

## **COLONIAL BEHAVIORAL HEALTH BOARD MEETING**

**DATE:** March 7, 2023

**PLACE:** Colonial Behavioral Health, 473 McLaws Circle, Williamsburg, VA 23185

**CALL TO ORDER:** 4:00 p.m.

### **BOARD MEMBERS PRESENT:**

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

### **BOARD MEMBERS ABSENT:**

Ms. Crystal Howser – Poquoson  
Ms. Donyale Wells

### **STAFF PRESENT:**

Mr. David Coe  
Ms. Linda Butler  
Mr. Dan Longo  
Ms. Marsha Obremski  
Ms. Nancy Parsons  
Ms. Chaenn Thomas  
Ms. Ashleigh Cooke

### **GUESTS:**

Ms. Linda Rice- League of  
Women Voters

### **PUBLIC COMMENT:**

Linda Rice, Community Observer, League of Women Voters introduced herself.

### **CONSENT CALENDAR:**

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

- February 7, 2023 Board of Directors Meeting
- February 15, 2023 Public Awareness Committee Meeting
- February 21, 2023 Executive Committee Meeting
- February 21, 2023 Administration Committee Meeting
- February 22, 2023 Services & Evaluation Committee Meeting

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

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

### **Strategic Goals and Annual Work Plans**

- It was proposed that the agency do the following moving forward as it relates to strategic planning:
  1. Establish "rolling" 5-Year Goals for CBH, to be updated annually.
  2. Develop annual Action Plans to document and provide accountability for agency performance (one year at a time);
  3. That 5-Year Goals and annual Work Plans be established by the Board of Directors during the Annual Board Planning Meeting (held each summer).
- Discussion. Board members requested a survey of staff be done prior to the strategic planning process. They also would like to review previous strategic plan goals & objectives (met vs. unmet) prior to the Annual Board Planning meeting. Board members requested an Executive Summary to be included with the next plan.
- Dr. Brassel motioned that the Board approve the above process for establishing and updating Agency Strategic Goals and annual Work Plans, and that the practice of holding Annual Board Planning Meetings be reinstated in 2023. Mr. Ryan Ashe seconded the motion. All approved.

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

The Executive Directors Report was provided in writing by Mr. David Coe and distributed to Board Members. Discussion.

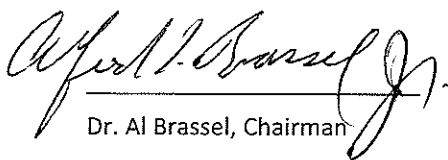
The following items were also presented in addition to written report:

- Ms. Nancy Parsons presented the financials as of 1/31/23. Discussion.
- Ms. Chaenn Thomas provided a recruitment update. Per Ms. Thomas, three additional vacancies had been filled since the date of her printed report.
- The Permanent Supportive Housing Proposal was approved.
- No updates from the state on the outcome of the CCBHC proposal as of yet; however, the grant year begins on March 15th, so a decision should be made by that date.

### **ADJOURNMENT:**

Ms. Wendy Evans made a motion to adjourn, seconded by Mr. Ryan Ashe. The motion passed unanimously.

The meeting adjourned at 4:40 p.m. The next meeting is scheduled for 4:00 p.m. on April 4th.

  
Dr. Al Brassel, Chairman

  
Hazel Braxton, Secretary

# Colonial Behavioral Health Board of Directors Meeting

March 7, 2023, 4:00 P.M.

## AGENDA

- I. Welcome and Call to Order
- II. Roll Call
- III. Public Comment
- IV. Consent Calendar:
  - 1. Please consider approval of the following meeting minutes:
    - a) February 7, 2023, Board of Directors Meeting
    - b) February 15, 2023, Public Awareness Committee Meeting
    - c) February 21 2023, Executive Committee Meeting
    - d) February 21, 2023, Administration Committee Meeting
    - e) February 22, 2023 Services & Evaluation Committee Meeting
- V. Action Item(s):
  - A1: Strategic Goals and Annual Work Plans
- VI. Executive Director's Report- *David Coe*
- VII. Adjourn

# COLONIAL BEHAVIORAL HEALTH BOARD MEETING

**DATE: February 7, 2023**

**PLACE: Colonial Behavioral Health, 473 McLaws Circle, Williamsburg, VA 23185**

**CALL TO ORDER: 4:00 p.m.**

## **BOARD MEMBERS PRESENT:**

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

## **BOARD MEMBERS ABSENT:**

Mr. John Collins- York County  
Ms. Crystal Howser – Poquoson  
Ms. Sheri Newcomb- York County

## **PUBLIC COMMENT:**

Pat Evers, Community Observer, League of Women Voters- reports she and her team met with Senator Monty Mason and two of Senator Tommy Norment's aides at the General Assembly, stressing the importance of mental/behavioral health.

## **CONSENT CALENDAR:**

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

- January 3, 2023 Board of Directors Meeting
- January 18, 2023 Public Awareness Committee Meeting
- January 24, 2023 Executive Committee Meeting
- January 24, 2023 Administration Committee Meeting
- January 25, 2023 Services & Evaluation Committee Meeting

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

## **STAFF PRESENT:**

Mr. David Coe  
Ms. Linda Butler  
Mr. Dan Longo  
Ms. Marsha Obremski  
Ms. Nancy Parsons  
Ms. Chaenn Thomas  
Mr. John Brumfield  
Ms. Ashleigh Cooke

## **GUESTS:**

John Kuplinkski- Former  
Board Chair  
Pat Evers- League of  
Women Voters

**ACTION ITEM(S):****A1: Resolution honoring former Board Chairman, John Kuplinski:**

- Dr. Brassel motioned that the Board adopt the Resolution honoring John Kuplinski, following his resignation as a CBH Board member. Ms. Hazel Braxton seconded the motion; passed unanimously. Mr. Kuplinski was presented with his Resolution, and exited after that time.

**A2: FY 2022 Audit Report:**

- Ms. Parsons presented a Power Point, highlighting key points from the audit, and reported that we received a clean audit opinion. The administration committee motioned during their January 24th meeting that the CBH Board of Directors accept the FY 2022 Audit Report as submitted by Robinson, Farmer Cox Associates. The Audit was unanimously approved.

**PRESENTATIONS:**

1. CCBHC Overview- Marsha Obremski; Discussion.
2. Permanent Supportive Housing Overview- Linda Butler & John Brumfield; Discussion.

**EXECUTIVE DIRECTOR'S REPORT:**

The Executive Directors Report was provided in writing by Mr. David Coe and distributed to Board Members. Discussion.

The following items were also presented in addition to written report:

- Ms. Nancy Parsons presented the financials as of 12/31/22. Discussion.
- Ms. Chaenn Thomas provided a recruitment update.

**ADJOURNMENT:**

Ms. Wendy Evans made a motion to adjourn, seconded by Ms. Hazel Braxton. The motion passed unanimously.

The meeting adjourned at 5:42 p.m. The next meeting is scheduled for 4:00 p.m. on March 7th.

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Dr. Al Brassel, Chairman

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Hazel Braxton, Secretary



## Meeting Minutes

Minutes of: Public Awareness Committee Date: February 15, 2023
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Present: Rey Carpio, Dr. Dawn Ide, Kristen Nelson, Erin Otis, Marsha Obremski, Leigh Carroll-Stump

Absent: Donyale Wells, David Coe

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1. Call to Order

The meeting was called to order at 3:31 p.m. with Rey Carpio, Dr. Dawn Ide, Kristen Nelson, and Erin Otis present. The meeting was held at the York-Poquoson office.

2. New Business

*Prevention Services Overview*

Ms. Obremski presented an overview of Prevention Services' community engagement, events, partnerships and trainings efforts for FY2023. Discussion.

Mr. Carpio praised Prevention Services extensive efforts.

Dr. Ide, Ms. Nelson and Ms. Otis suggested ways of engaging youth and parents through PTA and community college outreach.

Dr. Ide suggested collaboration with the Poquoson's Veterans Project, in which high school youth are paired with veterans to learn of their military service and its impact on them, their family and community. CBH can highlight behavioral health services that would benefit veterans in turn providing treatment and prevention awareness to youth.

3. Old Business

None.

4. Conclusions, Recommendations, Actions

Action items – PAC members will address means to engage youth in volunteer opportunities at the next meeting.

5. Adjournment

The meeting was adjourned at 4:30p.m.

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Submitted by: Leigh Carroll-Stump

**Next Meeting**

Date: March 15, 2023

Time: 3:30 p.m.

Location: York-Poquoson office



## Meeting Minutes

Minutes of : Executive Committee Date: 02/21/2023
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Present: Dr. Alfred Brassel, Sheri Newcomb, Hazel Braxton, John Collins, and Wendy Evans

Staff Present: David Coe, Nancy Parsons, Chaenn Thomas, and Ashleigh Cooke

Absent: Ryan Ashe

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### 1. Call to Order

- The meeting was called to order at 4:09 p.m. by Dr. Alfred Brassel.

### 2. Old Business

- Integrated Care Project Update (Power Point Presentation) provided by David Coe. Discussion.

### 3. Conclusions, Recommendations, Actions

- Ms. Hazel Braxton motioned to instruct the CBH Executive Director, David Coe, to develop a plan for locally-managed integrated care, with CBH as the lead (but not sole) agency. Dr. Alfred Brassel seconded the motion. All unanimously agreed.

### 4. Adjournment

- Mr. John Collins motioned to adjourn the meeting at 5:11 p.m.; Ms. Hazel Braxton seconded the motion.

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Submitted by: Ashleigh Cooke

### Next Meeting

Date: March 21, 2023

Time: 4:00 p.m.

Location: 473 McLaws Circle, Williamsburg, VA 23185



## Meeting Minutes

Minutes of : Administration Committee Date: 02/21/2023
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Present: Dr. Alfred Brassel, Sheri Newcomb, Hazel Braxton, John Collins, and Wendy Evans

Staff Present: David Coe, Nancy Parsons, Chaenn Thomas, and Ashleigh Cooke

Absent: Ryan Ashe

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### 1. Call to Order

- The meeting was called to order at 3:56 p.m. by Dr. Alfred Brassel.

### 2. Financial Report:

- YTD Revenues and Expenditures as of 1/31/2023 reviewed by Ms. Nancy Parsons.
- Ms. Parsons reports that she added the carry forward category per the Board of Directors request.

### 3. Recruitment Update:

- Per Ms. Chaenn Thomas, thus far in the 3rd quarter, we have had 10 hires, with 5 of the 10 brought on today. All of today's new hires will be working in DD services. There are no vacancies in DD Case Management at this time.
- Ms. Thomas further reports that Ms. Courtney Rice (HR Generalist) will be attending a job fair at Langley Air Force Base this week, and is scheduled to participate in VCU's College-Wide job fair in April.
- The HR department is currently looking for other recruitment alternatives, after Indeed's recent cost increase.

### 4. Conclusions, Recommendations, Actions

- No recommendations or action items from committee.

### 5. Adjournment

- Ms. Wendy Evans motioned to adjourn the meeting at 4:08 p.m.; Mr. John Collins seconded the motion.
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Submitted by: Ashleigh Cooke

### Next Meeting

Date: March 21, 2023

Time: 4:00 p.m.

Location: 473 McLaws Circle, Williamsburg, VA 23185





## Meeting Minutes

Minutes of: Services and Evaluation Committee Date: February 22, 2023
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**Present:** John Collins, Steven Miller, Roy Witham, Dan Longo, Linda Butler

**Absent:** Crystal Howser, Denise Kirschbaum

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1. Welcome and Call to Order  
The meeting was called to order at 4:20 pm
  2. Program Presentation
    - Michelle Becker presented information about MH Children's Case management.
    - Elizabeth Lemon presented information about MH Adult Case Management.
  3. Future Presentation Schedule
    - March – DD Case Management
    - The Committee deferred planning till next meeting.
  4. Adjournment  
The meeting was adjourned at 5:05 p.m.
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Submitted by: Linda Butler

### Next Meeting

Date: 03/22/2023

Time: 4:00pm

Location: 473 McLaw's

Evaluation Services Committee  
CBH Service Provider Presentations

Purpose: To assist Board members in responding when asked how CBH services are benefitting the community

Date of Presentation: 2/22/2023

Name of Service: MHCM Adult and Geriatric

Nature & Scope of Service: Nature & Scope of Service: (100 words max.)

MHCM is targeted to adults with serious mental illness. It is considered “medically necessary” due to the serious impairments and functional limitations of the populations served. Case management assists individuals with accessing supports and services necessary for meeting basic needs and facilitating recovery. Person-centered planning and working collaboratively with the individual and, when possible, their support system, is central to MHCM which seeks to support and promote positive movement along the identified path to recovery and wellness. MHCM combines advocacy, coordination, systems planning, monitoring, and various support functions including supportive counseling, symptom and self-management education, crisis intervention, and familial support.

Criteria	Self-Rating	Tangible (measured) Indicators	Intangible (qualitative) Indicators
1. How effective are your services at accomplishing their stated goals?	3	<p>We are extremely effective at accomplishing our stated goals providing the following:</p> <ul style="list-style-type: none"><li>- Access to treatment and resources that individuals would not otherwise be able to access/would have great difficulty accessing.</li><li>- Services that help in reducing the number/frequency of psychiatric hospitalizations. As a result, individuals discharging from hospitals are referred for MHCM services. The goal of MHCM is to assist individuals in having a productive life in the community while reducing the</li></ul>	<ul style="list-style-type: none"><li>- During the pandemic MHCM acted as a vital link for individuals. Many felt isolated and out of touch and found great comfort in the routine contact with their case managers.</li><li>- Improved quality of life of individuals served, as evidenced by increased engagement, improved mood, improved hygiene, increased self-control, and greater independence.</li><li>- For Geriatric Case Management, improvement of medication compliance assists with maintaining stability in the community as well as improving communication and socialization skills.</li></ul>

		<p>need for inpatient hospitalizations whenever possible.</p> <ul style="list-style-type: none"> <li>- Geriatric CM minimizes the risk of multiple hospitalizations by monitoring their wrap around services.</li> <li>- Assistance to individuals with obtaining needed resources in the community, such as SSI, SSDI, SNAP food assistance, Medicaid services, as well as linking to other agencies, such as DARS, 3E Restoration, Williamsburg House of Mercy, and local department of Human services.</li> <li>- Assistance to individuals transitioning to independent living who are becoming self-sufficient and who may not require ongoing services.</li> </ul> <p>MHCM assists individuals to maintain all services necessary to remain stable in the community.</p>	<ul style="list-style-type: none"> <li>- Assistance provided to ensure that individuals' benefits remain intact to ensure continuity of care.</li> </ul>
2. How efficient are your services (cost relative to scope of services provided)?	3	<p>MHCM is cost effective for individuals although it can at times have challenges within in the program due to the following:</p> <ul style="list-style-type: none"> <li>- Since MH CM does not wait-list hospital discharge individuals, efficiency can decrease as the majority of these consumers are indigent. Eventually MHCM assists these individuals with obtaining benefits and with ensuring that these benefits remain intact.</li> <li>- MHCM provides service for a flat fee for one monthly contact, but ultimately serves the individual's needs throughout the month.</li> </ul>	<p>Case Managers provide individual oversight for each individual within the service and strive to ensure that all basic needs are met through collaboration with other providers and linkage to resources. Case Managers ultimately help individuals navigate their treatment while helping them to maintain stability and improve their quality of life.</p>

3. How relevant are your services (nature of services relative to current need)?	3	<p>Services are relevant because they are based on the needs of each individual.</p> <ul style="list-style-type: none"> <li>- Individual Services Plans reflect services that are tailored to each individual's needs.</li> <li>- Individuals in services participate in the creation of their plans based on assessment and continuous review of that plan to ensure it remains relevant to that individual's current needs.</li> <li>- The ISP is reviewed at least quarterly and as needed to assess progress and to identify if changes or adjustments should be made.</li> </ul>	<p>We utilize person-centered planning by focusing on the wants and needs of each individual.</p> <p>Our services greatly affect the quality of life of our consumers. With the crisis of a decreasing work force, it is challenging to remain fully staffed in the program on a consistent basis, and because of that we are sometimes unable to provide services to as many individuals as we would like.</p>
4. How sufficient are your services (scope of services relative to current demand)?	2	<p>The need outweighs the service due to several factors:</p> <ul style="list-style-type: none"> <li>- Lack of employment pool/staff/reduced work force.</li> <li>- Since COVID more individuals have sought services.</li> <li>- Due to shorter hospital stays and more discharges there are more individuals requiring immediate assistance.</li> </ul> <p>MHCM adult and geriatric, serve approximately 151 individuals. Over 80 % of individuals served are assisted in obtaining OR assisted with maintaining benefits to ensure stability in the community. At this writing we do not have a wait list.</p> <p>Our staff are very efficient at covering the needs of the individuals we serve, even when understaffed.</p>	<p>The demand for services far outweighs the resources available. We often collaborate with other agencies to best meet the needs of each individual.</p>

5. How satisfied are consumers of your services?	3	Individuals indicate overall satisfaction: Many individuals leaving our catchment area request to continue to receive their services at CBH. Individuals with Medicaid have the ability to choose their provider for some programs.	Overall individuals report satisfaction as evidenced by phone calls and letters of appreciation for the work of the case managers. Individuals can choose their case manager or change as caseloads allow.
Self-Rating Codes : 3 = Highly; 2=Moderately; 1=Minimally			

Obstacles that threaten optimal service provision (continue on back as necessary):

As stated above, lack of employment pool/staff, reduced work force. Increased number of individuals since COVID. Shorter hospital stays and more discharges creating the need for immediate assistance.

A lack of community resources places a burden on Case Managers to fill in gaps. Housing and auxiliary services are not readily available and are often essential to create stability and ultimately independence for our consumers.

Evaluation Services Committee  
CBH Service Provider Presentations

**Purpose:** To assist Board members in responding when asked how CBH services are benefitting the community

**Date of Presentation:** 2/22/23

**Name of Service:** C&A CM

**Nature & Scope of Service:** Child and Adolescent Case management is targeted for at-risk children and those with Serious Emotional Disturbance (SED). We also work with individuals 18-21 who meet SMI criteria and are still in school. Case management is a “medically necessary” service due to the serious impairments and functional limitations of the identified target populations. Essential to case management is assisting the individuals served with accessing supports and services necessary for meeting basic needs, improving emotional/mental health and facilitating recovery. It is recognized that person centered planning is central to case management. Services and supports provided through case management are planned with the individual served along with their parent/guardian. Working collaboratively with the individual along with their support system, case management seeks to support and promote positive movement along the wellness path.

Criteria	Self-Rating	Tangible (measured) Indicators	Intangible (qualitative) Indicators
1. How effective are your services at accomplishing their stated goals?	3	Children’s CM - within 0-60 days consumers are connected to resources in the community as well as medication management if needed.	Improved quality of life of individuals served as evidenced by increased contentment, improved mood, improved hygiene, increased self-control and greater independence.  For children’s CM, residential placements and hospitalizations are minimized. The quality of their education is improved by advocating for IEP or other supportive services in the school setting.
2. How efficient are your services (cost relative to scope of services provided)?	3	Most of our children are insured with Medicaid or private insurance. For those that do not have insurance we have the option of presenting their case to the local FAPT’s to see if they meet criteria for CSA to cover the costs.	CMs assist with maximizing benefits for all individuals served and once approved work to ensure that benefits remain in place uninterrupted.
3. How relevant are your services (nature of services relative to current need)?	3	Individual Services Plans: Services are tailored to each individual’s needs. Individuals in services participate in the	All plans are person-centered, that is focused on the things most important to and for each individual. Plans are subject

		<p>creation of their plans and there is continuous review of that plan to ensure it remains relevant to that individual's needs.</p> <p>We have quarterly evaluations to assess any changes or adjustments to the plan or any additions that need to be made</p>	<p>to change throughout the plan year as new goals are identified or prior goals are achieved or discarded by the individual.</p>
4. How sufficient are your services (scope of services relative to current demand)?	3	<p>There is no waitlist in Children's CM services.</p> <p>For individuals that need to go to FAPT for services there may be a delay due to when the locality has their scheduled FAPT day.</p>	<p>There has been a lack of service providers in the area or waitlists for the services being sought. Some services individuals are connected to, such as, ABA and IIHS have waitlists anywhere from 2 months to 2 years.</p>
5. How satisfied are consumers of your services?	3	<p>Turnover rate of staff in Children's services impacts continuity of care.</p> <p>In the past there were satisfaction surveys sent out to families but there has not been in the last few years.</p>	<p>Informally, CMs and CM Services managers frequently hear from families and the consumers that they are grateful for the CM and do not know what they would do without them. Complaints are rare. Case Manager choice is provided to the extent possible when requested.</p>
Self-Rating Codes : 3 = Highly; 2=Moderately; 1=Minimally			

Obstacles that threaten optimal service provision (continue on back as necessary): Obstacles that threaten optimal service provision are documentation, the lack of service providers, the turnover of staff at the agencies we refer to, waitlists for acute hospitals, residentials and community-based resources.

## **Action Item A-1**

### **Strategic Goals and Annual Work Plans**

#### **Background**

CBH's current Strategic Plan "expires" at the end of 2023. While a significant number of items have been successfully implemented, the long-term nature of the Plan lent itself to major interruptions from COVID and significant unresolved issues due to dependence on outside entities.

Given the nature of CSB community roles, state/regional/local political landscapes, and the rapidly changing nature of healthcare generally, it is not recommended that we repeat the practice of having a classical long-term Strategic Plan.

What is recommended is the following:

1. Establish "rolling" 5-Year Goals for CBH, to be updated annually;
2. Develop annual Action Plans to document and provide accountability for agency performance (one year at a time);
3. That 5-Year Goals and annual Work Plans be established by the Board of Directors during the Annual Board Planning Meeting (held each summer).

#### **Requested Action**

That the Board approve the above process for establishing and updating Agency Strategic Goals and annual Work Plans, and that the practice of holding Annual Board Planning Meetings be reinstated in 2023.



**COLONIAL BEHAVIORAL HEALTH**  
**Executive Director's Report – March 2023**

**Agency Issues**

1. We are currently regarding one of our group homes for persons with developmental disabilities to be permanently closed. While no individuals will lose services, this will require us to relocate 3 individuals from one home to another. That process could take a few months to complete as we work with families and within regulatory constraints.
2. Agency fleet/transportation activity is at its highest level since before the pandemic. Vehicle usage (trips) increased by over 225 “trips” from December to January solely using vehicles provided to CBH through DRPT (Department of Rail & Public Transportation).

**Community Issues**

1. There is no tangible news to report regarding surplus property at the former ESH campus, though we expect to begin receiving more detailed information very soon now.
2. Planning for development of drug and behavioral health court dockets are underway, with expectations to see both court dockets become operational in 2023. The drug court planning process is progressing more quickly than the behavioral health docket at this time.
3. We have received informal notice that Marcus Alert implementation in our area is currently projected for FY 2026.
4. The HTDPC will hold its next Town Hall on April 21<sup>st</sup>. The topic will be “Preparing Our Community for Marijuana Legalization” with Kevin Sabet, Ph.D. Dr. Sabet is a former advisor to three U.S. presidential administrations and co-founder (with former Congressman Patrick Kennedy) of SAM (Smart Approaches to Marijuana).
5. Local plans to create integrated primary care/behavioral health are continuing, with CBH also now working to develop our own plan for service development and partnerships as instructed by the Board's Executive Committee.

**Regional Issues**

1. We are very pleased to announce that our application to develop 16 Permanent Supportive Housing “slots” has been approved by DBHDS. We will be receiving more details shortly and will begin coordinating efforts using both state and regional funds moving forward.
2. At the time this report is being written, we have received no communication regarding Virginia's application for a CCBHC Planning Grant.

**Public Policy**

1. The General Assembly has once again adjourned without a budget, meaning that a special session must be called when conferees produce an actionable budget. It will be difficult to finalize budget plans for FY 2024 until those results are known. The final disposition of our legislative priorities is also fully dependent on the state budget.
2. Our legislative delegation will be very different next year given the retirement/resignation announcements from Senator Norment and Delegate Mullin. Our advocacy strategy in the upcoming year will need to focus on candidates as much as on incumbents.

Respectfully submitted,  
David A. Coe



## YEAR TO DATE REVENUES AND EXPENDITURES

as of  
January 31, 2023

### REVENUE

CATEGORY	TOTAL BUDGET	RECEIVED YTD	BUDGET YTD	% RECEIVED	ACTUAL YTD vs BUDGET YTD
State	\$ 8,869,900	\$ 5,705,663	\$ 5,174,108	110%	\$ 531,555
Local	\$ 3,527,000	2,056,511	2,057,417	100%	\$ (906)
Fees	\$ 6,567,737	3,038,071	3,831,180	79%	\$ (793,109)
Grants/Other	\$ 1,247,363	590,605	727,628	81%	\$ (137,023)
Total Revenue	\$ 20,212,000	\$ 11,390,850	\$ 11,790,333	97%	\$ (399,484)

### FY23 EXPENDITURES

CATEGORY	TOTAL BUDGET	EXPENDED YTD	BUDGET YTD	% EXPENDED	ACTUAL YTD vs BUDGET YTD
Personnel	\$ 15,946,183	\$ 8,194,098	\$ 9,813,036	84%	\$ 1,618,938
Staff Development	\$ 69,561	49,897	40,577	123%	(9,320)
Facility	\$ 1,068,026	480,464	623,015	77%	142,551
Equipment and Supplies	\$ 821,421	492,547	479,162	103%	(13,384)
Transportation	\$ 258,617	63,220	150,860	42%	87,640
Consultant and Contractual	\$ 1,856,155	1,137,441	1,082,757	105%	(54,684)
Miscellaneous	\$ 192,037	20,111	112,022	18%	91,911
Total Expenditures	\$ 20,212,000	\$ 10,437,779	\$ 12,301,429	85%	\$ 1,863,650

Operating Margin	\$ -	\$ 953,071	\$ (511,096)	8%	\$ 1,464,167
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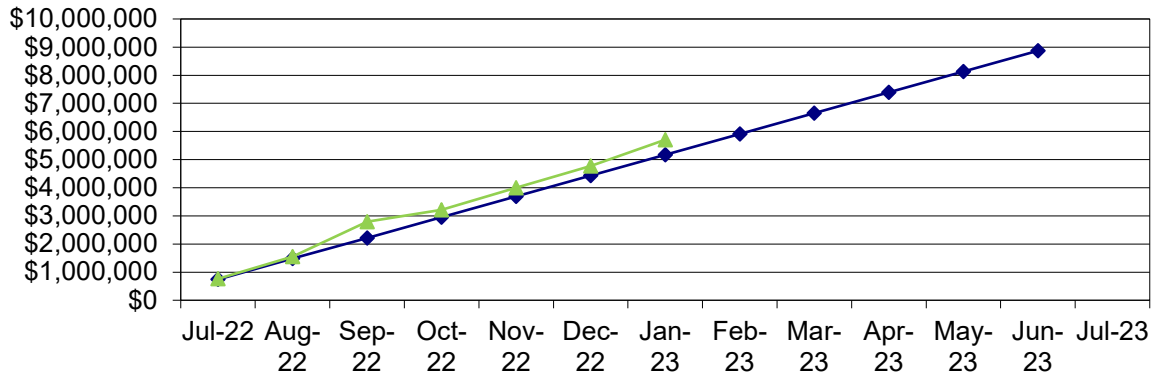
### CARRY FORWARD EXPENDITURES

CATEGORY	EXPENDED YTD
Personnel	\$ 406,197
Staff Development	\$ 33,400
Facility	\$ 344
Equipment and Supplies	\$ 68,696
Transportation	\$ 3,223
Consultant and Contractual	\$ 69,752
Miscellaneous	\$ -
Total Expenditures	\$ 581,613

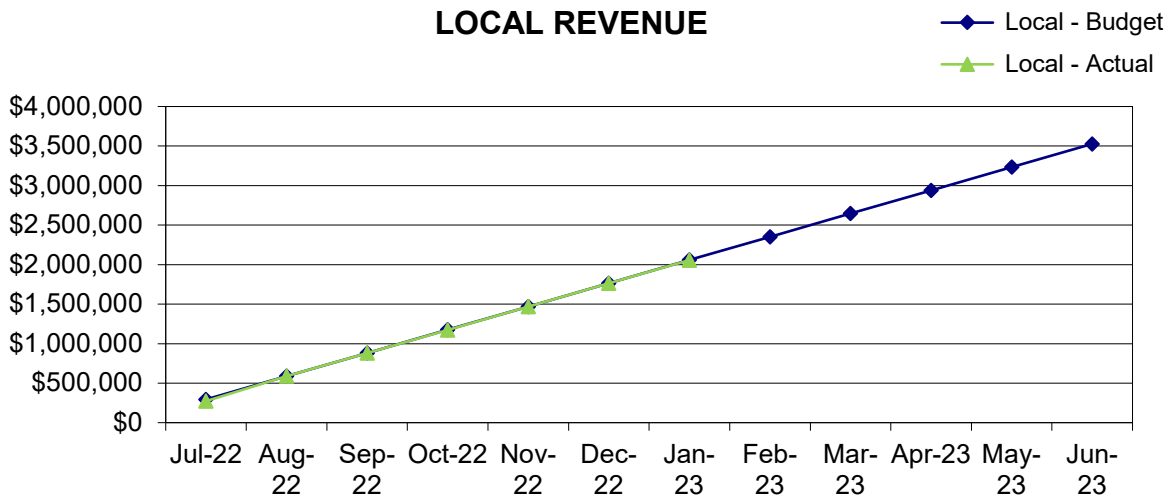
CARRYFORWARD BALANCE  
\$ 552,814.08

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.

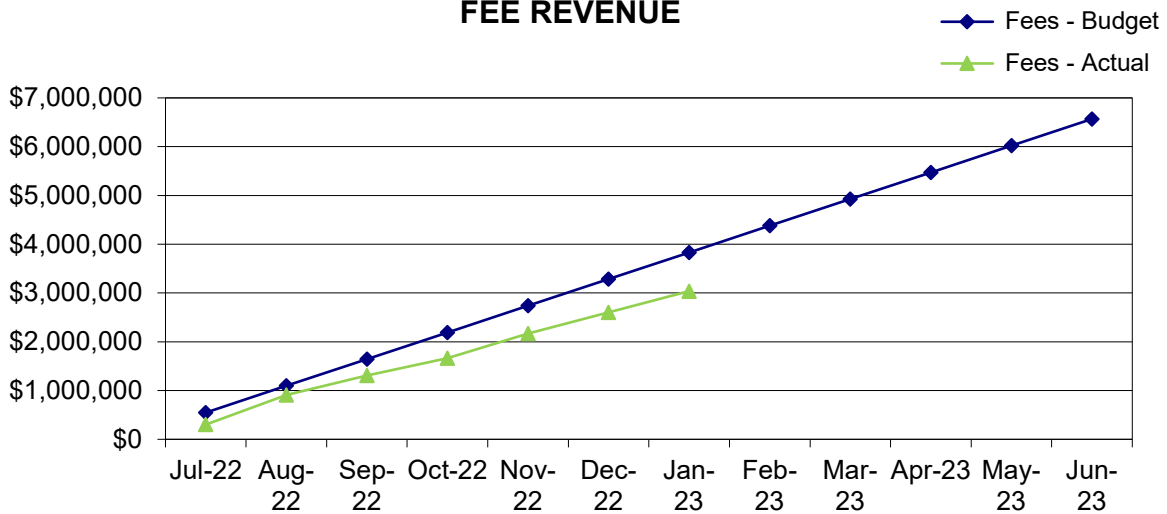
### STATE REVENUE



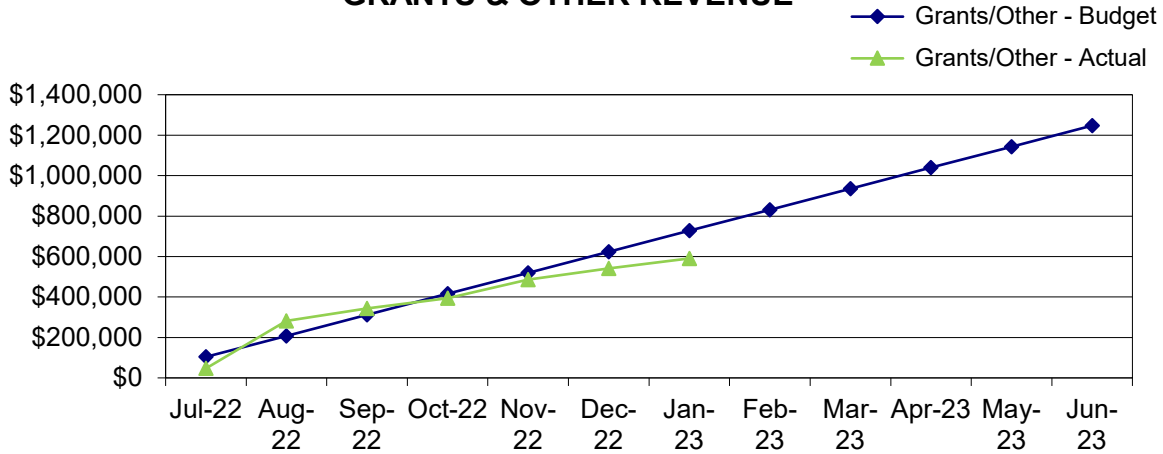
### LOCAL REVENUE



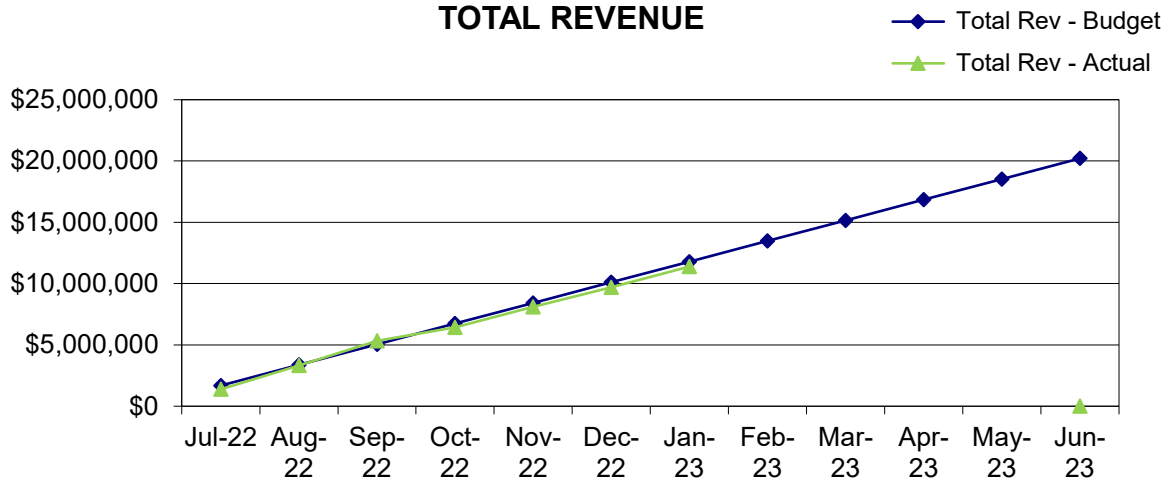
### FEE REVENUE



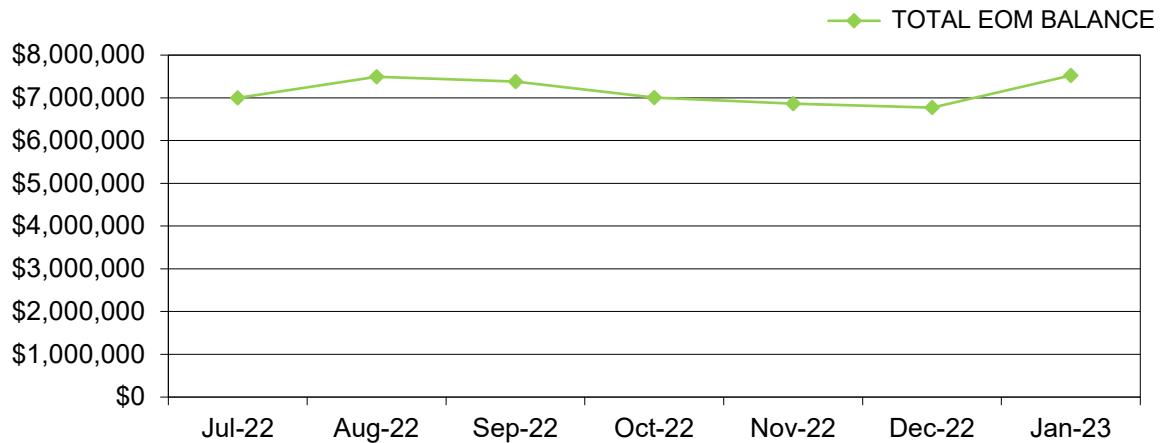
### GRANTS & OTHER REVENUE



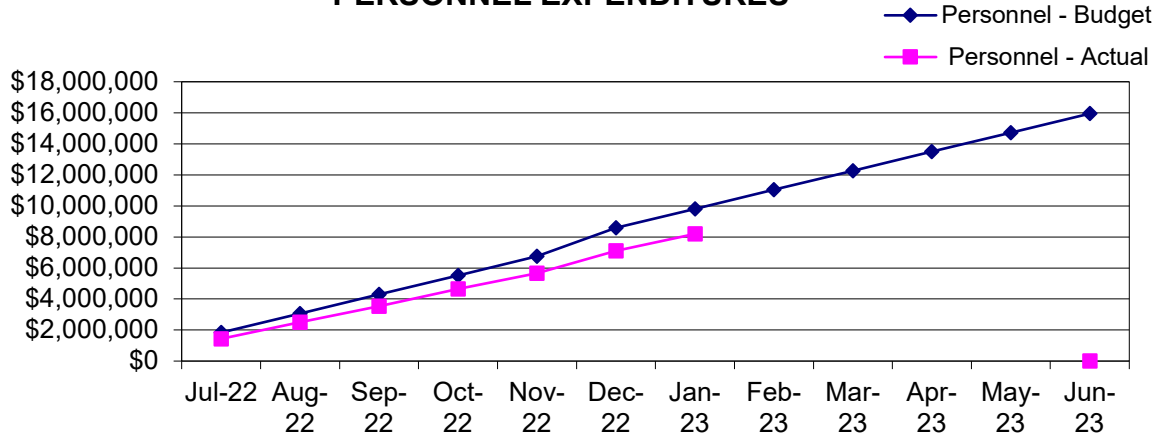
### TOTAL REVENUE



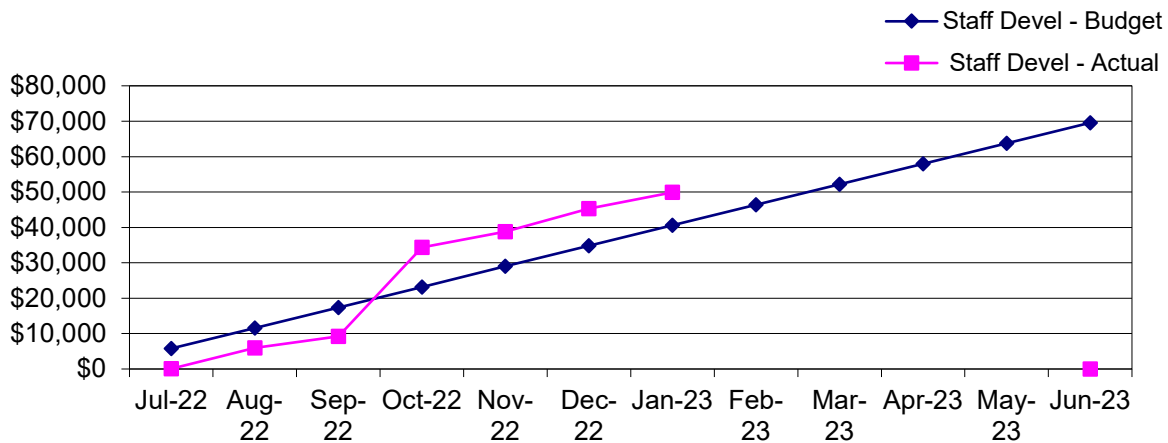
### CASH & INVESTMENTS BALANCE



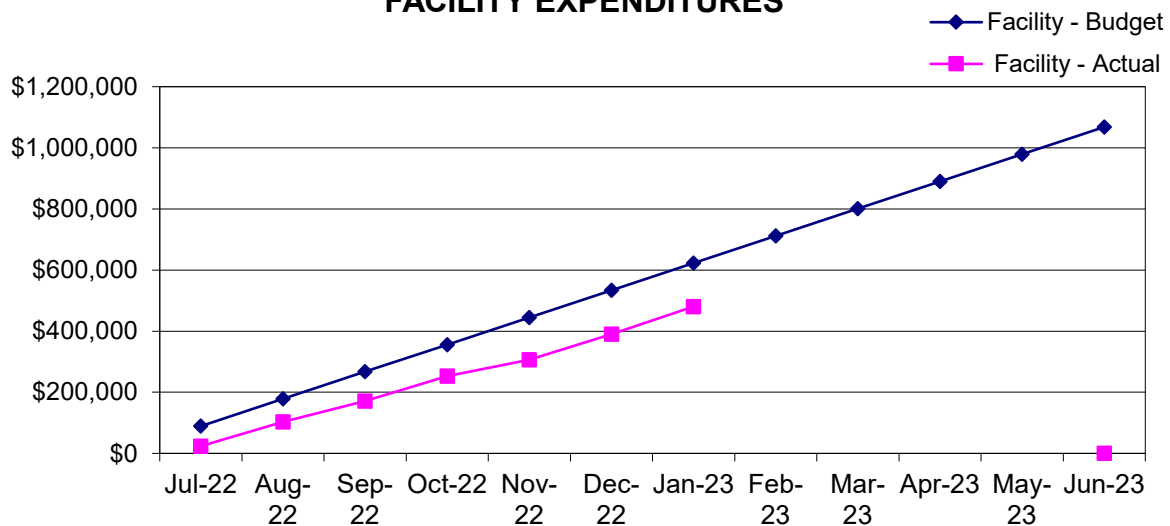
### PERSONNEL EXPENDITURES



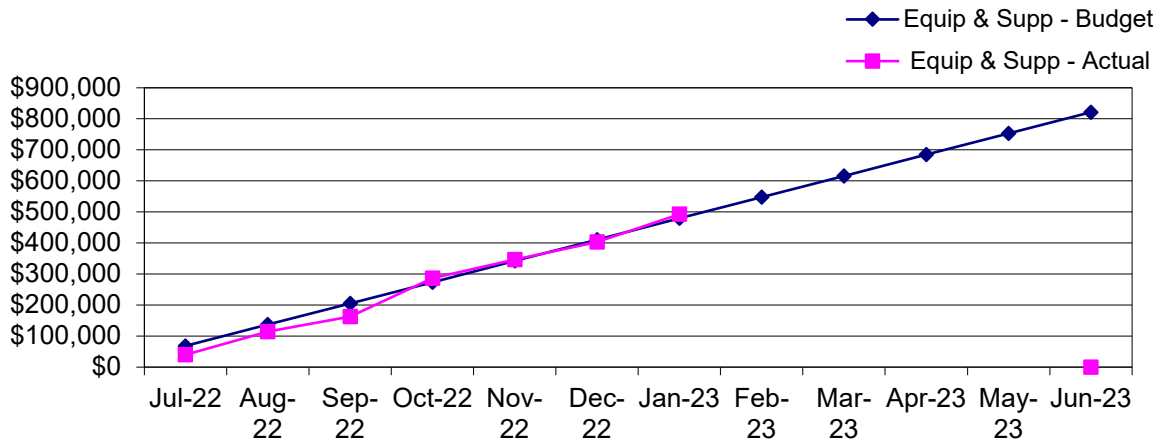
### STAFF DEVELOPMENT EXPENDITURES



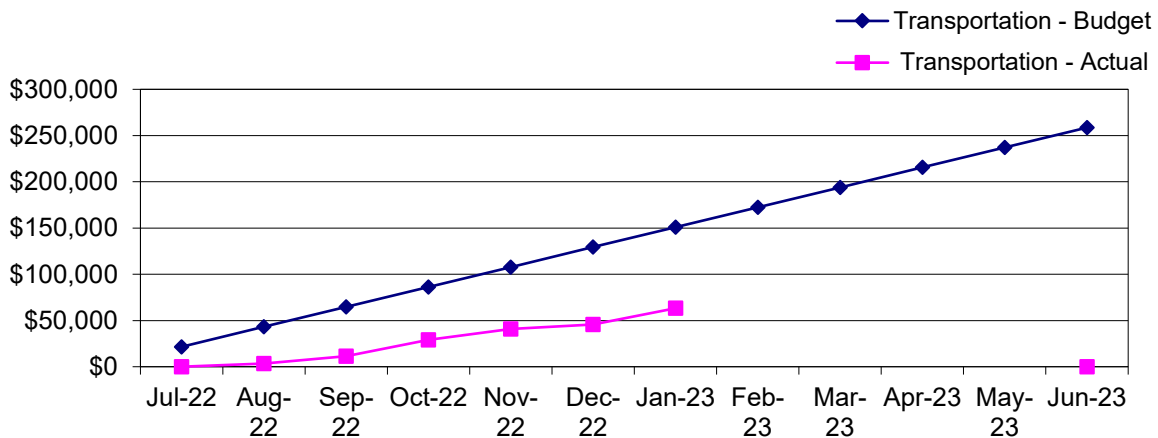
### FACILITY EXPENDITURES



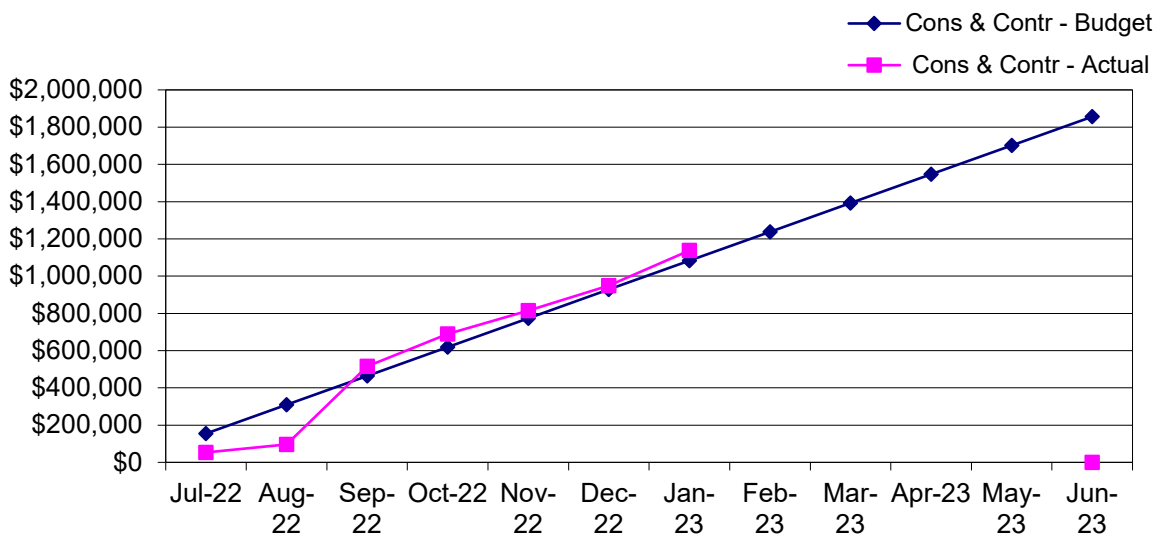
### EQUIPMENT & SUPPLIES EXPENDITURES



### TRANSPORTATION EXPENDITURES

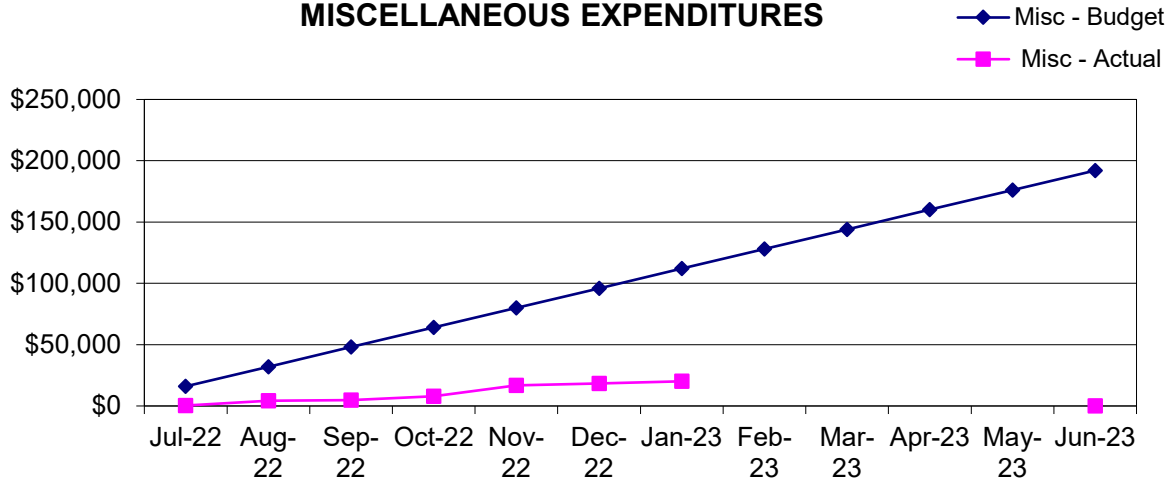


### CONSULTANT & CONTRACTUAL EXPENDITURES

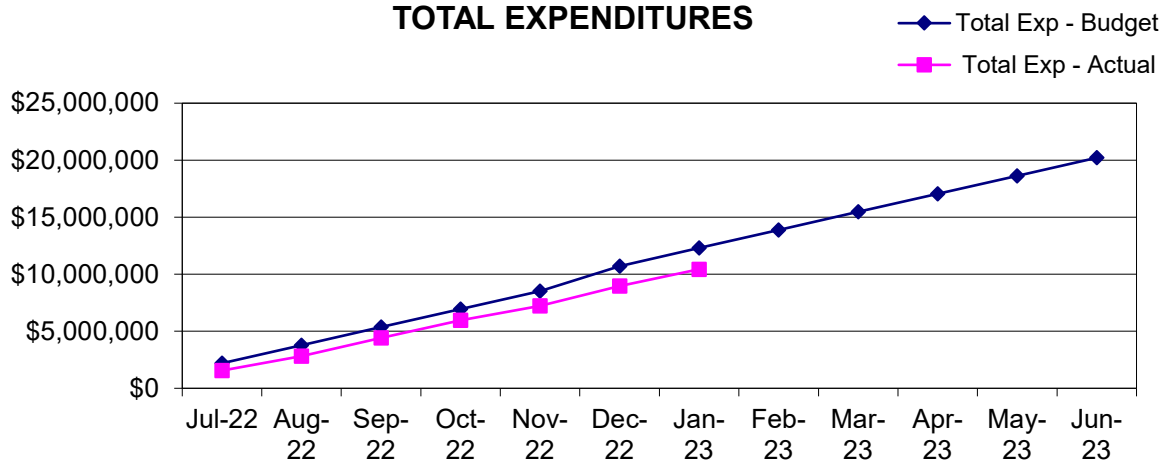


**YEAR TO DATE EXPENDITURES**  
as of  
01/31/23

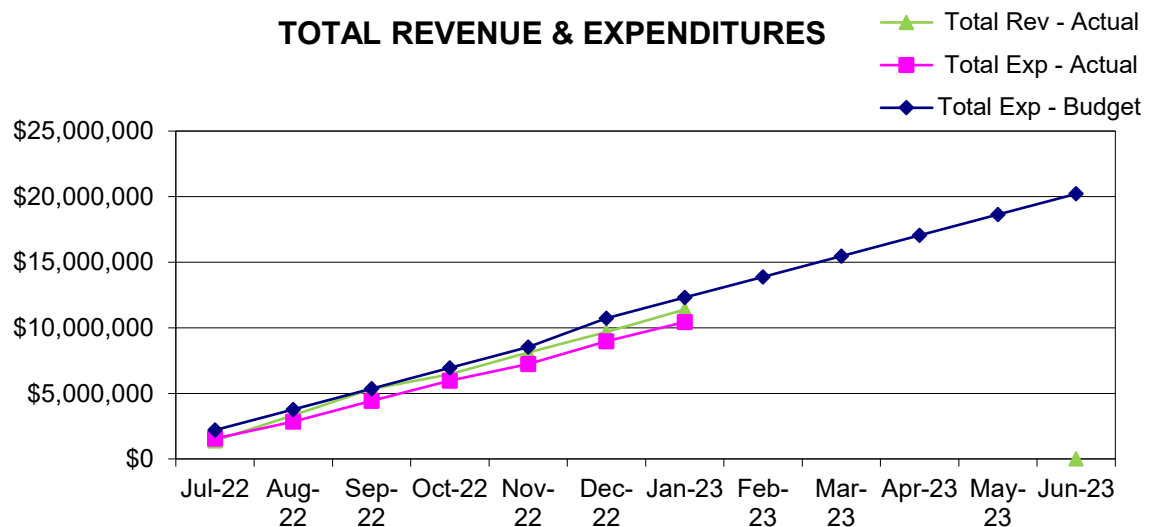
**MISCELLANEOUS EXPENDITURES**



**TOTAL EXPENDITURES**



**TOTAL REVENUE & EXPENDITURES**



## Recruiting Overview

Positions Vacant	Number of Vacancies	Positions Filled	External/Internal	Current Vacancies As of 02/28/23
Administrative Support Assistant	2	2	I Internal /1 External	0
Case Manager II - DD	3	3	I Internal/I External	0
Clinical Documentation Specialist	1			1
Crisis Counselor- PRN	PRN Pool	1	External Candidate	Multiple
Direct Support Professional (DSP/CSA I)-DD Day Support	3	2	External Candidates	1
Direct Support Professional I (DSP/CSA I) Res. Svcs.	3	2	External Candidates	1
EHR Application Specialist	1			1
Emergency Services Specialist	2			2
Emergency Services-Manager	1	1	Internal	0
Health Information Technician	1			1
Information Systems Business Analyst	1			1
Licensed Eligible Therapist - ACT Dept.	1	1	External Candidate	0
Licensed Eligible Therapist - Child & Adolescent Svcs.	2			2
Licensed Eligible Therapist-Adult Outpatient	2			2



Positions Vacant	Number of Vacancies	Positions Filled	External/Internal	Current Vacancies As of 02/28/23
Licensed Therapist- Adult Outpatient Svcs.	3			3
Licensed Therapist – GWCAC	1			1
Nurse III-LPN DD Svcs.	1			1
Peer Specialist- Intern	PRN Pool			Multiple
Peer Support Specialist- Relief	PRN Pool			Multiple
Psychiatrist- PRN	1			1
Psychosocial Services Specialist	1			1
Quality Compliance Analyst	1			1
Registered Nurse- ACT	1			1
Team Lead-DD Res. Svcs.	2			2
<b>TOTALS</b>	<b>33</b>	<b>9</b>		<b>24</b>