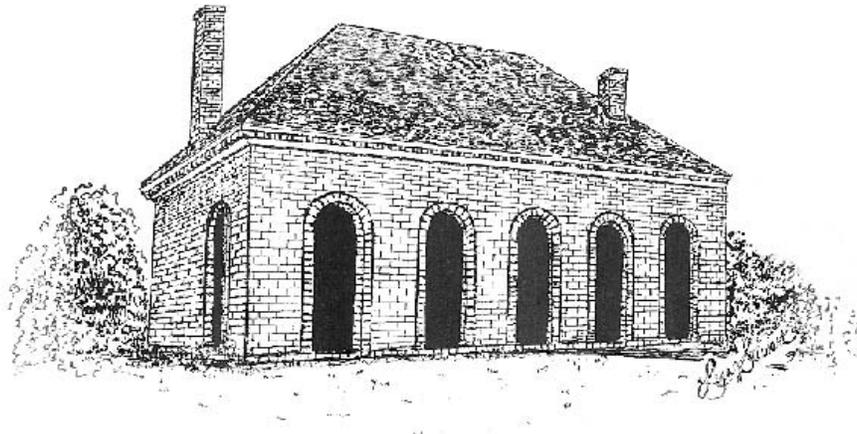


BOARD MEETING PACKET

PREPARED FOR
HANOVER COUNTY COMMUNITY SERVICES BOARD



MEETING DATE	October 19, 2020
MEETING TIME	5:30 p.m.
LOCATION	Hanover Community Services Board Conference Room 12300 Washington Highway Ashland, VA 23005

STATEMENT OF MISSION

We partner with individuals to provide supports and services in the areas of

- Mental Health
- Developmental Disabilities
- Substance Use Disorders

in their efforts to lead satisfying and productive lives in their communities.

AGENDA
HANOVER COUNTY COMMUNITY SERVICES BOARD

October 19, 2020 – 5:30 p.m.
Hanover County Human Services Large Conference Room
12300 Washington Highway, Ashland, VA 23005

The Hanover County Community Services Board, an administrative policy body, is comprised of county residents appointed to set policies for the provision of mental health, developmental disabilities and substance use disorder services.

Among other duties, the HCCSB reviews and evaluates services and facilities, ensures compliance with the annual performance contract, approves a schedule of fees and advocates on behalf of county residents.

5:30 p.m. – Call to Order and Welcome

Work Session: DOJ Settlement Agreement Update

6:30 p.m. – General Business

- 1. Reconvene**
- 2. Donations**
- 3. Public Comments**
- 4. Approval of Minutes – September 21, 2020 Board Meeting**
- 5. Executive Director’s Report**
- 6. Chairperson’s Report**
 - a. Work Session Planning**
 - b. Other Items**
- 7. Board Member Updates & Activities (to include Board Liaison Reports)**
 - a. Jean C. Harris Award Committee**
 - b. Public Awareness Committee**
 - c. Other Items**
- 8. Action Item - Rules of the Board Review Committee – Adoption of Revisions**
- 9. Adjourn**

Next Regularly Scheduled Meeting: November 16, 2020, 5:30 p.m.
Hanover County Human Services Large Conference Room
12300 Washington Highway, Ashland, VA 23005

BOARD OF SUPERVISORS

AUBREY M. STANLEY, CHAIRMAN
BEAVERDAM DISTRICT

SEAN M. DAVIS, VICE-CHAIRMAN
HENRY DISTRICT

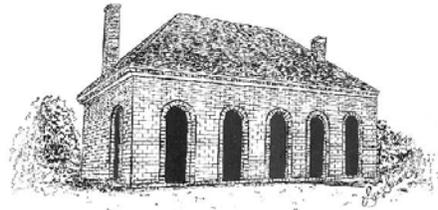
SUSAN P. DIBBLE
SOUTH ANNA DISTRICT

F. MICHAEL HERZBERG IV
COLD HARBOR DISTRICT

ANGELA KELLY-WIECEK
CHICKAHOMINY DISTRICT

W. CANOVA PETERSON
MECHANICSVILLE DISTRICT

FAYE O. PRICHARD
ASHLAND DISTRICT



HANOVER COURTHOUSE

COMMUNITY SERVICES BOARD

IVY T. SAGER, MSW
EXECUTIVE DIRECTOR

12300 WASHINGTON HIGHWAY
ASHLAND, VIRGINIA 23005

PHONE: 804-365-4222
FAX: 804-365-4252

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HANOVER COUNTY

ESTABLISHED IN 1720

JOHN A. BUDESKY
COUNTY ADMINISTRATOR

MINUTES - DRAFT
September 21, 2020

Members Present	Members Absent	Others
Anne Cross	Scott Bateman	Lorrie Ann Booker
Jeanie Edwards	Sean Davis	Gabriella Caldwell-Miller**
Amy Gregory**		Katie Donhauser
Hamilton Holloway		Joelle Inge-Messerschmidt**
Ryan Hudson*		Bernie Jordan**
Jim Hunt		Ivy Sager
Gary D. Perkins (6:22pm)		Jim Taylor**
Margaret Perkinson		Martha Lambert**
Lori Spain		
Melissa Young		
		**By Zoom Video
		* By Telephone

Call to Order

The meeting was called to order by Hamilton Holloway, Chairperson, at 5:36p.m. at the Hanover Department of Social Services conference room, 12304 Washington Highway, Ashland VA 23005.

The following members were present: Anne Cross, Jeanie Edwards, Amy Gregory (joined by Zoom from her home due to the current public health emergency), Hamilton Holloway, Ryan Hudson (joined by telephone from his home due to the current public health emergency), Jim Hunt, Gary D. Perkins (6:22pm), Margaret Perkinson, Lori Spain and Melissa Young.

Work Session

Behavioral Health Wellness response to COVID and other updates presented by Martha Lambert.

Donations

The following donation was moved for acceptance by Melissa Young, seconded by Jeanie Edwards, passing unanimously: The Estate of Larry Elliott Brewer donated household items with an approximate value of \$500.00 to be provided to a client moving into his own apartment.

Public Comments

None

Minutes

Hamilton Holloway asked that the minutes of the August 17, 2020 meeting be amended to add Amy Gregory as a Member Present.

Mr. Perkins asked for clarification around the purpose and content of the Board minutes. Katie Donhauser, Senior Assistant County Attorney, spoke to the minutes as being a meeting summary to include details of action items, as required by state law. Discussion ensued.

Margaret Perkinson moved that the minutes of the August 17, 2020 Board meeting be approved, as amended. Anne Cross seconded the motion. The motion carried, with Anne Cross, Jeanie Edwards, Amy Gregory, Hamilton Holloway, Ryan Hudson, Jim Hunt, Margaret Perkinson, Lori Spain, and Melissa Young voting in favor of approval, and Gary D. Perkins voting against approval.

Executive Director's Report

Ivy Sager began by calling attention to the VACSB Public Policy Brochure inside the VACSB folder, found on each table and noted that further discussion about legislative activity would be covered under the Chairperson's report.

Ms. Sager announced that day programs, specifically Day Health and RAFT, are working towards an October 1 reopening of "in person" programming. She noted the following: reopening plans are being reviewed by the Health Department and Human Resources, each program will operate under reduced capacity each day and will rotate participation, and enhanced cleaning protocols will be in place.

Ms. Sager spoke to clinical staff continuing to provide limited face-to-face services while working towards returning to a new normal.

Jim Hunt asked about attendance at RAFT. Ms. Sager responded that RAFT and Day Health are planning on around 10 participants a day.

Ms. Sager announced that Anne Cross and Hamilton Holloway will be participating in the October VACSB Public Policy Conference, which will be held in a virtual format.

Ms. Sager spoke to final preparations for next week's CARF Survey and provided an update on staff efforts on Strategic Priorities, mentioning that agency teams submitted very comprehensive recommended objectives.

Melissa Young asked about the uptick in the number of citizens self-selecting to leave and return to complete the SDA process. Gabriella Caldwell-Miller offered it is not the wait time, but more of planning for the 2-hour process that seems to be impacting this data.

As follow-up to information provided in the Director's Report, Dr. Caldwell-Miller spoke to STEP VA Trauma Informed Training requirements and highlighted the recent suicide risk training many of the clinicians have participated in along with new strategies for those at risk.

Bernie Jordan then addressed the DOJ settlement reporting and data requirements. Ms. Sager described the ongoing disconnect many CSBs are experiencing once the data has been submitted and then extrapolated by DBHDS.

Mr. Jordan offered additional information on the COVID-related facilities enhancements, which include socially distanced seating, hard barriers, and one-way traffic flows. He went on to mention new plans for portable barriers and face shields.

Ms. Sager called attention to the Disability Waiver Services handout found on each table. Joelle Inge-Messerschmidt reviewed the three different types of waivers and provided an update on available waiver slots. Ms. Sager gave a brief history on waivers.

Ms. Sager also called attention to the dashboard documents included in the packet, highlighting the following: changes in the Prevention data, Same Day Access thirteen month rolling data and the “no show” related graphs including only data from FY21 YTD. Ms. Sager then spoke to the Emergency Services “Early Intervention Services” category and indicated it is in that category that data related to the School Based Clinician program will be captured.

Mr. Perkins asked for clarification around of social media engagement specific to the Prevention data. Ms. Sager referred to the Behavioral Health Wellness work session in which Martha Lambert spoke to direct services as well as social media engagement including analytics that track “reach” through social media.

Chairperson’s Report

Mr. Holloway began by speaking to the Rules of the Board Committee and asking for volunteers to serve on the Committee. Margaret Perkinson, Jeanie Edwards and Jim Hunt volunteered to serve on the committee and will provide a report at the October meeting.

Mr. Holloway spoke to CSB Legislative Agenda items and that funding for DD waiver slots and STEP VA remain as action items on the County’s Legislative Agenda. He reviewed the process by which Hanover’s Board of Supervisors considers and approves agenda items.

In response to requests for other topics or points to consider requesting the Board of Supervisors to consider for its Legislative Agenda, Jim Taylor mentioned unemployment insurance issues around County employees that are also employed elsewhere. Discussion ensued.

Ms. Donhauser spoke to Hanover County’s lobbying efforts and the process the County uses for lobbying before the General Assembly.

Mr. Holloway described the VACSB’s role in monitoring and communicating legislative action back to the CSBs. Ms. Sager relayed the importance of separation of personal opinions and those which represent the Board or County. Ms. Donhauser further addressed the legislative advocacy of Board members.

Mr. Holloway reviewed work session planning. Discussion ensued.

Board Member Updates and Activities

Ms. Young provided updates on the Jean C. Harris Award presentation, which will include a video and a possible drive thru recognition event. Discussion ensued.

Amy Gregory spoke to HCSS revamping their scholarship application and mentioned their collaboration with the Cameron Gallagher Foundation in promoting emotional wellbeing in Hanover County Public Schools.

Mr. Holloway announced the ARC of Hanover has begun some in-person small group sessions and mentioned that social isolation of those served is still a concern.

Action Items

None

The next regularly scheduled Board Meeting will be held on October 19, 2020 with the location to be determined in accordance with applicable social distancing guidelines.

There being no other business, Mr. Holloway adjourned the meeting at 7:44pm.

Executive Director's Monthly Report

October 2020

A. Executive Director

- COVID-19 related operating updates
- CARF Survey
- Performance Analysis report
- Human Services Annual Report

As noted further in this report, both Day Health and RAFT reopened to program participants on Oct. 1. Both programs have additional health and safety practices in place and are providing services each day to a reduced number of participants. In reaching out to program staff the afternoon of Oct. 1, they responded with overwhelming positive comments. From RAFT House: "It is going great on our end. People are so happy to be back! Thanks everyone for all the support. Our barrier for the snack bar was brought by today and the other ones will be placed either this afternoon or tomorrow. I am very, very pleased!" From Day Health: "Everything is wonderful! Things have gone very smoothly and people are so happy!!!!!! All the plastic partitions arrived yesterday afternoon and the staff plastic partitions were installed this morning. Things have come together perfectly." Staff across the agency remain cautiously optimistic that day programs will remain open and be able to increase capacity over time.

The CARF Survey was completed on September 28 and 29 and went well, perhaps better than expected considering the virtual format. The final report from CARF will be sent in 6-8 weeks. This report will indicate accreditation level and standing, however, based on comments from surveyors it is anticipated that full accreditation will be achieved.

The FY20 Performance Analysis Report is attached for your review. This annual report, which is a CARF requirement, documents the agency's performance in a number of key areas during the last fiscal year. The CARF Administrative Surveyor offered much positive feedback about the comprehensiveness and formatting of this report. Much appreciation is offered to the QA Team who drafts this report each year.

Lastly, Jim Taylor will be presenting the Human Services Annual Report to the Board of Supervisors at the October 28, 2020 Board of Supervisors Meeting. Staff will share the annual report with CSB Board members after the presentation. As well, CSB Board Members are invited to attend the Board of Supervisors meeting or live stream the meeting to hear Mr. Taylor's update on human service activities in Hanover County.

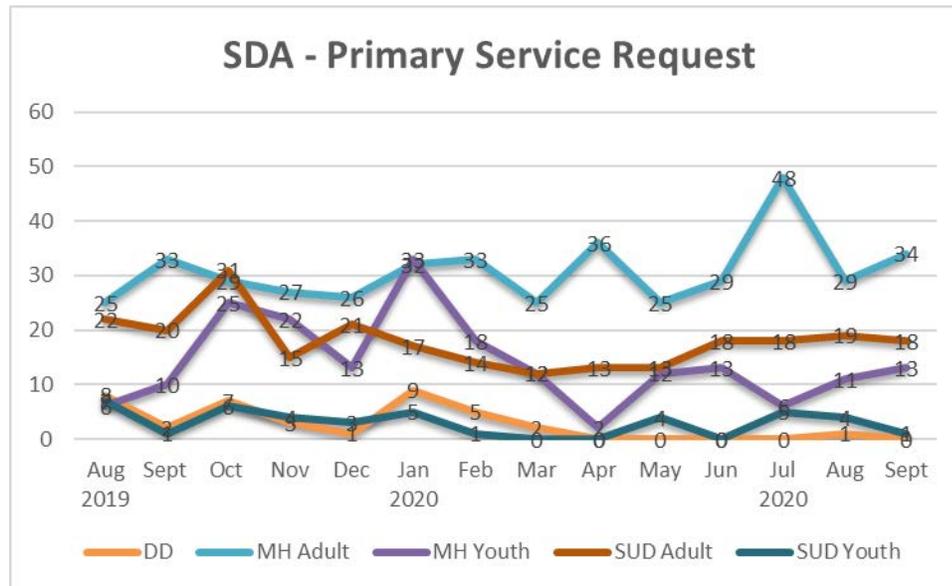
The following are also included in this month's packet:

- FY20 Year-End Dashboard
- September 2020 Dashboard
- FY21 Quarterly Dashboard – 1st Quarter (July – September 2020)
- 3-month Planning Calendar

Access Redesign Project

In September 2020, 80 individuals presented to the agency seeking services through SDA (74 non-duplicated individuals). Of the 80 individuals that started the SDA process, 66 individuals proceeded through to the Comprehensive Needs Assessment and were scheduled for an initial appointment with a primary clinician. The remaining 12 did not proceed through the process due to a variety of reasons including being referred to another service provider (4), being referred to the crisis team for immediate intervention (2) and self-selecting to come back on another day due to time restraints (6).

The chart below provides a visual of the primary service type for those who proceeded through assessment and were scheduled for their first appointment; the chart provides a rolling 13 months of data.



Step VA

No specific update at this time.

Human Resources

In September, there was one new hire: Clinician. There were two resignations: Training Specialist and Case Manager.

Donations (*Donations that need action to accept by the Board.)

None

Community Relations/Community Education

Hanover CSB staff nominated Doswell Limited Partnership for the Spirit of Volunteerism Awards. Doswell Limited was selected as the Spirit of Community honoree for their support of so many agencies and programs in Hanover County. Staff continue to be grateful to Doswell Limited for their support of the agency, especially Day Health and RAFT House.

B. Business Operations

- Review of State Reporting
- COVID-19 Facility Improvements
- FY 2022 Budget Requests

Review of State Reporting – During this month’s review of the Fiscal Year-To-Date data through September, it was discovered that some activities that are used for internal documenting were actually being pulled into the CCS data. The activities have been identified and corrected. The committee plans to meet again next month to continue the review process of ID/DD data.

COVID-19 Facility Improvements – General Services/Facilities coordinated with staff to provide additional fixed barriers and portable barriers for Raft House and Day Health as both programs re-opened on October 1.

FY 2022 Budget Requests – Staff completed the review of prior year financials and has pulled together a reasonable budget requests for FY 2022. It was submitted to Finance on October 12. As in prior years, we will be working with Finance and County Administration on finalizing the budget requests.

C. Behavioral Health & Wellness

- Staff Training
- Behavioral Health Wellness
- Clinical Operations
- Hospital Census

Staff Training

The In-service Training Committee hosted the first of three training workshops about Diversity, Inclusion, and Anti-racist practices. The first session increased awareness of implicit biases and the danger of focusing on a singular characteristic or stereotype about a person or group. The central goal for hosting this training series is to nurture a welcoming and productive environment for clients and staff.

Behavioral Health Wellness – Mental Health Awareness & Suicide Prevention

The team wrote a press release, published in the Mechanicsville Local, highlighting mental health, same-day access, and responding to suicidal ideation. The team distributed Lock & Talk materials to libraries. Every library in Hanover now has a Suicide Prevention/Lock & Talk display that includes medication lock boxes, gun cable locks, suicide prevention and Lock & Talk specific literature, and medication disposal bags. An additional press release highlighted the CSB's relationship with the libraries and the availability of Lock & Talk materials.

Clinical Operations

The school-based clinician has moved into her office, located in a suite with the school's counselors, at the high school in Mechanicsville. She participated in orientation with the school staff and immersed herself in the school setting. She has begun receiving referrals.

RAFT House staff prepared for the soft re-opening on October 1. Staff identified members who wanted to resume in-person services and assigned members to one day per week on which they will attend with a maximum initial attendance of 10 members per day. The staff collaborated with Hanover DASH to plan transportation for some members and planned van routes for members living in the Ashland area. Staff developed an extensive orientation program to help members acclimate to new routines for social distancing, intensive hygiene practices, and building cleaning routines.

The ICT team increased face-to-face interventions with clients while balancing many clients' preferences to continue participating in services via telehealth. ICT staff delivered at least one face-to-face service per week to 23% (12/52) of clients. They delivered at least one face-to-face service bi-weekly to an additional 29% (15/52) of clients. Twelve percent (6/52) of clients were either in an institutional setting or refused to receive any service. The remaining 36% (19/52) of clients continue to participate in telehealth while receiving intermittent face-to-face contact from the psychiatrist and nurse for injections and lab work.

Hospital Census

HCCSB is responsible for managing the discharge planning for any Hanover County resident admitted to a state inpatient hospital. In September, HCCSB had four admissions to State Hospitals (Central State, Commonwealth Center for Children and Adolescents, Eastern State, and Southwest Virginia Mental Health Institute) and ten discharges. One of the individuals who was discharged was re-admitted within 36 hours.

D. Developmental Disability Services

- Support Coordination
- Supported Employment
- Day Health
- Case Management Data

Support Coordination

Interviews continue for the two vacant Support Coordination positions. Also of note, one of the agency's Support Coordinators acted as the regional contact for a DBHDS Committee to review and provide feedback on the three new state forms/tools that were implemented in July.

A Waiver Slot Allocation Committee meeting was held to allocate 10 Family & Individual Supports (FIS) waivers and 3 Community Living (CL) waivers. The committee reviewed 27 individuals. Support coordinators are working with those to whom a waiver was allocated to begin the enrollment process.

Supported Employment

The SE Team shares with the Board the following success story about an individual served by the team for many years; in fact, she transitioned from high school into the former Hanover Recycling program which was part of the sheltered employment program. This client worked in the sheltered program for 10 years. When Hanover Recycling began to transition to community-based employment, the client and mom were very hesitant. The individual is a very shy woman and the family was very worried about community work. The client applied for a position with the Community Employment Crew at Capital One with Restaurant Associates and was hired in the dish room in November of 2016. This is where she began to shine! She loved her job and her co-workers. She enjoyed learning new skills and working additional hours. She often volunteered to cover co-worker's shifts to earn more money. In January of this year, Capital One switched food service providers. She applied for a position and was hired. She volunteered to work with the new provider to switch the kitchen over during the weekends and she continued to do well. She was dependable and hard working. During the recent COVID-19 shut down this client was not able to work as the cafeterias were closed while Capital One employees were working from home. In August, the cafeteria employees were notified that it might be March of next year before they opened the food service. Yet, they had been paying their employees during the entire shut down. Recently, a staff person at Hanover Academy in Ashland contacted Supported Employment with a job opportunity at their school for a day porter. This particular client had always wanted to work with children as she volunteers in the nursery at her church. Her job coach met with the Hanover Academy staff and then spoke with the client and her mom. They all thought it was a good opportunity and the client was offered the position. The client started working her own individual job at the end of August. She loves her new job and her new co-workers are impressed with her work. This is a great example of how Supported Employment teaches and encourages individuals to continue to grow and learn as they strive for more independence!

Day Health

After a six-month pause in on-site programming, DHR opened the doors on October 1 to program participants! The program has implemented a staggered part time attendance practice in order to allow for social distancing of program participants. Many safety protocols have been implemented, including: plexiglass partitions on all tables, plexiglass barriers installed on staff cubicles, individual art supply kits for each participant, enhanced cleaning throughout the day by staff, additional PPE worn by staff while assisting in the bathroom/changing room and a program participant screening process each day. Everyone was super excited to see their friends and get back to enrichment activities. See pictures below.

DHR staff continue to stay in regular contact with program participants each week by providing updates and checking on them by phone or outside at their homes. This includes reading books, drive by visits in the parking lot, socially distanced walks outside and video visits.

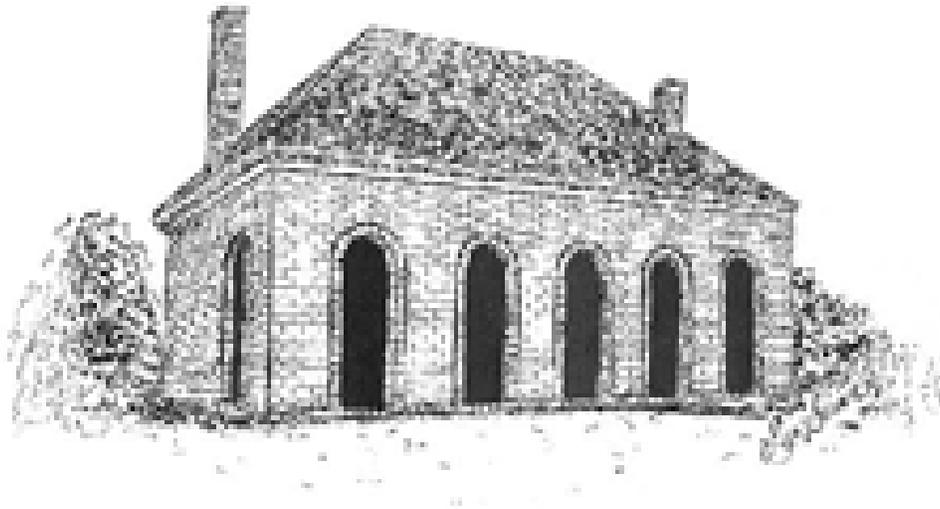
Approximately 700 activity packets have been delivered to program participants over the past 26 weeks during the programs closure!



Case Management Data

Case Management Numbers						
				Jul. 2020	Aug. 2020	Sept. 2020
Active - SPO only				10	9	9
Active - Waiver						
	Community Living Waiver			151	150	153
	Family & Individual Waiver			44	44	54
	Building Independence Waiver			14	14	14
	Active Waiver Total			209	208	221
Non Active (Follow Along & Tracking)						
	TOTAL			131	127	129
Consumer Monitoring						
	TOTAL			235	238	244
Contracted DD CM Services						
	Community Living Waiver			0	0	0
	Family & Individual Waiver			16	16	16
	Building Independence Waiver			0	0	0
	TOTAL			16	16	16
Total Unduplicated Individuals Served Through Support Coordination/Case Management				601	598	
Walkins				2	3	4
Transfers				0	2	0
TOTAL Request for Intakes CM Svcs (Active/Non-Active)				2	5	4
				July	Aug	Sept
*Those who meet eligibility and may also receive svcs through Active-SPO OR Non Active OR Consumer Monitoring						
DD Waiver Wait List Numbers						
	Priority 1			141	144	135
	Priority 2			156	154	156
	Priority 3			12	13	14
	TOTAL			309	311	305

Hanover County Community Services Board
Annual Performance Analysis Report
July 1, 2019- June 30, 2020



Hanover Courthouse

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Summary:

The Hanover County Community Services Board Performance Analysis Report for FY2020 is presented to provide a broad overview of the agency’s efforts and accomplishments. Through a commitment to serve adults, families and children, the agency continues to have a positive impact on the lives of thousands of individuals in Hanover County. This would not be possible without the support of state and local stakeholders and the work of an outstanding team of dedicated professionals. The purpose of this annual report is to compile in a comprehensive manner the key information and data points that are utilized for administrative decision-making and program planning to best support the persons served by this agency.

Organization Description:

Hanover County Community Services Board (HCCSB/CSB) provides mental health, developmental disabilities and substance use disorder treatment and prevention services for residents of Hanover County. The CSB is a Department of Hanover County, is licensed by the Virginia Department of Behavioral Health and Developmental Services and accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF).

The Hanover County CSB is one of forty Community Service Boards across the Commonwealth of Virginia. As per the Code of Virginia, the agency has a 12-member Board of Directors, each appointed by the Hanover County Board of Supervisors. The CSB operates in five locations around the county, including outpatient clinics in both Ashland and Mechanicsville. With a staff of approximately 150 and a budget of nearly \$11.9 million, HCCSB served over 2,300 individuals within our Mental Health, Substance Use Disorder and Developmental Disabilities service areas and provided nearly 6,000 contacts within Prevention and Behavioral Health Wellness programming. Additional information about demographics and financial structure is provided later in this report. As the data indicate, the composition of those served reflects the broader community. The agency is fortunate to have the level of financial support of the local governing body which in many ways allows the agency great flexibility in developing and implementing programs that best meet the needs of those served.

Services

Clinical Services: Crisis and Acute Care, Adult and Child Mental Health and Substance Use Disorder Treatment and Case Management, Intensive Community Treatment, Medical Services, and Psychosocial Rehabilitation (RAFT House). Behavioral health wellness is offered through Community Education and Prevention Services.

Intellectual/Developmental Disabilities and Employment Services: Case Management, Day Health and Rehabilitation, and Employment Support Services.

Mission & Guiding Principles:

The Hanover County Community Services Board is committed to the following principles:

Recovery-Oriented and Person-Centered Services

Using a culturally sensitive, recovery-oriented and person-centered approach with individuals, families and community stakeholders to provide the knowledge, skills, support and resources that each seeks.

Collaboration

Forming positive and equal partnerships with organizations and individuals based on cooperation, mutual respect and open communication where their input is encouraged, valued and informs quality improvement.

Quality

Providing nationally accredited best practice supports and services that meet or exceed standards of care and performance standards and on which continuous quality improvement standards are focused.

Staff Development

Hiring, training and facilitating the development of top quality peer and professional staff to ensure and motivate a highly-trained workforce.

Community Based

Providing services and supports as close as possible to the Individual's home, in as natural a setting as possible, and with opportunities for individuals to meaningfully contribute to their community.

Effectiveness, Efficiency and Satisfaction

Focusing all operations on maximizing the effectiveness of direct services and supports, the financial and operational efficiency of the organization and maintaining individual and stakeholder satisfaction.

Our mission is to partner with individuals to provide supports and services in the areas of

- Mental Health
- Developmental Disabilities
- Substance Use Disorders

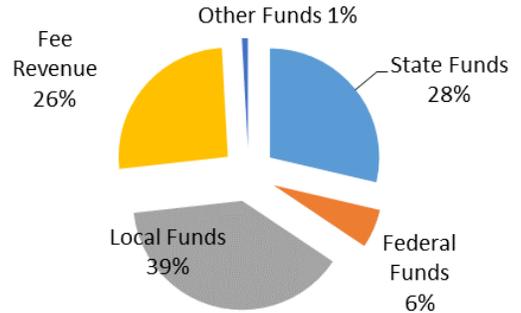
In their efforts to lead satisfying and productive lives in their communities.

Financial Information-

The following information is provided per the FY20 Year End Performance Contract Report, as required by the Virginia Department of Behavioral Health and Developmental Services.

Revenue by Source

State Funds	\$	3,352,714	29%
Federal Funds	\$	672,007	6%
Local Funds	\$	4,542,666	39%
Fee Revenue	\$	3,029,631	26%
Other Funds	\$	102,301	1%
Total	\$	11,699,319	



Expenses by Program Area

Mental Health Services	\$	6,257,430	55%
Intellectual Disabilities Services	\$	3,565,674	31%
Substance Use Disorder Services	\$	1,629,592	14%
Total	\$	11,452,696	

Accessibility:

HCCSB strives to provide services and supports that are free from attitudinal, architectural, environmental, financial, employment, communication, transportation and other barriers. The organization has five locations. Each facility is barrier-free, handicapped-accessible and licensed by the Commonwealth of Virginia, Department of Behavioral Health and Developmental Services (DBHDS). All services and practices conform to local, state and federal requirements regarding accessibility and many tools and resources are already in place (i.e. TTD line, access to interpreters, monitoring of physical facilities to address barriers, etc.). As the agency works to ensure the greatest accessibility for all staff, stakeholders and service recipients, the following are noted for FY20 as a snapshot of the agency's efforts:

Architectural – HCCSB monitors and adjusts architectural supports as needed to ensure the individuals in our community are able to access needed supports and services.

Recommendations/Status:

- The roof of the Day Health building needed to be painted in order to ensure no leaks. **Completed.**
- The floor in the Day Health building needs to be replaced, it is visually too stimulating and complicated for the depth perception for individuals. It is also very old and hard. **Completed.**
- The entryway to the Day Health building does not have an awning and during bad weather it is always a concern for those with gait issues/challenges as this is where participants are being picked up and dropped off. **Completed.**
- The agency needs a sit scale to meet the need of individuals that weight over 400 pounds, do not have steady balance or have issues with gait. **Completed.**

Environmental

HCCSB recognizes the environmental challenges presented to our individuals served. HCCSB partners with community agencies and supports to reduce the environmental barriers that exist for individuals served. A healthy and safe environment for individuals and staff is important to HCCSB.

Recommendations/Status:

- Stepstools are needed for the bathrooms at the Ashland, Bell Creek, and Atlee locations. Some clients cannot reach the sinks in the bathrooms. **Completed.**
- Signage on bathrooms should be unisex at Atlee Commons and Bell Creek. **Completed.**
- Atlee Commons and RAFT House should be equipped with Bio-hazard boxes. **Completed.**

Attitudinal

HCCSB strives to reduce the attitudinal barriers in our culture that can limit individual's access to services. HCCSB works with area agencies and the community to reduce stigmas and to become more culturally competent to the diverse needs of the population served.

Recommendations/Status:

- HCCSB will increase awareness of Military Cultural Competence and Suicide Prevention. **Completed.**
- HCCSB could reduce attitudinal barriers by creating a Public Awareness Committee. **Committee established within the HCCSB Board.**
- Increase awareness among all agency staff regarding impacts of racism and mental health. **Ongoing.**

Communication

HCCSB recognizes and values communication with the individuals receiving services.

Recommendations/Status:

- HCCSB increased communication between divisions to address the needs of dually diagnosed clients. **Completed.**
- Translate additional critical documents into Spanish. **Completed.**
- Increase communication across divisions to highlight Program areas. **Ongoing.**

Accessibility in All Areas during Public Health Emergency**Recommendations-Status and Updates is ongoing as we remain under a Public Health Emergency:**

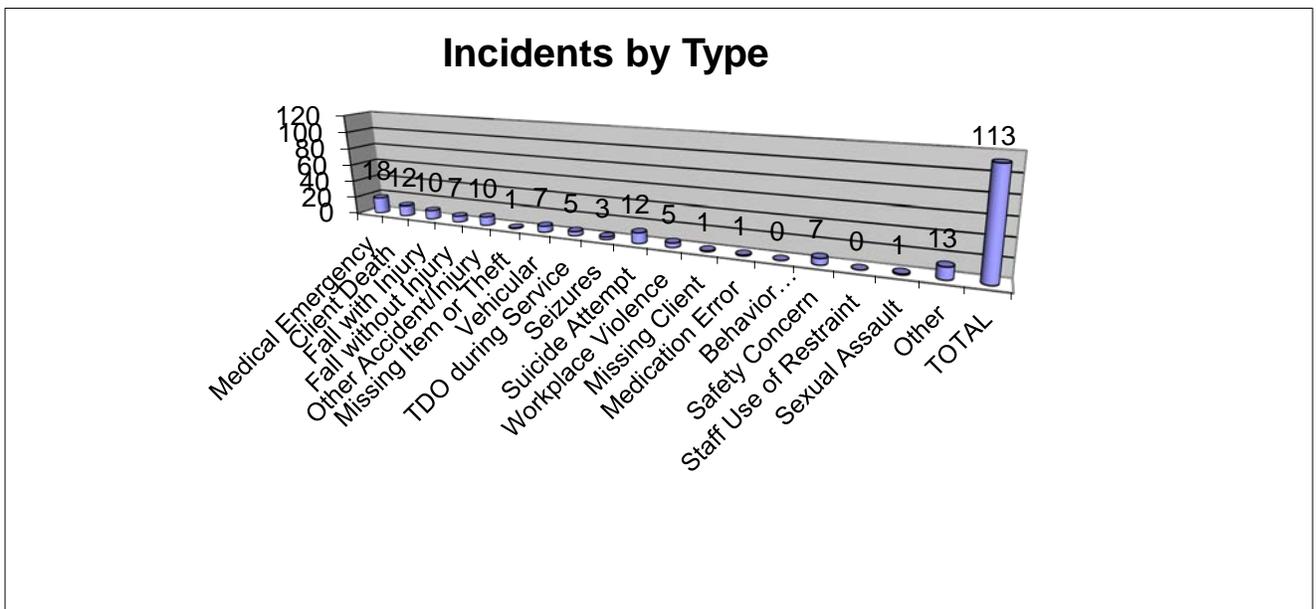
- Limit access to the building by offering appointments only, reduce walk-in traffic.
- Update PPE protocol to meet additional needs during the health emergency.
- Provide alternative programming due to a Government Order stopping group congregating.
- Continue SDA services during the Public Health Emergency.
- Conduct a Health Screening to reduce exposure to individual's with COVID-19 symptoms.
- Utilize the HIPAA room if individuals cannot access Zoom or telephone.
- Provide assistance for individuals who may not have the means to attend the County food pick-up sites.
- Explore software to provide telehealth.
- Create creative programming to engage individuals in a remote way.
- Prevention- allow online payment access for the Family Matter's Program.
- Explore options for the deaf community to access telehealth services.

Risk Management/ & Complaints:

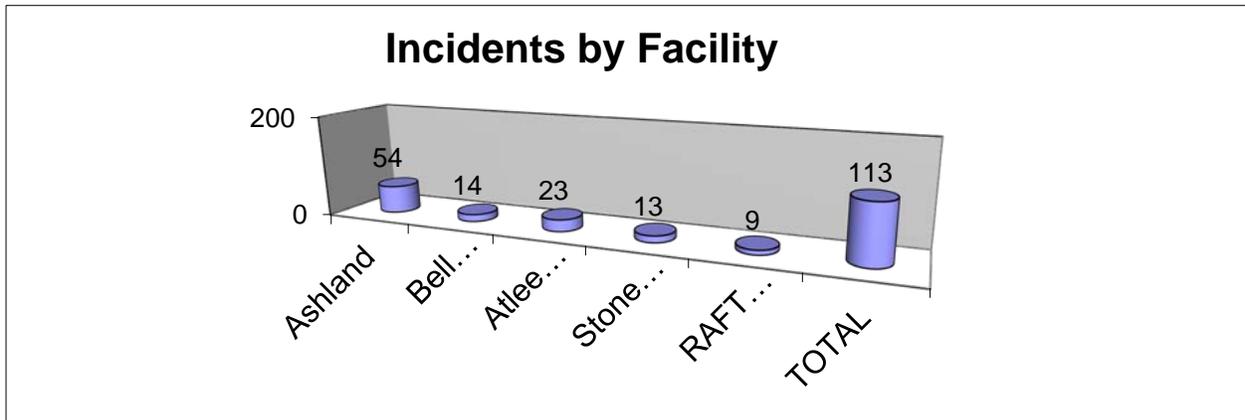
HCCSB has a safety committee comprised of safety offices from each location that is chaired by the Quality Assurance Manager. The safety committee meets quarterly to address any areas of potential risk, review safety policies, and compliance with all drills and inspections.

During FY2020, the HCCSB started an additional committee, Incident Review, specifically for reviewing incidents. This committee meets bimonthly to review all levels of incidents and make any needed recommendations.

There were a total of 113 critical incident reports completed in FY20. During September of 2018, the Virginia Department of Behavioral Health and Developmental Services (DBHDS), who provides our licensing oversight, reclassified reportable incidents effective September 1, 2018. They now require tracking of all Level 1 incidents (*an incident that originates or occurs on the premises of the provider or during the provision of services that does not result in serious harm to the individual, but could have had the potential for harm significant harm.*) These incidents are reviewed at the Quarterly Safety Committee Meetings. All Level II (*serious incident that occurs or originates during the provision of services that results in significant harm or threat to the health and safety of an individual*) and Level III incidents (*a serious incident whether or not the incident occurs while in the provision of a service or on the providers premises and results in any death, sexual assault, an injury that will likely result in permanent physical or psychological impairment, and any suicide attempt*) are required to be reported through the CHRIS system and a Root Cause Analysis must be completed using the 5 Why's approach. In FY 2020 a total of 70 reports were made to DBHDS. HCCSB reported 11 deaths of individuals served, and 59 reports in various categories of Level II and Level III incidents were made to DBHDS. In addition to the requirements set forth by the Department of Behavioral Health and Developmental Services, Hanover County requires HCCSB staff to complete a Hanover County Incident/Injury Report whenever a staff, person served or visitor is injured in a Hanover County program. The county tracks incidents by calendar year and not fiscal year due to OSHA reporting requirements. HCCSB staff submitted a total of eighteen (18) Hanover County reports in 2019. Three (3) of those reports meet the criteria for recordable OSHA events. A recordable OSHA event is defined as an incident that causes loss of consciousness, requires medical attention beyond first aid, requires prescription medication, or involves lost or restricted work days. There were twenty four (24) Restricted Work Days and nine (9) Lost Work Days. Restricted & Lost Work Days are an indication of the seriousness of an employee's injury; the serious injury of just one staff person can make this number rise substantially.



Looking at these incidents by location yields the information as presented in the following chart. The Ashland office is the largest facility, housing staff members who provide administrative support as well as mental health, crisis and substance abuse services. The Atlee Commons facility houses ID Case Management, Supported Employment, Supportive Living, Prevention Services, and Business Operations. Employment Services provided from this office include both Individual and Enclave opportunities. The Stonewall Parkway facility provides ID Day Support services to an on-site population which includes individuals with intellectual disabilities, challenging behavioral issues and who can be medically fragile. For additional information on specific information regarding an incident, reference the FY20 Annual Critical Analysis Report.



The Department of Behavioral Health and Developmental Services also requires that all allegations of individual human rights violations be reported in the CHRIS system. Human Rights regulations were established to protect the rights of the individuals served, and individuals are informed of their rights during the initial phase of service provision. They receive information on who to contact to file a complaint by their service provider. This information is also posted in the lobbies of all facilities, and providers review it with those they serve on an annual basis. Additionally, the CSB must report all suspected cases of abuse and neglect and all human rights complaints must be filed through the CHRIS system. In cases of suspected abuse, neglect or any complaint filed in violation of state human rights regulations, the CSB’s Quality Assurance Team is required to complete an internal investigation within a specific time frame to determine if the complaint or the suspected abuse or neglect is “founded” or “unfounded”. The internal investigation will also outline recommendations for corrective action if the complaint or suspected abuse or neglect is founded. The Executive Director along with the Division Director determine whether disciplinary action is warranted. In FY20 HCCSB filed 8 human rights violations. Of the 8 human rights complaints filed, two complaints were founded and addressed.

Type of Report	Deaths of Person Served	Serious Injury/Accident	Abuse/Neglect Cases filed	Complaints Filed
Totals	11	59	0	8

Information Technology:

HCCSB complies with the policies and procedures of the Hanover County Information Technology Department (ITD). HCCSB uses a web-based electronic health record (EHR) system called Credible. Since Credible is an ASP, the servers are off-site, data backups are done automatically and backups are stored off site. In the case of a disaster, users could access Credible from any place that provides Internet connectivity. HCCSB has a server that is used to house user documents. We take backups of this data periodically. In the case of a disaster, HCCSB would purchase an industry standard server and restore the data from the backups to the server in order for employees to access the data.

In FY20 HCCSB began a pilot program initiated by the state and led by MTM Consulting called SPQM. SPQM is a data quality software system that allows you to extract data from the electronic medical record to analyze your data quality. Due to budget constraints and the state not continuing with this software at this time, HCCSB will no longer be utilizing this in FY21. Instead HCCSB will explore the option of adding Business Intelligence to our current EHR, Credible, in order to obtain real time data and report functions.

Staff Training:

The following education and training was provided to HCCSB staff in FY20. Training is now accomplished through a combination of in-service and on-line training modalities.

1. First Aid & CPR for all direct service staff.
2. Therapeutic Options behavior management training for direct service staff.
3. DLA-20 Assessment training for all MHSUD staff.
4. 42 CFR Part II training for all staff.
5. Fraud Waste and Abuse
6. Ethics in the Workplace
7. Person Center Practices
8. Cultural Competency
9. Health and Safety training for all new employees and annually for all other staff.

This included, but is not limited to:

- HCCSB Safety Practices
- Emergency Procedures/Preparedness/Evacuation
- Critical Incident Reporting
- Universal Precautions/Blood Borne Pathogens
- Workplace Violence Prevention
- Fire Detection and Suppression
- Safe Driving
- Slips, Trips & Falls
- Back Safety
- Office Ergonomics

10. Additional job function/professional development trainings to meet staff needs including, but not limited to, human rights, confidentiality, and corporate compliance.

Staff are required to document completion of required training as part of new staff orientation and annually thereafter.

During FY20 HCCSB offered several in-service trainings to include: Military Cultural Competency, DBT Skills, and STEP VA-State of the CSB.

In addition to HCCSB specific trainings, Hanover County Employees are also offered professional development trainings directly through the County. These include, but are not limited to: Substance Abuse in the Workplace, Diversity and Respect, Grief, Customer Service, Harassment Prevention, Time Management and Organization, Autism, Ethics, Mental Health First Aid, and Understanding Teen Depression. These trainings are offered throughout the year.

Cultural Awareness and Competency:

HCCSB recognizes its talented and diverse workforce as a key advantage in meeting the needs of the residents of Hanover County who seek services related to mental health, intellectual disabilities and/or substance use disorders. As each of those individuals come with their unique and diverse experiences and perspective, so must our personnel, Board Members and other stakeholders. As an organization, we work to bring attention to and to demonstrate respect for such diversity in the development of our agency culture, program development and implementation and leadership.

HCCSB believes in treating all people with respect and dignity. We strive to create and foster a supportive and understanding environment in which all individuals realize their maximum potential within the agency, regardless of their differences. We are committed to employing the best people to do the best job possible. We recognize the importance of reflecting the diversity of the individuals we serve and the residents of Hanover County.

HCCSB strives to be diverse along many dimensions. Our diversity encompasses differences in culture, ethnicity, gender, language, age, sexual orientation, spiritual beliefs, socio-economic status, physical and mental ability, thinking styles, experience, and education. We believe that the wide array of perspectives, including those offered by our staff serving in a peer support role, promotes sensitive quality service delivery and sound management practices. Addressing and acknowledging diversity makes us more creative, flexible, productive and respectful of those we serve, each other, our stakeholders and the community at-large. HCCSB expects all staff to display cultural competence as outlined in the agency's Cultural Competency Plan; this is reiterated through the supervisory relationship.

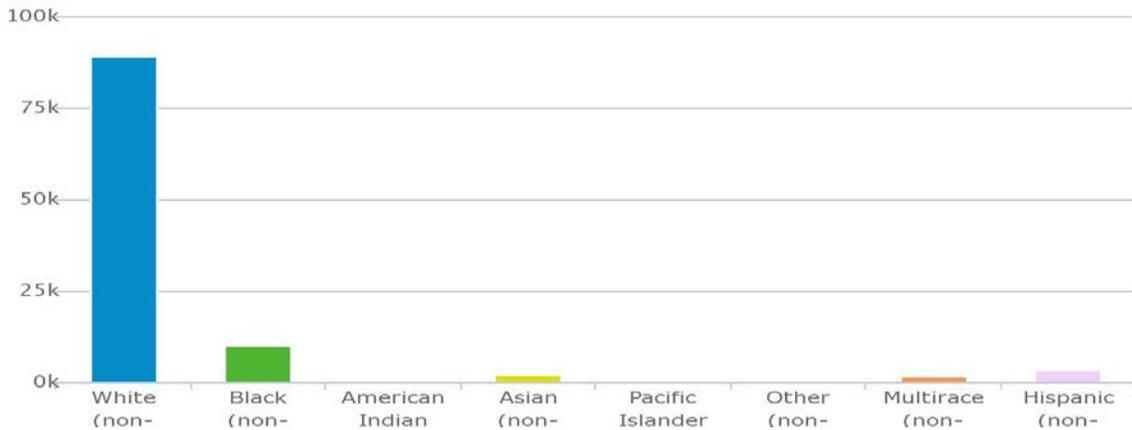
During FY20 HCCSB in-service team organized a training on Military Cultural Competency. This training was so well received that an additional training day was added to allow for more participants. Also, during FY 20 the Division Director of Developmental Services led an initiative on developing Interview Best Practice Guidelines. These guidelines encourage, where possible, seeking to develop an interview panel that is diverse in terms of characteristics such as gender, age, ethnicity, nationality and socio-economic background. Not only do measures like

these help recruit more diverse staff members they also show candidates that this agency is proud of its diversity.

In June 2020, the Department of Behavioral Health and Developmental Services hosted a training on the Impacts of racism and mental health. HCCSB staff were encouraged to attend and several discussion groups were held after the training.

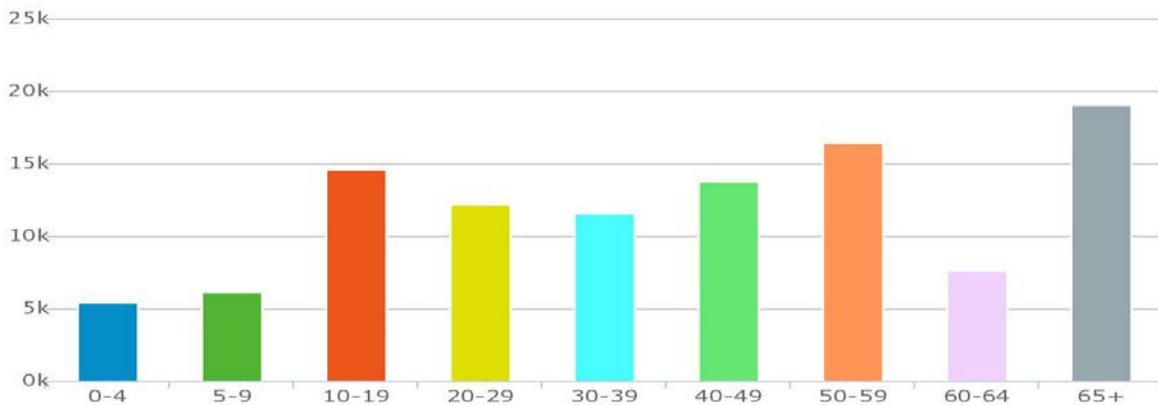
Demographics of Persons Served:

According to data provided by Applied Geographic Solutions, Hanover County’s population reached 106,773 in 2018. Data reports that the Race/Ethnicity make up of Hanover County includes 83.46% of the population identify as White/Caucasian, 9.39% identify as Black/African American, 3.15% identify as Hispanic, 1.7% identify as Multiracial, 1.82% identify as Asian, 0.33% identify as American Indian, 0.12% identify as Other and 0.03% identify as Pacific Islander.



Applied Geographic Solutions, 2018

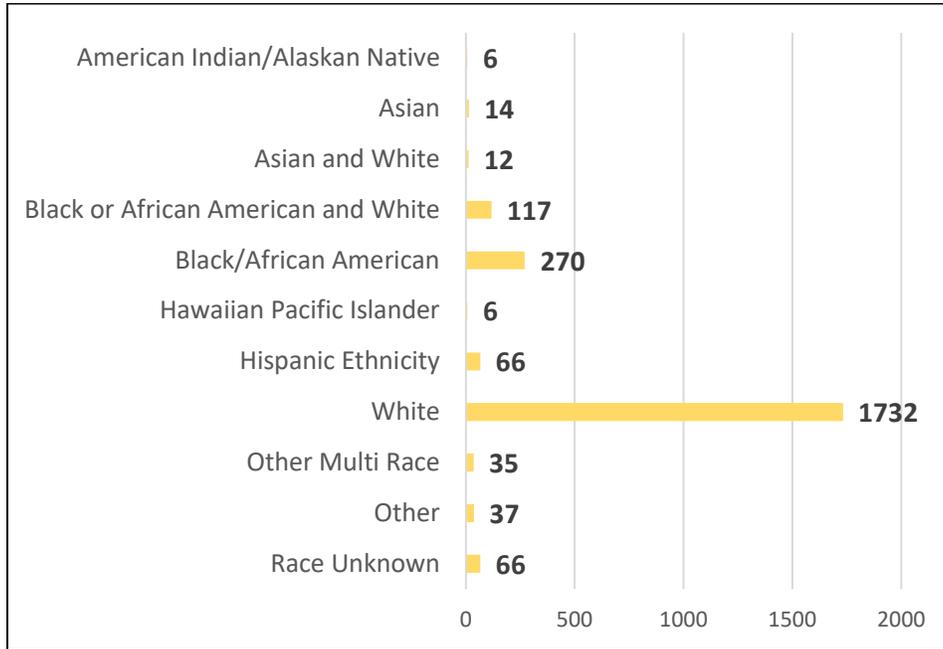
Noting the chart below, 24.42% of Hanover’s population is under the age of 19, 57.7% of the population is between the ages of 20-64 years old, and 17.87% of the population is age 65 or older.



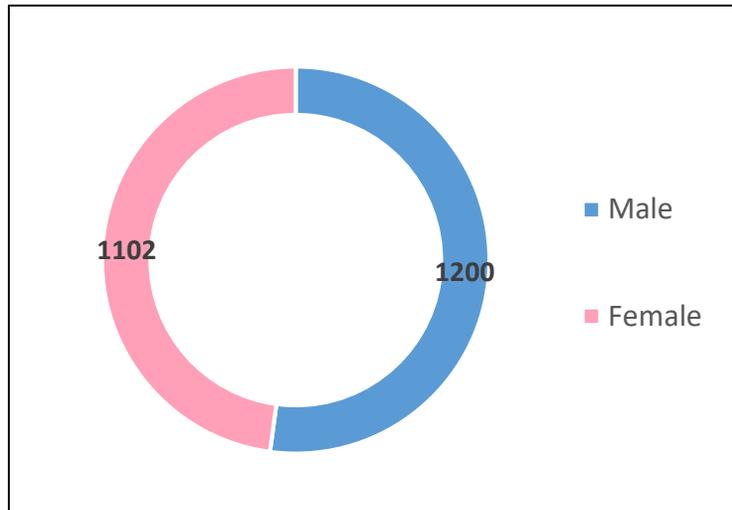
Applied Geographic Solutions, 2018

The following charts provide an overview of the persons served at Hanover County CSB.

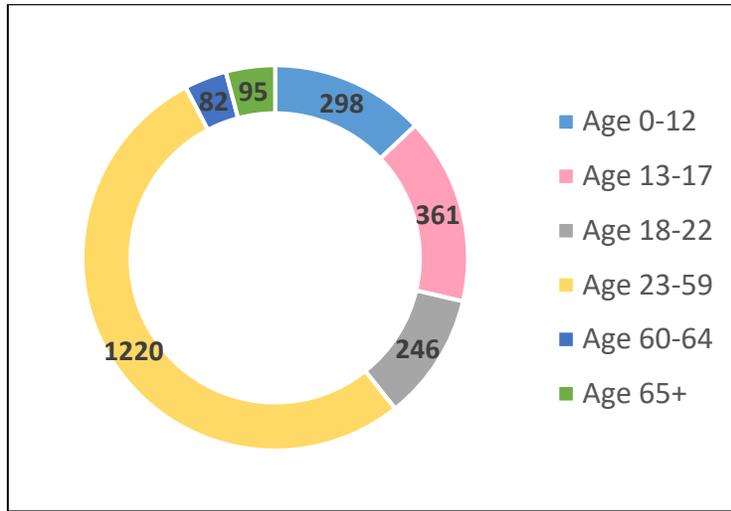
Consumers by Race/Ethnicity



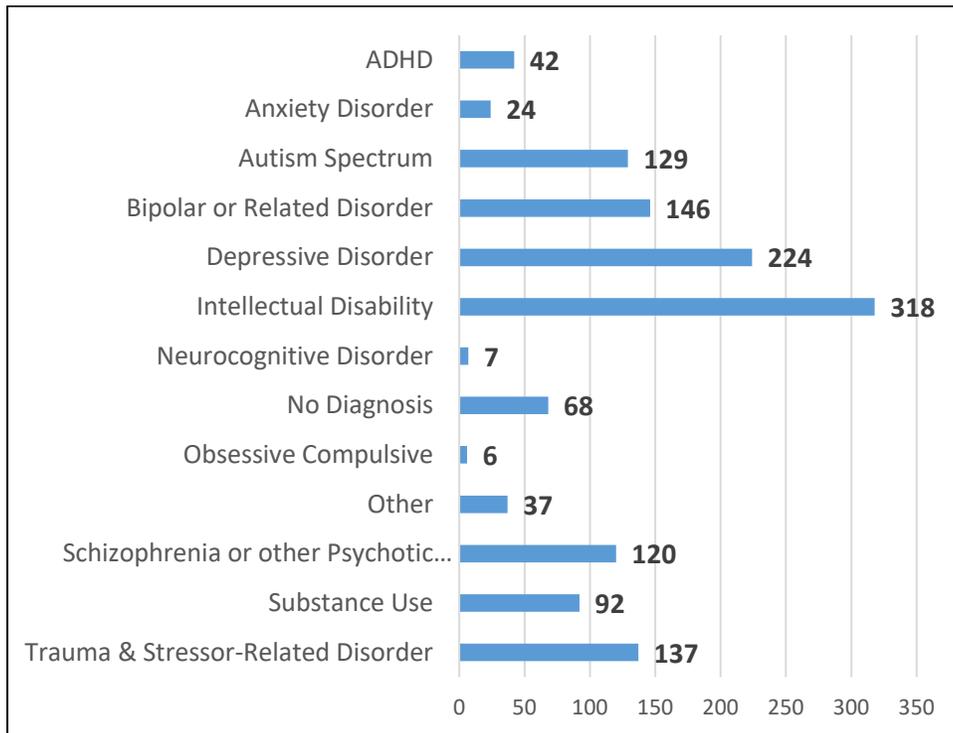
Consumers by Gender



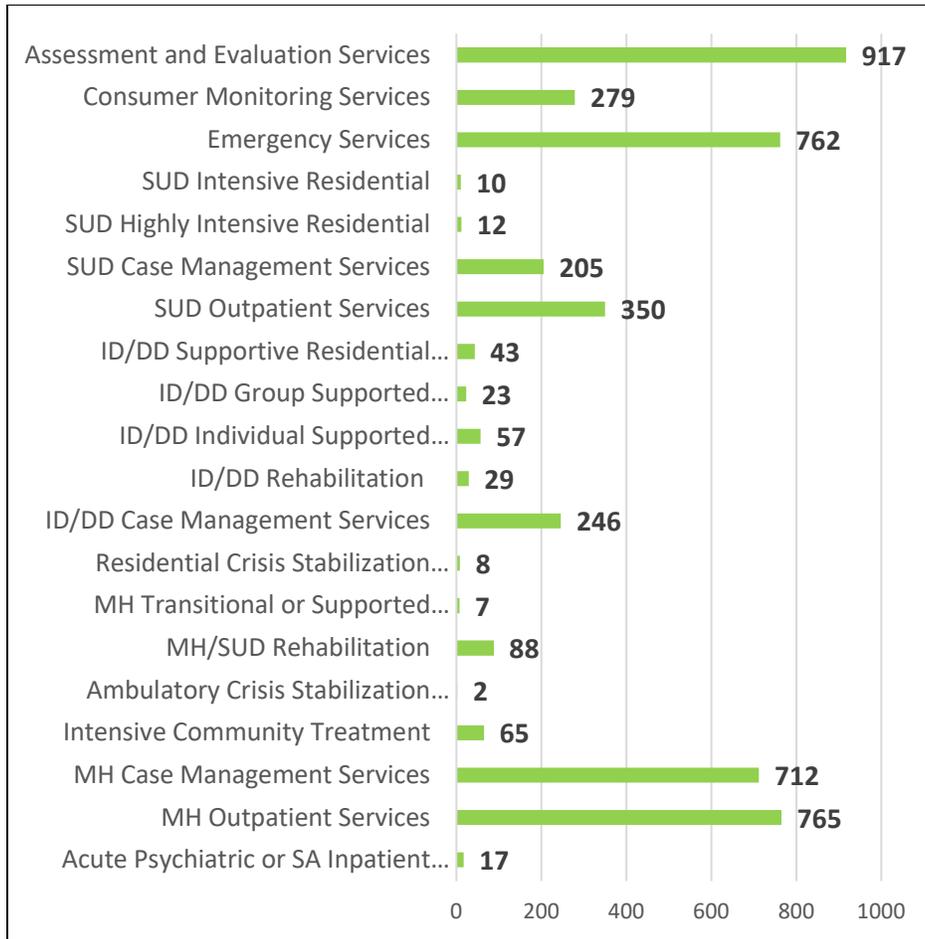
Consumers by Age



Consumers by Primary Diagnosis



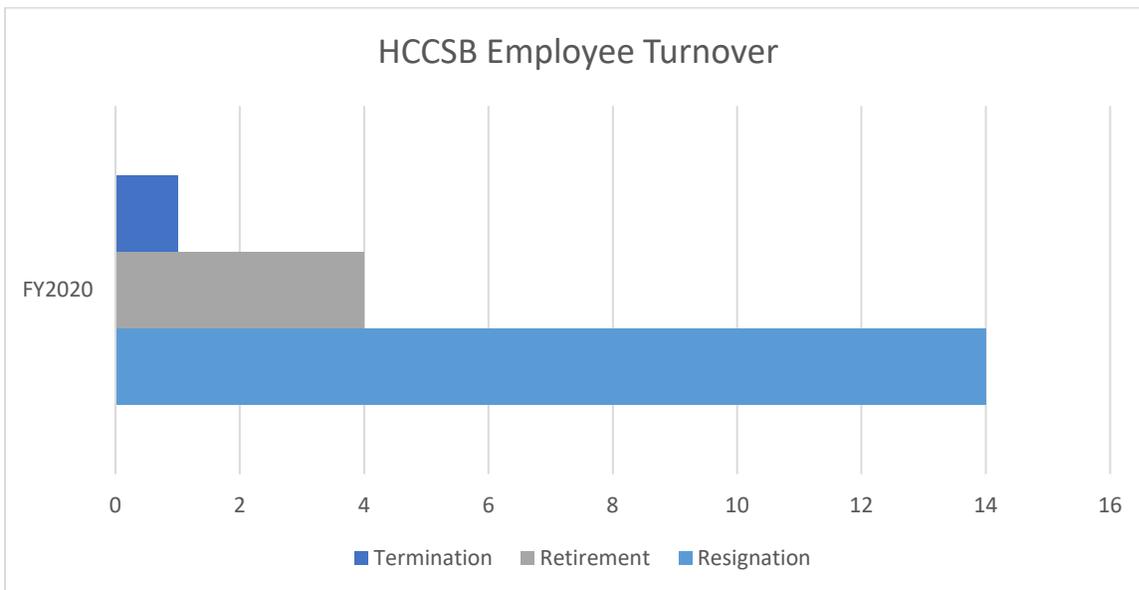
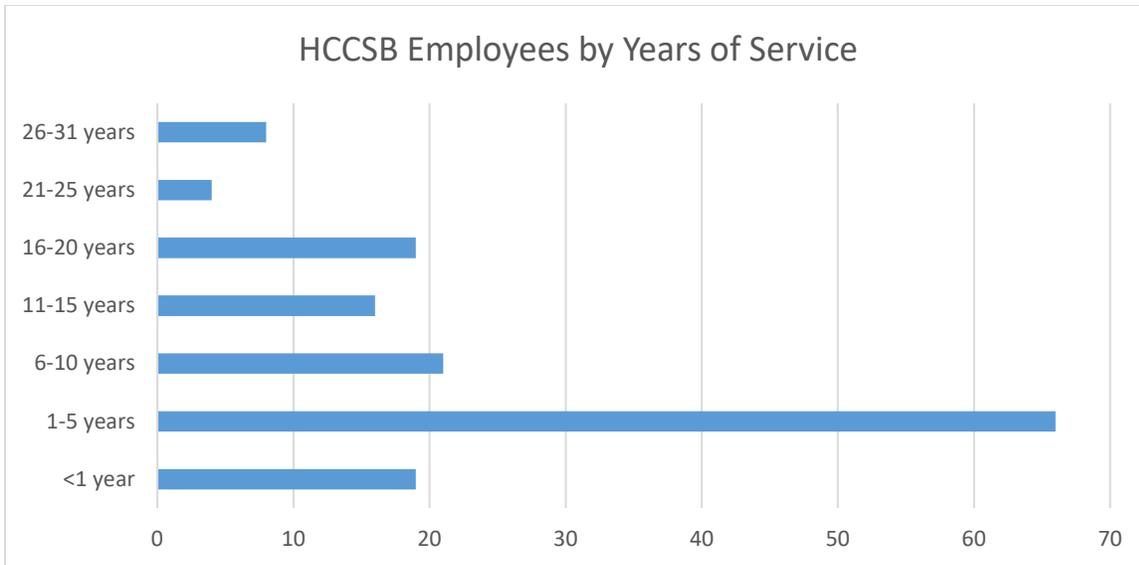
Consumers by Service



Work Force:

During FY20 HCCSB hired internal promotion or lateral staff changes for 7 positions. Three positions within the CSB changed from part-time to full-time this fiscal year as well: Accounting Admin Assistant promoted from fifty percent to full-time, Children’s Team Clinician promoted from sixty percent to full-time, and a Children’s Team Case Manager promoted from fifty percent to full-time.

Out of the 20 vacated positions for FY 2020, four positions are currently open or in the process of new hire. Hanover County initiated a hiring freeze for nonessential positions during the global health crisis starting in April 2020 which encompasses the other open positions. 20 positions were vacated and 20% of the changes occurred within the first eleven months of a staff member’s employment. The FY2020 Turnover Rate for HCCSB is 13%.



FY 20 Operational Initiatives:

The agency’s operational goal of continuous improvement in Program Effectiveness, Efficiency and Services to Consumers has been measured and analyzed with the following results.

OBJECTIVE	TASKS	TARGET	ACTUAL
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<p>To maintain and improve satisfaction and accessibility of persons served.</p>	<p>Quarterly conduct satisfaction surveys, which include accessibility measure, for persons served.</p>	<p>80% satisfaction</p>	<p>MHSUD Persons Served =94% satisfaction</p> <p>MHSUD Accessibility =93%</p> <p>ICT Persons Served =80% satisfaction</p> <p>ICT Accessibility =81%</p> <p>RAFT Persons Served =97% satisfaction</p> <p>RAFT Accessibility =91%</p> <p>SE Persons Served= 100% satisfaction</p> <p>SDA Person Served= 98% satisfaction</p>
<p>To maintain and improve satisfaction and accessibility of stakeholders.</p>	<p>Annually conduct stakeholder satisfaction surveys in May.</p>	<p>80% satisfaction</p>	<p>Satisfaction= 92%</p> <p>Accessibility= 92%</p>
<p>To improve client functioning and/or performance. <i>(effectiveness measures)</i></p>	<p>Collect client and participant effectiveness data.</p>	<p>(See individual program measures below)</p>	<p>See below</p>

**FY20 Outcomes:
Same Day Access**

<p>Access Objective: SDA was fully implemented in December 2017. 90% of individuals eligible for services will receive an appointment within 10 days.</p>	<p>Results: 94%, met</p>
<p>Recommendation/Action Taken: Through same day access and centralized scheduling individuals are able to reduce wait times</p>	<p>Performance Improvement Plan: SDA continues to be successful, and HCCSB will continue to look for ways to improve the process over the upcoming year.</p>

significantly and become engaged in services within a week.	
Access Objective: 80% of individuals that come through SDA will complete the clinical assessment within 90 minutes.	Results: 49%, Not Met
Recommendation/Action Taken: The team keeps a spreadsheet that analyzes when individuals start the process from signing in with the front desk until when they leave and the assessment is complete. Over the course of this fiscal year many updates were made the assessment due to new regulatory requirements, as well as incorporation of the DLA-20.	Performance Improvement Plan: Over the upcoming year efficiency with getting individuals through the door and into services will continue to be evaluated for increased efficiency.

Crisis Outcomes

Effectiveness Objective: 85% of individuals will receive follow up within 7 days from a prescreen if not hospitalized.	Results: 78%, met
Recommendation/Action Taken: ES has continued to follow up with individuals within 7 days after hospital discharge in order to encourage engagement with services in the CSB with the goal to prevent further hospitalizations.	Performance Improvement Plan: Although emergency services did not meet this goal, there was significant improvement over the last two quarters of the year. This measure will continue to be tracked into FY21.
Efficiency Objective: Full time Crisis Staff will answer the crisis phone beyond the 3rd ring in no more than 5 calls a month	Results: 97%, met
Recommendation/Action Taken: The Crisis team will manage this by monitoring the phone logs and when calls are transferred over to the answer service.	Performance Improvement Plan: This objective continues to be met consistently. Crisis Coordinator will continue to provide ongoing monitoring of the call log in order to ensure the standard continues to be met.

MHSUD Outpatient, Case Management Outcomes-Adult and Children's Team

Effectiveness Objective: 50% of Individuals will increase their DLA score by .5 between quarters.	Results: Adult -61 % Child -56 %, Met
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<p>Recommendation/Action Taken: The DLA 20 Assessment tool will be administered at admission by the SDA Clinician, and quarterly thereafter by the Clinician that is providing Case Management/Outpatient services to the individual in order to track improvement in all domains.</p>	<p>Performance Improvement Plan: During FY 20 the goal increased from 30% to 50% and both the adult and children’s team met their goal. Over the upcoming year Clinicians will continue to utilize the DLA 20 as an assessment tool to monitor and track treatment outcomes, and identify areas that may need additional focus for continued growth.</p>
<p>Efficiency Objective: 90% of full time staff will provide a minimum of 100 hours per month of direct or client related services per month.</p>	<p>Results: Adult-110%, met Child-77%, not met</p>
<p>Recommendation/Action Taken: A report is run from Credible and specific information is gathered on each staff member to analyze productivity and account for any overlapping activities, such as group therapy.</p>	<p>Performance Improvement Plan: Productivity increased over the FY20 year, however the children’s team did not meet their goal of 90%. This is in part a direct result of the COVID pandemic and services being provided solely through telehealth.</p>
<p>Efficiency Objective: 90% of Adult Team Clinicians and Case Managers will have one CM or TX contact for each individual served over a 30 day period.</p>	<p>Results: Adult-89%, not met</p>
<p>Recommendation/Action Taken: A report is run from Credible to analyze each individual assigned to the program during the quarter and determine if they had a direct client activity.</p>	<p>Performance Improvement Plan: FY20 was the first year that the team began to look closely at this measure. Over FY21 we will continue to track this data and identify any areas that need improvement.</p>
<p>Efficiency Objective: 90% of Children’s Team Clinicians/Case Managers will meet the minimum requirement on one case management contact for each individual served during each month.</p>	<p>Results: Children’s-85%, not met</p>
<p>Recommendation/Action Taken: A report is run from Credible to analyze each individual assigned to the program during the quarter and determine if they had a direct client case management activity.</p>	<p>Performance Improvement Plan: FY20 was the first year that the team began to look closely at this measure. Over FY21 we will continue to track this data and identify any areas that need improvement.</p>

Intensive Community Treatment (ICT) Outcomes

<p>Effectiveness Objective 50% of individuals increase their score by .5 between quarters.</p>	<p>Results: 47%, not met</p>
<p>Recommendation/Action Taken:</p>	<p>Performance Improvement Plan:</p>

<p>The DLA 20 Assessment tool will be administered at admission by the SDA Clinician, and quarterly thereafter by the Clinician that is providing Case Management/Outpatient services to the individual in order to track improvement in all domains.</p>	<p>During the last quarter this data was collected the objective was met. During FY 21 Clinicians will continue to utilize the DLA 20 as an assessment tool to monitor and track treatment outcomes, and identify areas that may need additional focus for continued growth. ICT is typically a long term service, therefore we need to consider looking at this data over a longer time span instead of just quarterly to clearly measure improvement of this intensive service.</p>
<p>Efficiency Objective: 25% of clients dually diagnosed with an SUD diagnosis will participate in a newly developed 8 week group, specifically for integrated dual disorder treatment.</p>	<p>Results: 14%, not met</p>
<p>Recommendation/Action Taken: The Supervisor of ICT collected and tracked this information during the pilot of this group.</p>	<p>Performance Improvement Plan: This was a pilot group for ICT during FY20, and due to limited success the program has decided to revisit this at some point in the future.</p>
<p>Efficiency Objective: 90% of full time staff will provide a minimum of 100 hours per month of direct or client related services per month.</p>	<p>Results:74%, not met</p>
<p>Recommendation/Action Taken: A report is run from Credible and specific information is gathered on each staff member to analyze productivity and account for any overlapping activities. Staff travel was not being counted into productivity which resulted in low numbers, however given this is a team model approach to treatment, it is recommended that additional activities be accounted for.</p>	<p>Performance Improvement Plan: Although ICT did not meet the goal of 90%, there was increased documented productivity compared with the previous year. During FY21 it will be discussed if 100 hours of direct or client related time is feasible with the format of the team approach, or if this expectation should be adjusted.</p>

RAFT House Outcomes

<p>Efficiency Objective: 80% of all members will attend then program at least two days per month.</p>	<p>Results: 91%, Met</p>
<p>Recommendation/Action Taken: If a member has decreased attendance RAFT</p>	<p>Performance Improvement Plan: RAFT House increased this objective during the FY20 year. Due to COVID and the program being closed in its</p>

House program staff will reach out to the member to encourage ongoing participation.	typical format, this data only accounted for Q1-Q3, however many members have continued to participate through zoom groups during this pandemic.
Efficiency Objective: 75% of the membership will participate in at least one community integration activity per month.	Results: 60%, not met
Recommendation/Action Taken: The Program Supervisor tracks and maintains member participation in community activities. Staff members offer numerous opportunities for community integration throughout the month.	Performance Improvement Plan: This measure may be put on hold for the first two quarters of FY21 due to COVID, and providing services in accordance with the phase the state has allowed us to operate in. At this time this program remains closed in its typical format.
Effectiveness Objective: 25% of the daily members in attendance will participate in a volunteer activity in the community each month or be employed.	Results: 17%, not met
Recommendation/Action Taken: RAFT House a position that is specific to working on employment related activities. The staff also help members identify opportunities for volunteering.	Performance Improvement Plan: This measure will be continued over the FY21. The program has been closed in its typical format for the last quarter due to COVID,

Supportive Employment Outcomes

Effectiveness Objective: 80% of individuals will begin job development within 30 days of assessment.	Results: 88%, met
Recommendation/Action Taken: A report was developed in Credible to measure each job development activity.	Performance Improvement Plan: Over the next year the SE program anticipates an increase in referrals to the program.
Effectiveness Objective: 90% of individuals in SE Individual Services will receive a minimum of two contacts each month.	Results: 84%, not met
Recommendation/Action Taken: Credible report is used to track this data by looking at each individual and what contacts they received during each month.	Performance Improvement Plan: Over the next year the program will continue to work towards achieving this goal 90% of the time and to ensure documentation of contacts are entered into Credible in a timely manner.
Efficiency Objective: 90% of full time Enclave SE staff member will provide a	Results: Ind: 113% Enclave: 99%, Met

<p>minimum of 100 hours of direct and client-related services per month.</p> <p>90% of full time Independent SE staff member will provide a minimum of 75 hours of direct and client-related services per month.</p>	
<p>Recommendation/Action Taken: A report is run from Credible to capture staff productivity on a monthly basis. The report is analyzed to account for any overlapping activities.</p>	<p>Performance Improvement Plan: During FY20 several activities were added to the productivity report that had not previously been incorporated. During FY21 the report will be adjusted to reflect only client specific time. At this time not all individuals have returned to work due to COVID.</p>

Prevention Youth Development Outcomes

<p>Efficiency Objective: There will be a 5% increase in parent education, consultation, and outreach as compared to FY19.</p>	<p>Results: 26% increase, met</p>
<p>Recommendation/Action Taken: Data is tracked on an annual basis by the Prevention team.</p>	<p>Performance Improvement Plan: The prevention team far surpassed this goal during FY20 They will continue to increase education, consultation, and outreach in the community, and also explore additional measures for program efficiency for the FY 21 year.</p>
<p>Effectiveness Objective: 80% of participants in the Family Matters program will report more effective relationships with their families.</p>	<p>Results: 97%, met</p>
<p>Recommendation/Action Taken: Family Matters Program Evaluation data, measured annually</p>	<p>Performance Improvement Plan: This measure will continue to be utilized to assess success of this program over FY21.</p>

Agency and Program Accomplishments:

Lastly, the agency enjoyed success and accomplishments in many areas which is presented to the Board of Directors and County Administration each year as part of the annual performance evaluation process.

2019 – 2020 Behavioral Health and Wellness Division-wide achievements:

- Implemented STEP VA Outpatient Services (hiring 5 positions, used the DLA-20 & MH levels of care guide service and length of stay decision, launched the Comprehensive Needs Assessment and corresponding documents; exceeded trauma-informed EBP required in this step)
- Distinguished both CM and OP psychotherapy as standalone services
- Comprehensive COVID-19 Response
- HCSB BH Division training was featured in the 12/2019 edition of the Prevention Solutions@EDC newsletter. Featured article: [Virginia Training Enhances Collaboration across Behavioral Health Care Sectors](#).

Grant awards:

- VA SA Block Grant Technical Assistance Funds for Prevention/Recovery Training - \$8000
- MAT - \$120,000
- SOR YR 2- \$42,500 (Prevention); \$64,000 (Tx)
- VHDA (housing)-\$ 5135

Engagement with County stakeholders: Coordinators and supervisors presented an in-service workshop for HCPS – social worker’s in-service. Crisis & Urgent Care supervisors conducted fifteen 45-minutes in-service presentations for staff at the Fire & EMS Department about meeting the needs of individuals experiencing a psychiatric emergency. BHW provided multiple training workshops for the Emergency Communications, Fire/EMS, and DSS. BHW developed a strong alliance with Fire/EMS which culminated in a grant award from DBHDS to implement the Resiliency Response Team.

Program-specific achievements:

Medical: Added a third psychiatric provider. Implemented STEP VA Physical Health initiatives and achieved positive outcomes as noted by measureable improvement in weight and BMI for clients receiving nutritional counseling. Examples – one ICT client lost 30lbs after learning his cholesterol was high. Another client lost 20 lbs. after learning he was prediabetes.

Children & Adolescent Services: Implemented an EBP, Teen Intervene, for the adolescent SUD group. Hired the first FT case manager. Collaborated with HCPS to 1) facilitate Signs of Suicide in two middle schools and 2) create the school-based CSB clinician position and job description. The JDC team hosted a sober NYE event that every participant attended for the entire event.

Adult Community Services: The entire ICT team completed training in the ACT Fidelity model. This positions them to meet the planned requirements for Behavior Health Enhancements. The ICT team its first SUD group, “New Chapter.” Mike Canada & Betsy Connell represented HCCSB as a presenter at the 2019 Virginia Psychiatric Rehabilitation Association Conference. Betsy Connell, represented HCCSB as a presenter at the Collaborations Conference.

BHW: The program is fully branded as Behavioral Health Wellness (from Prevention). Developed a CDL for BHW Specialists. Launched the Lock & Talk initiative, which included partnering with HCSO to create an instructional video on how to use a gun lock and engaging

regional media outlets. Community engagement: CARETalks was a partnership among Hanover CSB, The McShin Foundation, and Hanover Cares; Governor's Challenge to Prevent Suicide Among Service Members, Veteran's, and Families (SMVF) – led the CSB's local response to the Governor's Challenge in partnership with the American Legion Post 90 (Beaverdam) and the Department of Social Services. Developed the BHW Facebook page which has greatly enhanced the CSBs visibility in Hanover County and beyond.

Adult Outpatient: Developed a CDL for Peer Recovery Specialists. Participated in the DBHDS mainstream voucher housing pilot that resulted in assisting additional people, including ICT clients (on ICT), obtaining housing. Implemented an EBP, Moral Recognition Therapy, for a new SUD group. Established new MAT vendor contracts.

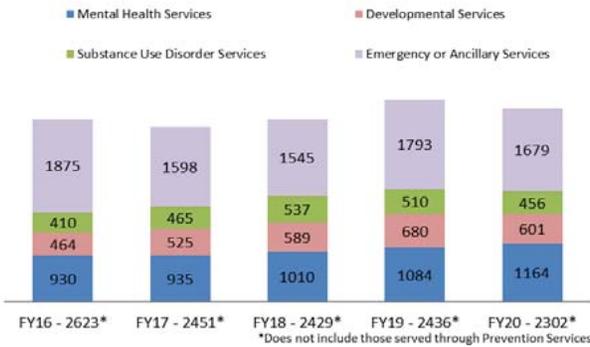
Crisis & Emergency Services: Excelled at providing 24/7/365 intervention, including multiple high-profile cases. Celebrated the 5-year anniversary of the HCIC. The Hanover CIT team presented the *Hanover CIT Awards* for the third time, honoring five individuals from the Hanover first responder and mental health communities.

Supportive Employment: The summer of FY19 was completed successfully. Employment with two crews who worked at Kings Dominion in the food service department. September 16^h held the first Supported Employment Open House for individuals and their family that was the beginning of quarterly Focus Groups. In December and March quarterly Focus Group meetings were held. On March 5th families participated in a Benefits and ABLÉ Account training while individuals began a Peer Mentorship Program with Employment Specialists. The Peer Mentorship program was developed with support from Martha Lambert and the Prevention Team. November 2nd hosted the Blue and White Gala and the Saddle up for a Celebration. Hanover High School Cafeteria Team was the Supported Employment Employer of the Year. January of 2020 the employees at Capital One switched from Restaurant Associates to Life Works as an employer and all individuals were successfully rehired and retrained. Rose's and Dollar Tree were two new employers who hired individuals in the program. During the COVID-19 Pandemic "Bee Well" kits were developed to inform and support individuals during quarantine. Snacks, activities and crafts as well as helpful resources were delivered. Staff made 570 kits that were delivered! In addition to "Bee Well" kits staff created both a Zoom Bingo and Zoom scavenger hunt that individuals participated in online. Staff delivered prizes to the individuals who won. In June Supported Employment was notified that they were selected to participate in a Statewide Project for Customized Employment and Discovery to increase employment opportunities to individuals with a more severe disability.

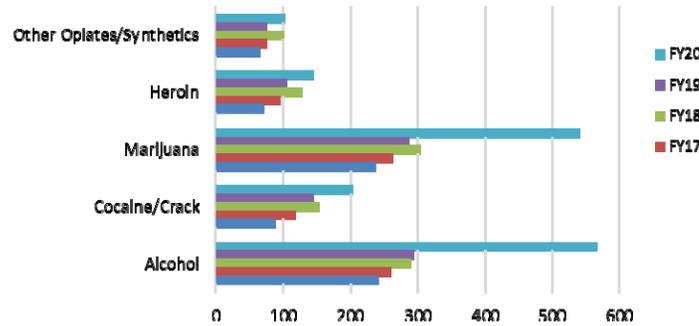
FY21: The FY21 Performance Management Plan for operational objectives is likely to remain fairly consistent with FY20. As well, ongoing enhancements to these measures are considered each year as the review and analysis of data is completed and additional data become available or no longer valid.

Hanover Community Services Board - FY20 Year-End Dashboard

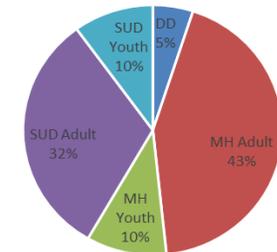
Clients by Program Category



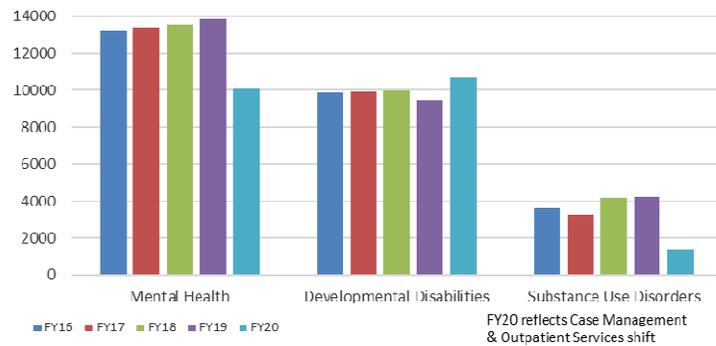
SUD Case Management - Primary Drug



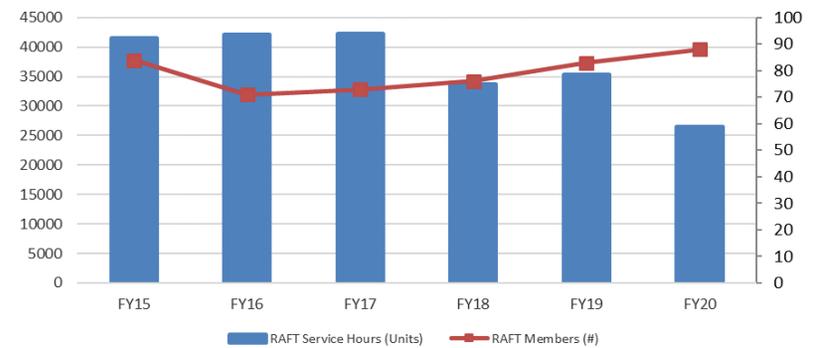
Primary Service Request - FY20



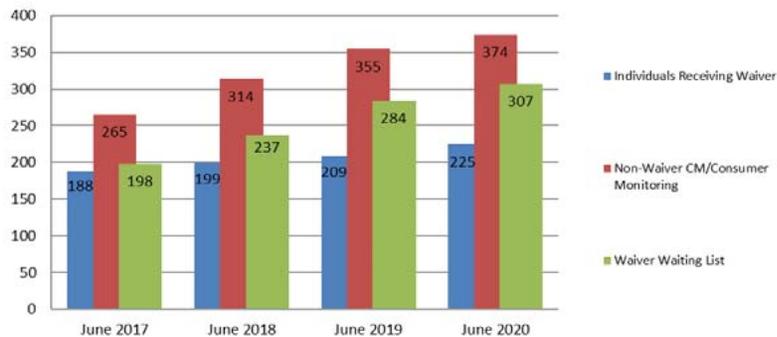
Hours of Case Management by Program Area



RAFT Service Hours



Developmental Disabilities Waivers



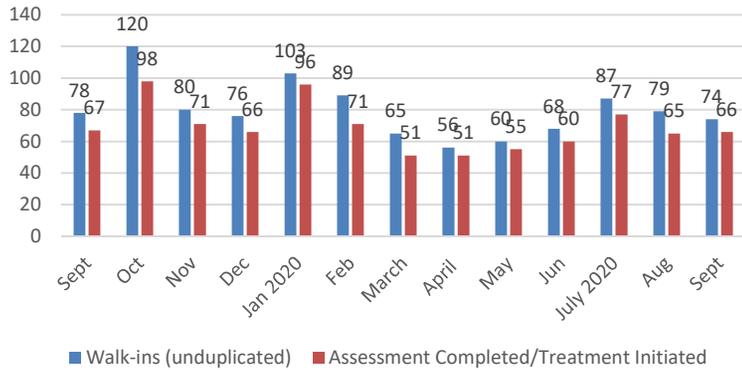
Waiver Waiting List - Priority



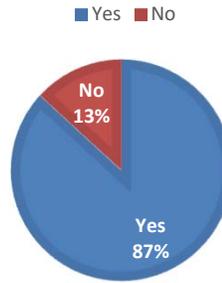
Hanover CSB - September 2020

At-a-Glance	Hospitalizations: 19	Number Served: 1217	Prevention: 91 ¹ /4398 ²	SDA Avg 1st Appt: 6.3	RAFT:
FY21 YTD Avg/Month	25	1221	255 ¹ /3344 ²	5.9	57 members received outreach and support; 29 participated in five Zoom groups
FY20 Avg/Month	24	1214	¹ F2F outreach, direct consult ² social media engagement	5.2	

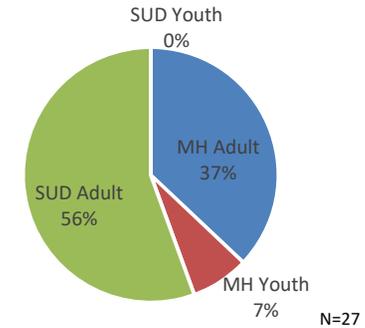
Same Day Access



Cumulative Rate FY21 - 1st Appointment Kept



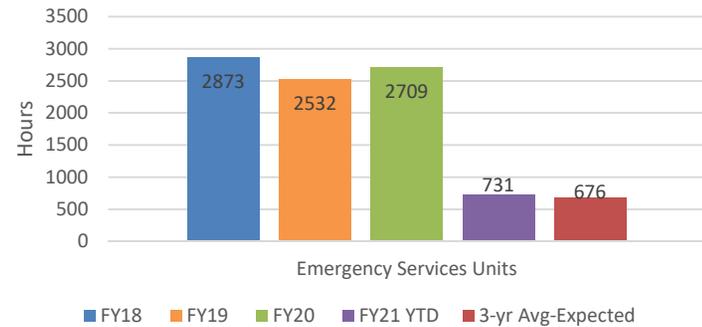
Cumulative FY21 No Show by Type of Service Requested



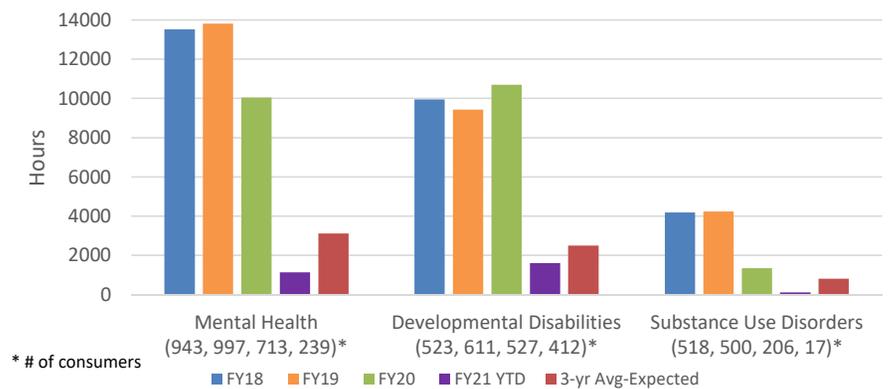
	FY20 Actual	FY21 Projected	FY21 YTD	YTD Expected	% of Expected	
Mental Health Services						
Acute Psychiatric or Inpatient Services	17	20	0	5	0%	🔴
Outpatient Services	765	850	559	540	104%	🟢
Medical Services	591	570	380	277	137%	🟢
Case Management Services	713	700	239	304	79%	🟢
Intensive Community Treatment	65	70	58	59	99%	🟢
Rehabilitation	88	90	58	64	91%	🟢
Supported Employment	8	7	7	7	100%	🟢
Developmental Disability Services						
Medical Services	53	60	45	28	161%	🟡
Case Management Services	247	250	224	224	100%	🟢
Rehabilitation	29	36	27	29	94%	🟢
Supported Employment	81	95	68	66	104%	🟢
Supportive Residential Services	44	39	27	27	101%	🟢
Substance Abuse Services						
Outpatient Services	350	400	190	186	102%	🟢
Medical Services	59	85	18	24	76%	🟢
Case Management Services	206	250	17	57	30%	🔴
Intensive Residential Services	22	22	0	6	0%	🔴
Emergency Services						
Emergency Services	763	750	233	222	105%	🟢
Consumer Monitoring - Individuals	280	300	188	154	122%	🟢
Early Intervention Services	0	30	0	0		
Assessment and Evaluation Services	1014	1040	326	304	107%	🟢

● 75-150%
 ▲ 50-74%; 151%-175%
 ◆ <50%, >176%

Emergency Services Units

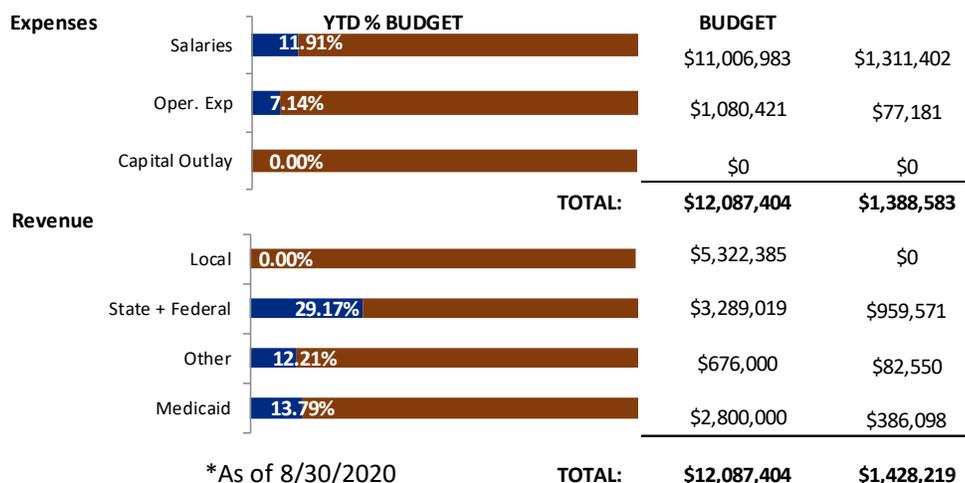


Case Management Units



Hanover CSB
Quarterly Dashboard – FY21
First Quarter (July – September 2020)

Budget



Transportation Services

	FY20 Q2	FY20 Q3	FY20 Q4	FY21 Q1
Trips	3616	3089	428	873
Individuals	64	63	8	14
% Program	39%	37%	0%	0%
% Employment	61%	63%	100%	100%

	FY20 Q2	FY20 Q3	FY20 Q4	FY21 Q1
Complaints	4	0	0	0
# Individuals Represented	3	0	0	0

Housing Vouchers

	As of Dec. 31, 2019	As of Mar. 31, 2020	As of June 30, 2020	As of Sept. 30, 2020
Total Vouchers	136	137	143	144
Leased	REG/DISABLED – 121 DOJ – 6 Mainstream - 5	REG/DISABLED – 119 DOJ - 6 Mainstream - 6	REG/DISABLED - 121 DOJ - 6 Mainstream - 6	REG/DISABLED - 126 DOJ - 6 Mainstream - 6
Available Vouchers	4	6	10	3
Vouchers able to lease	2	Mainstream - 1 Disabled - 3 Regular - 2	Mainstream - 1 Disabled - 2 Regular - 7	Mainstream - 1 Disabled - 2 Regular - 0
Pending/ Shopping	2 shopping 1 pending	1 shopping 7 pending	4 Eligibility Pending 2 Move-in Pending	1 Shopping
Wait List	263	263	266	278

Critical Incident Reporting

	Total	Location Details	Incident Details
FY20 Q2	39	Ashland: 14 Atlee: 9 Bell Creek: 6 DHR: 5 RAFT: 5	Behavior Management – Client Death – 2 Discovery of Suspected Illegal Substance – Discovery of Weapon – Fall w/ Injury – 5 Fall w/o Injury – 3 Infection – Medical Emergency – 6 Medication Error – Missing Item/Theft – Missing Person – 1 Near Miss – Other – 4 Other Accident/Injury – 3 Peer Verbal/Physical Aggression – Property Damage – Safety Concern – 2 Seizure – 4 Sexual Assault – Staff Use of Restraint – Suicide Attempt – 4 TDO During Provision of Service – 1 Vehicular – 4 Workplace Violence –
FY20 Q3	21	Ashland: 8 Atlee - I/DD: 3 Atlee - SE: 2 Atlee - Transportation: 0 Bell Creek: 2 DHR: 0 RAFT: 0 Prevention: 0	Behavior Management – Client Death – 5 Discovery of Suspected Illegal Substance – Discovery of Weapon – Fall w/ Injury – 1 Fall w/o Injury – Infection – Medical Emergency – 5 Medication Error – Missing Item/Theft – 2 Missing Person – Near Miss – Other – Other Accident/Injury – 2 Peer Verbal/Physical Aggression – Property Damage – Safety Concern – Seizure – Sexual Assault – 1 Staff Use of Restraint – Suicide Attempt – 2 TDO During Provision of Service – 2 Vehicular – 1 Workplace Violence –
FY20 Q4	20	Ashland: 15 Atlee: 3 Bell Creek: 2 DHR: 0 RAFT: 0	Behavior Management – Client Death – 2 Discovery of Suspected Illegal Substance – Discovery of Weapon – Fall w/ Injury – 0

			Fall w/o Injury – Infection – Medical Emergency – 1 Medication Error – 1 Missing Item/Theft – 0 Missing Person – Near Miss – Other – 4 Other Accident/Injury – 1 Peer Verbal/Physical Aggression – Property Damage – Safety Concern – 3 Seizure – 1 Sexual Assault – Staff Use of Restraint – Suicide Attempt – 4 TDO During Provision of Service – 3 Vehicular – 0 Workplace Violence –
FY21 Q1	24	Ashland: 19 Atlee: Bell Creek: 4 DHR: 1 RAFT:	Behavior Management – Client Death – 4 COVID Positive – 4 Discovery of Suspected Illegal Substance – Discovery of Weapon – Fall w/ Injury – Fall w/o Injury – HIPAA Violation – 1 Infection – Medical Emergency – 1 Medication Error – Missing Item/Theft – Missing Person – Near Miss – Other – 1 Other Accident/Injury – Peer Verbal/Physical Aggression – Property Damage – Safety Concern – 4 Seizure – Sexual Assault – 1 Staff Injury – 1 Staff Use of Restraint – Suicide Attempt – 5 TDO During Provision of Service – Unplanned Medical Hospitalization – 1 Unplanned Psychiatric Hospitalization – 1 Vehicular – Workplace Violence –

Focus Forward

- Continue to address the impacts of the COVID-19 public health emergency including the return to typical operations for all programs and locations.
 - COVID-related response and activities continue to be at the forefront of the agency's work. Nearly all staff have returned to working from their county office; a small number of staff have requested and been approved for schedule and/or other accommodations due to personal health concerns and/or family or school related needs. Day Health and RAFT staff developed comprehensive plans to guide program reopening; both are scheduled to reopen with limited participants attending each day. Agency staff continue to work to mitigate the revenue impacts resulting from program closure.
- Successfully complete the upcoming CARF survey and achieve 3-year reaccreditation.
 - Digitally Enhanced Site Survey (DESS) was conducted September 28 & 29. The survey certainty went better than expected considering the new format. The surveyors shared very positive feedback and only offered a few recommendations and consultations. The final survey report will be provided in 4-6 weeks. This report will indicate the agency's accreditation period though we have no reason to expect anything but a full reaccreditation.
- If funding allows, undertake reimplementation of Credible (work with Credible to redesign current processes/forms, etc. to support more effective use of Credible); during this process also implement a number of enhancements within Credible, to include Client Portal 2.0 and the Enhanced Client Engagement module.
 - Staff continue to collaborate with Credible on possible enhancements to our electronic health record. The Management Team met with Credible to review the options available including an Optimization Project that is less extensive, and therefore less expensive than reimplementation. The costs of this project is intended to be covered through regional funding received in July.



Hanover County Community Services Board Action Item

Board Meeting Date: October 19, 2020

Subject: Adoption of revision to the Rules of the Board for the Hanover County Community Services Board

Summary of Agenda Item:

The CSB Rules of the Board Committee met once to review the CSB's Rules of the Board to assess the need for possible revisions. The Committee recommends the changes outlined below:

- Article IV, Section 5: revised to include attendance at work sessions and promote active engagement in committee assignments and activities of the Board; adjusted the percentage of absences from 75% to 50%.
- Article VII, Section 1, first paragraph: revised to include a provision to reduce the number of meetings required in a calendar year if a local emergency has been declared; clarification added that members must be physically present at the meeting location to count for quorum.
- Article VII, Section 1, third paragraph: revised to better align with code language and requirements related to participation in meetings by electronic means.
- Article VII, Section 4: revised to clarify process for addressing public comments.
- Article VIII, Section 1: revised to clarify that committee is nominating officers for election to the Executive Committee.
- Article VIII, Section 3: revised to eliminate the two committee examples since neither are active.
- Article IX: replaced "local government" with "County Administration".

Action

Recommended: Adopt the Rules of the Board with revisions as recommended by the Committee for the Hanover County Community Services Board.

**HANOVER COUNTY COMMUNITY SERVICES BOARD
RULES OF THE BOARD**

ARTICLE I – NAME

The name of the Board shall be the Hanover County Community Services Board, hereinafter referred to as the “Board.”

ARTICLE II – PURPOSE

The purpose of this Board shall be to act as the agent of Hanover County, Virginia, a political subdivision of the Commonwealth of Virginia, in the establishment and operation of community mental health, developmental disabilities and substance use disorder services as provided for in Subtitle II, Chapter 5 of Title 37.2 of the Code of Virginia (1950), as amended, relating to the Virginia Department of Behavioral Health and Developmental Services, hereinafter referred to as the “Department.”

Additionally, the purpose of this Board shall be to ensure the provision of core services, as outlined in § 37.2-500 B of the Code of Virginia. Core services include emergency services; same-day mental health screening services; and outpatient primary care screening and monitoring. Subject to the availability of funds, services may also include case management services and other appropriate services necessary to provide individualized supports to persons with mental illness, developmental disabilities and/or substance use disorders.

ARTICLE III – POWERS AND DUTIES

The County of Hanover has established the Board and authorized it to administer County mental health, developmental disabilities and substance use disorder services pursuant to a resolution approved by the County Board of Supervisors on August 26, 1998, and in accordance with the provisions of § 37.2-501 of the Code of Virginia. The County Board of Supervisors has designated the Board as an Administrative Policy Board, as defined in § 37.2-100 of the Code of Virginia. The powers, duties and responsibilities of the Board shall be those of an Administrative Policy Board set forth in the Code of Virginia.

ARTICLE IV – MEMBERSHIP

Section 1. The membership of the Board is governed by § 2-37 of the Hanover County Code and in accordance with §§ 37.2-501 and 37.2-502 of the Code of Virginia as amended.

Section 2. The Board shall be composed of twelve (12) members, who shall be appointed by the Board of Supervisors in accordance with state law. The Board shall

include one (1) member from each of the seven (7) magisterial districts of the County, four (4) at-large members, and a member of the Board of Supervisors. The Board of Supervisors member shall not serve on the Executive Committee.

Section 3. Board members shall serve a term of three (3) years from January 1st of the year appointed. Members may be appointed for up to three (3) consecutive terms. Any vacancies on the Board shall be filled for the balance of an unexpired term and does not count against the three-term limit. Prior board members, who have served three consecutive terms, may be appointed again after a one-year period has lapsed.

Section 4. The membership of the Board shall be broadly representative of the community. One third of the Board shall be consumers or family members of consumers, at least one of whom shall be a consumer receiving services, as defined in § 37.2-100 of the Code of Virginia.

Section 5. Members shall attend Board meetings, including -work sessions, regularly and be actively engaged in committee assignments and activities of the Board. Board members should advise the chairperson of anticipated absences before meetings, or, if not possible, contact the chairperson shortly after the missed meeting. Any Board member absent for ~~75~~50% of the regular meetings of the Board or three (3) consecutive regular meetings of the Board shall have his/her membership evaluated by the Executive Committee. The Executive Committee may make a recommendation to the Board of Supervisors for appropriate action.

Section 6. Members shall abide by the agency's Standards of Professional Conduct and will acknowledge their understanding of these expectations by signing the "Board Member Acknowledgement" form at the time of appointment and each year thereafter.

ARTICLE V – ELECTION AND TERMS OF OFFICE

Section 1. The Board shall elect its officers at the annual meeting. Newly elected officers shall assume office on the first day of January. If the last regularly scheduled meeting of the year is cancelled or postponed beyond the end of the year, the Board shall elect its officers at the first regular or special meeting of the new year as the first order of business following the approval of the minutes and the newly elected officers assume office immediately. If both outgoing officers and chairpersons of all standing committees have concluded their service on the Board or are otherwise absent, then the longest serving Board member present shall preside.

Section 2. The terms of office shall be for one year or until successors are elected. No officer may serve more than two consecutive terms in same office. The election shall be by ballot if there is more than one nominee for the same office. A quorum must be present and voting must occur in order to constitute an election. Any vacancy occurring among the officers shall be filled by the Board.

ARTICLE VI – EXECUTIVE COMMITTEE

Section 1. The Executive Committee shall include the Chairperson, Vice Chairperson and Secretary. The Immediate Past Chairperson shall also serve as a member of the Executive Committee. If the Immediate Past Chairperson is unable to serve, another member of the board shall be appointed to serve as a member of the Executive Committee.

Section 2. The Executive Committee shall conduct necessary business, consistent with these Rules, between meetings of the Board, limiting new decisions to emergency situations or situations that cannot be delayed until the next Board meeting. Any action by the Executive Committee is subject to ratification by the Board at its next regular meeting. The Executive Committee shall meet at such times as necessary to conduct the business of the Board. A majority of the Executive Committee shall make a quorum.

Section 3. The Chairperson shall be the chief executive officer of the Board and shall perform such duties as are incident to the office and such other duties as may be required by law, by these Rules or which may be prescribed by the Board. The Chairperson shall preside at all meetings of the Board and Executive Committee, serve as ex-officio member of all standing committees and ad hoc committees, except the Nominating Committee, work closely with the Executive Director and delegate authority to the Executive Director with the approval of the Board.

Section 4. In the absence of the Chairperson, or in the event of his/her inability to act, or if that office is temporarily vacant, the Vice Chairperson shall exercise all the powers and perform all the duties of the Chairperson of the Board. In the absence of the Vice Chairperson, or in the event of his/her inability to act, or if that office is temporarily vacant, the Secretary shall exercise all the powers and perform all the duties of the Vice Chairperson.

Section 5. The Vice Chairperson shall perform such duties as are incident to the office and such other duties as may be required by law, by these Rules or which may be prescribed by the Board. The Vice Chairperson shall also preside at all meetings of the Board and Executive Committee when the Chairperson is not available.

Section 6. The Secretary shall assure that accurate records of all meetings of the Board and Executive Committee are prepared and maintained. The Secretary will serve as a communication liaison between the community and the Board. The Secretary shall assure that all notices of meetings of the Board and its committees are distributed and shall perform other duties as requested by the Board. In the absence of the Chairperson and Vice Chairperson, the Secretary shall preside at Board meetings.

ARTICLE VII – MEETINGS

Section 1. Regular meetings of the Board shall be held no less than ten times per year. If a local emergency has been declared, the Board may take action to reduce the required number of meetings for that calendar year. The date and times of the regular meetings will be established by the Board. The quorum for all regular Board meetings shall be a majority of its members. To count for quorum, a member must be physically present at the meeting location. Voting by proxy shall not be permitted. The annual meeting shall be a regular meeting, which shall be held no later than December.

If the Chairperson finds and declares that the weather or other conditions are such that it is hazardous for the Board members and the public to attend a regular meeting, the meeting shall be held within one week. Board members will be notified as promptly as possible and notice will be posted. All matters previously advertised will be conducted at the rescheduled meeting and no further advertisement or notice is required.

If a Board member is unable to attend a meeting due to a temporary or permanent disability or other medical condition, ~~n case of an emergency or~~ due to a personal matter, which has been identified with specificity, such Board members may participate in board meetings through electronic communication in accordance with the procedures and limitations set forth in § 2.2-3708.2 of the Code of Virginia when the necessary equipment is available. When electronic participation is due to a personal matter, the Board Member is limited to participating through electronic means for two meetings per calendar year.

Section 2. Special meetings of the Board may be called: by the Chairperson; upon written request of three members; or as determined to be necessary by a majority of the Board.

Section 3. The agenda for regular meetings may generally be as follows:

1. Call to Order & Welcome
2. Work Session
3. Donations
4. Public Comments
5. Approval of Minutes
6. Finance Report (Quarterly)
7. Executive Director's Report
8. Chairperson's Report
9. Board Member Updates and Activities
10. Action Items
11. Other Business
12. Closed Session (when applicable)
13. Adjournment

The order of agenda items may vary depending on the content of the agenda and time available.

Section 4. Public Comments. Public comments allow an opportunity for residents of Hanover County and other interested parties to present comments and information to the Board regarding any matter within the scope of the Board's authority. Any person who desires to speak will be asked to provide his/her name, magisterial district or locality of residence, and the matter to be addressed. ~~The Board may respond at the conclusion of the public comment period to comments or questions raised. Information that is readily available in response to such comments may be provided at this time.~~ The Board Chairperson will ensure the Board has the person's contact information and will let him/her know that the Chairperson will follow-up as necessary. In addition, the Board may direct that the staff prepare a report or take other action in response to the comments received.

During the public comment period, each speaker shall be permitted to speak for up to five minutes. In the event that the number of those wishing to provide comments should exceed the time allotted, the Chairperson may request that the individual(s) return for the next regular meeting of the Board or may consult with the Board as to whether to extend the public comment period. The Chairperson has the authority and duty to manage the public comment period within these guidelines.

ARTICLE VIII – COMMITTEES

Section 1. Nominating Committee.

A Nominating Committee shall be appointed by the Chairperson in November. The Chairperson of the Board shall not be a member of the Committee. It shall be the duty of the Nominating Committee to nominate officers for election to the Executive Committee~~for election~~. The Committee shall be composed of a Chairperson and two (2) members.

Section 2. Rules of the Board Committee.

A Rules of the Board Committee shall be appointed by the Chairperson in September. The Chairperson shall not be a member of the Committee. It shall be the duty of the Rules of the Board Committee to review the Rules of the Board and recommend revisions, as necessary, to the full board. The Committee shall be composed of a Chairperson and two (2) members.

Section 3. Standing Committees.

The Board may establish such committees as it shall deem necessary or advisable and shall establish such rules and regulations under which such committees shall function. Any vacancies on a standing committee shall be filled by the Board as needed. ~~The standing committees may include the Administration Committee, whose membership shall be limited to Board members, and whose purpose is to provide strategic planning and the review and oversight of administrative functions, including finance, human resources, information technology and facilities; and the Program Committee, whose purpose is to develop, monitor and evaluate the programs offered by the Board. The chairpersons of the standing committees will be appointed by the members of each committee and shall be selected from the current Board membership.~~

Section 4. Ad Hoc Committees.

The Board may appoint ad hoc committees to address a specific issue or activity that is not appropriate to be addressed by a Standing Committee. The chairperson of any ad hoc committee will be appointed by the members of the committee and shall be selected from the current Board membership. The Board shall fill ad hoc committee vacancies as needed.

ARTICLE IX – ADMINISTRATION

The Board shall participate with ~~local government~~ County Administration in the appointment and annual performance evaluation of the Executive Director. The Executive Director shall provide support to the Secretary of the Board to include minutes, notices and other correspondence.

ARTICLE X – CONFLICT OF INTEREST

Whenever a Board member or Committee member has cause to believe that a matter to be voted upon would involve him/her in a conflict of interest pursuant to § 2.2-3100, et seq., of the Code of Virginia, he/she shall announce the conflict of interest and shall abstain from voting on such matters.

ARTICLE XI – RULES

Roberts Rules of Order, newly revised, shall govern the Board in all cases to which they are applicable, and in which they are not inconsistent with these Rules. The County Attorney's designee shall serve as the parliamentary advisor to the Board.

ARTICLE XII – AMENDMENTS

The Rules should be reviewed on an annual basis. These Rules may be amended at any regular meeting of the Board by two-thirds of those present and voting.

