

## **COLONIAL BEHAVIORAL HEALTH BOARD MEETING**

**TIME:** 4:00 p.m.

**DATE:** April 5, 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  
Ms. June Hagee - James City County  
Ms. Hazel Braxton - Williamsburg  
Ms. Kristen Nelson - York County  
Mr. Bruce Keener - York County

### **STAFF PRESENT:**

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

### **BOARD MEMBERS ABSENT:**

Ms. Cindy Spitzer - Poquoson  
Ms. Wendy Evans - Williamsburg  
Ms. Sheri Newcomb - York County  
Dr. Baljit Gill - York County  
Ms. Terry Christin - James City County  
Mr. Talbot Vivian - York County  
Mr. Ryan Ashe - James City County

### **PUBLIC COMMENT:**

None.

### **CONSENT CALENDAR:**

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

1. Services & Evaluation Committee Meeting of January 27, 2021
2. Board of Directors Meeting of February 2, 2021
3. Executive Committee Meeting of February 16, 2021
4. Administration Committee Meeting of February 16, 2021
5. Services & Evaluation Committee Meeting of February 24, 2021
6. Executive Committee Meeting of March 16, 2021
7. Administration Committee Meeting of March 16, 2021
8. Services & Evaluation Committee Meeting of March 24, 2021

Ms. Braxton motioned to approve the items on the Consent Calendar as presented. The motion was seconded and passed unanimously.

**Action Item A-1** was presented for approval of a Resolution honoring Ms. Nancy Shackleford for her years of service and commitment to CBH. Dr. Brassel motioned to approve the Resolution as presented. The motion was seconded and passed unanimously.

**Action Item A-2** a recommendation and power point presentation was presented for approval for use in the April Community Integrated Care Committee meeting. The presentation is in response to the February meeting in which Olde Towne Medical and Dental Center (OTMDC) representatives indicated they were no longer in favor of pursuing recommendations of the HMA Study. OTMDC representatives expressed an alternative desire for enhanced coordination. CBH representatives shared they could not bring forward a position without Board involvement and were invited to present at the April Meeting. The attached presentation was reviewed by the Executive Committee, who commends the content and conclusions to the full Board for approval. Discussion.

The CBH Board of Directors unanimously approved the recommended position and presentation for use in the April meeting of the Community Integrated Care Committee as provided.

**EXECUTIVE DIRECTOR'S REPORT:**

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

Mr. Coe reported that over half of CBH staff have now received at least one dose of the COVID-19 vaccine with the majority having received both doses.

Although Genoa is scheduled to be a distributor of the COVID vaccine, this has not occurred as quickly as originally anticipated. CBH continues to support registration with Genoa for vaccinations but is also encouraging staff, consumers and family members to register and receive the vaccine wherever available. Vaccination sites at CBH will be located at Peoples Place and the York-Poquoson office as processes are finalized.

There being no further business to discuss, the meeting adjourned at 5:32 p.m.

  
Dr. Alfred Brassel, Chair

  
Dr. Baljit Gill, Secretary

## **AGENDA**

### COLONIAL BEHAVIORAL HEALTH

#### BOARD MEETING

April 6, 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 January 27, 2021
    - Board of Directors Meeting of February 2, 2021
    - Executive Committee Meeting of February 16, 2021
    - Administration Committee Meeting of February 16, 2021
    - Services & Evaluation Committee Meeting of February 24, 2021
    - Executive Committee Meeting of March 16, 2021
    - Administration Committee Meeting of March 16, 2021
    - Services & Evaluation Committee Meeting Minutes of March 24, 2021
- IV. Recognition of Nancy Shackleford Retirement - *D. Coe*
  - a. Action Item A-1: Resolution Honoring Nancy Shackleford
- V. Presentation from CBH Representatives to Community Integrated Care Committee
  - a. Action Item A-2: Motion from CBH Board Executive Committee
- VI. Executive Director's Report - *D. Coe*
- VII. Items from Board Members
- VIII. 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: January 27, 2021
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**Present:** Hazel Braxton, Wendy Evans, Sheri Newcomb, Debbie Townsend, Marsha Obremski, & Dan Longo,

**Absent:** Ryan Ashe, Teresa Christin, David Coe.

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1. The Committee discussed and approved a draft schedule of Presentations to the Services and Evaluation Committee through June 2021.
  2. The Committee discussed a proposed format for staff to write-up and present their presentations. A suggestion was made to add Program Goals as applied to each service along with data if available.
  3. The committee discussed attaching a copy of each presentation write-up to the Committee's Minutes.
  4. It was discussed to change the meeting time to 4pm on the fourth Wednesday of the month.
  5. Other discussion
    - Reminder: The Committee will now meet at 4pm. in February.
    - The first presentation will be by Michelle Lakins.
  6. Adjournment  
The meeting was adjourned at 3:10 p.m.
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Submitted by: D. A. Longo, Ph.D.

### Next Meeting

Date: February 24, 2021

Time: 4:00 p.m.

Location: Microsoft Teams video conference.

## **COLONIAL BEHAVIORAL HEALTH BOARD MEETING**

**TIME:** 4:00 p.m.

**DATE:** February 2, 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  
Mr. Ryan Ashe - James City County  
Ms. June Hagee - James City County  
Mr. Talbot Vivian - York County  
Ms. Kristen Nelson - York County  
Mr. Bruce Keener - York County  
Ms. Hazel Braxton - Williamsburg  
Ms. Terry Christin - James City County  
Dr. Baljit Gill - York County

### **STAFF PRESENT:**

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

### **BOARD MEMBERS ABSENT:**

Ms. Cindy Spitzer - Poquoson  
Ms. Wendy Evans - Williamsburg  
Ms. Sherry Newcomb - York County  
Ms. Sherry Wharton - Poquoson

### **PUBLIC COMMENT:**

None.

### **CONSENT CALENDAR:**

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

1. Board of Directors Meeting of January 5, 2021
2. Executive Committee Meeting of January 19, 2021
3. Administration Committee Meeting of January 19, 2021
4. Public Awareness Committee Meeting of January 20, 2021

Ms. Braxton motioned to approve the items on the Consent Calendar as presented. The motion was seconded. On a roll call vote, the vote was AYE: 11, NAY: 0.

**MARCUS ALERT: D. Longo/W. Armstrong**

Dr. Dan Longo, Director of Behavioral Health and Mr. Will Armstrong, Emergency Services Coordinator provided a power point presentation on the Marcus Alert System. The Marcus Alert is a measure that will establish a statewide mental health awareness response and community understanding service. The measure also promotes a behavioral response to individuals in crisis and limits the role of law enforcement. Dr. Longo and Mr. Armstrong provided further details and the complexities involved concerning this newly signed legislation. Discussion.

**EXECUTIVE DIRECTOR'S REPORT:**

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

Mr. Coe reported that CBH has been able to secure the COVID-19 vaccine for CBH staff. Mr. Coe stated that approximately 50% of staff have received the first dose and the second round of injections will be scheduled within the next few weeks. It was also noted that Genoa is scheduled to be a distributor of the COVID vaccine. However, there has been no notification as to exactly when it will be received. Discussion.

A list of budget amendments recommended for support were distributed. Mr. Coe provided further details regarding the amendments and Board support was encouraged. Mr. Coe also reported that Senate Bill 1304 had been amended and it was improved, although not to the extent desired. He noted that if a workable process is not finalized this year with DBHDS, the agency may be seeking additional legislative support. Discussion.

There being no further business to discuss, the meeting adjourned at 5:32 p.m.

  
Dr. Alfred Brassel, Chair

  
Dr. Baljit Gill, Secretary



## Meeting Minutes

Minutes of : Executive Committee Meeting Date: February 16, 2021
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Present: Dr. Brassel, Dr. Gill, Rebecca Vinroot, John Kuplinski, Hazel Braxton, David Coe, Keith German, Anita Michalec

Absent: Nancy Shackleford

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1. Call to Order

The meeting was called to order at 4:00 p.m. Due to COVID-19, the meeting was conducted via Microsoft Teams.

2. Old Business

3. New Business

Integrated Care Committee Update: Mr. Coe provided an update from the meeting and reported that financial information has been exchanged in the second round of requests between the two organizations. It was noted that there has been no feedback or discussion relating to information shared from the first request. The next meeting is scheduled February 25, 2021. Discussion.

Update on General Assembly Session and budget reports: Mr. Coe reported the Special Session has convened allowing legislators time needed to finish their work on the legislative bills and the budget. Bills that were carried over to the special session will now need to go through the House if they started in the Senate or the Senate if they started in the House. The special session is scheduled to end either Saturday, February 27, 2021 or Monday, March 1, 2021. Information regarding outcomes from the special session will be provided once received. Discussion.

Marcus Alert Update: As follow-up to the January Board Meeting, Mr. Coe stated that he had reached out to Chief Administrative Officers and senior law enforcement officials from each CSB locality. A meeting has been scheduled with all parties on February 22, 2021 to discuss the Marcus alert and development of an implementation process. Discussion.

Staff Announcement: Mr. Coe reported that Nancy Shackleford, CBH Human Resources Director announced her retirement effective May 1, 2021. Ms. Shackleford has been with the agency 46 years. Mr. Coe noted that the recruitment process is being initiated and that he will serve as Acting HR Director in the interim.

Items from the Committee: The March Board Meeting agenda was discussed. Mr. Coe solicited input regarding agenda items. As there were no pressing issues or action items to bring before the Board, the Committee's decision was to cancel the March Board Meeting. However, Committee meetings will still be held as scheduled.

4. Conclusions, Recommendations, Actions

5. Adjournment

The meeting adjourned at 4:52 p.m.

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Submitted by: Anita Michalec

### Next Meeting

Date: March 16, 2021

Time: 4:00 p.m.

Location: Microsoft Teams



## Meeting Minutes

Minutes of : Administration Committee Meeting Date: February 16, 2021
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Present: Dr. Brassel, Dr. Gill, John Kuplinski, Rebecca Vinroot, Hazel Braxton, David Coe, Keith German, Anita Michalec

Absent: Nancy Shackleford

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1. Call to Order

The meeting was called to order at 4:53 p.m. Due to COVID-19, the meeting was conducted via Microsoft Teams.

2. Old Business

3. New Business

January 31, 2021 Financial Report: The January 31, 2021 Board Financial Report was presented and reviewed. Mr. German noted that the budget reflected a positive balance, however, some of this is new and/or restricted state and federal dollars. It is unknown how long CBH will receive these funds and the future status of unspent balances. Fees continue to underperform versus budget, and this remains a concern. Discussion.

FY 2022 Budget Update: Mr. German reported that the FY 2022 budget is a work in progress. Budget work sessions are underway, and it is anticipated that the budget will be presented to the Administration committee at either the April or May meeting, depending on actions by the General Assembly. Discussion.

4. Conclusions, Recommendations, Actions

5. Adjournment

The meeting adjourned at 5:16 p.m.

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Submitted by: Anita Michalec

### Next Meeting

Date: March 16, 2021

Time: 4:00 p.m.

Location: Microsoft Teams





## Meeting Minutes

Minutes of: Services and Evaluation Date: February 24, 2021
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**Present:** Hazel Braxton, Wendy Evans, Sheri Newcomb, David Coe, Debbie Townsend, Marsha Obremski, & Dan Longo

**Absent:** Ryan Ashe, Teresa Christin

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1. Welcome and Call to Order – The Committee Chair, Ms. Braxton, called the meeting to order at 4:00 p.m.
2. Michelle Lakins, Quality & Compliance Officer presented on Incident and Compliance Summary Report, January 1, 2020 to December 31, 2020.

The presentation covered the following:

- Agency Incidents (including medication errors, injuries).
  - Human Rights complaints
  - Compliance – including with APS/CPS calls; confidentiality; human rights
  - Program Reviews by Quality Management
  - External audits – including by Licensure, Department of Behavioral Health & Developmental Services.
3. Other discussion
    - Children's Services will be our next presentation.
  4. Adjournment – The meeting was adjourned at 5:00 p.m.
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Submitted D. A. Longo, Ph.D.  
by:

### Next Meeting

Date: March 24, 2021

Time: 4:00 p.m.

Location: Microsoft Teams video conference.



## Meeting Minutes

Minutes of: Executive Committee Meeting Date: March 16, 2021
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Present: Dr. Brassel, Dr. Gill, John Kuplinski, Rebecca Vinroot, Hazel Braxton, David Coe, Keith German, Nancy Shackleford, Anita Michalec

Absent: None

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1. Call to Order - The meeting was called to order at 4:03 p.m. Due to COVID-19, the meeting was conducted via Microsoft Teams.
2. New Business

Integrated Care Committee Presentation & Recommendation: Mr. Coe provided an update from the March Integrated Care Committee Meeting. The committee has been involved in a fact-finding process for the past few months in which governance and financial information has been exchanged between Colonial Behavioral Health (CBH) and Old Towne Medical and Dental Center (OTMDC). CBH was hoping to expedite processes and discuss moving forward with the committee. However, the OTMC representatives indicated they were no longer in favor of pursuing recommendations of the HMA Study and expressed an alternative desire for enhanced coordination.

CBH Committee members shared they could not bring forward a position without complete Board involvement. The decision was made to delay the April Integrated Care Committee meeting allowing the CBH Board of Directors an opportunity to meet. CBH representatives developed a draft power point summary outlining goals; strategies for achieving the goal and recommendations to present to the full CBH Board. The draft summary was presented to the Executive Committee for review and feedback was solicited. Discussion.

Dr. Gill motioned to endorse the summary as provided and present it to the full Board for consideration. The motion was seconded and passed unanimously.

Other Items for the April Board Agenda: The April Board Agenda was discussed. It was noted that the Committee will present a Resolution for Nancy Shackleford; Director of Human Resources, acknowledging years of service and commitment to CBH. The Resolution will be included in the agenda items.

3. Adjournment - The meeting was adjourned at 4:41 p.m.
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Submitted by: A. Michalec

### Next Meeting

Date: April 20, 2021

Time: 4:00 p.m.

Location: Microsoft Teams Meeting



## Meeting Minutes

Minutes of: Administration Committee Meeting Date: March 16, 2021
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Present: Dr. Brassel, Dr. Gill, John Kuplinski, Rebecca Vinroot, David Coe, Keith German, Nancy Shackleford, Anita Michalec

Absent: None

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1. Call to Order – The meeting was called to order at 4:42 p.m. Due to COVID-19, the meeting was conducted via Microsoft teams.

2. New Business:

February 28, 2021 Financial Report: The February 28, 2021 Financial Report was distributed and reviewed. Mr. German noted that fees continue to underperform due to vacant positions and COVID related issues. Discussion.

FY 2022 Budget Update: Mr. German provided an update and noted that work on the FY 2022 budget is progressing. The York County budget will be posted to the website today and James City County budget is expected March 26. It is still projected that the budget will be presented to the Administration Committee in May and the full Board in June. Discussion.

3. Other Items from the Committee: Dr. Gill stressed the importance of staff and caregivers maintaining contact with consumers to provide necessary guidance regarding the COVID-19 vaccine

4. Adjournment – The meeting adjourned at 5:03 p.m.

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Submitted by: A. Michalec

### Next Meeting

Date: April 20, 2021

Time: 4:00 p.m.

Location: Microsoft Teams Meeting



## Meeting Minutes

Minutes of: Services and Evaluation Date: March 24, 2021
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**Present:** Hazel Braxton, Wendy Evans, Sheri Newcomb, Ryan Ashe, Marsha Obremski, & Dan Longo  
**Absent:** Teresa Christin, David Coe, Debbie Townsend

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1. Welcome and Call to Order – The Committee Chair, Ms. Braxton, called the meeting to order at 4:00 p.m.
2. Liz Erfe, Danielle Harris, Michelle Beker & Heather Nickerson gave a presentation on Children's Services.

The presentation covered the following:

- Challenges for consumers/staff switching to telehealth.
- All services continued with no interruption with exception of Psychological testing which requires in person.
- Once day in office is offered for kids not appropriate for telehealth services.

Committee discussed future challenges including insurance payments post-covid emergency regulations; securing required signatures such as on treatment plans.

3. Other discussion
    - Medical & Adult Outpatient services will be our next presentation.
  4. Adjournment – The meeting was adjourned at 5:00 p.m.
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Submitted by: D. A. Longo, Ph.D.

### Next Meeting

Date: April 28, 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: Heather Nickerson, Danielle Harris, Michelle Becker, Liz Erfe-Howard

Name of Service: Children's Services

Date of Presentation: 3/24/2021

Nature & Scope of Service: OP, CM and 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>Service delivery occurs primarily via telehealth (video or audio) for all programs to include Outpatient counseling, Case Management and Assessment. (Some consumers are feeling empowered due to knowing more about technology compared to their parents and they are providing more feedback during the meeting)</p> <p>We are currently unable to offer psychological testing due to the need for consumers to manipulate/touch numerous items during testing</p> <p>OP therapists are unable to utilize therapeutic toys due to the need for consumers to manipulate/touch items</p> <p>CMs have not performed regular home visits since the beginning of the pandemic. Additionally, they have not been able to visit consumers in their acute or residential settings due to facility restrictions. The Case Manager's "presence" can be influential in provider settings and due to current restrictions, their role can be somewhat limited.</p> <p>Intake assessments are conducted primarily via telehealth and as a result we have been able to coordinate more initial assessments with greater flexibility for involved providers and guardians.</p> <p>We have seen a decrease in the no show rate as a result of telehealth</p>	<p>Telehealth continues to be primary mode of service delivery with the exceptions below:</p> <p>OP counseling is seeing certain consumers face-to-face in the office (those who are identified as high risk or not as likely to benefit from treatment in a virtual format)</p> <p>CMs are seeing certain consumers face-to-face at psychiatric appointments and by request.</p> <p>Intake assessments are seen face-to-face by request</p> <p>The hope is that in the future we will return to face-to-face appointments with telehealth as an option for consumers residing in remote areas or those with transportation challenges.</p>

2. What challenges/ obstacles have you experienced working remotely?	3	<p>Some consumers do not have access to internet</p> <p>With some consumers it is difficult to establish rapport via telehealth</p> <p>Technical issues (for both the provider and the individual receiving services)</p> <p>Difficult to secure signatures for consents, treatment plans, etc...</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>We have secured a DocuSign contract and are exploring utilizing DocuSign as a means to secure signatures on consents, treatment plans, etc... Children's Services will be piloting the use of DocuSign)</p>
3. Given the challenges you are facing, how effective are your services at accomplishing their stated goals?	3	<p>With the exception of psychological testing, all services can be delivered via telehealth.</p> <p>The Assessment unit continues to be very busy even given the pandemic.</p> <p>Outpatient Counseling for youth is more effective delivered live, face-to-face.</p> <p>Case Managers have been effective at meeting monthly targets during the pandemic.</p>	<p>The hope is that in the future we will return to face-to-face appointments with telehealth as an option for consumers residing in remote areas, for those with transportation barriers and limited availability for scheduling.</p>
4. How sufficient are your services (scope of services relative to working remotely)	3	<p>The Children's department has continued to provide all services (with the exception of Psychological testing) while working remotely.</p> <p>As a result of working remotely, staff have been able to have more flexible schedules which allows for additional appointment options for consumers and families.</p> <p>We have been unable to recruit and retain a licensed clinician certified as an alcohol and drug counselor.</p>	<p>The preferred method of service delivery for all of the Children's department is in-person, face-to-face.</p> <p>OP clinicians began seeing consumers face-to-face in June of last year and the Case Management department continued to see consumers face-to-face when they came in for psychiatry appointments.</p> <p>All the Children's programs see consumers face-to-face upon request</p>
5. What has been the impact of working remotely on consumers? (please include challenges faced by consumers; impact of pandemic on	3	<p>Some consumers did not have access to the internet initially; however, with assistance from schools, many consumers now have internet access.</p>	<p>Staff will continue to work remotely or a hybrid schedule; however, service format will continue to change as it relates to COVID-19 CDC guidelines. Face to Face</p>

treatment progress; satisfaction with services)		<p>Some consumers are technologically challenged and have difficulty connecting to video sessions. In many cases, case managers have been able to address this by teaching the family how to access video sessions.</p> <p>In some cases, treatment progress is good, however, we are seeing more consumers with greater challenges (behavioral and psychological)</p> <p>Consumers report isolation due to the pandemic and increased stress due to virtual learning.</p>	appointments will continue to be available as well as telehealth with a focus on meeting consumers needs and addressing barriers to treatment.
6. Describe your specific Program Goals as applied to each service along with data if available	1,2	<p>Productivity is tracked weekly in all programs. Staff in the Outpatient and Case Management departments continue to hit their productivity targets.</p> <p>The Outpatient therapists have continued to utilize Brief, Solution Focused therapy successfully, even during the pandemic.</p>	The hope is that in the future we will return to face-to-face appointments with telehealth as an option for consumers residing in remote areas or those with transportation challenges.
Self-Rating Codes : 3 = High Impact ; 2=Moderate Impact; 1=Minimal Impact			

## **Honoring Nancy Shackleford On Her Retirement**

**WHEREAS**, Nancy Shackleford, Director of Human Resources, will retire after more than forty-five years of outstanding and meritorious service to Colonial Behavioral Health and to the community; and

**WHEREAS**, Nancy began her career with Colonial Behavioral Health on August 15, 1975, as a Secretary III, advancing to the position of Administrative Assistant in September 1980 within the Williamsburg offices; and

**WHEREAS**, as a result of continued diligent work and demonstrated ability, she advanced to positions of increasing responsibility, and in August 1998, Nancy was appointed to the position of Human Resources Manager; and

**WHEREAS**, in recognition of her skills, professionalism, and commitment to Colonial Behavioral Health and our community, Nancy was appointed to the position of Director of Human Resources in December 2008. As a result of her diligent work, concentrated studies and perseverance, in August 2010, she became a Certified Professional in Human Resources (PHR) which is highly commendable. In September 2015, she became a member of the Society for Human Resource Management (SHRM); we are proud of having served with her during her tenure on the CBH Leadership Team where she served until her retirement; and

**WHEREAS**, throughout her many years of service, Nancy has served the people of this community with diligence and dedication; Therefore, be it

**RESOLVED**, that we, the Members of the Board, do hereby extend to Nancy Shackleford, Director of Human Resources, our sincere and grateful appreciation for her dedicated service to Colonial Behavioral Health, our congratulations on her well-earned retirement, and our best wishes for continued success, happiness, and good health in the years to come.

**Approved and adopted the 6th day of April 2021. I, the undersigned, hereby certify that the foregoing Resolution was duly adopted by Colonial Behavioral Health's Board of Directors.**

  
\_\_\_\_\_  
Chair, Colonial Behavioral Health Board of Directors



## **Integrated Care Committee Presentation**

### **Background**

As directed by the Board of Directors, the CBH representatives to the Community Integrated Care Committee have engaged in a process of information exchange with representatives from Olde Towne Medical & Dental Center (OTMDC). This information exchange included hundreds of pages of governance and finance-related documentation moving in both directions. It was expected that this process could continue for several months.

However, at a Committee meeting in late February, the OTMDC representatives made an unexpected presentation regarding their findings. That presentation concluded that OTMDC representatives were not interested in following the recommendations of the HMA Study based on the following themes:

- It is OTMDC's belief that CBH cannot legally provide primary care services in Virginia;
- CBH's governing corporate documents do not include primary care as part of the mission/purpose of the organization;
- Potential for loss of some OTMDC revenue;
- Perceived impacts on persons receiving dental services; and
- CBH is mandated by state law to collect fees and is therefore more assertive in fee collection than OTMDC.

OTMDC representatives expressed an alternative desire for enhanced coordination.

CBH's representatives to the Committee were invited to make a presentation at the April meeting (after the CBH Board had time to meet) and put together the attached draft presentation. This presentation was received and approved by the Executive Committee, who commends the content and conclusions to the full Board for approval.

The presentation planned for the Integrated Care Committee meeting does not call for a final decision by CBH (or anyone else), but simply affirms our commitment to the Strategic Plan. This also allows our community to continue the conversation about integrated care and what is best for our community, both now and in the future. That conversation has yet to occur.

### **Motion from the Executive Committee**

That the CBH Board of Directors approve the recommended position and presentation for use in the April meeting of the Community Integrated Care Committee.

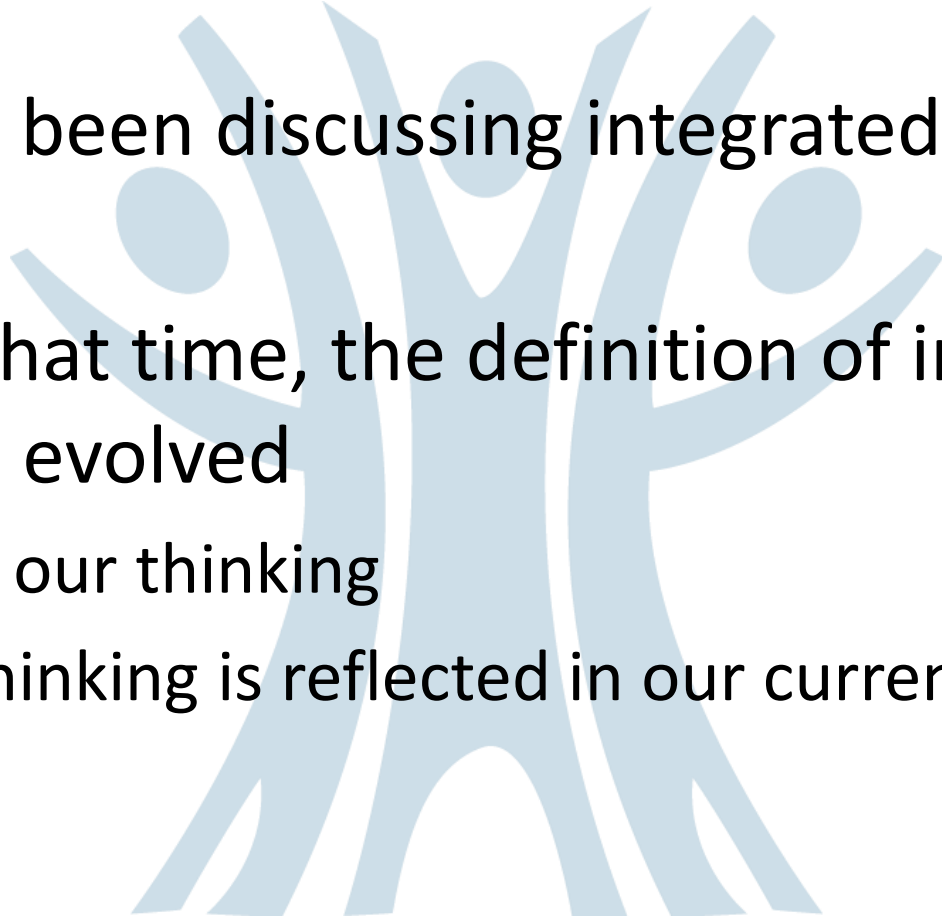
# Thoughts on CBH and Integrated Care

DRAFT PRESENTATION FOR  
Community Integrated Care Committee



# Not a New Idea

- CBH has been discussing integrated care since 2007
- During that time, the definition of integrated care has evolved
  - So has our thinking
  - That thinking is reflected in our current Strategic Plan



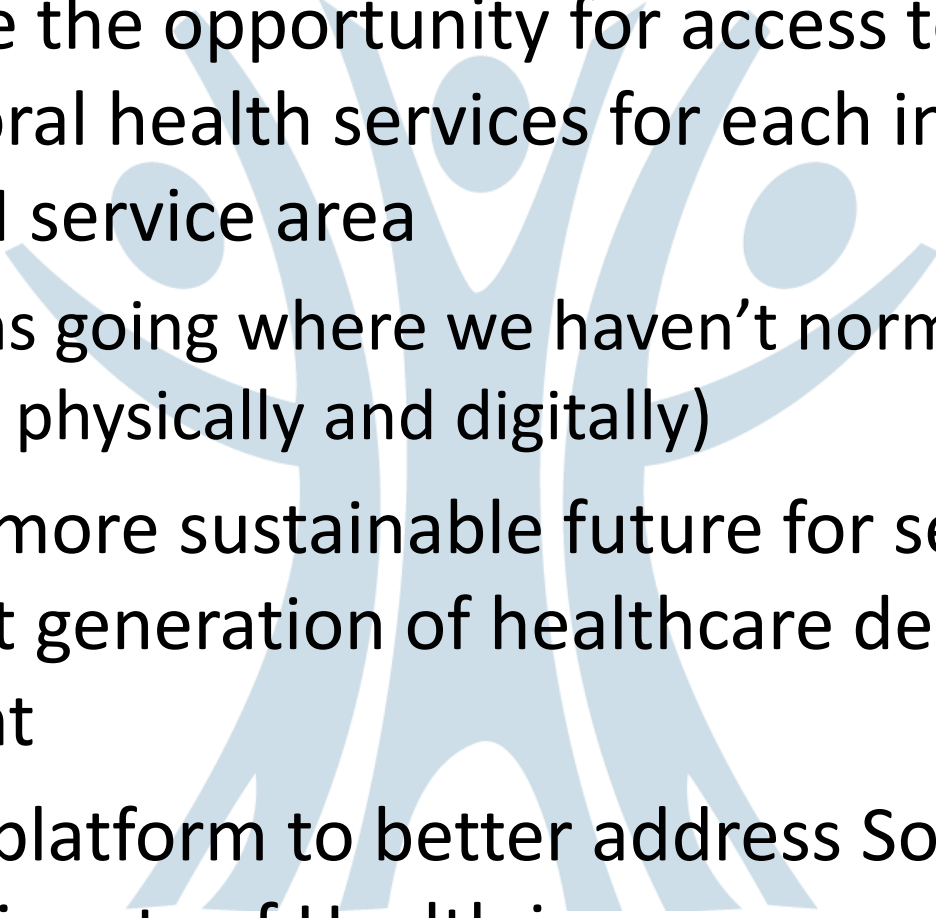
# Where We Are Today

- We are not opposed to greater collaboration
- We are not opposed to co-location
- Neither of these meet the healthcare industry standard for integration
  - Nor do they suffice as a substitute for integration

# What Were the Goals?

- Originally, the goal was about getting primary care services to persons served by CBH
  - State mandate to maximize connections with PCPs changed that
- Today, about 80% of our consumer base has a PCP
  - This leaves about 1,000 in any given year
  - Most of those are episodic crisis contacts

# What Are the Goals Now?

- 
1. Improve the opportunity for access to behavioral health services for each individual in the CBH service area
    - a. Means going where we haven't normally been (both physically and digitally)
  2. Build a more sustainable future for services in the next generation of healthcare delivery and payment
  3. Build a platform to better address Social Determinants of Health in our community

# Ways to Get There

## Two different paths

1. Merge with another organization already providing primary care services; or
2. Develop our own primary care capacity and build more slowly.

Either scenario will require a multi-year effort to develop staffing and/or infrastructure.

# Resource Development

- CBH does not currently conduct resource development activities other than grantwriting
- For the purpose of integrated care, a 501(c)(3) supporting organization has been created to focus on planned giving, corporate giving, etc.
  - Friends of Integrated Community Healthcare, Inc.
  - Will begin activities post-pandemic





# SUMMARY

Colonial Behavioral Health remains committed  
to our Strategic Plan  
regarding Integrated Care

## **COLONIAL BEHAVIORAL HEALTH**

### **Executive Director's Report – April 2021**

#### **Agency Issues**

1. Over 64% of CBH staff have now received at least one dose of the COVID-19 vaccine, with most of that number having received both doses.
2. Genoa, our pharmacy partner located in our Merrimac Trail campus, was slower than previously expected in making the COVID vaccine available. While we continue to support registration with Genoa for vaccinations, we are encouraging staff, consumers and family members to register for and receive the vaccine wherever they can find it available.
3. We are currently planning to increase in-person service availability to consumers and families by June 2021. The nature of our services (individual, group, home-based, etc.) means that not all services will function in exactly the same manner. We also expect to maintain a higher percentage of staff working remotely or via telehealth than prior to the pandemic. We believe that consumer choice will be enhanced by these new options.
4. DD Case Management services will begin providing in-person services again on May 1<sup>st</sup>. This date is being dictated by DBHDS due to DOJ Settlement Agreement concerns.
5. Nancy Shackelford has announced her retirement from Colonial Behavioral Health effective May 1, 2021. This Board meeting is the last for Nancy as a CBH staff member.

#### **Community Issues**

1. The Greater Williamsburg Child Assessment Center (GWCAC) plans to begin providing a limited testing service again soon. Those services were suspended early in the pandemic.
2. The fact-finding process for the community Integrated Care Committee appears to have concluded. Further discussion of this matter will continue in the Committee after CBH shares our stance (based on the results of this meeting).
3. Until we are able to reopen in-person services more broadly, we have made the People's Place facility available to Genoa for use as a COVID vaccination site. We also currently plan to offer vaccination clinic days at the York-Poquoson office.
4. James City County and York County have fully funded the CBH budget request in their published proposed/draft budgets. No jurisdiction has yet completed a final budget.

#### **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. We were pleased to host an online meeting with the Chief Administrative Officers and senior law enforcement officials from each CBH locality to discuss this legislation. We are all committed to working together and will convene a Steering Committee as soon as we have promised guidance from DCJS (Department of Criminal Justice Services) and DBHDS this summer.

#### **Public Policy**

1. The General Assembly has completed work on its Budget for the FYs 2020-2022 biennium.

Respectfully submitted,  
David A. Coe



**YEAR TO DATE REVENUES AND EXPENDITURES**  
as of  
**January 31, 2021**

**REVENUE**

CATEGORY	TOTAL BUDGET	RECEIVED YTD	BUDGET YTD	% RECEIVED	BALANCE
State	\$ 7,807,322	\$ 5,368,230	\$ 4,554,271	118%	\$ 813,959
Local	\$ 3,050,000	1,797,250	1,779,167	101%	\$ 18,083
Fees	\$ 6,027,580	2,915,277	3,516,088	83%	\$ (600,811)
Grants/Other	\$ 766,421	349,501	447,079	78%	\$ (97,578)
Total Revenue	\$ 17,651,323	\$ 10,430,258	\$ 10,296,605	101%	\$ 133,653

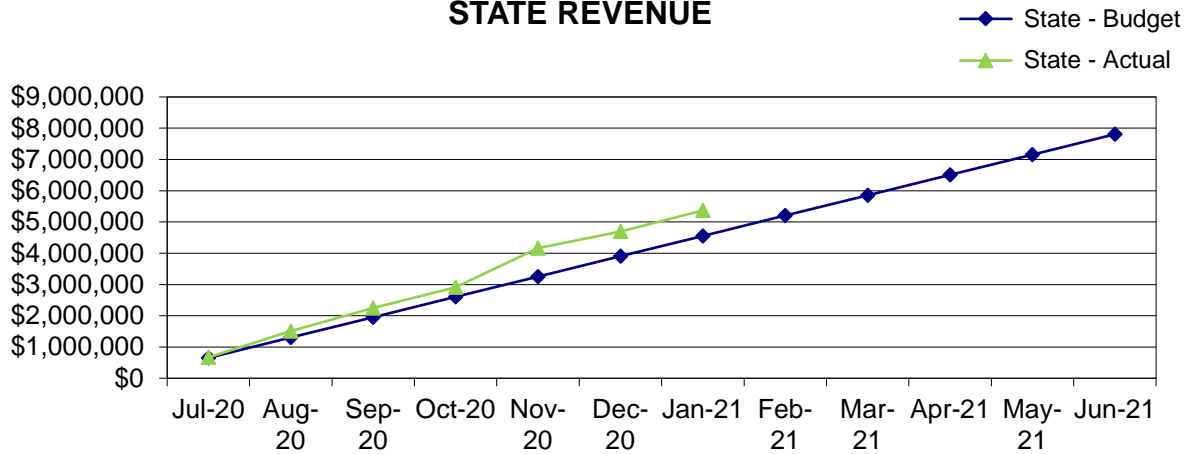
**EXPENDITURES**

CATEGORY	TOTAL BUDGET	EXPENDED YTD	BUDGET YTD	% EXPENDED	BALANCE
Personnel	\$ 13,671,168	\$ 7,987,833	\$ 8,413,026	95%	\$ 425,193
Staff Development	\$ 54,610	18,915	31,856	59%	12,941
Facility	\$ 1,167,421	485,225	680,996	71%	195,771
Equipment and Supplies	\$ 710,755	415,634	414,607	100%	(1,027)
Transportation	\$ 345,290	15,984	201,419	8%	185,435
Consultant and Contractual	\$ 1,580,677	877,808	922,062	95%	44,254
Miscellaneous	\$ 121,402	22,718	70,818	32%	48,100
Total Expenditures	\$ 17,651,323	\$ 9,824,117	\$ 10,734,784	92%	\$ 910,667
Operating Margin	\$ -	\$ 606,141	\$ (438,178)	6%	\$ 1,044,319

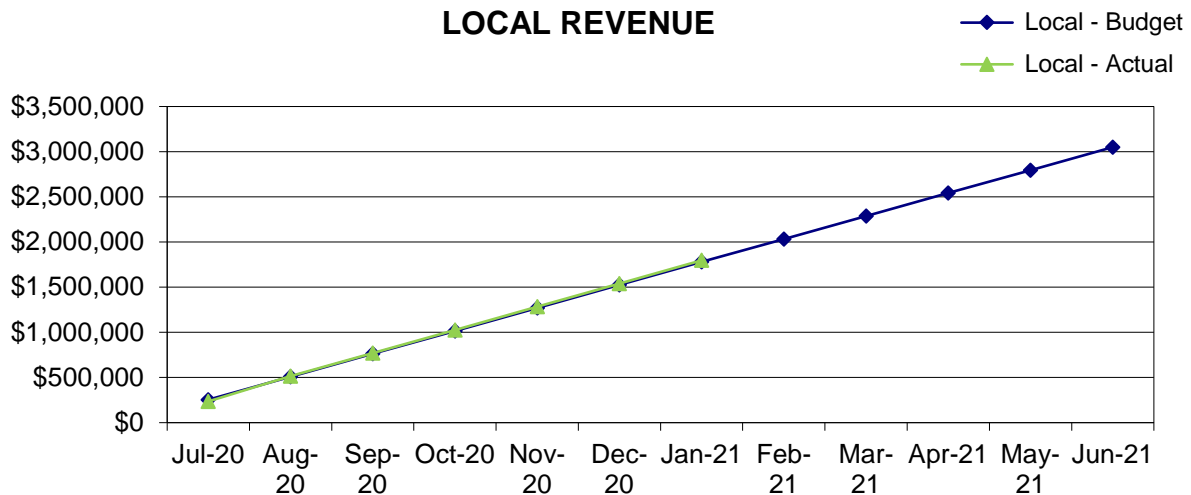
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**YEAR TO DATE REVENUES**  
as of  
**01/31/21**

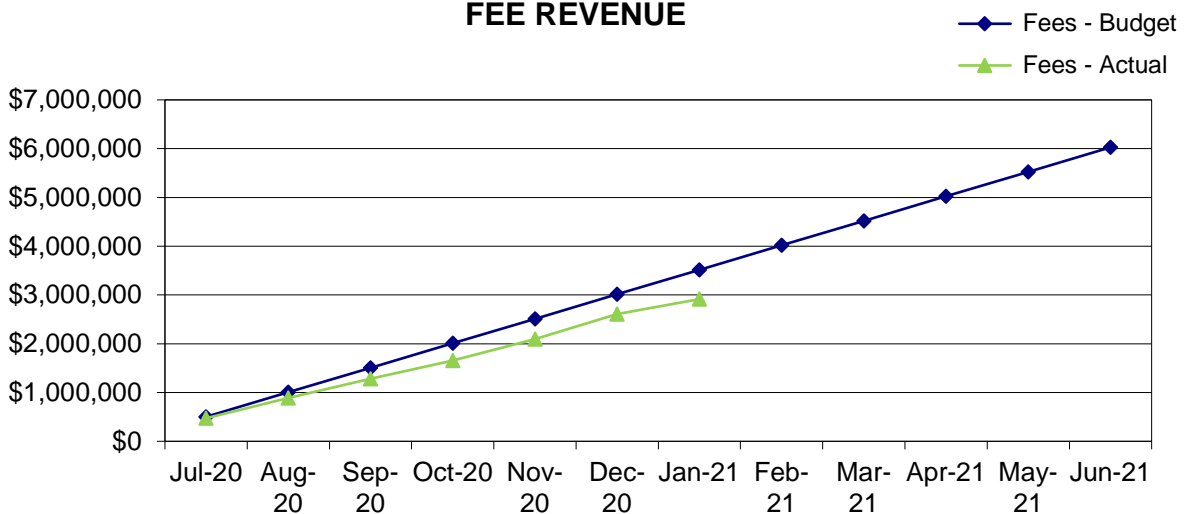
**STATE REVENUE**



**LOCAL REVENUE**

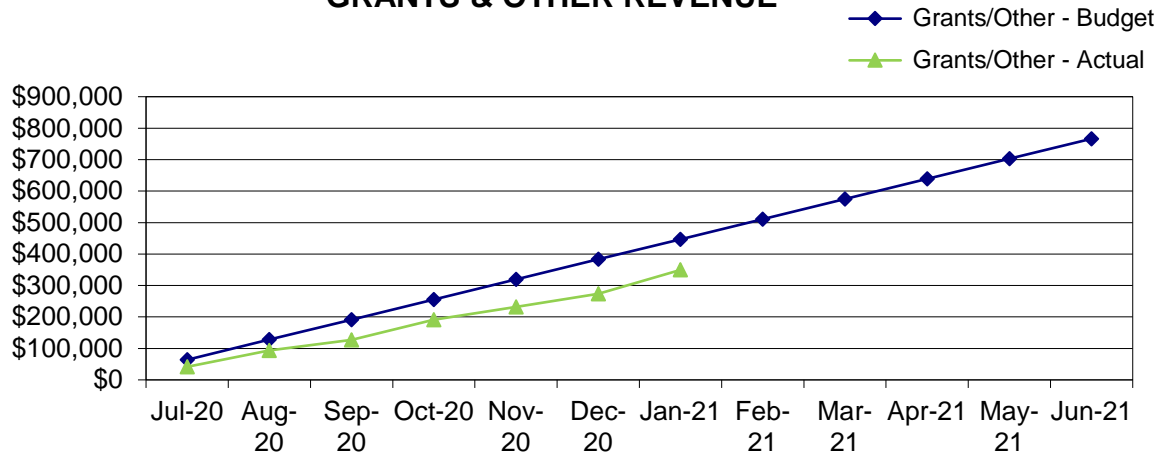


**FEE REVENUE**

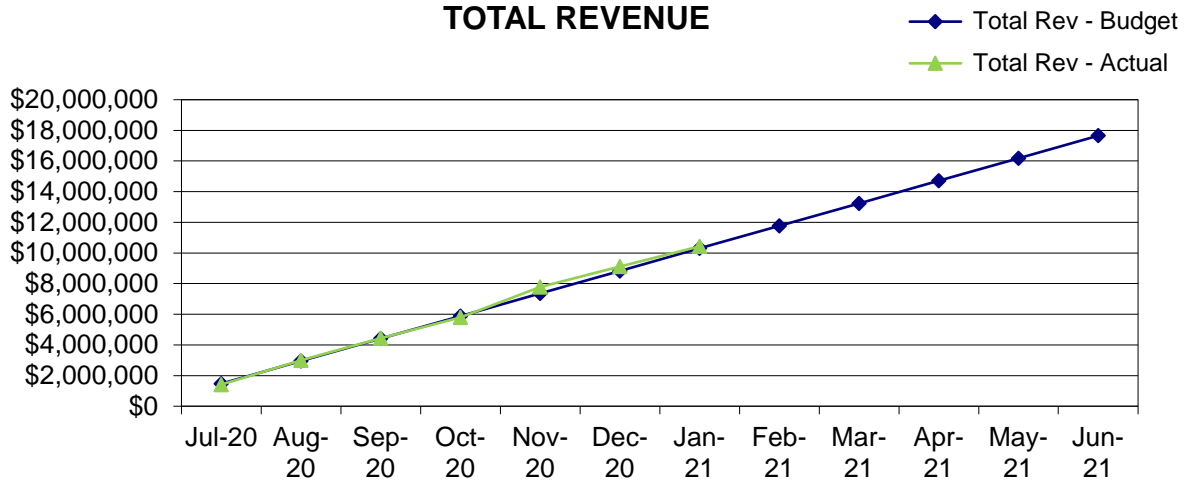


**YEAR TO DATE REVENUES**  
as of  
01/31/21

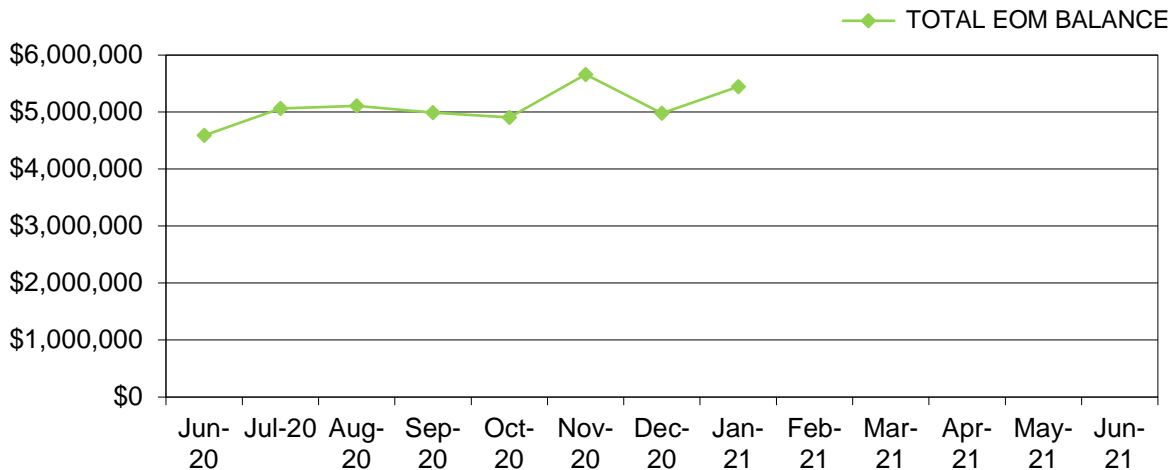
**GRANTS & OTHER REVENUE**



**TOTAL REVENUE**

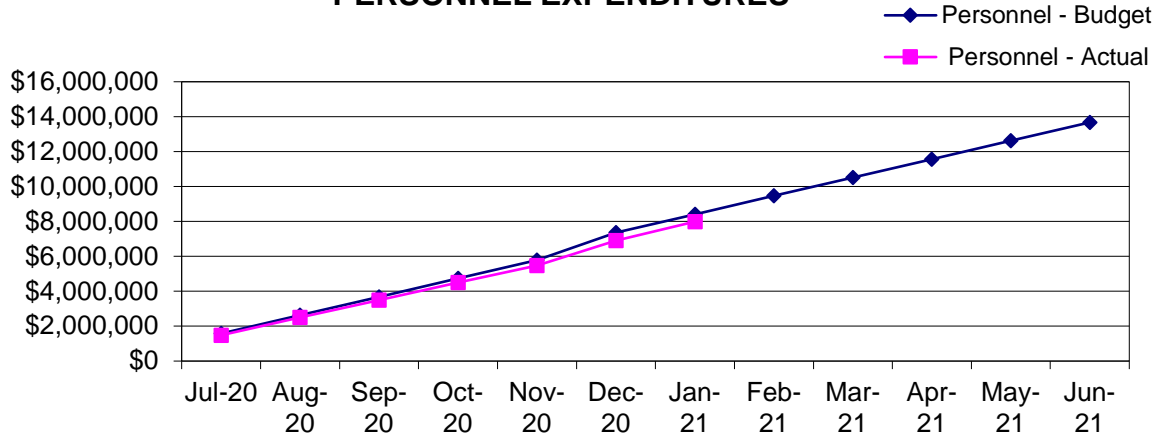


**CASH & INVESTMENTS BALANCE**

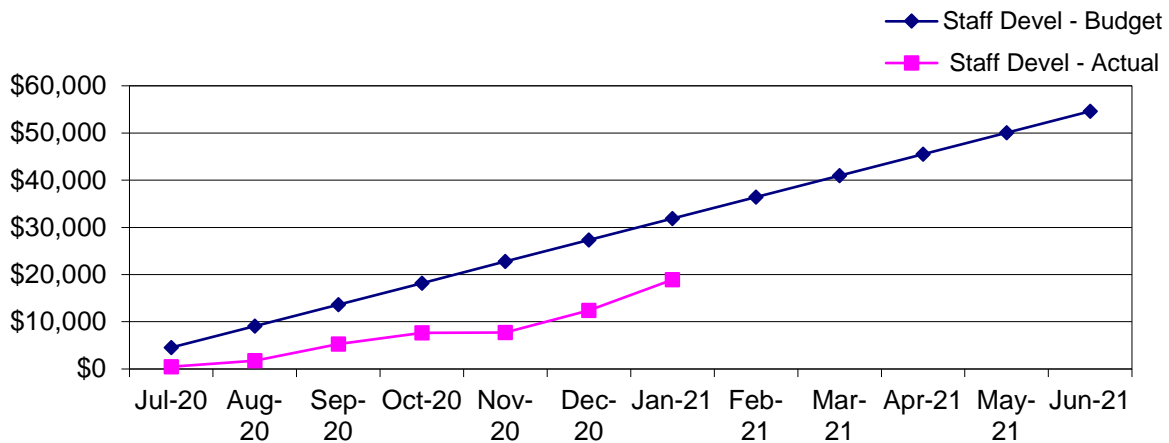


**YEAR TO DATE EXPENDITURES**  
as of  
**01/31/21**

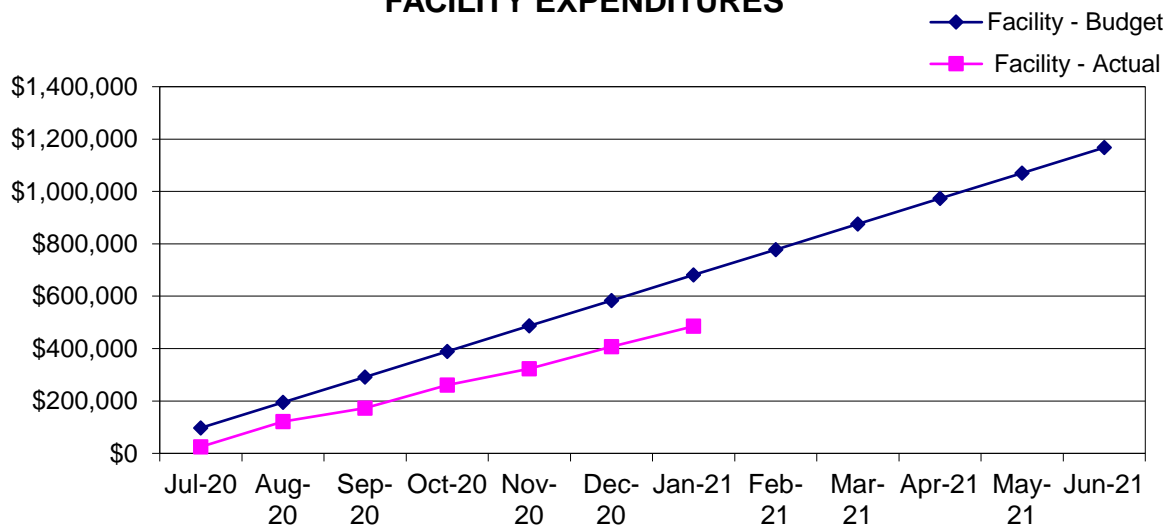
**PERSONNEL EXPENDITURES**



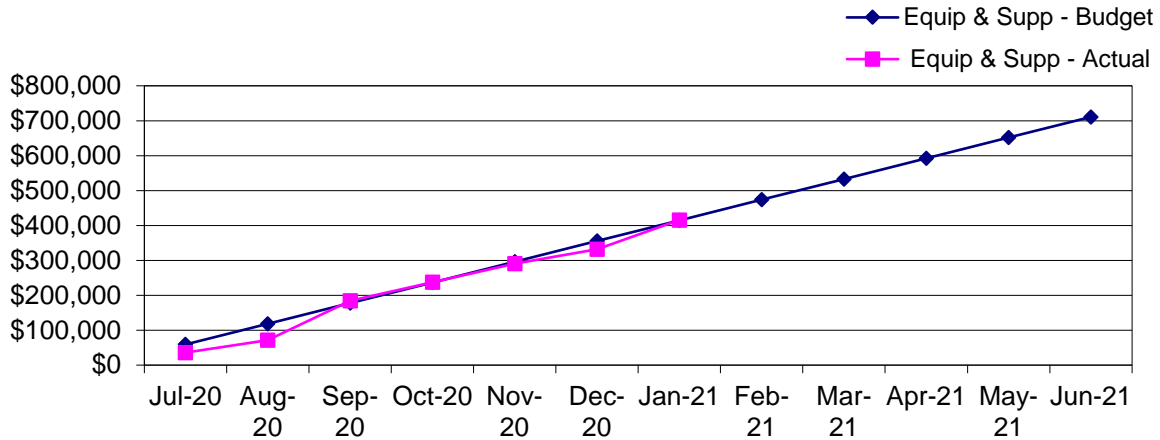
**STAFF DEVELOPMENT EXPENDITURES**



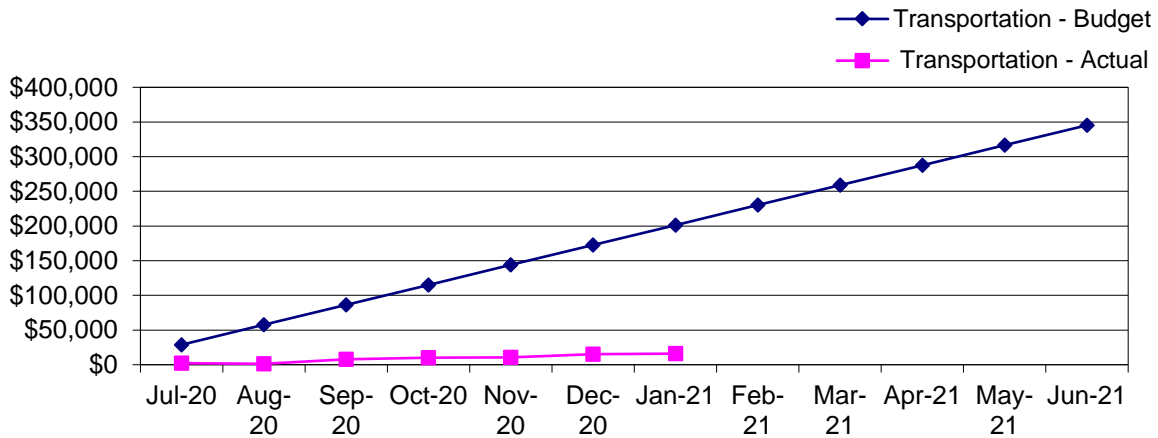
**FACILITY EXPENDITURES**



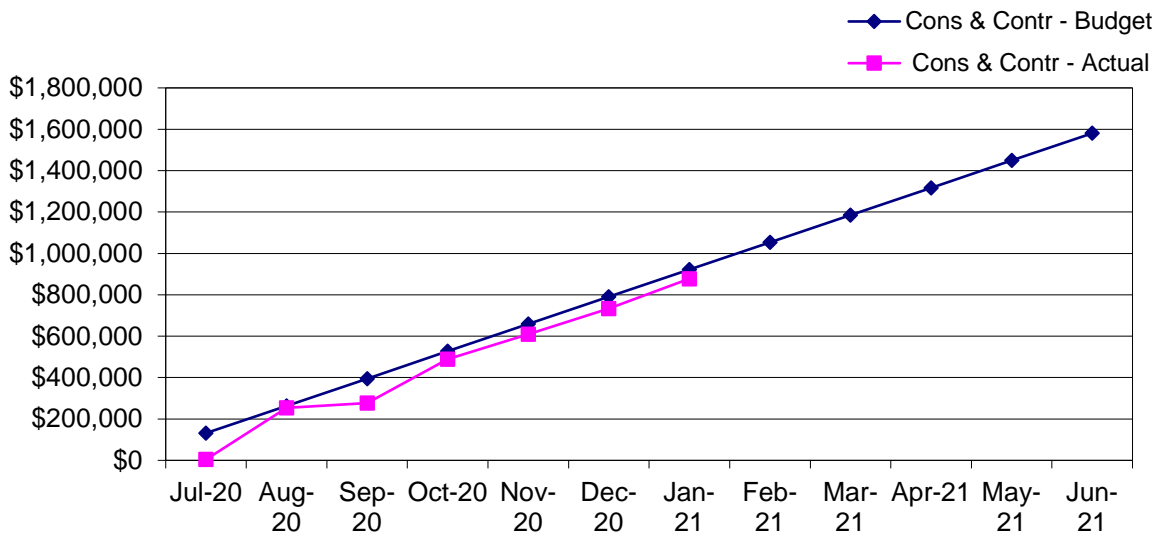
### EQUIPMENT & SUPPLIES EXPENDITURES



### TRANSPORTATION EXPENDITURES

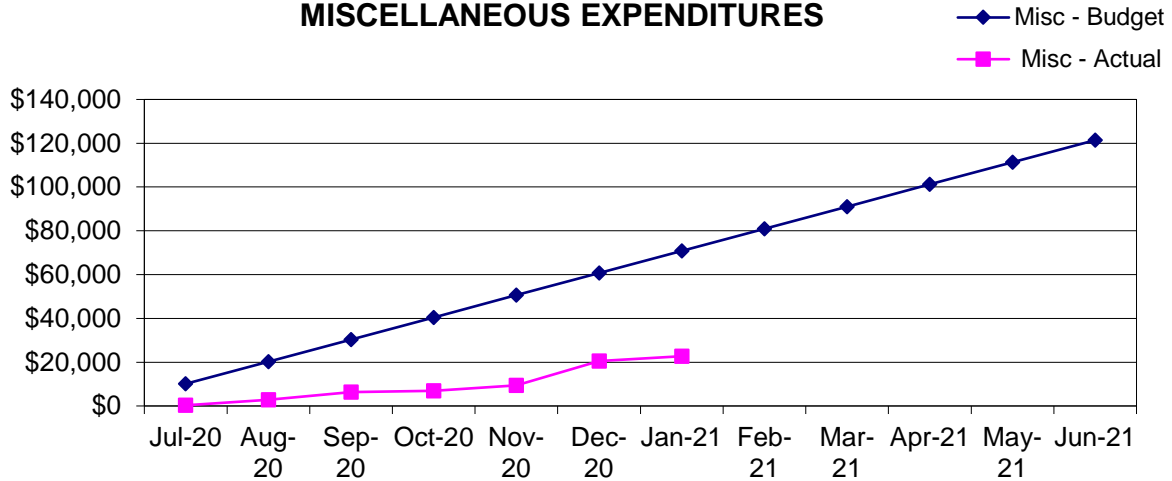


### CONSULTANT & CONTRACTUAL EXPENDITURES

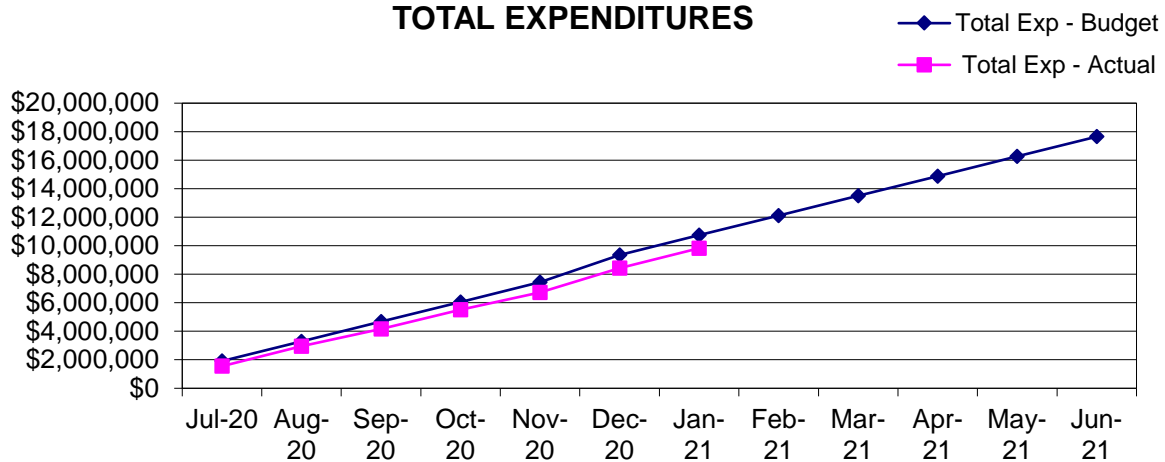


**YEAR TO DATE EXPENDITURES**  
as of  
01/31/21

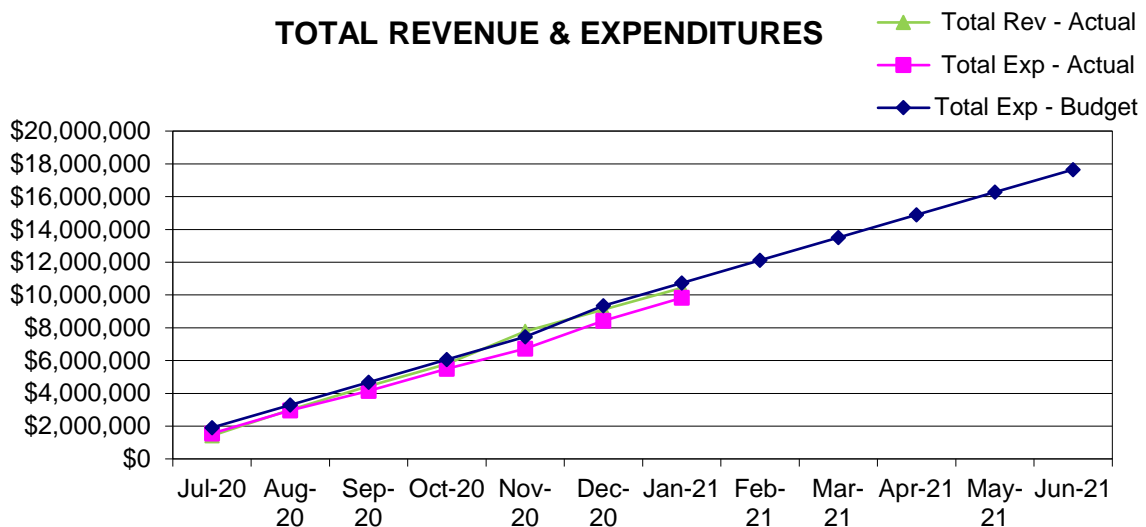
**MISCELLANEOUS EXPENDITURES**



**TOTAL EXPENDITURES**



**TOTAL REVENUE & EXPENDITURES**





**YEAR TO DATE REVENUES AND EXPENDITURES**  
as of  
**February 28, 2021**

**REVENUE**

<b>CATEGORY</b>	<b>TOTAL BUDGET</b>	<b>RECEIVED YTD</b>	<b>BUDGET YTD</b>	<b>% RECEIVED</b>	<b>BALANCE</b>
State	\$ 7,807,322	\$ 6,060,382	\$ 5,204,881	116%	\$ 855,501
Local	\$ 3,050,000	2,054,000	2,033,333	101%	\$ 20,667
Fees	\$ 6,027,580	3,258,180	4,018,387	81%	\$ (760,207)
Grants/Other	\$ 766,421	383,694	510,947	75%	\$ (127,253)
Total Revenue	\$ 17,651,323	\$ 11,756,256	\$ 11,767,549	100%	\$ (11,293)

**EXPENDITURES**

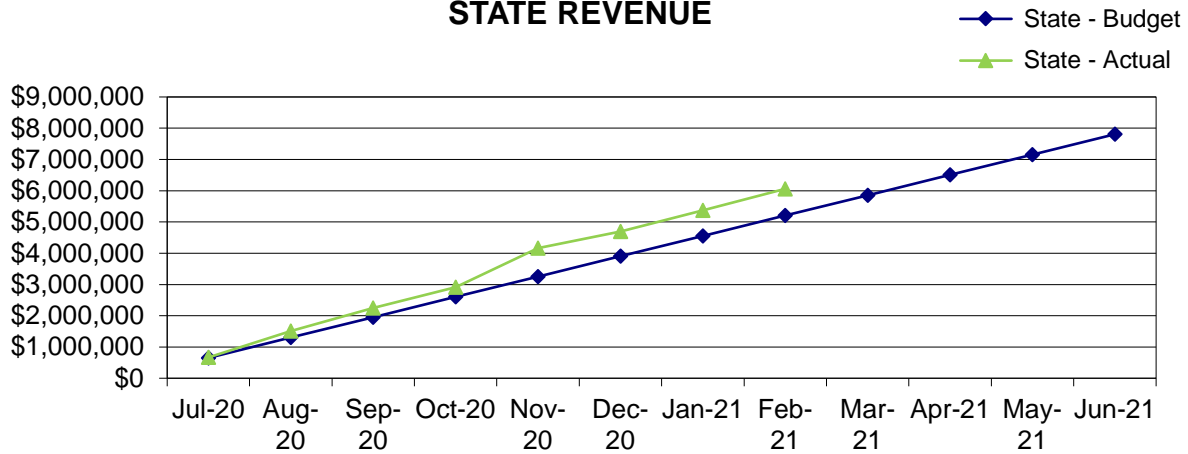
<b>CATEGORY</b>	<b>TOTAL BUDGET</b>	<b>EXPENDED YTD</b>	<b>BUDGET YTD</b>	<b>% EXPENDED</b>	<b>BALANCE</b>
Personnel	\$ 13,671,168	\$ 8,996,681	\$ 9,464,655	95%	\$ 467,974
Staff Development	\$ 54,610	19,205	36,407	53%	17,202
Facility	\$ 1,167,421	565,527	778,281	73%	212,754
Equipment and Supplies	\$ 710,755	456,757	473,837	96%	17,080
Transportation	\$ 345,290	30,287	230,193	13%	199,906
Consultant and Contractual	\$ 1,580,677	1,015,607	1,053,785	96%	38,178
Miscellaneous	\$ 121,402	27,464	80,935	34%	53,471
Total Expenditures	\$ 17,651,323	\$ 11,111,528	\$ 12,118,091	92%	\$ 1,006,563

Operating Margin	\$ -	\$ 644,728	\$ (350,543)	5%	\$ 995,271
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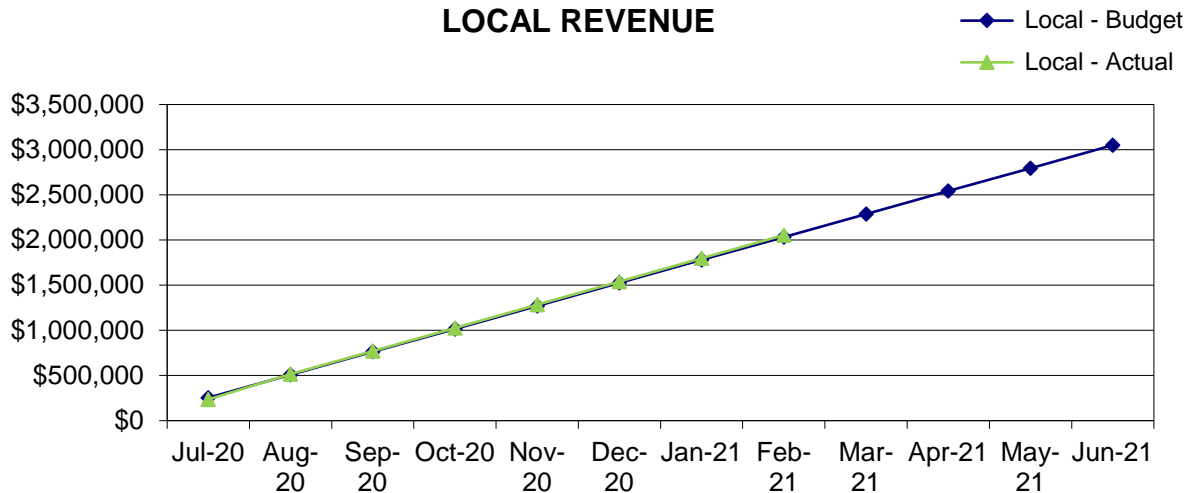
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**YEAR TO DATE REVENUES**  
as of  
**02/28/21**

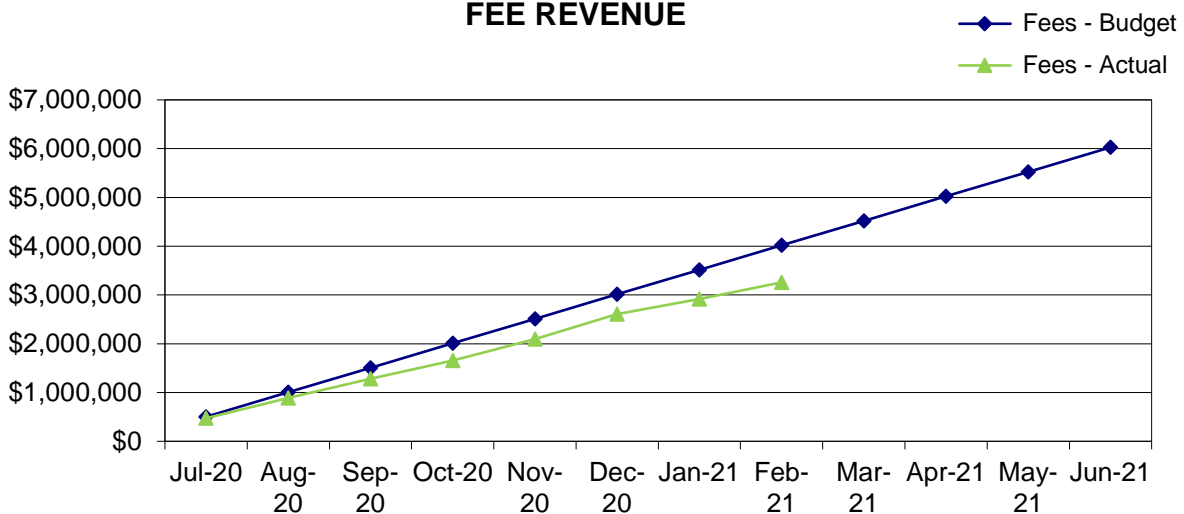
**STATE REVENUE**



**LOCAL REVENUE**

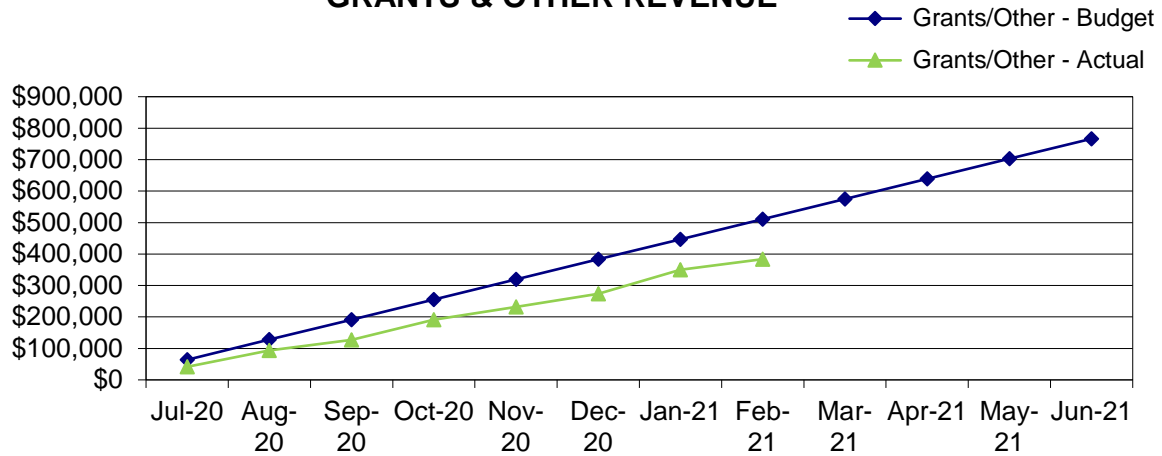


**FEE REVENUE**

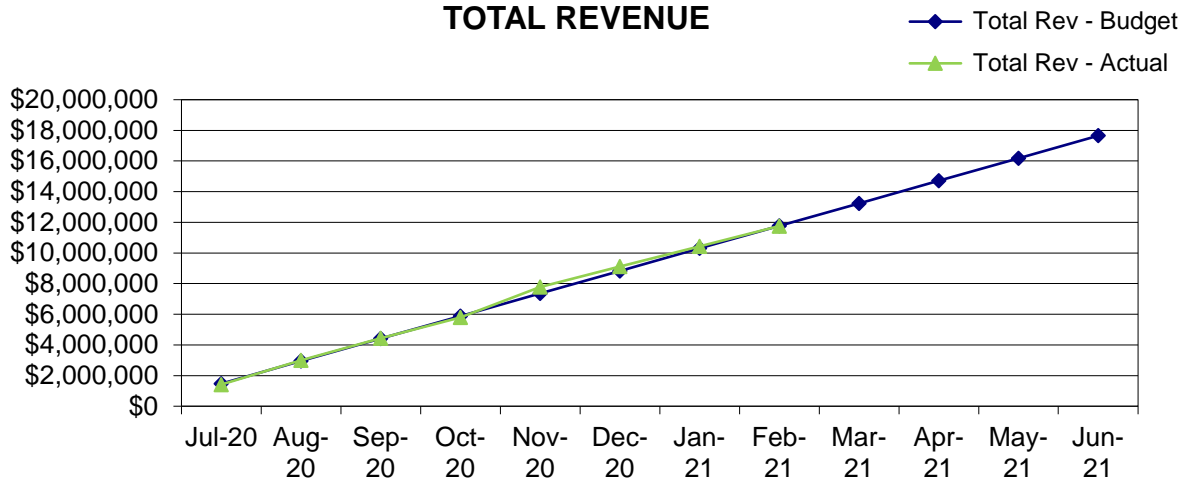


**YEAR TO DATE REVENUES**  
as of  
**02/28/21**

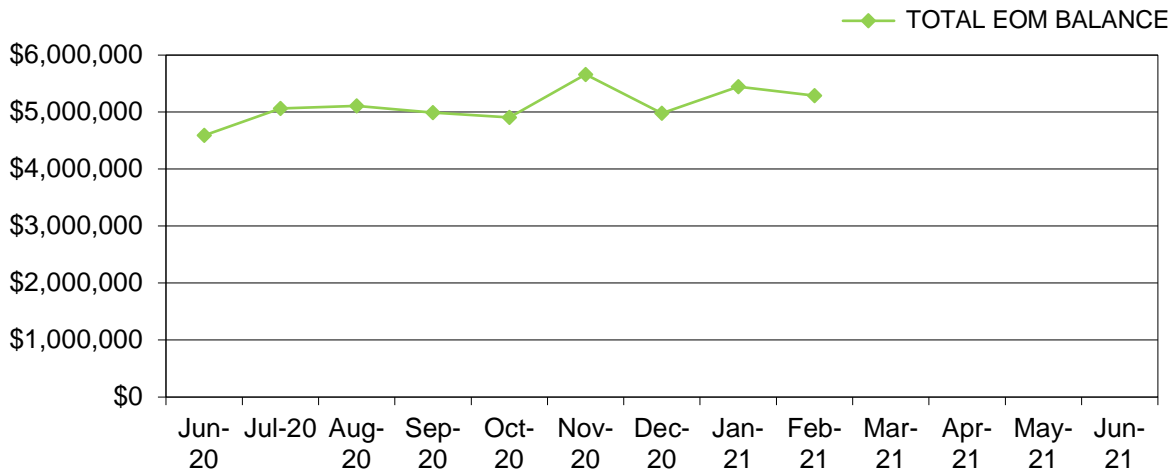
**GRANTS & OTHER REVENUE**



**TOTAL REVENUE**

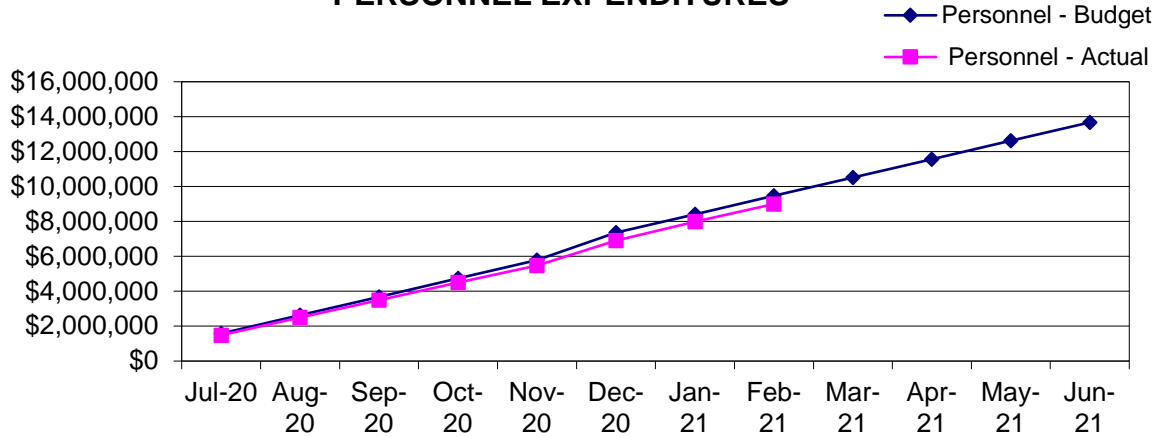


**CASH & INVESTMENTS BALANCE**

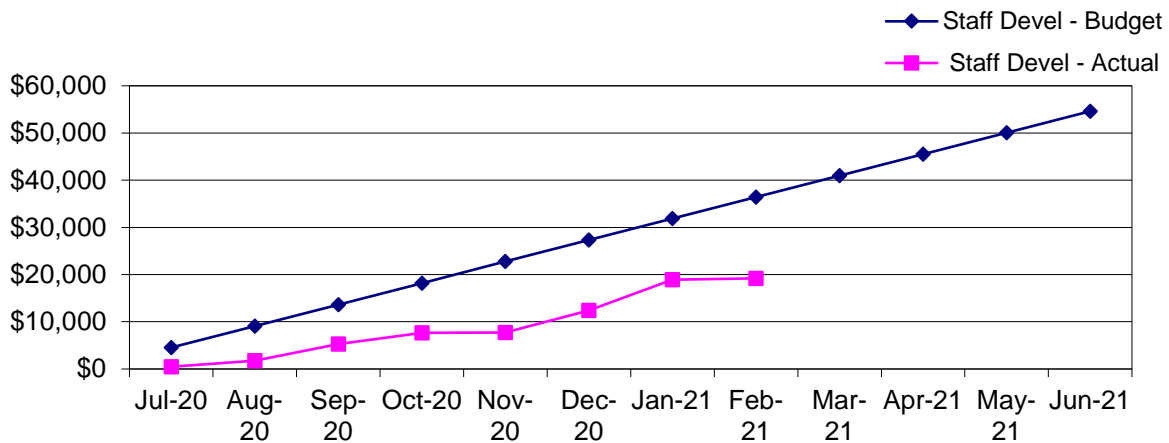


**YEAR TO DATE EXPENDITURES**  
as of  
**02/28/21**

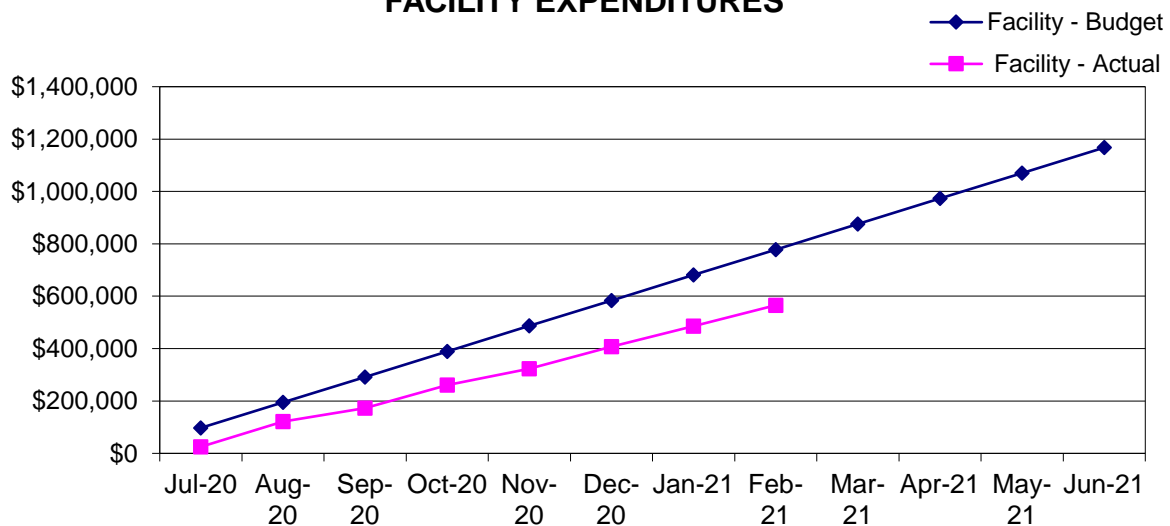
**PERSONNEL EXPENDITURES**



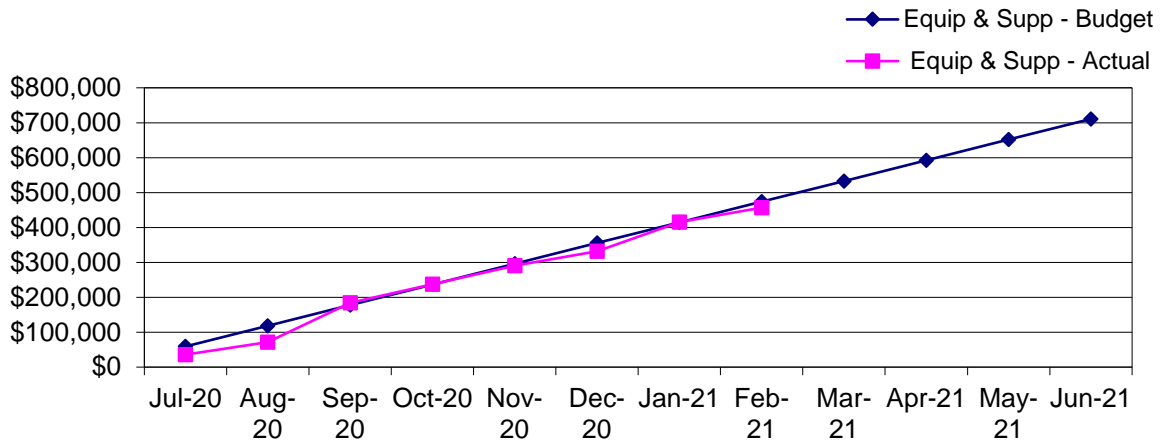
**STAFF DEVELOPMENT EXPENDITURES**



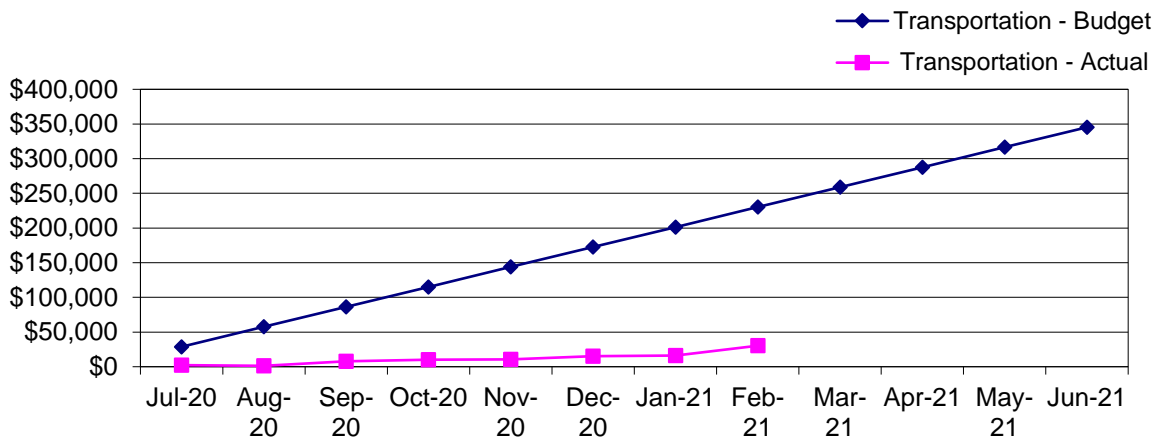
**FACILITY EXPENDITURES**



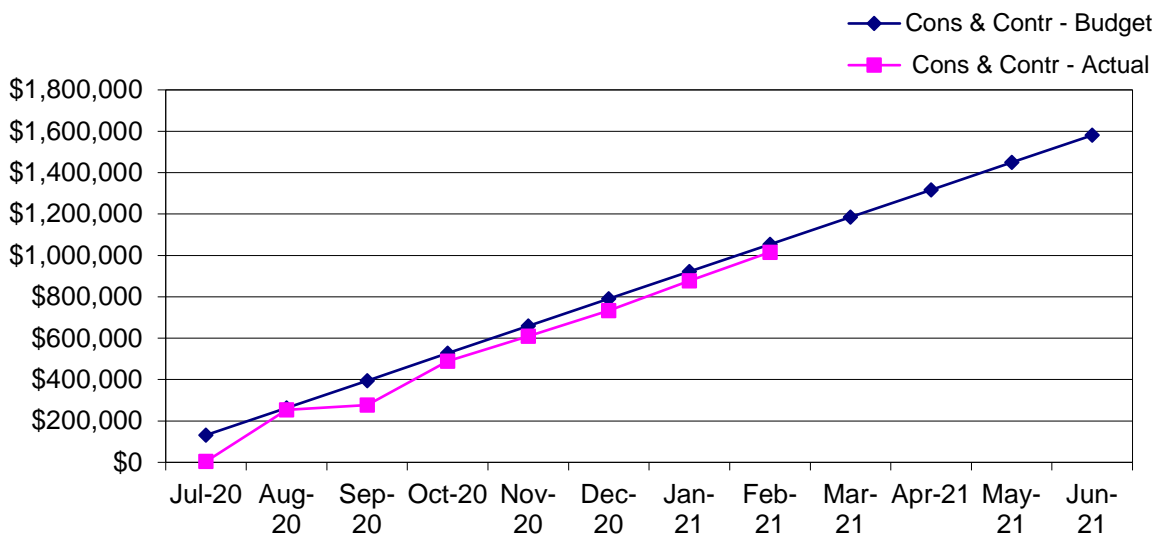
### EQUIPMENT & SUPPLIES EXPENDITURES



### TRANSPORTATION EXPENDITURES

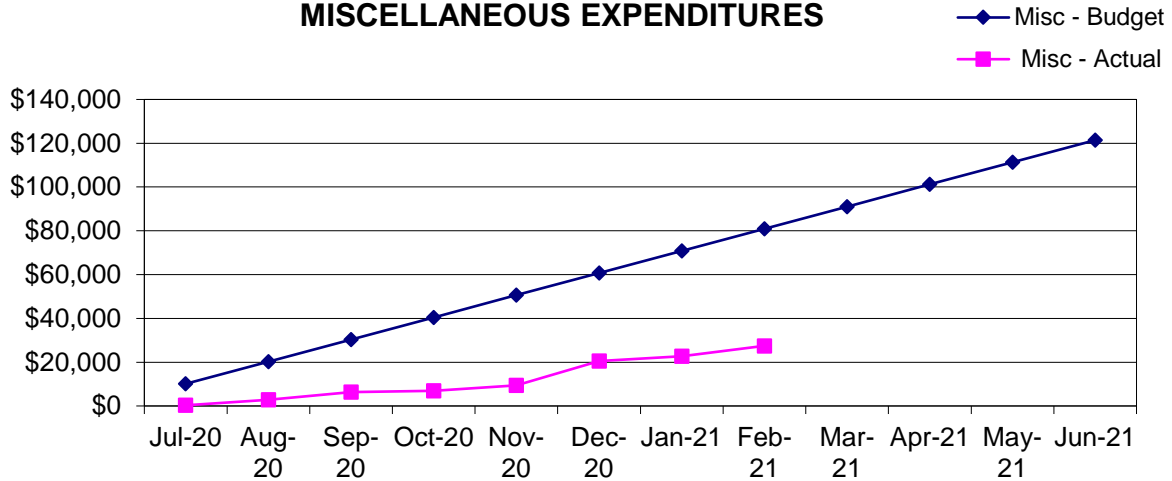


### CONSULTANT & CONTRACTUAL EXPENDITURES

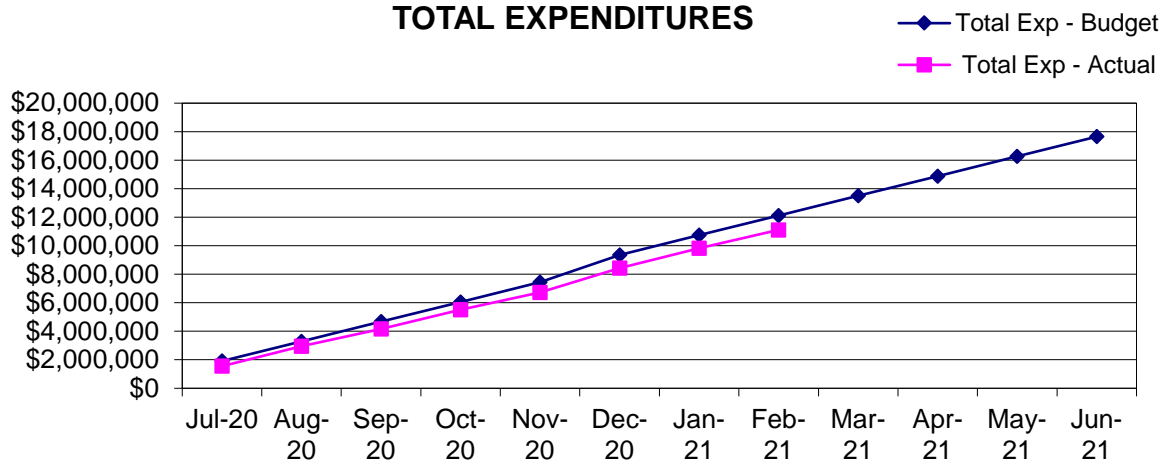


**YEAR TO DATE EXPENDITURES**  
as of  
**02/28/21**

**MISCELLANEOUS EXPENDITURES**



**TOTAL EXPENDITURES**



**TOTAL REVENUE & EXPENDITURES**

