

COLONIAL BEHAVIORAL HEALTH BOARD MEETING

TIME: 4:00 p.m.

DATE: June 1, 2021

Dr. Alfred Brassel, Chairman, called the meeting to order. For the record, this is a meeting of the CBH Board of Directors, being held via electronic means. This action was taken because of the health emergency resulting from the Coronavirus pandemic, making an assembly of the board and staff and members of the public in one place unsafe because of the highly contagious nature of the coronavirus pandemic.

BOARD MEMBERS PRESENT:

Dr. Alfred Brassel - York County
Mr. John Kuplinski – James City County
Ms. Rebecca Vinroot - James City County
Ms. Sherry Wharton - Poquoson
Dr. Baljit Gill - York County
Ms. Hazel Braxton - Williamsburg
Ms. Kristen Nelson - York County
Ms. Wendy Evans - Williamsburg
Ms. June Hagee - James City County
Mr. Ryan Ashe – James City County
Ms. Sheri Newcomb – York County

STAFF PRESENT:

Mr. David Coe
Dr. Dan Longo
Ms. Debbie-Townsend-Pittman
Ms. Marsha Obremski
Ms. Kari Traver
Mr. Keith German
Ms. Anita Michalec

BOARD MEMBERS ABSENT:

Ms. Cindy Spitzer - Poquoson
Mr. Talbot Vivian – York County
Ms. Terry Christin – James City County
Mr. Bruce Keener – York County

PUBLIC COMMENT:

None.

CONSENT CALENDAR:

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

1. Services & Evaluation Committee Meeting of April 28, 2021
2. Board of Directors Meeting of May 4, 2021
3. Executive Committee Meeting of May 18, 2021
4. Administration Committee Meeting of May 18, 2021

The Board of Directors unanimously approved the items on the Consent Calendar as presented.

Action Item A-1 was presented for approval of the proposed FY 2022 CBH Operating Budget & Capital Improvement Plan. The Budget and Capital Improvement Plan was reviewed and discussed.

Dr. Brassel motioned to approve the FY 2022 CBH Operating Budget & Capital Improvement Plan as presented. The motion was seconded and passed unanimously.

Action Item A-2 was presented for approval of the revision to the FYs 2022-2023 CBH Performance contract with Virginia DBHDS. Discussion.

Dr. Brassel motioned to approve revisions to the FYs 2022-2023 CBH Performance Contract as presented. The motion was seconded and passed unanimously.

Action Item A-3 was presented upon the Nominating Committee's recommendation that the Board approve the Slate of Officers presented for the FY 2022 year, with the term beginning on July 1, 2021.

PROPOSED SLATE OF OFFICERS:

Chair	Dr. Brassel
Vice-Chair	John Kuplinski
Secretary	Dr. Gill
Treasurer	Rebecca Vinroot
Member-At-Large	Hazel Braxton

Ms. Newcomb motioned to accept the slate of officers as presented. The motion was seconded and carried unanimously.

EXECUTIVE DIRECTOR'S REPORT:

The Executive Directors Report was provided in writing and distributed to Board Members.

Mr. Coe stated the declaration of emergency will expire on June 30, 2021. The ability of CBH and other public bodies to hold virtual (or hybrid) meetings in the future is contingent on an opinion needed from the Attorney General's office. Further information will follow. Discussion.

The Public Awareness Committee has requested CBH begin planning for an in-person 50th Anniversary celebration in December. This event will combine the Anniversary celebration with the CBH Holiday party. The Great Wolf Lodge has been secured for this event with a tentative date of December 7, 2021.

Mr. Coe reported that the General Assembly will convene again in August. He stated that the full agenda is unknown at this time. However, one of the items will be the appropriation of \$4.8 billion in various federal funds from the Commonwealth of VA. Governor Northern has identified four priority areas with one of those being public health. Mr. Coe noted that these funds will be one time or short-term investments. Discussion.

CLOSED SESSION:

Dr. Gill motioned that a closed meeting of the CBH Board of Directors be held as permitted under the Code of Virginia Section 2.2-3711 to discuss the following matter:

1. The annual performance evaluation of, and the Board's annual contract with, the CBH Executive Director

The motion was seconded by Mr. Kuplinski.

At 5:15 p.m., the Board entered Closed Session.

At 5:25 p.m. the Board reconvened into Open Session.

Mr. Kuplinski moved to certify the Closed Session. On a roll call vote, the vote was AYE: 11, NAY: 0.

CERTIFICATION OF CLOSED MEETING:


WHEREAS, the CBH Board of Directors has convened a closed meeting on this date pursuant to an affirmative recorded vote and in accordance with the provisions of the Virginia Freedom of Information Act; and WHEREAS, Section 2.2-37.12 of the Code of Virginia requires a certification by the Committee that such meeting was conducted in conformity with Virginia Law.

NOW, THEREFORE, BE IT RESOLVED that the CBH Board of Directors hereby certifies that, to the best of each member's knowledge, (i) only public business matters lawfully exempted from open meeting requirements by Virginia law were discussed in the closed meeting to which this certification resolution applies, and (ii) only such public business matters as were identified in the motion convening the closed session were heard, discussed or considered by the CBH Board of Directors.

OTHER ITEMS FROM THE BOARD:

Mr. Coe reported that the next regular Board Meeting is scheduled in September. There will be no CBH Board meetings held during July or August barring any urgent business. Discussion ensued regarding the Board summer calendar. The Executive, Administration and Public Awareness Committees decided not to hold meetings during July or August. The Services and Evaluation committee will be polled concerning their opinion whether to schedule meetings during these months. Discussion.

There being no further business to discuss, the meeting adjourned at 5:40 p.m.


Dr. Alfred Brassel, Chair


Dr. Baljit Gill, Secretary

AGENDA

COLONIAL BEHAVIORAL HEALTH

BOARD MEETING

June 1, 2021

4:00 P.M.

- I. Welcome and Call to Order
- II. Public Comment
- III. Consent Calendar
Approval of Minutes – Consider approval of the following meeting minutes:
 - Services & Evaluation Committee Meeting of April 28, 2021
 - Board of Directors Meeting of May 4, 2021
 - Executive Committee Meeting of May 18, 2021
 - Administration Committee Meeting of May 18, 2021
- IV. Action Items:
A-1 Adoption of FY 2022 CBH Operating Budget & Capital Improvement Plan - *K. German*
A-2 Adoption of FY 2022 CBH Performance Contract with Virginia DBHDS - *D. Coe*
A-3 Nominating Committee - FY 2022 Proposed Board Officers - *R. Vinroot/J. Kuplinski*
- V. Executive Director's Report - *D. Coe*
- VI. Closed Session
 - Annual Performance Evaluation of the CBH Executive Director
 - Consideration of annual employment contract with the CBH Executive Director
- VII. Return to Open Session
 - Certification of compliance with Closed Session Rules
 - Vote on items from Closed Session
- VIII. Other Items from the Board
- IX. Adjournment

The mission of Colonial Behavioral Health, the local Community Services Board, is to facilitate opportunities for recovery, resilience and wellness to individuals and families affected by mental illness, intellectual disabilities and substance use disorders. Through an array of strategies and collaborative partnerships with local and regional providers, CBH will demonstrate a commitment to quality assessment, prevention, treatment, and habilitation through best practice methodology for the citizens of James City County, City of Poquoson, City of Williamsburg and York County.



Meeting Minutes

Minutes of: Services and Evaluation Committee Date: April 28, 2021

Present: Hazel Braxton, Wendy Evans, Sheri Newcomb, David Coe, Debbie Townsend, & Dan Longo,
Absent: Ryan Ashe, Teresa Christin, Marsha Obremski.

1. Welcome and Call to Order
The Committee Chair, Ms. Braxton, called the meeting to order at 4:00 p.m.
 2. Sherry Burg, Nursing Coordinator presented on Medical Services, and Kristen McLean, AOP Coordinator presented on Adult Outpatient Services.
 3. The presentations covered the following:
 - Consumers seen in person, telehealth services.
 - Challenges encountered by consumers and staff.
 - Effectiveness of services.
 - Sustainability and maintenance of services through the pandemic.
 4. Other discussion
 - Next presentation will be Day Programs/People's Place
 5. Adjournment
The meeting was adjourned at 5:02 p.m.
-

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

Next Meeting

Date: May 26, 2021
Time: 4:00 p.m.
Location: Microsoft Teams video conference.

Evaluation Services Committee
CBH Service Provider Presentations

Purpose: To assist Board members in understanding & responding when asked how CBH services have been affected by COVID and working remotely.

Presenters: Sherry Burg

Name of Service: Medical

Date of Presentation: 4/28/21

Nature & Scope of Service: Psychiatric Services

Criteria	Self-Rating	Key issues	Status/Planning Future Service Model Delivery
1.How has COVID affected the delivery of your program services?	2	<p>Service delivery occurs primarily via tele health (video or audio) for our follow up medication appointments.</p> <p>Our providers prefer to see new individuals face to face, but it is the consumers choice. If they prefer tele health, then video conferencing is used.</p> <p>Our providers will also see consumers face to face upon the request of that consumer, or if we have an unstable individual that would benefit from a face to face encounter.</p> <p>Telehealth has greatly decreased our “no show” rate</p> <p>Covid has not impacted our service delivery for our MAT program</p> <p>Covid has not impacted our consumers who require injectable medications</p> <p>Since medical services is in the office daily, we are able to provide two days each week for drug screens to assist AOP clinicians with their group drug screens</p>	<p>Telehealth continues to be the primary mode of service delivery with the following exceptions:</p> <p>New consumers preferred</p> <p>Unstable individuals</p> <p>Those with communication issues</p> <p>Any consumer who requests face to face appointment</p>

<p>2. What challenges/ obstacles have you experienced working remotely?</p>	<p>2</p>	<p>Technology/internet issues seems to be a common obstacle.</p> <p>Our older population of consumers seem to have the most difficulty with the Teams appointments.</p> <p>Our providers also frequently have challenges having a therapeutic session due to our consumer “going thru a drive thru’ or “out grocery shopping.”</p> <p>Nurses are having difficulty updating the annual EHS since consumers have not been coming in to the office</p> <p>It has been difficult to obtain written consents for medication changes</p>	<p>Face to face appointments are always an option for either the provider or the consumer</p> <p>If either a consumer or provider is having difficulty connecting, a phone call will be done for the appt</p> <p>Certain medications (depending on use and side effects) we will mail a consent to the consumers home (after thoroughly discussing the med) and the medication will not be initiated until the signed consent is returned to the office (either in person or via USPS</p>
<p>3. Given the challenges you are facing, how effective are your services at accomplishing their stated goals?</p>	<p>2</p>	<p>The majority of medical services are delivered via telehealth. It is difficult to establish a rapport/therapeutic relationship on the phone.</p> <p>As nurses, it has been difficult not seeing our consumers at least on a quarterly basis. We feel we have a good therapeutic relationship with our consumers, and are able to pick up on little changes that may signal issues. In addition, some of our consumers feel it is easier to talk to nurses, and we can relay certain sensitive information to the providers. Our medical team has been stable with no changes for several years</p>	<p>We hope that as vaccinations are completed, we can get back to some sort of “normalcy” with face to face appointments.</p> <p>We also hope that telehealth will remain an option for those with transportation issues and limited availability</p>

4. How sufficient are your services (scope of services relative to working remotely)	2	<p>Medical Services has been able to meet the needs of our consumers either by face to face or telehealth appointments.</p> <p>Although most appointments are telehealth, our providers are on the buildings most of the time. Dr. Ahsan is in B-1 daily, Dr. Dougan is in B1 on his designated days, and Dr. Lopez does work from home 1.5 days each week.</p> <p>Nursing staff is in most locations daily.</p> <p>We have never stopped providing injections to our consumers.</p> <p>A consumer can stop in any time to discuss any issues with the nurse</p>	<p>The preferred method of service delivery is face to face.</p> <p>In person appointments are available at the request of the consumer</p> <p>.</p>
5. What has been the impact of working remotely on consumers? (please include challenges faced by consumers; impact of pandemic on treatment progress; satisfaction with services)	2	<p>Access to psychiatric appointments is greater.</p> <p>Although there have been technology obstacles, if unable to connect, our providers have been able to connect via the telephone so consumers have their needs met</p> <p>Initially, things seemed to go well for the majority of our consumers. As the pandemic has continued, our consumers are facing increased depression, psychosocial issues such as housing due to loss of jobs/unemployment, and difficulty feeding their families. Seniors are facing isolation and unable to visit with loved ones. This impacts their mental health tremendously and frequent appointments and med adjustments happen.</p>	<p>Staff will continue to work to meet the needs of our consumers.</p> <p>Service format will change as the CDC guidelines change. CBH will continue to meet the needs of our consumers whether face to face or telehealth</p>
6. Describe your specific Program Goals as applied to each service along with data if available	2	<p>Medical services' specific program goals are to maintain personal recovery and self determination, and maintain clinical stability through medication management</p>	<p>The preferred method of service delivery is face to face.</p>

			In person appointments are available at the request of the consumer
Self-Rating Codes : 3 = High Impact ; 2=Moderate Impact; 1=Minimal Impact			

Evaluation Services Committee
CBH Service Provider Presentations

Purpose: To assist Board members in understanding & responding when asked how CBH services have been affected by COVID and working remotely.

Presenters: Kristen McLean

Name of Service: Adult Outpatient Services

Date of Presentation: 4/28/2021

Nature & Scope of Service: OP, Gero CM and Central Access

Criteria	Self-Rating	Key issues	Status/Planning Future Service Model Delivery
1.How has COVID affected the delivery of your program services?	3	<p>COVID has affected us, causing 100% telehealth services to be rendered to all consumers for all programs including Outpatient counseling, Central Access and Gero CM.</p> <p>Outpatient recognizes that group therapy presents technological challenges that affect consumer attendance and delivery of service.</p> <p>Peers have been implemented in all Williamsburg SUD groups, for example, to assist consumers with signing in and providing emotional and technological support when faced with barriers to attending groups.</p> <p>Gero case management has not performed regular home visits since the beginning of COVID. Staff have been working to prioritize needs for face-to-face visits including interventions that would otherwise pose risk to the consumer's well-being if not performed (getting to appointments, assistance with paying rent). Though there have been restrictions in various residential settings, case managers have ramped up telephonic interventions on a case-by-case basis to ensure that consumers' needs are met as best possible.</p> <p>Central access has been able to continuously conducting telephonic screenings and scheduled telehealth intake assessments during COVID; and as a result we have been able to coordinate more initial assessments with greater flexibility for consumers. There has been a significant</p>	<p>Looking forward, telehealth will continue to be primary platform in service delivery with consideration of the following:</p> <p>All services will allow for preferential face-to-face meetings as requested by a consumer or deemed appropriate for effective service delivery by service providers, i.e.) high risk consumers, those with communication barriers, those who do not have immediate access to a computer and/ or the internet.</p> <p>Telehealth expands our ability to provide services to individuals who experience transportation limitations and those residing in remote areas.</p>

		<p>increase in individuals seeking services and Central Access has been able to meet this demand.</p> <p>Overall, AOP has been experiencing fluctuations in no show rates, but has been trending downward on no shows. This is not indicative of changes due to COVID, rather the population CBH serves.</p>	
2. What challenges/ obstacles have you experienced working remotely?	3	<p>Challenges to working remotely include limited internet access for consumers.</p> <p>Establishing rapport has been challenging via telehealth and assessing consumer nonverbal communication, at times.</p> <p>Technical issues that affect providers and consumers.</p> <p>Difficult to obtain needed signatures for ROI's, consents, and treatment plans.</p>	<p>We plan to continue to offer face to face appointments for those who request it and/or for those identified as in need of face to face sessions (as clinically indicated).</p> <p>DocuSign will be the means of obtaining consumer signatures as we transition into Millennium EHR.</p>
3. Given the challenges you are facing, how effective are your services at accomplishing their stated goals?	3	<p>Outpatient Counseling is equally effective for telehealth services and face-to-face services.</p> <p>Case Managers have been effective at meeting monthly targets during the pandemic.</p>	Adult Outpatient envisions delivery of service from a hybrid model where consumers have the option to have virtual or face-to-face appointments for all services provided by Adult Outpatient.
4. How sufficient are your services (scope of services relative to working remotely)	3	Services have been sufficient given the parameters of COVID and providing telehealth services.	<p>The preferred method of service delivery for Adult Outpatient services vary.</p> <p>Gero Case management prefers to deliver 75% services face-to-face to do in-home visits.</p> <p>Central Access prefers a hybrid model.</p> <p>OP Counselors prefer a hybrid model.</p>
5. What has been the impact of working remotely on consumers? (please include challenges faced by consumers; impact of pandemic on	3	Some consumers have verbalized their desire to have in-person meetings, while others have expressed their appreciation for telehealth services. The pandemic has moderately impacted treatment progress for gero case	Staff will continue to work remotely or a hybrid schedule; however, service format will continue to change as it relates to

treatment progress; satisfaction with services)		<p>management as many of their consumers are unable to meet via telehealth/ have communication barriers. The geriatric population appear to experience the most challenges as well as individuals with severe SMI.</p> <p>In some instances, consumers have been able to receive help from family members, friends, or a peer on how to access video sessions.</p> <p>Numerous consumers report isolation due to the pandemic and increased stress, increased substance use, and SI.</p>	COVID-19 CDC guidelines. In-person visits will be available to consumers who choose to have this modality of service, as well as telehealth. The focus of services will continue to meet consumers' needs.
6. Describe your specific Program Goals as applied to each service along with data if available	1,2	<p>Outpatient has been trending upward in delivery of service as evidence by the productivity report.</p> <p>Gero Case Management's goal of maintaining documentation and scheduling clients monthly has been met.</p> <p>Central Access has exceeded their goal of conducting screenings and intakes (6-8 screenings completed daily/ 3-4 intakes completed daily)</p>	The plan is to continue to implement data tracking to inform service delivery. As we continue to monitor and perform outreach to consumers who have not been seen recently as well as productivity, we can assure that high-quality care is being delivered to consumers in AOP at CBH.
Self-Rating Codes : 3 = High Impact ; 2=Moderate Impact; 1=Minimal Impact			

COLONIAL BEHAVIORAL HEALTH BOARD MEETING

TIME: 4:00 p.m.

DATE: May 4, 2021

Dr. Alfred Brassel, Chairman, called the meeting to order. For the record, this is a meeting of the CBH Board of Directors, being held via electronic means. This action was taken because of the health emergency resulting from the Coronavirus pandemic, making an assembly of the board and staff and members of the public in one place unsafe because of the highly contagious nature of the coronavirus pandemic.

BOARD MEMBERS PRESENT:

Dr. Alfred Brassel - York County
Mr. John Kuplinski – James City County
Ms. Rebecca Vinroot - James City County
Ms. Sherry Wharton - Poquoson
Mr. Bruce Keener – York County
Ms. Hazel Braxton - Williamsburg
Ms. Kristen Nelson - York County
Ms. Wendy Evans - Williamsburg
Ms. Terry Christin – James City County
Mr. Talbot Vivian – York County
Mr. Ryan Ashe – James City County
Ms. Sheri Newcomb – York County

STAFF PRESENT:

Mr. David Coe
Dr. Dan Longo
Ms. Debbie-Townsend-Pittman
Ms. Marsha Obremski
Ms. Kari Traver
Mr. Keith German
Ms. Anita Michalec

BOARD MEMBERS ABSENT:

Ms. Cindy Spitzer - Poquoson
Dr. Baljit Gill - York County
Ms. June Hagee – James City County

PUBLIC COMMENT:

None.

CONSENT CALENDAR:

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

1. Board of Directors Meeting of April 6, 2021
2. Executive Committee Meeting of April 20, 2021
3. Administration Committee Meeting of April 20, 2021

The Board of Directors unanimously approved the items on the Consent Calendar as presented.

NOMINATING COMMITTEE FOR FY 2022 EXECUTIVE COMMITTEE: Dr. Brassel

Dr. Brassel stated that Rebecca Vinroot and John Kuplinski has been asked to lead the Nominating Committee. Dr. Brassel also noted he sent an e-mail to Board members inviting those interested in serving on the committee to contact Ms. Vinroot or Mr. Kuplinski. The Nominating Committee will submit a slate of officers for consideration and approval at the June Board meeting.

EXECUTIVE DIRECTOR PERFORMANCE EVALUATION PROCESS: Dr. Brassel

Dr. Brassel stated that Mr. Coe's Performance Evaluation is due to be reviewed for consideration of renewal in June 2021. Dr. Brassel noted that he had distributed the Performance Evaluation to Board members via e-mail requesting the form be completed and returned no later than May 21, 2021. Evaluation forms may be returned to Dr. Brassel via USPS or e-mail.

INTEGRATED CARE COMMITTEE UPDATE: Dr. Brassel/D. Coe

Mr. Coe provided a brief update from the Integrated Care Committee Meeting. Mr. Coe presented information relating to the Board's position as discussed in Colonial Behavioral Health's (CBH) April Board Meeting. Olde Towne Medical and Dental Center (OTMDC) representatives shared no interest at this time in a merger but would be interested in potential collaborative opportunities. OTMDC indicated they would contact CBH to further discuss. The next meeting of the Integrated Care Committee is scheduled in June.

The CBH Executive Committee has determined CBH was at a point to consider development of a property plan. CBH has been requested to initiate development of site plans; also capable of providing primary care without the involvement of OTMDC and continue moving forward as planned. Discussion.

EXECUTIVE DIRECTOR'S REPORT:

The Executive Directors Report was provided in writing and distributed to Board Members.

Mr. Coe reported that efforts regarding implementation of the Marcus Alert legislation are ongoing. CBH continues to work with localities in the implementation of the database required for compliance with this legislation. CBH localities are creating the database and CBH's role will be to assist in educating the community regarding matters relating to registration for that database. Discussion.

Mr. Coe is pleased to announce that Prevention Services is now publishing a newsletter. Mr. Nana Amaniampong, Lead Health Promotion Specialist has taken the initiative and responsibility for the creation and publication of a monthly Prevention Services Newsletter. Mr. Amaniampong is to be commended for his efforts. Mr. Coe will forward a copy of the newsletter to Board members.

There being no further business to discuss, the meeting adjourned at 4:33 p.m.


Dr. Alfred Brassel, Chair


Dr. Baljit Gill, Secretary



Meeting Minutes

Minutes of: Executive Committee Meeting Date: May 18, 2021

Present: Dr. Brassel, John Kuplinski, Rebecca Vinroot, David Coe, Keith German, Anita Michalec

Absent: Dr. Gill, Hazel Braxton

1. Call to Order – The meeting was called to order at 4:00 p.m. Due to COVID-19, this meeting was conducted via Microsoft Teams.

2. New Business

Nominating Committee Slate of Officers: An invitation was extended to Board members inviting those interested in serving on the committee to contact Ms. Vinroot or Mr. Kuplinski. Ms. Vinroot and Mr. Kuplinski reported that there has been no response from Board members. It was noted that current committee members are eligible to serve another term. Ms. Vinroot will contact current officers to confirm their interest in serving on the committee for FY 2022. A slate of officers will be presented for consideration at the June Board Meeting.

CBH In-Person Meetings: Mr. Coe reported that since the beginning of the COVID-19 pandemic, CBH has followed recommendations and guidelines from the CDC, the Virginia Department of Health, as well as Executive Orders from Governor Northam. Guidance is now moving toward less restrictions with indications from the Governor that most COVID-19 restrictions will be removed at the end of this month. Questions were raised regarding the return of in-person CBH Board Meetings and committee meetings as they relate to these impending changes. Discussion ensued and the decision was made to contact Board members concerning their meeting preference. Board members will also be informed that the June Meeting will be held virtually as scheduled and Conference Room 2B, located on the main campus in Building 2 will also be reserved for those wishing to attend in person.

Members of each CBH Committee will determine whether they wish to continue to meet virtually, in person or a combination of the two options.

3. Adjournment – The meeting adjourned at 4:19 p.m.

Submitted by: A. Michalec

Next Meeting

Date: June 15, 2021

Time: 4:00 p.m.

Location: Microsoft Teams



Meeting Minutes

Minutes of: Administration Committee Meeting Date: May 18, 2021

Present: Dr. Brassel, John Kuplinski, Rebecca Vinroot, David Coe, Keith German, Anita Michalec

Absent: Dr. Gill

1. Call to Order – The meeting was called to order at 4:19 p.m. Due to COVID-19, this meeting was conducted via Microsoft Teams.
2. New Business

April 30, 2021 Financial Report: Mr. German reviewed the Financial and Expenditure Reports as of April 30, 2021. Discussion.

FY 2022 Proposed Budget: Mr. German presented the CBH FY 2022 Proposed Budget. Mr. German reviewed the budget and provided additional information. Also included in the budget is a 4% general compensation increase as well as an increase in health insurance costs. The Capital Improvement Plan was reviewed. It was noted that the plan was basically the same with some upgrades to facilities and areas put on hold due to the pandemic. Discussion.

Mr. Kuplinski motioned to approve the CBH FY 2022 Proposed Budget and Capitol Improvement Plan as presented. Ms. Vinroot seconded, and the motion carried unanimously.

FY 2022-2023 Performance Contract Summary: Mr. Coe provided an overview of the Performance Contract. He stated that the Commonwealth requires execution of the Performance Contract as the standardized vehicle through which all state and federal funding is provided to CSBs. Without an approved and executed contract, the Commonwealth of Virginia does not have a legal way to provide funding to CSBs, including CBH. This contract covers the fiscal years beginning July 1, 2021 and ending June 30, 2023. Discussion.

Dr. Brassel motioned to approve the FY 2022-2023 Performance Contract as presented. Mr. Kuplinski seconded, and the motion carried unanimously.

3. Adjournment – The meeting adjourned at 5:13 p.m.
-

Submitted by: A. Michalec

Next Meeting

Date: June 15, 2021

Time: 4:00 p.m.

Location: Microsoft Teams

Action Item A-1

Adoption of CBH Fiscal Year 2022 Operating Budget and Capital Improvement Plan

Background:

The effects of the pandemic in Fiscal Year 2021 caused us to continue our FY 2020 budget forward for an additional year. Thus, the effect of this proposed budget is actually an update crossing 2 operational years. However, the process for developing this budget and noting its impacts remains the same.

This proposed budget is established to be in effect for the fiscal year beginning July 1, 2021 and ending June 30, 2022.

Highlights of this Operating Budget primarily consist of:

- A 4% General Increase for regular full-time and part-time CBH staff;
- Increased health insurance costs;
- Increased local funding revenues consistent with amounts requested for Fiscal Years 2021 and 2022;
- Adjustments in funding and staffing reflective of state funds received to support STEP VA initiatives; and
- General adjustments to operational line items to reflect changes occurring during the pandemic as well as projected changes upon the possible ending of the pandemic sometime during the upcoming fiscal year.

Highlights of this Capital Improvement Plan (CIP) primarily consist of:

- Completion of payments for initial purchase of Cerner Millennium EHR that had been spread across multiple years;
- Cost for a facility planning process related to surplus land located on the former ESH property; and
- Maintenance of existing facilities (parking lot repaving and window replacements).

Motion from Administration Committee:

That the proposed Colonial Behavioral Health FY 2022 Operating Budget and Capital Improvement Plan be approved.

COLONIAL BEHAVIORAL HEALTH

PROPOSED BUDGET

FISCAL YEAR 2022



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COLONIAL BEHAVIORAL HEALTH FISCAL YEAR 2022 PROPOSED BUDGET

EXECUTIVE SUMMARY

Revenue – \$ 18,864,310

Budgeted State & Federal Revenues - \$ 8,748,766; Increase of \$ 941,447 / 12.1 %

- ♦ Part C - \$ 372,500
- ♦ STEP- VA - \$ 406,400
- ♦ Regional Funds reclass (wash) – \$ 173,000
- ♦ Federal Opioid funds, net – (\$57,000)
- ♦ FY 22 COLA - \$ 46,500

Budgeted Local Tax Revenues - \$ 3,289,000; Increase of \$ 239,000 / 7.8 %

- ♦ James City County - \$ 1,900,000; Increase of \$168,000 / 9.7%
- ♦ York County - \$ 940,000; Increase of \$ 71,000 / 8.2%
- ♦ Williamsburg - \$ 259,000; No Increase
- ♦ Poquoson - \$190,000; No increase

Budgeted Fee Revenues - \$ 6,189,217; Increase of \$ 161,637 / 2.7 %

- ♦ Medicaid billing increase, net – \$ 119,500
- ♦ Other, net – \$42,150

Budgeted Miscellaneous Revenues - \$ 637,327 ; Decrease of (\$ 129,094) / (16.8 %)

- ♦ Regional Funds reclass (wash) – (\$ 173,000)
- ♦ Other, net - \$ 44,000

Total Revenue Increase – \$ 1,212,990 / 6.9 %

COLONIAL BEHAVIORAL HEALTH FISCAL YEAR 2022 PROPOSED BUDGET

EXECUTIVE SUMMARY

Expenditures - \$ 18,864,310

Budgeted Personnel Expenditures - \$ 14,721,895; Increase of \$ 1,051,730 / 7.7 %

- ♦ 4% General Compensation increase - \$ 487,000
- ♦ Health Insurance increase - \$ 250,000
- ♦ FY '20 / FY '21 Position changes, net – \$ 185,000
- ♦ STEP-VA SMVF & Peer Services positions - \$129,500

Budgeted Operating Expenditures - \$ 4,142,415 Increase of \$ 161,260 / 4.1 %

- ♦ Staff Development, net - \$ 22,000
- ♦ Facilities, net – \$ (\$85,000)
- ♦ Equipment & Supplies, net – \$35,000
- ♦ Transportation, net – (\$50,000)
- ♦ Part C (CDR) - \$ 261,500
- ♦ Other Contract / Consultant, net - \$ (15,000)
- ♦ Miscellaneous, net – (\$7,000)

Total Expenditure Increase – \$ 1,212,990 / 6.9 %

COLONIAL BEHAVIORAL HEALTH
FY 2022
PROPOSED BUDGET

REVENUE & EXPENDITURE SUMMARY

REVENUE CATEGORY	FY 2020 ACTUAL	BUDGETED AMOUNT		INCR / (DECR)	
		ORIGINAL FY 2021	PROPOSED FY 2022	\$	%
STATE / FED	\$ 8,736,579	\$ 7,807,319	\$ 8,748,766	\$ 941,447	12.1%
LOCAL	\$ 3,050,000	\$ 3,050,000	\$ 3,289,000	\$ 239,000	7.8%
FEES	\$ 5,567,275	\$ 6,027,580	\$ 6,189,217	\$ 161,637	2.7%
MISCELLANEOUS	\$ 834,635	\$ 766,421	\$ 637,327	\$ (129,094)	(16.8%)
TOTAL REVENUE	\$ 18,188,489	\$ 17,651,320	\$ 18,864,310	\$ 1,212,990	6.9%

EXPENDITURE CATEGORY	FY 2020 ACTUAL	BUDGETED AMOUNT		INCR / (DECR)	
		ORIGINAL FY 2021	PROPOSED FY 2022	\$	%
PERSONNEL	\$ 13,129,292	\$ 13,670,165	\$ 14,721,895	\$ 1,051,730	7.7%
OPERATING	4,005,259	3,937,155	4,098,415	\$ 161,260	4.1%
TRANSFER TO CIP		44,000	44,000	\$ -	0.0%
TOTAL EXPENDITURES	\$ 17,134,551	\$ 17,651,320	\$ 18,864,310	\$ 1,212,990	6.9%

COLONIAL BEHAVIORAL HEALTH

FY 2022

PROPOSED BUDGET

EXPENDITURE DETAIL

PROGRAM	FY 2020 ACTUAL	BUDGETED AMOUNT		INCR / (DECR)	
		ORIGINAL FY 2021	PROPOSED FY 2022	\$	%
COMMUNITY SUPPORT SERVICES	1,854,775	1,857,032	2,217,151	\$ 360,119	19.4%
MH DAY SUPPORT SERVICES	477,360	495,476	484,701	\$ (10,775)	(2.2%)
ID DAY SUPPORT SERVICES	1,233,500	1,339,373	1,256,028	\$ (83,345)	(6.2%)
ID RESIDENTIAL SERVICES	1,891,326	1,809,718	2,258,501	\$ 448,783	24.8%
MH SKILL-BUILDING SERVICES	354,384	680,940	350,910	\$ (330,030)	(48.5%)
EMERGENCY SERVICES	1,779,986	1,744,169	1,951,855	\$ 207,686	11.9%
ADULT OUTPATIENT SERVICES	2,021,536	2,216,871	2,418,595	\$ 201,724	9.1%
MEDICAL SERVICES	1,549,528	1,687,018	1,610,634	\$ (76,384)	(4.5%)
PACT	1,289,854	1,334,234	1,374,165	\$ 39,931	3.0%
CHILDREN'S SERVICES	1,884,679	2,145,662	2,315,277	\$ 169,615	7.9%
ID INFANT SERVICES	1,053,203	726,114	1,076,367	\$ 350,253	48.2%
LEADERSHIP	1,744,420	1,570,714	1,550,126	\$ (20,588)	(1.3%)
TRANSFER TO CIP	-	44,000		\$ (44,000)	(100.0%)
TOTAL EXPENDITURES	\$ 17,134,551	\$ 17,651,320	\$ 18,864,310	\$ 1,212,990	6.9%

COLONIAL BEHAVIORAL HEALTH

FY 2022

PROPOSED BUDGET

FEE REVENUE DETAIL

PROGRAM	FY 2020 ACTUAL	BUDGETED AMOUNT		INCR / (DECR)	
		ORIGINAL FY 2021	PROPOSED FY 2022	\$	%
COMMUNITY SUPPORT SERVICES	1,189,858	1,152,930	1,225,551	\$ 72,621	6.3%
MH DAY SUPPORT SERVICES	166,711	201,680	229,187	\$ 27,507	13.6%
ID DAY SUPPORT SERVICES	663,222	641,778	683,185	\$ 41,407	6.5%
ID RESIDENTIAL SERVICES	1,046,476	998,480	986,859	\$ (11,621)	(1.2%)
MH SKILL-BUILDING SERVICES	202,965	260,000	151,424	\$ (108,576)	(41.8%)
EMERGENCY SERVICES	97,439	143,595	112,439	\$ (31,156)	(21.7%)
ADULT OUTPATIENT SERVICES	744,570	1,000,193	995,673	\$ (4,520)	(0.5%)
MEDICAL SERVICES	318,992	395,260	360,315	\$ (34,945)	(8.8%)
PACT	439,711	286,525	480,519	\$ 193,994	67.7%
CHILDREN'S SERVICES	697,333	947,139	964,065	\$ 16,926	1.8%
ID INFANT SERVICES	-	-	-	\$ -	0.0%
LEADERSHIP	-	-	-	\$ -	0.0%
TOTAL FEE REVENUE	\$ 5,567,275	\$ 6,027,580	\$ 6,189,217	\$ 161,637	2.7%

COLONIAL BEHAVIORAL HEALTH

FY 2022

PROPOSED BUDGET

LOCAL TAX ALLOCATION

JURISDICTION	FY 2020 ACTUAL	BUDGETED AMOUNT		INCR / (DECR)	
		ORIGINAL FY 2021	PROPOSED FY 2022	\$	%
JAMES CITY COUNTY	\$ 1,732,000	\$ 1,732,000	\$ 1,900,000	\$ 168,000	9.7%
YORK COUNTY	\$ 869,000	\$ 869,000	\$ 940,000	\$ 71,000	8.2%
WILLIAMSBURG	\$ 259,000	\$ 259,000	\$ 259,000	\$ -	0.0%
POQUOSON	\$ 190,000	\$ 190,000	\$ 190,000	\$ -	0.0%
TOTAL	\$ 3,050,000	\$ 3,050,000	\$ 3,289,000	\$ 239,000	7.8%

COLONIAL BEHAVIORAL HEALTH

FY 2022

PROPOSED BUDGET

LOCAL TAX ALLOCATION BASIS

JURISDICTION	5 YR USAGE %	FY 2022 ALLOCATION BY USAGE	FY 2022 PROPOSED ALLOCATION	FY 2022 DIFFERENCE	FY 2020 DIFFERENCE	FY 2019 DIFFERENCE	FY 2018 DIFFERENCE	FY 2017 DIFFERENCE
JAMES CITY COUNTY	58%	\$ 1,923,000	\$ 1,900,000	\$ (23,000)	\$ (39,652)	\$ (88,024)	\$ (105,938)	\$ (115,262)
YORK COUNTY	29%	\$ 944,000	\$ 940,000	\$ (4,000)	\$ 103	\$ 18,254	\$ 55,438	\$ 69,308
WILLIAMSBURG	8%	\$ 258,000	\$ 259,000	\$ 1,000	\$ (467)	\$ 19,202	\$ (9,525)	\$ (16,846)
POQUOSON	5%	\$ 164,000	\$ 190,000	\$ 26,000	\$ 40,016	\$ 50,568	\$ 60,025	\$ 62,800
TOTAL	100%	\$ 3,289,000	\$ 3,289,000	\$ -	\$ -	\$ -	\$ -	\$ -

COLONIAL BEHAVIORAL HEALTH
FY 2022
PROPOSED BUDGET

FULL-TIME EQUIVALENT POSITIONS

PROGRAM	BUDGETED AMOUNT		INCR / (DECR)
	ORIGINAL FY 2021	PROPOSED FY 2022	
COMMUNITY SUPPORT SERVICES	23.0	24.0	1.0
MH DAY SUPPORT SERVICES	4.0	4.0	-
ID DAY SUPPORT SERVICES	17.7	16.2	(1.5)
ID RESIDENTIAL SERVICES	30.8	32.8	2.0
MH SKILL-BUILDING SERVICES	8.5	5.0	(3.5)
EMERGENCY SERVICES	18.4	19.9	1.5
ADULT OUTPATIENT SERVICES	24.6	25.1	0.5
MEDICAL SERVICES	12.4	12.4	-
PACT	13.0	13.0	-
CHILDREN'S SERVICES	26.8	24.5	(2.3)
PROGRAM SUPPORT	37.2	37.2	-
LEADERSHIP	9.0	9.0	-
TOTAL	225.4	223.1	(2.3)

CAPITAL IMPROVEMENT PLAN

2022 - 2026

FACILITY

CAPITAL IMPROVEMENT ITEM # / WORKING TITLE	RESOURCES				
	2022	2023	2024	2025	2026
FUND BALANCE					
TOTAL FUND BALANCE	\$ -	\$ -	\$ -	\$ -	\$ -
BORROWING					
TOTAL BORROWING	\$ -	\$ -	\$ -	\$ -	\$ -
OTHER SOURCES					
One-time funding sources, TBD	\$ 200,000	\$ -	\$ -	\$ -	\$ -
TOTAL OTHER SOURCES	\$ 200,000	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 200,000	\$ -	\$ -	\$ -	\$ -

CAPITAL IMPROVEMENT PLAN

2022 - 2026

INFORMATION SYSTEMS

CAPITAL IMPROVEMENT ITEM # / WORKING TITLE	RESOURCES				
	2022	2023	2024	2025	2026
FUND BALANCE					
TOTAL FUND BALANCE	\$ -	\$ -	\$ -	\$ -	\$ -
BORROWING					
TOTAL BORROWING	\$ -	\$ -	\$ -	\$ -	\$ -
OTHER SOURCES					
Transfer from Operating Budget	\$ 44,000	\$ 44,000	\$ 23,000	\$ -	\$ -
TOTAL OTHER SOURCES	\$ 44,000	\$ 44,000	\$ 23,000	\$ -	\$ -
TOTAL	\$ 44,000	\$ 44,000	\$ 23,000	\$ -	\$ -



CAPITAL IMPROVEMENT PLAN

2022 - 2026

SUMMARY

EXPENDITURE CATEGORY	AMOUNT				
	2022	2023	2024	2025	2026
FACILITY					
FACILITY TOTAL	\$ 200,000	\$ -	\$ -	\$ -	\$ -
RESOURCES	\$ 200,000	\$ -	\$ -	\$ -	\$ -
INFORMATION SYSTEMS					
INFORMATION SYSTEMS TOTAL	\$ 44,000	\$ 44,000	\$ 23,000	\$ -	\$ -
RESOURCES	\$ 44,000	\$ 44,000	\$ 23,000	\$ -	\$ -
TOTAL	\$ 244,000	\$ 44,000	\$ 23,000	\$ -	\$ -

FYs 2022-2023 Performance Contract

Background:

The Commonwealth requires the execution of a Performance Contract as the standardized vehicle through which all state and federal funding is provided to CSBs. It aligns with our Operating Budget, and outlines service delivery/output expectations as well as process/statistical measures. Without an approved and executed Performance Contract, the Commonwealth of Virginia does not have a legal way to provide funding to CSBs, including CBH. This contract covers the fiscal years beginning July 1, 2021 and ending June 30, 2023.

A VACSB Committee negotiates changes in the Contract each year prior to dissemination. Individual CSBs have not been granted the right to negotiate terms individually; therefore, approval of the Contract is required to maintain operations in the future.

The Performance Contract must be approved by local governments every 2 years. This year will mark the first year of that cycle, when the Contract is executed; therefore, this Contract revision requires local government approval. However, if not approved by local government by September 1, it will still be deemed to be approved by the Commonwealth of Virginia.

Revisions to this Contract primarily consist of:

- New CSB reporting requirements to DBHDS regarding regionally administered programming;
- Movement of some language to differing portions of the Contract;
- Changes to state hospital discharge protocols and related administrative processes;
- New reporting requirements tied to implementation of STEP-VA services; and
- Increased accountability for unexpended balances of federal funds, including an expectation to return all unexpected federal funds at the end of each fiscal year.

Recommended Motion:

That the revision to the FYs 2022-2023 Performance Contract between Colonial Behavioral Health and the Commonwealth of Virginia/DBHDS be approved.

**PROPOSED SLATE OF OFFICERS
CBH Board of Directors
Fiscal Year 2022**

Presented by the Nominating Committee for consideration by the CBH Board:

CHAIR:	Al Brassel, MD
VICE CHAIR	John Kuplinski
SECRETARY	Baljit Gill, MD
TREASURER	Rebecca Vinroot
MEMBER AT-LARGE	Hazel Braxton

COLONIAL BEHAVIORAL HEALTH

Executive Director's Report – June 2021

Agency Issues

1. We were able to “go live” with the Cerner Millennium EHR on May 3rd. As with any new system, there have been a few bumps in the road. However, they have been minor and the event has been successful to date. Our IS Department and Quality Management led this effort with major contributions from clinical programs and support staff.
2. We are increasing in-person service availability to consumers and families on June 1st. The nature of our services (individual, group, home-based, etc.) means that not all services will function in exactly the same manner. Day and residential programs are reopening further, but with greater continued operational restrictions due to sector-specific guidance.
3. Significant work is underway in recruiting new staff to fill the numerous vacancies we continue to have. We have achieved some early success but have far to go with many needs.
4. There is no plan for a Board Planning Day in 2021 until we have ESH surplus property plans for review and approval by the Board.

Community Issues

1. We continue to work with our localities to plan for and implement the database required for early compliance with Virginia's Marcus Alert legislation. Our localities are creating the database(s), and CBH's role will be to help educate the community (particularly our consumers and families) about when and how to sign up for that database.
2. Each of our localities have fully funded the CBH budget request in their published proposed/draft budgets. Three (3) localities have approved final passage of those budgets, including both jurisdictions from which we requested additional funding.
3. The ability of CBH and other public bodies to hold virtual (or “hybrid”) meetings in the future is contingent on an opinion needed from the Attorney General's office. We are unlikely to receive any new guidance until the declared pandemic emergency has ended.
4. Member of the CBH Public Awareness Committee have requested we begin planning for an in-person 50th Anniversary Celebration in December 2021. This event would be combined with a holiday/COVID survival event for CBH staff.

Regional Issues

1. Marcus Alert legislation has been passed to create mental health/law enforcement co-response models in every Virginia community by 2026. There will be at least one such model in place by the end of 2021, with at least one more by the end of 2022.
 - a. While implementation planning is occurring across the state, Virginia continues to develop plans for the central call centers that will change mental health crisis response. The efforts are taking somewhat parallel tracks, but it is expected that the first communities to implement Marcus Alert programs will do so before the call center effort has materialized.

Public Policy

1. There are no updates of substance not already covered at this time.

Respectfully submitted,
David A. Coe



YEAR TO DATE REVENUES AND EXPENDITURES
as of
April 30, 2021

REVENUE

CATEGORY	TOTAL BUDGET	RECEIVED YTD	BUDGET YTD	% RECEIVED	BALANCE
State	\$ 7,807,322	\$ 7,423,628	\$ 6,506,102	114%	\$ 917,526
Local	\$ 3,050,000	2,567,500	2,541,667	101%	\$ 25,833
Fees	\$ 6,027,580	4,151,894	5,022,983	83%	\$ (871,089)
Grants/Other	\$ 766,421	467,791	638,684	73%	\$ (170,893)
Total Revenue	\$ 17,651,323	\$ 14,610,813	\$ 14,709,436	99%	\$ (98,623)

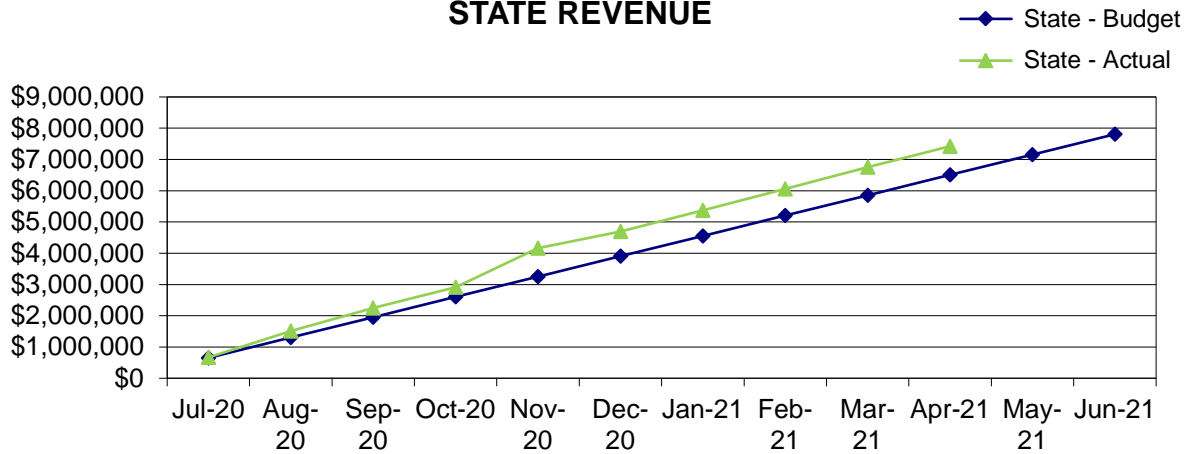
EXPENDITURES

CATEGORY	TOTAL BUDGET	EXPENDED YTD	BUDGET YTD	% EXPENDED	BALANCE
Personnel	\$ 13,671,168	\$ 11,036,061	\$ 11,567,911	95%	\$ 531,850
Staff Development	\$ 54,610	24,338	45,508	53%	21,170
Facility	\$ 1,167,421	717,047	972,851	74%	255,804
Equipment and Supplies	\$ 710,755	540,545	592,296	91%	51,751
Transportation	\$ 345,290	36,078	287,742	13%	251,664
Consultant and Contractual	\$ 1,580,677	1,279,754	1,317,231	97%	37,477
Miscellaneous	\$ 121,402	37,284	101,168	37%	63,884
Total Expenditures	\$ 17,651,323	\$ 13,671,107	\$ 14,884,707	92%	\$ 1,213,600
Operating Margin	\$ -	\$ 939,706	\$ (175,271)	6%	\$ 1,114,977

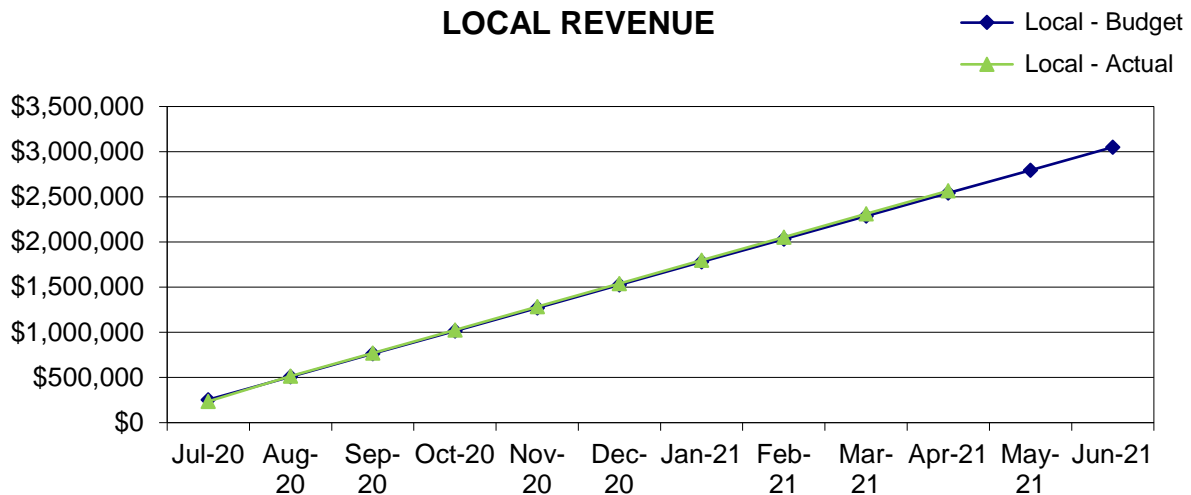
Unless noted otherwise, all amounts are modified cash basis: revenues recognized when earned and received; expenditures upon disbursement, subject to final settlement with fiscal agent.

YEAR TO DATE REVENUES
as of
03/31/21

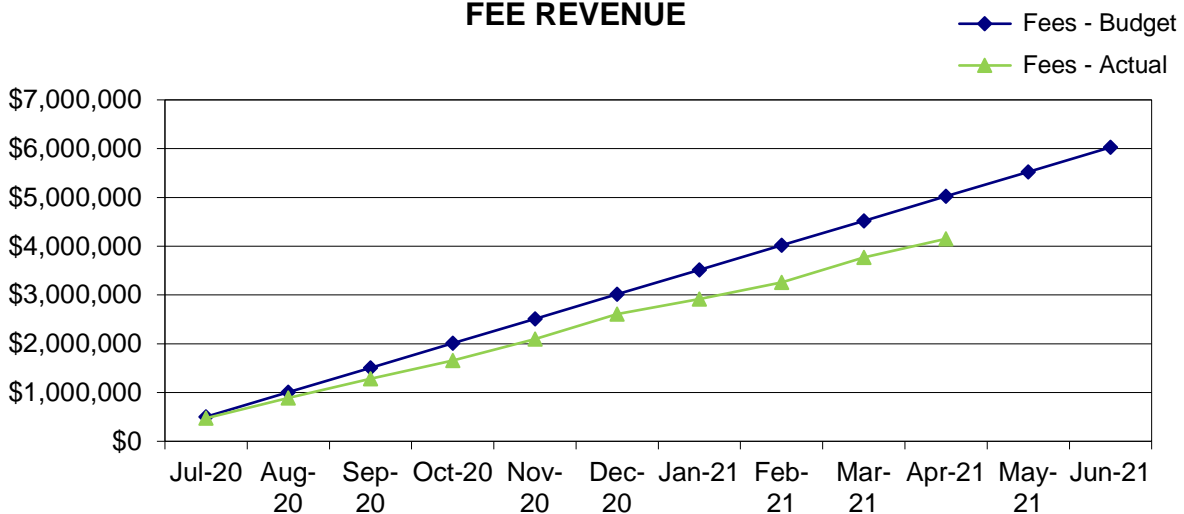
STATE REVENUE



LOCAL REVENUE

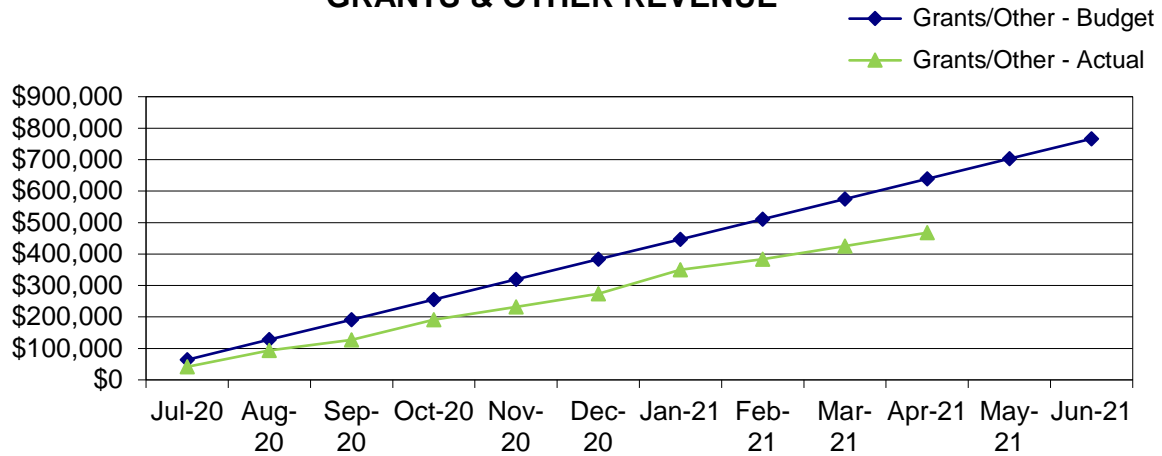


FEE REVENUE

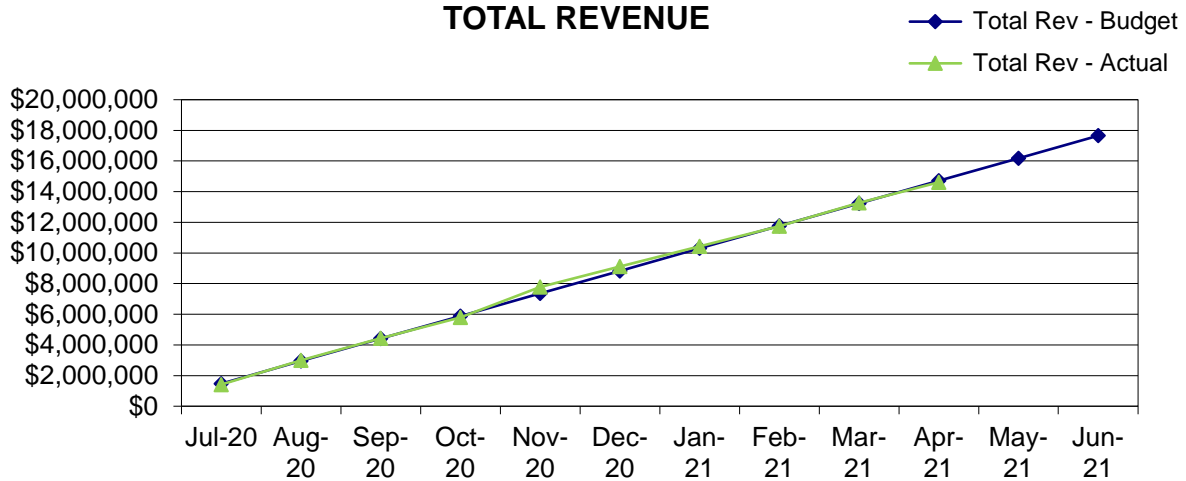


YEAR TO DATE REVENUES
as of
03/31/21

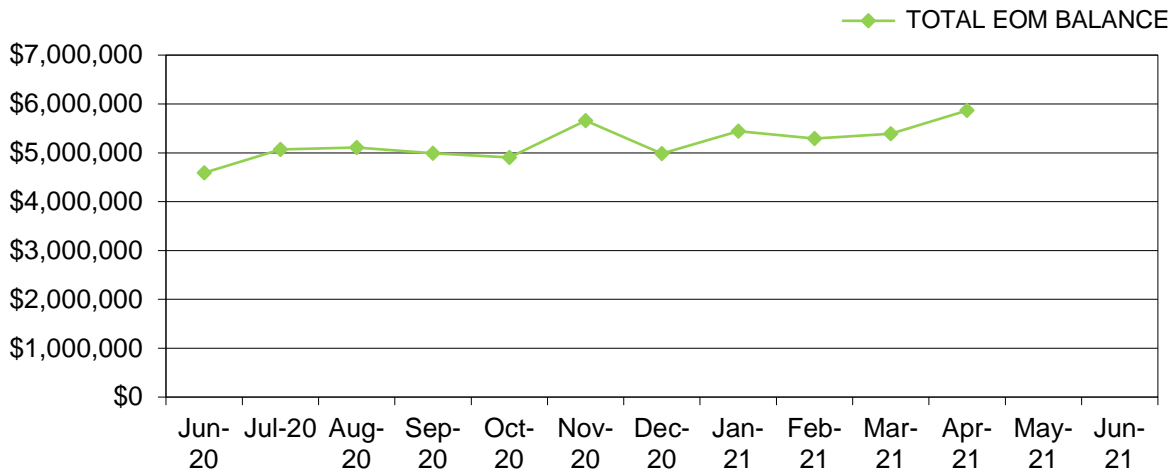
GRANTS & OTHER REVENUE



TOTAL REVENUE

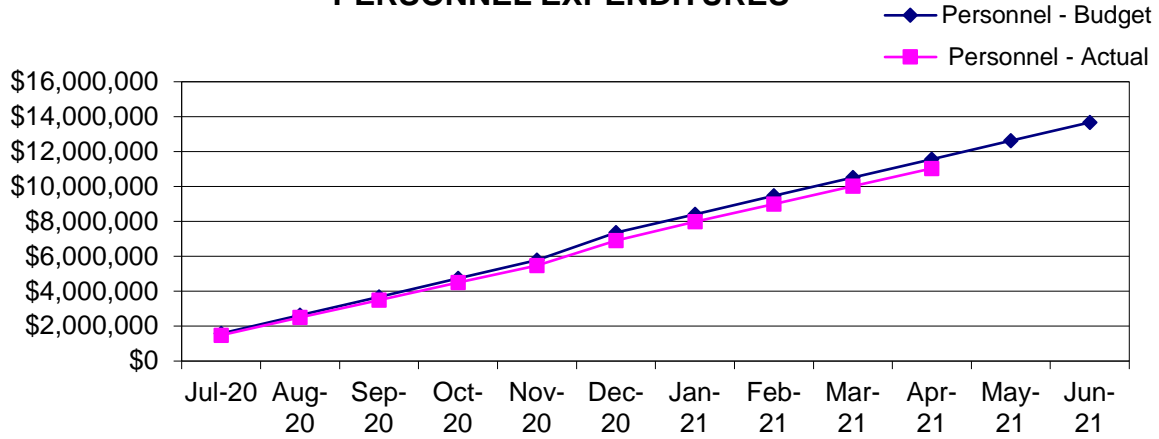


CASH & INVESTMENTS BALANCE

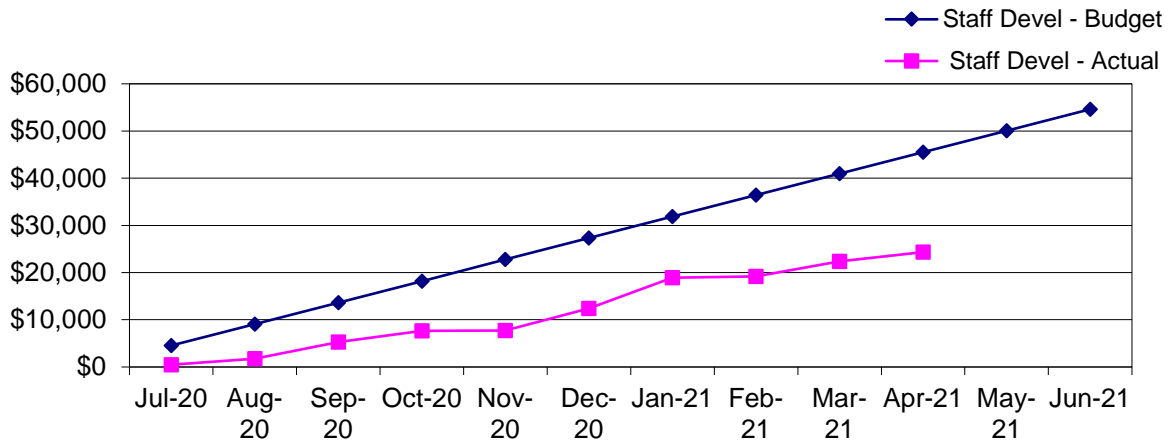


YEAR TO DATE EXPENDITURES
as of
03/31/21

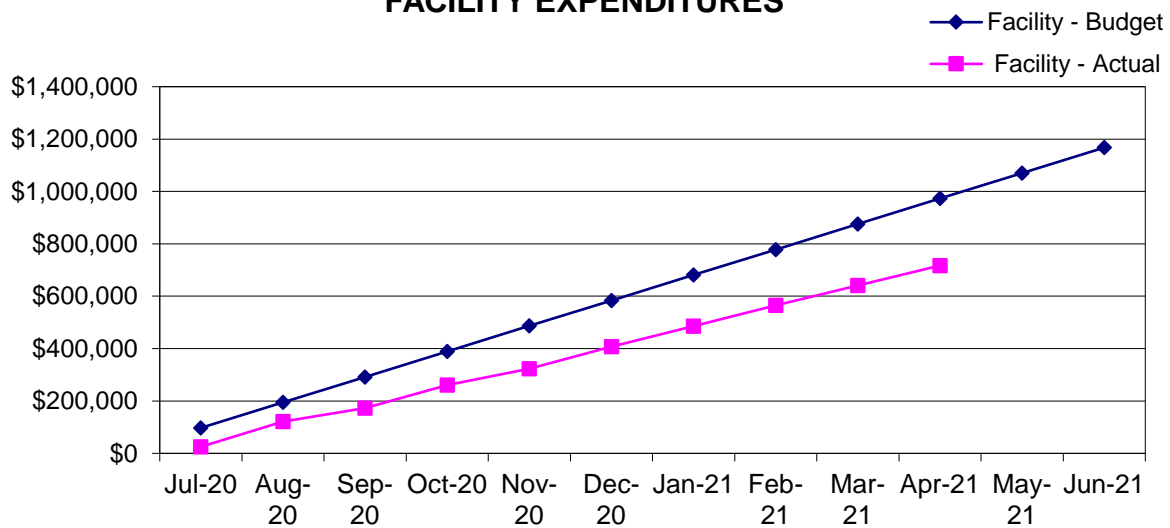
PERSONNEL EXPENDITURES



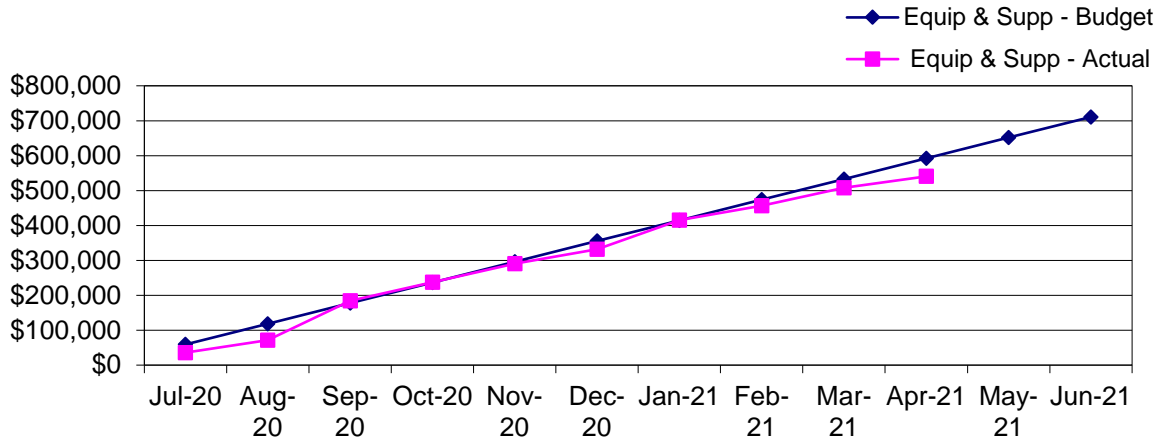
STAFF DEVELOPMENT EXPENDITURES



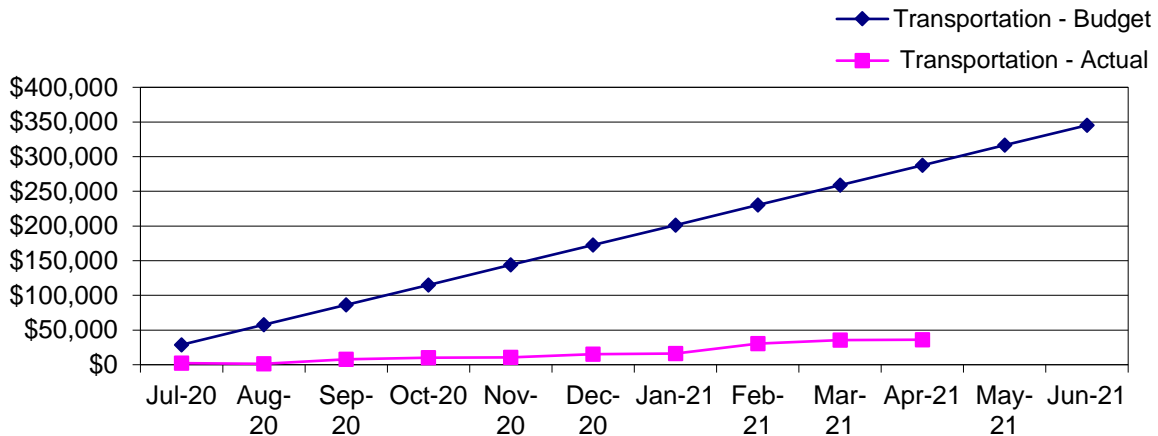
FACILITY EXPENDITURES



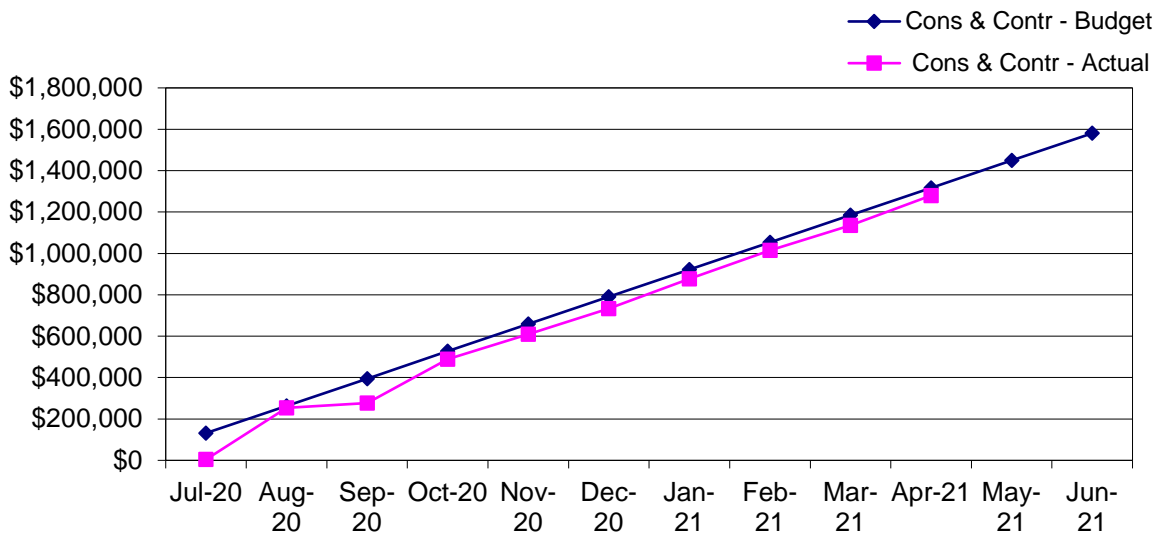
EQUIPMENT & SUPPLIES EXPENDITURES



TRANSPORTATION EXPENDITURES

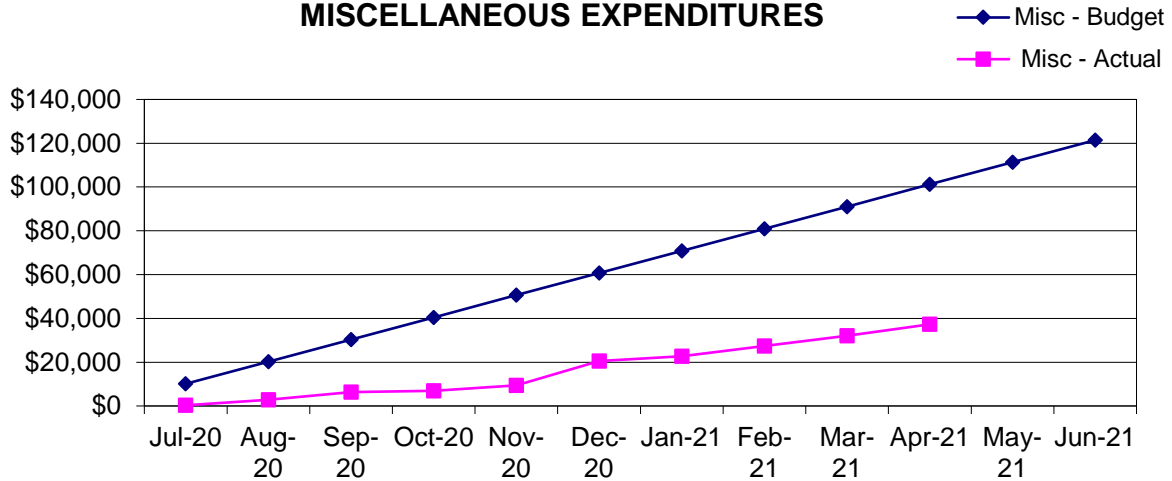


CONSULTANT & CONTRACTUAL EXPENDITURES

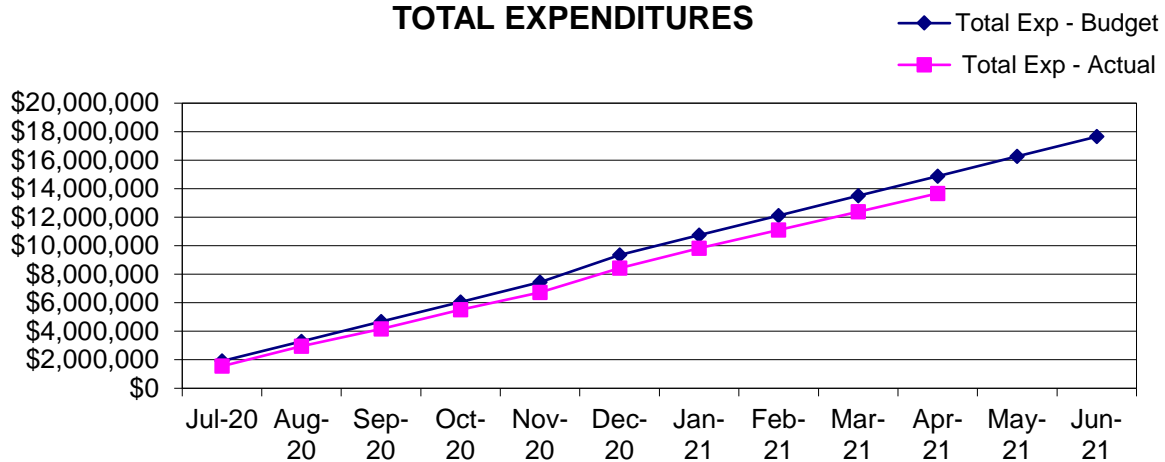


YEAR TO DATE EXPENDITURES
as of
03/31/21

MISCELLANEOUS EXPENDITURES



TOTAL EXPENDITURES



TOTAL REVENUE & EXPENDITURES

