

## COLONIAL BEHAVIORAL HEALTH BOARD MEETING

**DATE:** August 25, 2023

**PLACE:** Stryker Center, 412 N. Boundary Street Williamsburg VA 23185

**CALL TO ORDER:** 2:00 p.m.

### **BOARD MEMBERS PRESENT:**

Mr. Ryan Ashe- James City County  
Dr. Al Brassel- York County  
Ms. Sheri Newcomb – York County  
Ms. Hazel Braxton- Williamsburg  
Mr. Reynaldo Carpio- York County  
Mr. John Collins- York County  
Ms. Wendy Evans- Williamsburg  
Dr. Dawn Ide- Poquoson  
Ms. Denise Kirschbaum- James City County  
Mr. Steven Miller- York County  
Ms. Kristen Nelson- York County  
Ms. Erin Otis- James City County  
Col. Roy Witham – James City County  
Ms. Donyale Wells- James City County

### **STAFF PRESENT:**

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

### **GUESTS:**

None

### **PUBLIC COMMENT:**

None; no guests present.

### **CONSENT CALENDAR:**

The Consent Calendar was presented for approval of the following minutes:

- May 24, 2023 Services & Evaluation Committee Meeting
- June 6, 2023 Board of Directors Meeting

Dr. Al Brassel motioned to approve all of the meeting minutes listed above as presented. The motion was seconded by Ms. Hazel Braxton and passed unanimously.

### **ANNUAL FOIA TRAINING:**

Mr. David Coe distributed FOIA pamphlets to all members in attendance. Contents of the pamphlet were reviewed and Mr. Coe answered questions following the brief training session. .

### **ACTION ITEM(S):**

#### **A1: Endorsement of Identified Surplus Eastern State Hospital Property**

Mr. Coe requested that the Board endorse the proposed tract of land identified by the proposed ESH property developer to be set aside for CBH. The endorsement was motioned, seconded and approved unanimously by the Board.

**A2: Approval of FY 2024 Bridge Plan**

Mr. Coe requested that the Board consider and approve of the FY 2024 Bridge Plan to establish strategic priorities for the coming year while longer-term Plan development takes place. A new Plan will be developed for implementation in July 2024. This recommended action was motioned, seconded and approved unanimously by the Board.

**INFORMATION ITEMS:**

**Staff Cost-of-Living Salary Increases**

Ms. Nancy Parsons shared with the Board that staff will receive a 5% salary increase on their next scheduled payroll. The following payroll should include the retroactive payments. Discussion was held regarding the funding source and it was agreed that CBH should proceed as planned.

**Board Committee Membership Appointments**


Ms. Sheri Newcomb distributed her Board Committee and Legislative Team appointments for FY2024. Committees were asked to commence their meetings beginning in September, and reminded that committees need to select chairpersons annually.

**ADJOURNMENT:**

Upon a motion and second to adjourn, the meeting was adjourned at 2:32 p.m. The next meeting is scheduled for 4:00 p.m. on October 3<sup>rd</sup>.



Sheri Newcomb, Chair



Hazel Braxton, Secretary

**AGENDA**  
**COLONIAL BEHAVIORAL HEALTH**  
**BOARD MEETING**  
**AUGUST 25, 2023**  
**2:00 PM**

- **Welcome and Call to Order**
- **Roll Call**
- **Public Comment**
- **Consent Calendar**
  - Approval of the following meeting minutes:
    - May 24, 2023, Board of Directors Meeting
    - June 6, 2023, Board of Directors Meeting
- **Board Training**
  - Annual FOIA Training – *D. Coe*
- **Action Items**
  - A-1 Endorsement of Identified Surplus ESH Property
  - A-2 Approval of FY 2024 CBH Strategic Bridge Plan
- **Informational Items**
  - Staff Cost-of-Living Pay Increases
  - Board Committee Membership Appointments
- **Adjournment**                      Next Meeting – Tuesday, October 3, 2023 (473 McLaws Circle, Williamsburg)



**Date:** August 25, 2023  
**To:** CBH Board of Directors  
**From:** David Coe, Executive Director  
**RE:** Colonial Behavioral Health Strategic Plan

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The current CBH Strategic Plan, which was developed in 2019 and runs through 2023, provides guidance for the organization's activities over this period. However, due to the operational and strategic impacts of COVID-19 on service delivery as well as staffing shortages and new state mandates since 2020, it is not feasible to develop an updated plan by January 2024 when its term ends.

To ensure that CBH can continue providing effective services while considering these changes in the environment, staff suggests a Bridge Plan be implemented between now and July 2024 when a new Strategic Plan can be properly formulated with input from both board members and staff. This bridge plan would include the following programmatic goals:

- Pursue Certified Community Behavioral Health Clinic status via the Substance Abuse and Mental Health Services Administration grant funding.
- Implement grant-funded release planning for inmates with mental illness in partnership with Virginia Peninsula Regional Jail.
- Complete a space needs analysis in anticipation of building a new campus on surplus Eastern State Hospital land.
- Pursue Integrated Care service delivery planning in partnership with Olde Towne Medical and Dental Center.
- Implement a grant-funded permanent supportive housing program for people with serious mental illness.
- Develop a local Marcus Alert plan in partnership with local government.
- Pursue partnerships with K-12 education to improve mental health service delivery in the educational setting.

If approved, staff would simultaneously execute the bridge plan while working with the board to develop an updated Strategic Plan in the fall of 2023 and winter of 2024. By establishing this Bridge Plan between now until mid-2024 will help ensure continuity of quality service delivery while allowing the time necessary for Board members and staff to brainstorm ideas needed create an effective long-range strategy going forward. Additionally, it allows sufficient time to determine what goals in the Bridge Plan take root so they might be incorporated in the plan moving ahead.

**Recommendation:** Colonial Behavioral Health staff recommends the Colonial Behavioral Health Board of Directors adopt the above Bridge Plan to guide the agency's work until the Board can adopt a plan with a target start date of July 2024.



## Meeting Minutes

Minutes of: Services and Evaluation Committee Date: May 24, 2023
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**Present:** John Collins, Denise Kirschbaum, Steven Miller, Roy Witham, Kyra, Cook, Linda Butler, Dan Longo

**Absent:** n/a

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1. Welcome and Call to Order  
The meeting was called to order at 4:02 pm
  2. Program Presentation
    - Juan Vera and Haley Schmidt presented information regarding DD Day Services.
    - Vivian Williams and Joni Scherger presented information regarding DD Group Home Services.
  3. Future Presentation Schedule
    - June 28
      - i. Annual Incident Report Summary
      - ii. Adult Outpatient Services
  4. Meeting Schedule  
The Committee decided to meet in June for the above presentations and not to meet till after committee appointments are made in August/September.
  5. Adjournment  
The meeting was adjourned at 4:45p.m.
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Submitted by: Linda Butler

### Next Meeting

Date: 06/28/2023

Time: 4:00pm

Location: 473 McLaw's

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: 5/24/23

Name of Service: DD Day Services (Group Day and Community Engagement)

Nature & Scope of Service: DD Day Services (Opportunities Unlimited) provides personal, social, and behavioral skills training for adults with developmental disabilities to help them improve the quality of their daily lives. Through assessment, person centered planning, Opportunities Unlimited seeks to facilitate self-empowerment, community integration and independent living. The Group Day service and Community Engagement Service provided at Opportunities Unlimited include activities of skill building or supports that will enable the individual to acquire, retain or improve abilities of self-help, socialization, community integration and adaptive skills. There are available opportunities for peer and community social interactions through participation in Opportunities Unlimited while incorporating the individual's choices and preferences. Group Day Supports are provided at the Merrimac Campus location with some also provided in the community while Community Engagement supports occur strictly in the community to assist in fostering connections that will eventually lead to natural supports for the individual. Support ratios are based on the activity and the individual's needs as determined by the person-centered plan and limited to a staff to individual ratio of no more than 1:7 in the Group Day Service and 1:3 in Community Engagement. Services occur on Monday through Friday from 8:00 am till 4:00 pm.

Criteria	Self-Rating	Tangible (measured) Indicators	Intangible (qualitative) Indicators
1. How effective are your services at accomplishing their stated goals?	3	<p>Providing services to 30 individuals out of 40 possible attendees currently with 3 additional individuals in various stages of admittance.            Maximized billing every month for those in attendance.</p>	<p>Individuals work on outcomes they have identified as being important to them in terms of what they would like to achieve in their life and/or what is important for them to remain safe and healthy in the community. With recurring and consistent ongoing support from program staff, the individuals in the program achieve small incremental growth in adaptive skills related to increasing independent living skills and forming natural connections within their community.</p> <p>Opportunities Unlimited undergoes a variety of internal and external reviews and audits completed by CBH, Office of Licensure, DMAS, HSAG, HCBS and other</p>

<p>2. How efficient are your services (cost relative to scope of services provided)?</p>	<p>3</p>	<p>DD Day Services is a Medicaid Waiver Service. Reimbursement rate is based on an individual's Supports Intensity Scale (SIS) assessment. OU currently provides support to 5 individuals in the highest Tier (Tier 4) with and additional individual in admission process. These supports include intense medical and behavioral support needs. 16 Individuals in Tier 3 and 9 individuals in Tier 2.</p> <p>Last 4 months have averaged 85.5% of projected revenue with March reaching 94%.</p>	<p>DBHDS contracted entities. These reviews are aimed at both compliance with regulations and provision of quality services.</p> <p>Revenues numbers reached despite vacant positions. The program must maintain the 1:7 ratio and despite increasing admission of individuals with high level supports, admissions have not been denied due to vacancies.</p> <p>As positions fill admissions continue to increase and expansion of Community Engagement services expands.</p> <p>The Program has not undergone any qualitative reviews (DMAS, DBHDS) that have led to Medicaid paybacks.</p>
<p>3. How relevant are your services (nature of services relative to current need)?</p>	<p>3</p>	<p>The day service program provides a safe, and supportive place with highly trained staff to help everyone participate in a meaningful day through social interaction and community participation. Staff facilitate activities with the aim of empowering everyone to address and maintain their life as they see fit while also maintaining their health and well-being.</p> <p>Each individual participates and develops their individualized plan of supports to define their daily life and define the supports staff will provide. Goals are both important to the individual defined by their interests and personal goals, and address their specific health and safety needs which are important for them.</p>	<p>Each individual reviews their plan of supports and progress towards goals on a quarterly basis expressing satisfaction with their services. An individual may express their desire to amend their plan of supports at any time. It generally is amended as they reach a goal or become disinterested in pursuing that goal or it is determined they will need that support lifelong. Modifications also occur as health, safety and medical needs change or new interests and/or goals are identified.</p> <p>All individuals participating in services prior to the pandemic and not discharging by their choice during that time have returned to some level of service provision.</p>

		<p>Services are providing opportunities for increased involvement in the community such as volunteering at the Human Society and The ReStore and participation in local recreation center activities on a weekly basis. Community outings have increased by 200% over this time last year. In addition, Community engagement participants has increased by 50% and will increase by 200% by the start of FY24.</p> <p>Have increased services to highest Tier individuals by 250%. (Individuals needing the highest level of medical or behavior support needs and in turn highest reimbursement rate.)</p> <p>Currently all referrals are being addressed in a timely manner in accordance with policy and services are typically starting within 30 days of planning meeting. There is currently no waitlist for admissions.</p>	<p>Multiple scheduled events with local Fire and Rescue Departments on campus and at local facilities to increase community safety awareness.</p>
<p>4. How sufficient are your services (scope of services relative to current demand)?</p>	<p>2</p>		<p>Increase in Community Engagement referrals as the agency continues to expand this service. Growing from 2, to now 3 and 5 in the next couple of months.</p> <p>Continued search and addition of volunteer opportunities either one time or on going.</p>
<p>5. How satisfied are consumers of your services?</p>	<p>3</p>	<p>Satisfaction surveys are completed annually to discern level of satisfaction with the program and the services and supports received (from both individual and guardian/AR). This information is also collected on a quarterly basis as quarterly reviews are completed. All participants have expressed satisfaction of services over the last year.</p>	<p>The feedback received related to satisfaction of service is positive conveying appreciation of the high quality of care and support provided. No complaints have been received.</p>
<p>Self-Rating Codes : 3 = Highly; 2=Moderately; 1=Minimally</p>			

Obstacles that threaten optimal service provision (continue on back as necessary): Staff turnover which prohibit continued program admission and service expansion, specific to services like Community Engagement. However, this is not only a day services or CBH problem but a national and global issue.



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: 5/24/2023

Name of Service: DD Residential Services (Connections)

Nature & Scope of Service: ID Residential Services (Connections) provides personal, social, and behavioral skills training for adults with intellectual disabilities to help them improve the quality of their daily lives. Through assessment and person-centered planning, Connections seeks to facilitate community integration, independent living, and self-empowerment. The residential services provided at Connections include activities of skill building, assistance, and specialized safety supports that will enable the individual to acquire, improve (or retain) his or her health status, abilities in daily living tasks, use of community resources, social interactions, and adaptive skills. Services are provided in two (2) of three (3) group homes presently. The homes are located in Williamsburg and York County and leased by CBH. Current capacity in the program is no more than twelve (12) residents. One of the homes is currently in the process of being closed and does not support any residents at this time. The two (2) homes currently in operation have the capacity of no more than eight (8) individuals total. Opportunities for peer interaction, community and social interactions are available through participation in Connections and reflect resident's choices and preferences. Residential services are provided in conjunction with other CBH and community services and supports as agreed upon by the individual, family and CBH provider team.

Criteria	Self-Rating	Tangible (measured) Indicators	Intangible (qualitative) Indicators
1. How effective are your services at accomplishing their stated goals?	3	Seven (7) individuals living in an integrated community-based setting based on individual choice and preferences rather than an institutional setting. Each resident has the opportunity to participate in a variety of community-based activities such as Arc events, local restaurants and shops, attending church or sporting events, etc. Program staff facilitate numerous medical appointments for residents while also administering as many as 101 different medications each month to ensure the residents maintain good health. Staff undergo annual trainings, person	Residents work on goals and objectives they have identified as being important to them in terms of what they would like to achieve in their life and/or what is important for them to remain safe and healthy in the community. With recurring and consistent ongoing support from program staff, the residents in the program achieve small incremental growth in adaptive skills and task completion as related to increasing independent living skills.  Connections undergoes a variety of internal and external reviews and audits

		<p>centered planning and thinking as well as training for health, safety, and medical topics related to the care of the people supported.</p>	<p>completed by CBH, Office of Licensure, DMAS, HSAG, HCBS and other DBHDS contracted entities. These reviews are aimed at both compliance with regulations and provision of quality services.</p>
<p>2. How efficient are your services (cost relative to scope of services provided)?</p>	<p>2-3</p>	<p>DD Group Home Services is a Medicaid Waiver Service. Reimbursement rate is based on two factors: individual's Supports Intensity Scale (SIS) assessment and number of beds for which the home is licensed to serve. In our 4 bed homes, currently we serve Tier 2 and Tier 3 individuals with daily rates being \$383.14 and \$422.66 respectively. Note that billable days are limited to 344 per year per individual.</p> <p>Individuals are required to have an Occupancy Agreement in accordance with Home and Community Based Services (HCBS) regulations. This is much like a lease and they pay an associated room and board/"rent" as an out of pocket cost.</p> <p>It is a costly service due to cost of homes, provision of food, ensuring proper staff coverage, and the third vacant home in the closure process. When at full capacity the program has been able to cover costs and expenses. We are currently one (1) under maximum capacity for the two (2) homes that are to remain open, however, have an individual currently undergoing the intake process which would bring the program to full capacity for the two (2) homes.</p>	<p>To minimize costs overtime hours are attentively controlled while making sure appropriate coverage is always in place to ensure the best quality of care is provided and all regulatory requirements are met.</p> <p>Appropriate coverage of a minimum of 1:4 staff to individual ratio must be provided regardless of position vacancies. Whereas other departments may be able to increase productivity by adding appointments or number served, the correlation is different in the group home service.</p>
<p>3. How relevant are your services (nature of services relative to current need)?</p>	<p>3</p>	<p>The group home service is relevant as it provides a safe, quality-orientated place to live with highly trained staff to help each individual have quality of life and feel valued. Staff facilitate community</p>	<p>Each resident reviews their plan of supports and progress towards goals on a quarterly basis expressing satisfaction with their services. While a resident may express their desire to amend their plan of</p>

		<p>activities and individual medical appointments with multiple providers, with the aim of empowering each individual to address and maintain their health and well-being.</p> <p>Each resident develops their individualized plan of supports to define their goals and to define the support staff will provide to assist them in these efforts. Goals are both important to the resident defined by their interests and personal goals, and address their specific health and safety needs which are important for them.</p>	<p>supports at any time, it generally is amended as they reach a goal, or the task proved to be too challenging and is simplified to support achievement and growth. Modifications also occur as health, safety and medical needs change or new interests and/or goals are identified.</p>
<p>4. How sufficient are your services (scope of services relative to current demand)?</p>	<p>3</p>	<p>No current waitlist.</p> <p>A Community Living Waiver is needed for group home services. Fewer CL waiver slots are being awarded/funded each year, thereby narrowing the number of individuals eligible for group home services.</p>	<p>The program had two(2) individuals leave the program choosing alternate group home setting to be closer to family. A third (3) individual left the program due to medical needs exceeding the programs scope of care. Following their retreat from the program inquiries for placement were received, however, due to lack of staffing for adequate support they were not pursued. Closure of the third (3) group home allowed for staffing to become stable and the current open space is in the process of being filled taking the program to full capacity.</p>
<p>5. How satisfied are consumers of your services?</p>	<p>3</p>	<p>Satisfaction surveys are completed annually to discern level of satisfaction with the program and the services and supports received ( from both individual and guardian/AR). This information is also collected on a quarterly basis as quarterly reviews are completed. Average length of stay within the program is 19 years and participants and families/guardians</p>	<p>The feedback received related to satisfaction of service is positive conveying appreciation of the high quality of care and support provided. No complaints have been received.</p>

	report 100% satisfaction with services and supports provided.	
Self-Rating Codes : 3 = Highly; 2=Moderately; 1=Minimally		

Obstacles that threaten optimal service provision (continue on back as necessary): Lack of staffing is a significant barrier and led to closing of the third group home. As noted above, position vacancies also contribute to increased cost, particularly overtime costs. While program management does well with optimizing program coverage, there is potential for increased risk and decreased community participation without full shift coverage.

## CBH Board Committees FY 2024

Executive Committee	Administration Committee	Services & Evaluation Committee	Public Awareness Committee
Sheri Newcomb	John Collins	Roy Witham	Kristin Nelson
Ryan Ashe	Wendy Evans	Denise Kirschbaum	Donyale Wells
Hazel Braxton	Ryan Ashe	Steve Miller	Erin Otis
John Collins	Sheri Newcomb	Rey Carpio	Dawn Ide
Erin Otis	Al Brassel, MD	Al Brassel, MD	VACANT

## CBH Legislative Teams FY 2024

Senator (24 <sup>th</sup> ) Mason/Diggs	Senator (26 <sup>th</sup> ) McDougle/Garner	Delegate (71 <sup>st</sup> House) Batten/Anderson	Delegate (86 <sup>th</sup> House) Cordoza/Taylor	Delegate (69 <sup>th</sup> House) Green
Hazel Braxton	Kristen Nelson	Sheri Newcomb	John Collins	Wendy Evans
Dr. Brassel	Ryan Ashe	Donyale Wells	Dawn Ide	Rey Carpio
Denise Kirschbaum	Erin Otis	VACANT	Steve Miller	Roy Witham