

COLONIAL BEHAVIORAL HEALTH BOARD MEETING

DATE: February 4, 2025

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

WELCOME AND CALL TO ORDER: 3:00pm

BOARD MEMBERS PRESENT:

Mr. Ryan Ashe – James City County
Mr. Tarun Chandrasekar - Williamsburg
Mr. John Collins – York County
Ms. Wendy Evans – Williamsburg
Dr. Dawn Ide – City of Poquoson
Mr. Bruce Keener – York County
Mr. Steven Miller – York County
Ms. Kristen Nelson – York County
Ms. Amber Richey – York County
Ms. April Schmidt – York County
Ms. Donyale Wells – James City County
Mr. Roy Witham – James City County

BOARD MEMBERS ABSENT:

Ms. Erin Otis – James City County
Dr. John Shaner – City of Poquoson

CBH STAFF PRESENT:

David Coe, Kristy Wallace, Katie Leuci, Nancy Parsons, Kyra Cook, Linda Butler, Patty Hartigan,
Marsha Obremski, Chaenn Thomas

GUESTS: Sharon Proffit and her son, Nathan (Advisory Council Member)

PUBLIC COMMENT: None

CONSENT CALENDAR:

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

- January 7, 2025, Board of Directors Meeting

John Collins made a motion to accept the consent agenda as presented. Bruce Keener seconded the motion, and it passed unanimously.

PRESENTATION

Virginia Thumm and Barbara Hamm Lee (Virginia Fundraising Consultants) presented the fundraising final report. Key takeaways: communication, developing relationships and putting best practices into place. We will need to engage the community. We will need to develop a Comprehensive Communications Plan. This is the first time CBH has ever asked for funds, this is catching our community off guard.

CLOSED SESSION

John Collins made the following motion to move to a closed session: I motion that the Board convene a closed meeting, for the following purpose:

Consultation with legal counsel and/or briefing by staff members pertaining to actual or probable litigation, where such consultation or briefing in open meeting would adversely affect the litigating posture of the public body pursuant to Virginia Code Section 2.2-3711(A)(7).

John Collins made a motion to conclude the closed session. Donyale Wells seconded the motion, which was unanimously approved. Board members were individually polled immediately coming out of the closed session to certify that only those matters covered in the motion for closed session were discussed.

PRESENTATION

Josh Roller (Robinson, Farmer & Cox) presented the Fiscal Year 2024 Audit. Hard copies of the audit were available for Board members/CBH staff.

ACTION ITEMS

- **Action Item A-1 Acceptance of Fiscal Year 2024 Audit (*Nancy*)**— CBH's FY 2024 Financial Audit has been completed by the accounting firm Robinson, Farmer & Cox. Josh Roller, CPA, presented the report to the full Board during this meeting. An electronic link and hard copies of the audit were made available to our Board members.
Amber Richey made the following motion: "It is moved that the Fiscal Year 2024 Audit of Colonial Behavioral Health finances be accepted by the Board as presented by Robinson, Farmer, & Cox. John Collins seconded the motion; all were in favor, and it passed unanimously.
- **Action Item A-2 Title VI Plan for Virginia Department of Rail and Public Transportation (*David*)** — Title VI Plan requirements change periodically and thus require approval from locality/nonprofit governing bodies. CBH is preparing to submit a request for support

(CBH would like to replace a minibus. CBH would like to request a 14-passenger bus, equipped to hold two wheelchairs) and must approve the updated Title VI Plan to qualify.

Wendy Evans made a motion that the Board of Directors approves the amended Title VI Plan as presented. Roy Witham seconded the motion; all were in favor, and it passed unanimously.

- **Action Item A-3 Remote Participation Policy (David)** – During the January 7, 2025, Board meeting, Board members requested that the proposed Policy be reviewed by agency legal counsel before taking a vote for approval. That review has been completed, and a copy of Mr. McDermott’s legal opinion is included in the Board packet. The effective date of this policy is February 5, 2025.

John Collins made a motion that the Board of Directors approve the amended “Board Members Remote Participation in Board and Commitment Meetings” as presented and based on opinion of legal counsel. Bruce Keener seconded the motion; all were in favor, and it passed unanimously.

UPDATES/REPORTS:

- **Advisory Council Update (*Marsha*)** – The first meeting took place on January 21, 2025. 2 of the 5 members were in attendance (1 in person, 1 virtual). The next meeting is scheduled for February 21, 2025, David has been invited to this meeting to provide a high-level explanation of CSB’s and CBH.
- **Future CIP Requests (*Kyra*)** – The Proposed Requests for Support from Government was shared electronically during the Board meeting. CBH will request funding from the following: Federal Government (Governor’s Kaine and Warner), State Government (budget amendment), and the following four localities: James City County, York County, Williamsburg and Poquoson.

EXECUTIVE DIRECTOR’S REPORT:

- **Agency Issues:**
Progress is being made with the property conveyance related to the Cardinal Ridge parcel.
Recruitment efforts continue for CBH’s Director of Behavioral Health Services.
- **Community Issues:**
A tour of Southeastern Virginia Health System’s office was recently completed. We

are optimistic about opportunities to provide integrated care in our community.

- **Regional Issues:**

Bob Williams is the new CEO at Eastern State Hospital. We are looking forward to developing partnerships to help our local community and our region by taking advantage of proximity and shared purpose.

- **Public Policy:**

Governor Youngkin's proposed budget was released on December 18, 2024. An updated spreadsheet of the proposed state budget is attached.

ADJOURNMENT:

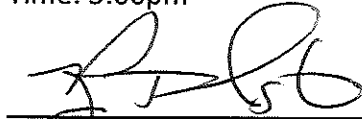
Upon a motion to adjourn the meeting made by Bruce Keener and a second by Steve Miller, the meeting was adjourned at 5:18pm.

NEXT MEETING:

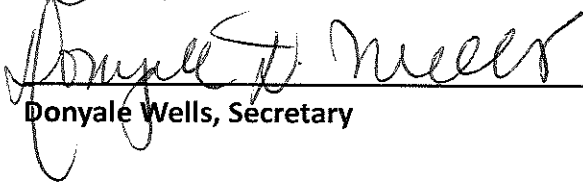
Date: Tuesday, March 4, 2025

Location: 473 McLaws Circle, Williamsburg, VA 23185

Time: 3:00pm



Ryan Ashe, Chair



Donyale Wells, Secretary

AGENDA
COLONIAL BEHAVIORAL HEALTH
BOARD MEETING
FEBRUARY 4, 2025
3:00 PM

- **Welcome and Call to Order**
- **Roll Call**
- **Public Comment**
- **Consent Calendar**
 - Approval of the following meeting minutes:
 - January 7, 2025, Board of Directors Meeting
- **Presentation**
 - Report from Virginia Fundraising Consultants (*Virginia Thumm, President*)
- **Closed Session**
 - Consultation with legal counsel and/or briefings by staff members pertaining to actual or probable litigation, where such consultation or briefing in open meeting would adversely affect the litigating posture of the public body pursuant to Virginia Code Section 2.2-3711(A)(7).
- **Presentation**
 - Presentation of Fiscal Year 2024 Audit (*Josh Roller, Robinson, Farmer & Cox*)
- **Action Items**
 - A-1 Acceptance of Fiscal Year 2024 Audit (*N. Parsons*)
 - A-2 Title VI Plan for Virginia Department of Rail and Public Transportation (*L. Carroll-Stump*)
 - A-3 Remote Participation Policy (*D. Coe*)
- **Updates/Reports**
 - Advisory Council Update (*M. Obremski*)
 - Future CIP Requests (*K. Cook*)
- **Chairperson's Comments** (*R. Ashe*)
- **Executive Director's Report** - *D. Coe*

- **Adjournment**

- Next Meeting: Tuesday, March 4, 2025
473 McLaws Circle, Williamsburg
3:00 PM

**COLONIAL BEHAVIORAL HEALTH
BOARD MEETING**

DATE: January 7, 2025

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

WELCOME AND CALL TO ORDER: 3:00pm

BOARD MEMBERS PRESENT:

Mr. Ryan Ashe – James City County
Mr. Tarun Chandrasekar - Williamsburg
Mr. John Collins – York County
Ms. Wendy Evans – Williamsburg
Mr. Bruce Keener – York County
Ms. Denise Kirchbaum – James City County
Ms. Kristen Nelson – York County (via Microsoft Teams)
Ms. Erin Otis – James City County
Ms. April Schmidt – York County
Ms. Donyale Wells – James City County
Mr. Roy Witham – James City County

BOARD MEMBERS ABSENT:

Dr. Dawn Ide – City of Poquoson
Dr. John Shaner – City of Poquoson

CBH STAFF PRESENT:

David Coe, Kristy Wallace, Katie Leuci (via Microsoft Teams), Nancy Parsons, Kyra Cook, Linda Butler, Patty Hartigan, Marsha Obremski

GUESTS: Susan Collins – Assistant County Administrator, York County

PUBLIC COMMENT: None

CONSENT CALENDAR:

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

- December 3, 2024, Board of Directors Meeting
- December 17, 2024, Executive Committee Meeting

John Collins made a motion to accept the consent agenda as presented. Wendy Evans seconded the motion, and it passed unanimously.

INFORMATION/DISCUSSION ITEMS

- **Strategic Plan Update** – Kyra Cook presented Q2 updates, highlighting the improvements made by our IT Department.
- **11/13 Crisis Services Center Community Stakeholder Feedback** – Kyra Cook reviewed highlights, focusing on what the CSC will not handle.

- **Communication Regarding Fiscal Agency** – David Coe and Ryan Ashe addressed the board concerning an agreement that was signed by both CCSI, Inc. and CBH, allowing CBH to handle all construction of CSC on behalf of CCSI, Inc. This allowed CBH to have a capital account for the first time. This account was opened when the state deposited \$2m for CSC needs. CBH oversees programs that require quick turnaround expenditures (example: Permanent Supportive Housing (PSH) – prevent evictions by paying past due rent, prevent utilities from being cut off, etc.). CBH moved \$50k to a rolling account through Chesapeake Bank. York County is CBH’s fiscal agent. Mark Bellamy (County Administrator, York County) requested that the \$50k be moved back to York County – the requested transaction was completed the same day as his request was made. The bottom line is: trust has been broken; how do we go about restoring this trust with York County? Mark Bellamy suggested the following: 1. Fraud Audit – York County will choose auditor, CBH will pay for audit; 2. Board Member Training – Ryan agrees with this suggestion.

CLOSED SESSION

John Collins made the following motion to move to a closed session: I move that the Board convene a closed meeting, as permitted under the Code of Virginia for the following purposes:

1. Consultation with legal counsel and/or briefings by staff members pertaining to actual or probable litigation, where such consultation or briefing in open meeting would adversely affect the litigation posture of the public body pursuant to Virginia Code Section 2.2-3711(A)(7); and
2. Discussion or consideration of medical and mental health records of individuals pursuant to Virginia Code Section 2.2-3711(A)(16).

Bruce Keener seconded the motion to enter closed session.

John Collins made a motion to conclude the closed session. Denise Kirschbaum seconded the motion, which was unanimously approved. Board members were individually polled immediately coming out of the closed session to certify that only those matters covered in the motion for closed session were discussed.

ACTION ITEMS

- **Action Item A-1 CBH Advisory Council – Revision** – Marsha provided the revised version of the Advisory Council Guidelines from the Board’s September 2024 meeting. Wendy Evans made a motion that the CBH Board of Directors appoint individuals to the CBH Advisory Council subsequent to deliberation in closed session. Denise Kirschbaum seconded the motion.
- **Action Item A-2 CBH Financial Management Policy Revisions** – David discussed the need for CBH to review our Financial Management Policies and Procedures; this process will take place soon. The following statement is currently in and will be removed from our policies and procedures: *The Executive Director will provide final authority as to interpretation of these policies and procedures and may elect to suspend or waive them.* Bruce Keener made a motion that all language granting the Executive Director “final authority” regarding the content and/or practices of CBH’s final management practices be removed immediately from FM Policy 05, FM Policy 10, FM Policy 20, FM Policy 30, FM Policy 40, FM Policy 50, FM Policy 60, and FM Policy 70. Roy Witham seconded the motion.
- **Action Item A-3 Board Member Remote Participation Policy** – David presented the revised Board Member Remote Participation in Board and Committee Meetings Policy although the Board requested that our attorney review and sign off on this document before moving forward.

EXECUTIVE DIRECTOR'S REPORT:

- **Agency Issues:**

Conveyance of the CBH parcel at Cardinal Ridge is now scheduled for February 11, 2025. All CBH staff have been connected to the new and improved VPN.

- **Community Issues:**

CBH and Southeastern Virginia Health System (SEVHS) are pressing forward on the clinical model and service discussions although these were delayed while anticipating the conveyance of the Cardinal Ridge property.

- **Public Policy:**

Governor Youngkin's proposed budget was released on December 18, 2024. A spreadsheet for the state budget is attached.

November 2024 Board Financial Report Nancy shared the highlights of the financial report. The fees are down (due to cybersecurity issue) although once information is entered into EHR, the amounts will increase. The budget for FY 2025 will be available in March.

Recruitment Status As of 12/12/2024, CBH has onboarded three additional external hires (2 FT and one PRN). There are two new hires scheduled to begin employment in January 2025. Current active recruitment is 23 positions (18 FT and 5 PRN/WAR ongoing recruitments).

ADJOURNMENT:

Upon a motion to adjourn the meeting made by Steve Miller and a second by Roy Witham, the meeting was adjourned at 4:53pm.

NEXT MEETING:

Date: Tuesday, February 4, 2025

Location: 473 McLaws Circle, Williamsburg, VA 23185

Time: 3:00pm

Ryan Ashe, Chair

Donyale Wells, Secretary

Action Item A-1

Audit of Financial Statements for Fiscal Year 2024

Background:

Colonial Behavioral Health's FY 2024 Financial Audit has been completed by the accounting firm of Robinson, Farmer & Cox.

Josh Roller, CPA, will be presenting the report to the full Board in this meeting. An electronic copy of the Report is linked within the posted Board agenda, and bound copies of the Report will be distributed at the meeting for members and guests.

Proposed Motion:

It is moved that the Fiscal Year 2024 Audit of Colonial Behavioral Health finances be accepted by the Board as presented by Robinson, Farmer & Cox.

VIRGINIA DEPARTMENT OF RAIL AND PUBLIC TRANSPORTATION (DRPT)
Title VI Plan

CBH's current Title VI Plan was approved by the Board of Directors in January 2022 and is one requirement for the agency to participate in and benefit from the Virginia Department of Rail and Public Transportation's assistance with projects under Section 5310. DRPT support provided to CBH has typically involved support in acquiring a limited number of vehicles. *This year we are seeking a 14-passenger BOC bus with wheelchair lift for DD Day Services.*

Title VI Plan requirements change periodically and thus require approval from locality/ nonprofit governing bodies. CBH is preparing to submit a request for support and must approve the updated Title VI Plan to qualify.

All changes noted below have been made in consultation with either legal counsel or with DRPT staff or with The KFH Group (contractor to DRPT providing Plan oversight). A summary of changes is below, and the full Plan is included in the Board packet.

VIII - Title VI Complaint Procedures (pages 16 – 18)

- The Human Resources Department had our personnel attorney review the procedure and slight modifications were made for clarity and flow.
- DRPT recommended that this be saved as a [separate file](#) and posted on the website, mirroring our [ADA page](#). This was submitted to CyraCom (vendor) for Spanish translation prior to posting.

IX - Public Outreach and Involvement Public Participation Plan (page 20)

- DRPT/KFH Group approved that since we are not a public transportation provider, we do not need to have a PPP and no longer need to track outreach efforts
 - Instead, we will seek input from individuals served during admission to program, personalized treatment planning process, quarterly/annual reviews, and the annual consumer satisfaction survey.
 - All previous references within this section and Appendix F – Outreach Efforts were deleted.

X - Language Assistance Plan for Individuals with Limited English Proficiency (LEP)

- Table 1 – LEP Population – this was updated by KFH Group (**page 22**)
- Number of Individuals served by CBH whose primary language was not English (**page 24**)
- Factor 4 – Assessment of the Resources Available to the Agency (**page 26**)
 - CBH's General Services Department has confirmed telephone and onsite interpretation services.
 - From consultation with DRPT/KFH Group – costs of translated services do not need to be provided – deleted reference, especially since they are provided at no cost to the individual.

XI – Minority Representation on Planning and Advisory Bodies

- Added language regarding the Advisory Council (**page 31**)

RECOMMENDED MOTION

That the Board of Directors approves the amended Title VI Plan as presented.



Title VI Plan

Colonial Behavioral Health's (CBH) Title VI Plan was reviewed and necessary revisions were made during late 2024. It is slated to be presented to CBH's Board of Director's (BOD) for review and approval at their February 4 meeting. The minutes of that meeting will be approved at the March 4 BOD meeting.

Once BOD approval is secured and the minutes approved, they will be included in our adopted Title VI Plan and posted to the CBH website.

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

Colonial Behavioral Health



Adopted

January 4, 2022

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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

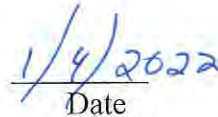
Title VI Policy Statement

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.

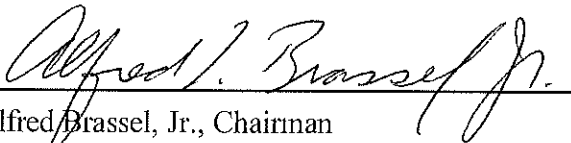
As part of the Certifications and Assurances submitted to DRPT with the Annual Grant Application and all Federal Transit Administration grants submitted to the DRPT, Colonial Behavioral Health submits a Nondiscrimination Assurance which addresses compliance with Title VI as well as nondiscrimination 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.

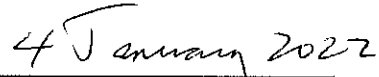
V. PLAN APPROVAL DOCUMENT

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: 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

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

BOARD MEMBERS ABSENT:

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

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 \$2,500 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

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 provides transportation with FTA-funded vehicles for programs as part of direct services. Transportation is 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).

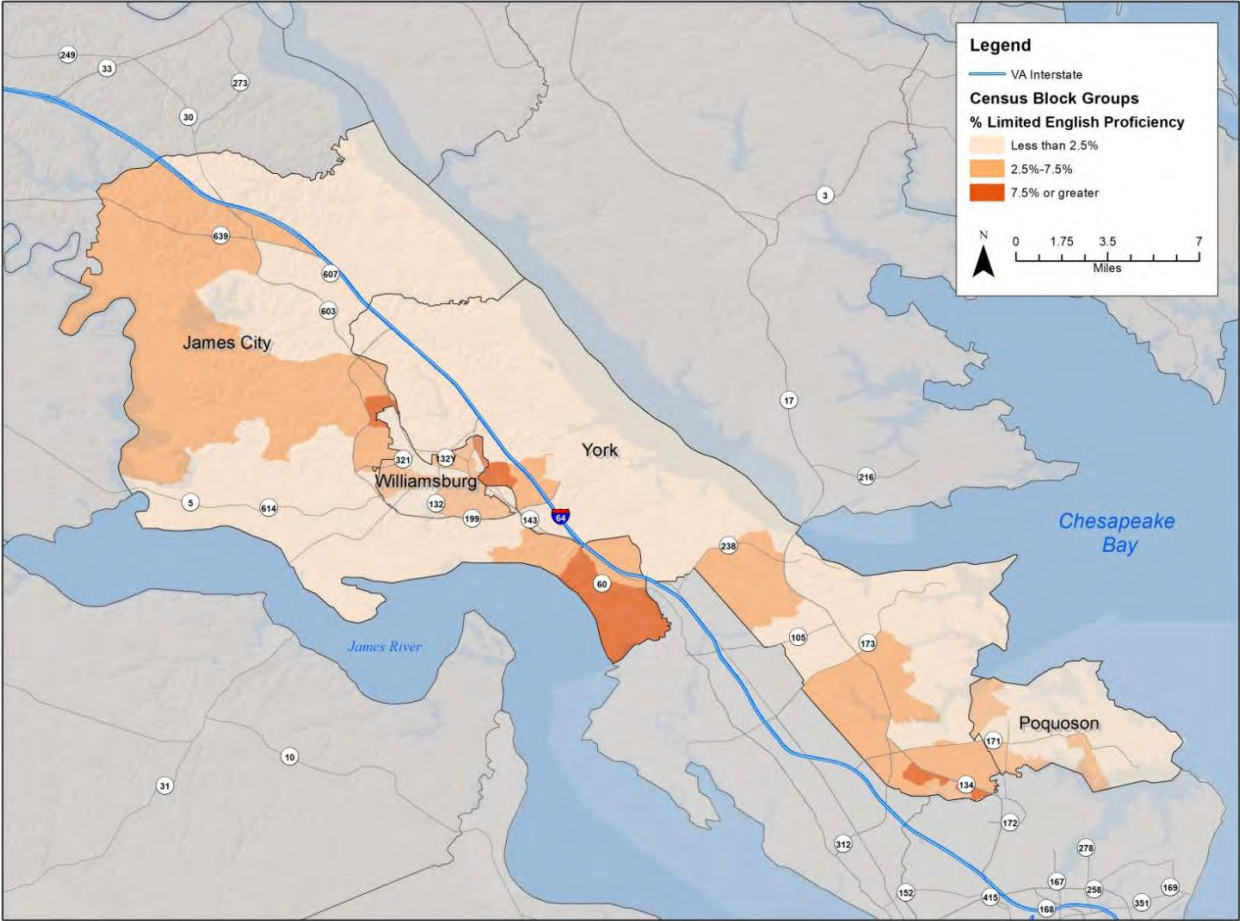
Information from the 2015-2020 ACS Census Estimate also provides more detail on the specific languages that are spoken by those who report that they speak English less than very well. Languages spoken at home by those with LEP are presented below.

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



Colonial Behavioral Health Title VI Complaint Form

Section I

Name:

Address:

Telephone (Home/Cell):

Telephone (Work):

Email Address:

Accessible Format

☐

Large Print

☐

Audio

Requirements?

☐

TDD

☐

Other

Section II

Are you filing this complaint on your own behalf?

☐

Yes*

☐

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.

☐

Yes

☐

No

Section III

I believe the discrimination I experienced was based on (check all that apply):

☐ Race

☐

Color

☐

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?

☐

Yes

☐

No

Section V

Have you filed this complaint with any other Federal, State or local agency, or with any Federal or State court?

☐

Yes

☐

No

If yes, check all that apply:

Federal Agency:	State Agency:
Federal Court:	Local Agency:
State Court:	
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 10 events, by providing fliers and rack cards about the services. The events include:

- Network of Care Outreach – Sentara Regional Medical Center-Integrated Care Management on August 19, 2019; provided fliers and rack cards on Colonial Behavioral Health's services.
- Williamsburg-James City County Public Schools – Teacher Meet & Greet on August 29, 2019; provided fliers and rack cards on Colonial Behavioral Health's services.
- Out of the Darkness Walk on September 10, 2019; provided fliers and rack cards on Colonial Behavioral Health's services.
- Think Beyond Pink: Women's Wellness Symposium on October 1, 2019; provided fliers and rack cards on Colonial Behavioral Health's services.
- HTDPC Town Hall Meeting on October 25, 2019; provided fliers and rack cards on Colonial Behavioral Health's services.
- Live Well Expo on November 1, 2019; provided fliers and rack cards on Colonial Behavioral Health's services.
- EVMS Community Resource Event on January 9, 2020; provided fliers and rack cards on Colonial Behavioral Health's services.
- Hidden in Plain Sight on February 25, 2020; provided fliers and rack cards on Colonial Behavioral Health's services.
- Shatter the Silence-Hope Heals on September 17, 2021; provided fliers and rack cards on Colonial Behavioral Health's services.
- 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	11	-	-	-	-	-	12*

*Three Board of Directors positions are vacant at time of the tri-annual review.

CBH BOARD OF DIRECTORS – REMOTE PARTICIPATION POLICY

Changes made to the Code of Virginia by the 2024 General Assembly necessitate corresponding changes to the CBH Board Member Remote Participation Policy. Based on guidance from the Board based on the October 2024 Board meeting and from the Executive Committee on 12/17/24, the following changes have been made (accompanied by highlighted/edited language in the attached proposed Policy):

During the January 7, 2025, meeting, Board members requested that the proposed Policy be reviewed by agency legal counsel before taking a vote for approval. That review has been completed, and a copy of Mr. McDermott's legal opinion is included in this packet.

Places an effective date of February 5, 2025.

RECOMMENDED MOTION:

That the Board of Directors approve the amended "Board Member Remote Participation in Board and Committee Meetings" Policy as presented and based on opinion of legal counsel.



Board remote participation policy

From Pat McDermott <pmcdermott@cpmlawplc.com>

Date Wed 1/15/2025 2:52 PM

To David Coe <DCoe@colonialbh.org>

Cc Linette Burns <lburns@cpmlawplc.com>

 2 attachments (41 KB)

Board Member Remote Participation Policy - Marked up Copy.docx; Board Member Remote Participation Policy - Clean Copy.docx;

[EXTERNAL EMAIL] DO NOT CLICK links or attachments unless you recognize the sender and know the content is safe.

Dear David, I have now reviewed the draft Board Remote Participation Policy. I have checked it against the requirements of the Virginia Freedom of Information Act. I have corrected some mistyping of the Code of Virginia statutes, as you can see in the Marked-up Copy. In my opinion the attached Clean Copy comports in every way with the Virginia statutes governing remote access to board and committee meetings by members of the board. All the code requirements are met in this draft. Respectfully, Pat McDermott



Patrick B. McDermott, Partner
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POLICY: Board Member Remote Participation in Board and Committee Meetings

A member of the Board may participate in a meeting of the Board (both committees and full Board meetings) through electronic communications from a remote location that is not open to the public as provided in Code of Virginia § 2.2-3708.3 subject to the following requirements:

1. Generally, prior to the date (but no later than four daytime operating hours) of a meeting, a member wishing to participate in a meeting of the Board from a remote location shall notify the Board or Committee Chair that the member is unable to attend the meeting due to:
 - a. the member is unable to attend the meeting due to a personal matter, and identifying with specificity the nature of the personal matter, or
 - b. notify the Board or Committee Chair that the member is unable to attend a meeting due to a temporary or permanent disability or other medical condition that prevents the member's physical attendance, or a family member's medical condition that requires the member to provide care for such family member, thereby preventing the member's physical attendance.
2. The Board or Committee Chair may appoint a designee to respond to Board member remote participation requests on their behalf if needed or desired.
3. If remote participation is approved by reason of a personal matter, the Board shall record in its minutes the specific nature of the personal matter cited by the member and the remote location from which the absent member participated, which remote location need not be open to the public. If remote participation is because of a temporary or permanent disability or medical matter, the Board's minutes shall record that the member participated through electronic communication means because of a disability or medical condition that prevented his attendance or because a family member's medical condition required the member to provide care for such family member, thereby preventing the member's physical attendance.
4. If the absent member's remote participation is by reason of a personal matter is disapproved because such participation would violate this policy, such disapproval shall be recorded in the Board's minutes with specificity.
5. Remote participation by reason of a personal matter shall be limited in each calendar year to two meetings, or 25 percent of the meetings held per calendar year rounded up to the next whole number, whichever is greater. Accounting for remote Committee attendance shall be maintained separately from Board meeting attendance.
6. The Board shall arrange for the voice of the absent member to be heard by all persons in attendance at the primary or central meeting location.
7. Any member attending the meeting remotely must be both audible and visible to all in attendance in the meeting, either remotely or in person. If at any time during the meeting either of these conditions are not met, the member shall be considered absent for that portion of the meeting.

8. When a meeting includes a Closed Session, any member attending remotely must certify that they are located in a private and secure setting for the duration of the Closed Session.
9. In the event of a declaration of emergency issued by the Governor in accordance with Code of Virginia section 44-146.17 or by the Board in accordance with Code of Virginia section 44-146.21, the Board and its Committees may meet without a quorum physically assembled at one location as provided in Code of Virginia section 2.2-3708.2(3), provided that the catastrophic nature of the declared emergency makes it impractical or unsafe to assemble a quorum in a single location, and the purpose of the meeting is to address the emergency. In such event, the Board shall comply with the notice and public access requirements specified in Code of Virginia section 3708.2. The nature of the emergency, the fact that the meeting was held by electronic communication means, and the type of electronic communication means by which the meeting was held shall be stated in the minutes.
10. In the event of the adoption of or a continuation of a government ordinance pursuant to Code of Virginia section 15.2-1413 by reason of enemy attack or other disaster, the Board may approve remote participation by members on such terms and conditions as may appear necessary or expedient.
11. This Policy shall be either amended or renewed by the Board in the last scheduled meeting of each calendar year.
12. This Policy shall be deemed effective 2/5/2025.

COLONIAL BEHAVIORAL HEALTH
Executive Director's Report – February 2025

Agency Issues

1. Progress has again been made regarding resolution of property conveyance issues related to the Cardinal Ridge parcel. However, we cannot yet be certain of exact timing when all details will be final, and the conveyance processes begin. We remain fully assured that the conveyance will occur in keeping with state budget language requirements.
2. Colonial's ACT Team recently underwent a review from the UNC School of Medicine, widely recognized as the quality "standard" for ACT programs in much of the U.S. The results of that review have been received and reported to show a significant improvement in fidelity to the core model from the initial review. All ACT programs in Virginia are required to undergo these reviews by Virginia DBHDS. A TMACT (Tool for Measurement of ACT) debriefing is being held preceding this Board meeting.
3. Our DD Service division continues to undergo repeated reviews, with the next focused on compliance with federal rules for Home-Based and Community Services (HCBS).
4. Recruitment efforts continue for CBH's Director of Behavioral Health Services. Dan Longo's retirement was effective December 31st.

Community Issues

1. A tour of Southeastern Virginia Health System's offices was recently completed, and a facilitated planning process is currently being pursued using existing funding from a philanthropic arm of the Bank of America. We remain very optimistic about opportunities to provide truly integrated care in our community.
2. Joi Tramuel is the new Coordinator for the Historic Triangle Drug Prevention Coalition (HTDPC). While the Coalition has been tremendously successful working with a 100% volunteer effort, Ms. Tramuel's new role is expected to open even more opportunities for community impact.

Regional Issues

1. There is a new CEO at Eastern State Hospital (Bob Williams). We are looking forward to the opportunity to form partnerships to help our local community and our region by taking advantage of proximity and a shared purpose.

Public Policy

1. Virginia's Settlement Agreement with the Department of Justice (DOJ) has ended with a Permanent Injunction signed by the presiding Federal judge in mid-January. However, the terms of the Agreement and actions taken by the state will not change. The primary difference is that we can now expect a reduction in new requirements for DD services.
2. Governor Youngkin's proposed budget was released on December 18, 2024. The proposed budget contained very few new funds to support CSB services or populations, but many member amendments have since been submitted. An updated spreadsheet of the proposed state budget is attached.

Respectfully submitted,
David A. Coe

FY25-FY26 Biennium State Budget Development

ITEM #	AGENCY	DESCRIPTION	GOVERNOR	HOUSE	SENATE	CONFERENCE REPORT	GOVERNOR'S AMENDMENTS	FINAL ADOPTION
		CSB COMPENSATION						
469.S.1.d	Central Appropriations	3% salary increase for CSB employees effective 7/1/2025 (state portion of increase only - usually 20% or less of full cost)	In budget					
		STATE SYSTEM						
		NO CHANGES						
		DEVELOPMENTAL SERVICES						
288 #43h	DMAS	Increases Medicaid DD Waiver rates by 32% for waiver services most affected by the minimum wage increase and to offset increasing costs.		\$187.7M SGF \$220.0M NGF				
288 #4s	DMAS	Increases Medicaid DD Waiver rates to levels established by a rate analysis to the limit of funding provided. This would apply to most DD Waiver services.			\$10 M SGF \$10 M NGF			
288 #25s	DMAS	Directs DMAS to amend DD Waiver services to include Center-Based Respite Services. Establishment of regulations, rates, etc. are included.			Language			
288 #46s	DMAS	Increases Medicaid DD Waiver rates by 16% for waiver services most affected by the minimum wage increase and to offset increasing costs.			\$159M SGF \$186M NGF			
296 #3s	DBHDS	Allows DBHDS to reallocate certain unassigned DD waiver slots among CSBs or regions if a slot is not assigned for at least 90 days.			Language			
296 #5s	DBHDS	Create a Provider Development Incubator intended to stimulate workforce development and business expansion to grow provider capacity for individuals with disabilities.			\$686 K			
297 #5h 297 #3s	Grants to Localities	Funds for CSBs to hire additional Support Coordinators (Case Managers). These funds are intended to cover the amount of time between their hire date and when they can carry a full caseload and begin billing Medicaid.		\$8.7 M	\$8.7 M			

Funds are shown as millions.

FY25-FY26 Biennium State Budget Development

ITEM #	AGENCY	DESCRIPTION	GOVERNOR	HOUSE	SENATE	CONFERENCE REPORT	GOVERNOR'S AMENDMENTS	FINAL ADOPTION
		BEHAVIORAL HEALTH						
288.XX.3 288.NNNN.2.a	DMAS	Authority to add Medicaid coverage for individuals in IMD (16 or more beds) psychiatric facilities in short stays. This would be provided through a CMS-approved SMI waiver.	Language \$0.85 M					
288.XX.4	DMAS	Reporting requirements for SMI waiver expenditures (288.XX.3)	Language					
288.GGGG.2	DMAS	Authority to cover some Medicaid services in the 30 days pre-release and immediately post-release for incarcerated youth and young adults	Language					
288.LLLLL 288.NNNNN.2b	DMAS	Allows children in psychiatric residential treatment facilities to maintain managed care enrollment during their treatment	Language \$88 K					
288. MMMMM 288.NNNNN.2.c	DMAS	Coverage for administration of approved long-acting injectible psychotropic medications in hospital ER or inpatient settings	Language \$38 K					
288 #18h	DMAS	Creates \$150/day Medicaid rate add-on for individuals served under pilot programs for alternative placements in nursing facilities in lieu of state psychiatric hospital admissions.		\$3.8M SGF \$4.4 NGF				
288 #16s	DMAS	Requires DMAS to apply for an 1115 Waiver from CMS to provide behavioral health services to incarcerated individuals in state and local regional jails.			Language			
288 #21s 288 #22s	DMAS	Eliminates the automatic Medicaid Expansion termination language in the Appropriations Act, and would require legislative review of any such actions.			Language			
288 #34s	DMAS	Increases SUD service rates by 12.5% for those services not included in recent-year rate increases of the same amount.			\$3.2M SGF \$19.6M NGF			
288 #41s	DMAS	Provides coverage for inpatient and residential neurobehavioral treatment for individuals with traumatic brain injury (TBI).			\$4.2M SGF \$4.2M NGF			
295 #2h	DBHDS	Support for the Virginia Gambling Treatment Program		\$333 K				

Funds are shown as millions.

FY25-FY26 Biennium State Budget Development

ITEM #	AGENCY	DESCRIPTION	GOVERNOR	HOUSE	SENATE	CONFERENCE REPORT	GOVERNOR'S AMENDMENTS	FINAL ADOPTION
295 #5h	DBHDS	Provides grants to school divisions seeking to partner with mental health providers as an extension of the school-based mental health grant program.		\$7.5 M				
295.FF	DBHDS	Provides grants to FQHCs or other healthcare organizations to establish school-based health clinics to serve school students, families and staff. Includes primary care, mental health, etc.	\$15.0 M					
295 #6h	DBHDS	Modifies language from 295.FF to allow school divisions to contract with a telehealth mental health provider.		Language				
295 #7h	DBHDS	Establishes a program to fund private psychiatric hospitals that agree to increase the percentage of involuntary inpatient admissions they accept and demonstrate a financial need to be able to safely admit such patients.		\$5.0 M				
295.RR	DBHDS	Funding to electronic tracking of DAP and inpatient POS funds	\$0.77 M					
295.SS	DBHDS	Outreach campaign for MH and SUD topics for youth	\$1.0 M					
295 #1s	DBHDS	Support for Recovery Homes Workgroup, which is to make recommendations regarding the creation of an oversight process of residential recovery homes.			\$100 K			
295 #2s	DBHDS	Increases funding for the (BOOST! Program) contract with the Virginia Health Care Foundation for a pilot to remove barriers to the mental health workforce, including payment for supervisory hours.			\$1.1 M			
295 #3s	DBHDS	Directs DBHDS to align and monitor Virginia's recovery support services, including services provided by recovery residences and other similar providers.			Language			
296.E.1 296.E.2	DBHDS	Provides funding for Special Conservators of the Peace to provide alternative custody during ECO/TDO/commitment processes	Adds \$35M new and allows redirect of \$6M existing					
296.Y	DBHDS	Contract with the Medical Society of Virginia to maintain the Adult Psychiatric Access Line	\$1.5 M					
296 #2h	DBHDS	Funding to support the Substance Abuse and Addiction Recovery Alliance of Virginia (SAARA)		\$0.5 M				

Funds are shown as millions.

FY25-FY26 Biennium State Budget Development

ITEM #	AGENCY	DESCRIPTION	GOVERNOR	HOUSE	SENATE	CONFERENCE REPORT	GOVERNOR'S AMENDMENTS	FINAL ADOPTION
296 #16h 295 #4s	DBHDS	Creates the Bed Registry Advisory Council at DBHDS		\$50 K	\$50 K			
296 #1s	DBHDS	Ensures that funding for school-based clinic programs enables the use of mobile clinics for students, families and staff.			Language			
297.UU	DBHDS	Funds to expand peer support services for youth	\$0.8 M					
297 #2h 297 #6s	Grants to Localities	Support for six Marcus Alert sites that were supposed to implement in 2024 but did not receive state funding. Also funds six additional Marcus Alert sites, and increases all Marcus Alert programs to a funding level of \$972,000 per year (the original cost estimate provided by the Department of Planning and Budget).		\$18.0 M	\$18.0 M			
297 #16h 297 #8s	Grants to Localities	Funds to six CSBs currently in Marcus Alert planning stages and seven CSBs that have at least one locality that is non-exempt from Protocols two and three. These funds are to support the development and establish of co-response programs between lw enforcement and clinicians.		\$7.8 M	\$7.8 M			
297 #17h	Grants to Localities	Similar to 297 #2h, but would only increase Marcus Alert funding from \$600K to \$972K for the final twelve CSB areas.		\$11.7 M				
297 #18h 297 #5s	Grants to Localities	Reimbursement of CSBs for the restoration of competency to stand trial evaluations, services, and supports in an outpatient setting and provide training to clinicians.		\$1.5 M	\$1.5 M			
297 #20h	Grants to Localities	To support CSBs in Regions 4 and 5 to establish regional older adults facility teams to provide services to older adults with mental illness and dementia.		\$1.5M				
297 #22h	Grants to Localities	Requires DBHDS and CSBs to revise state hospital discharge protocols to explore whether PSH is a suitable option for all state hospital patients. Deadline for implementation is 11/1/2025.		Language				
		RELATED SERVICES AND ITEMS OF INTEREST						
295.Q	DBHDS	ESH campus language related to CBH.	Included					
295.V	DBHDS	ESH campus language related to Hope Family Village.	Included					
297 #4h	Grants to Localities	Increases support for Virginia's Part C Early Intervention system for infants and toddlers with disabilities.		\$5.7 M				

Funds are shown as millions.

FY25-FY26 Biennium State Budget Development

ITEM #	AGENCY	DESCRIPTION	GOVERNOR	HOUSE	SENATE	CONFERENCE REPORT	GOVERNOR'S AMENDMENTS	FINAL ADOPTION
297 #1s	Grants to Localities	Increased funding for Early Intervention Services			\$5.8 M			
297 #21h 297 #4s	Grants to Localities	Support for CSBs to support Prevention staff and expand prevention programs. This is intended to continue services created by expiring ARPA and other funds during and after the pandemic.		\$8.0 M	\$8.0 M			
C-24 #1h	DBHDS	Forms a workgroup to review and recommend placement for a replacement Northern Virginia Mental Health Institute (NVMHI)		Language				



YEAR TO DATE REVENUES AND EXPENDITURES
as of
December 31, 2024

REVENUE

CATEGORY	TOTAL BUDGET	RECEIVED YTD	BUDGET YTD	% RECEIVED	BALANCE
State	\$ 12,227,540	\$ 6,249,877	\$ 6,113,770	102%	\$ 136,108
Local	\$ 3,974,000	1,976,250	1,987,000	99%	\$ (10,750)
Fees	\$ 6,706,586	2,684,565	3,353,293	80%	\$ (668,728)
Grants/Other	\$ 712,327	317,241	356,164	89%	\$ (38,922)
Total Revenue	\$ 23,620,453	\$ 11,227,933	\$ 11,810,227	95%	\$ (582,293)

EXPENDITURES

CATEGORY	TOTAL BUDGET	EXPENDED YTD	BUDGET YTD	% EXPENDED	BALANCE
Personnel	\$ 18,169,922	\$ 8,304,763	\$ 9,084,961	91%	\$ 780,198
Staff Development	\$ 94,313	20,739	47,157	44%	26,418
Facility	\$ 1,555,055	622,984	777,527	80%	154,543
Equipment and Supplies	\$ 844,721	423,806	422,360	100%	(1,445)
Transportation	\$ 189,529	118,785	94,764	125%	(24,021)
Consultant and Contractual	\$ 2,618,345	1,044,806	1,309,172	80%	264,367
Miscellaneous	\$ 148,569	49,006	74,284	66%	25,279
Total Expenditures	\$ 23,620,453	\$ 10,584,889	\$ 11,810,227	90%	\$ 1,225,338

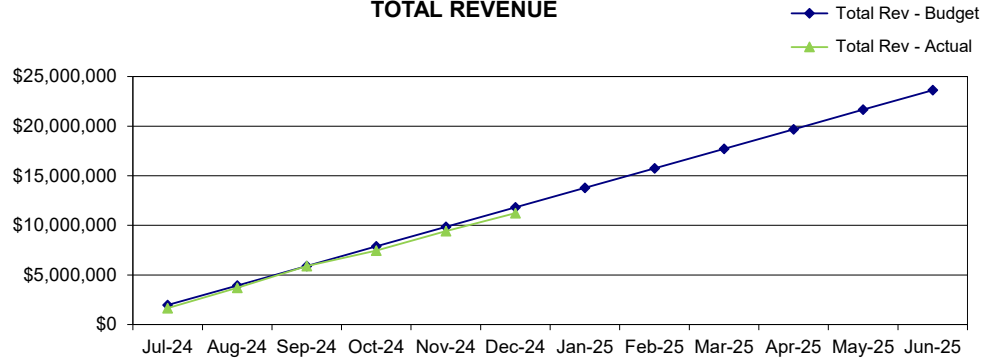
Operating Margin	\$ -	\$ 643,045
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CSC

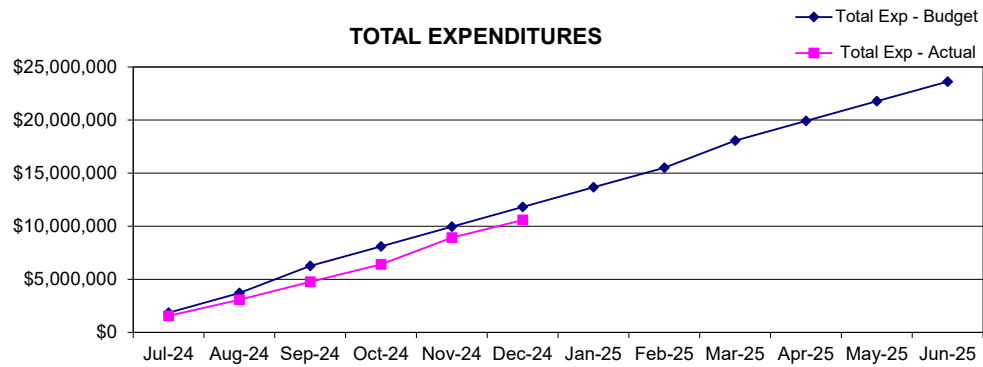
CATEGORY		EXPENDED PROJECT TO DATE
GRANT RECEIVED TO DATE	\$ 2,000,000	
INTEREST EARNED	\$ 8,656	
	\$ 2,008,656	
Personnel		\$ 66,361
Transportation		\$ 500
Consultant and Contractual		\$ 69,314
Miscellaneous		\$ -
Total CSC Expenditures		\$ 136,175
BALANCE		\$ 1,872,481

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

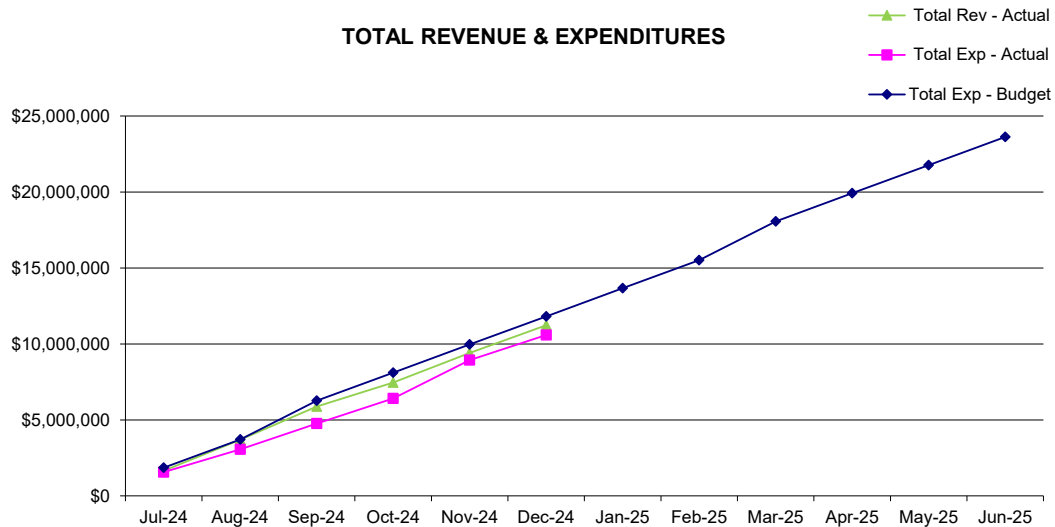
TOTAL REVENUE



TOTAL EXPENDITURES

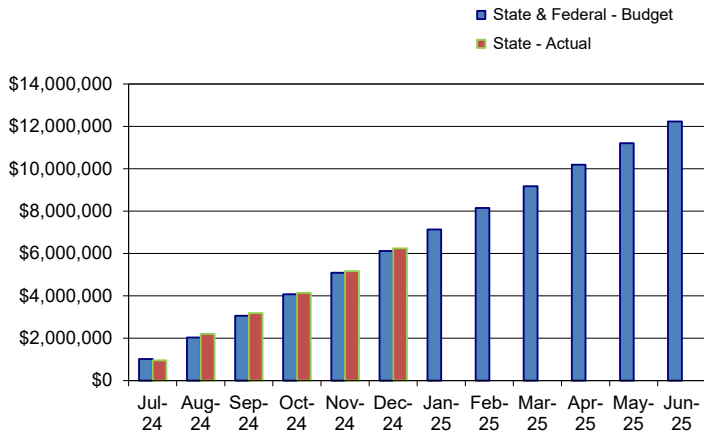


TOTAL REVENUE & EXPENDITURES

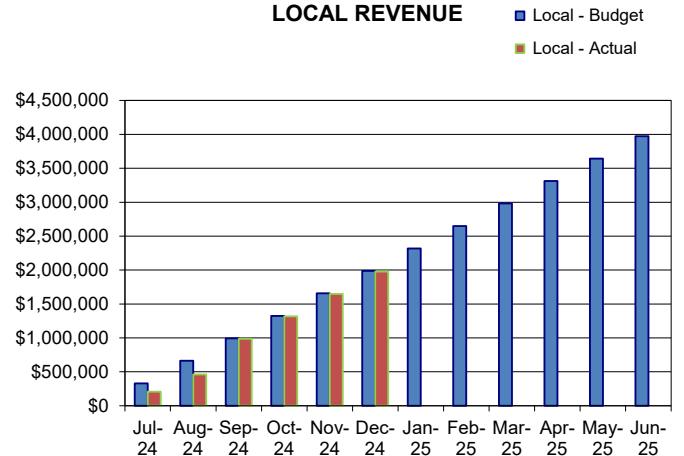


YEAR TO DATE REVENUE
as of
12/31/24

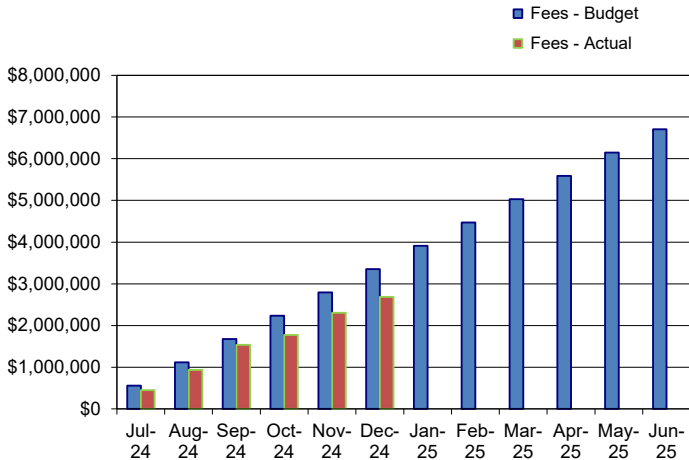
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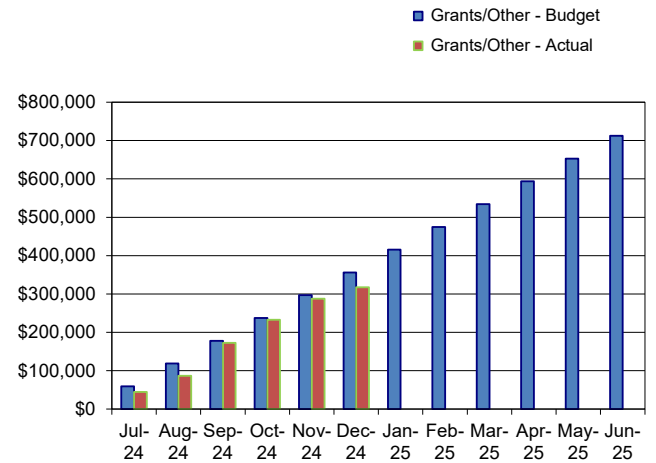
LOCAL REVENUE



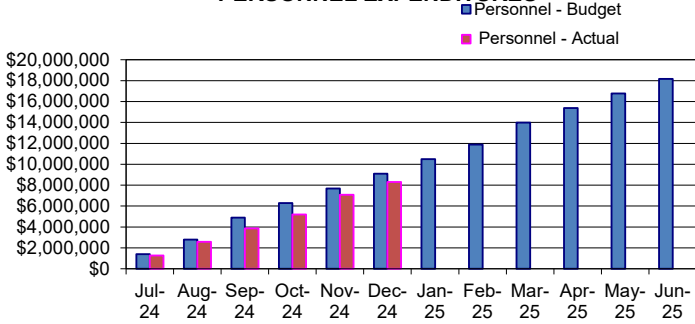
FEE REVENUE



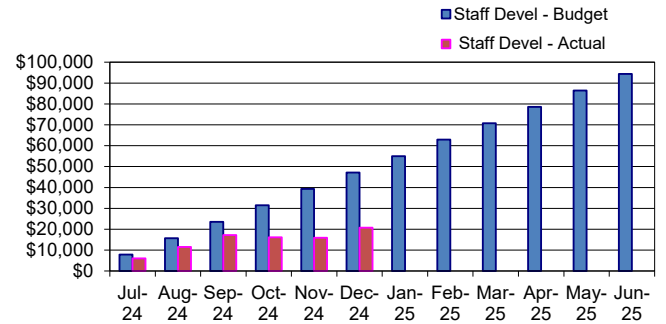
GRANTS & OTHER REVENUE



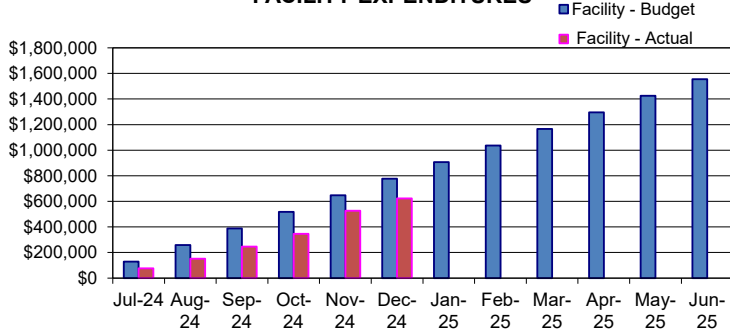
PERSONNEL EXPENDITURES



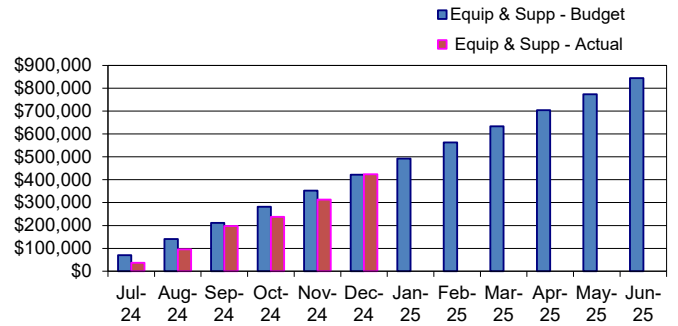
STAFF DEVELOPMENT EXPENDITURES



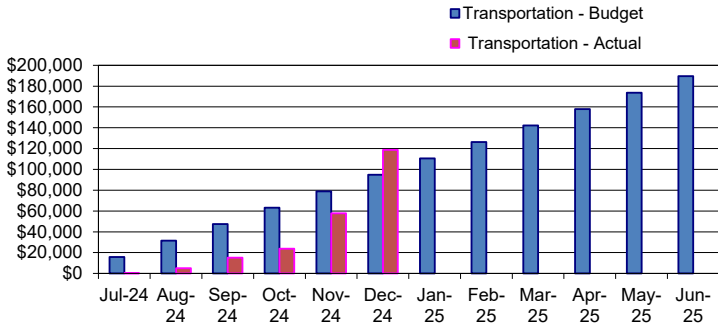
FACILITY EXPENDITURES



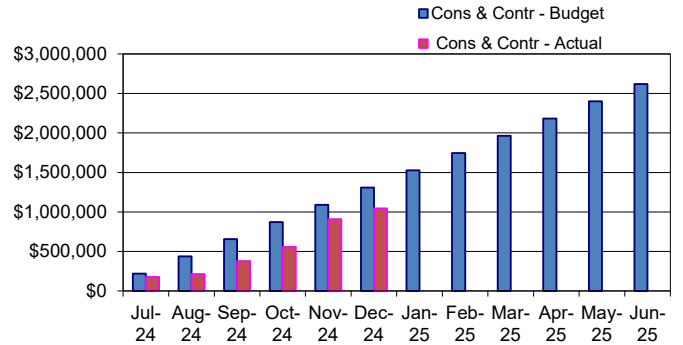
EQUIPMENT & SUPPLIES EXPENDITURES



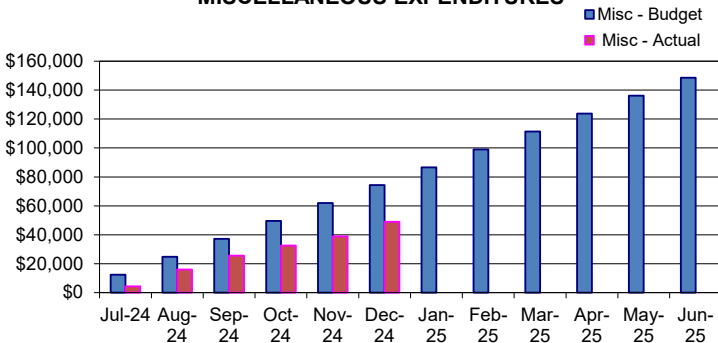
TRANSPORTATION EXPENDITURES



CONSULTANT & CONTRACTUAL EXPENDITURES



MISCELLANEOUS EXPENDITURES



Recruitment Status Update: 12/13/2024- 01/17/2025

As of 12/13/2024 CBH was actively recruiting 23 positions (18 full-time and 5 PRN/WAR ongoing recruitments). As of 01/17/2025 CBH has onboarded four additional external hires (all full-time employees). There is one new hire scheduled to begin employment January 21, 2025. The agency currently has one additional full-time hire scheduled for February 3, 2025, bringing the current active recruitment to 19 positions (15 full-time and 4 PRN/WAR ongoing recruitments).