

**COLONIAL BEHAVIORAL HEALTH  
BOARD MEETING**

**DATE:** January 7, 2025

**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  
Ms. Kristen Nelson – York County (via Microsoft Teams)  
Ms. Erin Otis – James City County  
Ms. April Schmidt – York County  
Ms. Donyale Wells – James City County  
Mr. Roy Witham – James City County

**BOARD MEMBERS ABSENT:**

Dr. Dawn Ide – City of Poquoson  
Dr. John Shaner – City of Poquoson

**CBH STAFF PRESENT:**

David Coe, Kristy Wallace, Katie Leuci (via Microsoft Teams), Nancy Parsons, Kyra Cook, Linda Butler, Patty Hartigan, Marsha Obremski, Chaenn Thomas

**GUESTS:** Susan Collins – Assistant County Administrator, York County

**PUBLIC COMMENT:** None

**CONSENT CALENDAR:**

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

- December 3, 2024, Board of Directors Meeting
- December 17, 2024, Executive Committee Meeting

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

**INFORMATION/DISCUSSION ITEMS**

- **Strategic Plan Update** – Kyra Cook presented Q2 updates, highlighting the improvements made by our IT Department.
- **11/13 Crisis Services Center Community Stakeholder Feedback** – Kyra Cook reviewed highlights, focusing on what the CSC will not handle.

- **Communication Regarding Fiscal Agency** – David Coe and Ryan Ashe addressed the board concerning an agreement that was signed by both CCSI, Inc. and CBH, allowing CBH to handle all construction of CSC on behalf of CCSI, Inc. This allowed CBH to have a capital account for the first time. This account was opened when the state deposited \$2m for CSC needs. CBH oversees programs that require quick turnaround expenditures (example: Permanent Supportive Housing (PSH) – prevent evictions by paying past due rent, prevent utilities from being cut off, etc.). CBH moved \$50k to a rolling account through Chesapeake Bank. York County is CBH’s fiscal agent. Mark Bellamy (County Administrator, York County) requested that the \$50k be moved back to York County – the requested transaction was completed the same day as his request was made. The bottom line is: trust has been broken; how do we go about restoring this trust with York County? Mark Bellamy suggested the following: 1. Fraud Audit – York County will choose auditor, CBH will pay for audit; 2. Board Member Training – Ryan agrees with this suggestion.

### **CLOSED SESSION**

John Collins made the following motion to move to a closed session: I move that the Board convene a closed meeting, as permitted under the Code of Virginia for the following purposes:

1. Consultation with legal counsel and/or briefings by staff members pertaining to actual or probable litigation, where such consultation or briefing in open meeting would adversely affect the litigation posture of the public body pursuant to Virginia Code Section 2.2-3711(A)(7); and
2. Discussion or consideration of medical and mental health records of individuals pursuant to Virginia Code Section 2.2-3711(A)(16).

Bruce Keener seconded the motion to enter closed session.

John Collins made a motion to conclude the closed session. Denise Kirschbaum seconded the motion, which was unanimously approved. Board members were individually polled immediately coming out of the closed session to certify that only those matters covered in the motion for closed session were discussed.

### **ACTION ITEMS**

- **Action Item A-1 CBH Advisory Council – Revision** – Marsha provided the revised version of the Advisory Council Guidelines from the Board’s September 2024 meeting. Wendy Evans made a motion that the CBH Board of Directors appoint individuals to the CBH Advisory Council subsequent to deliberation in closed session. Denise Kirschbaum seconded the motion.
- **Action Item A-2 CBH Financial Management Policy Revisions** – David discussed the need for CBH to review our Financial Management Policies and Procedures; this process will take place soon. The following statement is currently in and will be removed from our policies and procedures: *The Executive Director will provide final authority as to interpretation of these policies and procedures and may elect to suspend or waive them.* Bruce Keener made a motion that all language granting the Executive Director “final authority” regarding the content and/or practices of CBH’s final management practices be removed immediately from FM Policy 05, FM Policy 10, FM Policy 20, FM Policy 30, FM Policy 40, FM Policy 50, FM Policy 60, and FM Policy 70. Roy Witham seconded the motion.
- **Action Item A-3 Board Member Remote Participation Policy** – David presented the revised Board Member Remote Participation in Board and Committee Meetings Policy although the Board requested that our attorney review and sign off on this document before moving forward.

**EXECUTIVE DIRECTOR'S REPORT:**

- **Agency Issues:**

Conveyance of the CBH parcel at Cardinal Ridge is now scheduled for February 11, 2025. All CBH staff have been connected to the new and improved VPN.

- **Community Issues:**

CBH and Southeastern Virginia Health System (SEVHS) are pressing forward on the clinical model and service discussions although these were delayed while anticipating the conveyance of the Cardinal Ridge property.

- **Public Policy:**

Governor Youngkin's proposed budget was released on December 18, 2024. A spreadsheet for the state budget is attached.

**November 2024 Board Financial Report** Nancy shared the highlights of the financial report. The fees are down (due to cybersecurity issue) although once information is entered into EHR, the amounts will increase. The budget for FY 2025 will be available in March.

**Recruitment Status** As of 12/12/2024, CBH has onboarded three additional external hires (2 FT and one PRN). There are two new hires scheduled to begin employment in January 2025. Current active recruitment is 23 positions (18 FT and 5 PRN/WAR ongoing recruitments).

**ADJOURNMENT:**

Upon a motion to adjourn the meeting made by Steve Miller and a second by Roy Witham, the meeting was adjourned at 4:53pm.

**NEXT MEETING:**

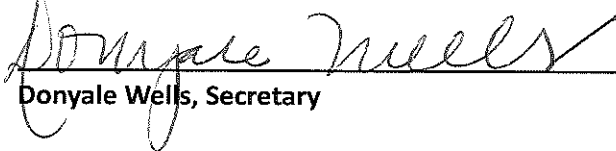
Date: Tuesday, February 4, 2025

Location: 473 McLaws Circle, Williamsburg, VA 23185

Time: 3:00pm



Ryan Ashe, Chair



Donyale Wells, Secretary

**AGENDA**  
**COLONIAL BEHAVIORAL HEALTH**  
**BOARD MEETING**  
**JANUARY 7, 2025**  
**3:00 PM**

- **Welcome and Call to Order**
- **Roll Call**
- **Public Comment**
- **Consent Calendar**
  - Approval of the following meeting minutes:
    - December 3, 2024, Board of Directors Meeting
    - December 17, 2024, Executive Committee Meeting
- **Information/Discussion Items**
  - Strategic Plan Update (*K. Cook*)
  - 11/13 Crisis Services Center Community Stakeholder Feedback (*K. Cook/P. Hartigan*)
  - Communication Regarding Fiscal Agency (*D. Coe/R. Ashe*)
- **Closed Session**
  - Consultation with legal counsel and/or briefings by staff members pertaining to actual or probable litigation, where such consultation or briefing in open meeting would adversely affect the litigating posture of the public body pursuant to Virginia Code Section 2.2-3711(A)(7).
  - Discussion or consideration of medical and mental health records of individuals pursuant to Virginia Code Section 2.2-3711(A)(16).
- **Action Items**
  - A-1 Appointment of Members to CBH Advisory Council (*M. Obremski*)
  - A-1 Advisory Council Policy (*M. Obremski*)
  - A-1 Advisory Council Guidelines (*M. Obremski*)
  - A-2 Financial Management Policy Revisions (*D. Coe/N. Parsons*)
  - A-3 Remote Participation (*D. Coe*)
  - A-3 Board Member Remote Participation Policy (*D. Coe*)
- **Executive Director's Report** - *D. Coe*
  - 2025 GA Session Budget Action Worksheet
  - Nov 2024 Board Financial Report
  - Recruitment Status Update
- **Adjournment**
  - Next Meeting: Tuesday, February 4, 2025  
473 McLaws Circle, Williamsburg  
3:00 PM

**COLONIAL BEHAVIORAL HEALTH  
BOARD MEETING**

**DATE:** December 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  
Dr. Dawn Ide – City of Poquoson  
Mr. Bruce Keener – York County  
Ms. Denise Kirchbaum – James City County  
Ms. Kristen Nelson – York County  
Ms. Erin Otis – James City County  
Ms. April Schmidt – York County (via Microsoft Teams)  
Ms. Donyale Wells – James City County  
Mr. Roy Witham – James City County

**BOARD MEMBERS ABSENT:**

Mr. Steven Miller – York County  
Ms. Amber Richey – York County  
Dr. John Shaner – City of Poquoson

**CBH STAFF PRESENT:**

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

**GUESTS:** None

**PUBLIC COMMENT:** None

**CONSENT CALENDAR:**

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

- October 1, 2024, Board of Directors Meeting

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

**CLOSED SESSION**

Roy Witham made the following motion to move to a closed session: I move that the Board convene a closed meeting, as permitted under Section 2.2-3711 (A)(8) and (A)(19) of the Code of Virginia, to discuss the current status of CBH cybersecurity infrastructure and protocols in consultation with legal counsel.

Bruce Keener seconded the motion, and it passed unanimously.

Roy Witham made a motion to conclude the closed session. Bruce Keener seconded the motion, which was unanimously approved. Roy Witham made a second motion to certify closed session and affirm that only those matters covered in the motion for closed session were discussed. Bruce Keener seconded that motion, which passed unanimously via roll call vote.

**EXECUTIVE DIRECTOR'S REPORT:**

Agency Issues:

Dan Longo, Director of Behavioral Health Services is retiring on December 31, 2024. David presented Dan Longo with his Resolution.

Conveyance of the CBH parcel at Cardinal Ridge is scheduled for January 14, 2025.

Two topics that will be moved to January/February due to cybersecurity issue: Advisory Council and Remote Participation Policy.

Community Issues:

CBH is one of seven CSBs selected by DBHDS to receive funding through a SAMHSA *Partnership of Success* grant. Marsha explained that the grant will provide 5 years' funding to support a full-time position to coordinate activities of the Historic Triangle Drug Prevention Coalition.

Regional Issues:

Patty shared that hiring for Mobile Crisis is going well. Education continues in our area by way of meetings and distribution of materials.

**October 2024 Board Financial Report** Nancy shared the highlights of the financial report. The fees are down (due to cybersecurity issue) although once information is entered into EHR, the amounts will increase. The budget for FY 2025 will be available in March.

**Recruitment Status** Chaenn shared that our turnover rates are low. Hiring licensed eligible individuals is a challenge across all CSB's. We recently hired 3 staff for central access.

**ADJOURNMENT:**

Upon a motion to adjourn the meeting made by John Collins and a second by Denise Kirschbaum, the meeting was adjourned at 3:54pm.

**NEXT MEETING:**

Date: Tuesday, January 7, 2025

Location: 473 McLaws Circle, Williamsburg, VA 21385

Time: 3:00pm

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**Ryan Ashe, Chair**

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**Donyale Wells, Secretary**

# COLONIAL BEHAVIORAL HEALTH

## EXECUTIVE COMMITTEE MEETING

473 McLaws Circle, Williamsburg

December 17, 2024, at 4:00pm

### **Call to Order**

Executive Committee Meeting was called to order at 4:06pm.

### **Roll Call**

#### **Committee Members Present:**

Ryan Ashe

John Collins

Wendy Evans

#### **Committee Members Absent:**

Donyale Wells

Erin Otis

### **CBH Staff Present:**

David Coe, Kyra Cook, Marsha Obremski, Chaenn Thomas, Kristy Wallace

### **Action Items**

#### **A-1 Remote Participation (David)**

##### **Board Member Remote Participation in Board and Committee Meetings**

The Remote Participation Policy for our CBH Board was updated based on the guidance provided during our October 2024 Board meeting. Wendy Evans suggested to add the following “if a Board member is attending a Board/Committee meeting remotely, they must certify that they are in a private/secluded area/office to ensure that no one else is listening.”

John Collins made the following motion: “That the Board of Directors approve the amended “Board Member Remote Participation in Board and Committee Meetings” Policy as described above and attached” with the addition of the suggestion made by Wendy Evans. Wendy Evans seconded the motion, and all were in favor. David will update the policy with the suggestion from Wendy Evans and this document will be presented at our January 2025 Board meeting.

### **Updates**

#### **Advisory Council (Marsha)**

We have received five applicants to date for the Advisory Council; two are current clients and three are family members. We will hold a closed session during our January Board Meeting and a summary for each applicant will be provided to our Board members.

#### **Strategic Plan Review (Kyra)**

Q2 of the Strategic Plan has been updated. We made huge strides under the Operations Goal due to cybersecurity breach.

#### **Financial Report (David)**

You will notice that our fees are down because we were unable to bill during the cybersecurity breach. We are in the process of catching up, this total will increase in the future.

**Recruitment and Hiring (Chaenn)**

We are currently hiring for 22 positions/17 full time positions. We have filled 2 of the 3 positions in Central Access. We do have vacancies in DD although we have had two recent applicants.

**Cardinal Ridge (David)**

David provided an update on Cardinal Ridge property. The State has put in stipulations that we are not comfortable with. A meeting is scheduled on Friday morning, it is hopeful that we can work through this quickly. The conveyance of the land is scheduled to take place on January 14, 2025.

**Items from the Committee**

None

**Adjournment**

John Collins made a motion to adjourn the meeting at 4:48pm. Wendy Evans seconded this motion.



**Strategic Plan Update 1 of 20**

Goal	Objectives	Strategies/Tactics	Quarter 1 FY25	Quarter 2 FY25	Quarter 3 FY25	Quarter 4 FY25
<p align="center"><b>Services Goal</b></p> <p>Adjust service delivery to match the evolving landscape, consumer expectations, and community needs.</p>	<p align="center"><b>Meet consumer expectations by improving services</b></p>	<p><b>Analyze consumer feedback survey data</b></p>		<p>Survey fielded November 2024</p>		
		<p><b>Evaluate the efficiency regarding access to services</b>                      -Rapid response to behavioral health crisis                      -Faster entry to outpatient services</p>	<p>Director of Crisis and Access on staff &amp; beginning evaluation.</p>	<p>Central access staffed. Mobile crisis response functional with expanded hours, six days per week.</p>		
		<p><b>Incorporate treatment and service innovations and best practices</b>                      -Rapid acting medications for stabilization                      -Medical screening technologies                      -Redesign Opportunities Unlimited                      -Redesign psychosocial rehabilitation</p>	<p>Will align with development of new facilities.</p>			
	<p align="center"><b>Expand or develop programming to meet community needs</b></p>	<p><b>Expand or enhance existing or new services</b>                      -Permanent Supportive Housing                      -Broadened waiver services</p>	<p>PSH executed 9 initial leases &amp; 10 referrals are in process. Children's &amp; SUD services expansion underway.</p>			
		<p><b>Development of new services</b>                      -Mobile Crisis                      -Crisis Receiving Center                      -Crisis Stabilization                      -Supported Employment</p>	<p>Mobil Crisis launched July 2024. Key staff participated in a NOISE assessment as first step of development of Supported Employment</p>			
		<p align="center"><b>Operations Goal</b></p> <p>Ensure agency sustainability through business operations reflective of changing healthcare and workforce landscapes.</p>	<p align="center"><b>Focus on workforce recruitment and retention</b></p>	<p><b>Invest in recruitment platforms</b>                      -Affinity groups                      -Triad Healthcare Recruiting</p>	<p>Now advertising in National and Virginia Associations of Social Workers and on Handshake platforms.</p>	
<p><b>Explore agency-wide retention practices</b>                      -Schedule flexibility                      -Benefits structure                      -Career advancement pathways                      -Culture connectivity                      -Staff feedback</p>	<p>DEI agency assessment underway. FY25 Employee Engagement Committee established.</p>			<p>DEI agency phase 2 assessment underway. Employee Engagement Committee hosted Fall Extravaganza events.</p>		
<p align="center"><b>Conduct fiscal analysis in anticipation of new funding models</b></p>	<p><b>Determine federal indirect cost rate</b></p>			<p>Nancy attended training on rate establishment.</p>		
	<p><b>Explore cost-based reimbursement</b>                      -CCBHC</p>					
<p align="center"><b>Improve operations to realize efficiencies</b></p>	<p><b>Update governance structure</b>                      -Advisory Council</p>		<p>Policy adopted by Board. First cohort will begin January 2025.</p>	<p>Advisory Council applications received and under review.</p>		
	<p><b>Institute cost benefit analysis processes</b>                      -New grant and program evaluation</p>					
	<p><b>Develop new facility staffing models</b>                      -Preparation for consolidation of new construction</p>					

<b>Infrastructure Goal</b> Develop and execute long-term facility, technology, and infrastructure plans to support and enhance services.	Develop master plan for new campus and appropriate satellite facilities	<b>Land/facility acquisition</b> -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				
		<b>Space needs analysis and design</b> -Develop a York Poquoson plan inclusive of design -Develop a Day Services plan inclusive of design -Develop new campus plan inclusive of design	Space needs analysis complete.			
	Continue refinement and execution of the existing technology plan to improve administrative efficiencies and ensure security	<b>Facility development and construction</b> -Begin construction of facilities				
		<b>Administrative efficiencies via software solutions</b> -Maximize consumer engagement via use of EHR patient portal -Develop process to collect fees for telehealth -Conduct software audit to reduce use of paper				
<b>Resources Goal</b> Ensure agency sustainability by creating and implementing long-term resource development plans.	Develop mechanisms to finance the new campus	<b>Cyber security</b> -Continue to improve disaster preparedness -Complete migration to the cloud	Data safely secured off site via server migration to the cloud. Two report services created in the cloud.	Migration to the cloud is complete. Current disaster plan worked as evidenced by no data loss and minimal service disruption. Working with legal team to improve policies and procedures moving forward.		
		<b>Capital Campaign</b> -Accept donations directly or via a third party -Grant prospecting	"Make a Gift" button added to website. Designated fund established at Williamsburg Community Foundation.	Campaign feasibility study complete.		
	Form new partnerships to advance the work	<b>Develop relationship with lending institution to put together a capital stack and leverage existing holdings</b>				
		<b>Increase awareness to seek new clients</b> -Business community outreach -Marketing budget		Mobile crisis team distributing program information to key stakeholders		
<b>Explore sharing resources to drive efficiencies</b> -OTMDC -ESH		Signed Letter of Intent with Southeastern Virginia Health System.				
	<b>Seek federal funding to increase services</b> -SAMHSA					

## **Community stakeholder feedback for Crisis Services Center**

In advance of the design and construction of the Crisis Services Center (CSC), CBH hosted a facilitated listening session for key programmatic/operation stakeholders and received the following feedback:

There are common situations that arise in our community which lead to frustration with the behavioral health system. They include clients with repeated interaction with the system, lack of communication between CBH and providers and/or the client families, clients with suicidal ideation, depression, anxiety, schizophrenia, irritability, substance use, medication management issues, and/or the need for medical clearance for bed placement. For clients entering the CSC on a voluntary basis, CBH anticipates that, when open, the CSC will effectively and immediately address all the above issues.

The CSC will not, however, address all behavioral health issues in our community. Collectively CBH anticipates that there will continue to be gaps in services for minors, older adults with cognitive decline, the DD population, people with autism, people with traumatic brain injuries, medically complex clients, people experiencing homelessness and non-English speakers as we don't anticipate a significant change in the funding landscape for these populations. We also anticipate that community partners will continue to occasionally disagree with CBH about the appropriate use of temporary detention orders.

However, some gaps may be addressed by CBH. In addition to the CSC, CBH plans to build an outpatient center including integrated primary and behavioral health services. CBH is also working to grow permanent supportive housing services, psychiatric rehabilitative services, and behavioral health services, including case management and peer support.

When it comes to programming the new building, there was a desire for 24-hour, seven-day operations and, if that is not possible, for hours to be driven by call data. Additionally, the following elements were requested:

- Clarity regarding when to go to the hospital versus the CSC.

- Facilitated streamlined admissions process between hospitals, jail, DSS, etc. including call-ahead procedures for public safety.
- Welcoming environment / entry process, voluntary or otherwise.
- Attractive amenities to entice people to check in when needed.
- Discharge process that ensures client readiness.
- Medication access post discharge.
- Connections to SDOHs before discharge.
- Clear emergency response protocols and procedures in place.

When it comes the physical plant of the new building, there was a collective desire to seek client input overall but also for the following items:

- An entrance that protects people from the elements.
- A large, welcoming greeting area to accommodate families.
- A separate area for children and their families.
- A sensory room for clients.
- Discreet weapons detection system.
- Onsite workspace for partners, including law enforcement (with secure internet access).
- A separate entrance for law enforcement with safe weapons storage and easy ingress/egress.

Meeting attendees also offered their thoughts on how CBH could effectively improve its customer service and requested the following, which CBH will begin to address in the short-term:

- Increased marketing, community education and outreach about 988.
- A 1-pager about how to access appropriate services. *Note: this has been done and currently being distributed.*

- Resource cards for public safety workers. *Note: this has been done and currently being distributed.*
- Improved response time and interagency communication regarding disposition and follow-up.
- Information release processes for shared clients.

CBH is grateful for the valuable input it received and will endeavor to keep the lines of communication open as we expand services.

## **Action Item A-1**

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

#### **Background:**

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

Guidelines for the Council were originally adopted by the Board in May 2024 with the recognition that amendments would be necessary moving forward due to likely-evolving understandings, expectations and regulations at the state and federal level. The revised version of these Guidelines is from the Board's September 2024 meeting.

CBH's cybersecurity incident delayed our recruitment process by several weeks, so a delay to January 2025 became necessary.

Advisory Council members are appointed by the CBH Board of Directors and serve at the will of the Board.

#### **Recommended Motion:**

That the CBH Board of Directors appoint individuals to the CBH Advisory Council subsequent to deliberation in closed session.

## **Advisory Council to the Board of Directors**

### **Introduction**

CBH governance shall be informed by representatives of the individuals served and/or their families.

### **Purpose**

The Board of Directors will establish protocols for incorporating meaningful participation from individuals with lived experience of mental health, substance use disorders and/or developmental disabilities and their families, including youth.

### **Policy**

The Advisory Council to the Board of Directors will provide input into identifying community needs, goals, and objectives; service development; and continuous quality improvement processes. They also may attend stakeholder meetings and outreach events hosted by CBH and other community partners.

The Advisory Council shall have at least five members and no more than ten at any given time. Advisory Council members shall be appointed by the Board and have representation from all four localities: James City County, York County and the cities of Poquoson and Williamsburg. Membership should be diverse and inclusive of all populations served by the organization.

The Board Chair will ensure that the Advisory Council's designee is invited to board meetings and has the opportunity to regularly address the Board directly to share recommendations with the Board and have their comments and recommendations recorded in the board minutes.

An annual summary of the recommendations of the Advisory Council shall be posted on the agency's website.

### **Recruitment and Selection Process**

A variety of methods of recruitment will be used to identify potential candidates. They include utilizing existing networks that are active in the community, social media, announcements to community partners and internally through programs and services.

Interested individuals shall submit a brief application to the Executive Committee of the Board in April of each year when vacant seats exist. The Committee will review the applications and make recommendations to the full Board for appointments to the Council to begin in July. Exceptions can be made when the number of Advisory Council members goes below the minimum of five. Advisory Council Members will serve a term of two years.

### **Leadership**

The Advisory Council will follow guidelines established by the Board. Annually, the Advisory Council shall elect a Chairperson and Vice Chairperson. Members of the agency's leadership team shall support the Advisory Council by hosting the meetings, posting meeting schedules and taking minutes.

## **Roles and Responsibilities**

The duties of the **Chairperson** shall be:

- To preside at all meetings of the Advisory Council.
- To develop and set the agenda of the Advisory Council meetings.
- To appoint members to attend standing committees of the Board at the Board's request.
- To perform any other duties determined by the Board of Directors.

The **Vice-Chairperson** shall in the Chairperson's absence perform his/her duties.

**General Members** shall:

- Attend Advisory Council meetings and any other Board committee meetings as assigned by the Chairperson.
- Take an interest in state, regional and local community service board issues.
- Review program performance reports and provide input into quality improvement plans.
- Serve as an advocate for the Agency.
- Represent the Agency at community events.

## **Advisory Council Recommendations**

All input and/or recommendations made by the Advisory Council to the Board of Directors shall be affirmed by a majority vote. Input and/or recommendations shall be submitted in writing to the Board Chairperson and the Executive Director. The Advisory Council Chairperson or their designee shall have the opportunity to address the Board regularly and share recommendations directly with the Board. Their comments and recommendations shall be recorded in the Board minutes.



## **Advisory Council Guidelines**

### **Overview**

The purpose of the establishment of an advisory council to the board of directors is to incorporate meaningful 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 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.

## Action Item A-2

### CBH Financial Management Policy Revisions

#### **Background:**

The time has come for CBH to undertake a full review of our Financial Management Policies and Procedures with the expected outcome of improved oversight and approval processes throughout the organization. This review will take place over the upcoming weeks and/or months and may come back for Board consideration multiple times during the process.

At the outset of this process, there is outdated/inappropriate language used in each of these policies granting unfettered latitude to the Executive in the interpretation of and practices within these Policies. The first and obvious prudent step that should be taken in our review and revision of these policies is the removal of that language.

The following statement is included in the “Statement of Origin and Authority” in the very first section of CBH Financial Management Policies:

*The Executive Director will provide final authority as to interpretation of these policies and procedures and may elect to suspend or waive them.*

The statement is currently found in the following policies:

- FM Policy 05            Payroll
- FM Policy 10          Reimbursement
- FM Policy 20          Procurement
- FM Policy 30          Budget
- FM Policy 40          Financial Accounting
- FM Policy 50          Accounts Receivable
- FM Policy 60          Accounts Payable
- FM Policy 70          Audit

The above-reference language should be removed from each of these policies immediately.

#### **Recommended Motion:**

That all language granting the Executive Director “final authority” regarding the content and/or practices of CBH’s final management practices be removed immediately from FM Policy 05, FM Policy 10, FM Policy 20, FM Policy 30, FM Policy 40, FM Policy 50, FM Policy 60 and FM Policy 70.

## Action Item A-3

### CBH BOARD OF DIRECTORS – REMOTE PARTICIPATION POLICY

Changes made to the Code of Virginia by the 2024 General Assembly necessitate corresponding changes to the CBH Board Member Remote Participation Policy. Based on guidance from the Board based on the October 2024 Board meeting and from the Executive Committee on 12/17/24, the following changes have been made (accompanied by highlighted/edited language in the attached proposed Policy):

1. Provides guidance asking for members wishing to attend a meeting remotely to request approval of the Board or Committee Chair at least one day in advance, if possible, but no less than four (4) daytime office hours prior to a meeting. (Example: The latter part of the language is intended to avoid having a request come in at 5:00 AM for a hypothetical future 9:00 AM meeting.)
2. Allow the Board or Committee Chair to appoint a designee to act in their behalf in approving remote participation requests.
3. In Item #3, some repetitive and/or extraneous language is removed to shorten the item without changing the stated intent.
4. Removes language limiting the definition of a quorum to only those physically present at the meeting location.
5. Adds language directly from state code stating that any member attending remotely will only be considered present for those portions where audio and video are available and active.
6. Adds the expectation that members attending remotely certify that they are in a secure and private location during any Closed Session.
7. Reflects the state code change requiring public bodies to approve the Policy annually.
  - a. Adds the timeframe for CBH to take this action annually (last scheduled meeting of each calendar year). This will align with annual state reporting requirements that are also based on the calendar year.
8. Places an effective date of February 1, 2025.

### MOTION FROM THE EXECUTIVE COMMITTEE:

That the Board of Directors approve the amended “Board Member Remote Participation in Board and Committee Meetings” Policy as described above and as attached.

**POLICY: Board Member Remote Participation in Board and Committee Meetings**

A member of the Board may participate in a meeting of the Board (both committees and full Board meetings) through electronic communications from a remote location that is not open to the public as provided in Code of Virginia § 2.2-3708.2 subject to the following requirements:

1. **Generally prior to the date (but no later than four daytime operating hours) of** a meeting, a member wishing to participate in a meeting of the Board from a remote location shall notify the Board or Committee Chair that the member is unable to attend the meeting due to:
  - a. the member is unable to attend the meeting due to a personal matter, and identifying with specificity the nature of the personal matter, or
  - b. notify the Board or Committee Chair that the member is unable to attend a meeting due to a temporary or permanent disability or other medical condition that prevents the member's physical attendance, or a family member's medical condition that requires the member to provide care for such family member, thereby preventing the member's physical attendance.
2. **The Board or Committee Chair may appoint a designee to respond to Board member remote participation requests on their behalf if needed or desired.**
3. If remote participation is approved, ~~regardless of the reason~~ by reason of a personal matter, the Board shall record in its minutes the specific nature of the personal matter cited by the member and the remote location from which the absent member participated, which remote location need not be open to the public. ~~If remote participation is approved by reason of a personal matter, the minutes shall identify the specific nature of the personal matter cited by the member.~~ If remote participation is because of a temporary or permanent disability or medical matter, the Board's minutes shall record that the member participated through electronic communication means because of a disability or medical condition that prevented his attendance or because a family member's medical condition required the member to provide care for such family member, thereby preventing the member's physical attendance.
4. If the absent member's remote participation is by reason of a personal matter is disapproved because such participation would violate this policy, such disapproval shall be recorded in the Board's minutes with specificity.
5. Remote participation by reason of a personal matter shall be limited in each calendar year to two meetings, or 25 percent of the meetings held per calendar year rounded up to the next whole number, whichever is greater. Accounting for remote Committee attendance shall be maintained separately from Board meeting attendance.
6. ~~A quorum of the Board or Committee must be physically assembled at the primary or central meeting location.~~
7. The Board shall arrange for the voice of the absent member to be heard by all persons in attendance at the primary or central meeting location.

8. Any member attending the meeting remotely must be both audible and visible to all in attendance in the meeting, either remotely or in person. If at any time during the meeting either of these conditions are not met, the member shall be considered absent for that portion of the meeting.
9. When a meeting includes a Closed Session, any member attending remotely must certify that they are located in a private and secure setting for the duration of the Closed Session.
10. In the event of a declaration of emergency issued by the Governor in accordance with Code of Virginia section 44-146.7 or by the Board in accordance with Code of Virginia section 44-146.21, the Board and its Committees may meet without a quorum physically assembled at one location as provided in Code of Virginia section 2.2- 3708.2(A)(3)15.2-3708.2(3), provided that the catastrophic nature of the declared emergency makes it impractical or unsafe to assemble a quorum in a single location, and the purpose of the meeting is to address the emergency. In such event, the Board shall comply with the notice and public access requirements specified in Code of Virginia section 2.2-3708.2(A)(3). The nature of the emergency, the fact that the meeting was held by electronic communication means, and the type of electronic communication means by which the meeting was held shall be stated in the minutes.
11. In the event of the adoption of or a continuation of a government ordinance pursuant to Code of Virginia section 15.2-1413 by reason of enemy attack or other disaster, the Board may approve remote participation by members on such terms and conditions as may appear necessary or expedient.
12. This Policy shall be either amended or renewed by the Board in the last scheduled meeting of each calendar year.
13. This Policy shall be deemed effective 2/1/2025.

# COLONIAL BEHAVIORAL HEALTH

## Executive Director's Report – January 2025

### Agency Issues

1. Conveyance of the CBH parcel at Cardinal Ridge was originally scheduled to be completed at the JCC Board of Supervisors' September 10<sup>th</sup> meeting. Subsequent to the December CBH Board meeting, a "new" set of drainage easements were shared with us by the state, thus delaying conveyance of the parcel to CBH via James City County until no sooner than February 2025.
2. While CBH has recently experienced success recruiting staff for our Central Access area, we continue to have difficulty in other areas, now including our Permanent Supportive Housing program. HR Director Chaenn Thomas's report follows this report.
3. Our new and improved VPN (Virtual Provider Network) is back online and operational for staff to use our EHR, etc. in the field or remotely. Katie Leuci and our IS Department deserve a great deal of credit, as do all our staff for persevering through adversity.
4. Adult Outpatient Services' staff are currently challenged due to the retirement of Director Dan Longo and the resignation of Coordinator Nadia Vladagina (return to ESH).

### Community Issues

1. Meetings with Southeastern Virginia Health System (SEVHS) regarding the development of meaningful integrated care for our community have been re-energized. Those meetings took a slight delay while anticipating Cardinal Ridge property conveyance, but we are pressing forward on clinical model and service discussions during the delay.
2. Germanna Community College has launched a Behavioral Health Technician Certification Program (in collaboration with their local CSB). We have a team that will be seeking to engage and gather more information about this training program. Behavioral Health Technicians are a new staff category created by the General Assembly in the 2024 session.
3. WATA bus ads are now present in our community highlighting three (3) areas; the availability of MAT (Medication Assisted Treatment), the 988 Crisis Line, and the "Lock and Talk" campaign. These will each run for a limited time depending on funding and advertising space.

### Regional Issues

1. Colonial's Mobile Crisis team is increasing its call volume, but slowly. This seems to have been the pattern in other CSBs as well, but we remain anxious to improve utilization. Within Region 5 there are over 100 private providers also offering the service, and calls are dispatched (when originating from 988 or our Regional Call Center) to the individual in closest proximity to the situation.

### Public Policy

1. Governor Youngkin's proposed budget was released on December 18, 2024. There is a reported \$3.2 billion surplus available as the upcoming session approaches. However, there are many fewer new initiatives or funding proposals in this budget. A spreadsheet for the state budget is attached.

Respectfully submitted,  
David A. Coe

**FY25-FY26 Biennium State Budget Development**

ITEM #	AGENCY	DESCRIPTION	GOVERNOR	HOUSE	SENATE	CONFERENCE REPORT	GOVERNOR'S AMENDMENTS	FINAL ADOPTION
		<b>CSB COMPENSATION</b>						
469.S.1.d	Central Appropriations	3% salary increase for CSB employees effective 7/1/2025 (state portion of increase only - usually 20% or less of full cost)	In budget					
		<b>STATE SYSTEM</b>						
		NO CHANGES						
		<b>DEVELOPMENTAL SERVICES</b>						
		NO CHANGES						
		<b>BEHAVIORAL HEALTH</b>						
288.XX.3 288.NNNN.2.a	DMAS	Authority to add Medicaid coverage for individuals in IMD (16 or more beds) psychiatric facilities in short stays. This would be provided through a CMS-approved SMI waiver.	Language \$0.85 M					
288.XX.4	DMAS	Reporting requirements for SMI waiver expenditures (288.XX.3)	Language					
288.GGGG.2	DMAS	Authority to cover some Medicaid services in the 30 days pre-release and immediately post-release for incarcerated youth and young adults	Language					
288.LLLLL 288.NNNNN.2b	DMAS	Allows children in psychiatric residential treatment facilities to maintain managed care enrollment during their treatment	Language \$88 K					
288. MMMMM 288.NNNNN.2.c	DMAS	Coverage for administration of approved long-acting injectable psychotropic medications in hospital ER or inpatient settings	Language \$38 K					
295.FF	DBHDS	Provides grants to FQHCs or other healthcare organizations to establish school-based health clinics to serve school students, families and staff. Includes primary care, mental health, etc.	\$15.0 M					

**FY25-FY26 Biennium State Budget Development**

ITEM #	AGENCY	DESCRIPTION	GOVERNOR	HOUSE	SENATE	CONFERENCE REPORT	GOVERNOR'S AMENDMENTS	FINAL ADOPTION
296.E.1 296.E.2	DBHDS	Provides funding for Special Conserators of the Peace to provide alternative custody during ECO/TDO/commitment processes	Adds \$35M new and allows redirect of \$6M existing					
296.Y	DBHDS	Contract with the Medical Society of Virginia to maintain the Adult Psychiatric Access Line	\$1.5 M					
295.RR	DBHDS	Funding to electronic tracking of DAP and inpatient POS funds	\$0.77 M					
295.SS	DBHDS	Outreach campaign for MH and SUD topics for youth	\$1.0 M					
297.UU	DBHDS	Funds to expand peer support services for youth	\$0.8 M					
		<b>RELATED SERVICES AND ITEMS OF INTEREST</b>						
295.Q	DBHDS	ESH campus language related to CBH maintained.						
295.V	DBHDS	ESH campus language related to Hope Family Village maintained.						





**YEAR TO DATE REVENUES AND EXPENDITURES**  
as of  
**November 30, 2023**

**REVENUE**

CATEGORY	TOTAL BUDGET	RECEIVED YTD	BUDGET YTD	% RECEIVED	BALANCE
State	\$ 12,227,540	\$ 5,170,877	\$ 5,094,808	101%	\$ 76,068
Local	\$ 3,974,000	1,646,875	1,655,833	99%	\$ (8,958)
Fees	\$ 6,706,586	2,303,728	2,794,411	82%	\$ (490,683)
Grants/Other	\$ 712,327	287,620	296,803	97%	\$ (9,183)
Total Revenue	\$ 23,620,453	\$ 9,409,100	\$ 9,841,855	96%	\$ (432,755)

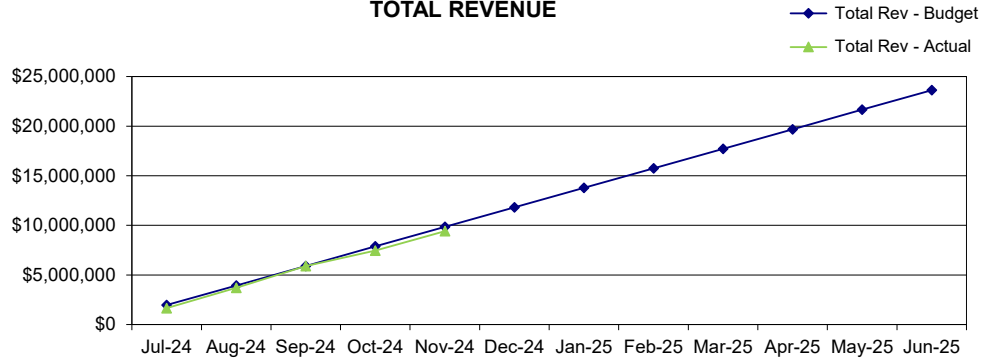
**FY 24 EXPENDITURES**

CATEGORY	TOTAL BUDGET	EXPENDED YTD	BUDGET YTD	% EXPENDED	BALANCE
Personnel	\$ 18,169,922	\$ 7,072,367	\$ 7,687,275	92%	\$ 614,908
Staff Development	\$ 94,313	\$ 15,872	39,297	40%	23,425
Facility	\$ 1,555,055	\$ 525,822	647,939	81%	122,117
Equipment and Supplies	\$ 844,721	\$ 313,182	351,967	89%	38,785
Transportation	\$ 189,529	\$ 57,759	78,970	73%	21,211
Consultant and Contractual	\$ 2,618,345	\$ 907,425	1,090,977	83%	183,552
Miscellaneous	\$ 148,569	\$ 38,816	61,904	63%	23,088
Total Expenditures	\$ 23,620,453	\$ 8,931,243	\$ 9,958,329	90%	\$ 1,027,087

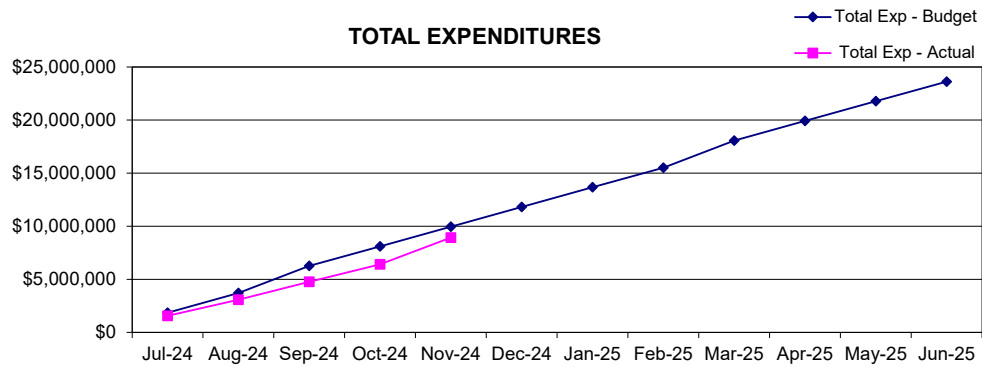
Operating Margin	\$ 477,857
Cash Balance	\$ 12,285,611

Unless noted otherwise, all amounts are modified cash basis: revenues recognized when earned and received; expenditures upon disbursement

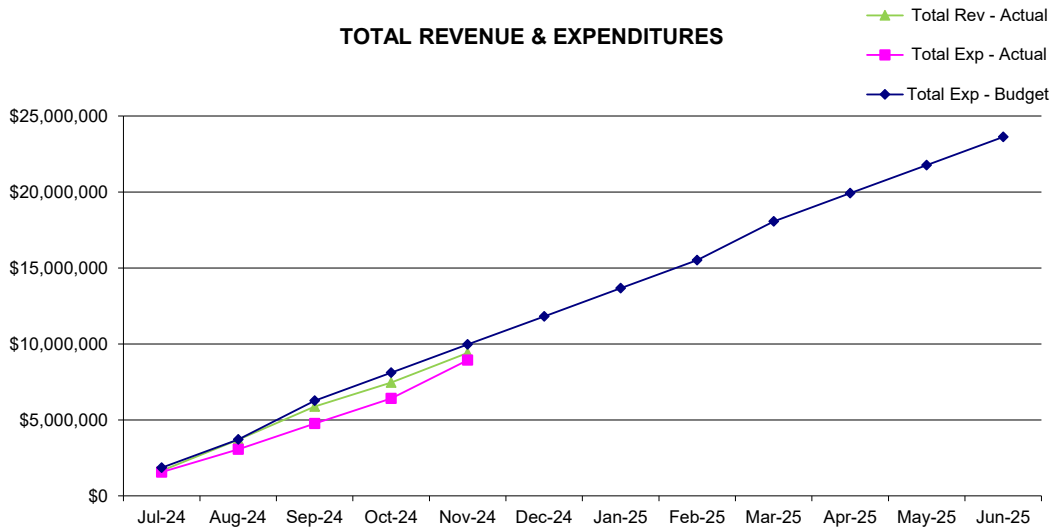
**TOTAL REVENUE**



**TOTAL EXPENDITURES**

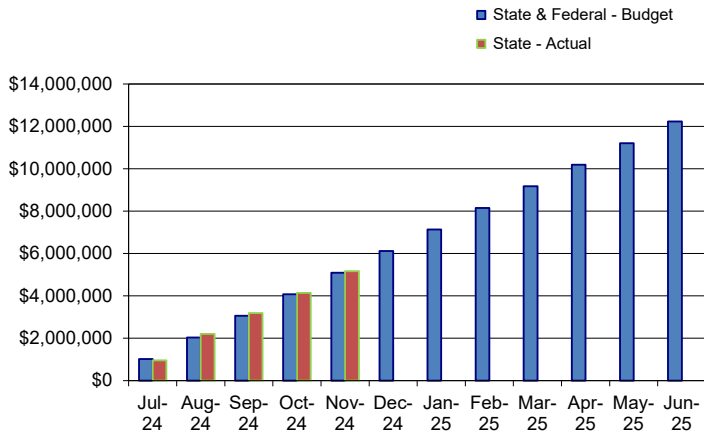


**TOTAL REVENUE & EXPENDITURES**

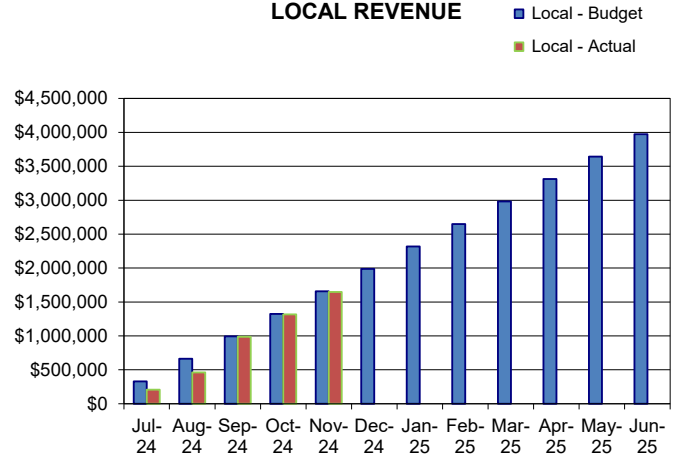


**YEAR TO DATE REVENUE**  
as of  
11/30/24

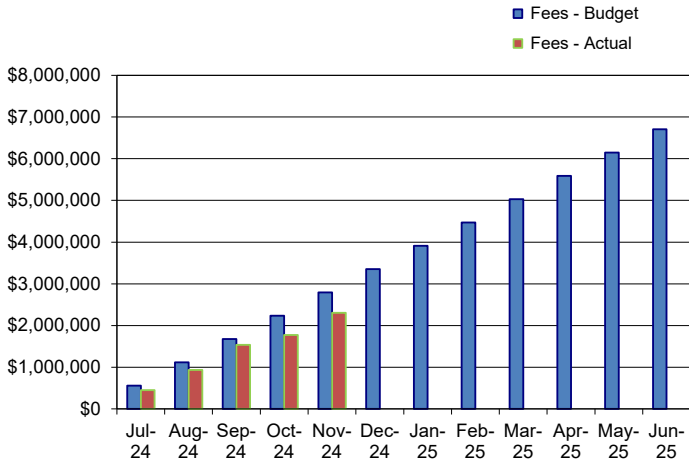
**STATE & FEDERAL REVENUE**



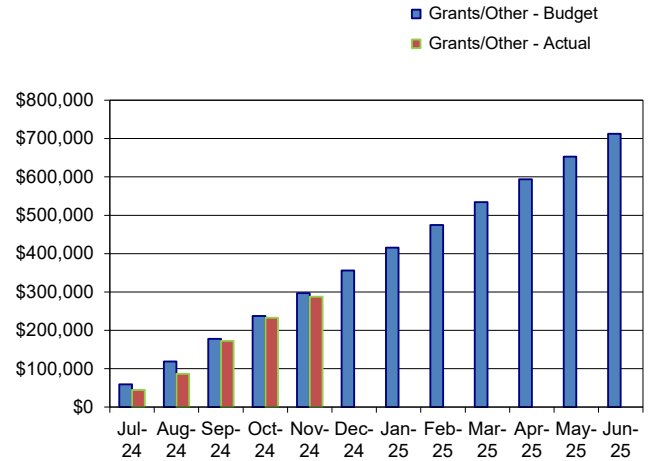
**LOCAL REVENUE**



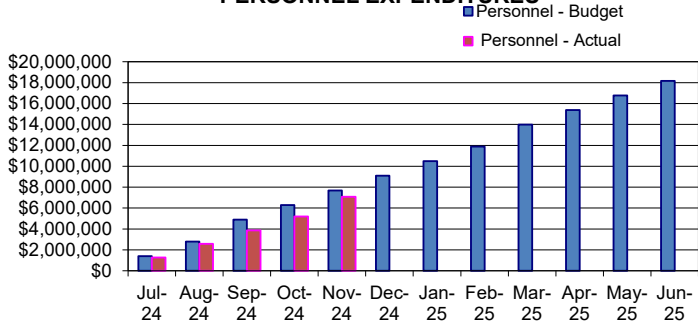
**FEE REVENUE**



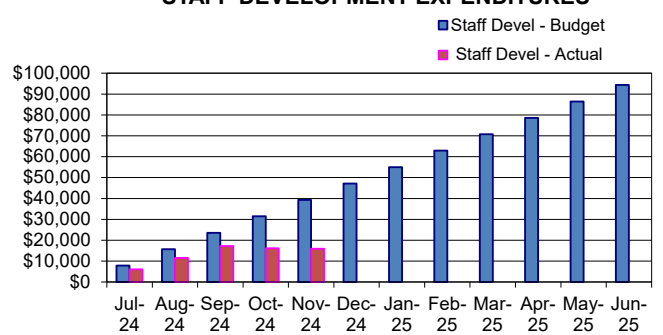
**GRANTS & OTHER REVENUE**



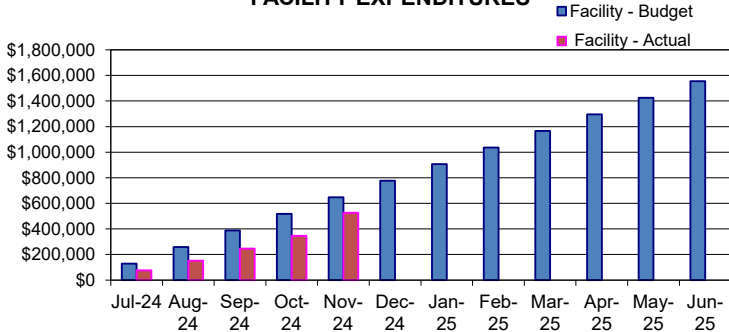
**PERSONNEL EXPENDITURES**



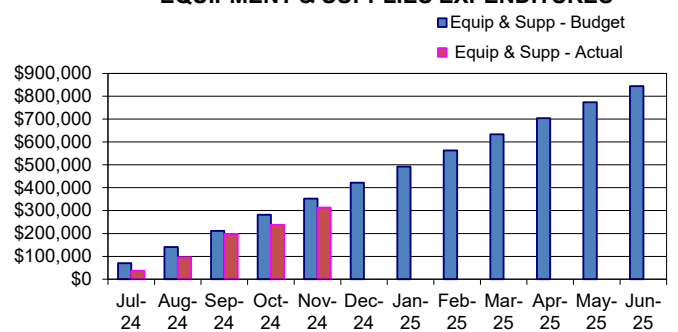
**STAFF DEVELOPMENT EXPENDITURES**



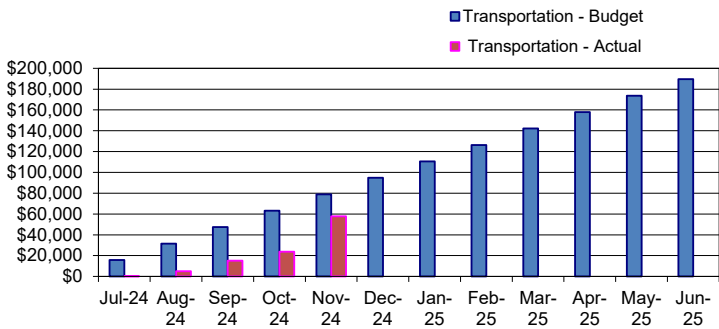
**FACILITY EXPENDITURES**



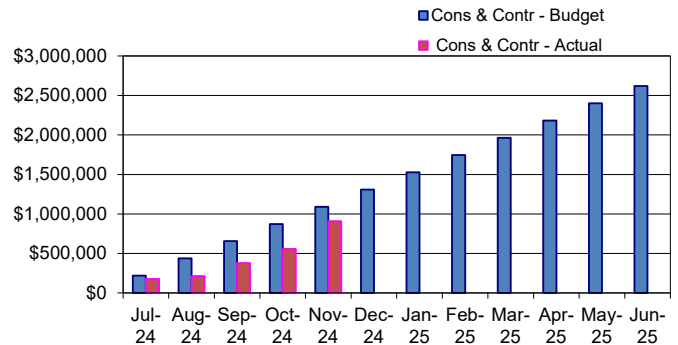
**EQUIPMENT & SUPPLIES EXPENDITURES**



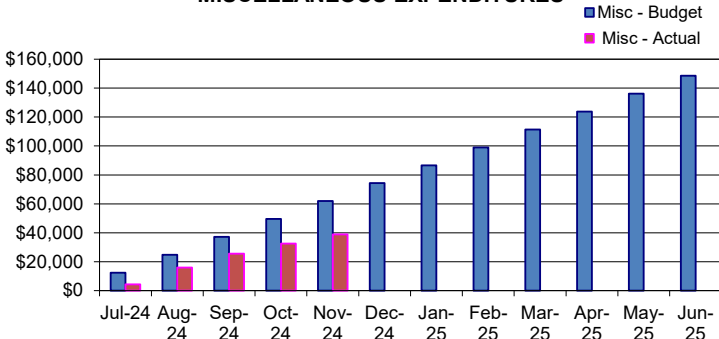
**TRANSPORTATION EXPENDITURES**



**CONSULTANT & CONTRACTUAL EXPENDITURES**



**MISCELLANEOUS EXPENDITURES**



## **Recruitment Status Update: 11/14/2024 - 12/12/2024**

As of 11/14/2024 CBH was actively recruiting 26 positions (21 full-time and 5 PRN/WAR ongoing recruitments). As of 12/12/2024 CBH has onboarded three additional external hires (two full-time and one PRN). There are two new hires scheduled to begin employment in January 2025. The agency currently has one (1) pending hire bringing the current active recruitment to 23 positions (18 full-time and 5 PRN/WAR ongoing recruitments).