

COLONIAL BEHAVIORAL HEALTH BOARD MEETING

TIME: 4:00 p.m.

PLACE: Colonial Behavioral Health, 1657 Merrimac Trail, Williamsburg, VA 23185

DATE: January 4, 2022

BOARD MEMBERS PRESENT:

Dr. Alfred Brassel - York County
Ms. Rebecca Vinroot – James City County
Mr. Ryan Ashe – James City County
Mr. John Collins – York County
Ms. June Hagee – James City County
Ms. Wendy Evans - Williamsburg
Ms. Sheri Newcomb – York County
Ms. Kristen Nelson – York County
Ms. Hazel Braxton – Williamsburg
Ms. Crystal Howser – Poquoson

BOARD MEMBERS ABSENT:

Ms. Sherry Wharton – Poquoson
Mr. Tal Vivian – York County

STAFF PRESENT:

Mr. David Coe
Ms. Marsha Obremski
Dr. Dan Longo
Ms. Anita Michalec
Ms. Kari Traver
Ms. Linda Butler
Ms. Chaenn Thomas
Ms. Leigh Carroll-Stump

GUEST:

Ms. Jamie VanBergen

PUBLIC COMMENT:

None

CONSENT CALENDAR:

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

- Services & Evaluation Committee Meeting of October 27, 2021
- Board of Directors Meeting of November 2, 2021
- Executive Committee Meeting of November 16, 2021

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

Introduction:

Ms. Chaenn Thomas was introduced, Ms. Thomas has been appointed as Acting Director of Human Resources for Colonial Behavioral Health.

Presentation: J. VanBergen

Mr. Coe introduced Ms. Jamie VanBergen. Ms. VanBergen is a member of the community and wished to share knowledge gained through her experience and involvement with the Crisis staff of Colonial Behavioral Health (CBH). She stated her background knowledge was limited at one time. However, situationally the insight she has gained is that CBH staff is very efficient and empathetic in a time of

need. She feels it is important this knowledge and information be shared in depth with all community members. This would provide a significant resource to all youth requiring services within the system. Ms. VanBergen donated \$2500 to be used to support Crisis Services for children and teenagers.

Ms. Hagee motioned that the \$2500 donation be earmarked for Crisis Services for children and teenagers. Motion seconded and passed unanimously.

Action Item A-1 was presented for approval of the Virginia Department of Rail and Public Transportation (DRPT) Grant, Title VI Plan. In order to receive funding through DRPT, grantees must adhere to all requirements which include approval of the Title VI Plan by the CBH Board of Directors. Discussion.

Ms. Evans made the motion to approve the Virginia Department of Rail and Public Transportation Title VI Plan as presented. Motion was seconded and passed unanimously.

Executive Committee Changes: A. Brassel

Dr. Brassel reported that John Kuplinski and Teresa Christin have resigned from the CBH Board of Directors. In lieu of these vacancies, the following Committee appointments have been made:

Vice-Chair	–	Rebecca Vinroot
Treasurer	–	Ryan Ashe
Secretary	–	Sheri Newcomb

Services & Evaluation Committee Discussion: R. Ashe

Mr. Ashe reported that the Services & Evaluation Committee met. He noted that the Committee discussed the committee's purpose, its function, and presentations. Information presented at the meetings is received by committee members alone and they felt it was important to share this knowledge and information with the entire Board. The Committee also noted the importance to advocate and enhance knowledge regarding services provided at CBH. Therefore, a proposal was made to schedule a presentation from the Services & Evaluation Committee at the regularly scheduled Board Meetings. Presentations would be kept short and time limited. Discussion.

Mr. Ryan motioned to have a presentation scheduled from the Services & Evaluation Committee each month at the regularly scheduled Board Meetings. Motion seconded and passed unanimously.

EXECUTIVE DIRECTOR'S REPORT:


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

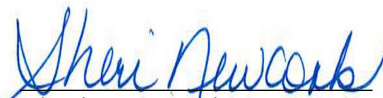
Mr. Coe reported that the Williamsburg Health Foundation released its Request for Information (RFI) concerning Integrated Primary Care and Behavioral Health Service delivery October 8, 2021. CBH has been invited to make a presentation of our response in February.

Mr. Coe reported that due to the ransomware attack on the Virginia Assembly operation, legislation being proposed in the upcoming session is inaccessible. It is unknown when this information will be available to the public.

Mr. Coe reported that Governor Northern released his biennial budget on 12/16/21. A summary of pertinent items was reviewed/discussed. It is anticipated that this budget will be amended significantly by Governor-Elect Youngkin.

There being no further business to discuss, the meeting adjourned at 5:14 p.m.


Dr. Alfred Brassel, Chair


Sheri Newcomb, Secretary

AGENDA

COLONIAL BEHAVIORAL HEALTH

BOARD MEETING

January 4, 2022

4:00 P.M.

- I. Welcome and Call to Order
- II. Public Comment
- III. Consent Calendar
Approval of Minutes - Consider approval of the following meeting minutes:
 - Services & Evaluation Committee Meeting of October 27, 2021
 - Board of Directors Meeting of November 2, 2021
 - Executive Committee Meeting of November 16, 2021
- IV. Presentation - Family of former consumer
- V. Executive Committee Changes - *A. Brassel*
- VI. Action Item:
A-1 CBH Title VI DRPT Plan (Dept. of Rail & Public Transportation) - *L. Carroll-Stump*
- VII. Discussion Item:
 - Services & Evaluation Committee Discussion - *R. Ashe*
- VIII. Executive Director's Report - *D. Coe*
- IX. Adjournment

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



Meeting Minutes

Minutes of: Services and Evaluation Committee Date: October 27, 2021

Present: Hazel Braxton, Ryan Ashe, Teresa Christin, Sheri Newcomb, John Collins, Dan Longo, Marsha Obremski

Absent: David Coe, Debbie Townsend-Pittman

1. Welcome and Call to Order

The Committee Chair, Teresa Christin called the meeting to order at 3:59 p.m. The committee welcomed John Collins from York County to the group.

2. Discussion of Presentation Topics

Members agreed to suggest the following topics be presented to the full Board whenever they can be placed on the agenda: ACT, People's Place (psychosocial rehab), 2021 Annual Quality Management Report and HTDPC & GW-TICN (joint update).

The Committee also discussed the possibility of completing an Agency Self-Assessment for Trauma-Informed Care. It is a tool that will help assess CBH's readiness to implement a trauma-informed approach. It will benefit CBH by helping to identify opportunities for program and environmental change, assist in professional development planning, and can be used to inform organizational policy change. The GW-TICN has been encouraging agencies to complete the self-assessment. To date, JCCDSS and CDR have completed the assessment. Data would be gathered via Survey Monkey.

Action Item: Marsha Obremski will discuss this with David Coe and report back to the committee. She will also distribute the Agency Self-Assessment tool to the committee members.

Action Item: Teresa Christin will ask David Coe if she can be placed on the December Board Meeting agenda to discuss suggested presentations and the Agency Self-Assessment with the full board.

3. Review the Program Assessment Tool

The Committee reviewed and revised the Program Assessment Tool that staff will use to prepare their presentations (attached).

4. Other

The committee members decided to cancel the November and December committee meetings since they fall on the day before Thanksgiving and the week of Christmas.

5. Adjournment

The meeting was adjourned at 5:05 p.m.

Submitted by: Marsha Obremski

Next Meeting

Date: January 26, 2022

Time: 4:00 p.m.

Location: McLaws Board Room

Evaluation Services Committee
CBH Service Provider Presentations

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

Presenter(s):

Name of Service:

Date of Presentation:

Nature & Scope of Service:

Criteria	Self-Rating	Key issues	Status/Planning Future Service Model Delivery
1. Is COVID still affecting the delivery of your program services?			
2. What benefits or challenges are you experiencing working remotely? (if applicable)			
3. How effective are your services at accomplishing their stated goals?			
4. What has been the impact of the pandemic on client's treatment progress?			
5. Are there additional resources needed that would enhance services?			
6. Please provide any relevant additional info you'd like us to know (waitlist, transportation, funding, referrals, etc.)			
Self-Rating Codes : 3 = High Impact ; 2=Moderate Impact; 1=Minimal Impact			

**COLONIAL BEHAVIORAL HEALTH
BOARD MEETING**

TIME: 4:00 p.m.

PLACE: Colonial Behavioral Health, 1657 Merrimac Trail, Williamsburg, VA 23185

DATE: November 2, 2021

BOARD MEMBERS PRESENT:

Dr. Alfred Brassel - York County
Ms. Rebecca Vinroot – James City County
Mr. Ryan Ashe – James City County
Mr. John Collins – York County
Ms. June Hagee – James City County
Ms. Wendy Evans - Williamsburg
Ms. Sheri Newcomb – York County
Ms. Terry Christin – James City County
Mr. Tal Vivian – York County
Dr. Baljit Gill – York County

STAFF PRESENT:

Mr. David Coe
Ms. Marsha Obremski
Dr. Dan Longo
Ms. Anita Michalec
Mr. Keith German

BOARD MEMBERS ABSENT:

Ms. Kristen Nelson – York County
Ms. Crystal Howser - Poquoson
Ms. Hazel Braxton - Williamsburg
Mr. John Kuplinski – James City County
Ms. Sherry Wharton - Poquoson

PUBLIC COMMENT:

None

Introduction of New Board Member:

Dr Brassel introduced Mr. John Collins to Board members. Mr. Collins was appointed to serve on the CBH Board of Directors as a representative for the County of York.

CONSENT CALENDAR:

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

- Board of Directors Meeting of October 5, 2021

Mr. Vivian motioned to approve items on the Consent Calendar as presented. Motion seconded and passed unanimously.

Action Item A-1 was presented for approval of a Resolution honoring Ms. Debbie Townsend-Pittman for her years of service and commitment to CBH.

Dr. Gill motioned to approve the Resolution as presented. Motioned seconded and passed unanimously.

CLOSED SESSION:

Mr. Vivian moved that a closed meeting of the Board be held as permitted under the Code of Virginia section 2.2-3711. A.16, to discuss the following matter:

- Results to date and potential impact of the Colonial Behavioral Health COVID-19 Vaccination Policy.

The motion was seconded by Dr. Gill.

At 4:06 p.m., the Board entered Closed Session.

At 4:50 p.m., the Board reconvened into Open Session.

Dr. Brassel moved to certify the Closed Session. Members were polled to certify only matters covered in the motion for closed session were discussed. The vote was AYE: 10, NAY: 0

CERTIFICATION OF CLOSED MEETING:

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

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

Williamsburg Health Foundation RFI: D. Coe

Mr. Coe reported that the Request for Information (RFI) relating to Primary Care and Behavioral Health service delivery was released by the Williamsburg Health Foundation on October 8, 2021. Mr. Coe provided further details and an overview of the request. It was noted that responses to the RFI are due by December 3, 2021. Discussion.

EXECUTIVE DIRECTOR'S REPORT:

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

Mr. Coe reported that preliminary results of the facility study conducted by the architectural firm, Crabtree, Rohrbaugh, & Associates is due to be completed by the end of the month. Once received, a presentation will be provided to Board members at the next scheduled meeting.

Mr. Coe noted that recruitment efforts for vacant Human Resource positions are ongoing. An offer has been extended for the advertised Human Resource Generalist. The offer was accepted. Interviews for the HR Director position have been scheduled. It is expected that this process will be concluded by the end of the week.

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


Dr. Alfred Brassel, Chair


Dr. Baljit Gill, Secretary



Meeting Minutes

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

Absent: John Kuplinski

1. Call to Order – The meeting was called to order at 4:10 p.m.

2. New Business

Board Secretary Vacancy: Mr. Coe announced that Dr. Gill, representative for the County of York, resigned from his appointment on the CBH Board of Directors. It was noted that Dr. Gill also served on the Executive Committee in the capacity of Secretary; this vacancy will be appointed by the Board Chair.

CBH Vaccination Status Update: Mr. Coe reported that the new CBH COVID-19 Policy was implemented November 15, 2021. Mr. Coe stated that the implementation process went well with minimal difficulties experienced. Discussion.

Foundation RFI Process: Mr. Coe reported that planning and development in response to the Release for Information (RFI) regarding Integrated Primary Care/BH service delivery by the Williamsburg Health Foundation has begun. The submission deadline for the RFI is December 3, 2021. Discussion.

Facility Planning Study Concepts: The Facility Study being conducted by the architectural firm, Crabtree, Rohrbaugh & Associates is ongoing. Preliminary recommendations have been received and are under review. A presentation to the Board will be scheduled upon completion. Discussion.

Update on Leadership Hires (HR & Developmental Services): Mr. Coe announced that Linda Butler has been selected as the new Director of Developmental Services for CBH. Ms. Butler will begin her new position on November 28th. Mr. Coe noted that recruitment for the HR Director position is ongoing.

Title VI Plan: Ms. Leigh Carroll-Stump reported that CBH receives federal funding through the Virginia Department of Rail and Public Transportation (DRPT) which offsets agency spending on vehicles. In order to receive these funds, certain requirements must be adhered to by all grantees which includes the Title VI Plan. The plan was distributed and reviewed. Ms. Carroll-Stump noted that the plan must be approved by the CBH Board of Directors and signed by the Board Chairman. Discussion.

Dr. Brassel motioned to approve the Title VI Plan as presented. Ms. Braxton seconded. Motion passed unanimously. The policy will be presented to the Board at the December Meeting for consideration/approval.

3. Adjournment- The meeting adjourned at 5:17 p.m.

Submitted by: Anita Michalec

Next Meeting

Date: December 21, 2021

Time: 4:00 p.m.

Location: McLaws Board Room

Executive Summary: Title VI Plan

Beginning in FY'16, CBH has been granted vehicles through the Virginia Department of Rail and Public Transportation (DRPT), which has offset agency spending on vehicles. To date, CBH has received a total of ten DRPT grant funded vehicles. These vehicles are utilized to provide transportation for individuals receiving services in the following programs: DD Day Support, DD Residential, People's Place, Mental Health Skill-building and Case Management.

CBH first adopted a Title VI Plan in November, 2016. It is required that the plan be reviewed every 3 years. The most important requirement is enacting and publicizing a Title VI Plan, which states that CBH will not discriminate against individuals receiving services on the basis of race, color, national origin or English proficiency. The draft Title VI Plan before this committee for review follows a template provided by DRPT and has been edited so non-applicable sections are no longer included.

This plan must go before the entire Board of Directors for approval and be signed by the Chairman before it is returned to DRPT for final approval. We ask that this committee review the plan and, ultimately, recommend its approval to the full board at the March 5 meeting.

Below is a summary of requirements from the plan along with the quarterly reporting requirements from DRPT. Both sections are taken verbatim from and explained further in the draft plan. (As a note, the CBH Development and Communications Manager will fulfill the role of Title VI Manager, as specified in the plan.)

Detailed Responsibilities of the Title VI Manager

The Title VI Manager is charged with the responsibility for implementing, monitoring, and ensuring compliance with Title VI regulations. Title VI responsibilities are as follows:

1. Process the disposition of Title VI complaints received.
2. Collect statistical data (race, color or national origin) of participants in and beneficiaries of agency programs, (e.g., affected citizens, and impacted communities).
3. Conduct annual Title VI reviews of agency to determine the effectiveness of program activities at all levels.
4. Conduct Title VI reviews of construction contractors, consultant contractors, suppliers, and other recipients of federal-aid fund contracts administered through the agency.
5. Conduct training programs on Title VI and other related statutes for agency employees.
6. Prepare a yearly report of Title VI accomplishments and goals, as required.
7. Develop Title VI information for dissemination to the general public and, where appropriate, in languages other than English.
8. Identify and eliminate discrimination.
9. Establish procedures for promptly resolving deficiency status and writing the remedial action necessary, all within a period not to exceed 90 days.

General Title VI Responsibilities of the Agency

The Title VI Manager is responsible for substantiating that these elements of the plan are appropriately implemented and maintained, and for coordinating with those responsible for public outreach, involvement and service planning and delivery.

Annual Report and Updates

As a sub-recipient of FTA funds, Colonial Behavioral Health is required to submit a Quarterly Report Form to DRPT that documents any Title VI complaints received during the preceding quarter and for each year. Further, we will submit to DRPT updates to any of the following items since the previous submission, or a statement to the effect that these items have not been changed since the previous submission, indicating date:

- A copy of any compliance review report for reviews conducted in the last three years, along with the purpose or reason for the review, the name of the organization that performed the review, a summary of findings and recommendations, and a report on the status or disposition of the findings and recommendations
- Limited English Proficiency (LEP) plan
- Procedures for tracking and investigating Title VI complaints
- A list of Title VI investigations, complaints or lawsuits filed with the agency since the last submission
- A copy of the agency notice to the public that it complies with Title VI and instructions on how to file a discrimination complaint

Title VI Plan and Procedures
Title VI of the Civil Rights Act of 1964

Colonial Behavioral Health



Adopted

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I. INTRODUCTION

Title VI of the Civil Rights Act of 1964 prohibits discrimination on the basis of race, color, or national origin in programs and activities receiving Federal financial assistance. Specifically, Title VI provides that "no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance." (42 U.S.C. Section 2000d).

The Civil Rights Restoration Act of 1987 clarified the intent of Title VI to include all programs and activities of Federal-aid recipients, sub-recipients, and contractors whether those programs and activities are federally funded or not.

Recently, the Federal Transit Administration (FTA) has placed renewed emphasis on Title VI issues, including providing meaningful access to persons with Limited English Proficiency.

Recipients of public transportation funding from FTA and the Virginia Department of Rail and Public Transportation (DRPT) are required to develop policies, programs, and practices that ensure that federal and state transit dollars are used in a manner that is nondiscriminatory as required under Title VI.

This document details how Colonial Behavioral Health incorporates nondiscrimination policies and practices in providing services to the public. Colonial Behavioral Health's Title VI policies and procedures are documented in this plan and its appendices and attachments. This plan will be updated periodically (at least every three years) to incorporate changes and additional responsibilities that arise.

II. OVERVIEW OF SERVICES

Colonial Behavioral Health is one of 40 statewide community services boards and behavioral health authorities responsible for providing behavioral health services to make our communities healthier, safer places to live.

Colonial Behavioral Health provides services for mental health illnesses, developmental disabilities, and substance use disorders to individuals and families living in James City County, City of Poquoson, City of Williamsburg, and York County.

Transportation to and from Colonial Behavioral Health and other community locations is provided to individuals with a developmental disability and/or mental illness who are actively enrolled in specific services at Colonial Behavioral Health. Transportation is provided as part of day services, psychosocial rehabilitation, case management, and mental health skill-building.

Transportation is not provided to the public, nor is it provided to individuals who participate in other Colonial Behavioral Health programs or services.

III. POLICY STATEMENT AND AUTHORITIES

Title VI Policy Statement

Colonial Behavioral Health is committed to ensuring that no person shall, on the grounds of race, color, national origin, as provided by Title VI of the Civil Rights Act of 1964 and the Civil Rights Restoration Act of 1987 (PL 100.259), be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity, whether those programs and activities are federally funded or not.

The Colonial Behavioral Health Title VI Manager is responsible for initiating and monitoring Title VI activities, preparing required reports, and other responsibilities as required by Title 23 Code of Federal Regulations (CFR) Part 200, and Title 49 CFR Pmi 21.

David A. Coe, Executive Director

Date

Authorities

Title VI of the 1964 Civil Rights Act provides that no person in the United States shall, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity receiving federal financial assistance (refer to 49 CFR Part 21). The Civil Rights Restoration Act of 1987 broadened the scope of Title VI coverage by expanding the definition of the terms “programs or activities” to include all programs or activities of Federal Aid recipients, sub recipients, and contractors, whether such programs and activities are federally assisted or not.

Additional authorities and citations include: Title VI of the Civil Rights Act of 1964 (42 U.S.C. Section 2000d); Federal Transit Laws, as amended (49 U.S.C. Chapter 53 et seq.); Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended (42 U.S.C. 4601, et seq.); Department of Justice regulation, 28 CFR part 42, Subpart F, “Coordination of Enforcement of Nondiscrimination in Federally-Assisted Programs” (December 1, 1976, unless otherwise noted); U.S. DOT regulation, 49 CFR part 21, “Nondiscrimination in Federally-Assisted Programs of the Department of Transportation— Effectuation of Title VI of the Civil Rights Act of 1964” (June 18, 1970, unless otherwise noted); Joint FTA/Federal Highway Administration (FHWA) regulation, 23 CFR part 771, “Environmental Impact and Related Procedures” (August 28, 1987); Joint FTA/FHWA regulation, 23 CFR part 450 and 49 CFR part 613, “Planning Assistance and Standards,” (October 28, 1993, unless otherwise noted); U.S. DOT Order 5610.2, “U.S. DOT Order on Environmental Justice to Address Environmental Justice in Minority Populations and Low- Income Populations,” (April 15, 1997); U.S. DOT Policy Guidance Concerning Recipients’ Responsibilities to Limited English Proficient Persons, (December 14, 2005), and Section 12 of FTA’s Master Agreement, FTA MA 13 (October 1, 2006).

IV. NONDISCRIMINATION ASSURANCE TO DRPT

In accordance with 49 CFR Section 21.7(a), every application for financial assistance from the Federal Transit Administration (FTA) must be accompanied by an assurance that the applicant will carry out the program in compliance with DOT's Title VI regulations. This requirement is fulfilled when the Virginia Department of Rail and Public Transportation (DRPT) submits its annual certifications and assurances to FTA. DRPT shall collect Title VI assurances from sub-recipients prior to passing through FTA funds.

As part of the Certifications and Assurances submitted to DRPT with the Annual Grant Application and all Federal Transit Administration grants submitted to the DRPT, Colonial Behavioral Health submits a Nondiscrimination Assurance which addresses compliance with Title VI as well as nondiscrimination in hiring (EEO) and contracting (DBE), and nondiscrimination on the basis of disability (ADA).

In signing and submitting this assurance, Colonial Behavioral Health confirms to DRPT the agency's commitment to nondiscrimination and compliance with federal and state requirements.

V. PLAN APPROVAL DOCUMENT

Colonial Behavioral Health Board of Directors Approval

On behalf of the Colonial Behavioral Health Board of Directors, I hereby acknowledge the receipt of the Colonial Behavioral Health Title VI Implementation Plan 2022-2024. The full board has reviewed and approved the plan and authorized me, as Chairman, to provide a signature enacting this plan. We are committed to ensuring that no person is excluded from participation in or denied the benefits of transportation services on the basis of race, color, or national origin, as protected by Title VI according to Federal Transit Administration (FTA) Circular 4702.1B Title VI requirements and guidelines for FTA sub-recipients.

Dr. Alfred Brassel, Jr., Chairman
Colonial Behavioral Health Board of Directors

Date

**COLONIAL BEHAVIORAL HEALTH
BOARD MEETING**

TIME: 4:00 p.m.

PLACE: Colonial Behavioral Health, 1657 Merrimac Trail, Williamsburg, VA 23185

DATE:

VI. ORGANIZATION AND TITLE VI PROGRAM RESPONSIBILITIES

The Colonial Behavioral Health's Development and Communications Manager is responsible for ensuring implementation of the agency's Title VI program. Title VI program elements are interrelated, and responsibilities may overlap. The specific areas of responsibility have been delineated below for purposes of clarity.

Overall Organization for Title VI

The Title VI Manager is responsible for coordinating the overall administration of the Title VI program, plan, and assurances, including complaint handling, data collection and reporting, annual review and updates, and internal education.

Detailed Responsibilities of the Title VI Manager

The Title VI Manager is charged with the responsibility for implementing, monitoring, and ensuring compliance with Title VI regulations. Title VI responsibilities are as follows:

1. Process the disposition of Title VI complaints received.
2. Collect statistical data (race, color or national origin) of participants in and beneficiaries of agency programs, (e.g., affected citizens, and impacted communities).
3. Conduct annual Title VI reviews of agency to determine the effectiveness of program activities at all levels.
4. Conduct Title VI reviews of construction contractors, consultant contractors, suppliers, and other recipients of federal-aid fund contracts administered through the agency.
5. Conduct training programs on Title VI and other related statutes for agency employees.
6. Prepare a yearly report of Title VI accomplishments and goals, as required.
7. Develop Title VI information for dissemination to the general public and, where appropriate, in languages other than English.
8. Identify and eliminate discrimination.
9. Establish procedures for promptly resolving deficiency status and writing the remedial action necessary, all within a period not to exceed 90 days.

General Title VI responsibilities of the agency

The Title VI Manager is responsible for substantiating that these elements of the plan are appropriately implemented and maintained, and for coordinating with those responsible for public outreach and involvement and service planning and delivery.

1. Data collection

To ensure that Title VI reporting requirements are met, Colonial Behavioral Health will maintain:

- A database or log of Title VI complaints received. The investigation of and response to each complaint is tracked within the database or log.
- A log of the public outreach and involvement activities undertaken to ensure that minority and low-income people had a meaningful access to these activities.

2. Annual Report and Updates

As a sub-recipient of FTA funds, Colonial Behavioral Health is required to submit a Quarterly Report Form to DRPT that documents any Title VI complaints received during the preceding quarter and for each year. Colonial Behavioral Health will also maintain and provide to DRPT on an annual basis, the log of public outreach and involvement activities undertaken to ensure that minority and low-income people had a meaningful access to these activities.

Further, we will submit to DRPT updates to any of the following items since the previous submission, or a statement to the effect that these items have not been changed since the previous submission, indicating date:

- A copy of any compliance review report for reviews conducted in the last three years, along with the purpose or reason for the review, the name of the organization that performed the review, a summary of findings and recommendations, and a report on the status or disposition of the findings and recommendations
- Limited English Proficiency (LEP) plan
- Procedures for tracking and investigating Title VI complaints
- A list of Title VI investigations, complaints or lawsuits filed with the agency since the last submission
- A copy of the agency notice to the public that it complies with Title VI and instructions on how to file a discrimination complaint

3. Annual review of Title VI program

Each year, in preparing for the Annual Report and Updates, the Title VI Manager will review the agency's Title VI program to assure implementation of the Title VI plan. In addition, they will review agency operational guidelines and publications, including those for contractors, to verify that Title VI language and provisions are incorporated, as appropriate.

4. Dissemination of information related to the Title VI program

Information on our Title VI program will be disseminated to agency employees, contractors, and beneficiaries, as well as to the public, as described in the "public outreach and involvement" section of this document, and in other languages when needed according to the LEP plan as well as federal and State laws/regulations.

5. Resolution of complaints

Any individual may exercise his or her right to file a complaint if that person believes that he, she or any other program beneficiaries have been subjected to unequal treatment or discrimination in the receipt of benefits/services or prohibited by non-discrimination requirements. Colonial Behavioral Health will report the complaint to DRPT within three business days (per DRPT requirements), and make a concerted effort to resolve complaints

locally, using the agency's Title VI Complaint Procedures. All Title VI complaints and their resolution will be logged as described under Section 1. Data collection and reported annually (in addition to immediately) to DRPT.

6. Written policies and procedures

Our Title VI policies and procedures are documented in this plan and its appendices and attachments. This plan will be updated periodically to incorporate changes and additional responsibilities that arise. During the course of the Annual Title VI Program Review (item 3 above), the Title VI Manager will determine whether or not an update is needed.

7. Internal education

Our employees will receive training on Title VI policies and procedures upon hiring and upon promotion. This training will include requirements of Title VI, our obligations under Title VI (LEP requirements included), and required data that must be gathered and maintained. In addition, training will be provided when any Title VI-related policies or procedures change (agency-wide training), or when appropriate in resolving a complaint.

Title VI training is the responsibility of the Human Resources Department as detailed by the Title VI Manager.

8. Title VI clauses in contracts

In all federal procurements requiring a written contract or Purchase Order (PO), Colonial Behavioral Health's contract/PO will include appropriate non-discrimination clauses. The Title VI Manager will work with the General Services Officer who is responsible for procurement contracts and POs to ensure appropriate non-discrimination clauses are included.

VII. PROCEDURES FOR NOTIFYING THE PUBLIC OF TITLE VI RIGHTS AND HOW TO FILE A COMPLAINT

Requirement to Provide a Title VI Public Notice

Title 49 CFR Section 21.9(d) requires recipients to provide information to the public regarding the recipient's obligations under DOT's Title VI regulations and apprise members of the public of the protections against discrimination afforded to them by Title VI. At a minimum, Colonial Behavioral Health shall disseminate this information to the public by posting a Title VI notice on the agency's website and in public areas of the agency's office(s), including the reception desk, meeting rooms, in federally funded vehicles, etc.

SEE APPENDIX A-Title VI Notice to the Public

SEE APPENDIX B-Title VI Notice to the Public List of Locations

TITLE VI COMPLAINT PROCEDURES

Requirement to Develop Title VI Complaint Procedures and Complaint Form

In order to comply with the reporting requirements established in 49 CFR Section 21.9(b), all recipients shall develop procedures for investigating and tracking Title VI complaints filed against them and make their procedures for filing a complaint available to members of the public. Recipients must also develop a Title VI complaint form. The form and procedure for filing a complaint shall be available on the recipient's website and at their facilities.

Any individual may exercise his or her right to file a complaint with Colonial Behavioral Health if that person believes that he or she has been subjected to unequal treatment or discrimination in the receipt of benefits or services. We will report the complaint to DRPT within three business days (per DRPT requirements), and make a concerted effort to resolve complaints locally, using the agency's Nondiscrimination Complaint Procedures. All Title VI complaints and their resolution will be logged and reported annually (in addition to immediately) to DRPT.

Colonial Behavioral Health includes the following language on all printed information materials, on the agency's website, in press releases, in public notices, in published documents, and on posters on the interior of each vehicle operated in passenger service:

Colonial Behavioral Health is committed to ensuring that no person is excluded from participation in, or denied the benefits of its transit services on the basis of race, color or national origin, as protected by Title VI of the Civil Rights Act of 1964.

For additional information on Colonial Behavioral Health's nondiscrimination policies and procedures, or to file a complaint, please visit the website at

www.ColonialBH.org or contact the Title VI Manager, 1657 Merrimac Trail, Williamsburg, VA 23185.

Instructions for filing Title VI complaints are posted on the agency's website and in posters on the interior of each vehicle operated in passenger service and agency's facilities and are also available from any member of the agency's support staff or a vehicle operator.

SEE APPENDIX C-Title VI Complaint Form

Procedures for Handling and Reporting Investigations/Complaints and Lawsuits

Should any Title VI investigations be initiated by FTA or DRPT, or any Title VI lawsuits are filed against Colonial Behavioral Health the agency will follow these procedures:

Procedures

1. Any individual, group of individuals, or entity that believes they have been subjected to discrimination on the basis of race, color, or national origin may file a written complaint with the Title VI Manager. The complaint is to be filed in the following manner:
 - a. A formal complaint must be filed within 180 calendar days of the alleged occurrence.
 - b. The complaint shall be in writing using the designated complaint form and signed by the complainant(s).
 - c. The complaint should include:
 - the complainant's name, address, and contact information (i.e., telephone number, email address, etc.)
 - the date(s) of the alleged act of discrimination (if multiple days, include the date when the complainant(s) became aware of the alleged discrimination and the date on which the alleged discrimination was discontinued or the latest instance).
 - a description of the alleged act of discrimination
 - the location(s) of the alleged act of discrimination (include vehicle number if appropriate)
 - an explanation of why the complainant believes the act to have been discriminatory on the basis of race, color, and national origin
 - if known, the names and/or job titles of those individuals perceived as parties in the incident
 - contact information for any witnesses
 - indication of any related complaint activity (i.e., was the complaint also submitted to DRPT or FTA?)
 - d. The complaint shall be submitted to the Colonial Behavioral Health Title VI Manager at 1657 Merrimac Trail, Williamsburg, VA 23185 or TitleVI@colonialbh.org.
 - e. Complaints received by any other employee of Colonial Behavioral Health will be immediately forwarded to the Title VI Manager.
 - f. In the case where a complainant is unable or incapable of providing a written statement, a verbal complaint of discrimination may be made to the Title VI Manager. Under these circumstances, the complainant will be interviewed, and the Title VI Manager will assist the complainant in converting the verbal allegations to writing.

2. Upon receipt of the complaint, the Title VI Manager will immediately:
 - a. notify DRPT (no later than 3 business days from receipt)
 - b. notify the Colonial Behavioral Health Authorizing Official
 - c. ensure that the complaint is entered in the complaint database
3. Within 3 business days of receipt of the complaint, the Title VI Manager will contact the complainant by telephone to set up an interview.
4. The complainant will be informed that they have a right to have a witness or representative present during the interview and can submit any documentation he/she perceives as relevant to proving his/her complaint.
5. If DRPT has assigned staff to assist with the investigation, the Title VI Manager will offer an opportunity to participate in the interview.
6. The alleged discriminatory service or program official will be given the opportunity to respond to all aspects of the complainant's allegations.
7. The Title VI Manager will determine, based on relevancy or duplication of evidence, which witnesses will be contacted and questioned.
8. The investigation may also include:
 - a. investigating contractor operating records, policies or procedures
 - b. reviewing routes, schedules, and fare policies
 - c. reviewing operating policies and procedures
 - d. reviewing scheduling and dispatch records
 - e. observing behavior of the individual whose actions were cited in the complaint
9. All steps taken and findings in the investigation will be documented in writing and included in the complaint file.
10. The Title VI Manager will contact the complainant at the conclusion of the investigation, but prior to writing the final report, and give the complainant an opportunity to give a rebuttal statement at the end of the investigation process.
11. At the conclusion of the investigation and **within 60 days** of the interview with the complainant, the Title VI Manager will prepare a report that includes a narrative description of the incident, identification of persons interviewed, findings, and recommendations for disposition. This report will be provided to the Authorizing Official, DRPT, and, if appropriate, Colonial Behavioral Health's legal counsel.
12. The Title VI Manager will send a letter to the complainant notifying them of the outcome of the investigation. If the complaint was substantiated, the letter will indicate the course of action that will be followed to correct the situation. If the complaint is determined to be unfounded, the letter will explain the reasoning, and refer the complainant to DRPT in the event the complainant wishes to appeal the determination. This letter will be copied to DRPT.
13. A complaint may be dismissed for the following reasons:
 - a. The complainant requests the withdrawal of the complaint.
 - b. An interview cannot be scheduled with the complainant after reasonable attempts.
 - c. The complainant fails to respond to repeated requests for additional information needed to process the complaint.

14. DRPT will serve as the appealing forum to a complainant that is not satisfied with the outcome of an investigation conducted by Colonial Behavioral Health. DRPT will analyze the facts of the case and will issue its conclusion to the appellant according to their procedures.

A person may also file a complaint directly with the Federal Transit Administration, Office of Civil Rights, Attention: Title VI Program Coordinator, East Building, 5th Floor – TCR, 1200 New Jersey Avenue SE, Washington, DC 20590.

Transportation-Related Title VI Investigations, Complaints, and Lawsuits

All recipients shall prepare and maintain a list of any of the following that allege discrimination on the basis of race, color, or national origin:

- Active investigations conducted by FTA and entities other than FTA;
- Lawsuits; and
- Complaints naming the recipient.

This list shall include the date that the transportation-related Title VI investigation, lawsuit, or complaint was filed; a summary of the allegation(s); the status of the investigation, lawsuit, or complaint; and actions taken by the recipient in response, or final findings related to the investigation, lawsuit, or complaint. This list shall be included in the Title VI Program submitted to DRPT every three years and information shall be provided to DRPT quarterly and annually.

SEE APPENDIX D- Investigations, Lawsuits and Complaints Document

VIII. PUBLIC OUTREACH AND INVOLVEMENT

PUBLIC PARTICIPATION PLAN

Introduction

The Public Participation Plan (PPP) is a guide for ongoing public participation endeavors. Its purpose is to ensure that Colonial Behavioral Health utilizes effective means of providing information and receiving public input on transportation decisions from low income, minority and limited English proficient (LEP) populations, as required by Title VI of the Civil Rights Act of 1964 and its implementing regulations.

Under federal regulations, transit operators must take reasonable steps to ensure that Limited English Proficient (LEP) persons have meaningful access to their programs and activities. This means that public participation opportunities, normally provided in English, should be accessible to persons who have a limited ability to speak, read, write, or understand English.

In addition to language access measures, other major components of the PPP include: public participation design factors; a range of public participation methods to provide information, to invite participation and/or to seek input; examples to demonstrate how population-appropriate outreach methods can be and were identified and utilized; and performance measures and objectives to ensure accountability and a means for improving over time.

Colonial Behavioral Health will establish a public participation plan or process as needed that will determine how, when, and how often specific public participation activities should take place, and which specific measures are most appropriate.

Colonial Behavioral Health will make these determinations based on a demographic analysis of the population(s) affected, the type of plan, program, and/or service under consideration, and the resources available. Efforts to involve minority and LEP populations in public participation activities may include both comprehensive measures, such as placing public notices at all transit stations, stops, and vehicles, as well as targeted measures to address linguistic, institutional, cultural, economic, historical, or other barriers that may prevent minority and LEP persons from effectively participating in our decision-making process.

Colonial Behavioral Health is a provider of behavioral health services that providestransportation with FTA-funded vehicles for programs as part of direct services. Transportationis not provided to the community at large. As such, Colonial Behavioral Health does not have a public participation plan. In order to participate in the programs for which Colonial Behavioral Health provides transportation, the program admission criteria must be met.

SEE APPENDIX E-Summary of Outreach Efforts

IX. LANGUAGE ASSISTANCE PLAN FOR PERSONS WITH LIMITED ENGLISH PROFICIENCY (LEP)

LANGUAGE ASSISTANCE PLAN FOR PERSONS WITH LIMITED ENGLISH PROFICIENCY (LEP)

Introduction and Legal Basis

LEP is a term that defines any individual not proficient in the use of the English language. The establishment and operation of an LEP program meets objectives set forth in Title VI of the Civil Rights Act and Executive Order 13166, Improving Access to Services for Persons with Limited English Proficiency (LEP). This Executive Order requires federal agencies receiving financial assistance to address the needs of non-English speaking persons. The Executive Order also establishes compliance standards to ensure that the programs and activities that are provided by a transportation provider in English are accessible to LEP communities. This includes providing meaningful access to individuals who are limited in their use of English. The following LEP language implementation plan, developed by Colonial Behavioral Health is based on FTA guidelines.

In 2005, Colonial Behavioral Health developed a written LEP Plan (below), which is reviewed annually and updated as needed. Colonial Behavioral Health has evaluated the 2012 American Community Survey (ACS) Census data to determine the extent of need for translation services of its vital documents and materials.

Assessment of Needs and Resources

The need and resources for LEP language assistance were determined through a four-factor analysis as recommended by FTA guidance.

Factor 1: Assessment of the Number and Proportion of LEP Persons Likely to be Served or Encountered in the Eligible Service Population

The agency has reviewed census data on the number of individuals in its service area that have limited English Proficiency, as well as the languages they speak.

U.S. Census Data – American Community Survey (2015-2020)

Data from the U.S. Census Bureau's American Community Survey (ACS) were obtained through www.census.gov by Colonial Behavioral Health's service area. The agency's service area includes a total of 4,726 (2.8%) persons with Limited English Proficiency (those persons who indicated that they spoke English "less than very well," in the 2015-2020 ACS Census Estimate).

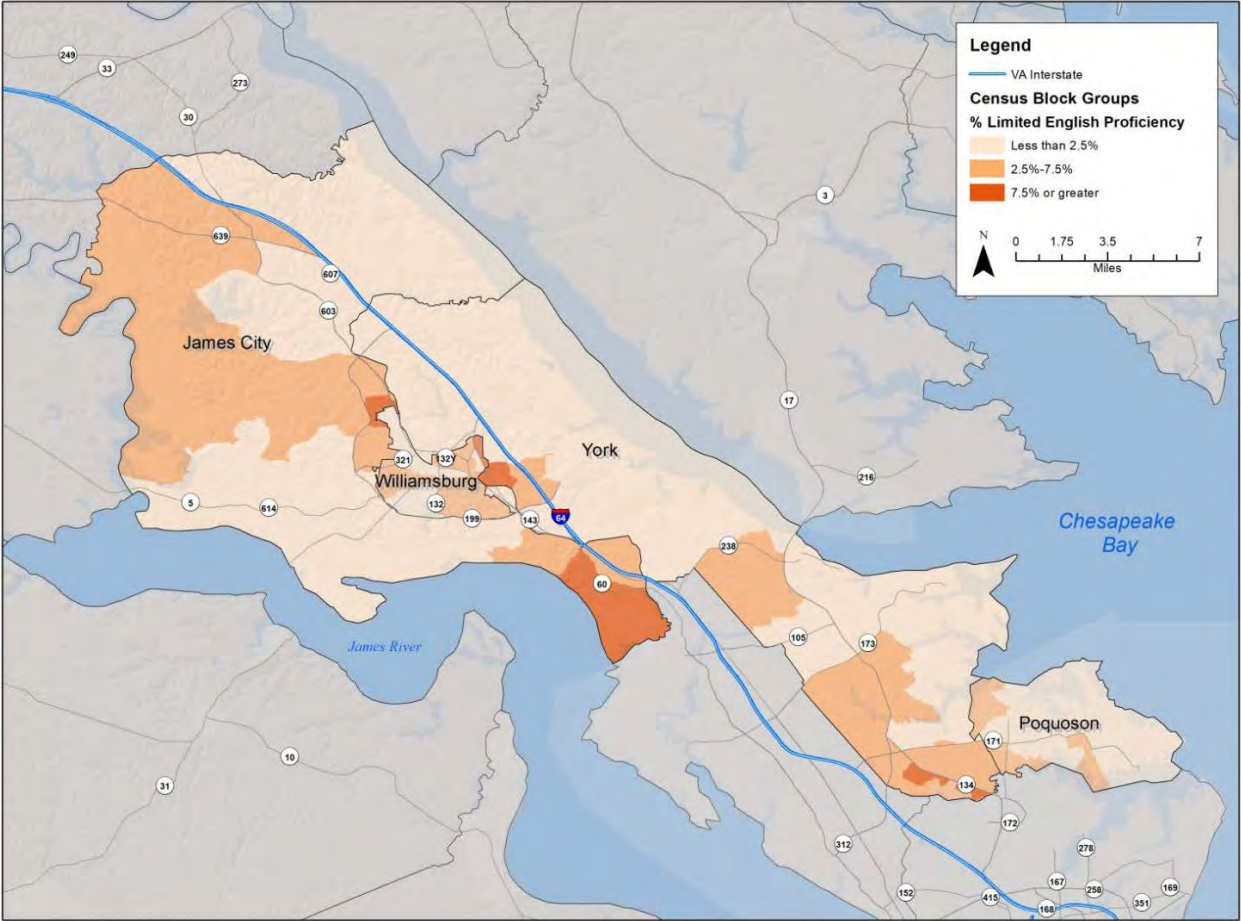
Information from the 2015-2020 ACS Census Estimate also provides more detail on the specific languages that are spoken by those who report that they speak English less than very well. Languages spoken at home by those with LEP are presented below.

These data indicate the extent to which translations into other language are needed to meet the needs of LEP persons.

Language Spoken other than English	Number of Individuals Speaking a Language other than English	Number of Individuals Speaking English less than “very well”	% of LEP
Total Population 5 years and over = 161,481			
Spanish	5,542	1,856	1.1%
Other Indo-European	4,623	853	5.5%
Asian and Pacific Islander	4,147	1,753	1.1%
Other language	1,089	264	0.2%
Total	15,401	4,726	2.9%

Figure 1 – % LEP by Census Block Group

Figure 1 is a map of the Service Area with the percentage LEP population for eachCensus Block Group. The Block Groups that have the highest rate of LEP individuals are located in western York County and southeastern James City County.



Factor 2: Assessment of Frequency with Which LEP Individuals Come into Contact with the Transit Services or System

Colonial Behavioral Health reviewed the relevant benefits, services, and information provided by the agency and determined the extent to which LEP persons have come into contact with these functions through the following channels:

- Calls to Colonial Behavioral Health's customer service telephone line;
- Visits to the agency's headquarters; and
- Access to the agency's website.

During the fiscal year ending June 30, 2021, Colonial Behavioral Health provided services to 67 individuals (of 5,410) whose primary language was not English:

Primary Language	Number of Individuals	%
American Sign Language	3	0.06
Arabic	3	0.06
Chinese	3	0.06
Korean	2	0.04
Non-Verbal	12	0.22
Other	15	0.28
Persian	1	0.02
Russian	1	0.02
Spanish	24	0.44
Tagalog	2	0.04
Vietnamese	1	0.02

We will continue to identify emerging populations as updated Census and American Community Survey data become available for our service area. In addition, when LEP persons contact our agency, we attempt to identify their language and keep records on contacts to accurately assess the frequency of contact. To assist in language identification, we use a language identification flashcard based on that which was developed by the U.S. Census Bureau.

(<http://www.lep.gov/ISpeakCards2004.pdf>)

Factor 3: Assessment of the Nature and Importance of the Transit Services to the LEP Population

Colonial Behavioral Health provides the following services that may include transportation:

- Case Management: Helps individuals by accessing supports and services critical to meeting basic needs, improving quality of life and promoting self-empowerment.
- Developmental Disability Day Services:
 - Community Engagement: Fosters an individual's ability to acquire, retain or improve skills necessary to building positive social behavior, interpersonal competence, greater independence, employability and personal choice. This program enables the individual to access typical activities in community life enjoyed by the general population such as education or training, retirement and volunteer activities. This

- program is provided in groups with no more than a 1:3 staff-to-individual ratio.
 - Group Day Services: Provides opportunities for peer interactions, community integration, career planning and enhancement of social networks. Supports may be provided to ensure individual health and safety. These services are provided in groups with no more than a 1:7 staff-to-individual ratio.
- Developmental Disability Residential Services: Assists individuals with living independently in the community to the greatest extent possible. Based on individual need, instructional activities and staff support are provided to help individuals improve the quality of their daily lives, and promote self-determination, wellness, and community integration.
- Emergency Services: Designed to address urgent or severe behavioral health crises in a variety of settings 24 hours a day, seven days a week.
- Mental Health Skill-building Services: Goal-directed training designed to enable individuals to achieve and maintain community stability and independence in the most appropriate, least restrictive environment. Services are typically provided in one-hour increments in the individual's home or community and are tailored to individual needs.
- Assertive Community Treatment: An organized service that provides multidisciplinary team treatment following a planned, structured regimen. This is a mobile service delivered in community locations that are comfortable and convenient for individuals served; these services enable individuals to identify and live in their own residence and find and maintain work in the community.
- Psychosocial Rehabilitation: A recovery-based program provided for two or more hours per day. The program offers structured day support services including community integration, independent living skills instruction, interpersonal and social skills development, and communication skills instruction.

Based on past experience serving and communicating with LEP persons and interviews with community agencies, we learned that no services particularly serve LEP persons in the community. Transportation is provided as part of service delivery and accommodations are made for LEP persons on an as-needed basis.

Factor 4: Assessment of the Resources Available to the Agency and Costs

Costs

The following language assistance measures currently being provided by Colonial Behavioral Health:

- Telephone interpretation services (provider one): Multi-language interpretation available Monday – Friday from 5 a.m. – 5 p.m. (Peak) and 5 p.m. to 5 a.m. (Non-Peak)
 - \$200 set-up fee per individual, \$100 per month, and
 - \$2.20 (Peak) or \$2.50 (Non-Peak) per minute for Spanish to English or
 - \$2.50 per minute for Chinese, French, Japanese, Korean, Russian, Vietnamese, Armenian, Cambodian, German, Haitian, Creole, Italian, Polish, Portuguese, Farsi, Tagalog, Thai, Urdu, and all other languages offered.

- On-site interpretation services (provider two): Spanish to English available Monday - Friday from 9 a.m. to 7 p.m.
 - \$40 per hour and \$30 per hour for travel with 24-hour notice
 - Rush Services: \$60 per hour for interpretation; \$45 for travel with less than 24-hour notice
 - Other Language Interpretation: \$60 per hour on a case-to-case basis
- On-site interpretation services (provider three):
 - \$70 per hour with a two-hour minimum and two business days' notice for general services
 - \$90 per hour with a two-hour minimum for services requiring specific knowledge, training and expertise
 - \$90 per hour with a two-hour minimum for assignments with less than two business days' notice.
- Virtual American Sign Language (provider three): \$90 per hour with a one-hour minimum

Based on the analysis of demographic data and contact with LEP persons, Colonial Behavioral Health has determined that no additional services are needed at this time to provide meaningful access.

Resources

Colonial Behavioral Health allocates resources toward language assistance expenses as available and appropriate. The agency does not have a set budget for translation services.

Feasible and Appropriate Language Assistance Measures

Based on the available resources, the following language assistance measures are feasible and appropriate for our agency at this time:

- Offer timely availability of interpretation.
- Recruit clinical service staff members who are bilingual, and able to provide competent interpretation.
- Contract with interpretation services, independent interpreters or volunteer interpreters who satisfy the competency requirements for CBH interpreters.
- Offer both in-person and telephone interpretation services.
- Provide written materials to individuals and the public in English and those languages regularly encountered by CBH other than English.
- Develop, maintain and post notices in key locations of the organization notifying persons of their right to free language assistance.
- Utilize language identification cards ("I speak" cards) which assist LEP persons in identifying their language needs.
- Document the language of individuals when they initially request services.
- Implement procedures for staff for purposes of accessing in-person and telephone interpretation.
- Refrain from requesting, encouraging, or requiring LEP or hearing-impaired persons to use friends, family or minor children as interpreters.

LEP Implementation Plan

Through the four-factor analysis, Colonial Behavioral Health has determined that no additional types of language assistance are needed at this time. The following details current agency procedures.

Staff Access to Language Assistance Services

Agency staff who encounter LEP persons can access language services by calling the contract translation service. All staff will be provided with information about the contracted language assistance service via the internal Interpretation ticket system.

Responding to LEP Callers

Staff utilize the contracted translation and interpretation provider listed on the internal agency Intranet for translation services.

Responding to Written Communications from LEP Persons

Staff utilize the contracted translation and interpretation provider listed on the internal agency Intranet for translation services.

Responding to LEP Individuals in Person

The following procedures are followed when an LEP person visits our offices:

- Utilize language identification cards (“I speak” cards) which assist LEP persons in identifying their language needs;
- Contact the contracted translation and interpretation provider listed in the internal agency Intranet for translation services once the language need has been identified.

Staff Training

As noted previously, all Colonial Behavioral Health staff are provided with a list of available language assistance services and additional information and referral resources, updated annually. All new hires receive training on assisting LEP persons as part of their sensitivity and customer service training. This includes:

- A summary of the transit agency’s responsibilities under the DOT LEP Guidance;
- A summary of the agency’s language assistance plan;
- A summary of the number and proportion of LEP persons in the agency’s service area, the frequency of contact between the LEP population and the agency’s programs and activities, and the importance of the programs and activities to the population;
- A description of the type of language assistance that the agency is currently providing and instructions on how agency staff can access these products and services; and
- A description of the agency’s cultural sensitivity policies and practices.

Also, all staff who routinely come into contact with customers, as well as their supervisors and all management staff, receive annual refresher training on policies and procedures related to assisting LEP persons.

Providing Notice to LEP Persons

LEP persons are notified of the availability of language assistance through the following approaches:

- On our website, with links to translations of website content; and
- Through signs posted in our customer service and administrative offices.

LEP persons will also be included in all community outreach efforts related to service and fare changes.

Monitoring/Updating the plan

This plan will be updated on a periodic basis (at least every three years), based on feedback, updated demographic data, and resource availability.

As part of ongoing outreach to community organizations, Colonial Behavioral Health will solicit feedback on the effectiveness of language assistance provided and unmet needs. In addition, we will conduct periodic assessments of the electronic health record and review of updated Census data to determine the adequacy and quality of the language assistance provided and determine changes to LEP needs.

In preparing the triennial update of this plan, Colonial Behavioral Health will conduct an internal assessment using the Language Assistance Monitoring Checklist provided in the FTA's "Implementing the Department of Transportation's Policy Guidance Concerning Recipients' Responsibilities to Limited English Proficient (LEP) Persons: A Handbook for Public Transportation Providers."

Based on the feedback received from community members and agency employees, Colonial Behavioral Health will make incremental changes to the type of written and oral language assistance provided as well as to their staff training and community outreach programs. The cost of proposed changes and the available resources will affect the enhancements that can be made, and therefore Colonial Behavioral Health will attempt to identify the most cost-effective approaches.

As the community grows and new LEP groups emerge, Colonial Behavioral Health will strive to address the needs for additional language assistance.

X. MINORITY REPRESENTATION ON PLANNING AND ADVISORY BODIES

Title 49 CFR Section 21.5(b)(1)(vii) states that a recipient may not, on the grounds of race, color, or national origin, “deny a person the opportunity to participate as a member of a planning, advisory, or similar body which is an integral part of the program.”

Colonial Behavioral Health does not have any transit-related, non-elected planning boards, advisory councils or committees, or similar committees. The members of the agency’s Board of Directors are chosen by the localities served by Colonial Behavioral Health (James City County, City of Poquoson, City of Williamsburg, and York County), and the board’s makeup is statutorily set in the Code of Virginia (§ 37.2-501).

XI. MONITORING TITLE VI COMPLAINTS

As part of the complaint handling procedure, the Title VI Manager investigates possible inequities in service delivery for the route(s) or service(s) about which the complaint was filed. Depending on the nature of the complaint, the review examines span of service (days and hours), frequency, routing directness, interconnectivity with other routes and/or fare policy. If inequities are discovered during this review, options for reducing the disparity are explored, and service or fare changes are planned if needed.

In addition to the investigation following an individual complaint, the Title VI Manager periodically reviews all complaints received to determine if there may be a pattern. At a minimum, this review is conducted as part of preparing the Annual Report and Update for submission to DRPT.

APPENDIX A - TITLE VI NOTICE TO THE PUBLIC

Title VI of the Civil Rights Act of 1964 prohibits discrimination on the basis of race, color, or national origin in programs and activities receiving Federal financial assistance. Specifically, Title VI provides that "no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance" (42 U.S.C. Section 2000d).

Colonial Behavioral Health is committed to ensuring that no person is excluded from participation in or denied the benefits of its transportation services on the basis of race, color, or national origin, as protected by Title VI in Federal Transit Administration (FTA) Circular 4702.1B. If you feel you are being denied participation in or being denied benefits of the transit services provided by Colonial Behavioral Health, or otherwise being discriminated against because of your race, color, national origin, gender, age, or disability, our contact information is:

Title VI Manager
Colonial Behavioral Health
1657 Merrimac Trail
Williamsburg, VA 23185
757-220-3200
TitleVI@colonialbh.org

APPENDIX B - TITLE VI NOTICE TO THE PUBLIC LIST OF LOCATIONS

- Main campus (3 buildings): 1651, 1657, and 1659 Merrimac Trail, Williamsburg, VA 23185
- Administrative Office: 473 McLaws Circle, Williamsburg, VA 23185
- York-Poquoson Office: 3804 George Washington Memorial Highway, Yorktown, VA 23692
- People's Place: 111 Warwick Court, Williamsburg, VA 23185
- Group Homes (3 locations): private addresses within Colonial Behavioral Health's service area

APPENDIX C - TITLE VI COMPLAINT FORM



Colonial Behavioral Health Title VI Complaint Form

Section I		
Name:		
Address:		
Telephone (Home/Cell):	Telephone (Work):	
Email Address:		
Accessible Format Requirements?	<input type="checkbox"/> Large Print	<input type="checkbox"/> Audio
	<input type="checkbox"/> TDD	<input type="checkbox"/> Other
Section II		
Are you filing this complaint on your own behalf?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
*If you answered "yes" to this question, go to Section III.		
If not, provide the name and relationship of the person for whom you are complaining.		
Please explain why you have filed for a third party.		
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Section III		
I believe the discrimination I experienced was based on (check all that apply):		
<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> National Origin
Date of Alleged Discrimination (Month, Day, Year):		
Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as the names and contact information of any witnesses. If more space is needed, use the back of this form.		
Section IV		
Have you previously filed a Title VI complaint with this agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Section V		
Have you filed this complaint with any other Federal, State or local agency, or with any Federal or State court?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, check all that apply:		

Federal Agency: <input type="checkbox"/>	State Agency: <input type="checkbox"/>
Federal Court: <input type="checkbox"/>	Local Agency: <input type="checkbox"/>
State Court: <input type="checkbox"/>	
Please provide information about a contact person at the agency/court where the complaint was filed.	
Name:	
Title:	
Agency:	
Address:	
Telephone number:	
Section VI	
Name of agency complaint is against:	
Contact person:	
Title:	
Telephone number:	
You may attach any written materials or other information that you think is relevant to your complaint.	
Signature and date required below.	
Signature	Date

APPENDIX D - INVESTIGATIONS, LAWSUITS AND COMPLAINTS DOCUMENT

None to date.

APPENDIX E - SUMMARY OF OUTREACH EFFORTS

Outreach is provided on Colonial Behavioral Health services in response to community needs or requests from partner agencies. Outreach is specific to services, not transportation, but programs that provide transportation are sometimes promoted. Services that provide transportation have been promoted at one recent event, by providing fliers and rack cards about the services. The event include:

- English Language (EL) Family Night at Grafton School Complex in York County on November 10, 2021, from 5 to 7 p.m.; provided fliers and rack cards on Colonial Behavioral Health's services.

APPENDIX F -TABLE MINORITY REPRESENTATION ON COMMITTEES BY RACE

Race	Black or African American	White or Caucasian	Latino or Hispanic	American Indian or Alaska Native	Asian	Native Hawaiian or other Pacific Islander	Other	Total
Board of Director Members	1	13	-	-	-	-	-	14*

* One Board of Director position is vacant at time of the 2021 tri-annual review.

COLONIAL BEHAVIORAL HEALTH

Executive Director's Report – January 2022

Agency Issues

1. We are continuing to recruit for our vacant Human Resource positions. Chaenn Thomas is our Acting Director of Human Resources, but we have been forced to resume Generalist recruitment in January.
2. Following the retirement of Debbie Townsend, Marsha Obremski has assumed responsibility for MH Case Management, People's Place and MH Skill-Building Services in addition to many of her previous duties. Dan Longo has assumed general oversight of the York-Poquoson Office in addition to his previous duties as well. Linda Butler oversees all agency DD services.
3. The Omicron variant of COVID-19 has (per the date of this report) not yet impacted CBH operations to a degree to affect agency operations, but that is still very possible. If adjustments to in-person operations are needed, we are prepared to make those changes quickly.

Community Issues

1. The Williamsburg Health Foundation released its Request for Information (RFI) regarding Integrated Primary Care/BH service delivery on October 8th. CBH is scheduled to make a formal presentation of our response in early February.
2. Marcus Alert planning is underway, with formation of the local Stakeholder Group currently being planned, as well as other early processes. Stakeholder Group applications are being accepted on the CBH website, with links anticipated also on each locality website.
3. The Commonwealth has reportedly awarded the surplus property that was formerly Eastern State Hospital to a developer. At the time this report is being written, still no announcement has been regarding the identity of the winning bidder. (Repeated from previous report.)

Regional Issues

1. Eastern State Hospital admissions have been partially reopened, as have most state facilities. However, the number of available beds remains diminished from previous levels, and admissions are only allowed as current patients are discharged.
2. The regional call center for crisis services was activated in December, with linkages to the national 988 number yet incomplete. These are all components of the new Virginia crisis system being put into place over the next 1-2 years.

Public Policy

1. As of the time of the report, legislation being proposed in the upcoming session is inaccessible due to the ransomware attack on Virginia General Assembly operations. It is yet unclear when this information can safely be made available to the public.
2. We have a new Delegate representing us in the Virginia House of Delegates. A.C. Cordoza's election was confirmed in December by recount. We welcome Delegate Cordoza and thank former Delegate Mugler for her representation. Contact information for Delegate Cordoza and other newly elected Delegates is also delayed on the General Assembly website.
3. Governor Northam released his biennial budget on 12/16/2021, with a summary of pertinent items attached to this report. His budget will be amended significantly by Governor-Elect Youngkin.

Respectfully submitted,
David A. Coe

2022 General Assembly Session Budget

ITEM #	AGENCY	DESCRIPTION	GOVERNOR	HOUSE	SENATE	CONFERENCE REPORT
483.U.1.d	Central Appropriations	Provides for state portion of support for 5% salary increase for state-supported local employees.	\$7.7M FY 23 \$7.7M FY 24			
	DMAS					
304.KKKK	DMAS	Increase reimbursement rates for DD Waiver services to promote compliance with DOJ Settlement Agreement Group Homes (4 beds or fewer) 30.3% Community Engagement 30.5% Supported Living 61.6% In-home Supports 33.2% Community Coaching 23.9% Independent Living Supports 52.2% Therapeutic Consultation 7.4% Private Duty & Skilled Nursing 71.4%	\$278M FY 23 \$319M FY 24			
304.J.4	DMAS	Creates 600 new waiver slots in FY 23, with an additional 600 in FY 24. Residential-supporting slots total of 200.	\$26M FY 23 \$52M FY 24			
	DBHDS					
	DBHDS	Funding to study and improve state facility discharge planning systems and management	\$3.7M FY 23 \$3.3M FY 24			
	DBHDS	Funding to modernize DBHDS IT infrastructure. Includes 5 new IT positions.	\$2.0M FY 23 \$2.5M FY 24			
	DBHDS	Addition of 15 new Licensing positions to aid DBHDS with management of federal DOJ requirements.	\$1.8M FY 23 \$1.8M FY 24			
	DBHDS	Requires DBHDS to create a plan to increase alternative custody options for individuals under a TDO awaiting transportation to an inpatient bed.	\$0 FY 23 \$3.3M FY 24			
311.CC	DBHDS	Provide funding to the Virginia Health Care Foundation to pay for costs of supervisory hours required for LPC or LCSWs	\$3.0M FY 23 \$0 FY 24			
311.EE	DBHDS	Fund regional specialist positions to provide crisis and diversion services for those with dementia and at risk of institutionalization	\$1.0M FY 23 \$1.0M FY 24			

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	DBHDS	Expand pilot program to transport individuals from state facilities back to community upon discharge	\$1.0M FY 23 \$1.0M FY 24			
311.FF	DBHDS	Operation and maintenance costs for 988 call center.	\$1.7M FY 23 \$1.7M FY 24			
311.HH	DBHDS	Fund comprehensive study of state and local public behavioral healthcare system	\$1.0M FY 23 \$0 FY 24			
311.W	DBHDS	Lease of surplus ESH property to Hope Family Village				
311.Q	DBHDS	Lease surplus ESH property for CBH facility				
	GRANTS TO LOCALITIES					
313.LL.1-15	Grants to Localities	Funds for remaining 3 services required by STEP-VA. Also includes some funds for local infrastructure and regional management of some STEP services.	\$22M FY 23 \$28M FY 24			
313.Z.1	Grants to Localities	Increase funding for permanent supportive housing for individuals with serious mental illness.	\$11M FY 23 \$19M FY 24			
313.LL.1	Grants to Localities	Funding for crisis system transformation. Added to this amount is \$20M in ARPA funds during FY 23.	\$2M FY 23 \$22M FY 24			
313.LL.10	Grants to Localities	Appropriate funds for 988 call center staff	\$5M FY 23 \$7.5M FY 24			
313.OO	Grants to Localities	Funding for five (5) additional Marcus Alert localities.	\$3M FY 23 \$3M FY 24			
313.RR	Grants to Localities	Continues expansion of SUD workforce training and innovation programs. Funded with ARPA in first year.	\$0 FY 23 \$5M FY 24			
313.AA	Grants to Localities	Increases funding for rental subsidies for ID/DD, designed to serve an additional 75 individuals annually.	\$1.0M FY 23 \$2.7M FY 24			
313.EE	Grants to Localities	Support of permanent supportive housing for 75 additional SUD pregnant or parenting women annually	\$1.7M FY 23 \$17M FY 24			