

**COLONIAL BEHAVIORAL HEALTH  
BOARD MEETING**

**DATE:** September 3, 2024

**LOCATION:** Colonial Behavioral Health, 473 McLaws Circle, Williamsburg, VA 23185

**WELCOME AND CALL TO ORDER:** 3:00pm

**BOARD MEMBERS PRESENT:**

Mr. Ryan Ashe – James City County  
Mr. Tarun Chandrasekar - Williamsburg  
Mr. John Collins – York County  
Ms. Wendy Evans – Williamsburg  
Mr. Bruce Keener – York County  
Ms. Denise Kirchbaum – James City County  
Mr. Steven Miller – York County  
Ms. Erin Otis – James City County  
Ms. Amber Richy – York County  
Ms. April Schmidt – York County (via Microsoft Teams)  
Dr. John Shaner – City of Poquoson  
Ms. Donyale Wells – James City County  
Mr. Roy Witham – James City County

**BOARD MEMBERS ABSENT:**

Dr. Dawn Ide – City of Poquoson  
Ms. Kristen Nelson – York County

**CBH STAFF PRESENT:**

David Coe, Kristy Wallace, Katie Leuci, Dan Longo, Nancy Parsons, Kyra Cook, Marsha Obremski, Linda Butler

**GUESTS:** None

**PUBLIC COMMENT:** None

**CONSENT CALENDAR:**

The consent calendar was presented for approval of the following meeting minutes:

- June 4, 2024, Board of Directors Meeting
- June 26, 2024, Services and Evaluation Committee Meeting

Dr. John Shaner made a motion to accept the consent agenda as presented. John Collins seconded the motion, and it passed unanimously.

**Discussion/Informational Items:**

- **Multi-Factor Authentication for CBH Email – *Katie Leuci***  
Beginning on October 1, 2024, CBH staff (to include our board members) will be required to use

Multi-Factor Authentication to access CBH email. When a second form of authentication is required, security is increased. CBH will gain another level of protection against malicious cyber-attacks, data compromises, automated attacks, and brute force attacks.

The Microsoft Authenticator app will be utilized for Multi-Factor Authentication. Kristy Wallace will send app installation directions to board members.

- **Space Needs Analysis – *Kyra Cook/David Coe***

The architects are recommending three buildings in addition to the crisis services center, approximately doubling CBH's current space.

- York-Poquoson (from 4,200 sq ft to 10,000 sq ft) – new construction somewhere near current location
- Day Services (from 12,500 sq ft to 20,000 sq ft) – location TBD
- Outpatient/Administration (from 17,500 sq ft to 50,000 sq ft) – located at Cardinal Ridge
  - 50,000 sq ft is likely too much
    - Includes expansion of Rx, and OP (youth and adult) services space which will better serve the community
    - Primary/Dental care and shared space (conference rooms, etc. at 10k sq ft) are likely too robust and we will continue to study

Our next step is to set up meetings with local governments to discuss land and financing after we get draft budgets together.

A question arose from board member: Are these new buildings a part of the \$12m? No. The \$12m is strictly for the creation of the Crisis Services Center (CSC).

- **Fundraising Survey – *David Coe***

Virginia Thumm presented at our Board Planning Day. She requested that our board members complete a survey; paper copies of survey were provided in today's board meeting for those board members that had not had the chance to fill it out. Board buy-in through process is essential. The feedback received from the survey will be included in Virginia Thumm's final report.

- **Integrated Care – *Leadership Team***

The joint meeting with CBH and OTMDC to discuss integrated care with stakeholders will take place on Monday, September 9, 2024, at the James City County Recreation Center, beginning at 8:00am. The "Non-Purpose" of this meeting will not be to revisit the decision not to collaborate together. The main reason for the joint meeting is to allow everyone to hear the same story, at the same place and to ask questions.

A future goal of CBH has been to provide integrated care to those that we serve, whether we partner with another provider or not. Southeastern Virginia Health System has shown interest in collaborating with CBH.

A Letter of Intent (LOI) signed by both CBH and Southeastern was provided to board members. Services would mainly take place at our new location at Cardinal Ridge. The timing is good – if CBH develops our own integrated care facility, having a partner beside us to assist in the building's plans will be a bonus.

David will share CBH's decision to move on with OTMDC prior to the joint meeting on September 9<sup>th</sup> to prevent OTMDC from being caught off-guard.

Mr. Roy Witham requested clarification on what exactly the board was being asked to endorse.

1. CBH is moving forward with another provider.

2. The board is being requested to endorse the planning process for integrated care.

Mr. Bruce Keener made a motion to support the endorsement of the planning process for integrated care with a different partner. Dr. John Shaner seconded the motion, and it passed unanimously.

#### **ACTION ITEMS:**

##### **A-1 Consumer Advisory Council Guidelines Revision – Marsha Obremski**

The following recommended revisions have been made the Advisory Council Guidelines:

1. Under “Selection of Advisory Council Members,” the initial Council membership will be set up to allow for rotating terms to foster continuity in process from year to year (half of the council will serve one-year terms, the other half will serve two-year terms)
2. In order to align with CCBHC guidelines, membership on the Council is restricted to CBH consumers or their family members. The original Guidelines would have allowed individuals who had never received services at CBH to be a Council member.
3. Member terms are defined as two years, with reappointments based on reapplication by current members. Also, individuals successfully discharged from services are allowed to complete any unexpired term (this issue was unaddressed in the original version).
4. With some turnover expected in most years, the annual training/orientation of members has been added.

A recommended motion was made that the CBH Board approve the amended Advisory Council Guidelines with the following understandings:

- CBH staff will solicit and review applications for membership and submit them to the Board’s Executive Committee, along with staff recommendations for appointment; and
- That the terms of inaugural Council members will be on January 1, 2025.

John Collins motioned that the amended Advisory Council Guidelines be approved. Bruce Keener seconded this motion and it passed unanimously.

#### **EXECUTIVE DIRECTOR’S REPORT:**

##### **Agency Issues:**

Conveyance of the CBH parcel in the Cardinal Ridge development is currently scheduled to be completed at the JCC Board of Supervisor’s September 10<sup>th</sup> meeting.

We received two bid responses to our RFP. The Evaluation Team is collecting additional information from both bidders.

Mobile Crisis went live on July 1<sup>st</sup>. Our team is working on plans to publicize the availability of this service now and in the future.

Permanent Supportive Housing has placed approximately 40% of the available slots.

We will be expanding our Child & Adolescent outpatient and case management services.

A “Make a Gift” button can now be found on our website.

##### **Community Issues:**

Two local awareness and fundraising events will take place in October: The Arc 5k (October 5<sup>th</sup>) and NAMI Williamsburg NAMI Walk (October 26<sup>th</sup>). CBH staff will be participating in both events.

CBH and OTMDC promised the community that their agreed upon process and results would be shared

with primary local funders. The joint meeting will take place on Monday, September 9, 2024, at 8:00am. CBH board members have been invited, along with many others.

Regional Issues:

Planning for Marcus Alert Plan has been delayed to 2027.

Public Policy:

A state budget was approved in mid-May.

Two additional reports were included with this report:

1. Preliminary CBH FY 2025 End of Year Financial Report
2. Summer 2024 Recruitment & Hiring Update from CBH Human Resources

**ADJOURNMENT:**

Upon a motion by Wendy Evans and a second by Roy Witham to adjourn, the meeting was adjourned at 4:02pm.

**NEXT MEETING:**

Date: Tuesday, October 1, 2024

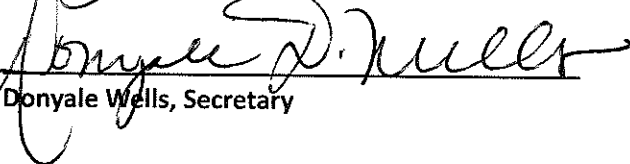
Location: 473 McLaws Circle, Williamsburg, VA 21385

Time: 3:00pm



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Ryan Ashe, Chair



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Donyale Wells, Secretary

**AGENDA**  
**COLONIAL BEHAVIORAL HEALTH**  
**BOARD MEETING**  
**SEPTEMBER 3, 2024**  
**3:00 PM**

- **Welcome and Call to Order**
- **Roll Call**
- **Public Comment**
- **Consent Calendar**
  - Approval of the following meeting minutes:
    - June 4, 2024, Board of Directors Meeting
    - June 26, 2024, Services & Evaluation Committee Meeting
- **Discussion/Informational Items**
  - Multi-Factor Authentication for CBH Email – *K. Leuci*
  - Space Needs Analysis Report – *K. Cook/D. Coe*
  - Fundraising Survey – *D. Coe*
  - Integrated Care – *Leadership Team*
- **ACTION ITEMS**
  - A-1 Consumer Advisory Council Guidelines Revision – *M. Obremski*
- **Executive Director’s Report** - *D. Coe*
- **Adjournment**
  - Next Meeting: Tuesday, October 1, 2024  
473 McLaws Circle, Williamsburg  
3:00 PM

**NOTE:** Immediately upon adjournment of the CBH Board meeting, the Colonial Community Services, Inc. Board of Directors will meet to consider the acquisition of real property by CCSI for use by CBH.

**COLONIAL BEHAVIORAL HEALTH  
BOARD MEETING**

**DATE:** June 4, 2024

**LOCATION:** Colonial Behavioral Health, 473 McLaws Circle, Williamsburg, VA 23185

**WELCOME AND CALL TO ORDER:** 4:00pm

**BOARD MEMBERS PRESENT:**

Dr. Al Brassel – York County  
Ms. Denise Kirchbaum – James City County  
Ms. Donyale Wells – James City County  
Ms. Erin Otis – James City County  
Ms. Hazel Braxton – Williamsburg  
Mr. John Collins – York County  
Dr. John Shaner – City of Poquoson  
Mr. Reynaldo Carpio – York County  
Mr. Ryan Ashe – James City County  
Ms. Sheri Newcomb – York County  
Ms. Wendy Evans – Williamsburg

**BOARD MEMBERS ABSENT:**

Dr. Dawn Ide – City of Poquoson  
Ms. Kristen Nelson – York County  
Mr. Roy Witham – James City County  
Mr. Steven Miller – York County

**CBH STAFF PRESENT:**

David Coe, Kristy Wallace, Katie Leuci, Dan Longo, Nancy Parsons, Chaenn Thomas, Kyra Cook, Marsha Obremski, Linda Butler

**GUESTS:** None

**PUBLIC COMMENT:** None

**CONSENT CALENDAR:**

The consent calendar was presented for approval of the following meeting minutes:

- May 7, 2024, Board of Directors Meeting
- May 21, 2024, Executive Committee Meeting
- May 21, 2024, Administration Committee Meeting
- May 22, 2024, Services and Evaluation Committee Meeting

Wendy Evans proposed an update to the Administration Committee Meeting minutes (FY25 CBH Proposed Budget, page 1: “CBH is proposing a 4% salary increase for all employees on board by 3/31/2024 → anticipating a 12% in health insurance (10% will be absorbed by county CBH, 2% will be absorbed by staff members).

Dr. John Shaner made a motion to accept the consent agenda as presented (with update made to the

Administration Committee Meeting Minutes). Hazel Braxton seconded the motion, and it passed unanimously.

**HONORING RESOLUTIONS – OUTGOING BOARD MEMBERS**

June 30, 2024, will mark the end of board membership for the following members: Sheri Newcomb (York County), Reynaldo “Rey” Carpio (York County), Dr. Al Brassel (York County) and Hazel Braxton (Williamsburg). Both Hazel Braxton and Dr. Al Brassel have served the maximum allowable terms on the CBH board.

Wendy Evans made a motion to accept the board resolutions as presented and reviewed. Denise Kirschbaum seconded the motion, and it passed unanimously.

David Coe presented the framed board resolution to each board member and thanked them for the dedication and time to our board. Hazel Braxton and Dr. Al Brassel also received a piece of artwork from People’s Place to show our gratitude to their time served.

**INFORMATION ITEMS**

**Space Needs Analysis Report**

A report draft is being reviewed by CBH staff. CBH plans to distribute copies of the Space Needs Analysis at our Board Planning Day on July 26, 2024 – this will be one of the agenda topics. The urgent timeline for new campus buildings has relaxed some due to the crisis center becoming priority.

**Annual Board Planning Day**

CBH’s Annual Board Planning Day will take place on Friday, July 26, 2024. This meeting will be held at the James City County Law Enforcement Center from 8:30am – 2:30pm. The CBH Board will not meet in July or August. Our board planning day will allow us to discuss major projects. This will also be a time to handle any board responsibilities if needed since we will be together.

**ACTION ITEMS**

**A-1 FY 2025 Slate of Officers (Nominating Committee) D. Kirschbaum**

Denise Kirchbaum reviewed the proposed slate of officers for FY 2025:

<b>BOARD POSITION</b>	<b>PROPOSED OFFICER</b>	<b>JURISDICTION</b>
Chair	Ryan Ashe	James City
Vice Chair	Wendy Evans	Williamsburg
Secretary	Donyale Wells	James City
Treasurer	John Collins	York
Member At-Large	Erin Otis	James City

On behalf of the Nominating Committee, Denise Kirschbaum asked the board for a motion to vote on and approved the proposed slate of officers. Dr. Al Brassel made a motion to accept the proposed slate of officers and Hazel Braxton seconded this motion.

### **A-2 FY 2025 Operating Budget (N. Parsons)**

The effective dates of the FY 2025 Operating Budget will begin on July 1, 2024, ending on June 30, 2025. The highlights of the operating budget include:

- a 4% cost of living (COL) increase for staff who were employed as of March 31, 2024;
- A 10% increase in employee health insurance premiums paid by the agency;
- Increased local funding level; and
- Additional changes in staffing reflecting operational changes made during FY24 and carrying over to FY25 – primarily in the areas of Mobile Crisis Services, Permanent Supportive Housing and Medical Services. Also including funding for the new Director of Crisis & Access Services.

\*Note: Federal funding appears to be down compared to prior year – the Federal FY does not begin until October 2024; we do not know exactly how much funding we will receive.

A motion from the Administration Committee to approve the proposed Interim Colonial Behavioral Health FY 2025 Operating Budget was made. All members of the board were in favor, the budget is approved.

### **A-3 FYs 2025-2026 DBHDS Performance Contract (D. Coe)**

The Performance Contract must be approved by the local government every biennium. This year marks the first year of the biennium, when the Contract is formally adopted; therefore, this Contract revision does require local government approval. If local government does not act on the contract, it is considered approved.

John Collins made a motion that the FY's 2025-2026 Performance Contract between Colonial Behavioral Health and the Commonwealth of Virginia/BHHDS be approved. Ryan Ashe seconded this motion; it was passed unanimously.

### **A-4 CBH Strategic Plan/Draft Strategic Plan Staff Feedback (K. Cook)**

A survey was sent out to all staff requesting feedback on the draft Strategic Plan; the survey was open for one week and reminders were sent prior to survey closing. 12 staff members responded, and feedback was reviewed. David Coe will send a communication to all staff thanking them for their feedback.

Ryan Ashe motioned that the CBH Strategic Plan be adopted. Dr. John Shaner seconded this motion and it passed unanimously.

## **EXECUTIVE DIRECTOR'S REPORT**

### **Agency Issues:**

Processes related to the conveyance of the CBH parcel in the Cardinal Ridge development are underway and are expected to be completed in June. Conveyance will be transferred to James City County and then to CCSI. The boundaries of the parcel may shift due to stormwater issues.

Request for Proposals (RFP) for the development of the Mobile Crisis Services Center was issued on May 17<sup>th</sup>. Proposals under PPEA are due by July 17<sup>th</sup>.

We are experiencing early success in staff recruitment for the Mobile Crisis Services Center. We expect to have four (4) staff members on board July 1<sup>st</sup>.

The full-time therapist hired to provide integrated care services at Old Towne Medical & Dental Center



began working on May 28<sup>th</sup>.

It has been brought to David's attention that Independence Day (July 4<sup>th</sup>) falls on a Thursday this year. David asked the board if it would be okay if CBH closes on Friday, July 5<sup>th</sup> (24-hour emergency services will still be available). Ryan Ashe made a motion to approve CBH closing on Friday, July 5, 2024 (emphasizing that this is a one-time decision). Hazel Braxton seconded this motion, and all were in favor; it passed unanimously.

Community Issues:

The sale of our former group home is set to close on Friday, June 7<sup>th</sup>.

Information was shared during a recent CBH Public Awareness Committee meeting about Tianeptine, aka "gas station heroin." Thanks to the combined efforts of the Historic Triangle Drug Prevention Coalition and the local police department, a team has been created, now issuing citations to local businesses for selling this highly addictive product.

Linda Butler and Camelia Howe attended the Williamsburg Area NAMI's monthly Board meeting to share Permanent Supportive Housing information and updates. They will be presenting to NAMI's local Family Support group.

A two-day integrated care planning session between CBH, OTMDC, and PCDC took place May 20-21. A letter was received the next day from OTMDC informing CBH that OTMDC would not continue to discuss further integration or possible colocation to the new CBH campus. CBH remains committed to integrated care and will either identify another primary care partner or choose to develop these capabilities internally.

Regional Issues:

Linda Butler will serve as Chair of the Region 5 Developmental Services Council for FY25.

Public Policy:

A state budget was approved in mid-May, providing us with sufficient guidance to present the budget being acted upon in this meeting. (Smaller budget items have not been allocated by DBHDS to local CSBs).

**CLOSED SESSION**

Entered into closed session at 5:21pm.

Ended closed session at 5:37pm.

Roll Call of Board Members was taken to confirm that the only topics discussed during the closed session consisted of the topics that were intended to be covered during this time. A motion to approve the Executive Director's Annual Evaluation was made by Al Brassel and seconded by Hazel Braxton. A motion to amend the previous motion to include approval of the Executive Director's FY25 contract was made by Wendy Evans and seconded by Hazel Braxton. A motion was made to approve the original motion as amended; all board members were in favor, it passed unanimously.

**ADJOURNMENT:**

Upon a motion by Dr. Al Brassel and a second by Hazel Braxton to adjourn, the meeting was adjourned at 6:02pm.

**NEXT MEETING:**

Date: Tuesday, September 3, 2024

Location: 473 McLaws Circle, Williamsburg, VA 21385

Time: 4:00pm

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**Ryan Ashe, Chair**

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**Donyale Wells, Secretary**



## Meeting Minutes

Minutes Of: Services & Evaluation Committee Date: 6/26/24
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*Present:* D. Kirshbaum, Linda Butler, Camelia Howe & D. A. Longo

*Absent:* Steve Miller, & Roy Witham

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1. *Call to Order*

The meeting was called to order at 4:00pm

2. Camelia Howe gave a presentation on Permanent Supportive Housing (PSH).

PSH is an evidence-based model that provides housing services to homeless consumers. This service is off to a great start having filled 10 slots out of a total of 25 since its inception two months ago.

3. Meeting Schedule

The Committee will reconvene in September with newly appointed members.

4. *Adjournment*

The meeting was adjourned at 4:25 pm.

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Submitted by: D.A. Longo, Ph.D.

### Next Meeting

Date: To be determined.

Time:

Location: McLaws Board room

Evaluation Services Committee  
CBH Service Provider Presentations

Purpose: To assist Board members in responding when asked how CBH services are benefitting the community

Date of Presentation: June 26, 2024

Name of Service: Permanent Supportive Housing (PSH)

Nature & Scope of Service: To facilitate housing for individuals identified as unhoused and having a serious mental illness within the CBH catchment area.

Criteria	Self-Rating	Tangible (measured) Indicators	Intangible (qualitative) Indicators
1. How effective are your services at accomplishing their stated goals?	3	<p>Permanent Supportive Housing is an evidenced based model following Housing First principles. By housing individuals without requiring clinical services be established or completed before eligibility for housing, individuals are more likely to engage in clinical services in the future and maintain greater stability. PSH has been able to facilitate leases for 5 individuals of 5 who were ready for housing as of 6/17/2024. There are 3 individuals who are still in state hospital of jail settings ineligible for release at this time that are in the referral and engagement process.</p> <p>PSH includes a level of skill building and required check ins at the apartment. This additional support is supplemental to any other supports the individual is receiving and is geared specifically to maintaining lease status (avoiding eviction)</p>	<p>Facilitating housing as part of the discharge planning process enables beds to be freed up for other patients at state hospitals and or alleviates some burden on the jail system.</p> <p>Referrals coming from the Continuum of Care (CoC) aids in addressing homelessness in CBH's catchment area and helps CBH's ACT team continue to engage with individuals needing ACT services.</p>
2. How efficient are your services (cost relative to scope of services provided)?	2	<p>While PSH staff have been efficient in facilitating leases for individuals, it is common for individuals to relapse, stay elsewhere, or require multiple leases before becoming stably housed. The cost</p>	<p>Timely housing of unhoused individuals in our service area can ameliorate some concerns of local police and DSS agencies. Should the individuals opt to participate in</p>

		<p>contribution by individual is 30% of individual income. Therefore, this is an expensive program with PSH often covering application fees, deposits, significant portions of leases and additional furniture and furnishing costs. PSH have been able to secure leases for individuals within 2 weeks of engagement.</p> <p>DBHDS sets budget and expenditure parameters following the housing first model.</p>	<p>clinical services at CBH, there is potential for revenue generation in those areas.</p>
3. How relevant are your services (nature of services relative to current need)?	3	<p>Individuals entering state hospital and correctional facilities in homeless status are able to be discharged with housing support. For those leaving these facilities, there is strong coordination with the forensic discharge planner or hospital discharge team with greater opportunity for success at stability.</p>	<p>Given state hospital capacity and census, this service is highly relevant.</p>
4. How sufficient are your services (scope of services relative to current demand)?	2	<p>Our current funding includes 1 1.0FTE Housing Case Manager position, 1 1.0FTE Housing Support Specialist position and 2 part-time peer positions (not yet filled). We currently operate within the guidelines of 1 case manager for 17-25 individuals. Further expansion of housing slots will require an additional case manager.</p>	<p>Hiring of peer positions is intended to add an additional level of support to individuals who may need to build skills related to maintaining their home, the encouragement of lived experience</p>
5. How satisfied are consumers of your services?		<p>It has only been two months since the first individual was housed and therefore, satisfaction has not been measured fully. While verbal appreciation and praise are often garnered immediately and throughout the initial phase, those who are resistant to further engagement with other services, who are resistant to personal medication management and/or</p>	<p>While progress is measured based on each individual's housing stabilization plan, need, point of reference, commitment to treatment related services and buy in, full stabilization remains a consistent process which only just begins with engagement and lease-signing.</p>

	<p>treatment related med management, at times will push back based on varying reasons not limited to SMI diagnosis, substance use disorder and varying trauma related experiences pre PSH involvement.</p> <p>Client involvement remains choice driven, and satisfaction and stability are a daily work in progress. At the point where clients determine they no longer desire the investment they have the option to discontinue services.</p>	
<p>6.How satisfied are you with the following: how CBH is supporting you. Your role. Leadership support.</p> <p>From my perspective CBH has done a great job in laying a foundation built on training, weekly Supervision/ Staffing, mentorship and biweekly meetings with DBHDS Office of Community Housing to ensure program fidelity thus bridging the gaps in program function and fluidity. While it does come at you pretty rapidly, I have felt well supported and when we realize we need a little undergirding, we are able to extend our SOS to various internal and external source from which to draw needed information.</p> <p>Immediately, my focus has been on housing, stabilization and program awareness and fluidity. We have been trafficking hiccups, situations and concerns, all while growing into our program so to speak. As we continue to build and become more well known, the overarching need for greater attention to the total position will become of greater necessity.</p> <p>I am very grateful for my immediate leadership support. I honestly believe that there is no failure in not always knowing every specific. I do feel, however, that there is great failure in not seeking support in areas of weakness and working together to harmoniously expand our knowledge base and strengthen our program.</p> <p>Note – Camelia has been employed since 4/28/2024 and has already become a valuable resource to the PSH staff; providing a more in depth knowledge of COC in particular is very beneficial.</p>		
<p>Self-Rating Codes : 3 = Highly; 2=Moderately; 1=Minimally</p>		

## CBH Multifactor Authentication Implementation

Passwords are the most common method of authenticating a sign-in to a computer or online service, but they're also the most vulnerable. People can choose easy passwords and use the same passwords for multiple sign-ins to different computers and services. If you only use a password to authenticate, it leaves an insecure vector for attack. If the password is weak or has been exposed elsewhere, an attacker could be using it to gain access to our network. When you require a second form of authentication, security is increased because this additional factor isn't something that's easy for an attacker to obtain or duplicate. This is where Multifactor authentication comes in.

Multifactor authentication (MFA) is a process in which users are prompted during the sign-in process for an additional form of identification. This functionality has already been implemented in most of our lives in some form or fashion – bank account logins, PayPal, Google, etc. Recently, CBH IT has seen a significant increase in the number of attempts to access our CBH system from abroad. To better increase our security here at CBH, we are implementing MFA across all Microsoft 365 user accounts, which includes Outlook. MFA requires 2 or more of the following:

- Something you know, typically a password.
- Something you have, such as a trusted device that's not easily duplicated, like a phone or hardware key.
- Something you are - biometrics like a fingerprint or face scan.

With this increase in security, the agency will gain another level of protection against malicious cyber attacks, data compromises, automated attacks, and brute force attacks.

CBH IT will provide guidance on how to install the Microsoft Authenticator application on your smartphone. This MFA policy will be implemented the last week in September in order to have the agency onboard with MFA by October 1<sup>st</sup>, 2024.

## **Action Item A-1**

### **CBH Advisory Council - Revision**

#### **Background:**

Colonial Behavioral Health's has been interested in pursuing recognition as a Certified Community Behavioral Health Clinic (CCBHC) under Federal SAMHSA structures and regulations.

We are proposing a few changes to our existing Guidelines, which carries an effective implementation date of January 2025. Between now and December, membership will need to be recruited, evaluated and appointed by CBH (final appointments expected by the Board in December 2024).

The earlier version of the attached Guidelines was originally adopted by the Board in May 2024 with a recognition that amendments would be necessary moving forward due to likely-evolving understandings, expectations and regulations.

The attached document contains the following recommended revisions:

1. Under "Selection of Advisory Council Members," the initial Council membership will be set up to allow for rotating terms to foster continuity in process from year to year.
2. In order to align with CCBHC guidelines, membership on the Council is restricted to CBH consumers or their family members. The original Guidelines would have allowed individuals who had never received services at CBH to be a Council member.
3. Member terms are defined as two years, with reappointments based on reapplication by current members. Also, individuals successfully discharged from services are allowed to complete any unexpired term (this issue was unaddressed in the original version).
4. With some turnover expected in most years, the annual training/orientation of members has been added.

The application form for prospective members will be amended to align with the above changes.

#### **Recommended Motion:**

That the CBH Board approve the amended Advisory Council Guidelines with the following understandings:

- CBH staff will solicit and review applications for membership and submit them to the Board's Executive Committee, along with staff recommendations for appointment; and
- That the terms of inaugural Council members will begin on January 1, 2025.



## **Advisory Council Guidelines**

### **Overview**

The purpose of the establishment of an advisory council to the board of directors is to incorporate meaning participation from individuals with lived experience of mental health, substance use disorders and/or developmental disabilities and their family members (see the policy on the Advisory Council to the Board of Directors. (Advisory Council Policy attached).

### **Selection of Advisory Council Members**

During the initiation phase, applications will be accepted for a minimum of thirty days and until at least 5 seats are filled. Half of the inaugural members will serve a one-year term and the others a two-year term so that all members' terms do not end at the same time.

Applicants must be receiving services at the agency or be a family member of an individual currently receiving services. Applications will be reviewed by staff and presented to the Executive Committee of the Board of Directors. The Executive Committee will make recommendations for appointments to the Advisory Council to the full Board for approval.

### **Advisory Council Terms**

Council members will serve a two-year term. After the two-year term, they should resubmit an application in order to be considered for another term. Council members who successfully complete treatment are given the option to serve until their term ends.

### **Council Member Training**

Advisory Council Members will participate in training annually that includes, but not limited to, an overview of the agency and services provided, the agency's strategic plan and the advisory council guidelines.

### **Advisory Council Meetings**

The Advisory Council members will establish their meeting schedule at the beginning of each calendar year. Meetings shall occur quarterly, at a minimum, and will be based on requests from the Board, availability of performance reports and quality improvement plans and any community issues that may arise needing review and input from the council.

### **Participation in Board Meetings**

Requests to make recommendations to the Board will be submitted by the Advisory Council to the Board Chair and Executive Director at least 2 weeks prior to the meeting. The Board Chair and Executive Director will determine if an item will be added to the agenda for a member(s) of the Advisory Council to address the Board.

# COLONIAL BEHAVIORAL HEALTH

## Executive Director's Report – September 2024

### Agency Issues

1. Conveyance of the CBH parcel in the Cardinal Ridge development is currently scheduled to be completed at the JCC Board of Supervisors' September 10<sup>th</sup> meeting. The land will be owned by Colonial Community Services, Inc. upon final conveyance.
2. Two responses were made to our RFP for design/construction of the crisis services facility. The Evaluation Team is collecting additional information from both bidders and hopes to make a decision soon about entering into an Interim Agreement with one of them. The RFP materials and CBH PPEA Guidelines can be found at <https://www.colonialbh.org/about-us/procurement/>.
3. Mobile Crisis services on July 1<sup>st</sup>, with the number of calls received still being low. Our team is working on plans to publicize the availability of this service now and in the future.
4. Permanent Supportive Housing has placed approximately 40% of the slots available, with almost half of the remaining number awaiting hospital or forensic discharge completion.
5. We are pleased to undertake expansion of Child & Adolescent outpatient and case management services. This will be the first expansion of those services in several years.
6. A new "Make a Gift" button is now available and active on the CBH website Home Page.

### Community Issues

1. The month of October will see The Arc of Greater Williamsburg (5<sup>th</sup> – 5k) and NAMI Williamsburg (26<sup>th</sup> – NAMI Walk) holding local awareness and fundraising events. CBH staff will be active participants in both of those events.
2. The earlier planning process involving CBH and OTMDC related to primary care/behavioral health integration was not successful. Our two organizations promised the community that the process and results of that effort would be shared with primary local funders at the end of that process. That meeting has been scheduled for Monday, September 9<sup>th</sup>. Each CBH Board member has been invited, along with many others.

### Regional Issues

1. Planning for our local Marcus Alert Plan has been delayed, as DBHDS unilaterally amended the target date for CBH (and a few other CSBs) to 2027. This may turn out to be positive as we also know that the state is likely to make some significant changes for Marcus Alert requirements within the next year.

### Public Policy

1. A state budget was indeed approved in mid-May, which provided us with sufficient guidance to present the budget being acted upon in this meeting. There remain some smaller budget items that have not been allocated by DBHDS to local CSBs, however.

Two additional reports are attached to this report: 1) Preliminary CBH FY 2025 End of Year Financial Report; and 2) the Summer 2024 Recruitment & Hiring update from CBH Human Resources.

Respectfully submitted,  
David A. Coe

# COLONIAL BEHAVIORAL HEALTH PRELIMINARY FY24 FINANCIAL RESULTS

## REVENUES FY24

	BUDGET	ACTUAL	DIFFERENCE	
State & Federal	11,277,955	11,342,542	(64,587)	
Local	3,793,000	3,793,000	-	
Fees	6,129,885	5,927,227	202,658	
Grants/Other	767,135	1,156,343	(389,208)	
Total Rev	<u>21,967,975</u>	<u>22,219,113</u>	<u>(251,138)</u>	101.1%

## EXPENSES FY24

Personnel	16,713,798	14,898,745	1,815,053	
Staff Development	99,149	141,526	(42,377)	
Facility	1,159,103	1,089,446	69,657	
Equipment & Supplies	1,069,591	1,362,880	(293,289)	
Transportation	211,469	284,048	(72,579)	
Consultation & Contracted Services	2,633,610	2,353,035	280,575	
Misc	81,255	142,995	(61,740)	
Total FY24 Exp	<u>21,967,975</u>	<u>20,272,675</u>	<u>1,695,300</u>	92.3%

**1,946,438 NET FY24**

## CARRYFORWARD

	1,526,240	
Personnel	432,350	
Staff Development	47,758	
Facility	1,340	
Equipment & Supplies	157,585	
Transportation	51,891	
Consultation & Contracted Services	60,113	
Misc	6,465	
	<u>757,503</u>	
Carryforward from prior year	768,738	
Deferred rev addition FY24	3,411,435	
Deferred Rev 6/30/24	4,180,173	NOTE: includes \$1.1 M PSH; \$2M Crisis Building
Cash Balance 6/30/24	11,490,983	

## **CBH HUMAN RESOURCES Recruitment Update – Summer 2024**

As of 08/19/2024, CBH has completed eight (8) orientations over the period of 05/13/2024 thru 08/19/2024 and onboarded 27 new hires over the three-month period. Of those hires 23 were full-time and 4 were PRN.

The hires were throughout various programs with CBH successfully hiring several challenging recruitments. Those successes included

- Four (4) licensed therapists,
- Four (4) license-eligible therapists,
- Seven (7) DD Residential program staff, and
- Three (3) DD Day Program staff.

As of 08/23/2024 CBH is actively recruiting actively 27 Positions of which 21 are Full-time positions and 6 are PRN/WAR positions.