

**AGENDA**  
**COLONIAL BEHAVIORAL HEALTH**  
**BOARD MEETING**  
**MAY 7, 2024**  
**4:00 PM**

- **Welcome and Call to Order**
- **Roll Call**
- **Public Comment**
- **Consent Calendar**
  - Approval of the following meeting minutes:
    - March 28, 2024, Services & Evaluation Committee Meeting
    - April 2, 2024, Board of Directors Meeting
    - April 17, 2024, Public Awareness Committee Meeting
    - April 24, 2024, Services & Evaluation Committee Meeting
- **Executive Director Evaluation Process – *S. Newcomb***
- **Proposed FY 2025 Slate of Officers – *Nominating Committee***
- **Discussion Items**
  - Strategic Plan Review – *K. Cook*
    - Plan Overview
    - Goals with Objectives
- **ACTION ITEMS**
  - A-1 CBH Bylaws Revision – *D. Coe*
  - A-2 Advisory Council Policy – *M. Obremski*
  - A-3 CBH Designated Fund Agreement – *K. Cook/N. Parsons*
- **Executive Director’s Report - *D. Coe***
- **Adjournment**
  - Next Meeting: Tuesday, June 4, 2024  
473 McLaws Circle, Williamsburg  
4:00 PM



## Meeting Minutes

Minutes Of: Services & Evaluation Committee Date: 3/28/24
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*Present:* Al Brassel, Denise Kirschbaum, Steve Miller, Linda Butler, Dean Barker, & D. A. Longo

*Absent:* R. Carpio, Roy Witham.

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### 1. *Call to Order*

The meeting was called to order at 4:00pm

2. Dean Barker, Emergency Services coordinator gave a presentation on the Crisis response continuum. Dean gave an overview of services and expansion into mobile services and crisis recovery center. In 'FY23 The Emergency Services unit made 1,775 clinical contacts. Of these contacts, 378 were ECOs and there were 339 TDOs.

### 3. Meeting Schedule

The Committee next meeting will be on April 24, 2024. Leigh Carroll-Stump, Development and Communications Manager will present on Grants Management\Website.

### 4. *Adjournment*

The meeting was adjourned at 4:40 pm.

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

### **Next Meeting**

Date: April 24, 2024

Time: 4pm

Location: McLaws Board room

**COLONIAL BEHAVIORAL HEALTH  
BOARD MEETING**

**DATE:** April 2, 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  
Dr. Dawn Ide – City of Poquoson  
Ms. Erin Otis – James City County  
Ms. Hazel Braxton – Williamsburg  
Mr. John Collins – York County  
Ms. Kristen Nelson – York County  
Mr. Reynaldo Carpio – York County  
Mr. Ryan Ashe – James City County  
Ms. Sheri Newcomb – York County

**BOARD MEMBERS ABSENT:**

Ms. Donyale Wells – James City County  
Dr. John Shaner – City of Poquoson  
Mr. Roy Witham – James City County  
Mr. Steven Miller – York County  
Ms. Wendy Evans – Williamsburg

**CBH STAFF PRESENT:**

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

**GUESTS:** None

**PUBLIC COMMENT:** None

**CONSENT CALENDAR:**

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

- February 6, 2024, Board of Directors Meeting
- February 20, 2024, Administration Committee Meeting
- February 20, 2024, Executive Committee Meeting
- February 21, 2024, Public Awareness Committee Meeting

Dr. Al Brassel made a motion to accept the consent agenda as presented. Ryan Ashe seconded the motion, and it passed unanimously.

### **APPOINTMENT OF NOMINATING COMMITTEE:**

Sheri Newcomb appointed Denise Kirchbaum, Hazel Braxton, and Al Brassel as the Nominating Committee members.

### **DISCUSSION ITEMS:**

**Strategic Plan – Operations Goal:** Kyra Cook reviewed the objectives, strategies and tactics related to the Operations goal ensuring agency sustainability through business operations reflective of changing healthcare and workforce landscapes. The topic of telehealth billing was discussed, which is included as a tactic in the Technology objective of the infrastructure goal.

**Advisory Council to the Board of Directors:** Marsha Obremski introduced the draft Advisory Council policy to the Board of Directors. This council will consist of individuals with lived experience of mental health and/or substance use disorders and their families, including youth. Details related to the new Council's operations will be developed when the Board adopts the policy when it comes to the Board for action in May.

### **ACTION ITEMS:**

**CBH Executive Operations Plan:** David Coe presented the proposed plan; the plan will initiate automatically if the CBH Executive Director is incapacitated (due to health or other unplanned issue) for a period of more than five (5) workdays, or upon a planned absence resulting in the unavailability for more than ten (10) workdays.

Hazel Braxton made a motion for the CBH Board to approve the CBH Executive Operations Plan included in the Board packet. The authority granted under the Plan shall be limited to actions and issues that must be addressed during times and/or events as defined in the Plan. John Collins seconded the motion. Denise Kirschbaum noted that director names should be removed from the policy and made a motion to amend the policy accordingly. Kristen Nelson concurred. Ms. Braxton and Mr. Collins accepted the amendment and the motion passed unanimously.

**Allocation of New One-Time Crisis Funding:** Nancy Parsons recommended amending the existing Capital Improvement Plan budget to include the state funding that will be awarded for the Eastern State Surplus Property that will be the future home for the Crisis Services Center (CSC). Al Brassel made a motion to approve the proposed amendments to the FY 2024-2025 biennial Capital Improvement Plan (CIP). Ryan Ashe seconded the motion and it passed unanimously.

### **EXECUTIVE DIRECTOR'S REPORT:**

David Coe announced that CBH has been cleared by the state to proceed with selling the vacant group home. It was suggested that the proceeds from the sale be directed to Opportunities Unlimited.

David Coe presented on PPEA (Public-Private Education Facilities and Infrastructure Act of 2002) which included the definition, benefits, requirements, and guidelines. Finalizing the guidelines will be required before issuing an RFP for design/build services.

Al Brassel made a motion to give the Executive Director authority to draft PPEA guidelines and to proceed with the procurement process, and Dr. Dawn Ide seconded the motion. The motion was passed unanimously.

**ADJOURNMENT:**

Upon a motion by Hazel Braxton and a second by John Collins to adjourn, the meeting was adjourned at 5:33pm.

**NEXT MEETING:**

Date: Tuesday, May 7, 2024

Location: 473 McLaws Circle, Williamsburg, VA 21385

Time: 4:00pm

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**Sheri Newcomb, Chair**

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**Hazel Braxton, Secretary**



## Public Awareness Committee Meeting Minutes

April 17, 2024

Present: Kristen Nelson, Dr. Dawn Ide, Erin Otis, Dr. John Shaner, Donyale Wells, David Coe, Leigh Carroll-Stump

Absent: Marsha Obremski

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### 1. Call to Order

The meeting was called to order at 3:36 p.m.

### 2. Old Business

**Grocery Cart Advertising** - Ms. Carroll Stump presented sample alcohol/drug use and problem gambling grocery cart ads and selected stores within our catchment area for the committee to review. Discussion.

Committee members suggested editing problem gambling imagery to focus on youth prevention.

Committee members selected alcohol/drug use ads and locations.

**Agency Brochure Redesign** - Ms. Carroll-Stump presented several options to create an agency booklet – consolidating the 25+ agency brochures; awaiting on pricing from several printing companies before a design is established. Discussion.

All Committee Members in agreement of an agency booklet and the use of color tabs to define department services (Emergency, Developmental Disabilities, Mental Health, Substance Use and Prevention Services).

### 3. New Business

**Legislative Update** – Mr. Coe presented a summary of several bills of interest from the 2024 General Assembly session. Discussion.

### 4. Conclusions, Recommendations, Actions

Ms. Carroll-Stump will follow-up with Committee Members via email of the revised Problem Gambling Ad and contact IndoorMedia to secure a contract and deliverable date.



## Public Awareness Committee Meeting Minutes

April 17, 2024

### 5. Adjournment

The meeting adjourned at 4:55 p.m.

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Submitted by: Leigh Carroll-Stump

### Next Meeting

Date: May 15, 2024

Time: 3:30 pm

Location: York-Poquoson Office

**2024 GENERAL ASSEMBLY SESSION  
CBH Bills of Interest – 4/17/2024**

BILL #	CHIEF PATRON	BILL SUMMARY	COMMENTS
<p>HB 224</p> <p>HB 603</p>	<p>Henson</p> <p>Price</p>	<p><b>Public schools; teachers and other relevant personnel; mental health awareness training.</b> Requires each teacher and other relevant personnel, as determined by the applicable school board, employed on a full-time basis to complete mental health awareness training that addresses the needs of youth populations that are at a high risk of experiencing mental health challenges and disorders in accordance with evidence-based best practices developed by the American Psychological Association. Current law requires such teachers and personnel to complete mental health awareness training but does not contain any requirements relating to the specific topics such training must address. The bill prohibits any of its provisions or any policy adopted in accordance with its provisions from being construed to permit biased or discriminatory treatment of any youth population deemed to be at a high risk of experiencing mental health challenges and disorders.</p>	<p>HB603 is slightly different in allowing the Board of Education to determine age appropriateness of the program.</p> <p><b><u>Governor has offered recommendations on both bills.</u></b></p>
<p>HB 698</p> <p>SB 423</p> <p>SB 448</p>	<p>Krizek</p> <p>Ebbin</p> <p>Rouse</p>	<p>These bills would have essentially created the retail cannabis market in Virginia.</p>	<p><b><u>Vetoed by Governor.</u></b></p> <p>25% of state profits from the market to be distributed to CSBs for SUD programming.</p>
<p>HB 888</p> <p>SB 176</p>	<p>Watts</p> <p>Favola</p>	<p><b>Civil commitments and temporary detention orders; definition of mental illness; neurocognitive disorders and neurodevelopmental disabilities; Secretary of Health and Human Resources to evaluate placements for certain individuals; report.</b> Specifies that for the purpose of civil commitments and temporary detention orders, behaviors and symptoms that manifest from a neurocognitive disorder or neurodevelopmental disability are excluded from the definition of mental illness and are, therefore, not a basis for placing an individual under a temporary detention order or committing an individual involuntarily to an inpatient psychiatric hospital. The bill provides that if a state facility has reason to believe that an individual's behaviors or symptoms are solely a manifestation of a neurocognitive disorder or neurodevelopmental disability, the state</p>	<p>Provisions of the bill do not become effective unless reenacted by the 2025 Session of the General Assembly.</p> <p>The bill also directs the Secretary of Health and Human Resources to convene a work group to evaluate, identify, and develop placements for individuals with neurocognitive disorders and neurodevelopmental disabilities, as well as any statutory or funding changes</p>



**2024 GENERAL ASSEMBLY SESSION  
CBH Bills of Interest – 4/17/2024**

BILL #	CHIEF PATRON	BILL SUMMARY	COMMENTS
		<p>facility may require that a licensed psychiatrist or other licensed mental health professional reevaluate the individual's eligibility for a temporary detention order before the individual is admitted and shall promptly authorize the release of an individual held under a temporary detention order if the licensed psychiatrist or other licensed mental health professional determines the individual's behaviors or symptoms are solely a manifestation of a neurocognitive disorder or neurodevelopmental disability.</p>	<p>needed to prevent inappropriate placements for such individuals, and to report his findings and recommendations by November 1, 2024.</p> <p><b><u>Approved by Governor.</u></b></p>
HB 919	Srinivasan	<p><b>School boards; model memorandum of understanding; partnerships with certain mental health services providers; provision and expansion of virtual mental health services.</b> Directs the Department of Education, in consultation with the Department of Behavioral Health and Developmental Services and the Department of Medical Assistance Services, to develop, adopt, and distribute to each school board a model memorandum of understanding between a school board and a nationally recognized school-based telehealth provider that sets forth the parameters for the provision of mental health teletherapy by such provider to public school students enrolled in the local school division. Current law only requires the development, adoption, and distribution of a model memorandum of understanding between a school board and a public or private community mental health services provider. The bill also permits each school board to adopt policies and procedures to increase the accessibility of school-based mental health services for students enrolled in each school division who may not have access to mental health services otherwise by providing or expanding virtual mental health resources and establishing or expanding a partnership with (i) a public or private community mental health services provider that offers school-based teletherapy to students or (ii) a nationally recognized school-based telehealth provider that provides mental health teletherapy to students.</p>	<p><b><u>Approved by Governor.</u></b></p>
HB 971	Tran	<p><b>Nurse practitioners; autonomous practice.</b> Lowers from five years to three years the amount of full-time clinical experience required</p>	<p><b><u>Approved by Governor.</u></b></p>

**2024 GENERAL ASSEMBLY SESSION  
CBH Bills of Interest – 4/17/2024**

BILL #	CHIEF PATRON	BILL SUMMARY	COMMENTS
		before an advanced practice registered nurse may practice without a practice agreement and permits qualified nurse practitioners to attest that a nurse practitioner may be qualified to practice without a practice agreement. The bill permits advanced practice registered nurses to practice without a practice agreement when a patient care team physician is no longer able to serve if such advanced practice registered nurse provides evidence that he meets the requirements to practice without a practice agreement as established by the bill.	
HB 974	Keys-Gamarra	<b>Workers' compensation; presumption that certain injuries arose out of employment.</b> Provides that in any claim for workers' compensation, where the employee suffers an unexplained fall in the course of employment, such employee may satisfy the burden of proof by circumstantial evidence, testimony of others, other evidence, or any combination thereof.	<u><b>Vetoed by Governor.</b></u>
HB 1242 SB 546	Willett Bagby	<b>Emergency custody and temporary detention orders; evaluations; presence of others.</b> Requires (i) the evaluator conducting the evaluation of an individual to determine whether such individual meets the criteria for temporary detention or (ii) the hospital emergency department and treating physician or other health care provider designated by the physician, when providing services to an individual who is being evaluated to determine whether the individual meets the criteria for temporary detention, to allow the individual's family member or legal guardian who is present and who may provide support and supportive decision making to be present with the individual unless the individual objects or the evaluator or treating physician determines that their presence would create a medical, clinical, or safety risk to the patient or health care provider or interferes with patient care.	<u><b>Approved by Governor.</b></u>
HB 1269 SB 626	Price Pillion	<b>Barrier crimes; adult substance abuse and mental health services; exception.</b> Permits the Department of Behavioral Health and Developmental Services, providers of substance abuse or mental health services to adults, and community services boards and behavioral health authorities to hire applicants convicted of certain	<u><b>Approved by Governor.</b></u>

**2024 GENERAL ASSEMBLY SESSION  
CBH Bills of Interest – 4/17/2024**

BILL #	CHIEF PATRON	BILL SUMMARY	COMMENTS
		barrier crimes of misdemeanor assault and battery or involving controlled substances provided that such conviction occurred more than four years prior to the application date for employment.	
HB 1336  SB 568	Sickles  Deeds	<b>Crisis stabilization services; facilities licensed by DBHDS; nursing homes; dispensing and administration of drugs; emergency.</b> Permits facilities licensed by the DBHDS that provide crisis stabilization services to maintain a stock of Schedules II through VI controlled substances necessary for immediate treatment of patients admitted to such facility. Under current law, maintenance of a stock of Schedule VI controlled substances is allowed under certain conditions, but a stock of Schedules II through V controlled substances may be maintained only if authorized by federal law and Board of Pharmacy regulations. The bill also allows automated drug dispensing systems and remote dispensing systems to be used by state facilities established pursuant to Title 37.2 (Behavioral Health and Developmental Services), facilities that provide crisis stabilization services, nursing homes, and other facilities authorized by the Board of Pharmacy that meet certain conditions. The bill contains an emergency clause, directs the Board of Pharmacy to adopt emergency regulations to implement the provisions of the bill.	<u><b>Approved by Governor.</b></u>
SB 34	Locke	<b>Temporary detention; certified evaluators; report.</b> Authorizes hospitals with a psychiatric emergency department located in the City of Hampton to employ certain trained individuals to perform evaluations to determine whether a person meets the criteria for temporary detention for behavioral health treatment.	<u><b>Approved by Governor.</b></u>
SB 403 SB155 HB 1289	Durant Head Willett	<b>Behavioral health technicians; behavioral health technician assistants; qualified mental health professionals; qualified mental health professional-trainees; scope of practice, supervision, and qualifications.</b> Adds behavioral health technicians and behavioral health technician assistants to the professions governed by the Board	<u><b>Approved by Governor.</b></u>

**2024 GENERAL ASSEMBLY SESSION  
CBH Bills of Interest – 4/17/2024**

BILL #	CHIEF PATRON	BILL SUMMARY	COMMENTS
<p>HB 1499</p> <p>HB 1500</p>	<p>Willett</p> <p>Willett</p>	<p>of Counseling. The bill also establishes qualification, scope of practice, and supervision requirements for qualified mental health professionals and qualified mental health professional-trainees. The bill directs the Board of Counseling to adopt regulations governing the behavioral health technician, behavioral health technician assistant, qualified mental health professional, and qualified mental health professional-trainee professions by November 1, 2024, and for the Department of Behavioral Health and Developmental Services and the Department of Medical Assistance Services to promulgate regulations that align with the regulations adopted by the Board of Counseling in accordance with the bill.</p>	
<p>SB 543</p> <p>HB 601</p>	<p>Bagby</p> <p>Kilgore</p>	<p><b>Health insurance; emergency services; mobile crisis response services.</b> Provides that emergency services, as it relates to any mental health services or substance abuse services, as those terms are defined in § 38.2-3412.1, Code of Virginia, rendered at a behavioral health crisis service provider, include (a) a behavioral health assessment that is within the capability of a behavioral health crisis service provider, including ancillary services routinely available to evaluate such emergency medical condition, and (b) such further examination and treatment, to the extent that they are within the capabilities of the staff and facilities available at the behavioral health crisis service provider, as are required so that the patient’s condition does not deteriorate. Such emergency services may be rendered at a location other than the emergency department of a hospital, such as a behavioral health crisis service provider, as required (including Crisis Receiving Centers).</p>	<p><b><u>Approved by Governor.</u></b></p>
<p>SB 574</p>	<p>Deeds</p>	<p><b>Behavioral Health Commission; behavioral health and crisis response services; civil admissions laws and processes; work group; report.</b> Directs the Behavioral Health Commission to convene a work group to study how to effectively align current civil admissions laws and processes with new behavioral health and crisis response services and resources in the Commonwealth. The bill directs the Behavioral Health Commission to make recommendations for any statutory,</p>	<p><b><u>Approved by Governor.</u></b></p>

**2024 GENERAL ASSEMBLY SESSION  
CBH Bills of Interest – 4/17/2024**

BILL #	CHIEF PATRON	BILL SUMMARY	COMMENTS
		regulatory, licensing, training, and reimbursement changes related to Virginia's current civil admissions process and to report such recommendations by July 1, 2025.	
SB 734  HB 894	Marsden  Bennett-Parker	<b>Virginia Freedom of Information Act; electronic meetings.</b> Amends the number of all-virtual public meetings that public bodies, with certain exceptions, may convene in a calendar year to no more than two times per calendar year or 50 percent of the meetings held per calendar year rounded up to the next whole number, whichever is greater. Current law limits the number of all-virtual public meetings to no more than two times per calendar year or 25 percent of the meetings held per calendar year rounded up to the next whole number, whichever is greater. The bill also provides that with respect to all-virtual public meetings, when audio-visual technology is available, a member of a public body shall, for purposes of a quorum, be considered absent from any portion of the meeting during which visual communication with the member is voluntarily disconnected or otherwise fails or during which audio communication involuntarily fails.	<b><u>Approved by Governor.</u></b>
SB 569	Deeds	<b>State Board of Behavioral Health and Developmental Services; regulations; crisis receiving centers; appropriate and safe use of seclusion; work group; report.</b> Directs the State Board of Behavioral Health and Developmental Services to amend its regulations to ensure that its licensing and human rights regulations support high-quality crisis services, including by authorizing the appropriate and safe use of seclusion in crisis receiving centers and crisis stabilization units. The bill also directs the Department of Behavioral Health and Developmental Services to convene a work group to propose additional regulations to allow for the use of (i) evidence-based and recovery-oriented seclusion and restraint practices and (ii) alternative behavior management practices that may limit or replace the use of seclusion and restraint in hospitals, residential programs, and licensed facilities.	<b><u>Approved by Governor.</u></b>



## Meeting Minutes

Minutes Of: Services & Evaluation Committee Date: 4/24/24
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*Present:* Al Brassel, Steve Miller, Linda Butler, Leigh Carroll-Stump, & D. A. Longo

*Absent:* D. Kirshbaum, Roy Witham & R. Carpio.

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### 1. *Call to Order*

The meeting was called to order at 4:00pm

### 2. Leigh Carroll-Stump, Development and Communications Manager presented on Grants Management\Website.

Leigh gave a PowerPoint presentation on Grants currently received by CBH. She gave a thorough review of the grants and gave an overview of Exhibit D which outlines our responsibilities with grants received by the Department of Behavioral Health Development Disabilities

### 3. Meeting Schedule

The Committee next meeting will be on May 22, 2024.

### 4. *Adjournment*

The meeting was adjourned at 4:40 pm.

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

### **Next Meeting**

Date: May 22, 2024  
Time: 4pm  
Location: McLaws Board room

**Grants Management**  
Development & Communications

**Colonial Behavioral Health**  
Wellness, Support & Recovery Services

This slide features a blue gradient background with white wavy lines at the bottom. The title 'Grants Management' is in a large, bold, white font, with 'Development & Communications' in a smaller white font below it. The logo for Colonial Behavioral Health is positioned in the bottom left corner.

1

**Types of Grants We Receive**

**Federal**

- American Recovery Act Plan (ARPA)\* - \$186,019
- Permanent Supportive Housing\* - \$723,277
- Department of Rail & Public Transportation (DPRT) - \$95,000\*\*
- Substance Abuse Block Grant-Consolidated Appropriation Act (SABG/CAA)\* - \$267,830

**Local**

- York County Transportation Grant - \$4,000

**Community Foundations & Trust**

- Bank of America - Trust - \$150,000
- Knight of Columbus (KOVAR) - \$18,753\*\*\*
- Williamsburg Community Foundation (WCF) - \$5,000\*\*\*
- Williamsburg Health Foundation (WHF) - \$309,500
- Sentara Cares Foundation - \$7,500

\* Administered by DBHDS \*\*FY25 Grant Submission \*\*\* Grant Application in Progress

This slide has a blue gradient background with white wavy lines at the bottom. The title 'Types of Grants We Receive' is in a large, bold, white font. Below the title, the grants are categorized into Federal, Local, and Community Foundations & Trust, each with a list of grant names and amounts. A small logo is in the bottom right corner.

2

## Policy 74 – Grant Procedures

### Purpose:

- To centralize all grant activities for the agency;
- To enforce ownership, responsibility and realistic achievements;
- To reasonably ensure day-to-day programmatic oversight of all grant activities to support complete and accurate reporting, as required by grant sources;
- To reasonably ensure proper oversight of all grant funds
- To minimize CBH's risk of non-compliance with grant requirements;
- To reasonably ensure proper administration and accounting of all grants

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3

## Policy 74 – Grant Procedures

### Point of Contacts

- Grant Administrator (Development & Communications Manager) – Coordinates grant application process and all grant reporting for the agency.
- Director(s) – designates Internal Grant Contact
- Internal Grant Contact (Coordinator) – provides oversight of grant funded programmatic activities
- Fiscal Services Officer/Designee – establishes new cost center/revenue stream and reviews/reports on expenditures per grant requirements/CBH policy

4 

4



# RFP - Checklist

Department of Behavioral Health and Developmental Services (DBHDS)  
Enhanced Adolescent Focused Strategies for Substance Use Intervention Grant Program  
Fiscal Year 2022

<b>Key Information</b>	
Enhanced Adolescent Focused Strategies for Substance Use Intervention Grant Program	
Application Deadline	July 1, 2022 05:00 PM
Performance Period	July 1, 2022 - March 31, 2023
Award Amount	\$750,000 - depending upon the availability of funds and the quality of applications, DBHDS may receive three awards or more additional awards in subsequent years.
<b>Required Application Components</b>	
Proposals must be typewritten, single-spaced, using Times New Roman 12, with margins (left, right, top, bottom) at least one inch each. Submittals email to: <a href="mailto:MacKay.a@mc.gov">MacKay.a@mc.gov</a>	
<input type="checkbox"/> Project Summary/Abstract	30 lines of text
<input type="checkbox"/> Project Narrative	3 pages
The narrative includes the program strategy without overwriting details.	
<input type="checkbox"/> Scope of Problem	1 page (15 points)
<ul style="list-style-type: none"> <li>Severity and magnitude of the problem and how the applicant will identify and select interventions with demonstrated need to be served by the proposed plan</li> <li>Existing adolescent SUD treatment needs (5 points)</li> <li>Description of the community demonstrating need for enhanced interventions - disparity impact statement (5 points)</li> </ul>	
<input type="checkbox"/> Specific Aims	1 page
<ul style="list-style-type: none"> <li>Quantifiable Objectives</li> <li>Evaluation Plan</li> </ul> <p>The following Evaluation Plan components are required so that the Department can evaluate the success of the project:</p> <ol style="list-style-type: none"> <li>The number of youth served through screening, functional behavior assessment, and intervention services. A minimum of 20 youth should be served annually.</li> <li>The number of youth discharged from services indicating the success of discharge and how many of those were determined to be successful discharges.</li> <li>For C&amp;A: The C&amp;A-20 new intake, 1st month after service begins, and discharge from services. Any other equipment related to the C&amp;A's licensing requirement must also be completed.</li> <li>The number of substance use screenings.</li> <li>The number of needed services substance use services unavailable for 12 to 19 youth.</li> <li>The number of needed co-occurring services unavailable for 12 to 19 youth.</li> <li>The number of youth discharged from substance use intervention treatment for C&amp;A but an ongoing in-patient substance use and/or co-occurring condition.</li> <li>The number of treatment episodes at higher levels of care than outpatient treatment for youth/young adults with SUD.</li> <li>The number of staff interventions.</li> </ol>	

<input type="checkbox"/> 1. The number of referrals to treatment	2 pages (15 points)
<ul style="list-style-type: none"> <li>A statement of the referral process that includes release forms and sending of records to the referring provider in the medical file (as soon as possible if possible). Referrals are made out to patient to provide coverage of services and include the date, referral, and sufficient referring provider (date of the referral, did patient receive services, were they out of state to be referred, etc).</li> <li>Sub-factors survey from parents, caregivers, and clinicians at the conclusion of services (surveys to be sent to those that are 12 years or older)</li> <li>Sub-factors survey from community partners only</li> <li>Three sub-factors surveys, with a value of no more than \$30, may be offered to youth and families completing 4th reporting and 1st follow-up survey. Incentive payments are not allowed for families to participate in the outreach work, mental health treatment or preventive care fees.</li> </ul>	
<input type="checkbox"/> 2. Awarded applicants will be required to provide a progress report to the Department two times per year on October 31, 2022 and February 17, 2023 throughout the project that include the above components of the Evaluation Plan. At the end of the project, awarded applicants will be required to share a final report with the Department that documents the outcomes of the project within 60 days of the project ending. The report must include tables and graphs to show the initial measure and measure throughout the project. It should also include an interpretation of the results, strengths and weaknesses of the enhanced adolescent-focused substance program and recommendations for program improvement.	
<input type="checkbox"/> Research/Intervention Strategy	2 pages (15 points)
<ul style="list-style-type: none"> <li>Project Services (10 points) <ul style="list-style-type: none"> <li>Approach to provide SUD services (10 points)</li> <li>Revenue information/revenue-level practices (5 points)</li> <li>Grant response plan (5 points)</li> <li>Number of substance use treatment (5 points)</li> <li>Cultural/language services (5 points)</li> <li>Length of treatment not complete both (5 points)</li> </ul> </li> </ul>	
<input type="checkbox"/> Budget Narrative	2 pages (10 points)
The applicant must provide a detailed project budget and narrative justification of the items included in the proposed budget, as well as a description of existing resources and other support you expect to receive for the proposed project. Other support is defined as funds or resources, whether federal, state, local, non-profit, institutional, and indirect costs. The indirect cost rate is 10% unless your grant has an agreed rate with the funding government. You have a negotiated rate, you must provide your indirect cost rate agreement letter with your application. Indirect cost budget for a one-time cost. Funds cannot be used for vehicles, construction, and any renovation.	
<input type="checkbox"/> Organizational Sketch	2 pages
<ul style="list-style-type: none"> <li>Project Personnel (10 points) <ul style="list-style-type: none"> <li>Key personnel (5 points)</li> <li>Priority key personnel (consultant, sub-contractors) (5 points)</li> <li>Materials and resources (10 points) <ul style="list-style-type: none"> <li>Existing collaborative structure - letter of commitment (5 points)</li> <li>Plan for continued support (5 points)</li> </ul> </li> </ul> </li> </ul>	
<input type="checkbox"/> Letters of Support	
<ul style="list-style-type: none"> <li>DBHDS</li> <li>Local School</li> <li>Community Partner</li> <li>Work location</li> <li>Work location Department of Social Services - Margaret Mack-2024</li> </ul>	

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# DBHDS - Exhibit D

Document Envelope ID: 237749C2-7C74-4209-B1C5-0881332E276

## Exhibit D: Colonial Behavioral Health Performance Measures for the Enhanced Adolescent Focused Strategies for Substance Use Intervention Contract No. D0597756

This Agreement is between the Department of Behavioral Health and Developmental Services ("DBHDS" or "Department") and Colonial Behavioral Health ("CBH" or "Subrecipient"), collectively hereinafter referred to as "the Parties". The parties have entered into this Agreement to govern certain activities and responsibilities required for operating or contracting the Enhanced Adolescent Focused Strategies for Substance Use Intervention (the "Program" or "Service"). This Agreement is attached to and made part of the performance contract by reference.

**Purpose**  
Colonial Behavioral Health Child & Adolescent (C&A) Services seeks to enhance our current substance use services by facilitating assessment and treatment training opportunities for C&A staff and community partners to develop a more integrated system of care for expanding early substance use detection, intervention and treatment. This is one time Consolidated Appropriations Act funding ending March 2023.


**Term:** This Agreement shall govern the performance of the Parties for the period of July 1, 2022 through March 14, 2023 ("Period of Performance").

**A. Scope of Services:** The Colonial Behavioral Health - Child & Adolescent (C&A) Services Enhanced Adolescent Substance Use Intervention project will provide assessment and treatment modality training to C&A clinical staff and community partners in order to foster a more comprehensive substance use early detection, intervention and prevention system of care for youth living in the Greater Williamsburg area of Virginia.

**B. The CBH Responsibilities:** In order to implement the Enhanced Adolescent Focused Strategies for Substance Use Intervention program, the CBH agrees to comply with the following requirements:

- The CBH shall Serve 75 youth aged 12-19 years old presenting with substance use and/or co-occurring mental health concerns, annually.
- The CBH shall Provide two YSBIRT training and VMP education for 50 CBH staff, youth serving community members and pediatricians by March 2023.
- The CBH shall send four (4) C&A staff to the Summer Institute for Addiction Studies (SIAS), July 17-20, 2022.
- The CBH shall send seven (7) C&A staff to the National LGBTQ+ Health Conference, July 28-30, 2022.
- The CBH shall Provide EMDR and Advanced Motivational Interviewing training for CBH Staff by March 2023.
- The CBH shall provide two Introduction Motivational Interviewing trainings for 50 youth serving community members by March 2023.
- The CBH shall Provide Cognitive-Behavioral Intervention for Trauma (CBIT) in School & Support for Student Exposed to Trauma (SSET) trainings for local school personnel by March 2023.
- The CBH shall provide DBHDS reports following the below schedule.

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**Program, Project, Services Proposal**

**Instructions:** Complete this form in its entirety and submit with an Administrative Services Request to Operations Management for new program(s), program expansion(s), changes/modifications and closing of current program(s).

**Project Lead:** \_\_\_\_\_ **Date:** \_\_\_\_\_

New  Expansion/Reduce  Add Location  Closure

Other (Specify): \_\_\_\_\_

Fast Track  (i.e., funding related, legal/regulatory related etc.) \_\_\_\_\_

**Program, Project, Service Summary**

Program, project, service name and location: \_\_\_\_\_

Projected start date: \_\_\_\_\_

Staff involved: \_\_\_\_\_

Meeting frequency and approximate length of time (hour): \_\_\_\_\_

**Project Planning**

Development & Communications: Intranet/website edits, marketing/outreach needs, grants management, reporting, etc.

\_\_\_\_\_

Status: Pending  In-Progress  Completed  Date: \_\_\_\_\_

Barriers/Update: \_\_\_\_\_

Lessons Learned: \_\_\_\_\_

**Fiscal Services:** Billing, reimbursement, insurance, credentialing, etc.

\_\_\_\_\_

Status: Pending  In-Progress  Completed  Date: \_\_\_\_\_

**Barriers/Update:** \_\_\_\_\_

**Lessons Learned:** \_\_\_\_\_

**General Services - Facilities:** Facility/logistic needs, signage, keys, furniture, office supplies, etc.

\_\_\_\_\_

Status: Pending  In-Progress  Completed  Date: \_\_\_\_\_

**Barriers/Update:** \_\_\_\_\_

**Lessons Learned:** \_\_\_\_\_

**General Services - Other:** Procurement, risk management, health and safety, accessibility, etc.

\_\_\_\_\_

Status: Pending  In-Progress  Completed  Date: \_\_\_\_\_

**Barriers/Update:** \_\_\_\_\_

**Lessons Learned:** \_\_\_\_\_

**Health Information Management (HIM):** EHR documentation needs (scanning/attaching, paper charts), audits, subpoenas, etc.

\_\_\_\_\_

Status: Pending  In-Progress  Completed  Date: \_\_\_\_\_

**Barriers/Update:** \_\_\_\_\_


**Lessons Learned:** \_\_\_\_\_

**Information Services:** Hardware, infrastructure, licenses, software, service orders, facility/units, documentation needs (new power forms, dot text phrases) etc.

\_\_\_\_\_

Status: Pending  In-Progress  Completed  Date: \_\_\_\_\_

**Barriers/Update:** \_\_\_\_\_

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**CBH NOMINATING COMMITTEE**

**PROPOSED SLATE OF OFFICERS**

**CBH Board of Directors**

**Fiscal Year 2025**

:

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)

# Strategic Plan

April 2024



**Colonial**  
Behavioral Health  
Wellness, Support & Recovery Services

# Introduction

Colonial Behavioral Health's leadership (Board of Directors and Staff Leadership Team) undertook a 10-month planning effort to identify the agency's top priorities for development and service over the next 5 years. The purpose in developing this Plan was to set CBH on the pathway to success for future generations of healthcare administration and service delivery.

Input was provided, via survey, by CBH board members, staff, consumers and their families, and community partners.

This Strategic Plan provides a framework for making decisions on how best to serve those in need and serves as a guide to ensuring that high quality services continue to be available to residents within the CBH region.

# Vision

**Continuing to serve as a vital partner in a community system of care that promotes the highest possible quality of life.**

# Mission

**To facilitate recovery and resiliency of individuals and families affected by mental illness, developmental disabilities, and substance use disorders.**

# Values

## Trustworthiness

Creating a positive and accountable organizational culture that enhances employee relations and improves outcomes.

## Meaningful

Fostering engagement by putting individuals at the center of decision-making and service delivery to create purposeful interactions and experiences.

## Collaborative

Building connections by understanding and addressing the needs of the community.



# Goals

<b>Services Goal</b>	Adjust service delivery to match the evolving landscape, consumer expectations, and community needs.
<b>Operations Goal</b>	Ensure agency sustainability through business operations reflective of changing healthcare and workforce landscapes.
<b>Infrastructure Goal</b>	Develop and execute long-term facility, technology, and infrastructure plans to support and enhance services.
<b>Resources Goal</b>	Ensure agency sustainability by creating and implementing long-term resource development plans.



## Strategic Plan with Objectives

### VISION

Continuing to serve as a vital partner in a community system of care that promotes the highest possible quality of life.

### MISSION

To facilitate recovery and resiliency of individuals and families affected by mental illness, developmental disabilities, and substance use disorders.

### VALUES

**Trustworthiness:** Creating a positive and accountable organizational culture that enhances employee relations and improves outcomes.

**Meaningful:** Fostering engagement by putting individuals at the center of decision-making and service delivery to create purposeful interactions and experiences.

**Collaborative:** Building connections by understanding and addressing the needs of the community.

### GOALS

Services Goal	Adjust service delivery to match the evolving landscape, consumer expectations, and community needs.
Operations Goal	Ensure agency sustainability through business operations reflective of changing healthcare and workforce landscapes.
Infrastructure Goal	Develop and execute long-term facility, technology, and infrastructure plans to support and enhance services.
Resources Goal	Ensure agency sustainability by creating and implementing long-term resource development plans.

## SERVICES GOAL

**Adjust service delivery to match the evolving landscape, consumer expectations, and community needs.**

### **Objective #1 Meet consumer expectations by improving services**

Strategies/Tactics:

- Analyze consumer feedback survey data
- Evaluate the efficiency regarding access to services
  - Rapid response to behavioral health crisis
  - Faster entry to outpatient services
- Incorporate treatment and service innovations and best practices
  - Rapid acting medications for stabilization
  - Medical screening technologies
  - Redesign Opportunities Unlimited
  - Redesign psychosocial rehabilitation



### **Objective #2 Expand or develop programming to meet community needs**

Strategies/Tactics:

- Expand or enhance existing or new services
  - Permanent Supportive Housing
  - Broadened waiver services
- Develop new services
  - Mobile crisis
  - Crisis Receiving Center
  - Crisis Stabilization
  - Supported Employment



## OPERATIONS GOAL

**Ensure agency sustainability through business operations reflective of changing healthcare and workforce landscapes.**

### OBJECTIVES

#### **Objective #1 Focus on workforce recruitment and retention**

Strategies/Tactics:

- Invest in recruitment platforms
  - Affinity groups
  - Triad Healthcare Recruiting
- Explore agency-wide retention practices
  - Schedule flexibility
  - Benefits structure
  - Career advancement pathways
  - Culture of connectivity
  - Staff feedback



#### **Objective #2 Conduct fiscal analysis in anticipation of new funding models**

Strategies/Tactics:

- Determine federal indirect cost rate
- Explore cost-based reimbursement
  - CCBHC



#### **Objective #3 Improve operations to realize efficiencies**

Strategies/tactics:

- Update governance structure
  - Advisory Council
- Institute cost benefit analysis processes
  - New grant and program evaluation
- Develop new facility staffing models
  - Preparation for consolidation of new construction



## INFASTRUCTURAL GOAL

**Develop and execute long-term facility, technology, and infrastructure plans to support and enhance services.**

### **Objective #1 Develop master plan for new campus and appropriate satellite facilities**

Strategies/Tactics:

- Land/facility acquisition
  - Acquire surplus Eastern State Hospital land
  - Acquire land and/or facilities appropriate for Day Support services
  - Acquire land and/or facilities appropriate for service delivery in the eastern most part of the CBH catchment area
- Space needs analysis and design
  - Develop a York Poquoson plan inclusive of design
  - Develop an Opportunities Unlimited plan inclusive of design
  - Develop new campus plan inclusive of design
- Facility development and construction
  - Begin construction of facilities



### **Objective #2 Continue refinement and execution of the existing technology plan to improve administrative efficiencies and ensure security**

Strategies/Tactics:

- Administrative efficiencies via software solutions
  - Maximize consumer engagement via use of EHR patient portal
  - Develop process to collect fees for telehealth
  - Conduct software audit to reduce use of paper
- Cyber security
  - Continue to improve disaster preparedness
  - Complete migration to the cloud



## RESOURCES GOAL

Ensure agency sustainability by creating and implementing long-term resource development plans.

### Objective #1 Develop mechanisms to finance the new campus

Strategies/Tactics:

- Capital campaign
  - Accept donations directly or via a third party
  - Grant prospecting
- Develop relationship with lending institution to put together a capital stack and leverage existing holdings



### Objective #2 Form new partnerships to advance the work

Strategies/Tactics:

- Increase awareness to seek new clients
  - Business community outreach
  - Marketing budget
- Explore sharing resources to drive efficiencies
  - OTMDC
  - ESH
- Seek federal funding to increase services
  - SAMHSA



## Action Item A-1

### CBH Bylaws Revision

#### Background:

CBH Bylaws are reviewed periodically to assure continued compliance with state and federal statutes, and to reflect the Board's wishes for effective operations as a governing body.

Beginning in December 2023, feedback has been solicited from both the Board Executive Committee and from all Board members as a body and individually. Feedback received was limited to only a few items, which are reflected in full within the revised Bylaws included in this Board packet.

Recommended revisions are as follows:

- Articles X and XI      Combine Executive and Administration Committees
- Articles VII and XI      Remove Nominating Committee from Standing Committee list;  
Build nominating/election process fully into Article VII
- Article VII      Delete sentence allowing extension of three-year officer term to a possible fourth year.
- Article XI      Remove Strategic Planning Committee from Standing Committees.

To affect an orderly transition in Board processes, it is also recommended that the amended Bylaws carry an enactment date of July 1, 2024.

#### Motion from the Executive Committee:

That the CBH Board approve the amended CBH Bylaws as attached, with the understanding that the approved amended version will have an effective date of July 1, 2024.

## Action Item A-2

### CBH Advisory Council

#### Background:

Colonial Behavioral Health's interest in pursuing recognition as a Certified Community Behavioral Health Clinic (CCBHC) under Federal SAMHSA structures and regulations. We were one of the original eight CSBs to partner with the Commonwealth of Virginia to develop a model for Virginia's CSBs in 2016-2017. Unfortunately, Virginia decided to not pursue a second round of federal funding to continue this development.

In 2023, CBH was one of two Virginia CSBs to apply for direct funding to assist with achieving CCBHC certification. Unfortunately, neither Virginia agency grant submission was successful. We are currently awaiting the next available Federal opportunity to submit for this funding.

Having become very familiar with CCBHC Certification Criteria over the past several years, we are aware of one significant development need that we can address without additional funding. CCBHCs must either have a governing Board of Directors with a minimum of 51% consumer or family membership (with a preference toward consumers), or have an advisory structure that guarantees ongoing, regular and meaningful input into agency issues.

The means by which CSB Boards are appointed (by local governments who carry no obligations related to CCBHC governance) makes it imperative for CSBs to implement the advisory structures allowed for in the CCBHC criteria.

It is staff's recommendation that the CBH Board approve creation of the Advisory Council by means of approving the attached Policy. It is further recommended that the Council be operationalized effective January 1, 2025, in order for the necessary guidelines, application and approval processes, and Advisory Council feedback methods be developed prior to that date.

#### Recommended Motion:

That the CBH Board approve the proposed Advisory Council Policy with the following understandings:

- That CBH staff will draft supportive policies, and other needed guidelines for CBH Board review prior to soliciting applications for Council membership;
- That CBH staff will review applications for membership and submit them to the Board (in a manner consistent with processes defined in the previous bullet). CBH staff will also submit to the Board their recommendations for appointment, as necessary; and
- That the terms of inaugural Council members will begin on January 1, 2025.



## **Action Item A-3**

### **CBH Designated Fund Agreement**

#### **Background:**

CBH, as a public agency, has not developed a mechanism to accept a significant volume of donations. As we undertake ambitious capital improvement strategies identified in our Strategic Plan, CBH must enhance its resource development capabilities.

One key element of resource development is the administration of and accounting for funds received. CBH has not been structured for these functions, and therefore has had to choose whether to undertake these functions internally or find an experienced community partner to manage them for us. In the best judgment of staff, we believe an experienced community partner best serves us and our community.

The Williamsburg Community Foundation (WCF) has been provided these services for nonprofit organizations (of variable sizes) and causes for over 25 years and is ably situated to manage contributions to CBH capital projects on our behalf. Utilizing the WCF's expertise in this area will allow CBH a greater focus on the other aspects of resource development and management of the broader project(s).

Undertaking this Agreement with the WCF will also lay the foundation for a potential long-term relationship related to support of CBH beyond the capital projects in our immediate future.

Attached to this memo are three (3) documents for your review:

1. WCF "Quick Facts" providing an overview of their history and types of funds they currently administer;
2. WCF "Types of Funds" describing the various category of giving options available to donors and agencies;
3. The proposed CBH Designated Fund Agreement between the Williamsburg Community Foundation and CBH.

#### **Recommended Motion:**

That the CBH Board authorize the Board Chair and Executive Director to execute the CBH Designated Funding Agreement with the Williamsburg Community Foundation.

## Quick Facts

### WHAT IS A COMMUNITY FOUNDATION?

Community foundations are tax-exempt public charities that invest and administer a pool of funds established by individuals, families, businesses and organizations. Each fund provides grantmaking dollars for community needs. Like all community foundations, the WCF is overseen by a volunteer board of leading citizens and run by professionals with expertise in knowing our community's needs. [Learn more.](#)

### GIFTS FROM THE COMMUNITY

At the end of its first fiscal year in 1999, the Foundation had \$100,000 in assets; currently the Foundation has assets of approximately \$26 million. Last year, generous local donors made gifts of over \$1.1 million to the Foundation. [Read some of our donors' stories.](#)

### GRANTS TO THE COMMUNITY

Since its inception, the Foundation has awarded grants and scholarships totaling \$11.3 million to more than 200 nonprofit organizations and over 1,000 students. The Foundation makes competitive grants in its service area; James City County, York County and Williamsburg. [Learn more.](#)

### ASSETS TO GIVE

**Gifts** in any amount may be made to the Community Endowment, Annual Fund or to any named fund in the form of:

- Check or credit card ([click here to give online](#)).
- Negotiable securities

The Foundation will also accept the following types of gifts: **real or personal property, life insurance, retirement assets, bequest by will or charitable trust**. Please call 757-259-1660 for information prior to making any gifts of these types. [Learn more.](#)

## TYPES OF NAMED FUNDS

Named funds may be established to serve a donor's philanthropic interests. [Learn more.](#)

 Search

# Types of Funds

We can work with you to create a solution that meets your goals to make the most impact with your giving. Below are several fund options we offer, and you can create these using a gift now or a planned gift in the future. For a complete list of funds of the Williamsburg Community Foundation, see the current [Annual Report](#).

## Community Endowment

The Foundation's Distribution Committee will review applications and determine recipients from your Community Endowment Fund based on changing community needs. You may also make a gift in any amount to the general Community Endowment.

*Minimum initial gift to start your fund: \$10,000*

[Example: Jane and Bob Taylor's Community Endowment Fund](#)

## Field-of-Interest

You select a broad area of interest to receive grants from your fund.

*Minimum initial gift to start your fund: \$35,000*

[Example: The Genevieve McGiffert Memorial Fund for the Musical Performing Arts](#)

## Area Funds

You can make a gift in *any amount* to one of the Foundation's Community Endowment Area Funds for [Arts and Culture](#), [Children and Young Adults](#), [Environment and Conservation](#), [Scholarship](#), [Health & Wellness](#), or [Senior Services](#). The Foundation's Distribution Committee will make annual grants from these funds to programs in those specific areas.

### **Donor-Advised**

You choose which charities you wish to support through a recommendation to the Board of Trustees. In most cases, a donor-advised fund can be a simpler, less expensive alternative to a private foundation.

*Minimum initial gift: \$10,000 (non-endowed) \$35,000 (endowed)*

Example: Elizabeth C. and William J. Wilhelm Fund

### **Designated**

You choose a specific organization or organizations to receive annual distributions from the fund.

*Minimum initial gift: \$10,000*

Example: John D. Walker Memorial Endowment Fund benefitting Dream Catchers

### **Agency Endowment Funds**

Nonprofit organizations establishing endowments with the Foundation will benefit from expertise in gift acceptance, investment management and planned giving.

*Minimum initial gift: \$10,000*

Example: Avalon Endowment Fund

### **Scholarship**

Scholarship Funds established at the Foundation can support local students attending any college or university in the country. Donors may select specific criteria and express their personal values through a scholarship fund. Scholarship funds may also be established to provide tuition assistance to a specific local private nonprofit grade school or preschool.

*Minimum initial gift to start your Scholarship Fund: \$35,000*

Example: The Swain Family Scholarship Fund

Gifts in any amount can be made to the WJCC Scholarship Fund (for current year scholarships) or to the WJCC Scholarship Endowment (for future scholarships).



To learn more about starting a fund, contact President & Chief Executive Officer Nancy Sullivan at 757-259-1660 or [ncsullivan@williamsburgcommunityfoundation.org](mailto:ncsullivan@williamsburgcommunityfoundation.org)

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# Designated Fund Agreement

This agreement dated the 7<sup>th</sup> of May, 2024 is made to establish the **Colonial Behavioral Health Designated Fund** (FUND) This FUND shall be held and administered by the Greater Williamsburg Community Trust (DBA: Williamsburg Community Foundation) (FOUNDATION) a nonprofit community foundation located in Williamsburg, Virginia, as a Designated Fund in accordance with its Certificate of Incorporation and By Laws as the same have been, or may hereafter from time to time, be amended.

The FUND will be charged an annual administrative fee on a monthly basis according to a fee schedule as may from time-to-time be amended by the Board of Trustees.

The FOUNDATION shall make disbursements from the FUND to support the planning, design and construction work to build facilities to be used by Colonial Behavioral Health (CBH), the local Community Services Board serving the citizens of James City County, the City of Poquoson, the City of Williamsburg and York County, to further its mission to facilitate recovery and resiliency of individuals and families affected by mental illness, developmental disabilities, and substance use disorders. Any funds remaining following the construction process may be maintained in the FUND to support the general operations of Colonial Behavioral Health.

Further additions to the FUND can be made at any time and shall be subject to the conditions and understandings set forth above and, in the FOUNDATION'S Operating Policies.

It is understood that if at any time the Board of Trustees should determine that such distributions are unnecessary, incapable of fulfillment or inconsistent with the charitable needs of the community served by the FOUNDATION and/or the purposes of the FOUNDATION, it may, in the exercise of its discretion, direct the FUND's assets, in whole or in part, to the general charitable needs of the community pertaining to behavioral health, developmental disabilities and substance abuse.

It is intended that the FUND shall be a component part of the Greater Williamsburg Community Trust and not a separate trust and that nothing in this Agreement shall affect the status of the FOUNDATION as an organization described in Section 501(c)(3) of the Internal Revenue Code of 1986, as amended, and as an organization that is not a private foundation within the meaning of section 509(a) of the Code. This Agreement shall be interpreted in a manner consistent with the foregoing intention and so as to conform to the requirements of the foregoing provisions of the federal tax laws and any regulations issued pursuant thereto. The FOUNDATION is authorized to amend this Agreement to conform to the provisions of any applicable law or government regulation in order to carry out the foregoing intention. References herein to provisions of the Internal Revenue Code of 1986, as amended, shall be deemed references to the corresponding provisions of any future Internal Revenue Code.

# Designated Fund Agreement

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David Coe, Executive Director

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Sheri Newcomb, CBH Board Chair

Accepted and Agreed:

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Alison Lennarz, Chair

Date

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# COLONIAL BEHAVIORAL HEALTH

## Executive Director's Report – May 2024

### Agency Issues

1. Processes related to conveyance of the CBH parcel in the Cardinal Ridge development are currently underway. The parties involved in the process are the Virginia Department of General Services, D.R. Horton (developer), James City County, and CBH/CCSI.
2. The CBH Procurement Policy has been amended to include the PPEA Guidelines authorized by the Board in the April meeting. An RFP release for crisis center design and build as soon as final agreements are signed for state funding for the project.
3. We are experiencing early success in staff recruitment as we prepare for the new Mobile Crisis team to begin operations in July.
4. We are pleased to report that we have successfully recruited a full-time therapist to work for CBH at Olde Towne Medical & Dental Center to begin implementation of our integrated care efforts. This is an exciting beginning, especially with the staff member's experience working in a CSB-based integrated care setting.

### Community Issues

1. The vacant group home property (209 Lewis Burwell Place) in the City of Williamsburg has been actively listed for sale. Nancy Parsons is leading this effort on behalf of CCSI.
2. The Space Needs Analysis, delayed due to the crisis center opportunity, has resumed its focus on CBH's other office-based facilities. Preliminary results are expected from our contracted firm at any time, with staff review and comment on those results beginning upon receipt. The Board's review of the study's results and recommendations will follow as quickly as practicable.
3. State sources now show local Marcus Alert crisis response protocol implementation to be scheduled for July 2026 instead of July 2025. This appears to be due to state budget plans.

### Regional Issues

1. A plan from DBHDS to include Region 5 in a Regional PSH Partnership has been proposed by DBHDS. This plan allows continuation of the project initiated when we first started our venture into PSH. The intent of that project was to bring on more units via agencies adding PSH to their services and creating the institute that is designed to work with developers to increase units set aside for homeless and/ or SMI or both. This plan is expected to bring a minimum of \$5.2 million to our region across a 5-year period.

### Public Policy

1. Recent and unexpected positive developments in Virginia budget negotiations give us hope that an agreement will be reached in mid-May. However, we *may* not have sufficient information for a *full* budget submission in our June meeting, though we will need to take some form of budget action to provide spending and operations authority for FY 2025.
2. A summary of some key legislative items from the 2024 General Assembly session are attached to this report. Among those items is legislation affecting remote/virtual meeting policies for public bodies under Virginia FOIA.

Respectfully submitted,  
David A. Coe

## RECRUITMENT UPDATE

### **For the period of 03/20/2024 – 04/23/2024:**

As of 03/20/2024 CBH was actively recruiting 25 full-time positions in addition to the ongoing 6 PRN/WAR (pool) positions. As of 04/23/2024 CBH has 6 full-time hires finalized and 2 full-time hires pending (awaiting acceptance response) bringing the active recruitment to 19 Full-time positions, 6 PRN/WAR positions and the new developing Mobile Crisis Response Team (multiple vacancies for QMHP's and Licensed/Licensed Eligible Clinicians).



**YEAR TO DATE REVENUES AND EXPENDITURES**  
as of  
**March 31, 2024**

**REVENUE**

CATEGORY	TOTAL BUDGET	RECEIVED YTD	BUDGET YTD	% RECEIVED	BALANCE
State	\$ 11,277,955	\$ 8,455,887	\$ 8,458,466	100%	\$ (2,579)
Local	\$ 3,793,000	2,777,000	2,844,750	98%	\$ (67,750)
Fees	\$ 6,129,885	4,497,690	4,597,414	98%	\$ (99,724)
Grants/Other	\$ 767,135	965,661	575,351	168%	\$ 390,310
<b>Total Revenue</b>	<b>\$ 21,967,975</b>	<b>\$ 16,696,237</b>	<b>\$ 16,475,981</b>	<b>101%</b>	<b>\$ 220,256</b>

**FY23 EXPENDITURES**

CATEGORY	TOTAL BUDGET	EXPENDED YTD	BUDGET YTD	% EXPENDED	BALANCE
Personnel	\$ 16,713,798	\$ 10,661,710	\$ 12,856,768	83%	\$ 2,195,057
Staff Development	\$ 99,149	68,772	74,362	92%	5,590
Facility	\$ 1,159,103	694,125	869,327	80%	175,203
Equipment and Supplies	\$ 1,069,591	539,939	802,193	67%	262,254
Transportation	\$ 211,469	171,311	158,602	108%	(12,709)
Consultant and Contractual	\$ 2,633,610	1,610,208	1,975,208	82%	365,000
Miscellaneous	\$ 81,255	61,154	60,941	100%	(213)
<b>Total Expenditures</b>	<b>\$ 21,967,975</b>	<b>\$ 13,807,219</b>	<b>\$ 16,797,400</b>	<b>82%</b>	<b>\$ 2,990,182</b>

**CARRY FORWARD EXPENDITURES**

CATEGORY	EXPENDED YTD	
Personnel	\$ 176,191	
Staff Development	\$ 34,217	
Facility	\$ 231	
Equipment and Supplies	\$ 116,806	
Transportation	\$ 2,322	
Consultant and Contractual	\$ 39,736	
Miscellaneous	\$ 1,813	CARRYFORWARD BALANCE
<b>Total Expenditures</b>	<b>\$ 371,316</b>	<b>\$ 763,110.88</b>

<b>NET</b>	<b>\$ -</b>	<b>\$ 2,517,702</b>
------------	-------------	---------------------