

AGENDA
COLONIAL BEHAVIORAL HEALTH
BOARD OF DIRECTORS
APRIL 7, 2026
3:00 PM

○ **WELCOME AND CALL TO ORDER**

○ **ROLL CALL**

○ **PUBLIC COMMENT**

○ **CONSENT CALENDAR**

- Approval of the following meeting minutes:
 - February 25, 2026, Services & Evaluation Committee Meeting
 - March 3, 2026, Board of Directors Meeting

○ **INFORMATION/PRESENTATION**

- Appointment of Nominating Committee (R. Ashe)
- Strategic Plan Quarterly Review (K. Cook)
- William & Mary Study Overview (K. Cook)

○ **ACTION ITEMS**

- A-1 Contract with New Day – CSW FF&E (K. Cook)
- A-2 CCSI/CBH Agreement – Phase 2 (D. Coe)
- A-3 Contract with Henderson, Inc. – Phase 2 (K. Cook)

Policy Reviews

(M. Obremski)

- A-4 Approval – Revisions to Policy 15
Press and Media Release
- A-5 Approval – Revisions to Policy 22
Ethical Principles
- A-6 Approval – Revisions to Policy 47
Corporate Compliance
- A-7 Approval – Revisions to Policy 57
Social Media
- A-8 Approval – Revisions to Policy 84
ADA Statement & Accessibility

○ **REPORTS**

- Recruitment/Hiring/Retention Report (C. Thomas)
- February 2026 Financial Report (S. Ousey)
- Executive Director's Report (General Assembly Updates) (D. Coe)

● **Adjournment**

Next Meeting:

Tuesday, May 5, 2026

473 McLaws Circle, Williamsburg

3:00 PM

NOTE:

There will be a brief meeting of the Colonial Community Services Inc. Board of Directors immediately upon adjournment of the CBH Board meeting.



Meeting Minutes

Minutes of: Services and Evaluation Committee Date: February 25, 2026
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Present: Committee Members: Lynette Diaz, Steven Miller, Roy Witham
CBH Staff: Nana Amaniampong, Joi Trammel, Denise Kirschbaum, Linda Butler

Absent: Committee Members: Sean Dunn, April Thomas
CBH Staff: Patricia Hartigan

1. Welcome and Call to Order
The meeting was called to order at 3:37 pm
 2. Presentation:
Nana Amaniampong, Health Promotions Manager, presented information on the activities and training offered by Prevention Services staff to the community at large. Joi Trammel, Outreach Manager, shared information about the Historic Triangle Drug Prevention Coalition and the website.
 3. Next Meeting
This presentation scheduled for 3/25/2026 is the annual summary of serious incidents.
 4. Adjournment
The meeting was adjourned at 4:34 p.m.
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Submitted by: Linda Butler

Next Meeting

Date: March 25, 2026
Time: 3:30 p.m.
Location: 473 McLaws Circle

COLONIAL BEHAVIORAL HEALTH BOARD MEETING

DATE: March 3, 2026

LOCATION: Colonial Behavioral Health, 473 McLaws Circle, Williamsburg, VA 23185

WELCOME AND CALL TO ORDER: 3:00pm

BOARD MEMBERS PRESENT:

Mr. John Collins – York County
Ms. Lynette Diaz – James City County
Mr. Sean Dunn – Williamsburg
Mr. Bruce Keener – York County
Ms. Kristen Nelson – York County
Mr. Gerald Patesel – James City County
Ms. Amber Richey – York County
Ms. April Thomas – York County
Ms. Donyale Wells – James City County
Mr. Roy Witham – James City County

BOARD MEMBERS ABSENT:

Mr. Ryan Ashe – James City County
Dr. Dawn Ide – City of Poquoson
Mr. Steven Miller – York County

CBH STAFF PRESENT:

David Coe, Marsha Obremski, Kristy Wallace, Kyra Cook, Patty Hartigan, and Denise Kirschbaum

GUESTS: None

PUBLIC COMMENT: None

CONSENT CALENDAR:

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

- **February 3, 2026, Board of Directors Meeting**
- **February 17, 2026, Executive Committee Meeting**

The motion passed as follows:

Yes – 10

No – 0

Abstain – 0

DISCUSSION

Annual Board Planning Day

In the past, CBH has held an Annual Board Planning Day. Unfortunately, this training day was canceled in 2025. This training usually takes place in July/August although it could take place in another month. Sometimes, these planning days last a full day. A suggestion has been made to split the day in two: having dinner and a meeting and then breakfast and finishing the meeting the following day. Bruce Keener asked CBH Board members to check their calendars to see what dates will work/will not work. The following topics have been discussed during the Board Training Day: strategic planning, policies, future look, training topics, etc.

VACSB Board of Directors – Future Vacancies

The Virginia Association of Community Service Boards (VACSB) is made up of forty (40) CSB throughout the state. Virginia is divided into five (5) regions (CBH is a part of Region 5). The VACSB has a Board of Directors, usually comprised of two (2) members from each region. Recently, there was a vacancy for Region 5 although it was filled quickly. Any board member is welcome to attend the VACSB conferences – there are two conferences a year; one in January (training) and the second is in October (legislative). If a CBH Board member is interested in attending, please let David Coe know. Also, if a Board member would like to serve as a VACSB Board member, also let David know so he can put in a word ahead of time.

ACTION ITEMS:

- A-1 Approval – Revisions to IS Policy 10 – Information Services (*Katie Leuci*)**
- A-2 Approval – Revisions to IS Policy 20 – General Technical Safeguards and Access Controls (*Katie Leuci*)**
- A-3 Approval – Revisions to IS Policy 21 – Security Updates and Security Training (*Katie Leuci*)**
- A-4 Approval – Revisions to IS Policy 22 – Workstation Use and Security (*Katie Leuci*)**
- A-5 Approval – Retirement of IS Policy 23 – IT Change Management (*Katie Leuci*)**
- A-6 Approval – Revisions to IS Policy 24 – Review of Information Systems Activity (*Katie Leuci*)**
- A-7 Approval – Revisions to IS Policy 25 – Response to Security Incidents (*Katie Leuci*)**
- A-8 Approval – Revisions to IS Policy 26 – Contingency Plans (*Katie Leuci*)**
- A-9 Approval – Revisions to IS Policy 27 – Risk Analysis and Risk Management (*Katie Leuci*)**
- A-10 Approval – Retirement of IS Policy 28 – Device and Asset Controls (*Katie Leuci*)**
- A-11 Approval – Revisions to IS Policy 29 – Facility Access Controls (*Katie Leuci*)**
- A-12 Approval – Revisions to IS Policy 30 – Malicious Software Protection (*Katie Leuci*)**
- A-13 Approval – Revisions to IS Policy 31 – Password Management and Log-In Monitoring (*Katie Leuci*)**
- A-14 Approval – Retirement of IS Policy 32 – Transmission Security Guidelines (*Katie Leuci*)**

Bruce Keener and Katie Leuci presented the Protected Health Information set of policies (listed above) to the Board for approval. Changes to these policies have been made in consultation with and endorsed by Pat McDermott (legal counsel).

This set of policies were created in response to the security breach. The major update to all policies was transferring them to the template for.

Approval of A-1

IS Policy 10 – Information Services incorporates Policy 40 – Electronic Protected Health Information. Sean Dunn made a motion that the Board approve revisions to the Information Services policy as presented. John Collins seconded this motion. The motion passed as follows:

Yes – 10

No – 0

Abstain – 0

Approval of A-2 – A-14

Bruce Keener summarized the proposed changes to the remaining IS Policies which involve formatting to reflect the new policy template structure. Sean Dunn made a motion that the Board approve the revisions to the remaining IS Policies as presented. Amber Richey seconded the motion. The motion passed as follows:

Yes – 10

No – 0

Abstain – 0

REPORTS:

Fundraising Update (Kyra Cook/Allison Brody)

Kyra Cook introduced Allison Brody, Capital Campaign Fundraising position. Allison Brody comes to CBH with an extensive background in the non-profit, philanthropic, and mental health worlds. Allison explained the importance of testimonies – stories from our Board members. Allison was asked what are two low-cost initiatives that she will utilize during the campaign: 1. AI and 2. Coffee. Allison shared her “elevator speech” regarding Phase 2.

Facility Development Report (Kyra Cook)

Center for Support and Wellness (Phase 1)

The project remains on schedule. Budget update: certain costs remain within the overall project budget but exceed the original contract with Henderson: unsuitable soils – this was previously discussed with the Board. Partially collapsed stormwater system on the parcel across the street (future Phase 2 location). The decision on repair was delayed until Phase 2 vendor selection due to its location. Now that Phase 2 vendor has been selected, we’ve requested a price from Henderson. Our hope is to address the stormwater system as a Phase 1 change order, coordinated with the Phase 2 design. Amount of the change order is pending; we will update the Board once available.

Phase 2

Vendor Selection: The Henderson/Guernsey Tingle team has been selected following a competitive process. The decision was challenging given the quality of the proposals. SEVHS staff participated actively in interviews and discussions. Our owner’s representatives provided

thoughtful questions and insights.

Next Steps

We are currently negotiating the contract, with a goal to bring it to the Board for action in April. By the Phase 1 ribbon cutting, we aim to have completed the following: site master plan for the entire parcel, exterior elevations, interior renderings, and block floor plan.

Funding update

Current contributions include \$600K from the Williamsburg Health Foundation and \$50K from the Clark Foundation. These funds will cover a significant portion of Phase 2; we may need to use year-end fund balance to fully bridge the gap, which will be included in the April Board recommendation. Initially, we anticipated more financial flexibility due to the funding secured by Delegate Wittman. The USDA funding process has proven to be challenging: the funds were congressionally directed, so the USDA should not have discretion over approval. The application was thorough and transparent; we expect eventual approval. However, due to staffing reductions and atypical funding requirements, resolution may take some time. We cannot wait for federal approval before proceeding but that could possibly impact our access to those funds.

Board Action in April

Staff will present recommendations, and if funding clarity is not fully achieved, staff may recommend moving forward with Phase 2 to maintain schedule. Kyra Cook is happy to answer any questions now or at the April Board meeting.

Recruitment/Hiring/Retention Report (David Coe)

For the period of January 15, 2026, through February 11, 2026, Colonial Behavioral Health (CBH) successfully completed 7 hires (all full-time positions), and the agency has one additional full-time offer in a pending status. Pending acceptance of position, the agency will be recruiting 25 positions which include 10 full-time positions, 2 part-time positions and 4 PRN/WAR positions. CBH experienced 5 resignations (all full-time positions) during the reporting period and 1 orientation no-show.

Allison Brody (Capital Campaign Fundraiser), Neil Morgan (Budget Advisor) and the Director of Finance positions were part of the hires for this period.

The minimum wage increase will put pressure on the lower paid salaries within CBH.

December 2025 Financial Report (David Coe)

The Financial Report as of January 31, 2026, was included in the Board meeting packet.

Executive Director's Report (D. Coe)

Agency Issues

The VACSB Annual Training Conference will be held May 6-8 in Richmond. If you are interested in attending, please contact Kristy Wallace to manage your registration.

Community Issues

Licensed Child & Adolescent Therapist Casandra Jones is presenting a workshop at the American Group Psychotherapy Association (AGPA) conference on March 5th. The workshop is entitled "An Introduction to Tabletop Role Play Games (TT-RPG) as a Group Therapy Modality". The workshop will utilize the game *Dungeons & Dragons*.

We are currently presenting CBH's work to each locality's governing bodies. We have presented

(or are scheduled to present) as follows:

February 9 th	7:00pm	Poquoson City Council
February 12 th	2:00pm	Williamsburg City Council
February 24 th	1:00pm	JCC Board of Supervisors
March 3 rd	6:00pm	York County Board of Supervisors

David plans to highlight York County's Finance Staff – the assistance they have provided to CBH is greatly appreciated. Susan Goodwin has been fantastic to work with, and she has been very involved.

Public Policy

It appears that the \$10 million budget amendments submitted by Senator McDougle and Delegate Anderson were not included in the Senate or House committee budget reports. These were intended to support Phase 2 of our facility expansion project. There were too many competing priorities.

A summary of the State Budget actions taken to date in the 2026 Regular Session of the General Assembly will be shared as soon as details are available on the GA website (David plans to share with the Board at the April meeting).

We are rapidly approaching the April 1st deadline for Virginia's SAMHSA application for inclusion in the CCBHC Demonstration program. 2028: CBH → CCBHC.

QUESTIONS

Bruce Keener asked for clarification on future payouts for employees:

June 2026 (this FY) 2% Bonus

July 2027 (next FY) 2% Pay Raise

ADJOURNMENT:

A motion to adjourn the meeting was made by John Collins and seconded by April Thomas. The motion passed as follows:

Yes – 10

No – 0

Abstain – 0

The meeting was adjourned at 3:40pm.

NEXT MEETING:

Date: Tuesday, April 7, 2026

Location: 473 McLaws Circle, Williamsburg, VA 23185

Time: 3:00pm

Ryan Ashe, Board Chair

Amber Richey, Secretary

Strategic Plan Update									
Goal	Objectives	Strategies/Tactics	Quarter 1	Quarter 2	Quarter 3	Quarters 4 & 5	Quarter 6	Quarter 7	
Services Goal Adjust service delivery to match the evolving landscape, consumer expectations, and community needs.	Meet consumer expectations by improving services	Evaluate the efficiency regarding access to services -Rapid response to behavioral health crisis -Faster entry to outpatient services	Director of Crisis and Access on staff & beginning evaluation.	Central access staffed. Mobile crisis response functional with expanded hours, six days per week.	Implemented on main campus using Same Day Access model. Outreach to promote service underway.	In 2024 CBH conducted 230 intake assessments. In 2025 CBH is averaging 100+ intake assessments/monthly. Average assessment duration is 2+ hours.			
		Incorporate treatment and service innovations and best practices -Rapid acting medications for stabilization -Medical screening technologies -Redesign Opportunities Unlimited -Redesign psychosocial rehabilitation	Will align with development of new facilities.						
	Expand or develop programming to meet community needs	Expand or enhance existing or new services -Permanent Supportive Housing (PSH) -Broadened waiver services	PSH executed 9 initial leases and 10 referrals are in process. Children's and SUD Services expansion underway.		Ten Continuum of Care - allocated slots are full. Identified new property manager/partner.	PSH absorbed individuals formally served by House of Mercy.			
		Development new services Mobile Crisis -Crisis Receiving Center -Crisis Stabilization -Supported Employment	Mobile Crisis launched July 2024. Key staff participated in a NOISE assessment as first step of development of Supported Employment.			Resumed Community Crisis Stabilization services.			
Operations Goal Ensure agency sustainability through business operations reflective of changing healthcare and workforce landscapes.	Focus on workforce recruitment and retention	Invest in recruitment platforms -Affinity groups -Triad Healthcare Recruiting	Now advertising in National and Virginia Associations Social Workers and on Handshake platforms.				HR staff working with Directors regarding recruitment platform optimization.	CHB successfully utilized a recruiting firm and is exploring doing so more often for key positions.	
		Explore agency-wide retention practices -Schedule flexibility -Benefits structure -Career advancement pathways -Culture connectivity -Staff feedback -Develop and institute succession planning for program and the agency as a whole	DEI agency assessment underway. FY25 Employee Engagement Committee established.	DEI agency phase 2 assessment underway. Employee Engagement Committee hosted Fall Extravaganza events.	DEI activity indefinitely postponed.	Clinical positions/titles have been standardized across the agency. Clinical supervision is available to all eligible employees. Incentives for supervision have been instituted. Paid internships are now available. Management was surveyed on training needs and trainings are being offered in response.	Mid Management Staff received training on burnout and on conflict resolution.	Mid Management Staff participated in feedback session regarding past and future training using live polling software.	
	Conduct fiscal analysis in anticipation of new funding models	Determine federal indirect cost rate			Nancy attended training on rate establishment.				
		Explore cost-based reimbursement -CCBHC				Contract with W&M to develop cash flow projections for phase II consolidated outpatient building will inform this work.			
	Improve operations to realize efficiencies	Update governance structure -Advisory Council	Policy adopted by Board. First cohort will begin January 2025.	Advisory Council applications received and under review.	Advisory Council activity underway.	Policy manual restructuring and review under way.			
		Institute cost benefit analysis processes -New grant and program evaluation							
		Develop new facility staffing models -Preparation for consolidation of new construction				New staffing models necessitates need for temporary office space.			
		Land/facility acquisition -Acquire surplus Eastern State Hospital land -Acquire land and/or facilities appropriate for Day Support services -Acquire land and/or facilities appropriate for service delivery in the eastern most part of the CBH catchment area				ESH land acquired.			

Infrastructure Goal Develop and execute long-term facility, technology, and infrastructure plans to support and enhance services.	Develop master plan for new campus and appropriate satellite facilities	Space needs analysis and design -Develop a York Poquoson plan inclusive of design -Develop an Opportunities Unlimited plan inclusive of design -Develop new campus plan inclusive of design	Space needs analysis complete.			Phase II RPF issued for design build services.			
		Facility development and construction -Begin construction of facilities				CSW construction under way.		Henderson, Inc. selected as design build vendor for phase 2.	
	Continue refinement and execution of the existing technology plan to improve administrative efficiencies and ensure security	Administrative efficiencies via software solutions -Maximize consumer engagement via use of EHR patient portal -Develop process to collect fees for telehealth -Conduct software audit to reduce use of paper				Fee collection will resume in January. Virginia Crisis Connect (VCC) is actively dispatching mobile crisis response. Staff is now using VCC to search for psych beds in VA. Clinical staff now has view access to Riverside Health System's electronic health record. Emergency Services now uses a virtual fax line.			
		Cyber security -Continue to improve disaster preparedness -Complete migration to the cloud	Data safely secured offsite via server migration to the cloud. Two report services created in the cloud.	Migration to the cloud is complete. Current disaster plan worked as evidence by no data loss and minimal service disruption. Working with legal team to improve policies and procedures moving forward.					
Resources Goal Ensure agency sustainability by creating and implementing long-term resource development plans.	Develop mechanisms to finance the new campus	Develop a sustainable financial model to support current and future occupancy and capital costs							
		Capital Campaign -Accept donations directly or via a third party -Grant prospecting	"Make a Gift" button added to website. Designated fund established at Williamsburg Community Foundation.	Campaign feasibility study complete.		Congressman Wittman announced that \$2 million for CBH Campus Phase II construction was included in the House Appropriations Bill.	Capital campaign fundraiser position posted.	Capital campaign fundraiser position filled.	
		Develop relationship with lending institution to put together a capital stack and leverage existing holdings							
	Form new partnerships to advance the work	Develop and implement a Public Relations Plan -Business community outreach -Marketing budget			Mobile crisis team distributing program information to key stakeholders.	Developing PR plan via Public Awareness Committee.	The CSW groundbreaking event was a public relations success.		
		Explore sharing resources to drive efficiencies -SEVHS -ESH	Signed Letter of Intent with Southeastern Virginia Health System.					Behavioral Health Consultant (CBH employee) imbedded at SEVHS.	Behavioral Health Consultant (CBH employee) imbedded at SEVHS resigned.
Seek federal funding to increase services -SAMHSA									



William & Mary Study

Overview

CBH engaged the William & Mary Mason School of Business to conduct a strategic and financial review of the planned integrated care facility and expanded campus. The review evaluated the financial feasibility of the new facility, workforce readiness, operational capacity, revenue assumptions, and CBH's organizational positioning.

Overall, the report affirms that the integrated care model presents a strong opportunity to expand access and strengthen CBH's regional role; however, it also identifies significant operational and financial risks if growth, staffing, and revenue diversification are not carefully managed.

CBH leadership has reviewed the findings and identified a focused, phased implementation approach to address the most critical recommendations.

Key Findings from the Report

The review identified five central themes:

1. Financial sustainability requires stronger modeling and disciplined use of data.

The projected operating and debt costs of the new facilities will require substantial growth in service volume and revenue. CBH must actively use scenario modeling to guide staffing, space use, and service mix decisions.

2. Workforce capacity is the primary operational risk.

High vacancy rates and a highly competitive labor market could limit CBH's ability to achieve projected volumes without changes to work structure and flexibility.

3. Revenue growth must extend beyond current outpatient and grant patterns.

CBH will need to increase outpatient utilization and diversify revenue sources while remaining mission driven.

4. Operational and financial controls must continue to be strengthened.

Improved tracking of program costs, productivity, and grant expenditures is essential as CBH's footprint and complexity increase.

5. Communication with staff, partners, and the community will be critical.

Clear and coordinated communication is necessary to ensure internal alignment and external confidence as the new campus comes online.

CBH Priority Actions

Based on staff leadership input and report recommendations, CBH will focus first on the following three actions:

1. Implement Provider Productivity and Financial Modeling Tool

CBH will adopt the financial and productivity modeling tool developed through the Mason School project and integrate it into routine management and planning processes.

This tool will be used to:

- support budgeting and staffing decisions,
- model multiple growth and revenue scenarios, and
- establish consistent productivity expectations by role and program.

Internal training will be provided so that management staff can independently use and maintain the model.

2. Strengthen Communication and Change Management

CBH will implement a coordinated internal and external communication strategy as planning for the new campus continues. This includes:

- regular internal updates to staff on project progress and operational changes,
- consistent messaging for community partners and local governments, and
- alignment with statewide initiatives and terminology.

Well-managed communication has been identified as essential to maintaining staff confidence and community trust.

3. Increase Outpatient Revenue and Service Volume

CBH will focus on expanding access to outpatient services beyond its most intensive and crisis-focused populations to increase utilization of outpatient clinical capacity and strengthen overall revenue performance. This strategy supports the report's finding that outpatient and medical services will play a key role in covering increased facilities and operating costs.

4. Continue Financial and Grant Expenditure Cleanup

CBH will continue its ongoing work to improve financial controls, grant tracking, and cost allocation across programs. The operational and financial improvement framework outlined in the report (including the program-level cost and productivity analysis referenced in the report's financial section) will be used as the foundation for improving program-level financial visibility.

5. Expand Hybrid Work Options for Clinical Providers

To improve recruitment, retention, and workforce stability, CBH will expand hybrid work options for appropriate clinical roles, with an initial focus on adult psychiatry and outpatient therapy.

This approach is intended to strengthen CBH's competitiveness in the labor market while maintaining clinical quality and access standards.

**Authorization to Execute Furniture Contract for the
Center for Support and Wellness (CSW)**

Background:

As part of the development of the Center for Support and Wellness, Colonial Behavioral Health (CBH) has undertaken a comprehensive process to procure furniture that aligns with the facility's clinical, operational, and design needs. The furniture selections are intended to support a therapeutic, welcoming, and functional environment for both clients and staff.

The procurement process for furniture was conducted in accordance with CBH's established procurement policies and procedures. CBH staff led the selection process, with technical and design support provided by MBP, CBH's owner's representative.

Recommendation:

Staff recommends that the Board authorize the Executive Director to execute a contract with New Day Office in the amount of \$583,209.86 for the purchase and installation of furniture for the Center for Support and Wellness.

Next Steps:

Upon Board authorization, the contract will be executed, and staff will proceed with ordering, delivery coordination, and installation in alignment with the overall project timeline.

Staff will provide a brief presentation at the April 7th Board of Directors meeting to offer an overview of the furniture selections.

Requested Board Action:

Authorize the Executive Director to execute a contract with New Day Office in the amount of \$583,209.86 for furniture procurement for the Center for Support and Wellness.

**Colonial Community Services, Inc/CBH
Agreement – Facility Project (Phase 2)**

Background:

Colonial Community Services, Inc. (CCSI) serves as the property holding corporation for all CBH land and office location holdings. CBH pays rent to CCSI to cover the cost of debt service, insurance, etc.

CCSI and CBH first entered into an agreement for development of new land and facilities in April 2024 to memorialize the roles of and relationship between the two entities related to the acquisition of land and resources to expand CBH offices. At that time, the particular focus was on the Center for Support and Wellness (CSW).

Land acquisition is no longer relevant for that property in Phase 2, and resource development strategies are still in very early stages; therefore, a revised Agreement will be useful in defining those roles in Phase 2.

CBH Attorney Pat McDermott has reviewed and “signed off” on this Agreement. It is entirely possible that revisions may need to be made as we achieve more clarity moving forward, but this current version of the Agreement sufficiently memorializes the organizational relationship to move the project forward.

The CCSI Board (comprised of the Executive Committee of the CBH Board) must also approve the Agreement, with a meeting scheduled for consideration of the Agreement upon approval by CBH.

Suggested Motion:

That the Board of Directors authorize the Executive Director to execute the Agency Agreement Between Colonial Community Services, Inc. and Colonial Behavioral Health contingent upon approval by the Colonial Community Services, Inc. Board of Directors.

**AGENCY AGREEMENT BETWEEN COLONIAL COMMUNITY SERVICES,
INC. AND COLONIAL BEHAVIORAL HEALTH**

This Agency Agreement ("Agreement") is made and entered into as of April 7, 2024, by and between:

- **Colonial Community Services, Inc.**, a non-profit corporation established under the laws of the State of Virginia, with its principal place of business at 473 McLaws Circle, Williamsburg, Virginia 23185 ("Principal"), and
- **Colonial Behavioral Health**, a Community Services Board established pursuant to Title 37.2 of the Code of Virginia, with its principal place of business at 473 McLaws Circle, Williamsburg, Virginia 23185 ("Agent").

WHEREAS, Colonial Community Services, Inc. desires to engage Agent to act on its behalf for the development of real property located at 1001 Galt Lane, Williamsburg, Virginia improvements thereon, including an administration/clinical facility (Phase 2); and

WHEREAS, Colonial Behavioral Health desires to provide such services to Colonial Community Services, Inc., consistent with its authority under Title 37.2 of the Code of Virginia;

NOW, THEREFORE, in consideration of the mutual covenants contained herein, the parties agree as follows:

1. Services

1.1 Agent agrees to perform the following services for Principal (the "Services"):

- Oversee the development of improvements on the acquired property, including:
 - Hiring and managing architects, engineers, and other construction professionals This may require Principal's involvement in selecting and contracting with these professionals),
 - Preparing construction plans and specifications,
 - Obtaining necessary construction permits and approvals,
- Managing the construction budget including being the recipient of funds from multiple sources including the Commonwealth of Virginia, lenders, donors, the United States of America and others and the expenditure of funds. (This may require collaboration with Principal on financial matters)
- Provide regular progress reports to Principal on the development process.

1.2 Principal acknowledges that Agent may, at its sole discretion, subcontract any portion of the Services to a qualified third party, subject to Principal's prior written approval.

2. Responsibilities of Principal

2.1 Principal agrees to:

- Provide Agent with all necessary information and documents related to the desired property and development project.
- Make all final decisions regarding the selection of the property..
- Provide assistance to the Agent in securing approvals for the development of the property as needed, in accordance with applicable laws and regulations.
- Comply with all applicable laws and regulations in connection with the project.

3. Responsibilities of Agent

3.1 Agent agrees to:

- Perform the Services in a professional and competent manner, in accordance with industry standards and best practices.
- Maintain accurate and complete records of all activities undertaken pursuant to the Services.
- Act in the best interests of Principal and Agent throughout the development process.
- Comply with all applicable laws, regulations and agreements in connection with the Services.

4. Term and Termination

4.1 This Agreement shall commence on the Effective Date and shall continue for a period of seven (7) years (the "Term"), unless earlier terminated as provided herein.

4.2 This Agreement may be terminated by either party upon 30 days' prior written notice to the other party.

4.3 This Agreement may be terminated by either party immediately upon written notice to the other party if the other party breaches a material provision of this Agreement and fails to cure such breach within 30 days after written notice thereof.

5. Fees and Payment

5.1 Principal shall NOT pay Agent a fee for the Services performed hereunder. Principal relies upon Agent to become the principal tenant of the project upon completion of the project.

6. Confidentiality

6.1 Each party agrees to hold in confidence all non-public information of the other party

obtained pursuant to this Agreement and not to disclose such information to any third party without the prior written consent of the other party. The Agent is subject to the Virginia Freedom of Information Act.

7. Entire Agreement

7.1 This Agreement constitutes the entire agreement between the parties with respect to the subject matter hereof and supersedes all prior or contemporaneous communications, representations, or agreements, whether oral or written.

8. Severability

8.1 If any provision of this Agreement is held to be invalid or unenforceable, such provision shall be struck and the remaining provisions shall remain in full force and effect.

9. Notices

9.1 All notices and other communications hereunder shall be in writing and shall be deemed to have been duly given when delivered personally, sent by certified or registered mail, return receipt requested, postage prepaid, or sent by overnight courier, addressed as follows:

- If to Principal, David A. Coe: 473 McLaws Circle, Williamsburg, Virginia 23185
- If to Agent, David A. Coe: 473 McLaws Circle, Williamsburg, Virginia 23185

10. Amendments

10.1 This Agreement may be amended only by a writing signed by both parties.

IN WITNESS WHEREOF

Colonial Community Services, Inc. by:

_____, _____

Colonial Behavioral Health, by:

_____, _____

**Authorization to Execute Contract with Henderson, Inc.
Phase 2 Design Services**

Purpose:

The purpose of this memorandum is to request Board authorization for the Executive Director to execute a contract with Henderson, Inc. in an amount not to exceed \$1,248,000 for Phase 2 design services Colonial Behavioral Health new campus project.

The contract and all attachments are currently under legal review and will be approved by legal counsel prior to execution by the Executive Director.

Authorization to proceed now ensures a campus master plan and project renderings are available to unveil when the Center for Support and Wellness opens this fall.

This action also includes a request to amend the FY budget to allocate funding for Stage 1 of this contract.

Background and Scope of Work

Henderson, Inc. has been selected through the PPEA process to provide design and pre-construction services for Phase 2 of the project. The scope of work includes development of key design deliverables necessary to advance the project toward construction readiness.

Major deliverables include:

- Development of project cost estimates and scheduling (Stages 1 & 2)
- Site design, including topographic and boundary surveys; subsurface utility designation; geotechnical engineering and soil analysis; site layout; and civil design documents for submission to James City County (Stages 1 & 2)
- Building design, including space programming and validation; architectural plans, elevations, and system concepts; mechanical, electrical, plumbing, and fire protection design narratives; security, access control, and audiovisual system planning; and 3D renderings and visualizations (Stages 1 & 2)
- Ongoing stakeholder coordination, design meetings, and presentations (Stage 1)

Importantly, this contract does not include work associated with obtaining a Special Use Permit (SUP). Depending on the disposition of the D.R. Horton rezoning request currently under consideration by James City County, CBH may need to pursue an SUP.

While this is not anticipated to present significant challenges, it would require

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additional scope and cost. Because the County's legislative decision is not expected until later this spring, this potential work is intentionally excluded from the current contract.

Contract Structure (Two Stages)

To manage financial risk and uncertainty, the contract is structured in two stages:

Stage 1: \$729,000

Stage 2: \$518,000

This staged approach reflects the current uncertainty regarding \$2 million in federal funding secured with the assistance of Congressman Wittman. While recent communication with the Congressman's staff suggests resolution is forthcoming, CBH is proceeding cautiously until funding is secured.

Funding Plan

Stage 1 (\$729,000) will be funded through:

- \$600,000 grant from the Williamsburg Health Foundation
- \$129,000 from CBH's unassigned fund balance

Stage 2 (\$518,000) will be addressed later once there is greater clarity regarding:

- Federal funding availability
- Available fund balance
- Additional funds raised

The assumption is that we will soon receive authorization to use the federal grant, but additional board authorization will be necessary once the funding source is clarified to advance to Stage 2.

Requested Board Action

Staff recommends that the Board of Directors authorizes the Executive Director to execute this Agreement on behalf of CBH with Colonial Community Services, Inc.

Revision of Policy 15 – Press and Media Release

Background:

CBH staff have reviewed the CBH Press and Media Release Policy (Policy #15) and are pleased to recommend revisions to the Board of Directors for review.

A primary theme of the recommended changes is the movement of several portions of the Policy to the level of procedure. These changes are made without compromising the intent or integrity of the Policy itself.

This policy and accompanying revisions have been reviewed and endorsed by the agency’s lawyer, Pat McDermott.

Summary of Changes:

Current Confidentiality Policy	Proposed Changes to Policy
Contains pronouns “he, she, they”	Contains only “they” as personal pronouns
There are no other changes from the 12/2022 approved policy.	

Motion from the CBH Executive Committee:

That the Board approve the revisions to Press and Media Release policy as presented.

COLONIAL BEHAVIORAL HEALTH

COUNSEL REVIEW OF BOARD POLICY

Name of Policy: Press and Media Release
Category: Administration and Operations
Policy No.: 15

Review Date: February 20, 2026

Name of Counsel: Patrick B. McDermott, Esq.

Comments of Counsel:

- 1. Virginia Code Compliance:** Up to date, No violations
- 2. Federal Law Compliance:** Up to date, No violations
- 3. Grammer and Punctuation:** Acceptable
- 4. Comments:**

Patrick B. McDermott, Esq.

Signature of Counsel

Policy and Procedures

Category: Administration and Operations
Title: Press and Media Release
Policy Number: 15
Primary Areas Affected: CBH Organization

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Policy and Procedures

Category:	Administration and Operations
Title:	Press and Media Release
Policy Number:	15
Primary Areas Affected:	CBH Organization

Policy Statement

Colonial Behavioral Health (CBH) strives to provide the public accurate and timely information and communication in a professional manner, and in accordance with applicable state and federal laws regarding public information and data practices.

The policy applies to all external communications from CBH, which include, but are not limited to:

- Printed material, including but not limited to: brochures, fliers, pamphlets, newsletters, press releases, articles, photographs and graphics;
- Electronic material, including but not limited to: email, Microsoft Office documents, Adobe Suite documents, web-based content and content on social media sites;
- Media relations, including but not limited to: requests for interviews, news releases and media inquiries;
- General communication, including but not limited to: conversations via phone or in-person with members of the community, media, businesses and local, state and federal legislature; and
- Presentations about topics relating to CBH's service areas.

General Guidelines

The Executive Director or designee is responsible for responding to media inquiries and providing accurate and timely information in a professional manner. Any CBH employee could, at any time, be in a setting where public communication is required. Every CBH employee who engages in public communication has the responsibility to communicate accurate information in a professional manner.

CBH employees are not responsible for ensuring information is communicated to the press. Employees must consult with the Executive Director's Office or designee when contacted by a member of the press. Under no

Policy and Procedures

Category:	Administration and Operations
Title:	Press and Media Release
Policy Number:	15
Primary Areas Affected:	CBH Organization

circumstances may any CBH employee respond to a request from the media without obtaining approval from the Executive Director.

Official CBH Communications

Distribution of Media Releases

Development and Communications is the only department authorized to disseminate information by press release or advertisement to the media. This ensures that CBH image is consistent and aligns with the agency's mission and allows the organization to build invaluable relationships with local media outlets. This also allows the Development and Communications Department to ensure CBH is meeting the Virginia Department of Medicaid Assistance Services' marketing requirements, which, if not followed, could cause the agency to lose its Medicaid reimbursement.

Through the Development and Communications, employees are encouraged to consider distributing information about CBH events, services and activities to the local media.

The benefits of increased media and public awareness extend far beyond the single event, service or activity being promoted. Increased awareness of the agency and its services is beneficial when requesting government funding, monetary or in-kind donations and grant funding.

Handling Media Requests

All requests for interviews or information from the media should be directed to Executive Director's Office and/or Development and Communications Department.

Policy and Procedures

Category:	Administration and Operations
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Policy Number:	15
Primary Areas Affected:	CBH Organization

Media includes any information to be shown to one or more persons, which includes, but is not limited to printed media, digital media and audio/visual media.

Communicating on Behalf of CBH

The Executive Director, or their designee, is authorized to communicate on behalf of CBH in interviews, publications, news releases, social media sites and related communications. Other CBH employees may represent CBH if the Executive Director gives approval prior to the interview taking place.

Source of Authorization

Board of Directors

Legal/Regulatory References

Federal Statues

Americans with Disabilities Act

Federal Trade Commission Act Section 5, 15 U.S.C. 45, Unfair or Deceptive Acts or Practices in or Affecting Commerce

Federal Trade Commissions Act 16 CFR Part 255, Endorsements and Testimonials in Advertising

Health Insurance Portability and Accountability Act of 1996 - 45 CFR Part 160 and 164 (HIPAA: Privacy, Security, Enforcement and Breach Notification Rules under HITECH Act)

State Statues

Virginia Code 18VAC85-20-30, Advertising Ethics

Virginia Code 12VAC30-130-2000, Marketing Requirements and Restrictions

Policy and Procedures

Category: Administration and Operations

Title: Press and Media Release

Policy Number: 15

Primary Areas Affected: CBH Organization

Virginia Department of Medicaid Assistance Services, Marketing Requirements

Virginia Freedom of Information Act

Other

Web Content Accessibility Guidelines WCAG 2.1, international digital standards for accessibility

Definitions

Audio/Visual Media - radio, television, podcasts, and other audio- or video-hosting sites (e.g., YouTube)

Digital Media - online newspapers, magazines, journals, books, newsletters, blogs and fliers

General Communication - Conversations via phone or in-person with members of the community, media, businesses and local, state and federal legislature.

Printed Media - newspapers, magazines, journals, books, newsletters, brochures, fliers and pamphlets

Policy and Procedures

Category: Administration and Operations
Title: Press and Media Release
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Diary of Changes

Date of Origin

1/22/1997

Dates of Review

03/03/2026	02/20/2026	12/16/2022	12/16/2021	
10/14/2020 - COVID 19 PROTOCOL		04/01/2019	10/20/2016	10/20/2015
10/01/2010	09/29/2008	07/19/2000		

Dates of Revision

03/03/2026	02/20/2026	12/16/2021	04/01/2019	10/20/2015
09/03/2007				

Approved By

	<u>04/07/2026</u>
Signature	Effective Date
<u>Ryan Ashe</u>	<u>CBH Board Chair</u>
Printed Name	Title

Revision of Policy 22 – Ethical Principles

Background:

CBH staff have reviewed the CBH Ethical Principles (Policy #22) and are pleased to recommend revisions to the Board of Directors for review.

A primary theme of the recommended changes is the movement of several portions of the Policy to the level of procedure. These changes are made without compromising the intent or integrity of the Policy itself.

This policy and accompanying revisions have been reviewed and endorsed by the agency’s lawyer, Pat McDermott.

Summary of Changes: It should be noted that peers are required by code to have a separate list of ethical principles based on the guidance from DBHDS.

Current Confidentiality Policy	Proposed Changes to Policy
Investigation Section, “Completed within in ”	The second word in was removed. Now reads “The investigation will be completed within 10 business days”
No other changes to the policy.	

Motion from the CBH Executive Committee:

That the Board approve the revisions to the Ethical Principles policy as presented.

COLONIAL BEHAVIORAL HEALTH

COUNSEL REVIEW OF BOARD POLICY

Name of Policy: Ethical Principles

Category: Administration and Operations

Policy No.:22

Review Date: February 20, 2026

Name of Counsel: Patrick B. McDermott, Esq.

Comments of Counsel:

- 1. Virginia Code Compliance: No violations**
- 2. Federal Law Compliance: No violations**
- 3. Grammer and Punctuation: Acceptable**
- 4. Comments: I note on page 6 of 13 that employees are prohibited from witnessing legal documents. A good policy. Query, are employees, particularly field employees, made aware of this policy in their orientation?**

Patrick B. McDermott, Esq.

Signature of Counsel

Policy and Procedures

Category: Administration and Operations
Title: Ethical Principles
Policy Number: 22
Primary Areas Affected: CBH Organization

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Policy and Procedures

Category: Administration and Operations
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Policy and Procedures

Category: Administration and Operations
Title: Ethical Principles
Policy Number: 22
Primary Areas Affected: CBH Organization

Policy Statement

In keeping with our Mission and related policies and procedures, Colonial Behavioral Health subscribes to the following Ethical Principles for all employees, board members and representatives. The Ethical Principles are communicated to all employees, board members, representatives and individuals that are served as part of orientation to the agency. They are posted in key areas throughout the agency in order to promote general awareness.

Source of Authorization

Board of Directors

Legal/Regulatory References

12VAC35-405-150 – Compliance with applicable laws, regulations and policies

12VAC35-250-40 - Minimum standards for certifying bodies

Ethical Principles

Responsibility

We bear the responsibilities of our professional actions and recognize their impact on the lives of the individual we serve and the community at large.

Policy and Procedures

Category:	Administration and Operations
Title:	Ethical Principles
Policy Number:	22
Primary Areas Affected:	CBH Organization

Competencies

We are aware of our competencies and their limitations with regard to the services we provide. As Providers, we will accurately represent our competencies, education, skills, and abilities to all individuals we serve and the community.

Trust

We assume the trust placed upon us by the public to conduct ourselves in ways that are moral, ethical, and legal. We will not participate in or condone activities which conflict with the interests of the individuals we serve or the organization, or which are illegal, discriminatory, or which violate or diminish the legal and civil rights of the individuals we serve. In the event an Individual presents as a harm to self or others and in accordance with state and/or federal law, the above aforementioned statement may not apply.

Public Statements and Marketing

When providing public statements, announcements, promotional and marketing activities pertaining to the agency, its business practices, human resources and recruitment, services, and the individuals we serve we will provide accurate information supportive of informed choices. Individually identifiable health information regarding individuals served by the agency will not be used for public statements or marketing, except as authorized in writing by the individual and/or guardian.

Policy and Procedures

Category:	Administration and Operations
Title:	Ethical Principles
Policy Number:	22
Primary Areas Affected:	CBH Organization

Confidentiality

We will safeguard information about all individuals served, their family members, and individuals who receive prevention, education, and consultation services. We will not communicate information about the individuals we serve without their written consent, unless otherwise determined by law.

Consumer Welfare

We will protect the welfare of the individuals we serve and make every effort to act in their best interest. When individuals are receiving services from outside providers, we will take the necessary steps to coordinate care and avoid duplication of service. We will involve individuals and as appropriate, their family members in developing the plan of service, which includes discharge planning. When an individual have achieved the expectations of the plan or when it is clear they are not benefiting from services, we will coordinate the discharge plan.

Advocacy

We value individual, family, and stakeholder input for purposes of planning, service development, and performance improvement. CBH plans for individual, family, and stakeholder input by providing encouragement to attend and public notice of all Board of Directors meetings, public hearings on behalf of biannual planning and needs assessment, individual and family advocacy meetings, and CBH Recovery Team meetings and activities. Likewise, employees and Board of Directors members are encouraged to participate in local advocacy associations, coalitions, and venues. Information acquired through these activities is used in organizational decision making. We are committed to developing corporate partnerships to promote a

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healthy community. The goal is to reduce stigma, promote inclusion, equity, diversity, health, wellness, and recovery. CBH adheres to a mission to facilitate recovery and resilience to the individuals we serve.

Professional Conduct

We will conduct ourselves in ways that consider the needs and values of individuals served, coworkers and the community at large. We will avoid conflicts of interest. We will disclose and disqualify ourselves from any agency business transaction in which we have a personal interest. We will not accept gifts, money, gratuities and/or participate in personal fundraising. We will safeguard an individual's personal property and property owned by Colonial Behavioral Health. We respect the commitments and standards of the agency, its viability and reputation. We adhere to all professional codes of ethics as applicable to our professional licenses and certifications. We adhere to maintaining professional relationship boundaries governed by the code of ethics to our professional licenses, certifications and Department of Behavioral Health and Developmental Services Human Rights Regulation. Employees are prohibited from witnessing legal documents for individuals, guardians, family members of person served and authorized representatives. Legal documents include power of attorney, guardianship, and advance directives. We encourage employees not to post information about CBH on social media and to follow all policies regarding confidentiality, harassment, and discrimination. Employees may not claim or imply any statement posted on social media is the opinion of CBH. If we become aware of unethical conduct by a coworker, we will immediately attempt to rectify the situation and address the matter with appropriate personnel according to the Investigation Procedure for Ethics Violations.

Assessment Instruments

If we utilize psychometric instruments to assess individuals, we will follow the standards and guidelines set forth according to the respective instrument. We will provide the opportunity to report and discuss the results of

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these assessments to the individual and as appropriate their family members, including interpretations, judgments, recommendations, and the factors on which these are based. Our reports will be communicated in a manner that the person can understand.

Clinical Studies and Outcome Measurements

To the degree practical, we will participate in clinical studies and outcome measures that contribute to the welfare of individuals and the improvement of services. Clinical studies and outcomes in which we participate are carefully planned, take into consideration ethical acceptability, conform to our research policy, and are administratively approved.

Billing, Coding and Documentation

We are committed to documenting complete, timely and accurate services in the individual's health record to ensure the integrity of CBH's documents and records. We are committed to code and bill services with accuracy based on the documentation of treatment services delivered to include the diagnosis, medical and clinical necessity. We do not allow duplicate billing or upcoding of services. We prohibit fraud, waste, abuse, and unethical practices that will impact CBH, and individual served.

Education and training

We are committed to education and training of employees, individuals served, contractors and stakeholders on CBH's compliance expectations, policies, ethical principles, and promote healthy educational information for the community.

Policy and Procedures

Category:	Administration and Operations
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Primary Areas Affected:	CBH Organization

Non-Retaliation and Reporting

We are committed to ensuring employees, students, volunteers, and contractors comply with federal, state, and external entities regulations and standards. No retaliatory or disciplinary action will be taken against an employee, individual, guardian, family member and authorized representative for reporting in good faith any compliance concern. Good faith requires that the persons report information to be factual, without fabrication. We will maintain confidentiality within the limits of the law the identity of the person making a report of possible misconduct.

Peer Recovery Support Code of Ethics

Principle: Recovery First

My primary obligation and responsibility is my recovery. I will immediately seek outside counsel and if applicable, notify my supervisor if alcohol, drug use, mental illness, or anything else gets in the way of my recovery.

Principle: Sharing Personal Recovery Story

I will share my lived experiences to help others identify resources and supports that promote recovery and resilience.

Principle: Service Approach

I affirm the rights and dignity of each person that I serve.

The services I provide will be guided by the principle of self-determination to assist others in achieving their

Policy and Procedures

Category:	Administration and Operations
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needs and goals. This includes advocating for the decisions of the peers regarding professional and other services.

I will advocate for the right of peers to self-select their own recovery pathways and recovery communities and will promote the individual's inherent value to those communities and pathways.

Principle: Confidentiality

I respect the privacy of those I serve, and I will abide by confidentiality guidelines as required by the law.

Principle: Non-Discrimination

I provide recovery support services regardless of someone's age, gender, race, ethnicity, national origin, sexual orientation, religion, marital status, political belief, language, socioeconomic status or mental or physical condition. If differences that impact the motivation for recovery occur, I seek consultation and, if necessary, make referral to another Certified Peer Specialist.

Principle: Conduct

I act in accordance with the law.

I never use physical force, verbal, or emotional abuse; intimidate, threaten, harass, or make unwarranted promises of benefits.

I will fairly and accurately represent myself and my capabilities to the peer and the community.

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Category: Administration and Operations
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I will not accept money, gratuities, or items of significant value from people that I serve.

I will not participate in personal fund raising.

I will not lend or borrow from the peers that I serve.

I will not engage in sexual activities or intimate relations with peers that I serve.

I will not engage in sexual activities or sexual contact with former clients within a minimum of two years after terminating services.

I will not provide services to individuals with whom I have had a prior sexual or intimate relationship.

Principle: Integrity

I will not discontinue services to a peer without his or her knowledge and will make a referral for continued services when appropriate.

I will report violations of the Code of Ethics by other Certified Peer Recovery Support Specialists to the appropriate certifying entity.

Principle: Conflict of Interest

I will not use my role as a CPRSS to promote any treatment, procedure, product or service, which would result

Policy and Procedures

Category: Administration and Operations
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in my personal gain.

Principle: Scope of Practice

I will not perform services outside of my area of training, expertise, competence, or scope of practice.

Principle: Personal Development

I will improve my recovery service knowledge and skills through ongoing education, training and supervision.

Peer Support Code of Ethics was adopted from Virginia Department of Behavioral Health and Developmental Services

Investigation Procedure for Ethics Violations

Reporting Violations

- Employees and representatives should report violations according to the agency's Incident Report Policy.
- Individuals served, persons acting on behalf of individuals, or other persons who receive services should report violations according to the agency's Human Rights Policy.
- All ethical violations will be reported to the appropriate licensing board.

Investigations

The Executive Director will direct an investigation of all reported ethical violations. In most instances, investigations will be conducted by the designated CSB Human Rights Advocate. During the investigation period,

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the Executive Director may place employees accused of violation on administrative leave pending outcome of the investigation. The investigation will be completed within 10 business days.

Actions

Remedial and disciplinary actions will be addressed according to the agency's Personnel Policy Manual.

Policy and Procedures

Category: Administration and Operations
Title: Ethical Principles
Policy Number: 22
Primary Areas Affected: CBH Organization

Diary of Changes

Date of Origin

07/01/1997

Dates of Review

03/03/2026	02/20/2026	03/12/2022	12/14/2021	
10/15/2020 – COVID 19 Protocol		04/08/2019	10/10/2016	08/04/2016
10/27/2015	04/16/2014	03/16/2013	10/01/2010	

Dates of Revision

03/03/2026	02/20/2026	09/12/2022	10/10/2016	08/04/2016
10/27/2015	09/28/2008	09/05/2007	10/28/2004	04/14/2004
04/14/2003	01/31/2001			

Policy and Procedures

Category: Administration and Operations
Title: Ethical Principles
Policy Number: 22
Primary Areas Affected: CBH Organization

Approved By

<hr/>	<u>04/07/2026</u>
Signature	Effective Date
<u>Ryan Ashe</u>	<u>CBH Board Chair</u>
Printed Name	Title

Revision of Policy 47 – Corporate Compliance

Background:

CBH staff have reviewed the CBH Corporate Compliance (Policy #47) and are pleased to recommend revisions to the Board of Directors for review.

A primary theme of the recommended changes is the movement of several portions of the Policy to the level of procedure. These changes are made without compromising the intent or integrity of the Policy itself.

This policy and accompanying revisions have been reviewed and endorsed by the agency’s lawyer, Pat McDermott.

Summary of Changes:

Current Confidentiality Policy	Proposed Changes to Policy
Not in current policy	Definitions added
His/her/their	Changed to “their”
Not in the policy	For position title added administrator until the transition is completed from coordinator to administrator. It will read “coordinator/administrator” or in some places “coordinators/administrators”

Motion from the CBH Executive Committee:

That the Board approve the revisions to the Corporate Compliance policy as presented.

COLONIAL BEHAVIORAL HEALTH

COUNSEL REVIEW OF BOARD POLICY

Name of Policy: Corporate Compliance Plan

Category: Administration and Operations

Policy No.: 47

Review Date: February 20, 2026

Name of Counsel: Patrick B. McDermott, Esq.

Comments of Counsel:

- 1. Virginia Code Compliance:** No violations
- 2. Federal Law Compliance:** No violations
- 3. Grammer and Punctuation:** Acceptable
- 4. Comments:** This policy is 23 years old. It has been reviewed 10 times, and revised four times, most recently in 2022 during the challenges of the COVID era. At 26 pages, it appears to create a useful tool for corporate compliance.

Patrick B. McDermott, Esq.

Signature of Counsel

Policy and Procedures

Category: Administration and Operations
Title: Corporate Compliance Plan
Policy Number: 47
Primary Areas Affected: CBH Organization

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Approved By	24

Policy and Procedures

Category:	Administration and Operations
Title:	Corporate Compliance Plan
Policy Number:	47
Primary Areas Affected:	CBH Organization

Policy Statement

CBH will maintain a CCP that is reasonably effective in ensuring that quality services are rendered in accordance with applicable reimbursement, payment, funding, documentation, recordkeeping, privacy, security, and individual rights standards, requirements, regulations, and laws.

CBH will conduct its service design and delivery such that quality of care and compliance with applicable reimbursement, payment and funding, documentation, recordkeeping, privacy, security, and individual rights standards, requirements, regulations, and laws is a fundamental goal.

Consistent with the CCP, the Information Governance Committee will review, evaluate, and make recommendations on the professional services furnished by CBH, the efficiency of CBH services, the adequacy or quality of CBH services, the competency, and qualifications of CBH staff, and the appropriateness of CBH charges.

CBH will integrate the standards and procedures contained in its CCP into its Human Resource system to include staff training on compliance-related topics and inclusion of adherence to compliance standards and procedures in the staff disciplinary and periodic performance evaluation process.

CBH will name a CCO that is empowered to report directly to the Executive Director any evidence of failure to comply with applicable reimbursement, payment, funding, documentation, recordkeeping, individual rights standards, requirements, regulations, and laws including quality of service with the CCP.

CBH will maintain a system by which employees may officially report any evidence of failure to comply with applicable laws or regulations or with the CCP without retribution.

Policy and Procedures

Category: Administration and Operations
Title: Corporate Compliance Plan
Policy Number: 47
Primary Areas Affected: CBH Organization

Source of Authorization

Board of Directors

Legal/Regulatory References

12VAC35-405-90 – DBHDS Compliance

42 U.S.C. 1395cc(j)(8) – Federal Law; participation in federal healthcare programs

42 CFR 438.608(a) – Medicaid (CMS) Regulatory Implementation

Definitions

Corporate Compliance Program - A structured system of policies, procedures, training, and oversight mechanisms designed to ensure adherence to applicable laws, regulations, and ethical standards.

Fraud - An intentional deception or misrepresentation made with knowledge that it could result in unauthorized benefit or payment.

Waste - Overutilization or misuse of services or resources resulting in unnecessary costs.

Abuse - Practices inconsistent with accepted medical, fiscal, or professional standards that result in unnecessary costs to healthcare programs.

Compliance Officer - The individual responsible for overseeing implementation and operation of the Corporate Compliance Program.

Policy and Procedures

Category:	Administration and Operations
Title:	Corporate Compliance Plan
Policy Number:	47
Primary Areas Affected:	CBH Organization

Statement of Origin & Authority

These operating policies and procedures are established by management of Colonial Behavioral Health to comply with administrative policies established by its Board of Directors and with applicable statutory, administrative, and legal requirements. They are effective from the date of issue until rescinded or superseded and are to be followed by all employees of Colonial Behavioral Health. The Executive Director will provide final authority as to interpretation of these policies and procedures and may elect to suspend or waive them. All employees are responsible to obtain any clarification needed from their supervisor to implement these procedures.

Introduction

A fundamental goal of Colonial Behavioral Health (CBH) is to provide Mental Health, Developmental Disability, and Substance Use Disorder services in accordance with applicable standards, requirements, regulations, and laws. CBH will address this goal through a comprehensive Corporate Compliance Plan (CCP) that establishes, communicates, and enforces CBH policy that revenue maximization, while important, is secondary to legal and regulatory compliance. The CCP will name responsible individuals, compliance goals, and objectives, and methods of achieving, maintaining, and evaluating compliance.

The CCP will further this goal through:

1. A statement of operating policies.
2. Operating procedures for compliance oversight and establishment of a Corporate Compliance Officer (CCO) and the Information Governance Committee which is the Corporate Compliance Committee (CCC).
3. Operating standards and procedures to be followed by employees and other agents that will reasonably reduce the possibility of accidental or deliberate misconduct.

Policy and Procedures

Category: Administration and Operations

Title: Corporate Compliance Plan

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Primary Areas Affected: CBH Organization

4. Operating procedures that establish an effective program of auditing and monitoring adherence to compliance procedures.
5. Operating procedures that include identifying and reporting systems concerns, whereby employees and other agents may report suspected illegal conduct by others within CBH without retribution.
6. Remediation and disciplinary standards that are consistently enforced with respect to adherence to compliance procedures and standards.
7. Operating procedures that will reasonably prevent future recurrences if an offense has been discovered.
8. Operating procedures that establish an effective program to communicate and train employees and other agents in established compliance procedures and standards.

Corporate Compliance Officer

The Executive Director will appoint a CCO to provide leadership and oversight of the CCP. Currently, the individual in the position of Quality and Compliance Officer will serve on the Information Governance Committee. The CCO's duties shall include, but not be limited to:

1. Serve on the Information Governance Committee
2. Facilitate maintenance and ongoing monitoring of the CCP
3. Serve as CBH Privacy Officer with regard to privacy and security of protected health information in compliance with the Health Insurance Portability and Accountability Act (HIPAA).
4. Serve as CBH internal and external point of contact for overall corporate compliance issues.
5. Provide communication to executive management concerning all areas of the CCP.
6. Monitor mechanisms for preventing, detecting, reporting, and resolving compliance.
7. Monitor CBH reporting mechanisms for evidence of active participation of all employees and provide confidentiality in the reporting process.
8. Monitor handling of all suspected violations and/or violations in accordance with documented policy; coordinate responses in a manner that ensures the integrity of CBH compliance with applicable guidelines and laws.

Policy and Procedures

Category: Administration and Operations

Title: Corporate Compliance Plan

Policy Number: 47

Primary Areas Affected: CBH Organization

9. Submit a compliance report to the Executive Director quarterly and as needed and Board of Directors annually.
10. Have direct and unimpeded access to the Executive Director and Board Chairperson for matters pertaining to corporate compliance.
11. Require a written corrective action plan from supervisors of programs or functions that fail to comply with this CCP to be forwarded to the appropriate Program Director and the Executive Director.
12. Recommend to the Executive Director, Program Director, Program Coordinator/Administrator and/or Program Manager remediation and disciplinary procedures for staff who fail to comply with this CCP and their supervisors, if appropriate.

Corporate Compliance Committee

To assist with ongoing compliance, the Executive Director will appoint a CCC made up of employees with significant compliance oversight responsibilities. The duties of the committee will include, but not be limited to:

1. Ongoing identification and assessment of compliance systems and issues.
2. Plan and provide guidelines for development of service specific compliance procedures through the development, revision, and ongoing monitoring of an organizational CCP.
3. Plan and provide support for educational training and programming as per CCP section, Prevention and Training Procedures.
4. Disseminate compliance information.

Currently, the members of the Information Governance Committee will also serve as the CCC.

Maintenance of Current Standards & Regulations

The CBH Intranet will contain a page with links to websites containing relevant laws, regulations, and requirements, including the Department of Behavioral Health and Developmental Services, Virginia Department

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of Medical Assistance, the federal Health and Human Services Office of the Inspector General, the Centers for Medicare and Medicaid Services, and others as needed.

The CCO is responsible to provide the website information via established procedures for intranet posting.

All staff that develop and maintain internal policies and procedures are responsible to do so in accordance with applicable laws, regulations, and requirements whether or not they are included on the intranet or available on the internet.

Requests for additions to the intranet list of web links must be made to and approved by a member of the Executive Leadership Team, CCC and/or CCO.

As notice of changes in laws, regulations, and requirements are received, the CCO will notify and disseminate to staff as appropriate.

Organization of Service Delivery

Program directors are responsible to ensure that Program Plans and Operating Procedures reflect:

1. Quality services.
2. Applicable reimbursement, payment, funding, documentation, recordkeeping, and individual rights standards, requirements, regulations, and laws.
3. Accurate description of available services.
4. Required levels of staffing and credentials.
5. The responsibilities of staff in service delivery, to include providing quality services, complete documentation and compliance with applicable reimbursement, payment, funding, documentation, recordkeeping, and individual rights standards, requirements, regulations, and laws.
6. Approved processes for changes and updates to program services.

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Positions in management, such as coordinators/administrators and managers, are responsible to ensure that all staff reporting to them receive orientation training on and are knowledgeable about and comply with applicable Program Plans, agency policies and procedures, and operating procedures in this CCP.

Management positions are responsible to complete an annual review and as necessary update the Program Plans and Operating Procedures for programs under their supervision, to obtain the Executive Director signature of the update and to alert CBH staff to relevant changes in these documents.

Program Staffing

CBH will follow laws and regulations that limit hiring of persons excluded from federal reimbursement programs. Applications for employment will require disclosure in this regard for all applicants.

The Human Resources Director is responsible to ensure that all candidates for employment are screened against the database of excluded persons by staff in the Human Resources Department. Exclusion from participation in federal programs may be grounds to preclude hiring an otherwise qualified candidate.

Should CBH hire an excluded person, the Human Resources Department will make full disclosure to the employee's supervisor and in the employee's personnel file of the exclusion and any limitations imposed on work assignment. The supervisor is responsible to ensure that the employee's work assignment is in compliance with applicable regulations and the employee is not given authority or discretion to engage in any proscribed activity.

Human Resources staff is responsible to screen every staff person against the database of excluded persons on an annual basis and to notify the Human Resources Director of any current employees named in the database.

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Upon discovery that an employee is excluded from federal programs by an annual review of the database, the Human Resources Director will review the employee's employment circumstances with the appropriate program coordinator/administrator, program manager and Program Director. Recommendation for resolution will be made to the Executive Director, and may include transfer, demotion, or dismissal of the employee.

Program Coordinators/ Administrator /Program Managers are responsible to ensure that staffing patterns (both numbers and credentials) in programs they supervise meet applicable standards, requirements, regulations, and laws and will conduct staffing reviews.

Program Coordinators/Administrator/Program Managers are responsible to maintain staff in sufficient numbers and with adequate credentials to meet applicable standards, requirements, regulations, and laws.

All candidates for employment in positions requiring academic degrees or professional licenses, certifications, or other credentials will provide original source verification of such qualifications at the time of hiring and at any renewal date to the Human Resources Director. Program Coordinators/Administrator are responsible to ensure that staff in programs under their supervision complies with all requests for information credentialing information.

Program Coordinators/Administrator/Program Managers are responsible to inform all licensed and/or certified professionals in programs they supervise of the requirement to notify immediately their supervisor of any sanction by any licensure or certification body or by any payment/funding organization. The supervisor is responsible to report any such sanction to the appropriate Program Coordinator/Administrator and/or Director in writing.

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Program Coordinators/Administrator/Administrator/Program Managers are responsible to inform all licensed and/or certified professionals in programs they supervise of the requirement to notify immediately their supervisor of the attainment of any professional degree, license, or certification.

Program Coordinators/Administrators/Program Managers and Human Resources/Administrative staff will work cooperatively to implement flexible, effective recruitment techniques to maintain program staff of adequate numbers and credentials.

Program Coordinators/Administrators/Program Managers are responsible to ensure that staff is adequately cross trained in multiple services and/or disabilities.

Supervision of Direct Care Staff

Program Coordinators/Administrators/Program Managers are responsible to provide staff supervision to ensure compliance with applicable reimbursement, payment, funding, documentation, recordkeeping, and individual rights standards, requirements, regulations, and laws and with the CCP as follows:

Provide clinical supervision of staff delivering direct service to ensure quality services.

Provide formal staff evaluation as required by CBH personnel policy.

Ensure staff compliance with documentation, recordkeeping, and human rights requirements.

Provide feedback and reinforcement and initiate disciplinary interventions, as appropriate, based on staff performance and compliance.

Maintain current knowledge of service and program requirements and disseminate at regularly scheduled staff meetings.

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Submit program staffing assignments to the appropriate Program Director for approval.

Supervision of Administrative Staff

Program Coordinators/Administrators/Program Managers are responsible to provide staff supervision to ensure compliance with applicable reimbursement, payment, funding, documentation, recordkeeping, and individual rights standards, requirements, regulations, and laws and with the CCP as follows:

1. Provide technical training and supervision to appropriate staff.
2. Provide formal staff evaluation as required by CBH personnel policy.
3. Ensure staff compliance with documentation.
4. Ensure Individual rights requirements.
5. Provide feedback and reinforcement and initiate disciplinary interventions, as appropriate, based on staff performance and compliance.
6. Maintain current knowledge of service and program requirements and disseminate at regularly scheduled staff meetings.
7. Submit program staffing assignments to the appropriate Program Director for approval.

Design of Service Documentation

The Quality and Compliance Department is responsible to oversee development of individual service documentation formats, policies, and procedures that comply with applicable reimbursement, payment, funding, documentation, recordkeeping, and individual rights standards, requirements, regulations, and laws and with the CCP.

The Quality and Compliance Officer or designee is responsible to develop individual service documentation formats, policies, and procedures and present to appropriate standing committees, including the CCC, for input

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on compliance with applicable reimbursement, payment, funding, documentation, recordkeeping, and individual rights standards, requirements, regulations, and laws and with the CCP.

The Quality and Compliance Officer or designee is responsible to review individual service documentation formats, policies, and procedures for compliance with applicable reimbursement, payment, funding, documentation, recordkeeping, review to determine quality services and individual rights standards, requirements, regulations, and laws and with the CCP. Reviews may include health records department review, Program Coordinator/Administrator review, and Peer Review.

The Quality and Compliance Officer or designee is responsible to ensure that all individual service documentation formats, policies, and procedures allow and support demonstration of medical or clinical necessity.

All individual service documentation formats, policies and procedures will be uniform within and between similar programs and will be clear, concise and contain only pertinent information.

Maintenance of Service Documentation

Program Coordinators/Administrators/Program Managers are responsible to ensure that clinical providers under their supervision are trained to document individual assessment and services in compliance with applicable reimbursement, payment, funding, documentation, recordkeeping, providing quality services and individual rights standards, requirements, regulations, and laws and with the CCP.

Program Coordinators/Administrators/Managers and the Quality and Compliance Officer or designee will work cooperatively to provide orientation and clinical staff training in individual service documentation maintenance policies, procedures, and formats, including specific program requirements.

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The Quality and Compliance Officer and Program Coordinators/Administrator/Program Managers is responsible to develop or oversee reporting processes to document performance, corrective actions, and trends with regard to individual service documentation. Reports, such as health records review reports, will be issued to clinical providers, Information Governance (CCC), and the Leadership as appropriate.

Program Coordinators/Administrator/Program Managers are responsible to ensure that any report detailing failure to comply with applicable reimbursement, payment, funding, documentation, recordkeeping, quality of care and individual rights standards, requirements, regulations, and laws and with the CCP is given immediate follow-up and preparation and implementation of a corrective action plan given high priority.

The Quality and Compliance Officer or designee will be responsible for distribution, retention, storage, retrieval, and destruction of documents in compliance with applicable standards, requirements, regulations, and laws and with the CCP.

Review of Service Documentation

The Quality and Compliance Department is responsible for the implementation and/or provide oversight review of individual service documentation for compliance with applicable reimbursement, payment, funding, documentation, recordkeeping, to include quality services documentation and individual rights standards, requirements, regulations, and laws and with the CCP and individual service documentation maintenance policies, procedures, and formats, including specific program requirements.

The Quality and Compliance Officer or designee will provide results of the reviews of individual service documentation to the CCC and to Leadership on a regular basis.

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The Quality and Compliance Officer or designee will review a representative sample of billed services against individual service documentation for compliance with applicable reimbursement, payment, funding, documentation, recordkeeping, quality of care and individual rights standards, requirements, regulations, and laws and with the CCP and individual service documentation maintenance policies, procedures, and formats, including specific program requirements.

The Quality and Compliance Officer or designee will train Program Coordinators/Administrators/Program Managers and staff in individual service documentation requirements and assist in establishing management review of documentation quality. Program Coordinators/Administrators /Program Managers are responsible to perform a management review of documentation, as appropriate, to evaluate the performance of clinical staff in their service program.

The Quality and Compliance Officer or designee will provide or arrange staff training in documentation procedures that address deficit trends identified in individual service documentation reviews.

Design of Reimbursement Systems

The Director of Finance or designee is responsible to oversee set-up of data collection and entry process to collect the following information: date of service, service code, service provider & supervisor, service location, service start-stop times/units, provider credentials, number of persons served, individual diagnosis, and individual pay sources.

Service information is collected via service reporting documents or EHR completed by the provider: service code, service provider/supervisor, service location, service start-stop times/units, status of documentation, and individuals served.

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The Reimbursement Coordinator/Administrator, or designee, is responsible to configure automated billing logic to convert the above information into appropriate billing codes and units in compliance with applicable reimbursement, payment, funding, documentation, recordkeeping, and individual rights standards, requirements, regulations, and laws and with the CCP. In some cases, units are calculated by provider e.g., day support and residential.

The Reimbursement Coordinator/Administrator, or designee, is responsible to ensure that all billing and reimbursement activities of CBH meet applicable reimbursement, payment, funding, documentation, recordkeeping, and individual rights standards, requirements, regulations, and laws and with the CCP.

Review of Billing Submission

The Reimbursement Coordinator/Administrator, or designee, is responsible to forward preliminary billing reports to Program Coordinators/Administrators/Program Managers for review against appropriate program service and attendance records. Program Coordinators/Administrators/Program Managers are responsible to make corrections and return to reimbursement within five (5) workdays.

The Reimbursement Coordinator/Administrator, or designee, will send additional billing reports, as necessary, to appropriate staff for the purpose of review in regard to compliance with applicable reimbursement, payment, funding, documentation, recordkeeping, and individual rights standards, requirements, regulations, and laws and with the CCP.

The Reimbursement Coordinator/Administrator is responsible to notify the Program Coordinator/Administrator/Program Manager, CCO of any instances of failure to comply with applicable

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reimbursement, payment, funding, documentation, recordkeeping, and individual rights standards, requirements, regulations, and laws.

The Reimbursement Coordinator/Administrator and/or CCO will report any instances of failure to comply with applicable reimbursement, payment, funding, documentation, recordkeeping, and individual rights standards, requirements, regulations, and laws to the Information Governance Committee (CCC) and the Director Finance.

The Reimbursement Coordinator/Administrator and/or CCO is authorized and responsible to make any needed billing suspension or correction and to consult with the Director of Finance regarding any future procedure changes.

The CCO will recommend remediation or disciplinary procedures as appropriate.

Compliance Monitoring & Reporting

The CCO will submit a Corporate Compliance report to the Executive Director and Board that includes a summary of all reports of compliance violations for the preceding twelve months.

Reporting of Suspected Compliance Violations

CBH will provide means for employees to report without retribution suspected compliance violations to the CCO or to the Board of Directors. Methods include:

1. Hard copy via internal or external postal delivery

Employees may make allegations without retribution. CBH will not intimidate, threaten, coerce, discriminate against, or take other retaliatory action against an employee or individual who exercises his, her or their right to file an allegation or complaint or who opposes any unlawful act or practice, provided the individual acted in

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good faith, believing the matter was a violation. Disciplinary action or sanctions will not apply to employees who are whistleblowers or crime victims who, acting in good faith, report allegations of violations to state or federal oversight agencies, an appropriate accrediting organization, or an attorney retained by the employee in accordance with state and federal law.

Allegations which are found to have been deliberately fraudulent, wasteful, abuse, false, or misleading are unethical.

Reports of suspected violations should contain sufficient specific information to allow proper investigation. The information needed is indicated on the CCP allegation template which is available online and in hard copy. This information will normally include the following items:

1. The identity of the person committing the suspected violation.
2. The details, including approximate dates, of the suspected violation.
3. The details of what rule, standard, regulation, or law is suspected to have been violated.

In order that any investigation of a suspected compliance violation is completely objective, CBH may use an independent external investigator to perform certain investigative functions. Upon receipt of an allegation and an assessment of the information, the CCO

will conduct an investigation or may engage the external investigator. For purposes of communicating with the reporting employee, the external investigator may know the employee's identity. However, it will be stipulated that the external investigator not reveal the identity of any employee reporting a suspected compliance violation to any member of CBH staff, except as required by law.

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Any report of a suspected violation by the CCO will be reported by the employee to the Executive Director via methods above. The CCO will interact with the board chairperson in place of the Executive Director for any allegation of violation by the Executive Director.

Individuals served reports of suspected violations are reported according to CBH Policy 3 – Human Rights. Individuals served may also make complaints to the U.S. Department of Health and Human Services.

Suspected Violation Investigation Procedures

The CCO will coordinate investigations of all reports of suspected violations that meet reporting criteria.

Employees are directed to contact the CCO directly with any report of a suspected compliance violation. Upon receiving information of a suspected violation, the CCO will inform the Executive Director of the allegation and determine whether to refer the suspected violation to an external investigator.

All information concerning the suspected violation will be held in strict confidence, not be shared with any employee outside the official investigatory process and will be considered privileged for legal purposes.

The CCO or external investigator, where appropriate, will conduct and document an initial investigation through an interview process with employees who are assigned to duties and areas related to the suspected violation.

The CCO or external investigator, where appropriate, will determine from the initial investigation whether the situation would benefit from CBH legal counsel involvement in the investigation process, and recommend such action to the Executive Director, should it be appropriate.

The Executive Director will determine whether any conflict of interest exists given the nature of the suspected violation and to what degree to involve the CCO and the CCC in the investigation.

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The external investigator will report to the CCO and the Executive Director findings that will include a summary of all allegations, results of the investigation, and recommendations for corrective actions.

The CCO, Executive Director, and the program supervisor of the employee or employees involved in the incident will review the recommendations and develop a corrective plan of action.

Should the investigation indicate a serious violation of policy, the Executive Director will consult with CBH legal counsel with regard to the need to self-report the violation to the appropriate government regulatory agency. As stipulated in CBH Policy 3 – Human Rights, with regard to individual allegations, an investigation report will be forwarded to the Office of Human Rights.

The CCO will monitor and evaluate the corrective plan interventions through contact with the supervisor in charge and will reevaluate the actions/corrections. The CCO will provide updates of the situation to the Executive Director and with their permission, the CCC, until the situation has been resolved.

The incident, investigation, and outcome will be included in the corporate compliance report to the Executive Director and Board of Directors.

When necessary, the CCC, under the direction of the CCO, will recommend to Leadership revision and development of policy, procedures, and training in the area of corporate compliance based on suspected or actual compliance violations, with the aim of preventing recurrences.

The external investigator will report to the CCO for any administrative purposes, such as access to records and submission of time sheets.

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Remediation and Disciplinary Procedures

Remediation procedures are not disciplinary and are intended to correct mistakes, and enhance compliance with applicable reimbursement, payment, funding, documentation, recordkeeping, quality of services and individual rights standards, requirements, regulations, and laws and with the CCP and individual service documentation maintenance policies, procedures, and formats, including specific program requirements. In most cases, remediation procedures are designed to improve performance of employees. Upon investigating what appears to be behavior requiring remediation procedures, the CCO, Quality and Compliance Department and the Information Governance Committee will clarify policies, and will review, and revise, if necessary, administrative procedures to prevent future incidents.

The affected employee's supervisor will be notified by the CCO if remediation action is deemed necessary and informed of the concerns regarding performance. The supervisor will then review the concerns with the employee and implement the remediation.

Examples of behaviors that require remediation action include, but are not limited to, failure of an employee to carry out required compliance procedures and policies, improper implementation of specific corporate compliance policies and procedures, failure to supervise properly subordinate staff in compliance matters, or failure to follow other established procedures or supervisory instruction resulting in an actual or potential compliance violation.

Examples of remediation procedures include, but are not limited to, requirements to successfully complete a remediation education program in the problem area, scrutiny of future billings (third party review, sample quality review prior to distribution of bills to third party), or reassignment or change in duty until the violation is corrected.

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In cases of intentional misconduct, repeated violations, or after documented remediation procedures have failed to correct the problem, the supervisor will initiate disciplinary actions to address compliance violations. In such cases where a supervisor fails properly to initiate disciplinary actions, the CCO is empowered to recommend to the Executive Director disciplinary action against the violator and their supervisor, in accordance with CBH personnel policies.

Disciplinary action will be in accordance with this CCP and applicable personnel policies.

Failure to report known violations or failure to detect violations as a result of negligent or reckless conduct could be grounds for disciplinary action.

Prevention and Training Procedures

Education and training will serve as the core of CBH prevention efforts to ensure minimal violations of law, ethics, and code(s) of conduct. The Human Resources Director and when appropriate the Quality and Compliance Department and/or Program Coordinator/Administrator/Manager is responsible to coordinate compliance training. Prevention and Training efforts may include:

1. New employee orientation training on the CCP, corporate compliance, fraud, waste, abuse, ethics and reporting suspected violations.
2. Compliance training related to the employee's specific position.
3. Annual training on corporate compliance, fraud, waste, abuse, and ethics.
4. Documentation of competency in required areas through performance appraisals and/or competency-based exams.
5. Training to address specific violations with the goal of preventing recurrence.
6. A compliance section on CBH intranet.

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7. Information posted on these boards is updated regularly and will include clear instructions on reporting of suspected violations. The CCO is responsible to provide content via established procedures for intranet posting.
8. The Human Resources Director will schedule refreshment training for all employees as he/she/they deem(s) appropriate.

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Diary of Changes

Date of Origin

04/13/2003

Dates of Review

03/09/2026	09/12/2022	08/26/2022	12/15/2021	
10/14/2020 – COVID 19 Protocol		10/30/2019	10/31/2018	12/04/2015
03/05/2013	10/01/2010	09/30/2008	09/19/2007	

Dates of Revision

03/09/2026	09/12/2022	08/26/2022	10/31/2018	03/05/2013
10/01/2010				

Approved By

 Signature
 Ryan Ashe
 Printed Name

04/07/2026
 Effective Date
CBH Board Chair
 Title

Revision of Policy 57– Social Media

Background:

CBH staff have reviewed the CBH Social Media Policy (Policy #57) and are pleased to recommend revisions to the Board of Directors for review.

A primary theme of the recommended changes is the movement of several portions of the Policy to the level of procedure. These changes are made without compromising the intent or integrity of the Policy itself.

This policy and accompanying revisions have been reviewed and endorsed by the agency’s lawyer, Pat McDermott.

Summary of Changes:

Current Social Media Policy	Proposed Changes to Policy
Policy Statement CBH may consider participating in social media to reach a broader audience.	Deleted statement - CBH has been utilizing social media since 2023.
Agency Usage listing of social media accounts	Added LinkedIn account
Agency Usage - Statement The Development and Communications Department is responsible for monitoring all CBH accounts on social media sites and will respond to and correct any identified misinformation.	Revised Statement The Development and Communications Department is responsible for monitoring all CBH accounts on social media sites while the Human Resource Department is responsible for monitoring the CBH LinkedIn account. Both departments will respond to and correct any identified misinformation respectively.
Agency Usage Statement CBH’s use of social media must comply with any applicable federal, state and local laws and regulations, including copyright and fair use requirements, records	Deleted statement – Moved under Legal/Regulatory References

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retention, Virginia Freedom of Information Act, constitutional free speech protections, HIPAA, privacy laws and information security policies established by the localities served	
There are no other changes from the 2/2024 approved Plan.	

Motion from the CBH Executive Committee:

That the Board approve the revisions to the Social Media policy as presented.

COLONIAL BEHAVIORAL HEALTH

COUNSEL REVIEW OF BOARD POLICY

Name of Policy: Social Media
Category: Organization
Policy No.: 57

Review Date: February 20, 2026

Name of Counsel: Patrick B. McDermott, Esq.

Comments of Counsel:

- 1. Virginia Code Compliance:** Up to date, No Violations
- 2. Federal Law Compliance:** Up to date, No Violations
- 3. Grammer and Punctuation:** Acceptable
- 4. Comments:** None

Patrick B. McDermott, Esq.

Signature of Counsel

Policy and Procedures

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Policy and Procedures

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Policy Statement

Social media is an umbrella term referring to internet-based tools that integrate technology, social interaction and content creation. Social media tools come in many forms, such as blogs and social networking. The purpose of engaging in social media is to address the fast-changing informational landscape and the way the individuals we serve, the individuals' families, individuals seeking services, partners and stakeholders communicate and obtain information online.

Only the Development and Communications Department or its designees may use social media to conduct business. The Development and Communications Department is responsible for monitoring all CBH accounts on social media sites while the Human Resource Department is responsible for monitoring the CBH LinkedIn account. Both departments will respond to and correct any identified misinformation respectively. The Development and Communications Department will include any planned social media usage in the agency's marketing plan.

Agency Usage

At this time, CBH maintains the following social media accounts:

- External website at www.colonialbehavioralhealth.org
- Facebook account at www.facebook.com/ColonialBehavioralHealth/
- Instagram account at <https://www.instagram.com/colonialbehavioralhealth/>
- YouTube account at www.youtube.com/user/colonialbh
- LinkedIn account at <https://www.linkedin.com/colonialbehavioralhealth>

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CBH maintains a Survey Monkey account for the purpose of conducting meaningful and relevant surveys of individuals served, individuals' families, partner agencies, stakeholders and CBH staff. This account is also used as an invitation and registration tool for internal and external events.

The Development and Communications Department will train any authorized employees in representing CBH in a professional manner and that adheres to business norms and mores on social media sites.

Employee Personal Usage

When engaging in social media for personal use, staff should refer to their own personal and professional ethics.

Additionally:

1. While an employee's free time and personal equipment are generally not subject to any restrictions by CBH, the agency urges all employees not to post information about CBH or their jobs which could lead to morale issues in the workplace, or which could detrimentally affect the agency's interest.
2. Employees may not use CBH email addresses for personal social media sites or other non-work-related sites.
3. Employees may not engage with individuals currently or formerly receiving services. Employees may not send or accept friend requests from individuals currently or previously receiving CBH services. This policy extends to individuals' caregivers and guardians. Information published on social media sites directly or indirectly relating to any aspect of work must comply with the CBH confidentiality statement, HIPAA and the Code of Ethics.

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4. When communicating with other CBH employees through social media, all policies regarding confidentiality, harassment and discrimination must be followed.
5. If the employee makes a statement about CBH while engaging in social networking, the employee must specifically identify the statement as their personal opinion. To preserve the agency's goodwill among partners, stakeholders, regulatory bodies, referral sources, families and others, employees may not claim or imply any statement is the opinion of the agency.
6. CBH reserves the right to discuss with the responsible employee any questionable material posted to a social media site.

Compliance and Enforcement

Employees must immediately report violations of this policy to their program manager or supervisor, and to the Director of Human Resources and the Director of Information Services. All program managers and supervisors are responsible for enforcing this policy. Employees who violate this policy are subject to discipline up to, and including, termination from employment, professional discipline and criminal prosecution in accordance with CBH's Personnel, Human Rights and Privacy policies.

Source of Authorization

Board of Directors

Legal/Regulatory References

Federal Statues

Americans with Disabilities Act

Policy and Procedures

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Federal Trade Commission Act Section 5, 15 U.S.C. 45, Unfair or Deceptive Acts or Practices in or Affecting Commerce

Federal Trade Commission Act 16 CFR Part 255, Endorsements and Testimonials in Advertising
Health Insurance Portability and Accountability Act of 1996 - 45 CFR Part 160 and 164 (HIPAA: Privacy, Security, Enforcement and Breach Notification Rules under HITECH Act)

State Statues

Virginia Code 18VAC85-20-30, Advertising Ethics

Virginia Code 12VAC30-130-2000, Marketing Requirements and Restrictions

Virginia Department of Medicaid Assistance Services, Marketing Requirements

Virginia Freedom of Information Act

Other

Web Content Accessibility Guidelines WCAG 2.1, international digital standards for accessibility

Definitions

Social Media – internet-based tools that integrate technology, social interaction and content creation

Examples: Facebook, Instagram, LinkedIn, TikTok, X (formerly Twitter), Threads, You Tube

Policy and Procedures

Category: Organization
Title: Social Media
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Primary Areas Affected: CBH Organization

Diary of Changes

Date of Origin

04/28/2011

Dates of Review

03/03/2026	02/20/2026	02/23/2024	12/18/2023	08/04/2023
03/07/2022	10/20/2020 – COVID 19 PROTOCOL		06/24/2019	10/20/2016
10/20/2015	06/03/2013			

Dates of Revision

03/03/2026	02/20/2026	12/18/2023	08/04/2023	03/07/2022
06/24/2019	10/20/2016	10/20/2015		

Approved By

 Signature
Ryan Ashe
 Printed Name

04/07/2026
 Effective Date
CBH Board Chair
 Title

Revision of Policy 84 - ADA Statement and Accessibility Policy

Background:

CBH staff have reviewed the CBH ADA Statement and Accessibility Policy (Policy #84) and are pleased to recommend revisions to the Board of Directors for review.

A primary theme of the recommended changes is the movement of several portions of the Policy to the level of procedure. These changes are made without compromising the intent or integrity of the Policy itself.

This policy and accompanying revisions have been reviewed and endorsed by the agency’s lawyer, Pat McDermott.

Summary of Changes:

Current ADA Statement and Accessibility Policy	Proposed Changes to Policy
The Policy Statement in the current version of this policy generally affirms CBH’s commitment to compliance with the Americans with Disabilities Act (ADA) and provides a definition of the ADA. Pg. 2	The Policy Statement continues to affirm CBH’s commitment to compliance with the ADA and provides a clear and concise description of how the agency provides, and continues to strive to provide, accessible services and employment opportunities for individuals with disabilities. This section now also includes the agency’s strict prohibition against actions or activities that restrict the rights of individuals protected under the ADA. The definition of the ADA remains included. Pg. 2
This section does not exist in the current version of the policy.	A “Source of Authorization” section has been added to identify the authority responsible for governance of agency operations and policies. Pg. 3
This section does not exist in the current version of the policy.	A “Legal/Regulatory References” section has been added to identify the federal, state, and local laws and regulations with which CBH must comply in the provision of services and the employment of individuals

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	with disabilities. Pg. 3
This section does not exist in the current version of the policy.	A “Definitions” section has been added to clarify essential terms used within this policy. Pg. 3
The following sections are included in the current version of the policy, providing detailed guidance on areas that must be accessible or modified to accommodate individuals with disabilities in accessing CBH’s services and employment: <ul style="list-style-type: none"> • Effective Communication • Facility Accessibility • Service Animals (sub-section: Transportation of Service Animals) • Employment (sub-section: Reasonable Accommodations) Pgs. 2-4	These sections have been removed from the policy and will be included verbatim in a separate ADA Procedures document.
The Modifications to Policies and Procedures section in the current version of the policy provides a detailed statement of CBH’s commitment to making all reasonable modifications without imposing an undue burden on the agency. This section also outlines how an individual with disabilities can contact the agency to initiate the process for requesting a reasonable accommodation. Pg. 5	This section has been removed from the policy and will be included verbatim in a separate ADA Procedures document.
The ADA Coordinator section in the current policy outlines the roles, functions, and responsibilities of the staff member serving in this position. Pg. 5	This section has been removed from the policy and will be included verbatim in a separate ADA Procedures document.
The current version of the policy includes the Grievance Procedure section, with sub-sections Submission and Response,	These sections have been removed from the policy and will be included verbatim in a separate ADA Procedures document.

Action Item X-#

which outlines the entire process for handling an ADA grievance from start to finish. Pg. 5 & 6	
Appendix 1, ADA Complaint Form, is included in the current version of this policy as a visual example of the form used to file a complaint alleging discrimination. Pg. 7	Appendix 1, ADA Complaint Form, has been removed from this policy. A link to the online complaint form will be included in the separate ADA Procedures document.
There are no other changes from the 9/2024 approved Plan.	

Motion from the CBH Executive Committee:

That the Board approve the revisions to Confidentiality policy as presented.

COLONIAL BEHAVIORAL HEALTH

COUNSEL REVIEW OF BOARD POLICY

Name of Policy: ADA Statement and Accessibility Policy
Category: Organization
Policy No.: 84

Review Date: February 20, 2026

Name of Counsel: Patrick B. McDermott, Esq.

Comments of Counsel:

- 1. Virginia Code Compliance:** Up to date, No Violations
- 2. Federal Law Compliance:** up to date, No Violations
- 3. Grammer and Punctuation:** Acceptable
- 4. Comments:** No Comments

Patrick B. McDermott, Esq.

Signature of Counsel

Policy and Procedures

Category: Organization
Title: ADA Statement and Accessibility Policy
Policy Number: 84
Primary Areas Affected: CBH Organization

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Approved By	5

Policy and Procedures

Category:	Organization
Title:	ADA Statement and Accessibility Policy
Policy Number:	84
Primary Areas Affected:	CBH Organization

Policy Statement

This policy affirms the Colonial Behavioral Health’s (CBH) commitment to compliance with the Americans with Disabilities Act (ADA) and all applicable federal and state disability rights laws. CBH does not discriminate on the basis of disability in the provision of behavioral health and developmental disabilities services, employment practices, or access to Agency programs, activities, or facilities, and affords individuals with disabilities equal opportunity to participate in and benefit from all Agency services and supports.

The ADA prohibits discrimination on the basis of disability in employment, state and local government services, public accommodations, commercial facilities, transportation, and telecommunications. The ADA protects individuals with disabilities as defined by law and provides broad protections to ensure equal opportunity and access for qualified individuals with disabilities.

CBH is committed to providing services in the most integrated setting appropriate and to maintaining accessible environments that support equitable participation by individuals with disabilities. Equal employment opportunities are provided to qualified individuals with disabilities, and employment decisions are based on job-related qualifications, skills, and abilities, consistent with applicable law.

CBH recognizes effective communication and reasonable accommodation supports, including the presence of service animals as defined by the ADA, as essential components of nondiscriminatory service delivery and participation.

Policy and Procedures

Category:	Organization
Title:	ADA Statement and Accessibility Policy
Policy Number:	84
Primary Areas Affected:	CBH Organization

Retaliation, coercion, intimidation, or interference against any individual for exercising rights protected under the ADA or participating in any ADA-related matter involving the Agency is strictly prohibited.

All CBH employees, contractors, and representatives share responsibility for supporting compliance with this policy and for upholding CBH’s commitment to accessibility, inclusion, and nondiscrimination.

Source of Authorization

This policy is authorized by the Colonial Behavioral Health’s Board of Directors, which holds the governance authority over agency operations and policies. The Board grants CBH the authorization to implement and enforce policies to ensure compliance with the Americans with Disabilities Act (ADA) and related federal and state accessibility requirements.

Legal/Regulatory References

- Federal Law - American with Disabilities Act (ADA)
- State Law - Virginians with Disabilities Act (VDA)
- Virginia Human Rights Act (VHRA)
- DBHDS - 12VAC35-105-150. Compliance with Applicable Laws, Regulations and Policies

Definitions

- Americans with Disabilities Act (ADA) – The ADA is a federal civil rights law that prohibits discrimination against people with disabilities in everyday activities.
- Disability - A physical or mental impairment that substantially limits one or more major life activities, a record of such impairment, or being regarded as having such an impairment, as defined by the ADA.

Policy and Procedures

Category: Organization
Title: ADA Statement and Accessibility Policy
Policy Number: 84
Primary Areas Affected: CBH Organization

- **Effective Communication** – Effective communication means ensuring that information provided to or received from people with disabilities (vision, hearing, or speech) is just as clear and understandable as communication with people without disabilities.
- **Reasonable Accommodation** - a reasonable accommodation is any modification to a job, work environment, or hiring process that enables a qualified person with a disability to apply, perform essential job functions, and enjoy equal employment benefits.
- **Service Animal** - A service animal is an animal that is individually trained to perform work or tasks for a person with a disability.

Policy and Procedures

Category: Organization
Title: ADA Statement and Accessibility Policy
Policy Number: 84
Primary Areas Affected: CBH Organization

Diary of Changes

Date of Origin

11/01/2022

Dates of Review

03/03/2026 02/20/2026 09/12/2024 05/08/2024 - ADA Compliance

Dates of Revision

03/03/2026 02/20/2026 09/12/2024 05/08/2024 - ADA Compliance

Approved By

Signature
Ryan Ashe
Printed Name

04/07/2026
Effective Date
CBH Board Chair
Title

Recruitment Status

February 12, 2026 – March 10, 2026

Recruitment Status Update: For the period of February 12, 2026, through March 10, 2026, Colonial Behavioral Health (CBH) successfully completed 5 hires (all full-time positions). The agency currently has 33 vacant positions that includes 27 full-time positions, two (2) part-time positions and four (4) PRN/WAR positions. During the identified period, CBH had a total of 2 resignations, both were full-time positions.



YEAR TO DATE REVENUES AND EXPENDITURES
as of
February 28, 2026

REVENUE

CATEGORY	TOTAL BUDGET	RECEIVED YTD	BUDGET YTD	% RECEIVED	ACTUAL YTD vs BUDGET YTD
State	\$ 14,274,982	\$ 8,674,064	\$ 9,516,655	91%	\$ (842,591)
Local	\$ 4,147,000	2,730,000	2,764,667	99%	\$ (34,667)
Fees	\$ 6,421,285	3,945,284	4,280,857	92%	\$ (335,573)
Grants/Other	\$ 736,943	1,347,001	491,295	274%	\$ 855,705
Total Revenue	\$ 25,580,210	\$ 16,696,348	\$ 17,053,473	98%	\$ (357,125)

FY26 EXPENDITURES

CATEGORY	TOTAL BUDGET	EXPENDED YTD	BUDGET YTD	% EXPENDED	ACTUAL YTD vs BUDGET YTD
Personnel	\$ 19,181,019	\$ 11,464,979	\$ 12,541,435	91%	\$ 1,076,456
Staff Development	\$ 116,497	96,382	77,664	124%	(18,717)
Facility	\$ 1,776,594	954,762	1,184,396	81%	229,633
Equipment and Supplies	\$ 1,509,307	677,222	1,006,205	67%	328,982
Transportation	\$ 189,408	73,347	126,272	58%	52,925
Consultant and Contractual	\$ 2,549,955	1,343,123	1,699,970	79%	356,847
Client Supports	\$ 87,348	41,069	58,232	71%	17,163
Miscellaneous	\$ 170,083	121,039	113,389	107%	(7,651)
Total Expenditures	\$ 25,580,210	\$ 14,771,923	\$ 16,807,563	88%	\$ 2,035,640
Operating Margin	\$ -	\$ 1,924,426			

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

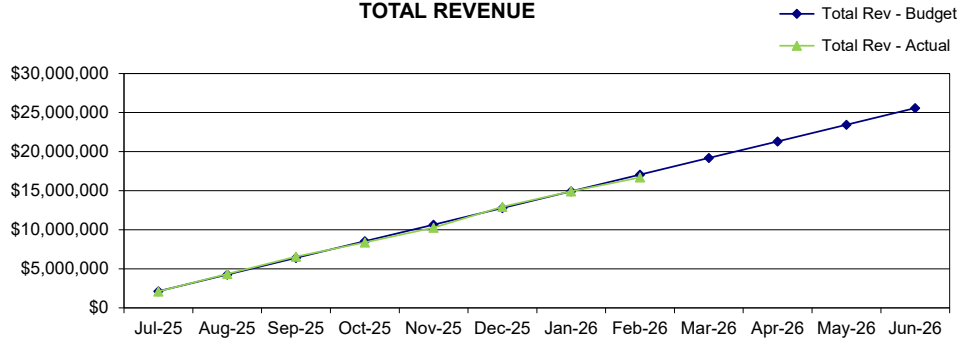
2/28/26 Cash Balance

\$ 15,203,734

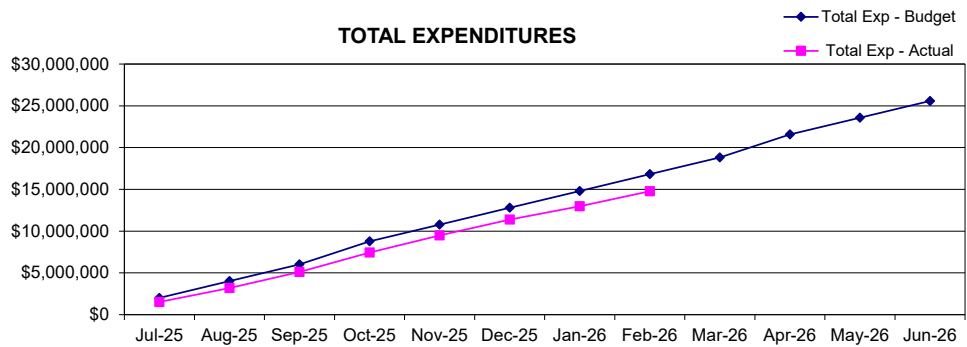
CRISIS SERVICES CENTER PROJECT

CATEGORY	PROJECT BUDGET	PROJECT TO DATE
DBHDS Grant	\$ 12,000,000	\$ 4,200,684
Interest Earned		\$ 8,656
Total Revenue	\$ 12,000,000	\$ 4,209,340
Personnel		\$ 114,992
Mileage		\$ 500
Consultant and Contractual		\$ 3,817,998
Miscellaneous		\$ 243
Total Expenditures		\$ 3,933,732

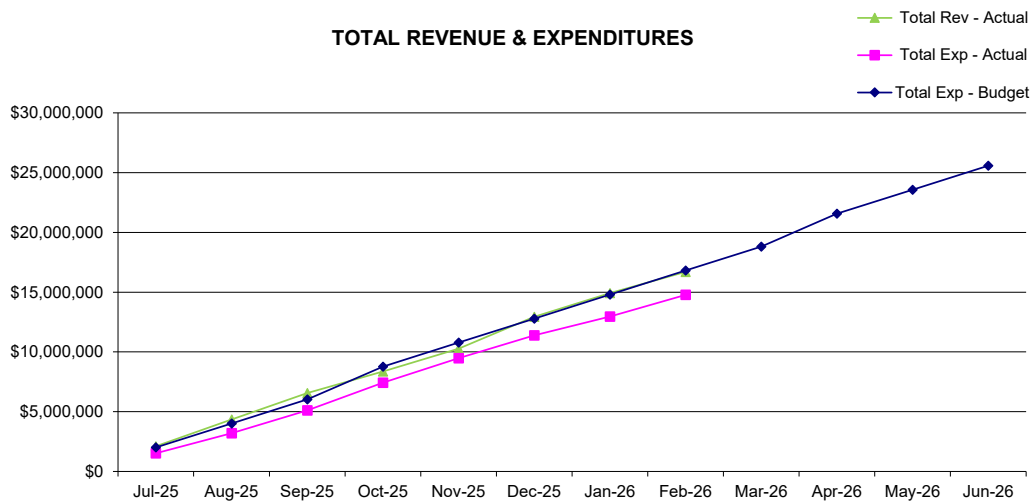
TOTAL REVENUE



TOTAL EXPENDITURES



TOTAL REVENUE & EXPENDITURES

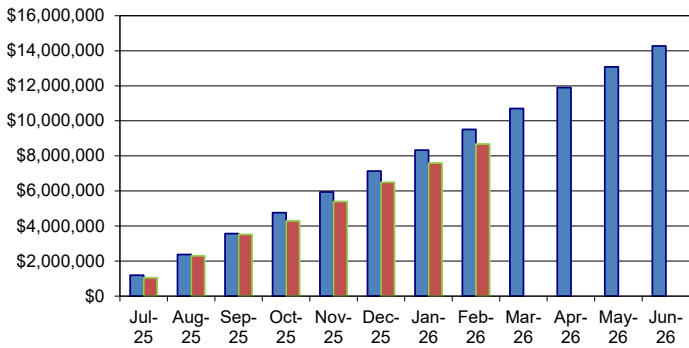




YEAR TO DATE REVENUE
as of
02/28/26

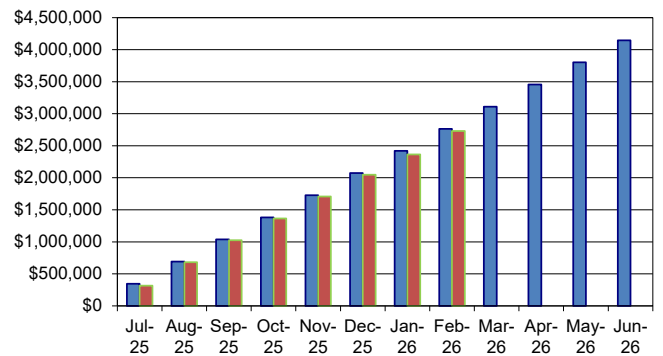
STATE & FEDERAL REVENUE

■ State & Federal - Budget
■ State - Actual



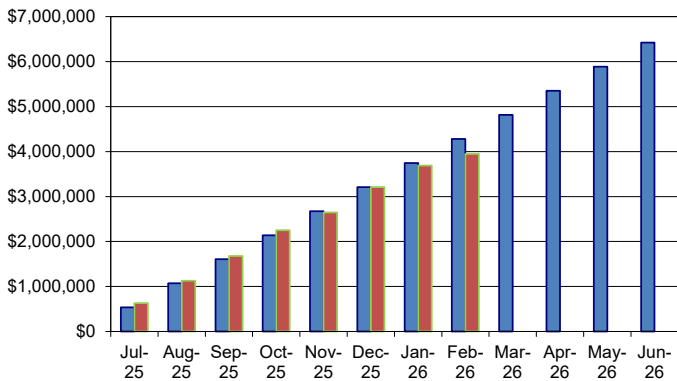
LOCAL REVENUE

■ Local - Budget
■ Local - Actual



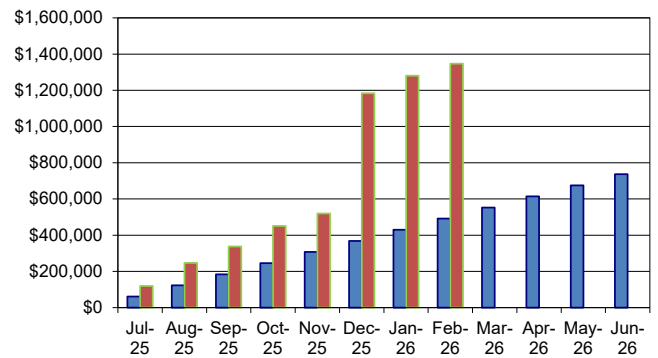
FEE REVENUE

■ Fees - Budget
■ Fees - Actual

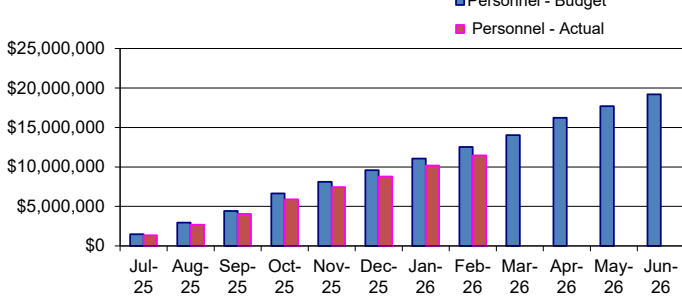


GRANTS & OTHER REVENUE

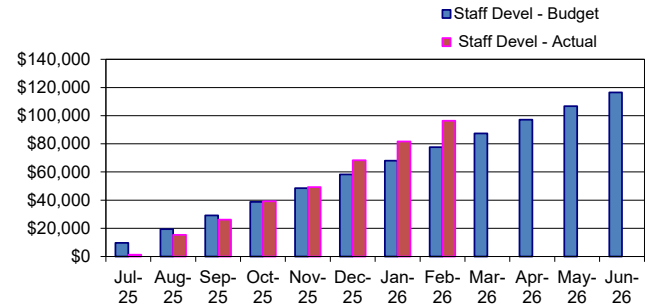
■ Grants/Other - Budget
■ Grants/Other - Actual



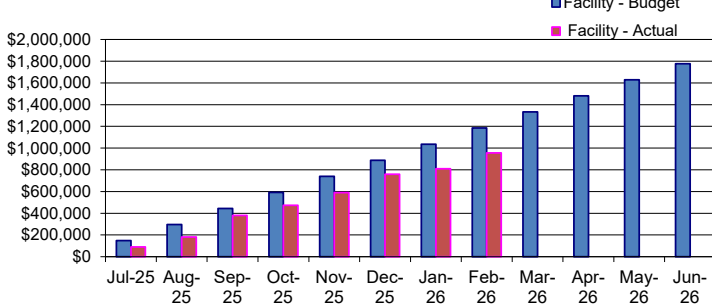
PERSONNEL EXPENDITURES



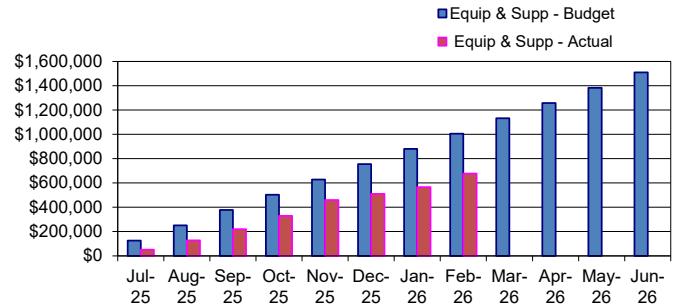
STAFF DEVELOPMENT EXPENDITURES



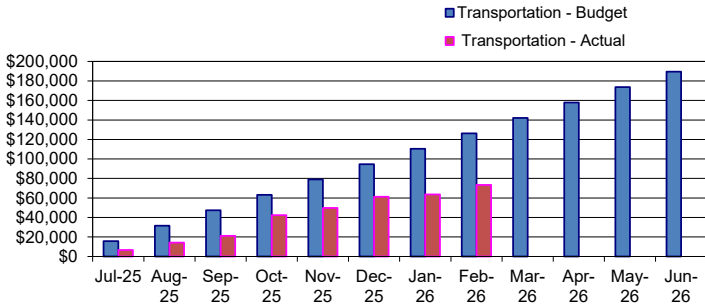
FACILITY EXPENDITURES



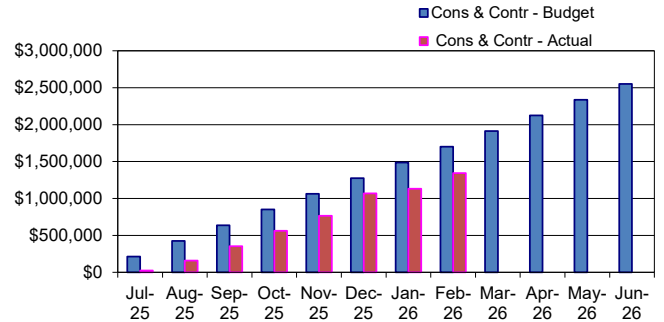
EQUIPMENT & SUPPLIES EXPENDITURES



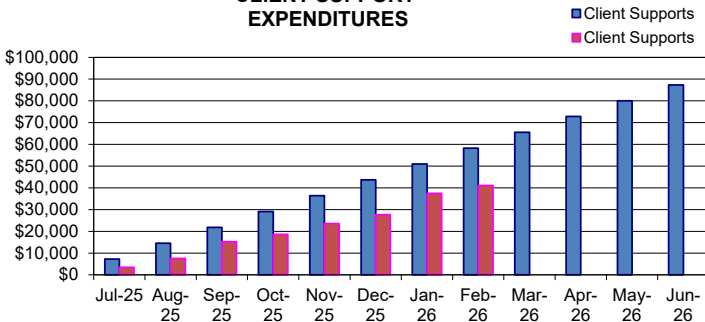
TRANSPORTATION EXPENDITURES



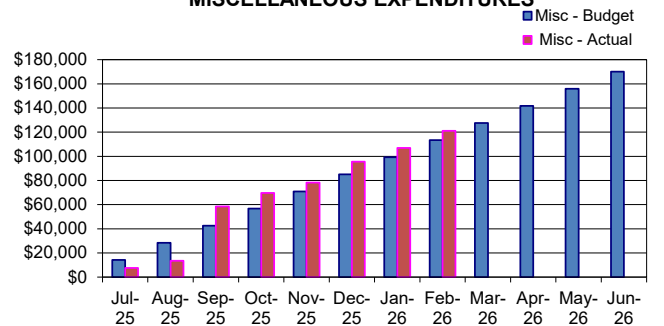
CONSULTANT & CONTRACTUAL EXPENDITURES



CLIENT SUPPORT EXPENDITURES



MISCELLANEOUS EXPENDITURES



COLONIAL BEHAVIORAL HEALTH
Executive Director's Report – April 2026

Agency Issues

1. We are honored to have Sherry Ousey join our team as CBH's new Finance Director. She is already deeply engaged in preparing operating and capital budgets for the upcoming year at a much-accelerated pace, while working to plan for future budget development and management processes.
2. Construction of the Center for Support & Wellness is proceeding well, though schedule challenges remain due to weather delays earlier this calendar year. We are planning to host a Board walk-through after the building has been "dried in."
3. The VACSB Annual Training Conference will be held May 6-8 in Richmond. If you are interested in attending (any or all), please contact Kristy Wallace to manage your registration. Transportation can also be arranged for members wanting to carpool.
4. We are encountering some delays with the \$2 million secured by Congressman Wittman. His office is working with the USDA to resolve the issue, and while we are confident in a resolution, some delay is expected.

Community Issues

1. Our triennial CARF (accreditation) survey will be held onsite June 1-3. The only CARF-accredited program at CBH is our SUD Intensive Outpatient Program (located both in Williamsburg and Yorktown).
2. Our community has been selected for a SAMHSA's GAINS Center for Behavioral Health and Justice Transformation-led Sequential Intercept Model (SIM) workshop for the CBH area on June 4-5, hosted by the Williamsburg Police Department. This marks the first SIM effort in over 15 years, reflecting significant changes in both behavioral health and criminal justice. A graphical overview of the SIM model is attached.

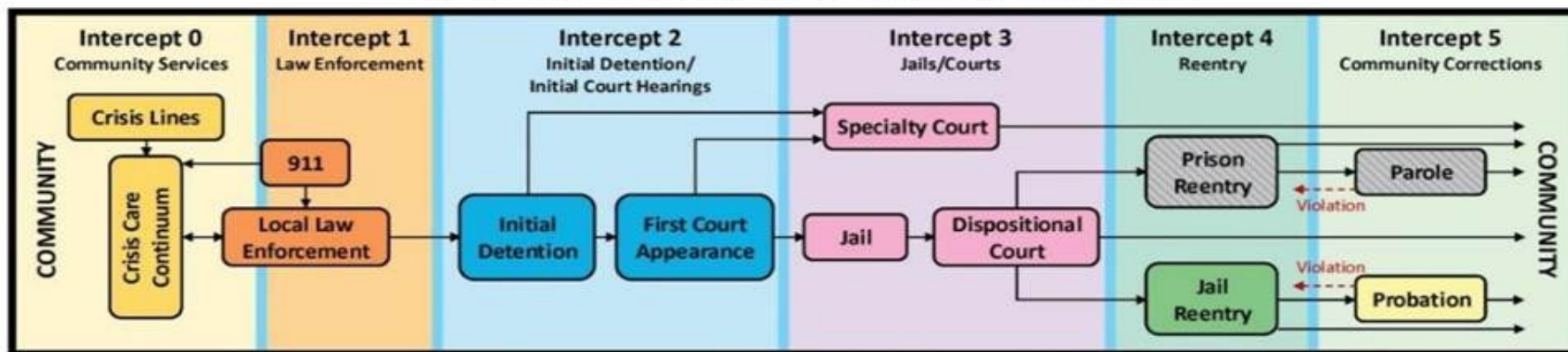
Public Policy

1. The General Assembly amended the FY 2026 budget to approve funding for a one-time payment (at the 2% level) for CSB and other state-supported local employees in June 2026. We plan to bring an action item to the Board in May to enact this payment.
2. Once again, the General Assembly has adjourned without adopting a biennial budget. While we were not expecting any significant new funding, language on support for employee salary increases is an important factor in budget development.
3. Our state partners at DBHDS and DMAS informed us that Virginia could not be ready to meet with 2026 Federal CCBHC application. We are now working with the National Council and with the state to hopefully submit an amendment to Virginia's Medicaid Plan for creation of the CCBHC system. Virginia would not be the first state to do so.

Respectfully submitted,
David A. Coe

SAVE THE DATE: JUNE 4-5, 2026

Sequential Intercept Model (SIM) Workshop



Location: Williamsburg Police Department - 615 Lafayette St., Williamsburg, VA 23185

FY27-FY28 Biennium State Budget Development

ITEM #	AGENCY	DESCRIPTION	GOVERNOR	HOUSE	SENATE	CONFERENCE REPORT	GOVERNOR'S AMENDMENTS	FINAL ADOPTION
		CSB COMPENSATION						
FY 2026 (Caboose Budget)	Central Appropriations	One-time payment for CSB staff - payable 6/1/2026	2%					2% in June 2026
469, S.1 469, #1s	Central Appropriations	Salary increases for CSB employees (supports partial payment)	FY 27 2% FY 28 2%		FY 27 3% FY 28 3%			
		STATE SYSTEM						
		DEVELOPMENTAL SERVICES						
291, JJJJ.2 291, #4s	DMAS	Funding to increase DD waiver rates per the Permanent Injunction of the DOJ Settlement Agreement. The Senate added a 2% rate increase for services not included in the introduced budget, including residential and day support services.	Biennium 59.3		FY 27 \$21.4 FY 28 \$23.6			
300, #1s	DBHDS	Provides funding for a Provider Development Incubator intended to stimulate workforce development and business expansion to grow provider capacity for individuals with disabilities receiving waiver services.			FY 27 \$0.7			
		BEHAVIORAL HEALTH						
FY 2026 (Caboose Budget)	DBHDS	Captures excess one-time mandatory carryforward funds for crisis services. Not intended to impact planned expenditures for crisis services.	FY 26 (\$23M)					
291, TT.1. 291, #14h 291, #21s	DMAS	Delays implementation of BH Redesign by 6 months (1/1/2027)		Delay until at least 7/1/27	Delay until 7/1/27			
291, KKKKK	DMAS	Imposes 4-hour limit (per incident) on coverage for mobile crisis services. Redefines mobile crisis response network eligibility.	FY 27 (\$54M) FY 28 (\$54M)					
291, LLLLL 291, #10h	DMAS	Eliminates reimbursement for Community Crisis Stabilization services. Partially restored by House.	Language	FY 27 \$59.2 FY 28 \$69.9				

Funds are shown as millions.

FY27-FY28 Biennium State Budget Development

ITEM #	AGENCY	DESCRIPTION	GOVERNOR	HOUSE	SENATE	CONFERENCE REPORT	GOVERNOR'S AMENDMENTS	FINAL ADOPTION
291, #18s	DMAS	Directs DMAS to allow OBAT (substance use) services to be administered by telemedicine, with quality standards equal to those for in-person care.			FY 27 \$ 9.0 FY 28 \$10.9			
295, #2h 299, #5s	DBHDS	Instructs DBHDS to create statewide standards for recovery residences, develop a complaint process and collect data.		FY 27 \$ 0.5 FY 28 \$ 0.5	FY 28 \$0.5			
299, #3h	DBHDS	Clarifies that school systems may utilize in-person providers as well as telehealth for grant-funded school mental health programs.		Language				
295, #5s	DMAS	Directs DMAS to identify the steps necessary for Virginia to transition the Prospective Payment System (PPS) model to support the CCBHC service model.			Language			
299, #1s	DBHDS	Requires DBHDS to examine alternatives to local government's 10% match requirement for CSB services.			Language			
299, #2s	DBHDS	Provides funding for expansion of CPEP (MH emergency rooms) with varying models.			FY 27 \$ 2.5 FY 28 \$ 2.5			
299, #3s	DBHDS	DBHDS to identify strategies to incentivize CSBs to serve more individuals under an ECO or TDO. Notes that CSBs can be mandated to do so, but attempts to incentivize will be attempted.			Language			
301, D.	DBHDS	Clarify payment terms for community services board funding - Amends language to allow for flexibility in payments to community services boards by providing that payments may be made in accordance with performance contracts.	Language					
	DBHDS	Support statewide implementation of Marcus Alert programs through needs-based funding - Provides flexibility by removing language that requires each program to receive \$600,000. This language change will allow for the establishment of programs based on local funding needs in any given year.	Language					
301, #1h 301, #3s	Grants to Localities	Funding for remaining CSBs to implement Marcus Alert programs.		FY 27 \$ 7.8 FY 28 \$ 7.8	FY 27 \$ 3.6 FY 28 \$ 7.8			
301, #1s	Grants to Localities	Appropriates STEP-VA funding as one allocation rather than allocations across 9 services. This is designed to provide DBHDS greater flexibility in meeting changing needs.			Language			

Funds are shown as millions.

FY27-FY28 Biennium State Budget Development

ITEM #	AGENCY	DESCRIPTION	GOVERNOR	HOUSE	SENATE	CONFERENCE REPORT	GOVERNOR'S AMENDMENTS	FINAL ADOPTION
301, #4s	Grants to Localities	SUD (substance use) funding for the purpose of administering SUD prevention and treatment programs. Methodology to be determined by DBHDS.			FY 27 \$ 6.5 FY 28 \$ 16.6			
301, S.	DBHDS	Shift community jail diversion and discharge funds to a reimbursement-based model - Adds language that allows for payments to community services boards for jail diversion and discharge programs to be provided on a reimbursement basis.	Language					
		RELATED SERVICES AND ITEMS OF INTEREST						
	DBHDS	Transfer data service support from CSBs to DBHDS central office - Transfers funds for the community services board data exchange from the grants to localities agency to the department's central office.	Language					
291, Q	DBHDS	Mandate to transfer surplus ESH land to CBH continues to show	Language					
318, #1h	DARS	Expands state match for vocational rehabilitation services.		FY 27 \$ 4.7				