$0	\$0	
Reserves	\$0	\$0	\$0	\$0	
Miscellaneous	\$120,000	\$50,000	\$133,639	\$83,639	
TOTAL INCOME	\$8,698,842	\$8,622,645	\$9,289,384	\$666,739	
BALANCE	\$0	(\$0)	\$0		

Notes:

**DEVELOPMENTAL SERVICES
June 2026 Board Report**

Parent-Infant Education Program (PIEP)

We've had 8 referrals to PIEP so far in May, 4 children were discharged, and we're serving 67 families with active IFSPs (another 15 in the intake process).

A recent study published on the NIH website from JAMA (Journal of the American Medical Association) provides additional evidence of the effectiveness of Early Intervention, this time linking participation with 3rd grade standardized testing. For the full article, go to <https://pmc.ncbi.nlm.nih.gov/articles/PMC12887746/> or search the title, Early Intervention Developmental Programming and Childhood Academic Outcomes.

Measuring academic skills in 3rd grade is already an established indicator of life-long educational success, so using a cohort study to see how our Early Intervention graduates compare to their peers on these tests 5-8 years later is more evidence of what we already knew. Early Intervention changes the course of kids' lives. This particular study was only able to access data from one area of one state, but the significant impact shown should open doors for additional research to quantify the effectiveness of providing support in those first couple years.

Submitted by Jeanine Vassar,
Program Manager, Parent-Infant Education Program

Developmental Services Support Coordination (ID/DD)

Active CM (Medicaid)	111
Active CM (Non-Medicaid)	0
Waiver Breakdown	
Community Living	58
Family & Individual	52
Building Independence	1
Active Waiver Total	111
Non-waiver Active CM	0
Transfers	0
Total Individuals Served	111
DD Waiver Wait List Numbers	
Priority 1	3
Priority 2	32
Priority 3	37

Developmental Services Support Coordinators empower independence by linking individuals to vital community resources while prioritizing health, safety, and proactive advocacy. At the core of our mission is a commitment to ensuring the well-being of those we serve, providing them with the necessary tools to thrive within the community.

To better serve our community, the Developmental Services Support Coordination team is implementing a new process to streamline access and improve how we complete developmental disability (DD) waiver waitlist assessments. Beginning July 1, 2026, families will be able to visit the office for walk-in assessments.

To facilitate this initiative, a Support Coordinator will be on-site and available two days a week to complete assessments and answer questions.

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

Day Support Services (ID/DD)

Monacan Services

Monacan Services is currently in the process of hiring a new DSP. Interviews have been completed, and we are hopeful to have a new team member joining us soon. Monacan Services continues to serve 20 funded consumers in the program.

Monacan has been enjoying the warmer weather and spending more time outdoors. The consumers have enjoyed taking walks around the village area and, on warmer days, utilizing the Pocahontas Landmark Center to play basketball, pickleball, and ping-pong. We've also been busy creating wonderful art projects in celebration of Mother's Day and Father's Day.

Submitted by Maitlin Ware,
Program Manager, Monacan Services

Developmental Services Quality Assurance

During May, the Developmental Services Quality Assurance (DS QA) Coordinator continued to monitor data and compliance with DBHDS and DMAS. Data from both the internal DD Dashboard and DBHDS was reviewed during the month. The Health Services Advisory Group (HSAG) continued its review of Support Coordinator services, and the DS QA Coordinator maintained contact with HSAG to ensure a smooth process. The file review portion of the HSAG assessment is now complete; in June, HSAG will begin interviewing Support Coordinators. Additionally, the DS QA Coordinator collaborated with the Support Coordinator Manager to prepare for the upcoming Support Coordinator Quality Review (SCQR) in June.

Submitted by Naomi Robinson,
Developmental Services Quality Assurance Coordinator

In-Home Support Services:

The In-Home Support program is currently serving 14 individuals. We recently welcomed one new person to the program, and we're excited for another to start this June. Our dedicated staff continue to focus on helping individuals grow and stay connected to their communities. A great example of this is one individual worked with their Direct Support Professional (DSP) to plan a weekly lunch menu, shop for ingredients, and cook at home once a week instead of eating out.

Out in the community, everyone has been staying busy with a mix of favorite routines and new adventures. Regular outings included trips to local libraries, parks, the YMCA for a swim, Sky Zone, the nail salon, bowling, movies, and plenty of shopping and dining out. We also switched things up this month with a couple of new activities, including a fun day at a local mall carnival and a trip to the Science Museum. DSPs continue to provide daily support with essential household chores, helping individuals stay on track with laundry, dishes, vacuuming, and recycling.

Submitted by Lisa Williams,
Program Manager, In Home Support Services

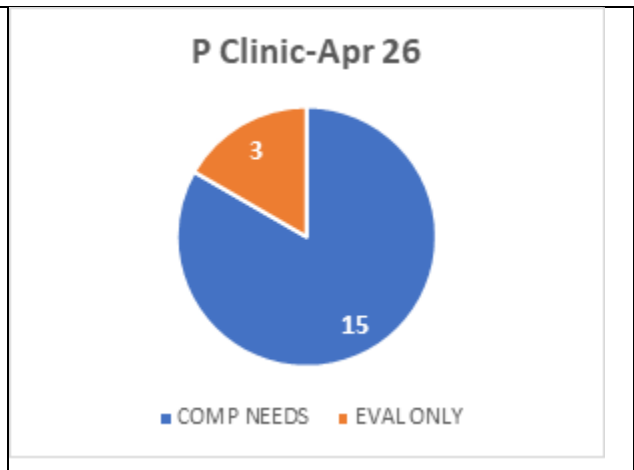
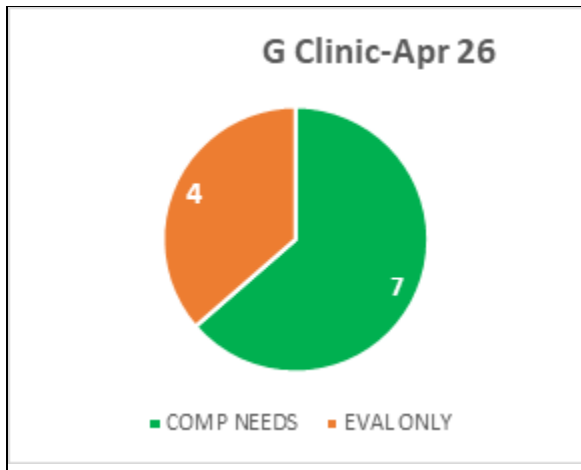
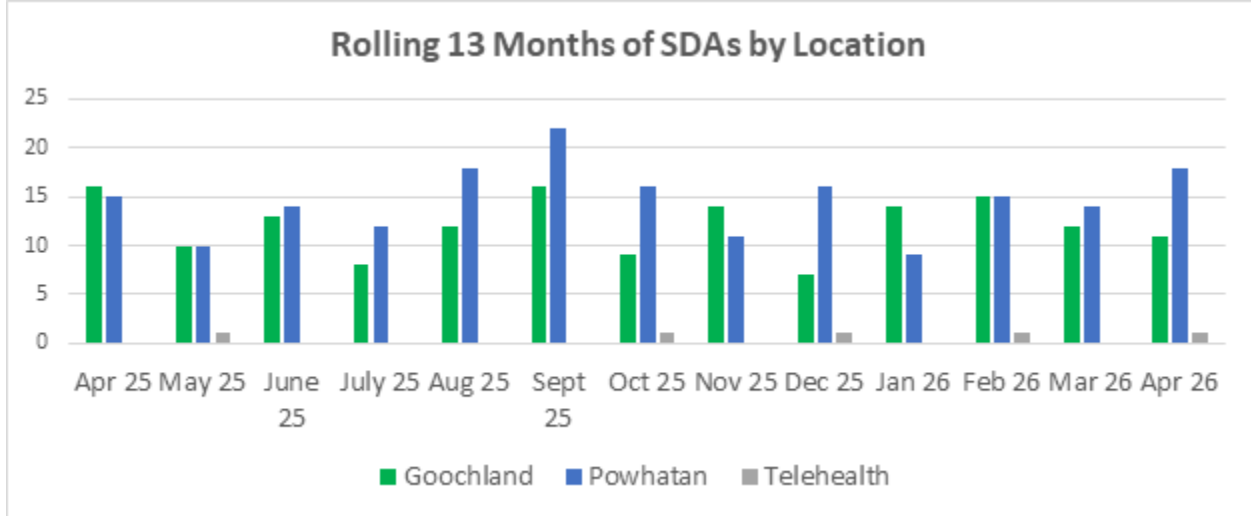
Developmental Services

Clinical Board Report April 2026

Emergency Services/Access Team

SDA:

In April 2026, the Access Team completed 30 Same Day Access (SDA) assessments, including 7 Substance Use Disorder (SUD) evaluations. Of these, 18 assessments were conducted at the Powhatan Clinic, 11 at the Goochland Clinic and one telehealth assessment.



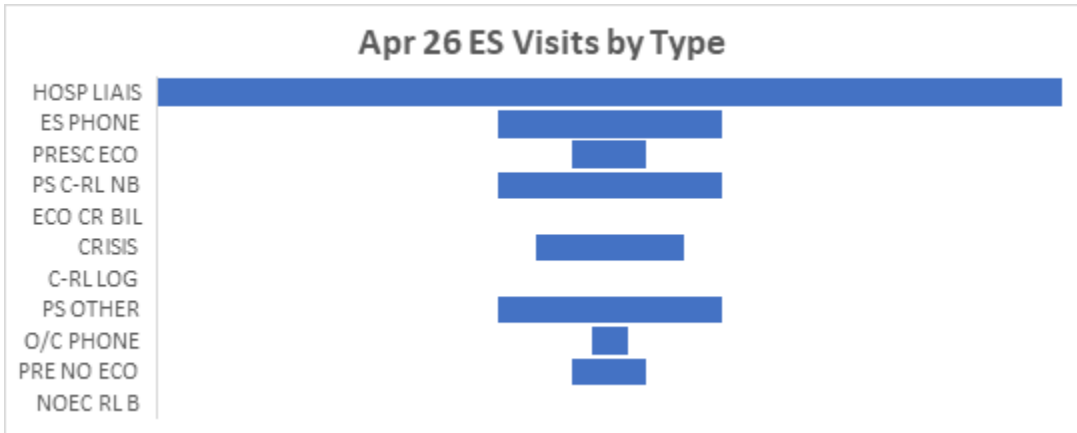
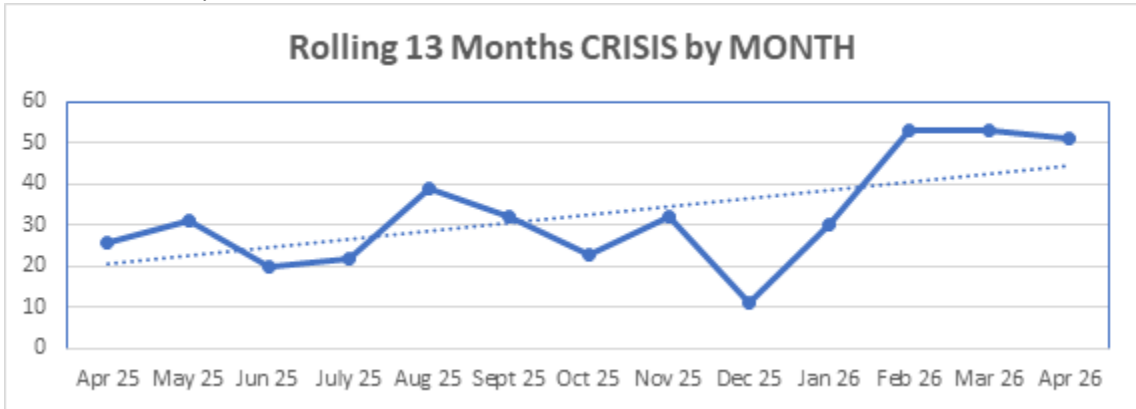
During the review period, the ES Manager and Senior Clinical Director attended the Restoration Meeting for the 11th Judicial District of Virginia to learn more about the systemic challenges related to inpatient and outpatient restoration clients. In addition, an offer was extended to a candidate for the Emergency Services Clinician position, and Hadie Romero accepted. Hadie's first day with our agency will be June 1, 2026.

Emergency Services:

The Access Team provided a total of 51 emergency services this month, including:

- 24 hospital liaison visits
- 6 Emergency Services (ES) phone calls
- 4 crisis interventions

- 2 prescreen evaluations conducted under an Emergency Custody Order (ECO)
- 6 prescreen evaluations completed by other Community Services Boards (CSBs)
- 2 prescreen evaluations conducted without an Emergency Custody Order (No ECO)



The Emergency Services Manager continues to participate in recurring meetings related to facility referrals through the statewide Behavioral Health Link (BHL) platform. These meetings provide ongoing opportunities to review system updates and ensure alignment with current referral processes.

In addition, the Emergency Services Team was represented at the recurring Region 4 Emergency Services Partners meeting by the ES Manager and Senior Clinical Director. This meeting brings together partner agencies involved in supporting individuals experiencing mental health crises. Topics discussed included TDO evaluations on medical units, data collection, hospital updates, and Region 4 program updates.

On April 28, 2026, the Emergency Services Manager also participated in a meeting focused on discussing and developing policies and procedures for the Regional Transportation Project. Topics discussed during the meeting included approval processes for transportation requests, management of clients awaiting admission or discharge, screening criteria, and the development of safety screening procedures.

Mental Health Outpatient:

- MHOP: 366 clients (173 child, 193 adults)
- SUDOP: 34 clients (2 youth and 32 adults)
- Medication Management: 169 psych visits

SBS: 82 students

FAPT: 4 open cases we are managing

Events:

Rural CSA training day at Elk Hill-2 staff attended to network and learn more about IFSP development and community resources FFT and Home builders.

Goochland Schools Fun Run- 4 staff came to staff a table to represent GPCS and share mental health resources for Mental Health Awareness week at the school.



Substance Use and Mental Health Recovery Team:

The Substance Use and Mental Health Recovery team continues to provide Clinical and case management services to clients, Peer led community groups, Mobile Outreach supports, and Acu-detox to the community and during Powhatan Community Matters programming. Our Peer Recovery Specialists facilitated community groups in Goochland and Powhatan to support those in recovery or those supporting someone in recovery, and we have had an increase in the number of community members attending groups each week! The peers supported 8 individuals in direct peer services and continued to support outreach tabling events and prepare for providing resources at the upcoming Goochland and Powhatan Farmer’s Markets.

Our Substance Use clinicians conducted 43 group and individual therapy sessions for our substance use and Office Based Addiction Treatment clients. Our clinical team had the opportunity to tour the St. Joseph’s Villa youth crisis receiving center and crisis stabilization unit this month and learn about the potential support options for those youth in crisis in our region.

Our Mental Health Case Management team conducted 60 case management visits and continue to provide wrap-round supports to 60 consumers to ensure timely access to psychiatric, medical, and community services, with 2 successful case management discharges. Our Substance Use Case manager/Care Coordinator successfully supported 2 clients in securing treatment in higher levels of care to ensure appropriate wrap around supports for recovery services.

Behavioral Health & Wellness Team:

In April, the Behavioral Health & Wellness team continued expanding prevention training, community partnerships, and regional collaboration efforts across Goochland and Powhatan. Staff delivered a Question, Persuade, Refer (QPR) suicide prevention training for Goochland

Powhatan Community Services Board staff members, training seven participants in suicide prevention awareness, intervention, and referral skills.

The team also partnered with the Chickahominy Health District to provide Adult Mental Health First Aid training, serving eight participants. This collaboration continued ongoing efforts to strengthen community capacity to recognize and respond to mental health concerns and crises. In addition, staff completed another Adverse Childhood Experiences (ACEs) Kintsugi training for Goochland Powhatan Community Services Board staff, serving six participants through the hands-on, trauma-informed resilience workshop model.

Community outreach efforts continued throughout the month. Staff supported Goochland County Public Schools by participating in the school Color Run mental health event and providing a resource table to connect students, families, and community members with behavioral health and prevention information. The team also continued planning efforts for the upcoming HOPE Fest event in collaboration with community partners.

The Young Adult Survey was extended through mid-May, and outreach efforts continued to encourage participation among individuals ages 18–25. At the time of this report, the survey had reached 18 completed responses as staff continued building community partnerships and targeted outreach strategies to engage this population.

Regionally, staff remained actively involved with Be Well VA and continued helping coordinate upcoming virtual suicide prevention and gambling prevention events for the Central Virginia region. Team members also continued participation in ongoing committees, initiatives, and prevention workgroups related to gambling prevention and behavioral health outreach. Throughout the month, the team completed all required reporting activities, including the State Opioid Response quarterly report and the Regional Suicide Prevention Initiative quarterly report, while continuing to support prevention partnerships and community engagement efforts across the service area.