SOUTHSIDE BEHAVIORAL HEALTH

Board of Directors Meeting Agenda
Tuesday, September 22, 2026 | 1:00 PM
Modlinski Building | 143 Industrial Parkway, Clarksville, Virginia
Debbi Knox, Board Chair

I. Call to Order (1:00 PM)

II. Approval of Minutes – Official Board Minutes for in-person meetings held on November 25, 2026 | February 24, 2026 | June 23, 2026

III. Public Comments

IV. Employee of the Month: June and August, 2026 - Human Resources

V. Educational Topic: None

VI. Unfinished Business:

A. Electronic Meetings Policy (**Action)**

B. Ratification of Member Remote Participation (June 23, 2026 Meeting) (**Action)**

C. Executive Director's Contract Alignment and Compensation Package **(Action)**

D. Transfer of Brandon Home **(Action)**

E. Omnibus Ratification Motion (**Action)**

VII. Financial Report- Galyna Hightower, Director of Financial Services

VIII. New Business

A. Revised Bylaws **(Action Item)**

B. Deputy Executive Director Signature Authority **(Action Item)**

IX. Executive Director's Report

X. Adjournment

Next Regularly Scheduled Board Meeting- Tuesday, October 27, 2026 **(VIRTUAL)**

SOUTHSIDE BEHAVIORAL HEALTH

BOARD OF DIRECTORS MEETING – AUGUST 25, 2026

A regular meeting of the Southside Behavioral Health (SBH) Board of Directors was held, in Open Session, at 1:00 pm on **8/25/2026**, virtually via Google Meet with Debbie Knox, Board Chair, presiding.

ATTENDANCE

MEMBERS PRESENT
Debbi Knox (Chair)
Stuart Comer (Vice-Chair)
Tammy Mull
Joan Bower (Secretary)
Jessica Lafoon
Carlton Walker
Mandi Calhoun

MEMBERS ABSENT
Angela Hupp (Treasurer)

OTHER ATTENDEES
SBH Staff Members:
Heather Petrus, Executive Director
Paul Mandel, Deputy Executive Director
Nicole Lewis, Director of Quality and Compliance
Kameelah Singleton, Director of Human Resources
Galyna Hightower, Director of Finance
Buck Buchanan, Facilities Operations Manager
Sara Weisman, Marketing Coordinator
Kathryn Wilson, Clerk of the Board

PROCEEDINGS

I. CALL TO ORDER

The meeting of Southside Behavioral Health Board of Directors was called to order at **1:09 pm** by **Debbie Knox**, Board Chair. A quorum of Board members being present in-person, with the meeting having been duly convened, the Board was ready to proceed with business.

II. ADMINISTRATIVE DECLARATION & LEGAL STATUS

Following administrative review, it was identified that the public body has not formally adopted a written electronic participation policy pursuant to Va. Code § 2.2-3708.3. Consequently, the gathering did not constitute a legally authorized meeting under Virginia law, and all procedural actions considered during the session are declared void.

All substantive matters discussed during the session are referred to the next regularly scheduled in-person meeting on September 22, 2026 for formal consideration and action.

III. ADJOURNMENT

Following the administrative declaration, the session was concluded at 3:04 p.m.

Respectfully Submitted,

Kathryn Wilson, Clerk of the Board
Southside Behavioral Health

Date of Approval

Procedure(s)

All staff:

Southside Behavioral Health recognizes that employees represent the agency and play an important role in maintaining public trust, promoting a professional environment, and ensuring the safety and dignity of individuals receiving services. Employees are expected to maintain a professional appearance, appropriate hygiene, and attire that is suitable for their assigned duties, work environment, and interactions with individuals served, families, community partners, and the public.

This policy establishes minimum expectations for employee appearance while recognizing that job duties, safety requirements, infection prevention practices, and service settings may require additional standards.

General Personal Appearance Expectations:

Employees are expected to:

- Maintain a clean, neat, and professional appearance appropriate for their position and work environment.
- Practice good personal hygiene, including appropriate grooming and cleanliness.
- Wear clothing that is clean, in good repair, appropriately fitted, and suitable for performing assigned job duties.
- Ensure attire does not interfere with safety, mobility, client interactions, or job responsibilities.
- Present themselves in a manner that promotes confidence, respect, and professionalism with individuals served and the community.

Employees should consider:

- the population served,
- the location of services,
- safety considerations,
- physical demands of the position,
- whether the employee represents the agency in the community.

Clothing and Attire Standards

Employees may wear business professional, business casual, or appropriate work attire based on their position and assigned duties.

Examples of acceptable attire may include:

- Slacks, khakis, dress pants, skirts, dresses, professional jeans when permitted by program expectations, and appropriate tops. Note: Straps on shirts or dresses need to be at least 4 inches wide (from the neck to the shoulder). Short skirts **(no more than 4 inches above the knee) NO LEGGINGS!**
- Mid-calf length professional looking capri pants are allowed. Denim or cargo pant type capris are not acceptable. Professional looking sandals will be allowed if they are securely attached to the foot (no flopping). Clogs are allowed if they are well fitted to, and secure on, the foot. Sneakers are not allowed.
- Agency-approved uniforms or program-specific attire when required.
- Clothing appropriate for community-based work, including attire that allows movement, safety, and accessibility.
- Employees providing services in residential settings, clients' homes, community locations, or other field-based environments may wear clean, professional sneakers or other supportive closed-toe footwear when appropriate for safety, mobility, and client care.

The following are generally not appropriate for the workplace:

- Clothing with offensive, discriminatory, threatening, or inappropriate language or images.
- Clothing that is excessively revealing or interferes with maintaining professional boundaries.
- Clothing that is torn, excessively worn, dirty, or unsuitable for the work environment.
- Clothing or accessories that create a safety hazard.

Supervisors may establish additional attire requirements based on program needs, safety concerns, infection prevention requirements, or the population served.

Jeans are only allowed on Fridays and days when the Executive Director has approved it. Jeans <u>should not</u> be worn on any day where staff have outside meetings with community partners. Days where jeans are allowed are not a “dress down” day. Jeans may be worn with polo shirts, or other business casual shirts/sweaters/tops. This is not a day for sweatshirts, hoodies, or other t-shirts with logos. The agency may elect to have special occasions that allow for relaxed attire (team logos, school logos), this will be approved by the Executive Director and announced by Human Resources.

Personal Grooming and Hygiene

Employees are expected to maintain personal hygiene standards that support a safe and professional work environment.

Employees must:

- Maintain clean hair and appropriate grooming.
- Maintain clean hands and fingernails.
- Use fragrances, perfumes, or scented products appropriately, recognizing that some individuals may have sensitivities or medical concerns.
- Avoid grooming practices that interfere with infection prevention, safety, or job responsibilities.

Fingernails and Artificial Nail Enhancements

Employees providing direct care or working in environments where infection prevention is critical, including but not limited to:

- Adult Living Facilities,

- Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID),
- medication administration,
- personal care assistance,
- food preparation,
- wound care,
- healthcare-related services,

Staff must maintain fingernails in a manner that supports effective hand hygiene and infection prevention.

Employees in these roles should not wear:

- artificial fingernails,
- acrylic nails,
- nail extensions,
- nail enhancements that interfere with effective hand hygiene.

This recommendation is based on CDC guidance indicating that artificial nails and nail enhancements can harbor higher numbers of microorganisms than natural nails and may interfere with effective hand hygiene. A growing body of evidence suggests that wearing artificial nails may contribute to transmission of certain healthcare associated pathogens.

This requirement is also based on infection prevention and client safety considerations. Virginia food-service regulations specifically restrict artificial nails when handling exposed food unless intact gloves are worn, reflecting recognized infection-control concerns related to artificial nails.

Natural fingernails must be:

- clean
- maintained at an appropriate length, note exceeding ¼ inch beyond the fingertip
- free from conditions that interfere with safe client care.

Nail length is important because even after careful handwashing, they can often harbor substantial numbers of potential pathogens in the subungual spaces.

Jewelry, Accessories, and Personal Items

Employees must ensure jewelry and accessories do not:

- create a safety hazard,
- interfere with client care,
- prevent effective hand hygiene,
- increase risk during physical interventions or emergency situations.

Employees working in direct-care settings may be required to limit:

- rings,
- bracelets,
- long necklaces,
- dangling earrings,
- accessories that can be grabbed or create injury risks.

Tattoos, Piercings, and Body Modifications

Southside Behavioral Health recognizes individual expression while maintaining professional expectations.

Visible tattoos and piercings may be permitted unless they:

- contain offensive, discriminatory, threatening, or inappropriate content;
- interfere with job duties;
- create a safety concern;
- negatively impact the ability to provide services effectively.

Employees may be asked to modify or cover certain items when required by job duties or safety considerations.

Infection Prevention Considerations

Employees working in residential, healthcare, or direct-service environments must comply with agency infection prevention policies, including requirements related to:

- hand hygiene,
- personal protective equipment,
- nail care,
- jewelry restrictions,
- illness reporting,
- exposure precautions.

These requirements are intended to protect individuals receiving services, employees, and visitors.

Reasonable Accommodations

Southside Behavioral Health will consider reasonable accommodations related to disability, medical conditions, religious beliefs, or other legally protected needs in accordance with applicable laws.

Employees requesting an accommodation should contact Human Resources.

Compliance and Enforcement

Employees who fail to meet personal appearance, hygiene, or dress expectations may receive coaching and/or corrective action.

Supervisors are responsible for:

- communicating expectations,
- addressing concerns consistently,
- consulting Human Resources when corrective action may be necessary.

Human Resources should be consulted before implementing program-specific appearance requirements to ensure consistency, fairness, and compliance.

Anytime an employee is being paid they are considered to be at work. If an employee reports for work or training improperly dressed or groomed, the supervisor shall instruct the employee to return home to change clothes or to take other appropriate corrective action. The instructor should notify the Human Resource Director

or designee of the decision. The employee will not be compensated during such time away from work, and repeated violations of this procedure will be cause for disciplinary action. Interpretation of what constitutes appropriate dress shall rest with the Human Resource Director and Executive director.

Definitions

None

Associated Forms

None

Sign-Off

Action/Status	*Created/Reviewed/Revised by (initials):*	*Approved by (initials):*	*Date:*
Staff review/coordination/approval	PK	ED (LT)	02/01/2013
Revised		ED (LT)	06/17/2015
REMOVAL OF POLICY TO A STANDARD OPERATING PROCEDURE			
Staff review/revision/coordination/approval	HR	ED/DQC	10/18/2023
Staff review/revision/coordination/approval	DHR	NL	08/05/2024
Staff review/revision/coordination/approval	DHR		08/06/2026

BOARD REPORT – EXECUTIVE DIRECTOR (22 SEPTEMBER 2026) -AUGUST 2026 REPORTS

FEDERAL, STATE AND DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

Federal Update

HR 1 and Potential Medicaid Impacts

We continue to prepare for the potential impacts associated with **HR 1 and changes affecting Medicaid eligibility**. Of particular concern is the possibility that individuals may continue to have significant behavioral health or developmental disability needs while losing access to Medicaid-funded services.

The financial impact to CSBs could extend beyond the loss of reimbursement for direct services. Potential unfunded costs include **case management, care coordination, assistance with eligibility issues, and services that may need to be maintained through limited state or local resources**.

Approximately **$300 million in state funding was discussed as being available for mitigation of HR 1 impacts**, although the allocation process and allowable uses remain uncertain. VACSB intends to advocate for a portion of mitigation funding to support the public behavioral health and developmental disability system and is working to identify the highest-priority needs among CSBs.

SBH will continue monitoring these developments and working closely with our local Departments of Social Services to minimize service disruptions for individuals and families in our three-county service area.

State Updates

I continued to participate in statewide discussions through the Virginia Association of Community Services Boards (VACSB) regarding several significant policy, regulatory, and funding developments that may affect Southside Behavioral Health (SBH) and Virginia's CSB system including the following:

Medicaid Behavioral Health Redesign

DBHDS and DMAS continue implementation planning for the next phase of Virginia's Behavioral Health Redesign, including Community Psychiatric Support and Treatment (CPST) and the Clubhouse model. VACSB recently surveyed CSBs regarding their readiness to implement the redesigned services, receiving responses from 30 CSBs.

The results demonstrate significant statewide concerns regarding **reimbursement adequacy, workforce availability, clinical supervision requirements, administrative complexity, and overall financial sustainability**. These concerns are particularly relevant to rural CSBs such as SBH, where recruitment challenges and lower service volumes can make new service models more difficult to sustain.

SBH continues to evaluate the redesigned services carefully. Our goal is to expand services when they meet community needs while ensuring that any new program can be provided **clinically effectively, compliantly, and with long-term financial sustainability**.

There is also concern statewide regarding the loss of existing behavioral health capacity as Virginia transitions to the new model. Community Stabilization is being eliminated, and providers have already had to make difficult decisions regarding Psychosocial Rehabilitation, Mental Health Skill Building, and Clubhouse services. VACSB continues to advocate that Virginia avoid eliminating existing capacity before viable replacement services are operational.

Crisis Services and TDO Reporting

DBHDS is increasing its focus on Crisis Stabilization Unit utilization and Temporary Detention Order (TDO) data. CSU utilization reporting is moving from a **quarterly to monthly reporting cycle**, with a longer-term goal of incorporating additional reporting through the state's HL7 data exchange.

Statewide discussions have also highlighted an important issue involving individuals who enter a **23-hour crisis observation program and subsequently meet criteria for a TDO**. Current reimbursement and regulatory structures do not always align well with how individuals actually move through the crisis continuum.

This is especially important for rural communities, where hospital, CSU, and other crisis placement capacity may be limited. VACSB and DBHDS are considering additional workgroup discussions regarding CSU utilization, TDOs, 23-hour observation programs, CITACs, and barriers to more effective use of existing crisis capacity.

These discussions closely align with SBH's ongoing work to develop a **rural crisis continuum that provides individuals with the appropriate level of care in the least restrictive setting while reducing unnecessary emergency department utilization and incarceration**.

Emergency Medical Preparedness Requirements

DBHDS is developing requirements associated with legislation addressing emergency medical responses within licensed behavioral health and developmental disability programs.

The initial proposal discussed statewide would apply emergency medical simulation requirements broadly across multiple services and settings. VACSB and other stakeholders have expressed concern that an overly prescriptive statewide requirement could create a substantial administrative burden without necessarily improving safety.

Stakeholders are advocating for a more practical, risk-based approach that emphasizes emergency preparedness and allows providers flexibility based upon the type of service and setting. SBH will continue monitoring the final requirements and will make any necessary policy or training changes once guidance is finalized.

Executive Director's Assessment

Virginia's public behavioral health system is experiencing significant simultaneous changes involving **Medicaid redesign, eligibility, reimbursement, crisis services, workforce requirements, data reporting, and regulatory expectations**.

For SBH, the priority is to remain actively engaged in these statewide discussions while carefully evaluating the financial and operational impact of each change on our rural service system.

I will continue representing SBH in VACSB and statewide policy discussions and advocating for:

- Adequate Medicaid reimbursement;
- Realistic implementation timelines;
- Funding that recognizes the unique challenges of rural CSBs;
- Flexibility in designing crisis systems that reflect local community needs;
- Protection of existing behavioral health and developmental disability service capacity; and
- State funding to mitigate federal policy changes that could otherwise result in service reductions or increased reliance on local resources.

CONSORTIUM – REGIONAL UPDATES

We continue to meet quarterly and discuss our unique challenges as Region 3B as well as provide support and problem solve.

AGENCY

During August, my work focused on workforce investment, regulatory advocacy, Medicaid compliance, organizational communication, outpatient performance, client rights, CCBHC readiness, and preparation for Virginia’s behavioral health redesign.

A significant accomplishment was working with Finance and Human Resources to develop a compensation proposal that provides eligible employees with a 2% salary increase and a one-time 3%

bonus. I also evaluated opportunities to use state workforce funding for professional development, clinical supervision, licensure expenses, employee recognition, retention incentives, and student-loan repayment.

Other major priorities included reviewing proposed DBHDS regulatory and Medicaid policy changes, strengthening clinical documentation and chart-review processes, addressing concerns involving continuity of medication-assisted treatment, developing an agency-wide CCBHC readiness assessment, improving communication with employees, and preparing Southside Behavioral Health for implementation of Community Psychiatric Support and Treatment and other Medicaid redesign services.

Please see below for an overview of key focus areas throughout the month.

1. State Workforce Funding Plan

We submitted a grant with proposed use of funding provided through Item 299 of the Virginia budget for CSB workforce initiatives. The focus of the funding included staff retention, staff and leadership development opportunities, reimbursement of licensure costs, tuition reimbursement and employee recognition.

2. Employee Communication and Quarterly Town Halls

Following feedback from agency leadership and employees, I determined that Southside Behavioral Health would benefit from more consistent agency-wide communication.

I developed a plan to establish quarterly employee town hall meetings. These meetings will provide employees with regular updates from leadership and an opportunity to better understand agency priorities, accomplishments, challenges, and upcoming changes.

The proposed 60-minute agenda includes reports from our leadership team and are intended to improve transparency, reduce uncertainty, strengthen coordination among service lines, and help employees understand how departmental initiatives connect to the agency's overall mission.

3. Change Management and Staff Feedback

During August, I addressed employee concerns regarding newly implemented productivity expectations, centralized scheduling changes, and revised clinical workflows.

While these initiatives are necessary to improve access, compliance, accountability, and financial sustainability, I recognize that the pace and volume of operational changes have been challenging for employees.

In response, I emphasized the need for:

- Earlier communication regarding significant changes.
- Clear explanations of why changes are necessary.
- Opportunities for employees to ask questions and offer feedback.
- Written implementation timelines.
- Consistent training and job aids.
- Supervisory follow-up.
- Monitoring of unintended consequences.
- Recognition of staff effort during periods of transition.
- Regular updates regarding progress and outcomes.

The quarterly town hall structure will be one component of a broader effort to improve internal communication and employee engagement.

4. DBHDS Regulatory Review and Statewide Advocacy

I completed a detailed review of several proposed DBHDS and Medicaid policy documents with an August 26 public-comment deadline.

The documents reviewed included:

- Temporary Detention Order Supplement updates.
- Practitioner Manual Chapter 2 updates.
- Pharmacy Manual Chapter 7 updates.
- Reentry-related guidance and supplemental requirements.
- Other proposed changes affecting Virginia CSBs.

For each document, I evaluated:

- The specific change from the existing requirement.
- The page and section where the change appears.
- The operational impact on CSBs.
- Potential positive outcomes.
- Potential negative or unintended consequences.
- Staffing and documentation implications.
- Financial and reimbursement concerns.
- Recommended comments for statewide advocacy.

This work supported my role with the Virginia Association of Community Services Boards Regulatory Committee and allowed Southside Behavioral Health to advocate for clear, achievable, and adequately funded requirements.

Major concerns included increased administrative burden, insufficient implementation time, unclear provider expectations, rural workforce limitations, technology needs, and requirements that may create additional responsibilities without adequate reimbursement.

5. Productivity and Clinical Capacity

I continued reviewing outpatient therapist productivity expectations and the relationship between available work time, direct-care expectations, documentation, meetings, supervision, breaks, and administrative responsibilities.

The purpose of this work is to ensure that productivity expectations are reasonable, transparent, measurable, and aligned with the actual time available to provide services.

I also continued reinforcing the agency's 60% productivity expectation for outpatient therapists while identifying the need for supervisors to monitor appointment availability, completed services, cancellations, no-shows, documentation, and barriers outside the employee's control.

6. CRC Open House

Planning in underway for an open house at our CRC. The open house will take place on Wednesday, October 14, 2026 from 4:00 pm-6:00pm. A target of mid-October was established to support:

- Development of accurate outreach materials.
- Invitations to law enforcement, hospitals, local government, schools, courts, providers, and community partners.
- Public advertising.
- Facility preparation.
- Staff assignments.
- Tours and demonstrations.
- Talking points regarding the Center's services.
- Clear explanation that the Center is not a traditional 23-hour crisis stabilization program.
- Education regarding walk-in, mobile crisis, prescreening, ECO, TDO, and referral processes.

The open house will provide an important opportunity to explain how the CRC can reduce unnecessary emergency department use and incarceration.

7. Priorities for September

Priorities moving into September include:

1. Finalize preparations for the 2% salary increase and 3% employee bonus.
2. Continue regulatory advocacy related to Medicaid and DBHDS changes.
3. Advance CPST and Clubhouse implementation decisions.

4. Continue CCBHC readiness and community-needs assessment activities.
5. Implement enhanced monthly supervisor reporting.
6. Monitor outpatient access, productivity, no-shows, cancellations, and waitlists.
7. Finalize the bridge-prescription and continuity-of-care policy.
8. Continue staff training on trauma-informed and person-centered practices.
9. Strengthen clinical outcome measurement using the PHQ-9 and Columbia Suicide Severity Rating Scale.
10. Prepare for the October CRC open house.
11. Prepare for the first quarterly employee town hall.
12. Reconcile Performance Contract and Exhibit D requirements with the agency budget.
13. Continue strengthening Medicaid documentation, chart review, and corrective-action monitoring.

Behavioral Health Adult Case Management

- Total Clients: 190.
- Total Billed: 180.
- There were 6 admissions.
- 16 clients were not billed. 6 Clients are in the hospital, 7 were discharged, 1 whereabouts are unknown and 2 were non-compliant.
- Medicaid billing was $60,238.84.
- All Case Managers met their 80 direct service hours.
- MHCM has two open positions (Halifax and Mecklenburg).

Psycho-Social Rehabilitation

Halifax Community Support Program

- Has a total of 14 clients attending the program.
- All 14 clients were billed.
- Currently has two open positions.
- Revenue for the month $13,003.73.

Mecklenburg Community Support Program

- Has a total of 28 clients attending the program.
- All 28 clients were billed.
- Currently has one open position.
- Revenue for the month $37,187.60.

Permanent Supported Housing (PSH)

- PSH- 39 slots/35 filled.
- AG- 8 slots and 5 are filled. There are three active applicants.
- 28 individuals received MH Case Management and were billed to Medicaid.
- Medicaid billing was $11,019.30.
- Marc Manor has 5 units and all are occupied.

HUD

- Alberta Manor – 11 of 13 Occupied – Processing new tenants.
- Gateway – Halifax Apartments 10 of 10 occupied.
- Ashley Manor- 4 of 10 occupied.
- Brandon Home – closed. HUD has been notified concerning our desire to surrender the home back to HUD.

BOARD REPORT: Crisis Services | Meeting Date: September 22, 2026 | Data Period: August 2026

This month, Crisis Services continued strengthening staffing, coverage, documentation, training, and Mobile Crisis readiness while responding directly to service demands.

August 2026 Crisis Activity

Measure	Count
Total Crisis Evaluations / Records	**28**
TDO Disposition	**9**
TDO Recommended	**1**
Voluntary	**6**
Safety Plan / Released with Safety Plan	**7**
Released	**1**
No Disposition Entered	**4**
Mobile Crisis Calls	**1**

Note: ECO initiation counts are tracked separately for the Emergency Services report and are not added to final disposition totals.

Staffing & Coverage

- Jillian's Case Manager / certified prescreener position remains vacant, reducing both case management and prescreening capacity.
- Ireland's final day is September 27. Recruitment remains difficult: one candidate would have taken a pay cut from DOC, and another declined because the 12-hour shift was not conducive to her needs.
- A new Program Manager and a new Case Manager are expected to start September 16.
- To maintain coverage, the Divisional Director has been pulling night shifts and providing direct staff support as call volume requires.

Mobile Crisis / BHL

- One Mobile Crisis call was received; the Divisional Director participated directly in the field response.
- Leadership is working with BHL dispatch to ensure assigned staff are properly active and available.
- Current BHL permissions do not allow Crisis leadership to independently verify who is active. Lars advised that the current CS Team Lead role cannot be assigned that access, creating an operational visibility gap.
- Five staff members currently need Mobile Crisis certification; the next training may begin in October.

Documentation, Training & Supervision

- Tammy will work with Crisis Services this month on correct prescreen submissions, including transfer of custody, departure dates, and required hospital/CITAC forms.
- Leadership has received the CITAC forms and will review completion and placement in the record for accuracy and consistency.
- Four staff members need prescreen certification. They must first complete the required online modules before beginning 40 hours of observation and 40 hours of being observed.
- A prescreen audit was completed September 1. Leadership is establishing a routine of two prescreen audits each week.
- Individual supervision is underway across the team; only two staff members remain to complete their sessions.

Operations, Safety & Clinical Support

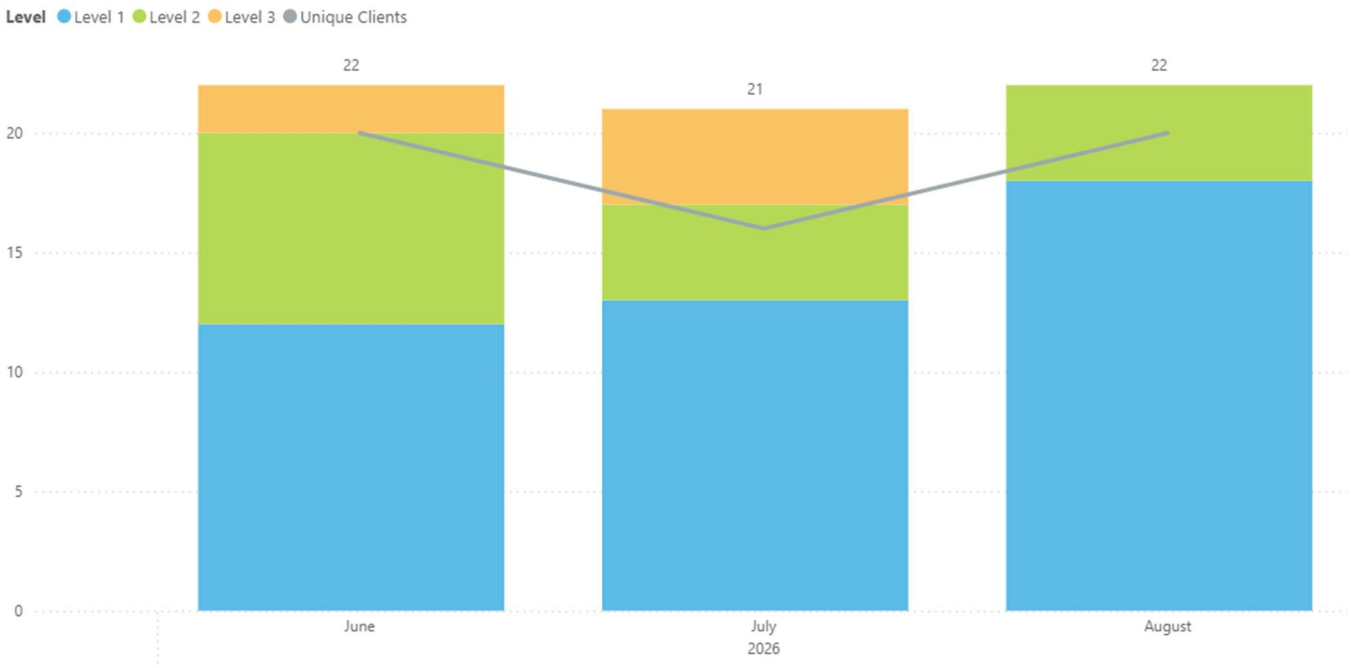
- On A shift, the Crisis building remains open until 8:00 PM; however, front-desk coverage is needed after 5:00 PM. On certain days, only the CITAC officer is in the building after 5:00 PM, creating a staff safety concern that needs operational review.
- Nursing has requested clarification on whether a physician order is required before obtaining laboratory specimens for various needs, including urine specimens.

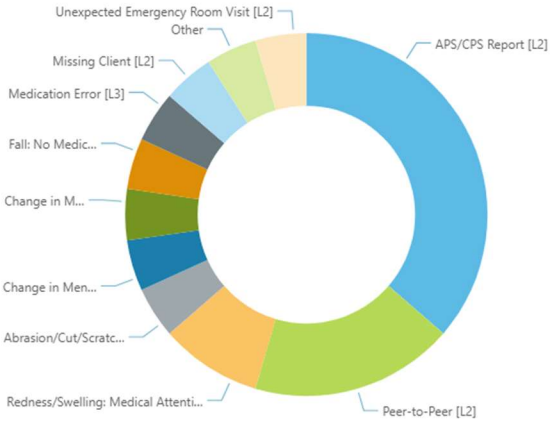
Open House / Stakeholder Outreach

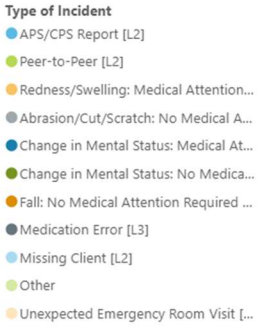
- The Crisis Receiving Center Open House is tentatively scheduled for October 14, 2026, from 4:00 PM to 6:00 PM. Stakeholder invitations are being prepared for identified community partners, with RSVP arrival time slots planned to support event flow.

Prepared by Sarah Underdue, M.Ed., LPC-S, LSATP-S | Divisional Director of Crisis RRC

Incident Reports:







Type of Incident	#	%
Abrasion/Cut/Scratch: No Medical Attention Required [L1]	1	4.55%
APS/CPS Report [L2]	8	36.36%
Change in Mental Status: Medical Attention Required [L2]	1	4.55%
Change in Mental Status: No Medical Attention Required [L1]	1	4.55%
Fall: No Medical Attention Required [L1]	1	4.55%
Medication Error [L3]	1	4.55%
Missing Client [L2]	1	4.55%
Other	1	4.55%
Peer-to-Peer [L2]	4	18.18%
Redness/Swelling: Medical Attention Required [L2]	2	9.09%
Unexpected Emergency Room Visit [L2]	1	4.55%
Total	**22**	**100.00%**

Human Rights:

During August 2026, Quality and Compliance completed a human rights investigation involving concerns related to an OBAT medication-management encounter. The concerns included whether the client was asked or directed to leave an appointment because of her behavior or language and whether continuation of Suboxone treatment was improperly withheld following the encounter.

The investigation included review of the clinical record, medication and urine drug screen documentation, staff interviews, and follow-up communications. Available evidence indicated that the client left the appointment

before the medication review was completed. The investigation did not establish that the client was explicitly directed to leave or that treatment was intentionally denied as punishment for her language or behavior. The decision regarding continued Suboxone prescribing involved several documented factors, including positive urine drug screen results, the incomplete medication review, and concerns arising during the encounter.

The review did identify significant concerns regarding how the situation was managed and the potential for an interruption in medication-assisted treatment. Leadership intervened to ensure continuity of care, alternative medication-management services were arranged, and a temporary bridge prescription was issued to provide medication coverage until the client could be seen by the new provider.

The allegation was **not substantiated based on the available evidence**; however, the investigation identified opportunities for improvement related to trauma-informed and person-centered care, de-escalation, professional boundaries, clinical communication, continuity of care, and management of transitions between providers.

Corrective actions include staff training on trauma-informed care, person-centered practices, de-escalation, professional boundaries, continuity of care, and management of challenging client interactions. The agency will also develop a formal policy and procedure for bridge prescriptions to address clinical decision-making, documentation, consultation and approval, coordination with receiving providers, client notification, withdrawal and relapse risks, emergency planning, and prevention of unsafe interruptions in medication-assisted treatment.

Audits/Citations:

Hope House underwent an unannounced Standard Recertification Life Safety Code Survey on July 21, 2026. The survey identified Life Safety Code deficiencies requiring corrective action.

The citations were related to facility safety and maintenance documentation, including:

- Emergency lighting: Emergency task lighting in the electrical panel/transformer switch area was not maintained as required.
- Automatic sprinkler system: The facility was unable to provide documentation of the required annual sprinkler system maintenance and testing for 2025 and 2026.
- Electrical system maintenance: Required documentation of routine weekly, monthly, and annual maintenance for the emergency power supply/generator system could not be provided.

The findings were primarily related to preventive maintenance and documentation of required Life Safety Code inspections and testing. A Plan of Correction was required to address the identified deficiencies. We have submitted our response and are working on making the needed updates to our facility and procedures.

Complaints & Appeals:

Quality and Compliance received three complaints during August 2026. The complaints involved concerns related to access to services, communication, follow-up, and care coordination.

One complaint involved a client receiving psychiatric medication management services. The client reported concerns about the length of time between appointments after starting a new medication, side effects from the medication, difficulty obtaining an earlier appointment, and delays in completion of work-related documentation.

A second complaint was received from the legal guardian of a youth receiving case management services. The guardian expressed concerns regarding communication and discharge planning as the youth prepares to

transition from a residential placement back into the community. The guardian requested clearer guidance and assistance to ensure a smooth transition and continuity of services.

The third complaint was received from the mother of an individual incarcerated at a regional jail who was potentially approaching release. Concerns included staff communication and follow-up, whether promised coordination with jail personnel occurred, and the individual's access to medication and mental health services following release. During follow-up, crisis resources were provided to the family.

Common themes identified across the complaints included timely communication, follow-up with clients and families, coordination of care, and access to services. Complaints were referred to the appropriate staff and leadership for review and follow-up as indicated.

Record Requests:

112 records were processed and released this month.

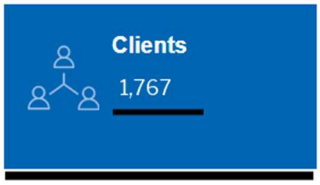
Information Technology:

80 task tickets were created and addressed this month.

Consumer Data:

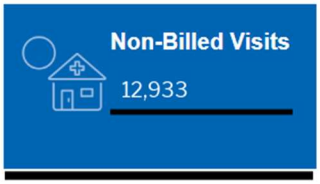
These Key Performance Indicators show the number of active clients in our electronic health record, billed visits, and non-billed visits this month.

Clients



Billed Visits

Non Billed Visits



The table below shows the number of clients, billed visits, and non-billed visits per county for the month.

County	Number of Clients	Billed Visits	Non-Billed Visits
Brunswick	410	354	2162
Halifax	897	860	5362
Mecklenburg	864	1079	5390

The table below shows the number of clients who had telehealth appointments for the month. These appointments were completed through Southside Virtual Care or Google Meets/Zoom.

County	Number of Clients
Brunswick	41
Halifax - Adult	35
Halifax - CFS	42
Mecklenburg - Adult	18
Mecklenburg - CFS	46
Total	**182**

Clients Served Totals

This table shows the clients served by age range. The green box represents billed services. This table has duplicate clients if they were seen for more than one billable service.

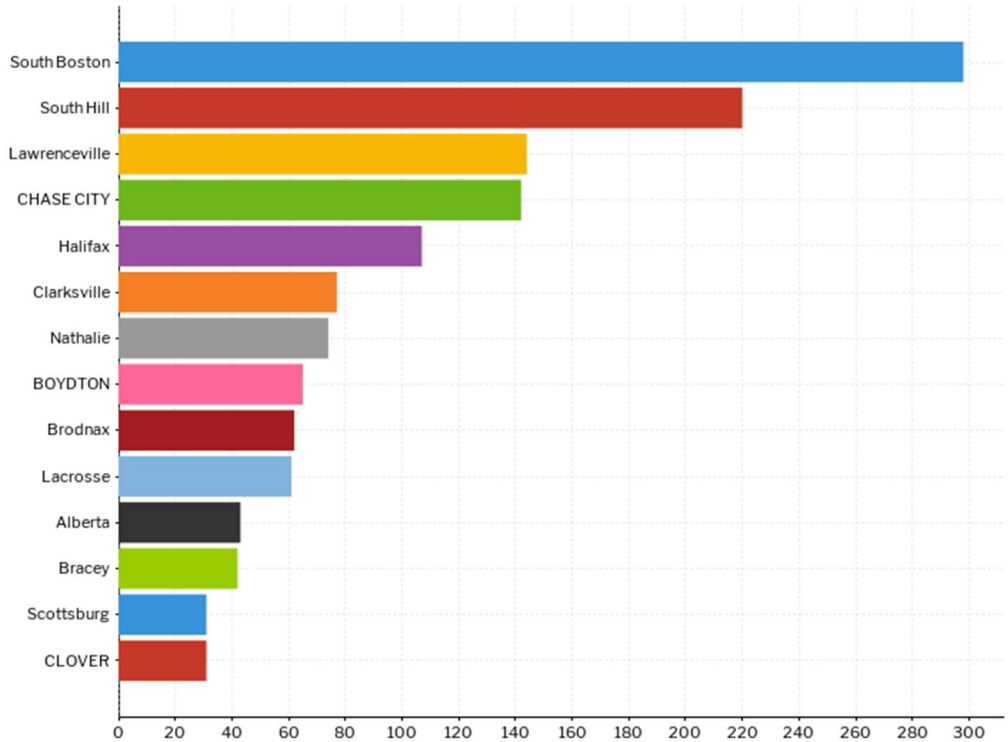
Age Range	Clients	Billed Visits
0 - 17	**577**	**694**
18 - 30	**291**	**370**
31 - 44	**356**	**469**
45 - 64	**408**	**550**
65 - 84	**129**	**208**
85+ Years	**6**	**8**
	1,767	**2,299**

Clients by age and race

This chart shows the client's age range and race for this month.

Clients	Age Range					
Race	0 - 17	18 - 30	31 - 44	45 - 64	65 - 84	85+ Years
African American (Black) and White	31	11	4	3	0	0
Amer.Indian or Alaskan and Black/African American	0	0	1	0	0	0
American Indian	1	0	0	1	1	0
American Indian or Alaskan Native and White	0	0	1	1	0	0
Asian	0	0	0	0	1	0
Black or African American	195	112	162	182	63	2
Other	1	2	4	2	1	0
Other Multi-Race	6	5	0	1	1	0
Unknown	0	2	0	0	0	0
White Caucasian	138	83	135	158	42	2
	205	76	49	60	20	2
Total	**577**	**291**	**356**	**408**	**129**	**6**

Clients' top 10 cities



Top 10 primary diagnoses

Diagnosis	Clients	Billed Visits
Attention-Deficit Hyperactivity Disorder, combined type	249	357
Generalized anxiety disorder	224	399
Post-Traumatic Stress Disorder (PTSD), unspecified	167	222
Autistic disorder	148	211
Major depressive disorder, recurrent, moderate	148	191
Early Intervention	141	142
Mild intellectual disabilities	108	232
Anxiety Disorder, Unspecified	97	119
Oppositional Defiant Disorder	88	110
Cannabis dependence, uncomplicated	81	123

August productivity

Units Billed: 364

Billable hours: 221.6

Productivity: 38.48

Admissions: Adult: 64 Children: 11

Discharges: Adult: 43 Children: 20

- We are pleased to announce that we have hired an adult NP, Denea White, and a child NP, Tamika Braveheart to our team. Denea will be onboarding Oct 16th, and Tamika will be onboarding October 1st. We are excited to add them to our team!
- We have teamed up with Jackson and Coker to provide a 3-month contract for a child NP. This was in the process when we hired Ms. Braveheart. We will follow through with this contract for the three months and review the need after about 2 ½ months to see if we will need to renew the contract.

On Aug 1, 2026, we hosted the 3rd area Infant and Maternal Health Summit at the Brunswick Conference Center with TCCAA. It was a successful event attended by many families in the area.

On August 4, we provided **ACEs training and the Brain Architecture** game to **54 teachers and staff** at South Boston Elementary School.

Our team supported **two National Night Out events**- August 4 in Brunswick County and South Hill and August 10 in Halifax County: Mecklenburg is scheduled for September 8. ***7 SPEAK youth members participated in NNO in Halifax!***

On August 12,we provided **Virtual REVIVE** training via ZOOM for 5 folks. On the same day, we provided an **Activate Your Wellness presentation** for **47 folks at Mt. Olive Apostolic Church** in South Boston.

The next day, we hosted a **Youth Mental Health First Aid class for 14 folks** at VCU Community Memorial Hospital on August 13 and provided **REVIVE training to 4 folks** at the end of MHFA. We also provided **ACEs and Lock and Talk** training to 5 new **staff** on August 18.

Jenna and Lacy attended the **LUV/CHATS Facilitation training** sponsored by DPCS on August 19-21 in support of ACES and Lift Up Virginia Expansion efforts. Lacy also traveled to RACSB from August 25-28 to attend the ACEs Cohort training. **Thank you, Lacy, for becoming an ACEs trainer!**

On August 29, Lacy in partnership with Amanda Hutchins from the Southside Medical Services Corp provided **REVIVE to 3 people at the Centennial Park Summer Youth Empowerment** event in South Hill.

On August 31, we provided **ACEs training** and the Brain Architecture game to **11 participants in CIT** training and we had a **POP-UP REVIVE on August 31** at Admin in **honor of International Overdose Awareness Day.** We also replaced expired **Narcan for 6 local** community members.

We also distributed **30 locking medication boxes** to the Hughes Center in South Boston along with **33 boxes to the CIT participants.**

Lacy supported local outreach with the delivery of mental health toolkits, Lock and talk boxes, Virtual REVIVE kits, and literature to VCU CMH and CRC.

The **Southside Wellness Coalition** was cancelled due to conflicting events and coverage needed. The next meeting is September 17. Our monthly state PG meeting was on August 11, monthly RSPI meeting was on August 14, followed by the Prevention Council meeting. The PFS quarterly meeting was August 25. The regional PG meeting was August 27.

Youth Coalition updates: The first meeting of the school year **for Halifax SPEAK meeting** was August 26 **with 47 kids in attendance**! The youth are working on their **Activate Your Wellnes**s presentation

and tabling for the Hidden in Plain Sight in September. Jenna also spoke in front of all MCHS staff, parents and students on **August 5 during the 9th grade orientation.** Jenna also accompanied **16 SPEAK youth to the Teen Mental Health Summit at** Bannister Missionary Church in Sunday, August 30.

Finally, we were featured in the state-wide OMNI August newsletter– we were their SPOTLIGHT CSB!!

- **70 ACEs** trained
- **14 Adult Mental Health First Aiders**
- **47 Youth at SPEAK Halifax meeting**
- **7 SPEAK youth at Halifax outreach for NNO**
- **5 Lock and talk VA** trained
- **12 REVIVE** trained
- **47 Activate Your Wellness** trained
- **63 Lock and Talk VA locking medication boxes** were distributed
- **20 Lock** and Talk **cable gun locks**
- **63 Lock and Talk medication deactivation packets**

Developmental Disabilities Support Coordination

A total of 230 individuals were served.
99% of all ID/DD individuals were billed. Three individuals not seen, one currently in the hospital, one billed every three months, one relinquished waiver.
5 Received referrals.
no new waivers assigned
Medicaid billing was $85,159.15

Early Intervention

The EI Service Coordinators served a total of children 123 ; 94 were billed to Medicaid and 29 children were billed to private insurance
100% of all children were seen.
Medicaid revenue was $18,178.88
Private Insurance revenue was
There were 19 new referrals.
There were 13 successful intakes.
2 declined/unable to contact referrals
There were 22 discharges. 3 aged out of services, 3 lost contact, 12 transition to school.

ID/DD Day Support

Halifax Creative Innovations (HCI) served 24 individuals. Two individuals participated in community engagement. The individuals participated in volunteering at the food bank, visiting the library. Exercising at the community center, world of sports, bingo, Karaoke arts/craft, discussions on safety, personal hygiene, healthy living, local shopping and eating out in the community and activities of their choosing. Medicaid revenue for the month was $41,956.44

Mecklenburg Creative Innovations (MCI) located at the John H Northington Center served 23 individuals in addition to 5 individuals from the ICF. The individuals participated in various activities such as eating in the community, arts/crafts, movie day, bingo, game day group, exercise, paint and sip and activities of their choosing. Lunch in the park, ice cream at sonic, and library . Medicaid revenue for the month was $43,930.34

Brunswick Creative Innovations (BCI) Served 15 individuals. Three individuals continue to participate in community engagement. The individuals participated in various activities such as; volunteering at 3 local food banks, bingo at the Senior Citizen Center, arts/crafts, and various activities of their choosing Medicaid revenue for the month was $39,589.32

ID/DD Residential Services

Ashley Manor: Total Billing for Aug 2026: $35,561.65
Total FT Staff:*(This number Includes Residential Facilitator)*: 8

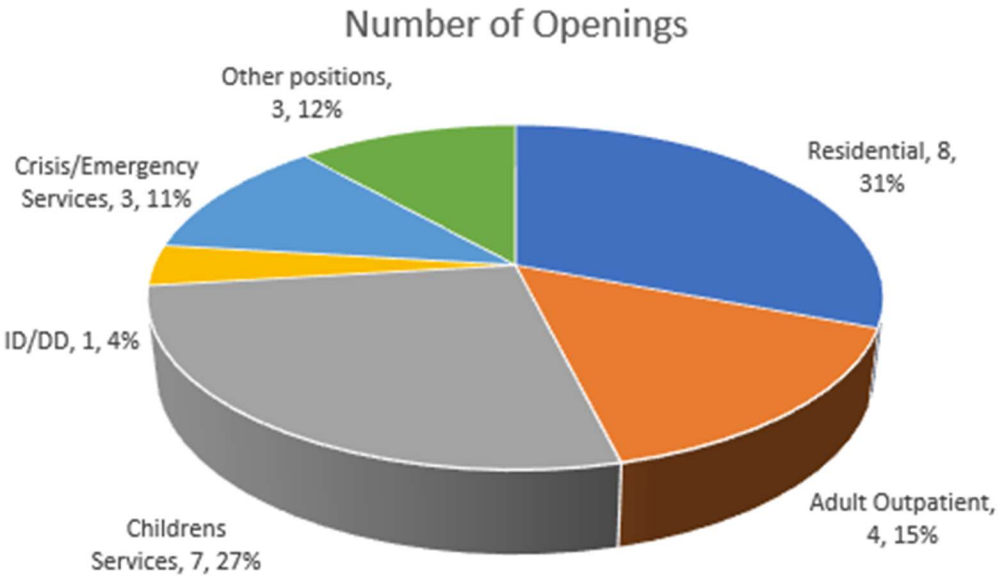
Hope House: Total Billing for Aug 2026: $122,510.88
FT Staff *(This number Includes Facility Administrator and Cook/Housekeeper)*: 10
PT Staff: 1
3 individuals attended Camp Baker in Chesterfield, Va this month

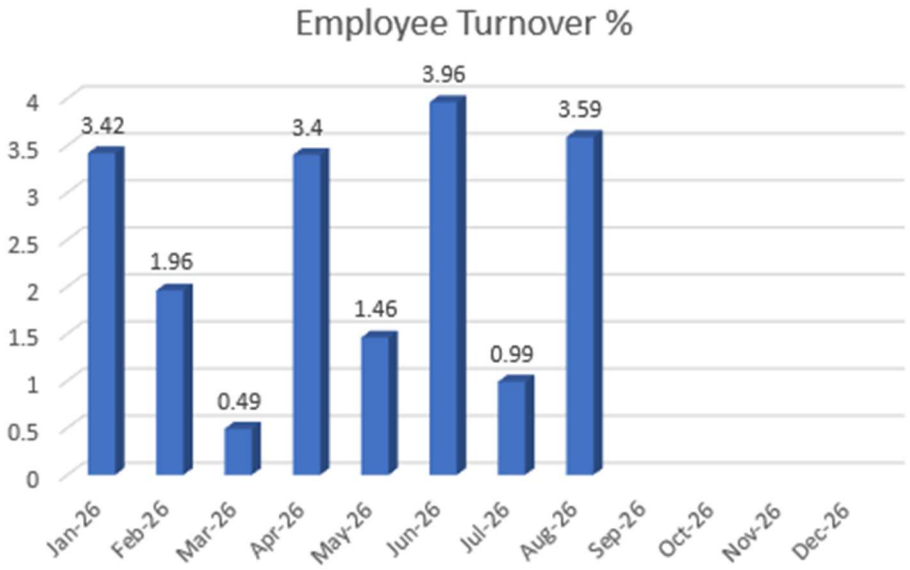
Kings Manor: Total Billy for Aug 2026: $34,206.33
FT Staff (This number includes supervisor): 3
PT Staff: 1: (*Please note that the part-time staff would like to become full time.)*

Community Inclusion Activities: one individual went to the spa to enjoy a pedicure and manicure, individuals enjoyed outings to the Dollar Tree and Food lion to shop, eating out at restaurants, and all of the individuals enjoyed a trip to Edmonds Park where they ate lunch.

Employee Data: Total Number of Employees at beginning of August **196** at end of August **194**

Current number of openings agency wide (after hires, transfers, deleted positions, and positions placed on hold)	26
Number of new employees hired in August	5





Program Area of Focus:
Crisis Services filled and vacant positions:

As of August:
Divisional Director Sarah Underdue and Executive Director Heather Petrus require all Crisis staff to be trained in Mobile Crisis.

- Night time designations: 1 Mobile Crisis Clinician (fully remote), 2 Mobile Crisis Case Managers
- Day Crisis Staff designations: 1 Mobile Crisis Peer, 2 Clinicians (Day) 2 Clinician (Night), Crisis Nurse RN, 2 Crisis/Mobile Crisis Case Managers
- CITAC: 1 Supervisor, 2 PT CITAC Officers, 1 CITAC Officer

Employee layoff: None
Employee retired: Edith Brown – ID Day Support Specialist retiring at end of August
Employees on FMLA/STD or Workers Compensation:

- 1 employee still on intermittent leave when needed
- 2 staff returned to work in August.
- 1 staff went out on leave in July

Employee Terminations/Resignations:

- 6 voluntary resignations: Residential Support Specialist – King's Manor, Psychiatric Nurse Practitioner - RRC, Part-time Adult Outpatient Clinician - HBHC, Child Services Case Manager – HCFS, Crisis Response Case Manager – RRC, Front Desk Support - HBHC
- 1 termination: Intellectual Disability Day Support Specialist – Misconduct – Location: HCI

Note: Exit interviews are offered to all staff. HR Director reviews exit interviews for patterns and to see how the agency and leadership can improve. Not all staff elect to do an exit interview.

Employee of the Month:
August: Kiana Wiley – Human Resource Assistant - Administration

Employee Anniversaries August:
1 year: Kareen Guillaume, Colby Kap
2 to 5 years: Shonda Moore, Elizabeth Lewis, Montavius Coles, Jennifer Berneche, Taquasia Oliver, Ann Dunn, Bridget Bass, Angela Tench, Josephine White
6 to 10 years: Dustin Edwards 7, Kimberly Hatchett 8, Bridgette Branch, 9
11 to 20 years: Debora Hart 15
20+ years: Wayne Townsend 25, Edith Brown 44

Outcome of setting up interviews: **August: 26 applicants selected for interviews. 7** accepted offers **3** had calling restrictions on phone line, **2** canceled interviews, **1** interested but could not do it on the interview date, **2** left messages for/no response, **2** mailbox was full, **2** no shows, **1** could not leave a message, **1** not selected, **3** did not accept offer, **2** declined interview.

HR Updates: **Personnel issues:** Issues and concerns in Crisis Services with staff not following directives, challenging supervisor, resistance to changes. HR Director has consistently had to speak with the staff person regarding their concerns surrounds instructions, demeanor, communication with supervisor, etc. This is an ongoing situation. Recommendation to follow.

POSITIONS FILLED

New Hire Name	New Location	Position	Start Date
Debra Buchanan	Admin	Reimbursement Specialist	08/17/2026
Sonya Carter	RRC	Behavioral Health Nurse	08/17/2026
Jamesha Bruce (former employee)	RRC	Front Desk	08/17/2026
Danielle Polite (former employee)	Hope House	Intensive Residential Support Specialist	08/17/2026
Johan Abbott	MCI	Painter/Maintenance Technician	08/17/2026
Current Staff changes: (include former position)			
Crystal Hamlett- Hope House Nurse Supervisor	RRC	Psychiatric Services Manager	08/16/2026
Justin Brown (full-time SUD Therapist)	Remote	Part-Time SUD Clinician	08/16/2026
Taz Barnes-Duff (case manager)	Remote	Senior Crisis Response Case Manager	08/16/2026

CURRENT OPEN POSITIONS

Note: Open positions are reviewed on an ongoing basis in response to departmental needs; as a result, the total number may fluctuate. Reasons may be budget changes or funding availability, program expansions or reductions, employee turnover (resignations, retirements, terminations), internal promotions or transfers, hiring freezes or pauses, grant awards or expirations, reclassification or consolidation of roles, changes in service demand or caseloads, delays in recruitment or onboarding. These factors can cause the number of open positions to increase or decrease over time as organizational needs evolve.

****Total: 26 open positions** ****Average # of open positions: 2.16%**

Location	Open Position	Total
Administration	Hospital Liaison/Care Coordinator, Prevention Specialist	2
Response & Recovery Center	Psychiatric Nurse Practitioner, Peer Recovery Specialist	2
Crisis Receiving Center	**Crisis & Mobile**: Crisis Response Case Manager (2), Crisis Response Manager	3
Hope House	ICF/Residential Nurse Supervisor, Intensive Residential Support Specialist (2 FT)	3
Ashley Manor	Residential Direct Support Specialist (2)	2
King's Manor	Residential Support Specialist (2 FT, 1 PRN)	3
HBHC	Mental Health Case Manager, Front Desk	2
BCFS	School Based Therapist, Children Services Therapist, Children Services Case Manager, School Based Case Manager	4
HCFS	Children Services Case Manager, FAPT Children Services Case Manager	2
MCFS	Front Desk	1
CCICS	Part C (EI) Coordinator	1
HCI	ID Day Support Services Specialist	1

Critical Maintenance:

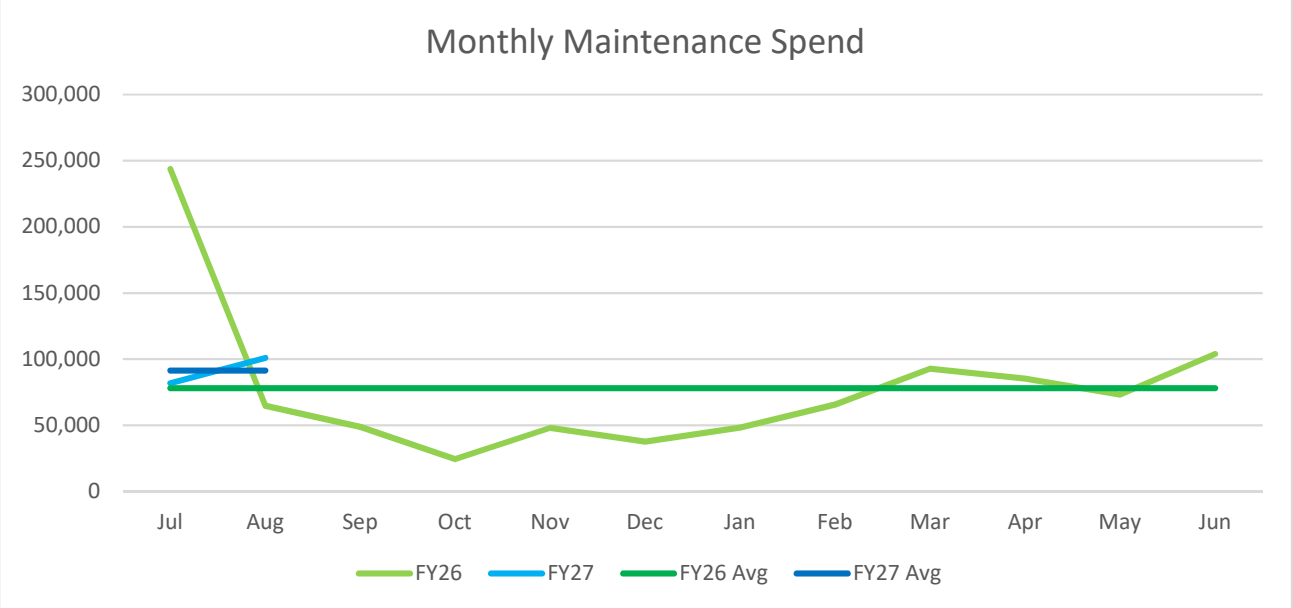
- Hope House roll-in shower renovations from failed DBHDS inspection. Work in progress.
  - Contractor is in process of redoing shower floor for the 2nd time.
- CRC security upgrades nearly complete…Contractor gave up on PA system – couldn't find the right parts. Getting another contractor for it.
- HWY58 sewage pump failure. Pumped out/cleaned out tanks. Parts on order to fix the pump.
- NSPIRE inspection at Alberta Manor on 8/13/26. Yielded (18) failures that had to be fixed in 24 hours. Only one was really valid – replacing a smoke detector that the tenant would not allow us to replace before the inspection. The others were for minimal paint overspray in the circuit breaker boxes that had no impact to functionality and sharkbite fittings on water heater pressure relief discharge piping.
- Replaced 5 HVAC systems at HBHC/HCFS, one at MARC Manor and two at Alberta Manor

Vehicles (56 active vehicles in the fleet):

- Received (4) Camrys and One Ram Promaster in August
- Expecting 2 more Promasters and one more Camry in September.
- Retired bus 130-415L at Hope House

Staffing

- Hired a full-time painter to ease financial burden of painting projects in the agency. Starting on BCIC.



Work orders created FYTD/Monthly Avg:	610/305	Last Year Total/Monthly Avg: 2,710/226
Work orders completed FYTD/Monthly Avg:	614/307	Last Year Total/Monthly Avg: 2,746/229

State of work order production: POOR – FAIR – GOOD

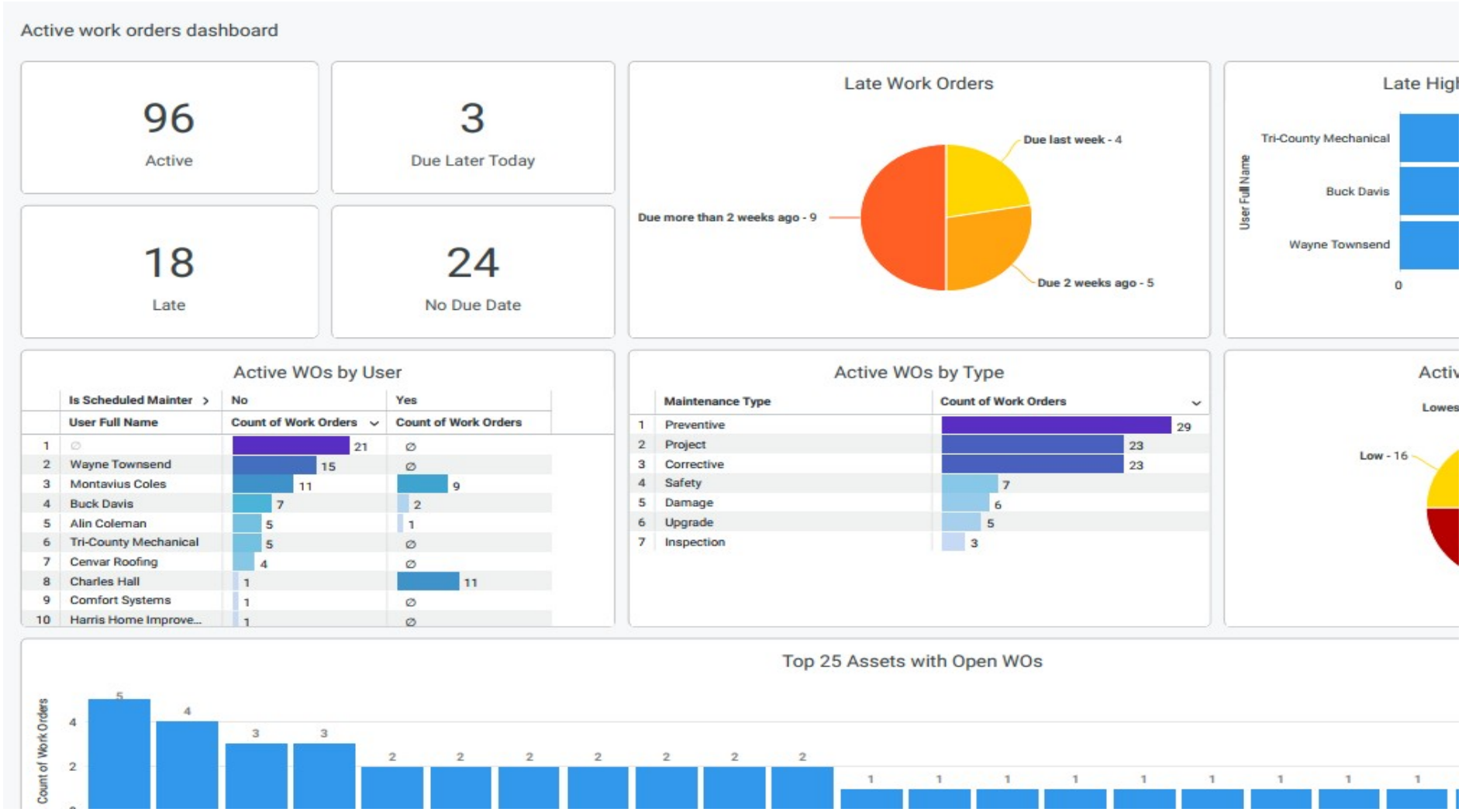
This month's work orders:

- Work orders requested 253 (stagnant)
- Work orders completed 316 (up 12%)
- Assigned work orders 76 (up 3%)
- Open work orders (not assigned) 21 (down 55%)
- Work orders on hold 128 (up 4%)
- Overdue work orders 17 (up 21%)

Lawn care season is upon us. For the remainder of the summer, 1.3 staff members will be assigned lawn care duties, which will reduce work order completion by approximately 30%.

Major projects we are working on:

- Hope House roll-in showers…in work
- MCFS gable repair…seeking estimates
- HCFS PCIT room…almost complete
- BCFS PCIT room…design complete, acquired materials
- Alberta
    - Dumpster enclosure
    - Replace all water heaters
    - Replace all vanities – on hold pending work restructure
    - Replace siding – contractor selected, work to begin in October
    - Replace windows and doors - contractor selected, work to begin in September
    - Replace gutters - contractor selected, work to begin in October
- Gateway
    - Dumpster enclosure
    - Replace all ranges and range hoods
    - Build foundation for mail kiosk and mount kiosk


Active work orders dashboard
96
Active
3
Due Later Today
18
Late
24
No Due Date
Late Work Orders
Due last week - 4
Due more than 2 weeks ago - 9
Due 2 weeks ago - 5
Late High
Tri-County Mechanical
Buck Davis
Wayne Townsend
User Full Name
0
Active WOs by User
Is Scheduled Mainter
No
Yes
User Full Name
Count of Work Orders
Count of Work Orders
1 ∅ 21 ∅
2 Wayne Townsend 15 ∅
3 Montavius Coles 11 9
4 Buck Davis 7 2
5 Alin Coleman 5 1
6 Tri-County Mechanical 5 ∅
7 Cenvar Roofing 4 ∅
8 Charles Hall 1 11
9 Comfort Systems 1 ∅
10 Harris Home Improve... 1 ∅
Active WOs by Type
Maintenance Type
Count of Work Orders
1 Preventive 29
2 Project 23
3 Corrective 23
4 Safety 7
5 Damage 6
6 Upgrade 5
7 Inspection 3
Activ
Lowes
Low - 16
Top 25 Assets with Open WOs
Count of Work Orders
5 4 3 3 2 2 2 2 2 2 2 1 1 1 1 1 1 1 1 1

BOARD REPORT: Adult MH OP Program | Meeting Date: September 22, 2026 | Data Period: August 2026

- **222** individuals were served for Adult MH OP therapy services. **336** open to Adult MH OP.
- Average billable services rate **70.6%. 314** services billed for a total of **279** billable hours.
- Average productivity rate **45.6%**
- **48 MH OP** admissions. **29 MH OP** discharges.

- Adult MH OP currently has 2 interns through Liberty University. Both interns are scheduled to complete their internships in December 2026 with the goal of starting their residency training for LPC. One of the interns has voiced strong interest in completing their residency with SBH (Adult MH OP Program).
- Consideration remains for initiating a domestic violence survivor's group.
- Quarterly staff meeting is scheduled for September 25th with a presentation by Tri County on Domestic Violence.
- Collaborative Documentation Train the trainer was completed on 7/29/2026. Future staff practice sessions/training will be held on 9/23/2026 and 9/24/2026. Full implementation date is 9/30/2026.
- MH OP Operations Manual completed and submitted for review and approval. This will be a live document that will be updated routinely and as needed to reflect any programming changes.
- All Adult MH OP staff is registered for CBT: Treatment of Psychosis training on 9/22/2026 (4.0 CEUs)

Total Agency Adult CNA's- 89
Total Agency Children CNA's-23
Total- 112

Same day access completed a total of 98 CNA's in the month of August and outpatient staff completed the other 14 CNA's either as scheduled services or as part of contingency plan to provide backup coverage for SDA. This contingency plan was developed in late May in order to ensure that all individuals arriving to the clinic will receive a CNA on the day they come in.

SDA continues to be the point of contact for front desk staffs scheduling of hospital discharge follow up appointments for those opened to SBH as well as those newly accessing services. SDA completed 6 hospital follow ups in the month of August. There were 7 cancel/ no shows for this service in August. Hospital liaison continues outreaching these individuals to follow up on these missed appointments and provide them information about accessing services through SDA.

SDA supervisor has begun processing outside referrals for treatment. Since this function was re-assigned from centralized scheduling, there has been 38 referrals from a variety of community partners.

SDA also continues to be the point of first contact for those arriving to the agency (both active and inactive) that may need crisis services. SDA staff assists those that are voluntarily seeking inpatient treatment and coordinates with emergency services staff as needed. SDA also continues to assist with inpatient substance abuse treatment linkage as well. SDA has also begun processing outside referrals made to the agency in the absence of the centralized scheduler.

SDA has continued the consultation process with MTM services throughout the month of August. As noted above we have continued utilizing a contingency plan that MTM assisted the agency in developing to ensure that all walk ins will be seen for a CNA in instances when SDA staff are not immediately available. The goal is to that ALL individuals will participate in an assessment on the day of their arrival and avoid scheduling any assessments. Other areas that MTM will address includes Data Mapping as well as Collaborative Documentation. The data mapping project is currently in process in coordination with clinical staff as well as the QA department. SDA staff have begun practicing concepts of Collaborative Documentation during assessments with additional training to take place in September.

SDA will continue to provide high quality engaging assessments to individuals in the community as well as evaluate, on an ongoing basis, needs within the SDA department.

Service Overview: Adult Substance Use Disorder services remained active across SA Outpatient Therapy, SA Case Management and Care Coordination, Recovery Court, OBAT/MOUD, and Peer Recovery Services. Services included assessments, individual and group therapy, relapse-prevention support, medication-management coordination, care coordination, recovery navigation, and peer support.

Productivity: The agency expectation is 60% of worked hours. Stephanie Martin worked 51.0 hours, had 32.23 credited billable hours, and achieved 63.20%, meeting the target. Andrew Power worked 109.5 hours, had 68.67 credited billable hours, and achieved 62.71%, meeting the target. Justin Brown worked 112.0 hours after 44.5 hours of PTO, had 61.89 credited billable hours, and achieved 55.26%, which was 4.74 percentage points below target. Follow-up will focus on schedule utilization, attendance, timely documentation, and increasing billable service delivery.

SA Outpatient and Case Management: Stephanie Martin and Justin Brown collectively reported 83 billed units and 45 clients served in outpatient therapy. SA Case Management and Care Coordination reported 10 billed units and 28 clients served.

Recovery Court: Recovery Court served four active participants during the reporting period. Treatment included weekly groups, individual contacts, recovery-goal review, meeting participation, coordination with residential treatment and psychiatry, employment support, and accountability regarding substance use. The program will look to add three participants during September, which would increase the anticipated active census to seven if all three are admitted and no current participants exit.

OBAT/MOUD: OBAT/MOUD services continued to provide therapy support, medication-management coordination, nursing and psychiatric linkage, monitoring, and recovery-focused follow-up. Staff continued working to support timely access to medication services and coordination following residential discharge.

Peer Recovery Services: Peer staff reported 149 billed units and 97 total clients served. Yevonne Oliver provided 80 billed units and served 39 clients; Shronda Depenbrock provided 69 billed units and served 33 clients; and Sara Hereford served 25 clients during onboarding, with no billed units reported. Yevonne and Shronda recorded a combined 31 billable hours and $1,828.20 in service revenue. The program plans to recruit an additional Peer Support Specialist and an SUD clinical therapist for Halifax.

Admissions and Discharges: Adult SUD programs recorded 33 admissions and 20 discharges in August, excluding SUD RESET. SA Outpatient reported 20 admissions and 11 discharges; SA Case Management reported 4 admissions and 1 discharge; and OBAT reported 2 admissions and 2 discharges. Peer services reported 5 admissions and 4 discharges in Peer SA Outpatient, 1 admission and 1 discharge in Peer Recovery Court, and 1 admission and 1 discharge in Peer OBAT.

Positive Developments: Recovery Court participants continued engaging in treatment, meetings, psychiatric follow-up, and recovery planning. One participant obtained employment and reported a positive response to sober living. Another completed residential treatment and returned to the community with continued support. Peer recovery capacity expanded with a newly hired peer specialist, and planning continued to recruit another Peer Support Specialist and an SUD clinical therapist for Halifax.

September Priorities: Build on August's net growth in Adult SUD enrollment, add up to three Recovery Court participants, continue productivity support for staff below target, strengthen billable peer-service delivery as new staff complete onboarding, and recruit the additional Halifax Peer Support Specialist and SUD clinical therapist.

Children and Family Services- Outpatient

- A total of 150 individuals were served.
- 291 total services were billed.
- Average percent of billable hours were approximately 38.5%.
- 17 total new admissions.
- 52 total discharges.
- Currently, we have four open positions posted. Three of which are office based positions for each county, and one position open for the court services clinician.

School Based Outpatient

- 31 new admission for school based services for the month.
- 2 clients were discharged from OP school based services.
- Mrs. Jones accepted the school based clinician position for Brunswick and plans to begin October 2026 due to other previously scheduled engagements.

Seven Challenges

- Currently, we have three clients that are signed up to receive the weekly group counseling meeting link.
- We have 2 clients currently enrolled in the brief challenges program.
- We have 2 clients who successfully completed the brief challenges program in July.

Children and Family Services- Case Management

- A total of 132 individuals were served in the month.
- 84 services were billed.
- Average percent of billable hours were approximately 62%
- 5 new admissions.
- 19 discharges.
- We currently have 1 restoration case.

School Based Case Management

- School Based Case Management served 69 clients and families for the month.
- Average percent of billable hours were approximately 89.23

- 69 of all individuals were billed.
- There were 6 new admissions for the month.
- 8 children were discharged from case management services.

High Fidelity Wraparound Services

Our current High Fidelity Wraparound (HFW) team is comprised of the following members:

- **Case Managers**: Tiffany M. Moore and Brittany Grinstead
- **Family Support Peer**: Elizabeth Lewis
- **Youth Support Peer**: Taquasia Oliver accepted the Youth Support Peer position on June 16, 2026. She is currently enrolled in the training course to become a Certified Peer Recovery Specialist (CPRS). She is scheduled to complete High Fidelity Wraparound (HFW) training in September. The team currently has one HFW case, which was initiated in July 2026.
- ***Family Peer Support Services:*** *Our Family Peer Support Partner is currently assisting several families and continues to provide ongoing support and services. She continues to bill for services and receive new referrals to support additional families.*
- *We currently have one HFW case that is actively being served. Additionally, we have received a referral for Mecklenburg County that is anticipated to begin in September.*

FAPT: *We currently have 8 youth placed in residential facilities, with 1 additional youth who is pending residential placement in the future. Continued coordination and monitoring will be needed to ensure that the youth and families remain connected to appropriate supports and that transition and discharge planning are addressed as placement needs change.*

CFS Events and News

- Clinicians, case managers, and peer supports attended open house events in all three counties from K-12.

Staffing and Workforce Update

There has been significant staff transition within Case Management Services, which has impacted staffing capacity and coverage across the service areas. We recently had another Case Manager resign from Case Management Services, with her last day scheduled for **September 18, 2026**.

We currently have **two new staff members scheduled to begin orientation in September for Brunswick County**, which will help address some of the current staffing needs. At this time, our staffing distribution is as follows:

- **Halifax County:** 1 Case Manager
- **Mecklenburg County:** 2 Case Managers; however, 1 of these staff members will be leaving
- **Brunswick County:** Currently no Case Managers assigned

As a result, Brunswick County currently has a significant staffing gap, while Mecklenburg County will also experience reduced coverage following the upcoming staff departure.