



**COMMONWEALTH of VIRGINIA**

**STATE BOARD OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES**

**DRAFT MEETING AGENDA**

**Wednesday, December 11, 2019**

**Department of Behavioral Health and Developmental Services, Jefferson Building,  
13<sup>th</sup> Floor Large Conference Room, 1220 Bank Street, Richmond, VA 23219  
(Event Schedule for December 10-11, and all directions, pages 61-62)**

**Concurrent Committee Meetings on Wednesday, December 11th 8:30 – 9:25 p.m., DBHDS Central Office**

8:30 – 9:25 a.m.	<b>Planning &amp; Budget Policy Development &amp; Evaluation</b>	13 <sup>th</sup> Floor Large Conference Room 12 <sup>th</sup> Floor Conference Room	<b>p.15 p.20</b>
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**REGULAR SESSION AGENDA**

**DBHDS, 13<sup>th</sup> Floor Conference Room, 9:30 a.m.**

<b>I.</b>	9:30	<b>Call to Order and Introductions</b>	Paula Mitchell <i>Chair</i>	
<b>II.</b>	9:35	<b>Approval of December 11, 2019 Agenda</b> ➤ <i>Action Required</i>		<b>1-2</b>
<b>III.</b>	9:40	<b>Approval of Draft Minutes</b> <b>A. Regular Meeting, October 9, 2019</b> ➤ <i>Action Required</i>		<b>3</b>
<b>IV.</b>	9:45	<b>Public Comment</b> <i>(3 minute limit per speaker)</i>		
<b>V.</b>	10:00	<b>Commissioner’s Report - Updates</b>	Mira Signer <i>Acting Commissioner</i>	
<b>VI.</b>	10:45	<b>Regulatory Actions:</b> <b>A. Authorization of Request for Emergency Extension (12VAC35-105): Compliance with Virginia’s Settlement Agreement with US DOJ</b> ➤ <i>Action Required</i> <b>B. Status Report on Families First</b>	Ruth Anne Walker <i>Director, Office of Regulatory Affairs</i>  Emily Bowles <i>Assistant Director for Licensing, Quality, Regulatory Compliance, and Training Office of Licensing</i>	<b>36</b>

<b>VII.</b>	11:00	<b>Committee Reports:</b> <b>A. Planning &amp; Budget</b> <b>B. Policy Development and Evaluation</b> ➤ <i>Action Required</i> Policy 1016 Policy 1028 Policy 1035	Ruth Anne Walker Emily Lowrie <i>Senior Policy Analyst</i> <i>CLRA Division</i>	<b>15</b> <b>20</b>
<b>VIII.</b>	11:30	<b>Performance Contract and Other OMS Updates</b>	Tiffany Ford <i>Director</i> <i>Office of Management Services</i>	
<b>IX.</b>	12:00	<b>BREAK and collect lunch</b>		
<b>X.</b>	12:15	<b>Behavioral Health Redesign</b>	<i>Division of Community Behavioral Health</i>	
<b>XI.</b>	12:45	<b>Update on the Virginia Association of Community Services Boards</b>	Jennifer Faison <i>Executive Director, VACSB</i>	
<b>XII.</b>	1:15	<b>2020 General Assembly: Pre-Session Legislative and Budget Review</b>	Heidi Dix, <i>Deputy Commissioner,</i> <i>Compliance, Legislative,</i> <i>and Regulatory Affairs</i>  Josie Mace <i>Financial and Policy Analyst,</i> <i>Office of Budget Development</i>	
<b>XIII.</b>	1:30	<b>Miscellaneous</b> <b>A. State Human Rights Committee Appointment</b> ➤ <i>Action Required</i> <b>B. DRAFT State Board Annual Executive Summary</b> ➤ <i>Action Required by Chair</i> <b>C. Bylaws</b> ➤ <i>Action Required</i> <b>D. Committee Memberships</b> <b>E. Quarterly Budget Report</b> <b>F. Board Liaison Reports</b>	Sent under separate package. Attached.	<b>38</b> <b>45</b> <b>63</b> <b>60</b>
<b>XIV.</b>	2:00	<b>Other Business &amp; Adjournment</b>		

*(Note: Times may run slightly ahead of or behind schedule.  
If you are on the agenda, please plan to be present at least 10 minutes in advance. )*

**Meeting Dates for 2020:**

<b>April: 2 (Thurs)</b>	Piedmont Geriatric Hospital (PGH), Crewe
<b>July: 15 (Wed)</b>	Central Office, DBHDS, Richmond
<b>Oct: 14 (Wed)</b>	Southwestern Virginia Mental Health Institute (SWVMHI), Marion
<b>Dec: 2 (Wed)</b>	Central Office, DBHDS, Richmond

**STATE BOARD MEETING DRAFT MINUTES**  
**Regular Meeting**  
**Thursday, October 9, 2019**  
**Western State Hospital, Staunton**

<b>Members Present</b>	Paula Mitchell, <b>Chair</b> ; Elizabeth Hilscher, Vice Chair; Jack Bruggeman; Rebecca Graser; Jerome Hughes; Moira Mazzi; Sandra Price-Stroble.
<b>Staff Present</b>	Jaime Bamford, MD, Commonwealth Center for Children and Adolescents Director Heidi Dix, Deputy Commissioner, Division of Compliance, Legislative, and Regulatory Affairs (CLRA) Nina Marino, Director, Office of Children and Family Services Mary Clare Rehak Smith, MD, Western State Hospital Director Mira Signer, Acting Commissioner Ruth Anne Walker, Director of Regulatory Affairs and State Board Liaison
<b>Staff Present via Telecom</b>	Emily Bowles, Office of Licensing Assistant Director for Licensing, Quality, Regulatory Compliance, and Training Catherine Hancock, Part C Administrator
<b>Call to Order and Introductions</b>	At 9:45 a.m., Paula Mitchell, Chair, called the meeting to order and welcomed everyone. This being the first meeting since his passing, Ms. Mitchell asked for a moment of silence in honor of Dr. S. Hughes Melton.  Ms. Mitchell reported to those present that the board had a tour of two alternative housing locations, and a dinner program at Valley Community Services Board the previous night, led by Dave Deering, Executive Director. She expressed appreciation to Mr. Deering and all the CSB staff that facilitated those arrangements, Jaime Bamford, Mary Clare Rehak Smith, and the two individuals who opened their homes.
<b>Approval of Agenda</b>	<i>At 9:50 a.m. the Board voted unanimously to adopt the October 9, 2019 agenda.</i>
<b>Approval of Draft Minutes</b>	<b>Regular Meeting, July 17, 2019</b> <b>Biennial Planning Meeting, July 16, 2019</b> Ms. Mitchell noted that staff proposed two amendments to the draft minutes as noted on page 5 and 6. Elizabeth Hilscher noted a correction needed in the number of a policy in the draft minutes of the Policy and Evaluation Committee. <i>At 9:55 a.m. on a motion from Rebecca Graser and a second by Ms. Hilscher, the Board approved the minutes of the July 16 biennial planning meeting and July 17 meetings, 2019, as amended.</i>
<b>Public Comment</b>	At 10 a.m., Ms. Mitchell welcomed Ms. Margaret Perry, Local

System Manager, Part C Harrisonburg Rockingham Community Services Board and Ms. Sherrie Simpson, who is a parent of child who received Early Intervention (EI) services.

Ms. Perry provided general information about the EI services. She reported that she is the mother of two children with disabilities, and worked with Ms. Simpson and her family.

Ms. Simpson stated that she is the mother of three children, and one has special needs. Part C has been a blessing for her family since they moved from Washington state after having just received the diagnosis of autism for her child. Word of the Part C program was a gateway that opened up and provided relief for the family's concerns. Through the EDCD Waiver a social worker was able to come to the home, and there was access to other services including speech, occupational therapy, and ABA. The child was nonverbal when services began, and now loves to talk. Early Intervention staff helped link the family to the Rockbridge County school district for the Pre-K program to get the child used to what school was like. Ms. Simpson stated she feels like the experience helped her and her family understand the child better, including triggers, so that things which used to be barriers became hurdles that are overcome. Currently, becoming an astronaut is a goal. Ms. Simpson is so grateful.

Jack Bruggeman asked how Ms. Simpson found the connection to the CSB. Ms. Simpson stated as they prepared to move from Washington, the realtor in Virginia had a colleague who knew about EI. Ms. Perry added that staff try to be out in the community as much as possible to do public awareness. She then directed the board members to a handout about the financial aspects of the program. Specifically, the funding is only at 50% and therefore, providers aren't paid what they need in order for families to see providers. The rates have not gone up since 2008. A big piece of Part C is the transition services to school but the funding sources are lacking. Ms. Mitchell asked if any research exists that could be used to advocate for funding. Ms. Perry stated that there is a big push for that this year, with videos discussing data that shows the earlier intervention services start, brain development is aided. For example, her child did not speak until four years old.

Mr. Bruggeman asked if it was hard to get on the waiting list for the waiver from out of state. Ms. Simpson stated that it was not hard for the EDCD Waiver, but there is a waiting list for the Community Living Waiver. Mr. Bruggeman and Ms. Perry discussed the professions involved in these types of services, debt forgiveness for higher education, and that in the private field the same staff can receive salaries of 80-90K, yet with the current Early Intervention

	<p>rates the salaries are only 45-50K. Schools are changing what is required to get degree in occupational therapy to a doctoral level with a heavy program. Depending on the profession, school debt forgiveness may not be an option as in Ms. Perry's case as she is trained as a teacher.</p>
<p><b>Update on Children's Services</b></p>	<p>At 10:15 a.m., Ms. Mitchell mentioned that at the end of the presentation on children's services the board would be immediately departing to tour CCCA and then return to the Western State Hospital building to go into a tour of that hospital. Any member of the public was welcome on the tours.</p> <p><b>Virginia Mental Health Access Program:</b> This program received funds in the last General Assembly session in the amount of 1.23 million (this funds a partial statewide rollout; estimates are 6 million for full statewide rollout of regional VMAP hubs). VMAP is a pediatric driven model that centers on increasing behavioral health education and training to pediatricians so they are better equipped to treat children and adolescents in their office through enhanced screening, diagnosing and prescribing as well as referral to care navigators and other licensed staff if needed. This is a step towards integration of behavioral health in primary care settings. It also addresses workforce challenges with psychiatrists by providing access to psychiatric consultation through a centralized call center. The regional hubs also include licensed professionals and a care navigator to work as a team to support the pediatrician and the child and family. Funding (includes Federal HRSA grant through the Virginia Department of Health, VDH) will support education and training to pediatricians, some psychiatric consultation coverage across the state, and build out of northern and eastern regions.</p> <p><b>Early Intervention/Part C Program:</b> Data is showing growth in the program about 4% annually, just over 21k infants and toddlers (0 up to age 3) statewide last fiscal year. From FY 2012 to 2019, the program increased 34% but funding has not kept pace with the program. The more funding into the program, the better the early intervention and screening. The main system challenges are low case management reimbursement rates that haven't been changed in several years and are lower than other case management rates. There are provider shortages for Early Intervention. The managed care rollout slowed down reimbursements and authorizations causing stress on smaller providers and overall growth in the program. Despite this, Virginia's program is well known across the country, always receiving the highest rating from the federal Office of Special Education.</p> <p>Ms. Mitchell thanked Ms. Marino for the update and all that she and</p>

	the staff in her office are doing.
<b>CCCA and WSH Tours</b>	At 10:45 a.m., Ms. Mitchell asked members to proceed to tour CCCA, and then WSH immediately following. Since members would be separated from the public, members were advised that they may ask questions of staff during the tours but must refrain from discussion of any business until reconvened.
<b>Commissioner's Report</b>	<p>At 12:25 p.m., Ms. Mitchell welcomed Mira Signer and as this was the board's first time seeing Ms. Signer since Dr. Melton's passing, on behalf of the board Ms. Mitchell expressed both sincere condolences on the loss of Ms. Signer's colleague and agency leader, and heartfelt appreciation for all Ms. Signer has been handling since.</p> <p>Ms. Signer first provided information on the General Fund replacement update related to Medicaid expansion, STEP-Virginia, the Settlement Agreement with the US Department of Justice, and the state hospital census.</p> <p><b>Regarding the General Fund replacement update related to Medicaid expansion:</b> It was assumed in 2018 that community services boards (CSBs) would not need as much General Fund dollars in light of Medicaid expansion so the overall amount was reduced in the 2018 Appropriation Act. A preliminary analysis of how the reduction would play out in reality indicated that CSBs were not likely to immediately generate the revenue. In the 2019 General Assembly Session, budget language was included stating that if a CSB had a shortfall of 10% or more (GF reduction to the amount collected), then DBHDS had the authority to use Special Fund dollars to issue replacement funds up to a total of 7M. Special Fund dollars are year-end balances for contingency planning. DBHDS developed a structure to decide allocations, and using the methodologies, it was estimated there would be an overall shortfall of 7.8M. Distributions of funds were made based on an agreed upon formula with the CSBs. Ms. Signer stated that the next step is to continue with quarterly reporting but that language does not speak to additional replacements; the department continues to collect data.</p> <p>Ms. Mitchell asked if, in that process, 25M was cut for FY 2020, is DBHDS anticipating that to still be 25M. Ms. Signer stated that DBHDS does not know yet, but there will probably still be a lag from shortfall to collection. By the next quarterly report in December, the department will know in certainty.</p> <p><b>Regarding STEP-VA:</b> There remain very high census challenges at state hospitals. Ms. Signer reported that what that looks like in real numbers in a system of 100,032 beds, there can be 5 beds remaining statewide to meet statutory obligations and this is a significant</p>

problem. Private hospitals in FY 2015 handled 91% of temporary detention order (TDO) admissions, but in 2019 only 77%. The high census carries a lot of risks in patient and staff safety, and accompanying staff turnover. However, Ms. Signer reported there is a lot of activity around this, with opportunities to impact the ‘front door’ through ongoing work with private hospitals and STEP-VA around outpatient services getting launched and implemented, expanding or starting mobile crisis teams. A legislative workgroup is looking at short and long term remedies. Beds are being added at Catawba Hospital. The issue with private hospitals is not necessarily an ‘adding bed’ issue but is a question of ‘using’ beds at their disposal. Rebecca Graser asked if geriatric beds are taking up more beds than before. Ms. Signer stated there are temporary beds at Catawba, and the department is still trying to understand some of the drivers behind the ‘geropsych’ population as the state is being asked and is trying to absorb the demands. Again at Catawba, 28 temporary beds are being added in FY 2020 and that many again in FY 2021 because of the inability to serve that population in the current system. This is one of the most severe unintended consequences of a bed of last resort.

Adding beds is not where DBHDS wants to see the system go. Yet Ms. Signer wondered how it is possible to grow the community capacity while there is an absolutely dire situation to respond to a critical emergent situation. The department felt the response to add more beds was necessary given the circumstances.

But she feels it is much more important to drive the system where we need to go through efforts such as STEP-VA, and other services that keep people stable and not cycling in and out of the hospital.

Mr. Bruggeman asked whether DOJ is acting in the capacity to review the mental health system. Ms. Signer stated that DOJ is looking at other states, they are aware of what is going on in Virginia, and they absolutely will continue to pay attention to the situation. Heidi Dix stated that there is language in the Settlement Agreement related to individuals with a primary DD diagnosis who have psychiatric needs the department is supporting that population under the Settlement Agreement through crisis services.

Ms. Signer stated there are a number of other issues in the system: mobile crisis teams, growing community capacity, barriers to discharge from state hospitals, crisis stabilization units, and reported that on a couple of major holidays this calendar year there was a system-wide ‘pulling up’ from all partners to buckle down for those three day weekends. Those efforts provided some bright spots in this very challenging situation. Resources were driven to those long

weekends to ‘stop the bleed.’ Now there is an analysis of what occurred, in order to understand how to apply lessons learned going forward. Ms. Graser mentioned creating hot spots, to which Ms. Signer agreed, but felt it was very resource intensive. If that is what it takes, then the system needs to acknowledge the needs and get a handle on it because it is impossible to sustain such an effort without resources.

**Also regarding STEP-VA:** Ms. Signer acknowledged an incredible amount of work by CSBs, with heavy lifts all around such that same day access is underway at all of them. There are already some process outcomes evident from same day access, which are all things the CSBs and DBHDS planned for with a national consultant, such as reduced wait times from assessment to the first appointment. It is too early to comment about clinical outcomes, but process outcomes are looking good. DBHDS will continue to look at the data.

**Regarding primary care screening and monitoring:** The General Assembly allocated 15M funding to launch initially for a targeted population with targeted case management for children under age three who are prescribed psychotics and outpatient services. The funding went out in three waves:

1-The majority of funding applied evenly across the boards under the premise that every board should have a minimal level of capacity for children and adults. That was the expectation on the 7M of the 15M.

2-The second portion was needs-based because different communities and populations have different needs and part of STEP-VA is to provide the same level of services in all parts of the Commonwealth. Several indicators were used to determine how to arrive at needs. Historically, it was based on population, but arguably there are many others that go into it such as the health of the community, provider shortages, etc., for a total of five categories of need. Funding is being used in different types of ways with a fair amount of flexibility.

3-In regard to mobile crisis services, 7.8M, an incredible amount of work has been done by some boards, though that is only partial funding. The long range vision is to have a robust mobile crisis system around the state. Virginia looked at the Georgia model of crisis that includes a call center with 24/7 dispatch and 23-hour observation (community stabilization response). While we have many elements of that model currently in Virginia, the question is how to get from that 7.8M to the full blown excellent model.

Ms. Graser asked about the number of mobile crisis teams. Ms. Signer stated that 5M needs to go to children’s mobile crisis, then the rest to strengthen and expand adult mobile crisis. Ms. Graser stated that lowering the census seems to make sense to have more funding



	<p>for that. Ms. Signer stated the data bears that out across other states, but Virginia is in a period of how to get that mobile crisis up and work toward a long-term vision fitting the pieces into the model. Regions are submitting plans to DBHDS, and the department is deciding how much funding will go to each region. Ms. Graser asked if there is a pilot. Ms. Signer stated that Arizona and Georgia are not pilots. In Virginia there are some mobile teams (per Jennifer Faison): Fairfax is funded by Fairfax, Norfolk has had one for some time, and there is a smattering across the state. Mr. Bruggeman asked if those two states are good examples. Ms. Signer said that in those states their agencies equivalent to DBHDS run everything through managed care organizations (MCOs), so they are different in terms of system design. Georgia was under a settlement agreement, so it had more resources.</p> <p><b>Regarding the Settlement Agreement between Virginia and the US DOJ:</b> Ms. Signer reported that there is much underway, the agency is working hard and working with a lot of stakeholders. DBHDS has achieved significant compliance with 65 measures; there are 54 more to go. Ms. Signer referred to Laura Nuss, the new Deputy Director for the Division of Developmental Services and her tremendous experience. Current activities include: training center discharge planning, refining of quality and risk management procedures and protocols, and creating a library with tools that tie to the consent decree to help anyone see how the agency is complying with the agreement. All involved are working steadily.</p> <p>Mr. Bruggeman referenced what he heard the previous evening from Valley CSB about workforce issues related to low unemployment, and of paying the same hourly wage as Sheetz (fast food restaurants) versus a real living wage.</p> <p>Ms. Signer then referred to handout of a slide presentation to make members aware of the status of the strategic planning efforts, reviewing the five main goals of the plan.</p> <p>Ms. Mitchell thanked Ms. Signer for her time and stated the board really appreciated the in person presentation.</p>
<p><b>Overview of Facilities</b></p>	<p><b>A. Western State Hospital</b></p> <p>Ms. Mitchell thanked both facility directors for their time and for the tours.</p> <p>At 1:14 p.m., Mary Clare Rehak Smith gave an overview of Western State Hospital (WSH), which currently has 772 fulltime staff, and 9 Units with 246 beds allotted as follows: 3 certified admission units with 84 beds; 1 forensic admission unit with 28 beds; 4 psychosocial</p>

rehab units with 112 beds; 1 medically frail unit with 22 beds. The average age of individuals served is 38, and 65% admissions are male and 35% female. Individuals admitted under a civil temporary detention order (TDO) is 63% and 29% are admitted under a Forensic order. The average length of stay on admission units is about three weeks.

Dr. Rehak Smith highlighted recent changes, strategic priorities, and current initiatives, including census management with increased admissions since the bed of last resort legislation became effective and retention of staff and succession planning. Also, the increase in special populations: individuals with a primary diagnosis of a substance use disorder (SUD); those with moderate to severe intellectual disability who have unique needs that require special programming and greater observation; individuals with multiple medical illnesses in addition to a mental health diagnosis who require more special hospitalization at acute care hospitals or transports for specialty consultation.

Specifically in regard to staff recruitment, development, and retention, current challenges include the: national shortage of nurses and psychiatrists; the need to be competitive with market salaries; aging work force in state agencies and WSH; and low unemployment in the area at 2.5%. Actions taken by WSH to address these challenges include: seeking international nurses; partnering with schools for education programs to ‘grow our own LPN program;’ military medics pilot program to come in at an LPN level with training; proactively contacting and working closely with area nursing programs and UVA medical school.

### **B. Commonwealth Center for Children and Adolescents**

At 1:31, Jaime Bamford gave a history and update on services at the Commonwealth Center for Children and Adolescents (CCCA), which is the only state psychiatric facility for children under the age of 18. CCCA is an acute stabilization facility consisting of four 12-bed units (3 adolescents and 1 child unit). Each unit is staffed by a psychiatrist, psychologist, and two social workers in addition to direct care staff. CCCA only accepts temporary detaining orders (TDOs, the period is 96 hours) or individuals under civil commitment. Admissions are up 10% for FY 2020, and there has been a 30% increase since FY 2017. The demographics for the population admitted is: 65% male, 35% female, average age 14 years old (23% are 17 years old); 30% have a DD diagnosis (there is very little support for crisis stabilization with children with autism/DD and there are not enough placements in their communities); 11% are in DSS custody and there has been both an increase and a big change in those dispositions (can’t return to foster care or residential so the

	<p>private hospitals refuse admission); and 10% come from juvenile detention centers. After a stay at CCCA, 68% return home to their family or guardian with community based services; 32% are discharged to detention, a group home, foster care, or a residential treatment center. An increasing number of children are sent to out of state residential treatment centers (Florida, Utah, California, South Carolina, Arizona, Pennsylvania, Arkansas): In FY 2018 15 children were sent out of state, and in FY 2019 sent 23 were sent. Dr. Bamford stated that the mission and focus at CCCA has shifted from chronic to acute care.</p> <p>Staff recruitment is an ongoing challenge. Dr. Bamford reported that 80% of the nursing staff and 90% of direct care staff are new within the last two years. Another concern includes a reduction in the use of purchased beds from Poplar Springs, a private psychiatric hospital in Petersburg. In FY2019, DBHDS purchased beds for 81 children and adolescents at Poplar Springs hospital versus 171 in FY 2018. The decrease in these beds is a significant issue.</p>
<p><b>Regulatory Actions and Updates</b></p>	<p><b>A. Initiate Periodic Review: 12VAC35-225, Requirements for Virginia's Early Intervention System</b></p> <p>Catherine Hancock reported that in FY 2019, 21,061 children were served, or about 4% growth in the previous year. A waitlist is not allowed by federal regulations; local agencies have 30 days to implement services.</p> <p>The regulations will need to be updated following the periodic review. There are minor updates the staff expect need to be included. Since the regulations were initially promulgated, it seems that further clarity is needed to specify that the Medicaid appeals process is different from the Early Intervention Part C dispute resolution process. Additionally, since the Department of Medical Assistance Services recently included Early Intervention Part C services in managed care, the updated process for Medicaid provider enrollment and obtaining parental consent for billing Medicaid and the managed care entities was added. These are not expected to be controversial changes as new language would clarify procedures currently in place. Beyond the new language these regulations, in large part, implement federal code and regulations so there is limited ability to make amendments to the Virginia regulations. Federal code is found at Part C of the Individuals with Disabilities Education Act at 20 U.S.C. § 1435(a) and federal regulations are found at 34 CFR 303.1 et. seq.</p> <p><i>On a motion by Ms. Hilscher and a second by Mr. Bruggeman, the board requested staff to initiate the periodic review.</i></p>

	<p><b>B. Petitions for Rulemaking</b>  Emily Bowles explained the Office of Licensing’s reasons for its recommendations to the board to take no action on the petitions, as described in the packet. Jerome Hughes mentioned that some organizations have people with a disability that are contractors, and they would lose disability benefits if they were forced to bring them on as fulltime staff. Ms. Bowles thanked Mr. Hughes for that comment and indicated that was a perspective the office would research further.  <i>On a motion from Sandra Price-Stroble and a second from Moira Mazzi, the board voted on the two petitions en bloc to take no action.</i></p> <p><b>C. General Update – Regulatory Matrix</b>  Ms. Walker reviewed the regulatory matrix and the workplan handout.</p>
<p><b>Committee Reports</b></p>	<p><b>A. Planning and Budget Committee</b>  At 1:35 p.m., Ms. Walker reported on the activity of the committee meeting that consisted of a review of the committee’s role and receiving updates on standing items including:</p> <ul style="list-style-type: none"> <li>• Josie Mace, Financial and Policy Analyst, Office of Budget Development gave an overview of the state board budget including a hard copy (given to the full board) chart of the board budget with a breakdown of the FY 2019 and FY 2020 budget and expenditures.</li> <li>• Meghan McGuire, Senior Advisor for External Affairs, reported on the status of DBHDS strategic planning efforts. Ms. Mitchell asked members to consider the role of the Grant Review Committee if interested, and staff will vet the conflict of interest questions raised by Mr. Hughes and Ms. Graser.</li> </ul> <p>Ms. Walker alerted members that the board’s bylaws were due for review and that the bylaws require 30 day notice of amendments; therefore, members should expect a draft to come in advance of the remainder of the meeting packet.</p> <p><b>B. Policy and Evaluation Committee</b>  Ms. Hilscher reported that the committee had gotten behind on the policy reviews, but in consultation with Emily Lowrie, agreed on an updated schedule to push ahead quickly while maintaining due diligence. She reported the committee voted on the following revised policy drafts to come to the board at the December meeting:</p> <ul style="list-style-type: none"> <li>• 1028(SYS) 90-1, Human Resources Development</li> <li>• 1035(SYS) 05-2, Community Services Board Single Point of Entry and Case Management Services</li> <li>• 1016(SYS) 86-23, Policy Goal of the Commonwealth for a</li> </ul>

	<p style="text-align: center;">Comprehensive, Community-Based System of Services.</p> <p>The committee heard presentations and received suggested edits from lead offices on the following policies, and voted to put the policies out for field review:</p> <ul style="list-style-type: none"> <li>• 2011 (ADM) 88-3 (Changing the Names of State Facilities).</li> <li>• 3000 (CO) 07-1 (Appointments to Community Services Boards).</li> <li>• 1042 (SYS) 07-1 (Primary Health Care).</li> </ul> <p>There was some discussion about how the committee might meet more frequently than quarterly. Ms. Dix stated the committee also discussed that STEP-VA is a mandate in the Code of Virginia and staff needed to discuss internally whether or not there should be a policy.</p>
<p style="text-align: center;"><b>Update on the Virginia Association of Community Services Boards (VACSB)</b></p>	<p>At 2:05 p.m., Jennifer Faison provided an update on activities of the association and the status of the CSBs on specific issues. Ms. Faison covered some things the board heard about from Ms. Signer but with a CSB perspective. She distributed a public policy brochure to members that included budget priorities that are centered on these five things.</p> <p><b>Impact of Medicaid Expansion:</b> Ms. Faison stated that the CSBs remained silent on expansion, though they believe it is the right thing to do. The result was there was a 25M reduction to the state General Fund. A priority for the General Assembly Session will be to restore ongoing General Fund dollars. She reported that revenue is complicated because behavioral health is carved into managed care, so there are six organizations to deal with. There are a ton of outstanding accounts receivable; but, VACSB is embarking on a learning collaborative with those CSBs who have been better at getting paid.</p> <p><b>STEP-VA:</b> Ms. Faison stated the association will be asking for the remainder of the outpatient funding.</p> <p><b>Settlement Agreement:</b> The agreement has helped to focus on measures needed in the system, though CSBs would have preferred not to have over 200 measures. VACSB is very engaged with the department and DMAS to meet the deadline for exiting the agreement.</p> <p><b>Census Reduction Efforts:</b> STEP-VA and mobile crisis are not the only answer to the census problem. The extraordinary barriers and discharge planning are where CSBs can influence bed days. CSBs take this seriously.</p>

	<p><b>Overarching Issue of Workforce:</b> This is critical because Virginia can develop the best programs, facilities, etc., but can't do a thing if CSBs can't hire the folks to do the work. Virginia is in a crisis. The direct service professionals on the DD side, are so essential to supporting the settlement agreement, and the hospitals. There are some creative solutions, including an idea for a project two years ago for a student loan repayment program for behavioral health that was only 2M. It didn't move forward but the Virginia Department of Health (VDH) did a thorough report (what type of provider, how long, tiered approach, open to state hospitals). VACSB would like to dust that off and set some expectations also around equity and underserved areas, with double the original amount. Also, a couple years ago there was a concept for a modest rate increase of about 14% across the system, but that rebase was using 2013 data. It is time to revisit with fresh data.</p> <p>Ms. Walker asked what the turnover has been of executive directors in recent years. Ms. Faison reported that in the last seven years, there has been a 70% turnover, and the tenure has collectively shrunk. Almost more than 50% of directors are women. Continuity is a big issue.</p>
<p><b>Miscellaneous</b></p>	<p><b>A. Board Liaison Reports</b> At 2:40 p.m., Ms. Mitchell reminded members that the board agreed it wants to go to written reports that are then provided in hard copy at the meeting. The reports need to be received in time for staff to compile and print. Ms. Hilscher and Ms. Price-Stroble commented on their submitted reports.</p> <p>Ms. Mitchell requested that members send their preference for liaison assignments to Ruth Anne and she would attempt to recalculate the assignments now that all member slots were filled.</p> <p><b>B. Quarterly Budget Report</b> The handout from Ms. Mace was provided to the board.</p>
<p><b>Other Business</b></p>	<p>There was no other business.</p>
<p><b>Adjournment</b></p>	<p>The meeting was adjourned at 2:50 p.m.</p>

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**Paula J. Mitchell, Chair**

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**Ruth Anne Walker**

**STATE BOARD OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES**  
***Planning and Budget Committee***

**DRAFT MINUTES**  
 October 9, 2019  
 Staunton, Virginia

<b>Members Present</b>	Paula Mitchell; Rebecca Graser; and Jerome Hughes.
<b>Members Absent</b>	Moirra Mazzi and Djuna Osborne.
<b>Staff Present</b>	Ruth Anne Walker, Director of Regulatory Affairs
<b>Staff Present via Telecom</b>	Emily Bowles, Assistant Director for Licensing, Quality, Regulatory Compliance, and Training, Office of Licensing. Josie Mace, Financial and Policy Analyst, Office of Budget Development Meghan McGuire, Senior Advisor for External Affairs
<b>I. Call to Order</b>	At 8:34 a.m. Paula Mitchell, Chair, called the committee meeting to order.
<b>II. Welcome and Introductions</b>	Ms. Mitchell welcomed Josie Mace who participated by phone. After adoption of the minutes, Item V.a. was discussed first.
<b>III. Adoption of Minutes, July 17, 2019</b>	The minutes were adopted as drafted.
<b>IV. Standing Item:</b>	<p><i>Identification of services and support needs, critical issues, strategic responses, and resource requirements to be included in long-range plans; work with the department to obtain, review, and respond to public comments on draft plans; and monitor department progress in implementing long-range programs and plans.</i></p> <p>A. Update on Current Department Strategic Planning Efforts          B. Review of topic areas for board meetings through December 2020.</p> <p>Ms. Mitchell reminded the committee that the decision to revise the strategic plan is up to the department, not the board. The board tries to fulfill the intent without following the letter of the Code.</p> <p>Meghan McGuire gave an update on the strategic planning process. She reported that the Strategic plan goals and objectives are final and it is time to move forward to the next steps. DBHDS is grateful for the input from many stakeholders including some of the board members.</p> <p>Ms. McGuire reported there are a couple things going on now related to further development: an internal workplan and an external agency dashboard. The board will be updated on the workplan</p>

development, the template for which is being set out by a facility staff person. It would be an easy way to see the status of key projects.

The external agency dashboard will list the highest level goals, those with high accountability, and for each year of the strategic plan certain specific items will be highlighted on the web. The workplans will not be published because it will be massive; how to show publicly a summary form of the workplans is still under consideration.

The goals of the Strategic plan are high level on purpose so a variety of activities can be placed under each to keep the information from being too segmented. The board would receive a more detailed update from Mira Signer in the full board meeting and that will include some of the activities and key performing indicators (KPIs). That information may be a good place for the board to confirm what periodic update topics would be most helpful.

Ms. Mitchell indicated she liked the layout because it allows broad perspective goals and is not overwhelming for such a large agency. She felt it would help to look at the things of most interest to the board, or brought up to members through liaison work as interactions my members with CSBs hopefully feel they have a potential advocate for the issues they are facing. Most often those are the same as the department.

Ms. McGuire emphasized that it is a five year plan. Meaning, every single one KPI can be done all at once. When considering data, IT, communications goals, etc., there are some gaps in ability to have a speedy comprehensive implementation of this plan, because DBHDS wants to focus on providing services for people first before anything else. Ms. Mitchell asked if the department, as one of the next steps, will identify what is the first priority out of the KPIs. Ms. McGuire responded that deputy and assistant commissioners, and office directors, were asked to consider what is currently being done that supports the goals.

Ruth Anne Walker asked about the code-mandated comprehensive state plan. Ms. McGuire reported that there is waning importance of the comprehensive state plan and it can create inconsistencies to have two planning documents. While it continues to be required in the code, any information in the comprehensive strategic plan will fit under the strategic plan.

After Ms. McGuire's update, the committee reviewed the meeting schedule on page 14 of the board meeting packet. Two changes were needed to add an update from Josie Mace on the budget in the December meeting and to move the Performance Contract update by Tiffany Ford to that meeting, also.



**V. Standing Item**

*Ensure that the agency's budget priorities and submission packages reflect State Board policies and shall, through the Board's biennial planning retreat, review and comment on major funding issues affecting the behavioral health and developmental services system, in accordance with procedures established in POLICY 2010 (ADM ST BD) 10-1.*

A. State Board Budget Overview – Josie Mace, Financial and Policy Analyst, Office of Budget Development

Members reviewed in hard copy the chart of the board budget provided by Josie Mace as she gave a breakdown of the FY 2019 and FY 2020 budget and expenditures. Ms. Mace stated management of the board allocation is going well. She explained that the board has a little leeway, especially within the travel budget category to bring in guest speakers.

Ms. Mitchell noted that the October expenses trip were not yet represented, therefore the amount would decrease. Ms. Mitchell asked Ms. Mace to let the committee know if the board needed to be more specific with suggestions for shifting the funds across different categories.

Ruth Anne Walker asked in clarification to Ms. Mace that the Finance Division staff were empowered to shift funds from categories as needed. Ms. Mace stated that some movement could occur without paperwork.

In response to a question from Ms. Mitchell, Ms. Mace indicated that costs for food are in that category whether it is food purchased by members while in route to and from a meeting or planned catering.

Ms. Mitchell noted that the amount for training and workshops seemed high for FY 2019. Ms. Walker stated she would check with other staff for an itemized list after the meeting.

Ms. Mitchell moved on to ask if there were any updates on the state budget process for DBHDS. Ms. Mace indicated there had been quite a bit of updates since the board's July meeting. After the meeting, she will send the list of what went to DPB. DBHDS submitted request to DPB for the upcoming budget cycle about two weeks ago, and are waiting for DPB's review. Then the DPB budget analyst will contact DBHDS to ask clarifying questions, followed by DPB's analysis. Following that, the Governor will make his decisions, then release his Budget Document and present to Joint Money Committees on December 17, 2019. The General Assembly will take action on the budget.

B. Discussion of identified priorities within the framework of required agency strategic planning and budget development

	<p>processes.</p> <p>C. Review of draft letter to the Governor on Board priorities. Members reviewed both documents together and noted that the 2019-2020 Meeting Schedule need to be updated to move the Performance Contract presentation to December. Ms. Mitchell reminded the members that the committee recommends to the board what the topics will be, though sometimes the topics on the schedule delayed or brought up earlier depending on different scheduling and other factors. She asked Ms. Graser to remind members of the Opioid-SOR grant details.</p>
<p><b>VI. Grant Review Committee:</b></p>	<p><i>the department shall provide a semi-annual report of all federal grants currently under consideration as well as those being actively pursued. Additionally, the report will include all grants that have been submitted in the last six months. Finally, the reward status of all submitted grants will be outlined to the Board.</i></p> <p>A. Review of organization of the committee – Ruth Anne Walker Ms. Mitchell stated that the responsibilities of the committee are not an endorsement or approval, but is a review for the board’s awareness. Two members participate via email. If there is something of concern, members could certainly ask for more information from staff.</p> <p>Jerome Hughes stated that the organization he works for gets a grant that includes some federal funds from a CSB. He wondered if that is appropriate. Rebecca Graser indicated the same was true for her CSB. Ms. Walker stated that she would check with the Office of Internal Audit.</p> <p>a. Review of Internal Structure to Ensure State Board Policy 2010. A copy of this policy was distributed to members for their information.</p>
<p><b>VII. Initiation of Bylaw Review</b></p>	<p>Ms. Walker stated that the bylaws are due for review, and a review package would be prepared with recommendation for updates. Ms. Mitchell confirmed that the recommendations would be reviewed by the committee at December meeting to come to the full board with the committee’s recommendation in April.</p>
<p><b>VIII. Other Business</b></p>	<p>There was no other business.</p>
<p><b>X. Next Steps:</b></p>	<p>A. Standing Item: <i>Provide updates on committee planning activities to the Board.</i></p> <p>B. Next Meeting The next meeting of the committee would be on December 11,</p>

2019, in Richmond.

**XI. Adjournment**

The committee adjourned at 9:33.

STATE BOARD OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

*Policy and Evaluation Committee*

**DRAFT MINUTES**

JULY 17, 2019

DBHDS CENTRAL OFFICE, 8:30 – 9:30 AM

RICHMOND, VIRGINIA

**Members Present:** Beth Hilscher, Chair; Jack Bruggeman; Sandra Price-Stroble.

**Members Absent:** Djuna Osborne

**Staff:** Emily Lowrie, committee staff; Heidi Dix, Tiffany Ford, Lisa Jobe-Shields, Angela Harvell

**I. Call to Order**

Committee Chair Beth Hilscher called the meeting to order at 8:34 AM.

**II. Welcome and Introductions**

Ms. Hilscher welcomed all present and all present introduced themselves.

**III. Approve Minutes from Previous Meeting**

*On a motion from Mr. Bruggeman, and a second from Ms. Hilscher, the committee approved the minutes.*

**IV. Staff recommendation: Adopt and Recommend to the Board**

Policy Number	Policy Name	Last Review
1028(SYS)90-1	Human Resources Development	04/28/11
1035(SYS)05-2	Community Services Board Single Point of Entry and Case Management Services	07/23/13
1016(SYS)86-23	Policy Goal of the Commonwealth for a Comprehensive, Community-Based System of Services	12/04/12

*On a motion from Mr. Bruggeman, and a second from Ms. Hilscher, the committee adopted the revisions of policies and recommended to the board for review.*

**V. Policy Discussion**

Policy Number	Policy Name	Last Review
2011(ADM)88-3	Changing the Names of State Facilities	12/06/11
3000(CO)74-10	Appointments to Community Services Boards	12/06/11
1042(SYS)07-1	Primary Health Care	12/06/13

Angela Harvell presented on the current Policy 2011 (ADM) 88-3 (Changing the Names of State Facilities) and provided suggested edits to the Policy.

Tiffany Ford presented on the current Policy 3000 (CO) 07-1 (Appointments to Community Services Boards) and provided suggested edits to the Policy.

Lisa Jobe-Shields presented on the current Policy 1042 (SYS) 07-1 (Primary Health Care) and provided suggested edits to the Policy.

- VI. Staff Recommendation: *Direct staff to Send out Draft Policies for Review - Policy 2011 (ADM) 88-3, Policy 3000 (CO) 07-1, and Policy 1042 (SYS) 07-1.***  
*On a motion from Ms. Price-Stroble, and a second from Mr. Bruggeman, the committee agreed to direct staff to send out the draft policies for review.*
- VII. Next Meeting: December 11, Richmond**
- VIII. Adjournment**

**November 26, 2019**

**To: Members, State Board of BHDS**

**Fr: Emily Lowrie**

**Cc: Elizabeth Hilscher  
Ruth Anne Walker**

**Re: Policies for Consideration for December 11, 2019**

The Policy and Evaluation Committee recommitted this year to actively working to review policies at such a rate that will comply with the scheduled review matrix, in accordance with State Board Policy 2010 (ADM ST BD) 88-2 Policy Development and Evaluation. Since this undertaking, the committee has reviewed nine different policies since July 2019. The committee is submitting three of those revised policies for your consideration at the December meeting. As you can see in the drafts, the edits are minimal updates to terminology. Any edits beyond that will be explained by staff for your consideration.

This is not to preclude any edits the board deems necessary after due deliberation, nor would it preclude your requesting any such revised drafts going out for another field review if edits were such that the policy was changed substantively.

Included in this packet are:

- Chart of comments received from field reviews.
- Draft revised policies.

Prior to the board meeting, if you find you expect to want substantive edits to any of the enclosed drafts, it would be most helpful if you could please notify me in advance.

Thank you!

Renewed: 06/22/88  
Renewed: 02/27/91  
Revised: 09/07/05  
Updated: 07/17/2019

## POLICY MANUAL

State Board of Behavioral Health and Developmental Services  
Department of Behavioral Health and Developmental Services

### POLICY 1016 (SYS) 86-23 Policy Goal of the Commonwealth for a Comprehensive, Community-Based System of Services

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**Authority** Board Minutes Dated: October 22, 1986  
Effective Date: November 19, 1986  
Approved by Board Chairman: s/James C. Windsor

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**References** House Joint Resolution No. 9, 1980  
House Joint Resolution No. 85, 1986  
Senate Joint Resolution No. 60, 1986  
§§ 37.2-500 and 37.2-601 of the Code of Virginia (1950), as amended  
STATE BOARD POLICY 1035 (SYS) 05-2 Single Point of Entry and Case  
Management Services  
STATE BOARD POLICY 1036 (SYS) 05-3 Vision Statement  
*Envision the Possibilities: An Integrated Strategic Plan for Virginia's Mental  
—Health, Mental Retardation, and Substance Abuse Services System, 2005  
Current Comprehensive State Plan  
Department of Planning and Budget Strategic Plan  
Department of Behavioral Health and Developmental Services Strategic Plan*

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**Background** The General Assembly, in House Joint Resolution 9, declared that it is the policy of the Commonwealth to establish, maintain, and support the development of an effective system of appropriate treatment, training, and care for individuals with mental health or substance use disorders, intellectual disability, or co-occurring disorders. The legislature further stated, as the basic principle for this statewide system, that treatment, training, and care shall be provided in the least restrictive environment with careful consideration of the unique needs and circumstances of each person. In this background, summaries of the references are updated to reflect people first language and current terminology, such as using substance use disorder instead of substance abuse to refer to a condition that a person has, while using substance abuse to refer to the services used to treat the disorder, and using intellectual disability and developmental services.

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## Policy 1016 (SYS) 86-23

### Background (continued)

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The General Assembly maintained its commitment to this policy goal six years later in House Joint Resolution 85 and Senate Joint Resolution 60. Both resolutions establish as the policy goal of the Commonwealth the development of a comprehensive community-based system for serving individuals with mental health or substance use disorders, intellectual disability, or co-occurring disorders. These resolutions also state that accountability for the provision of all services, inpatient and outpatient, to these individuals should be transferred ultimately to local community services boards.

Sections 37.2-500 and 37.2-601 of the Code of Virginia continue and reinforce the historic support by the General Assembly for this policy goal. These sections state that, in order to provide comprehensive mental health, developmental, and substance abuse services within a continuum of care, the community services board or behavioral health authority (, hereafter referred to as CSBs shall function as the single point of entry into publicly funded mental health, developmental, and substance abuse services.

STATE BOARD POLICY 1035 recognizes and supports the role of CSBs as the single points of entry into publicly funded mental health, developmental, and substance abuse services. The policy states that CSBs, as the single points of entry, shall be responsible for managing the treatment, habilitation, or support services of individuals with mental health or substance use disorders, intellectual disability, or co-occurring disorders. CSBs also shall have the lead responsibility for supporting, facilitating, and achieving the greatest possible interagency collaboration and coordination in the planning, management, and delivery of community-based services.

STATE BOARD POLICY 1036 articulates a vision statement to guide the development and operations of this comprehensive, individually focused, and community-based public mental health, developmental, and substance abuse services system. The vision is of a system of services and supports driven by individuals receiving services that promotes self-determination, empowerment, recovery, resilience, health, and the highest possible level of participation by individuals receiving services in all aspects of community life, including work, school, family, and other meaningful relationships. This vision also includes the principles of inclusion, participation, and partnership.

The *Department of Planning and Budget Integrated Strategic Plan* and the *Department of Behavioral Health and Developmental Services Comprehensive State-Plan-Strategic Plan* describe the actions that need to be taken to implement this comprehensive, statewide, individually focused, and community-based system of services and supports.

### Purpose

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To recognize, support, and reinforce the policy goal of the Commonwealth, set forth by the General Assembly, for a comprehensive, community-based system of mental health, developmental, and substance abuse services.

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## Policy 1016 (SYS) 86-23

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### Policy

It is the policy of the Board to support the policy goal of the Commonwealth, set forth by the General Assembly in legislation and statute, through the development and maintenance of a comprehensive, individually focused, and community-based system of treatment and habilitation services and supports for individuals with mental health or substance use disorders, ~~intellectual~~-developmental disability, or co-occurring disorders. The development and maintenance of this system shall be guided by the vision statement articulated in STATE BOARD POLICY 1036, including the principles of inclusion, participation, and partnership, and by the *Integrated Strategic Plan* and the *Comprehensive State Plan*.

Further, it is the policy of the Board that CSBs shall be responsible for the continuity of all publicly funded services, including inpatient services provided by state hospitals and training centers and local inpatient psychiatric services purchased or arranged by CSBs, received by individuals with mental health or substance use disorders, intellectual disability, or co-occurring disorders served by CSBs. STATE BOARD POLICY 1035 describes this responsibility in more detail.

Finally, it is the policy of the Board that the Department shall provide the direction, technical assistance, monitoring, and evaluation that will ensure uniform and effective standards for and delivery of services to meet the needs of individuals with mental health or substance use disorders, intellectual disability, or co-occurring disorders.

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Revised: 06/30/93  
Updated: 04/22/04  
Revised: 04/28/11  
Under Review: 07/17/19

## POLICY MANUAL

### State Board of Behavioral Health and Developmental Services Department of Behavioral Health and Developmental Services

#### POLICY 1028 (SYS) 90-1 Human Resource Development

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**Authority**

Board Minutes Dated: April 28, 2011  
Effective Date: April 28, 2011  
Approved by Board Chairman: Daniel E. Karnes

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**References**

Current Policies and Procedures Manual, Virginia Department of Human Resource Management  
STATE BOARD POLICY 1015 (SYS) 86-22 Services for Individuals with Co-Occurring Disorders  
STATE BOARD POLICY 1023 (SYS) 89-1 Workforce and Service Delivery Cultural and Linguistic Competency  
STATE BOARD POLICY 1036 (SYS) 05-3 Vision Statement  
STATE BOARD POLICY 1042 (SYS) 07-1 Primary Health Care  
Current Workforce Development Plan, Department of Behavioral Health and Developmental Services

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**Supersedes**

STATE BOARD POLICY 3002 (CO) 86-16 System-wide Staff Training

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**Background**

The delivery and management of behavioral health (mental health and substance abuse) and developmental services is highly staff intensive. Approximately 80 to 85 percent of the budgets of state hospitals and training centers, hereafter referred to as state facilities, and 75 percent of the budgets of community services boards and the behavioral authority, hereafter referred to as CSBs, consist of staff salaries and fringe benefits. The quality of the workforce and the quality of behavioral health and developmental services are inextricably linked. If the workforce is not well trained, competent, motivated, appropriately deployed, properly managed, and provided with a supportive working environment, efficient and effective delivery of services will be seriously compromised.

Behavioral health and developmental services have evolved from traditional core disciplines with a total reliance on academic credentials as evidence of an employee's preparation to perform successfully in the workplace to greater reliance on broad-based professional competencies that address the needs of individuals with co-occurring disorders, described in STATE BOARD POLICY 1015; enable culturally and linguistically appropriate service delivery, discussed in STATE BOARD POLICY 1023; and are supported by relevant formal education. Now, organizational structure, systems,

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services, resources, and incentives are developed or aligned to support on-going collaboration and public and private partnerships among the Department's central office and state facilities, CSBs, other service providers, and institutions of higher education to ensure that competent staff are recruited, retained, and developed for critical positions to meet the most challenging service needs of individuals with mental health or substance use disorders, intellectual disability, or co-occurring disorders. The Department's human resource development activities are guided by the referenced Policies and Procedures Manual issued by the Virginia Department of Human Resource Management and the Department's current Workforce Development Plan.

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**Purpose**

To support the development and maintenance of a competent Department and CSB workforce to meet the service needs and support the recovery, empowerment, and self-sufficiency of individuals who have mental health or substance use disorders, intellectual disability, or co-occurring disorders.

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**Policy**

It is the policy of the Board that the Department shall facilitate workforce recruitment, retention, development, and high performance in the Department's central office and state facilities, CSBs, and licensed providers through the aggressive development of human resources. Human resource development activities include workforce planning and development, recruitment and retention strategies and efforts, promoting and encouraging coordination and integration of partnerships, incentives, managing sanctions and regulations, and identifying, disseminating, and implementing evidenced-based practices.

It is also the policy of the Board that the Department shall engage in the following human resource development activities.

1. Promote a philosophy of human resource management and development consistent with the vision statement in STATE BOARD POLICY 1036 (SYS) 05-3 that supports recovery, empowerment, and self-determination in an integrated community environment for individuals receiving services.
  2. Continue to maximize leadership capabilities to model and facilitate a work life culture that is balanced, values employees and their competencies, encourages high performance and continues quality improvement, and fosters teamwork.
  3. Identify critical current and future human resource needs and standardize employee training requirements, course content, and reporting, monitoring, and evaluation procedures wherever possible.
  4. Promote the integration of behavioral health and developmental services and primary health care discussed in STATE BOARD POLICY 1042 (SYS) 07-1 Primary Health Care by expanding and enhancing behavioral health, education, and criminal justice competencies across broad occupational areas.
  5. Ensure the availability of needed curricula and opportunities for continued curriculum development so that behavioral health and developmental services competencies are
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aligned, updated, and deployed based on the changing services needs of individuals receiving services.

6. Develop and implement recruitment and retention programs that are tailored to and promote careers in public behavioral health and developmental services. Enhance and expand public awareness of the opportunities and advantages of working with and in the public services system.

7. Support or provide training opportunities for staff to obtain continuing education units, continuing medical education units, or contact hours in order for them to satisfy licensure requirements and maintain or enhance their professional skills and the quality of services they provide.

8. Continue to develop partnerships with educational institutions within and outside of the Commonwealth to: (1) establish research, evaluation, training, and service delivery relationships; (2) develop or influence the content of curricula, recruitment of current and future students into the public behavioral health and developmental services system, and the competency requirements for completion of academic programs; (3) implement internship and apprenticeship programs; and (4) create joint state facility or CSB staff and faculty appointments.

9. Promote and encourage the use of ~~video teleconferencing and other~~ distance learning methods to share training activities and programs among the Department's central office and state facilities, CSBs, and other system stakeholders.

10. Initiate, promote, and encourage new and innovative staff development and training strategies.

11. Seek and support adequate financial resources to provide system-wide workforce development. Promote and encourage coordination of existing and planned training activities among the Department's central office and state facilities, CSBs, other human service agencies, colleges and universities, and other public and private organizations outside of the public behavioral health and developmental services system.

Further, it is the policy of the Board that the Commissioner shall ensure that human resource development and management functions and activities are incorporated in ongoing strategic planning and implemented in all aspects of the Department's policies, instructions, programs and operations.

~~Finally, it is the policy of the Board that the Commissioner shall establish an advisory committee consisting of representatives of the Department's central office and state facilities, CSBs, private providers, individuals receiving services, advocates, family members, institutions for education and training, and members of relevant health care profession licensing agencies to provide advice to the Department on matters pertaining to workforce development. The committee shall report to the Commissioner on a regular basis.~~

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## POLICY MANUAL

State Board of Behavioral Health and Developmental Services  
Department of Behavioral Health and Developmental Services

### POLICY 1035 (SYS) 05-2 Community Services Board Single Point of Entry and Case Management Services

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**Authority** Board Minutes Dated September 7, 2005  
Effective Date September 7, 2005  
Approved by Board Chair /s/ B. Hunt Gunter

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**References** Report of the Commission on Mental Health and Mental Retardation, 1980  
§ 37.2-500, § 37.2-505, § 37.2-601, and § 37.2-606 of the Code of Virginia (1950),  
as amended  
STATE BOARD POLICY 1036 (SYS) 05-3 Vision Statement  
*Envision the Possibilities: An Integrated Strategic Plan for Virginia's Mental Health, Mental Retardation, and Substance Abuse Services System, 2005*  
Current Community Services Performance Contract  
Current Discharge Protocols for Community Services Boards and State Hospitals  
Current Training Center - Community Services Boards Admission and Discharge Protocols for Individuals with Intellectual Disabilities  
Current *Community Mental Health Rehabilitative Services Manual*, Department of Medical Assistance Services  
Current *MR/ID Community Services Manual*, Department of Medical Assistance Services

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**Supersedes** STATE BOARD POLICY 1019 (SYS) 87-3 Client Services Management  
STATE BOARD POLICY 4029 (CSB) 88-4 Community Services Board  
Responsibility for Client Service Management and Coordination

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**Background** The responsibility of community services boards and behavioral health authorities, hereafter referred to as CSBs, for service management and coordination for individuals receiving mental health, developmental, or substance abuse services has been recognized and supported by CSBs, several legislative study commissions, the Board, and the Department and in the Code of Virginia for many years. The Commission on Mental Health and Mental Retardation Report stated that establishing a case management/service management system was a local government responsibility, implemented by CSBs.

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**POLICY 1035 (SYS) 05-2 Community Services Board Single Point of Entry and Case Management Services**

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**Background**  
*(continued)*

Since 1984, the Department, in collaboration with CSBs, developed guidelines for case management and service coordination for individuals receiving mental health, developmental, or substance abuse services. The Department and CSBs also created continuity of care procedures in the community services performance contract and discharge planning protocols for individuals seeking admission to or being discharged from state hospitals or training centers, hereafter referred to as state facilities. Now the Department licenses case management services and has implemented a series of on-line training modules to support improved and more consistent case management practices across the services system. All CSB case managers are required to complete the modules.

Sections 37.2-500 and 37.2-601 of the Code of Virginia state that CSBs shall function as the single points of entry into publicly funded mental health, developmental, and substance abuse services in order to provide comprehensive mental health, developmental, and substance abuse services within a continuum of care. As part of this function, CSBs provide case management services, mandated by § 37.2-500 and § 37.2-601 of the Code of Virginia, and preadmission screening and discharge planning, mandated by § 37.2-505 and § 37.2-606 of the Code of Virginia, for individuals seeking admission to or being discharged from state facilities. CSBs also conduct preadmission screening for local involuntary psychiatric inpatient treatment. Over time, the number of individuals receiving services in local inpatient psychiatric beds has increased significantly, almost equal to the number of individuals receiving services in state hospital acute beds. More than ever, local hospitals are essential partners for CSBs.

The role of CSBs as the single points of entry and the related responsibilities to provide case management services and preadmission screening and discharge planning are reflected in the community services performance contract and the discharge planning protocols. This role and these responsibilities also are reflected in the *Integrated Strategic Plan*. The two referenced Medicaid provider manuals identify CSBs as the only providers of mental health and MR/ID targeted case management services that are eligible for Medicaid reimbursement, an identification or status that has existed since the inception of the community Medicaid initiative in 1991.

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**Purpose**

To recognize and support the role of CSBs as the single points of entry into publicly funded mental health, developmental, and substance abuse services; provide policy guidance on the implementation of this role and related CSB case management responsibilities; recognize and support the status of CSBs in the referenced Medicaid manuals as the only approved providers of Medicaid mental health and MR/ID targeted case management services consistent with § 37.2-500 of the Code of Virginia; and acknowledge the vital role of private providers in the services system and the necessity for CSBs to collaborate with them to achieve the best outcomes for individuals receiving services.

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**POLICY 1035 (SYS) 05-2 Community Services Board Single Point of Entry and Case Management Services**

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**Policy**

It is the policy of the Board to support the principle of public management of public resources for effective and responsible stewardship of scarce public funds and the achievement of public policy goals focused on individuals receiving services. This principle is embodied in the single point of entry into publicly funded mental health, developmental, and substance abuse services role of CSBs and their provision of case management services.

Further, it is the policy of the Board that CSBs, as the single points of entry, shall have the primary responsibility, in collaboration with state facilities and other public or private service providers, for delivering, coordinating, ensuring the continuity of, and managing, within available resources, all publicly funded mental health, developmental, and substance abuse services received by individuals. One way CSBs fulfill this responsibility is through the case management services that they provide to these individuals.

It also is the policy of the Board that the Department and CSBs shall work with the Department of Medical Assistance Services to recognize and support the status of CSBs in the referenced Medicaid manuals as the only approved providers of Medicaid mental health and MR/ID targeted case management services consistent with § 37.2-500 of the Code of Virginia.

Further, it is the policy of the Board that CSBs, as the single points of entry, shall coordinate the use of and manage admission to and discharge from state facilities and local inpatient psychiatric services they have purchased for persons located in their service areas. Individuals in state facilities shall be considered individuals receiving services from the CSBs that participated in their admission or are designated as their case management CSBs. CSBs shall maintain an active role in the delivery of services to these individuals while they are in state facilities as described in the referenced Admission and Discharge Protocols. In accordance with referenced statutory provisions and documents, CSBs shall conduct preadmission screenings of all individuals before their admission to a state facility. CSBs shall complete all necessary discharge planning activities and the preparation of discharge plans for these individuals in collaboration with state facility staff before they are discharged from state facilities. Discharge plans shall identify the services and supports that individuals will need upon discharge and the public or private providers that have agreed to provide those services.

It also is the policy of the Board that the Department, state facilities, and CSBs shall be guided by the following principles as they fund, provide, monitor, or evaluate case management services and preadmission screening and discharge planning.

1. These services and activities shall support and promote the recovery, self-determination, empowerment, resilience, health, and highest possible level of participation in all aspects of community life, including work, school, family, and

**POLICY 1035 (SYS) 05-2 Community Services Board Single Point of Entry and Case Management Services**

**Policy**  
*(continued)*

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other meaningful relationships, of individuals receiving services, as expressed in STATE BOARD POLICY 1036 (SYS) 05-3 Vision Statement. Services and activities shall support individuals in defining and reaching their own goals and in making decisions about their lives and the services that they receive. These goals and decisions shall be considered in all preadmission screenings and identified clearly in all individualized services plans and discharge plans for all individuals.

2. CSBs shall provide individuals receiving case management services with the ability to choose or change their case managers to the greatest extent possible consistent with appropriate service provision requirements.
3. CSBs and the state facilities that serve individuals receiving the CSBs' services shall implement preadmission screening and discharge planning practices that are consistent with the community services performance contract, discharge planning protocols, statutory requirements, and best clinical practices.
4. CSBs shall manage, in collaboration with the state and local hospitals that serve individuals receiving the CSBs' services, the admission to and discharge from state or local hospitals of individuals who have been determined to need those services. As resources become available and as the capacities of individual CSBs, communities, and regions develop, CSBs, in collaboration with the state and local hospitals that serve individuals receiving the CSBs' services and with support and technical assistance from the Department, shall manage their utilization of those state and local hospital beds on a regional basis to ensure that inpatient psychiatric beds are used as appropriately and cost-effectively as possible.
5. CSB services and CSB relationships with state facilities and other local service providers shall facilitate seamless and efficient transitions of individuals between state facilities and local community services and among local services, including local inpatient psychiatric service providers. Each CSB shall establish internal mechanisms to ensure efficient and seamless transitions of individuals between and among the programs and services that it provides directly or contractually.
6. The Department shall support the provision of high quality, person-centered case management services through implementation of licensing regulations adopted by the Board, including regular visits and inspections, and on-line case management training modules.
7. CSBs shall provide high quality, person-centered case management services that are delivered by qualified staff who have completed all required Department training modules.

Further, it is the policy of the Board that CSBs shall implement applicable case management requirements in the U.S. Department of Justice Settlement Agreement

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**POLICY 1035 (SYS) 05-2 Community Services Board Single Point of Entry and Case Management Services**

**Policy**  
*(continued)*

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for Case 3:12-cv00059-JAG and related provisions in the community services performance contract and applicable provisions of STATE BOARD POLICY 1044 (SYS) 12-1 Employment First and STATE BOARD POLICY 4023 (CSB) 86-24 Housing Supports through their case management services.

It also is the policy of the Board that individual CSBs shall assume the lead responsibility for supporting, facilitating, and achieving the greatest possible interagency collaboration and coordination in the planning, management, and delivery of community-based services. Linkages shall be established with community providers or organizations to develop services and supports that are tailored and flexible to meet specific needs of individuals receiving services from the CSB.

Finally, it is the policy of the Board that the Department shall provide direction, guidance, technical assistance, and consultation to CSBs and state facilities in the development and implementation of case management services and preadmission screening and discharge planning. The Department also shall monitor the delivery of case management services and preadmission screening and discharge planning through individual outcome and provider performance measures and utilization management and review activities.

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**State Board of Behavioral Health and Developmental Services  
Policy Development and Evaluation Committee**

**9/30/2019**

**COMMENT ON 1028 POLICY: WINDOWS (SEPTEMBER 2019)**

<b>Stage I:</b>	Initiating Review - Request for Comment
<b>Policy:</b>	Policy 1028 (SYS) 90-1 Human Resource Development
<b>Window:</b>	<b>September 2019</b>

<b>Date Rcv'd</b>	<b>Contact</b>	<b>Comment</b>
09/20/2019	Bob Gordon, Mount Rogers Community Services Board	On behalf of the VACSBs Human Resources Subcommittee (copied above), we would be excited about the partnership outlined in the drafted policy (Policy 1028 (SYS) 90-1 Human Resource Development) and look forward to collaborating around strategies for full implementation. While a current partnership with the Department exists, it has been limited in scope and not fully maximized/described as outlined in the policy draft. This policy, as drafted, would provide more in depth support and resources to the CSBs and an opportunity to strengthen both groups. The CSBs would look forward to being part of the “to be” advisory committee and utilizing shared resources advantageous to all and funded or made available to all parties at minimum cost and with a high return on investment in the area of Human Resources Development. Thank you for soliciting our comments, and please let us know if you need further clarification regarding our collective response. In that regard, Crystal Homer of Alleghany Highlands (Vice Chairperson), Nancy Shackelford of Colonial (Secretary), or myself as Chairperson of the HR Subcommittee may be your contacts if follow-up is required

**REGULATORY ACTIVITY STATUS REPORT: DECEMBER 2019 (REVISED 11/26/19)**

<b>Board</b>		<b>STATE BOARD OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES</b>		
<b>VAC CITATION</b>	<b>CHAPTER TITLE (FULL TITLE)</b>	<b>REGULATIONS IN PROCESS</b>		
		<b>PURPOSE</b>	<b>STAGE</b>	<b>STATUS</b>
<u>12 VAC 35-105</u> Certain sections.	<b>Rules and Regulations for Licensing Facilities and Providers of Mental Health, Mental Retardation and Substance Abuse Services</b> <i>same</i>	Compliance with Virginia’s Settlement Agreement with US DOJ	<ul style="list-style-type: none"> <li>• <b>Emergency/NOIR A</b></li> <li>• <b>Standard</b></li> </ul>	<ul style="list-style-type: none"> <li>• Request for extension (expires February 29, 2020). ➤ <i>Action Requested.</i></li> <li>• The standard action was filed for Executive Branch review for the proposed stage on March 1, 2019. The proposed stage was approved on October 15, 2019, with a public comment from November 11, 2019 – January 10, 2020.</li> </ul>
<u>12 VAC 35-105</u> All sections.	<i>same</i>	To provide specific standards for licensing of organizations and facilities that provide behavioral health and developmental disability services.	<b>Under development</b>	<ul style="list-style-type: none"> <li>• As a response to periodic review (closed December 15, 2017), an initial draft of a new general chapter was developed by August, a regulatory advisory panel was organized and met twice (September and October), and a 30-day public comment forum ended October 31, 2019. A revised draft is under internal review.</li> </ul>
<u>12 VAC 35-105</u> Certain sections.	<i>same</i>	Allowing a grace period for documentation of ISPs	<ul style="list-style-type: none"> <li>• <b>Standard</b></li> </ul>	<ul style="list-style-type: none"> <li>• The proposed stage was filed for Executive Branch review on July 18, 2019, and that reached the Governor’s Office on November 17, 2019.</li> </ul>
<u>12 VAC 35-105</u> <b>NEW</b> <i>Section 435.</i>	<i>same</i>	In accordance with Chapter 776 of the 2019 General Assembly, to require a provider statement to any other provider when a criminal history background check is required.	<ul style="list-style-type: none"> <li>• <b>Fast Track</b></li> </ul>	<ul style="list-style-type: none"> <li>• This action was filed for Executive Branch review on July 25, 2019, and reached the Secretary of Health and Human Resources Office on October 8, 2019.</li> </ul>
<u>12 VAC 35-105</u> Certain sections.	<i>same</i>		<ul style="list-style-type: none"> <li>• <b>Petitions for Rulemaking</b></li> </ul>	<ul style="list-style-type: none"> <li>• Two petitions for rulemaking were filed by the same petition on August 14 and August 27, 2019. A decision to take no action was filed for each on October 17, 2019.</li> </ul>

<u>12 VAC 35-180</u>	<b>Regulations to Assure the Protection of Participants in Human Research</b>	To define policy and review requirements to protect individuals with mental illness, mental retardation, and substance abuse or dependence problems who are participants in human research performed by facilities or programs operated, funded, or licensed by the department.	<ul style="list-style-type: none"> <li>• <b><i>Fast Track</i></b></li> </ul>	<ul style="list-style-type: none"> <li>• This action was filed for Executive Branch review on October 10, 2018. The Governor’s Office review was started April 14, 2019.</li> </ul>
<u>12 VAC 35-225</u>	<b>Requirements for Virginia's Early Intervention System</b>	To provide the requirements for Virginia's early intervention services system that are designed to protect the health, safety, and welfare of children with disabilities from birth through the age of two and their families to ensure access to appropriate early intervention services.	<ul style="list-style-type: none"> <li>• <b><i>Periodic Review</i></b></li> </ul>	<ul style="list-style-type: none"> <li>• Initiated October 10, 2019, with a public comment forum held November 11 – December 2, 2019.</li> </ul>
<u>12 VAC 35-270</u> <i>NEW</i>	<b>Certified Recovery Residences</b>	In accordance with Chapter 220 of the 2019 General Assembly, to establish certification of recovery residences.	<ul style="list-style-type: none"> <li>• <b><i>Fast Track</i></b></li> </ul>	<ul style="list-style-type: none"> <li>• Prior to official submission, a draft was published for comment in a forum ending on May 9, 2019. This new regulation was filed for Executive Branch review on August 16, 2019. The Secretary of Health and Human Resources Review started on November 17, 2019.</li> </ul>

STATE HUMAN RIGHTS COMMITTEE

John Barrett, Chairperson  
Richmond / Deltaville  
Will Childers, Vice-Chairperson  
Hardy  
David Boehm  
Marion  
Pete Daniel  
Charlotte Court House  
Julie Dwyer-Allen  
Leesburg  
Monica Lucas  
Richmond  
Sandy Robbins  
Valentines  
Cora Swett  
Nokesville



**COMMONWEALTH of VIRGINIA**  
*Department of Behavioral Health and Developmental Services*  
Post Office Box 1797  
Richmond, Virginia 23218-1797  
MIRA E. SIGNER, ACTING COMMISSIONER

Deb Lochart  
State Human Rights Director  
deb.lochart@dbhds.virginia.gov

Office of Human Rights  
1220 Bank Street  
Richmond, VA 23219

P.O. Box 1797  
Richmond, VA 23218

www.dbhds.virginia.gov

November 21, 2019

Paula N. Mitchell, Chairperson  
State Board of Behavioral Health and Developmental Services  
P.O. Box 1797  
Richmond, Virginia  
23218

Dear Ms. Mitchell:

On October 17, 2019 the State Human Rights Committee (SHRC) met and conducted an interview for appointment on the SHRC. On behalf of the committee I respectfully request your consideration of the appointment of Mr. Timothy M. Russell.

Mr. Russell is a Facilities Manager and adjunct faculty of the College of William and Mary, and has been a Transitional Living Counselor at ValuMark West End Behavioral Health Care. As a consumer of substance abuse services he provides the SHRC with the perspective of a consumer of DBHDS services. Mr. Russell resides in Williamsburg.

Mr. Russell is a former member of Newport News Regional Local Human Rights Committee (LHRC), a former member and Chair of Williamsburg Regional LHRC, and a former member and Vice-Chair of the State Human Rights Committee. The recommendation for his appointment comes by unanimous vote of the SHRC.

On behalf of the State Human Rights Committee, I respectfully ask that you consider this appointment at the December 11, 2019 Board meeting. Application, résumé, and current SHRC Roster are attached for your review. Thank you for your consideration.

Respectfully Submitted,

A handwritten signature in black ink, appearing to read "Julie Dwyer-Allen".

Julie Dwyer-Allen, Chair  
SHRC Membership Subcommittee

c: Deb Lochart, State Human Rights Director  
John Barrett, Chair, State Human Rights Committee

### State Human Rights Committee Application for Membership

Name: Timothy M Russell

Street Address: 603 Colonial Ave.

City, State, Zip: Williamsburg, VA 23185 Phone: \_\_\_\_\_

E-Mail: tmruss@wm.edu Cell Ph: 757.358.0515

Current or most recent employer: College of William and Mary

Employer's address: 115 Grigsby Dr Williamsburg VA 23187

Dates of employment: from Dec 2001 to Present

Occupation / Profession. If retired, list previous occupation: \_\_\_\_\_  
Space Data Manag

Education: BA in Govt and coursework in MSW

Please check capacities in which you are eligible and willing to serve:

Receiving Services \_\_\_\_\_ Family Member \_\_\_\_\_ Health Care Provider \_\_\_\_\_ Professional \_\_\_\_\_

Have you ever been employed by or a member of the board of directors or a volunteer of a program licensed, operated or funded by the Department of Behavioral Health and Developmental Services?

Yes/No Yes\_\_ If yes, name of programs: Valuemark West End Behavioral Health Care

Capacity in which you served: Transitional Living Counselor

Dates of service: from Sept 1997 to Nov 1997

The State Human Rights Committee (SHRC) meets about eight (8) times a year in locations throughout the state. SHRC Members are expected to provide their own transportation to and from meetings. Members are reimbursed for mileage at the rate approved by Virginia Department of Accounts. Travel time and distance may warrant staying overnight on the night before a meeting. If so, your lodging will be arranged and paid for by the DBHDS human rights office. Regular SHRC meetings normally convene on Thursdays. Occasionally, meetings include an afternoon session on Wednesday. Do you believe you will be able to do this?

Yes/No \_\_ Yes\_\_

Have you ever been a member of a DBHDS human rights committee? Yes/No yes

If yes, on which have you served? Williamsburg LHRC, Newport News LHRC and SHRC

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Capacity in which you served and dates of service: Chair of Wmbg for 5 years. 2005-2011

Vice Chair NN LHRC 2011-2012, SHRC 2012-2018

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Please describe your experience as a human rights committee member: \_\_\_\_\_

I found it very rewarding to provide a place and forum where both parties to an appeal felt there were no biases. Many people are more upset about not being heard and dismissed and this arena provides them the opportunity to be heard. I feel that the SHRC offers resolution that both parties can accept even if they disagree. We affect and make a difference in people's lives and it's important to remember the gravity of our work.

Please describe your education, training or experience in the area of behavioral health and developmental services, if any: \_\_\_\_\_

I had numerous courses at VCU in counseling and operating a mental health business or department. Also had numerous presentations on HRC's concerning the opiate crisis to the DOJ settlement and many tours of state and private licensed facilities.

What is your interest in serving on the SHRC? My interest is to continue to serve the stakeholders in the commonwealth who seek a nonbiased forum to appeal decisions in which they say their Human rights were violated but the convening authority disagreed. I also enjoying providing an avenue for public comment for people who have a desire to have their interests concerning mental health expressed

As a member of the SHRC, what do you think will be your biggest challenge?

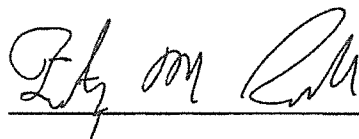
Understanding the new rules and regulations and how they affect stakeholders\_\_

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Please provide any additional information you think is relevant to your application. Its important to remember the mission of the SHRC : we are to determine if Human rights have been violated, not to diagnose patients or question Dr.'s about diagnoses. It is important in findings to make clear which code was violated and why we believed so. I think its very important to inform the parties with solid and well documented justifications so each party leaves understanding the decision. The SHRC also needs to be communicating with LHRC's and fostering a more open avenue of communication to support and inform the LHRC's. Having received counseling myself over the years for a variety of problems and working thru 29 years of sobriety, I have a shared experience with most consumers. That empathy goes a long way in understanding a consumer's perspective. As a counselor, I understand that viewpoint as well. Lastly, being part of an administrative group and meeting Administrators for the Dept. and understanding their concerns and motives, I think I have had a rare opportunity to experience these roles and am able to incorporate them into my rile on the SHRC. Thank you for considering me for this position

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Applicant signature and date:

 9/25/19

Thank you for your interesting in serving on the State Human Rights Committee.



**Timothy M. Russell**  
603 Colonial Ave Williamsburg VA 23185  
757.358.0515 tmruss@wm.edu

## **EDUCATION**

*The College of William and Mary* in Virginia, Bachelor of Arts 1991 GIS and Biology Graduate work 2010-2015.  
*Virginia Commonwealth University*, completed Graduate hours in Social Work, 4.0 QCA (4.0 scale).  
*The University College of Wales, Aberystwyth, Wales U.K.*, Junior Year Abroad 1988-1989.

## **TECHNICAL SKILLS**

20+ years experience using ArcGIS and most extensions providing maps, analyses, geodatabases and deliverables.  
4 years drafting and editing AutoCad blueprints and integrating into FAMIS Space Management component.  
4 years administering FAMIS Space Management database and producing reports.  
20+ years using Microsoft Office to produce presentations and reports.  
18 Years using Trimble and Pathfinder software  
Extensive knowledge and use of Cascade to design and maintain websites.

## **CURRENT EMPLOYMENT**

### **College of William and Mary**

Space Data Manager

12/15-present

Project Manager responsible for creating, editing, maintaining and administering the tabular and spatial database for William and Mary's campuses in the FAMIS Space Management software. Manage FAMIS database inputs and requests, give presentations, and interact with project managers on current project demands and consultations. Respond daily to requests from internal and external clients focused on deliverables in a variety of formats requiring attention to details to meet time sensitive demands. Compile databases from various sources, determine or create joining fields and build a RDBMS. Create and maintain a concurrent GIS system of campus regarding Civil, Utility, Hardscape and Emergency Management geodatabases. Create and maintain GIS property map for Real Estate Foundation and Campus Police showing ownership, leases and rentals and jurisdiction. Provide presentations to ASCM concerning Space Management program and to support the university in evaluating space needs with space availability. Hired, taught and managed Cad operators to meet current deadlines for projects. Lead internal working groups regarding planning, moa's, documentation and conventions for creating GIS features across campus, determining ownership and where to store. Facilitating a GIS working group to create a central data depository with directory and metadata.

### **College of William and Mary**

GIS Analyst

12/01- 12/15

Provided GIS analysis for faculty in a variety of fields (Biology, Geology, Marine Science, Economics, and Government). Interpreted data to identify patterns or anomalies in data and communicated findings through written or oral reports and meetings. Created, edited and consolidated GIS datasets. Created standards and processes for new GIS files with naming conventions and consistent schema. Organized data sets and reviewed thoroughly when creating attribute values and editing for consistency as well as translating other values to match new conventions. Write simple SQL equations for monthly reporting. Accumulated local GIS data and administered a GIS data depository. Liaised with local, state and federal GIS departments (NPS, USFW, NOAA, City GIS Managers) to provide opportunities for student internships or projects. Hosted local and State GIS users group to build working relationship between agencies. Managed a variety of GIS contracts through supervising students in projects and acted as Q&A for products. Responsible for editing the Campus Map for past five years. Documented instructions for remote sensing devices and taught faculty and students how to use and care for equipment. Involved with FCE LTER for 13 years as technical staff providing GPS and GIS assistance to investigators, collaborators and information managers.

### **College of William and Mary**

Adjunct Faculty

1/02- 06/16

Responsibilities included teaching a graduate and undergraduate class or as a guest lecturer, introducing students to a number of GIS platforms. Developed, organized and taught first online and classroom integrated GIS class. Some modeling as well as data management /metadata. Created, developed and taught workshops for faculty/staff and for

specific student groups using GIS as an analytical tool and to provide deliverables. Took personal initiative to anticipate and develop complimentary programs before need arose. Served as a technical advisor on student thesis committees. The course also introduced GPS concepts, software, and hardware and other types of remote sensing to assist students with integrating GPS data within a GIS package.

### **College of William and Mary**

Research Assistant

12/01-12/15

Assisted faculty and students in field research by developing field methods, establishing procedures and protocols for data collection, providing logistics for trips and planning and executing experiments. Involved with FCE LTER for 13 years as research assistant traveling to all LTER sites collecting and analyzing soil cores. Advised other local environmental non-profits regarding mission statements and political strategies, scientific efforts, budget matters and PR. Fieldwork and analyses included work for USDA (runoff and nutrient loading), DOD DSCR (ecological assessment), EPA (monitoring), USFW (contaminants), USGS (Geologic Maps), and Chesapeake Bay Foundation (wetlands delineation and monitoring). Participated for 8 years with interrelated terrapin projects from implementing experiments in field, conducting literature and field research, compiling, sorting and analyzing data, and creating a Habitat Suitability Index model for Southwest Chesapeake Bay. Responsible for installation and maintenance of remote water quality monitoring equipment (Campbell) and designing website to post results. Responsible for daily operations of lab, organizing and maintaining inventory of field supplies, installation and maintenance of GIS computer lab, plotter and printer software and hardware and providing solutions for unscheduled occurrences. Monitored material and purchasing contracts. Served as an advisor for Sustainability student projects involving construction and landscaping (reading blueprints, managing building, etc.)

### **Virginia Institute of Marine Science**

Marine Scientist

9/00 - 1/01

GIS specialist employed by the Shorelines Studies Program to rectify aerial photographs used to analyze shoreline changes over time. Responsible for planning, organization and logistics of trips and surveys. Provided reports to outline details concerning processes and errors of GIS data. Updated databases from US Corps of Engineers Corpscon to current GIS system. Instructed in survey methods and techniques and assisted in the State's Public Beach Survey's.

### **Historical Craftsman**

Colonial Williamsburg Foundation, Williamsburg VA

6/92-7/97

Strong interpersonal and communication skills further developed through educating guests at Colonial Williamsburg by means of lectures, demonstrations, hands-on experiences, group presentations, and individual attention. Developed strong abilities to assess people through observation and limited interactions to provide best approach for engaging guests. Worked with Architectural historians to research and advice in reconstructing buildings: engaged from concept, research blueprints and completion. Numerous programs developed with regards to conceptualizing, organizing, directing and participating in programs. Interviewed applicants, hired employees, and instructed new employees for various positions.

### **Undergraduate, Graduate and Faculty Courses Developed and Taught:**

GEO 407/ENSP 204 GIS in Environmental Sciences (2002-2006, 2014-2016):

BIO 504/610: GIS for Graduate Studies (2006)

ENSP 101: Introduction to Environmental Science and Policy (2007):

ENSP 203: Public Commons Workshop (2006-2008).

Faculty Short Course (Summer 2007) Three day Workshop for Faculty.

Short Course for Library Staff (2008)

Workshop Coordinator (2005 – Present)

### **SELECTED CONTRACTS**

LTER Florida Coastal Everglades: 2002-2015 Dept. Of Navy Sturgeon GIS Surveys: 2012- Present

Virginia Environmental Endowment: 2014 (2002-2005) DOD (Naval Weapons Station Yorktown): 2007-Present

Mid Atlantic Sturgeon Surveys VA Sea Grant: (2006-2009) DOD (DSCR): 2007-2008

National Park Service: 2005

State Human Rights Committee  
Department of Behavioral Health and Developmental Services

<p><b>Chairperson</b> <b>John Barrett</b> Richmond and Deltaville Region 4 and Region 5</p> <p>Appointed July 2013 7/1/2012 - 6/30/2015 Vacancy</p> <p>Term 7/1/2015 – 6/30/2018 7/1/2018 – 6/30/2021</p> <p>→Professional</p>	<p><b>Vice-Chairperson</b> <b>Will Childers</b> Hardy Region 1/3 border</p> <p>Appointed July 2018 7/1/2017 – 6/30/2020 Vacancy</p> <p>→Professional</p>	<p><b>David Boehm</b> Marion Region 3, far southwest</p> <p>Term 7/1/2018 - 6/30/2021</p> <p>→Certified sex offender treatment Provider</p>
<p><b>Pete Daniel</b> Charlotte Court House Region 4</p> <p>Term 7/1/2014 – 6/30/2017 7/1/2017 – 6/30/2020</p> <p>→Consumer</p>	<p><b>Julie Dwyer-Allen</b> Leesburg Region 2</p> <p>Appointed July 2018 7/1/2016 – 6/30/2019 Vacancy 7/1/2019 – 6/30/2022</p> <p>→ Family Member</p>	<p><b>Monica Lucas</b> Richmond Region 4</p> <p>Term 7/1/2018 – 6/30/2021</p> <p>→Professional</p>
<p><b>Sandy Robbins</b> Valentines Region 3/4 border</p> <p>Term 7/1/2016 – 6/30/2019 7/1/2019 – 6/30/2022</p> <p>→Health Care Provider: Psychology Associate I</p>	<p><b>Cora Swett</b> Nokesville Region 2</p> <p>Term 7/1/2016 – 6/30/2019 7/1/2019 – 6/30/2022</p> <p>→ Family Member</p>	

State Human Rights Committee  
C/o Deb Lochart, State Human Rights Director  
Taneika Goldman, Deputy State Human Rights Director  
P.O. Box 1797  
Richmond, VA 23218

Fax: 804-371-4609  
[www.dbhds.virginia.gov](http://www.dbhds.virginia.gov)

## MEMORANDUM

**To: Paula J. Mitchell, Chair  
State Board of BHDS**

**Members, State Board of BHDS**

**Cc: Heidi R. Dix  
Dev J. Nair**

**Re: DRAFT Annual Executive Summary – For Review by December 11, 2019**

In accordance with longstanding practice, I submit this draft annual executive summary to the chair for review and approval, and concurrently submit it to the board members for review and comment. The summary from last year is viewable here:

<https://rga.lis.virginia.gov/Published/2019/RD183/PDF>.

Some of my edits in the cover letter are made to:

- Address the Governor and the General Assembly, per the mandate 37.2-200.E.
- Keep the biennial letter to Governor as the vehicle for a statement of budget priorities. Though the priorities are listed here, I some of the related language that seemed duplicative of the letters is removed.

Thank you.

**2019 ANNUAL EXECUTIVE SUMMARY**  
**of the Activity and Work of the**  
**STATE BOARD of**  
**BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES**

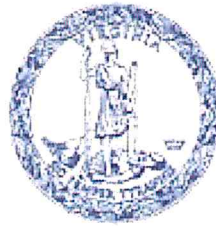


**TO THE GOVERNOR AND GENERAL ASSEMBLY**

**January 1, 2020**

STATE BOARD OF  
BEHAVIORAL HEALTH AND  
DEVELOPMENTAL SERVICES

PAULA MITCHELL, Chair  
ROANOKE  
ELIZABETH HILSCHER, Vice Chair  
RICHMOND CITY  
JACK BRUGGEMAN  
FAIRFAX COUNTY  
VARUN CHOUDHARY  
HENRICO  
REBECCA GRASER  
RICHMOND COUNTY  
JEROME HUGHES  
PRINCE WILLIAM  
MOIRA MAZZI  
FAIRFAX COUNTY  
THE HON. DJUNA OSBORNE  
ROANOKE  
SANDRA PRICE-STROBLE  
HARRISONBURG



STATE BOARD OFFICE THE  
BOARD  
1220 BANK STREET  
RICHMOND, VA 23219

P.O. BOX 1797  
RICHMOND, VA 23218-1797

TELEPHONE (804) 786-7945  
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COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF  
BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES  
Post Office Box 1797

Richmond, Virginia 23218-1797

January 1, 2020

To the Honorable Ralph R. Northam, Governor of Virginia  
and  
Members, General Assembly of Virginia,

I am writing on behalf of the State Board of Behavioral Health and Developmental Services. ~~The purpose of this letter is to provide a copy of the Annual Executive Summary submitted to the Governor and the General Assembly in accordance with subsection E of § 37.2-200 of the Code of Virginia. The report describes the statutory basis for the Board, provides information concerning the Board's policy, regulatory, and committee work activity of the Board during the preceding year, and outlines the Board's policy priorities for the coming year.~~

~~The membership of the Board includes individuals who have received behavioral health or developmental disability services, family members of people with disabilities, a local elected official, a psychiatrist and citizens at large. We feel it is important to make the case that, of all the demands presented each year for state support, the needs of Virginians with mental health or substance use disorders or intellectual or developmental disabilities and their families are particularly important and deserving of increased resources.~~

In 2019, the Board held its meetings ~~at the Department of Behavioral Health and Developmental Services (DBHDS) Central Office in Richmond, along with Virginia Beach and Roanoke~~ Fairfax, Richmond, and Staunton. During these meetings, the Board heard reports from DBHDS Commissioner Dr. Hughes Melton and presentations on the System Transformation, Excellence and Performance (STEP-VA) model to transform Virginia's mental health services, the US Department of Justice Settlement Agreement, Crisis Intervention Training (CIT), and collaborative state actions to fight the opioid crisis. ~~The Board is grateful for former Commissioner Melton's leadership and that of the current Chief Deputy and former Acting Commissioner Ms. Mira Signer. We also thank DBHDS staff, the legislature, and your administration for ongoing work to transform the system into one that provides access to quality services to all Virginians with behavioral health disorders and developmental disabilities.~~

The Board's priorities for 2019 are:

- ~~1. Continuing to fund STEP-VA services to meet the 2021 code required deadline.~~
- ~~2. As many additional Developmental Disabilities Waivers as possible be included in the next budget to work to eliminate the large waiting list.~~
- ~~3. Funding and legislative action to remove barriers and increase the number of peers and individuals with lived experience providing services in Virginia.~~
- ~~4. Continue to address the efforts to build up community services and decrease the number of hospitalizations by focusing on prevention of a crisis.~~
- ~~5. Additional funding for behavioral health services for children and adolescents including transition services to adulthood.~~

[taken from Gov Letter] At its July biennial planning retreat and regular meeting, the Board was pleased to receive a detailed update from DBHDS leadership on the progress of the department's strategic initiatives included in the forthcoming strategic plan. The members of the Board appreciate the leadership by the department, and endorsed as its own priorities for the biennium the key initiatives and implementation plans developed through that recent planning process. In particular, the members are interested in support for:

1. Utilization of Crisis Intervention Treatment and Assessment Sites (CITACs) for detoxification and 23 hour crisis stabilization to assist in alleviating the current capacity pressures on state hospitals.
2. Continued work toward elimination of the Priority 1 Waitlist, but also strongly consider refresh of waiver rates (with regional variation addressed) to address increasing pressures to recruit and retain qualified professionals to provide waiver services.
3. Elimination of the gap uninsured Virginians experience, even after Medicaid expansion, and continued focus on the need for resources like STEP-VA to support the un- and under-insured.

The Board ~~urges~~ hopes that behavioral health and developmental services priorities remain in the forefront of all ~~those issues~~ brought before the ~~legislature~~ 2020 Session of the General Assembly. ~~If there are helpful ways we might highlight the need for these services, we are~~

Sincerely,

  
Paula Mitchell Chair

Cc: The Honorable Richard L. Saslaw  
The Honorable Eileen R. Filler-Corn  
The Honorable Daniel Carey, M.D.  
Members, State Board of Behavioral Health and Developmental Services  
Marvin B. Figueroa  
Alison Land  
Heidi R. Dix

## TABLE OF CONTENTS

<b><i>Introduction</i></b>	<b>5</b>
<i>Board Membership</i>	5
<i>Review of Statutory Authority</i>	6
<b><i>FY 2018 Accomplishments</i></b>	<b>7</b>
<i>Area of Responsibility-A: Policy Development and Monitoring</i>	7
<i>Area of Responsibility-B: Ensure the Development of Programs and Plans</i>	7
<i>Area of Responsibility-C: Review and Comment on All Budgets and Requests</i>	7
<i>Area of Responsibility-D: Adopt Regulations</i>	8
<i>Area of Responsibility-E: Communication, Coordination &amp; Collaboration</i>	8
<b><i>Summary and Next Steps</i></b>	<b>8</b>
<b><i>Appendices</i></b>	<b>9</b>
<i>Appendix A: List of Current State Board Policies</i>	9
<i>Appendix B: 2018<sup>9</sup> Annual Regulatory Status Report</i>	11
<i>Appendix C: 2019<sup>20</sup> Meeting Schedule</i>	14

Information about the Board can be found at this link:  
<http://www.dbhds.virginia.gov/about-dbhds/Boards-Councils/state-board-of-BHDS>



## INTRODUCTION

### Board Membership

The State Board of Behavioral Health and Developmental Services is established by § 37.2-200 of the *Code of Virginia* as a policy board in the executive branch of Virginia government as defined in § 2.2-2100. Citizen board members are appointed by the Governor and subject to confirmation by the General Assembly. Terms are for four years each, except appointments to fill vacancies. Members may be reappointed; however, no member may serve more than two full four-year terms.

The Board held ~~four~~ five meetings in ~~2018~~ 2019 to effectively address policy, regulatory, and systems change issues as follows:

- February 25, Richmond
- April ~~9-10-11~~, ~~Virginia Beach~~ Fairfax County
- July ~~10-11-17~~, Richmond City
- October ~~3-8-9~~, ~~Roanoke~~ Staunton
- December ~~4-5~~, Richmond City

Board membership consists of nine non-legislative citizen members. The Board is required to have individuals receiving services and family members, one local elected ~~local~~ government official, one psychiatrist licensed to practice in Virginia, and four citizens at large. -The current membership of the Board meets the statutory criteria and is constituted as follows:

#### Current Membership:

- Paula N. Mitchell, Roanoke, Chair;
- Elizabeth Hilscher, Richmond, ~~City~~, Vice-Chair;
- Jack Bruggeman, ~~Vienna~~ Fairfax County;
- Dr. Varun Choudhary MD, MA, DFAPA, Henrico;
- Rebecca Graser, ~~Warsaw~~ Richmond County;
- ~~Calendria Jones~~ Jerome Hughes, Richmond Prince William;
- Moira Mazzi, ~~Alexandria~~ Fairfax County;
- The Hon. Djuna Osborne, Roanoke City; and
- Sandra Price-Stroble, Harrisonburg.

#### Members who rotated off in ~~2018~~ 2019:

- ~~The Hon. Amelia Ross Hammond, Virginia Beach;~~
- ~~Dr. James Reinhard MD, Blacksburg; and~~
- ~~Jennifer Spangler, Midlothian~~ Calendria Jones, Richmond City.

The current Board membership consists of individuals who have been appointed as early as 2012, with the most recent appointment made in ~~November~~ October 2019~~8~~.

## Review of Statutory Authority

### State Board of Behavioral Health and Developmental Services (§ 37.2-200).

A. The State Board of Behavioral Health and Developmental Services is established as a policy board ...in the executive branch of government.

D. ...The Board shall meet quarterly and at such other times as it deems proper. ...The meetings of the Board shall be held at the call of the chairman or whenever the majority of the members so request....

E. The chairman of the Board shall submit to the Governor and the General Assembly an annual executive summary of the activity and work of the Board no later than the first day of each regular session of the General Assembly.

### Classification of executive branch boards, commissions and councils (§2.2-2100).

"Policy" - A board, commission or council shall be classified as policy if it is specifically charged by statute to promulgate public policies or regulations. It may also be charged with adjudicating violations of those policies or regulations. Specific functions of the board, commission or council may include, but are not limited to, rate setting, distributing federal funds, and adjudicating regulatory or statutory violations, but each power shall be enumerated by law. Policy boards, commissions or councils are not responsible for supervising agencies or employing personnel. They may review and comment on agency budget requests.

### Powers and duties of the Board (§ 37.2-203).

1. To develop and establish programmatic and fiscal policies governing the operation of state hospitals, training centers, community services boards, and behavioral health authorities;
2. To ensure the development of long-range programs and plans for mental health, developmental, and substance abuse services provided by the Department, community services boards, and behavioral health authorities;
3. To review and comment on all budgets and requests for appropriations for the Department prior to their submission to the Governor and on all applications for federal funds;
4. To monitor the activities of the Department and its effectiveness in implementing the policies of the Board;
5. To advise the Governor, Commissioner, and General Assembly on matters relating to mental health, developmental, and substance abuse services;
6. To adopt regulations that may be necessary to carry out the provisions of this title and other laws of the Commonwealth administered by the Commissioner or the Department;
7. To ensure the development of programs to educate citizens about and elicit public support for the activities of the Department, community services boards, and behavioral health authorities;
8. To ensure that the Department assumes the responsibility for providing for education and training of school-age individuals receiving services in state facilities, pursuant to § 37.2-312;
9. To change the names of state facilities; and
10. To adopt regulations that establish the qualifications, education, and experience for registration of peer recovery specialists by the Board of Counseling.

Additional Responsibilities (State Board of BHDS Bylaws Article 6 – Powers and duties of the Board).  
The Board shall appoint members of the State Human Rights Committee pursuant to §37.2-204 of the Code of Virginia. The Board may appoint other advisory councils or committees, as it deems necessary or appropriate.

## **2019~~8~~ ACCOMPLISHMENTS**

The Board utilizes a framework of five areas of statutory responsibility as an organizational structure for planning.

### **Area of Responsibility-A: Policy Development and Monitoring (Powers & Duties 1 & 4)**

These duties are addressed by the Board’s Policy Development and Evaluation Committee through the State Board Policy 2010 (ADM ST BD) 88-2 *Policy Development and Evaluation*. All Board policies are accessible online (<http://www.dbhds.virginia.gov/about-dbhds/Boards-Councils/state-board-of-BHDS/bhds-policies>). See the list of current State Board policies with the last review date attached as Appendix A.

In 2019, the Policy and Evaluation Committee sent out the following policies for public comment. These policies will be acted on in 2020.

- Policy 1028 (SYS) 90-1 Human Resource Development
- Policy 2011 (ADM ST BD) 88-3 Naming of Buildings, Rooms and Other Areas at State Facilities
- Policy 3000 (CO) 74-10 Department Employee Appointments to Community Services Board
- Policy 6005 (FIN) 94-2 Retention of Unspent State Funds by Community Services Boards
- Policy 4010 (CSB) 83-6 Local Matching Requirements for Community Services Boards
- Policy 2011 (ADM ST BD) 88-3 Naming of Buildings, Rooms and Other Areas at State Facilities
- Policy 3000 (CO) 74-10 Department Employee Appointments to Community Services Boards
- Policy 1042 (SYS) 07-1 Primary Health Care

**Policy 1028 (SYS) 90-1 Human Resource Development**

**Policy 2011 (ADM ST BD) 88-3 Naming of Buildings, Rooms and Other Areas at State Facilities**

**Policy 3000 (CO) 74-10 Department Employee Appointments to Community Services Board**

**Policy 6005 (FIN) 94-2 Retention of Unspent State Funds by Community Services Boards**

**Policy 4010 (CSB) 83-6 Local Matching Requirements for Community Services Boards**

### **Area of Responsibility-B: Ensure the Development of Programs and Plans (Powers & Duties 2)**

In accordance with § 37.2-315 of the *Code of Virginia*, the Department produces and biennially updates a comprehensive six year plan that identifies services and supports needs of individuals with mental health or substance use disorders or developmental disabilities; proposes strategies to meet those needs; and defines resource requirements for behavioral health and developmental services. The Department is currently involved in developing a long term strategic plan. State Board members received an update on the development of this plan in July. In October, the Planning and Budget Committee received further detail on the development of the plan, and the Acting Commissioner presented on the plan in the full Board meeting.

### **Area of Responsibility-C: Review and Comment on All Budgets and Requests (Powers & Duties 3)**

The Board Bylaws (*Article 7 – Committees, A.2.b. Planning and Budget Committee Powers and Duties*) states that the Planning and Budget Review Committee shall ensure development of long-range plans and budgets. The Board heard from agency staff and Acting Commissioner Signer about agency budget submissions at its December meeting. The Board sent a letter to the Governor earlier in the year expressing their priorities which are also included in the cover letter to this report.

### **Area of Responsibility-D: Adopt Regulations (Powers & Duties 6)**

These duties are addressed by the full Board. See the list of regulatory actions in Appendix B Status and Pending Action on Board Regulations.

### **Area of Responsibility-E: Communication, Coordination and Collaboration (Powers & Duties 5,7,8,9 & Art.6 b)**

These duties are addressed by the full Board. Within the DBHDS system, members of the Board attend meetings in different localities and serve as liaisons to regions. The Board received information on its stated priorities. In order to address and fulfill its duties and responsibilities, the Board continued revision of current policies, and maintained internal mechanisms to ensure appropriate levels of engagement and information were in place for all areas of Board responsibility.

New assignments of liaison areas were reviewed as new board members were appointed. The Board also appointed membership to the State Human Rights Committee (SHRC).

### **SUMMARY AND NEXT STEPS**

The Board will continue to work with staff and other interested individuals to identify relevant issues that it should address in policy in the future, in conjunction with ongoing review of all existing policies on a scheduled basis.

**Appendix A: List of Current State Board Policies (November 2018)**

**Six Year Policy Review Schedule**

<u>Policy Number</u>	<u>Policy Name</u>	<u>Last Review Date</u>	<u>Next Scheduled Review Due</u>
<b>#1000 (SYS) --- SYSTEM MISSION AND DIRECTION</b>			
1004(SYS)83-7	Prevention Services	7/23/14	July 2020
1007(SYS)86-2	Behavioral Health and Developmental Services for Children and Adolescents and Their Families	4/5/2017	Spring 2023
1008(SYS)86-3	Services for Older Adults with Mental Illness, Mental Retardation, or Substance Use Disorders	7/23/2013	Summer 2019
1010(SYS)86-7	Board Role in the Development of the Department's Comprehensive State Plan for Mental Health, Mental Retardation and Substance Abuse Services	4/3/07	July 2020
1015(SYS)86-22	Services for Individuals with Co-occurring Disorders	10/7/16	Fall 2022
1016(SYS)86-23	Policy Goal of the Commonwealth for a Comprehensive, Community-Based System of Services	12/4/12	Underway
1021(SYS)87-9	Core Services	10/7/16	Fall 2022
1023(SYS)89-1	Workforce Cultural and Linguistic Competency	6/3/08	July 2020
1028(SYS)90-1	Human Resource Development	4/27/11	Underway
1030(SYS)90-3	Consistent Collection and Utilization of Data in State Facilities and Community Services Boards	4/9/2013	Spring 2019
1034(SYS)05-1	Partnership Agreement	12/4/12	Fall 2018
1035(SYS)05-2	Single Point of Entry and Case Management Services	7/23/13	Underway
1036(SYS)05-3	Vision Statement	12/1/16	Fall 2022
1038(SYS)06-1	The Safety Net of Public Services	12/6/13	Fall 2019
1039(SYS)06-2	Availability of Minimum Core Services	7/23/2013	Summer 2019
1040(SYS)06-3	Consumer and Family Member Involvement and Participation	7/23/2013	Summer 2019
1041(SYS)06-4	Services for Individuals with Mental Illnesses, Mental Retardation, or Substance Use Disorders Who are at Imminent Risk of Becoming Involved with the Criminal Justice System	12/6/13	Fall 2019
1042(SYS)07-1	Primary Health Care	12/6/13	Underway
1043(SYS)08-1	Disaster Preparedness	7/23/14	July 2020
1044(SYS)12-1	Employment First	12/4/12	Fall 2019

*Table continued next page....*

<b>#2000 (ADM ST BD) --- ADMINISTRATION</b>			
2010 (ADM ST BD) 10-1	Review and Comment on BHDS Budget Priorities (6001(FIN)86-1)	4/6/2018	Spring 2024
2011(ADM)88-3	Naming of Buildings, Rooms and Other Areas at State Facilities	12/6/11	Underway
<b>#3000 (C O) --- CENTRAL OFFICE</b>			
3000(CO)74-10	Department Employee Appointments to Community Services Boards	12/6/11	Underway
<b>#4000 (CSB) --- COMMUNITY SERVICES BOARDS/COMMUNITY PROGRAMS</b>			
4010(CSB)83-6	Local Match Requirements for Community Services Boards	10/7/16	Fall 2022
4018(CSB)86-9	Community Services Board Performance Contracts	10/7/08	Fall 2014
4023(CSB)86-24	Housing Supports	7/12/17	Summer 2023
4037(CSB)91-2	Early Intervention Services for Infants and Toddlers with Disabilities and Their Families	12/8/09	Rescinded
4038(CSB)94-1	Department and CSB Roles in Providing Services to Children Under the Comprehensive Services Act for At-Risk Youth and Families	12/8/09	Fall 2023
<b>#5000 (FAC) --- STATE MENTAL HEALTH AND MENTAL RETARDATION FACILITIES</b>			
5006(FAC)86-29	Razing of Dilapidated Buildings	4/6/2018	Spring 2024
5008(FAC)87-12	Accreditation/Certification	4/6/2018	Spring 2024
5010(FAC)00-1	State Facility Uniform Clinical and Operational Policies and Procedures	4/6/2018	Spring 2024
<b>#6000 (FIN) --- FINANCIAL MANAGEMENT</b>			
6005(FIN)94-2	Retention of Unspent State Funds by Community Services Boards	7/17/2019	Summer 2025

Appendix B: 2019 Annual Regulatory Status Report (November 2019)

**REGULATORY ACTIVITY: 2019 ACTION TAKEN**

<b>Board</b>		<b>STATE BOARD OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES</b>		
<b>VAC CITATION</b>	<b>CHAPTER TITLE (FULL TITLE)</b>	<b>REGULATIONS IN PROCESS</b>		
		<b>PURPOSE</b>	<b>STAGE</b>	<b>STATUS</b>
<u>12 VAC 35-105</u> Certain sections.	<b>Rules and Regulations for Licensing Facilities and Providers of Mental Health, Mental Retardation and Substance Abuse Services</b>	Adding 'Licensed Psychiatric/Mental Health Nurse Practitioner' to the Definition of LMHP	<ul style="list-style-type: none"> <li><i>Fast Track</i></li> </ul>	<ul style="list-style-type: none"> <li>This regulation became effective on February 21, 2019.</li> </ul>
<u>12 VAC 35-105</u> Certain sections.	<i>same</i>	Compliance with Virginia's Settlement Agreement with US DOJ	<ul style="list-style-type: none"> <li><i>Emergency/NOIRA</i></li> <li><i>Standard</i></li> </ul>	<ul style="list-style-type: none"> <li>A request for extension was made December 11, 2019, for the emergency regulation that expires February 29, 2020.</li> <li>The standard action was filed for Executive Branch review for the proposed stage on March 1, 2019. The proposed stage was approved on October 15, 2019, with a public comment from November 11, 2019 – January 10, 2020.</li> </ul>
<u>12 VAC 35-105</u> All sections.	<i>same</i>	To provide specific standards for licensing of organizations and facilities that provide behavioral health and developmental disability services.		<ul style="list-style-type: none"> <li>As a response to periodic review (closed December 15, 2017), an initial draft of a new general chapter was developed by August, a regulatory advisory panel was organized and met twice (September and October), and a 30-day public comment forum ended October 31, 2019. A revised draft is under internal review.</li> </ul>
<u>12 VAC 35-105</u> Certain sections.	<i>same</i>	In accordance with Chapter 136 of the 2017 General Assembly to add OTs, OTAs, and editing definitions of QMHP, QMRP, Paraprofessionals.	<ul style="list-style-type: none"> <li><i>Standard</i></li> </ul>	<ul style="list-style-type: none"> <li>This regulation became effective on June 15, 2019.</li> </ul>
<u>12 VAC 35-105</u> Certain sections.	<i>same</i>	Allowing a grace period for documentation of ISPs	<ul style="list-style-type: none"> <li><i>Standard</i></li> </ul>	<ul style="list-style-type: none"> <li>The proposed stage was filed for Executive Branch review on July 18, 2019, and that reached the Governor's Office on November 17, 2019.</li> </ul>

<u>12 VAC 35-105</u> <i>NEW</i> Section 435.	<i>same</i>	In accordance with Chapter 776 of the 2019 General Assembly, to require a provider statement to any other provider when a criminal history background check is required.	<ul style="list-style-type: none"> <li>• <i>Fast Track</i></li> </ul>	<ul style="list-style-type: none"> <li>• This action was filed for Executive Branch review on July 25, 2019, and reached the Secretary of Health and Human Resources Office on October 8, 2019.</li> </ul>
<u>12 VAC 35-105</u> Certain sections.	<i>same</i>		<ul style="list-style-type: none"> <li>• <i>Petitions for Rulemaking</i></li> </ul>	<ul style="list-style-type: none"> <li>• Two petitions for rulemaking were filed by the same petition on August 14 and August 27, 2019. A decision to take no action was filed for each on October 17, 2019.</li> </ul>
<u>12 VAC 35-180</u>	<b>Regulations to Assure the Protection of Participants in Human Research</b>	To define policy and review requirements to protect individuals with mental illness, mental retardation, and substance abuse or dependence problems who are participants in human research performed by facilities or programs operated, funded, or licensed by the department.	<ul style="list-style-type: none"> <li>• <i>Fast Track</i></li> </ul>	<ul style="list-style-type: none"> <li>• This action was filed for Executive Branch review on October 10, 2018. The Governor's Office review was started April 14, 2019.</li> </ul>
<u>12 VAC 35-210</u>	<b>Regulations to Govern Temporary Leave from State Mental Health and Mental Retardation Facilities</b>	To establish the general process and requirements related to temporary leave from state facilities, including the conditions for granting leave.	<ul style="list-style-type: none"> <li>• <i>Fast Track</i></li> </ul>	<ul style="list-style-type: none"> <li>• As a result of periodic review, the fast track action became effective February 21, 2019.</li> </ul>
<u>12 VAC 35-225</u>	<b>Requirements for Virginia's Early Intervention System</b>	To provide the requirements for Virginia's early intervention services system that are designed to protect the health, safety, and welfare of children with disabilities from birth through the age of two and their families to ensure access to appropriate early intervention services.	<ul style="list-style-type: none"> <li>• <i>Periodic Review</i></li> </ul>	<ul style="list-style-type: none"> <li>• Initiated October 10, 2019, with a public comment forum held November 11 – December 2, 2019.</li> </ul>
<u>12 VAC 35-230</u>	<b>Operation of the Individual and Family Support Program</b>	To assist individuals with developmental disabilities (DD) who are on a waiting list for waiver services and their family members access needed person-centered and family-centered resources, supports, services and other assistance as approved by the department.	<ul style="list-style-type: none"> <li>• <i>Periodic Review</i></li> </ul>	<ul style="list-style-type: none"> <li>• The decision to retain as is was filed on January 17, 2019.</li> </ul>
<u>12VAC35-250</u>	<b>Peer Recovery Specialist Certification</b>	To establish certification requirements for peer recovery specialists (Item 311.B. of the <i>2016 Appropriation Act</i> ).	<ul style="list-style-type: none"> <li>• <i>Standard</i></li> </ul>	<ul style="list-style-type: none"> <li>• This new regulation became effective on March 6, 2019.</li> </ul>
<u>12 VAC 35-270</u> <i>NEW</i>	<b>Certified Recovery Residences</b>	In accordance with Chapter 220 of the 2019 General Assembly, to establish	<ul style="list-style-type: none"> <li>• <i>Fast Track</i></li> </ul>	<ul style="list-style-type: none"> <li>• Prior to official submission, a draft was published for comment in a</li> </ul>



		certification of recovery residences.		forum ending on May 9, 2019. This new regulation was filed for Executive Branch review on August 16, 2019. The Secretary of Health and Human Resources Review started on November 17, 2019.
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**Appendix C: 2020 Meeting Schedule**

**State Board of Behavioral Health and Developmental Services**

**2020 MEETING SCHEDULE**

<b>DATE</b>	<b>Location</b>
<b>April: 2 (Thurs)</b>	Piedmont Geriatric Hospital (PGH) <b>Crewe</b>
<b>July: 15 (Wed)</b>	Central Office, DBHDS <b>Richmond</b>
<b>Oct: 14 (Wed)</b>	Southwestern Virginia Mental Health Institute (SWVMHI) <b>Marion</b>
<b>Dec: 2 (Wed)</b>	Central Office, DBHDS <b>Richmond</b>

## State Board Budget Report

As of November 26, 2019

	<u>Operating Costs</u>	<u>Budget</u>	<u>Actual</u>	<u>Balance</u>
12240	Workshops/Conferences	2,095.00		2,095.00
12270	Employee Training	1,000.00	155.76	844.24
12640	Foods Services	1,000.00	1,270.00	-270
12820	Travel Personal Vehicle	5,000.00	263.82	4,736.18
12850	Travel Sub-lodging	5,000.00	219.05	4,780.95
12880	Travel-Meals	3,600.00	91.5	3,508.50
13120	Ofc Supp	205		205
14130	Premiums	100		100
		<hr/>		
		18,000.00	2000.13	15,999.47

## EVENT SCHEDULE

Tuesday - Wednesday, December 10-11, 2019

<b>Tuesday, Dec 10<sup>th</sup></b>	<b><u>INFORMAL DINNER</u></b>
<b><u>5:45 p.m.</u></b>	<b>Board members are checked in at the hotel and ready to travel to the dinner location. The hotel shuttle will be provided to take out of town members to the location.</b>
<b><u>6:00 – 7:45 p.m.</u></b>	<b>Informal dinner at location to be announced. No business will be discussed. Attendees: State Board Members, Central Office Staff.</b>
<b><u>8:00 p.m.</u></b>	<b>Arrive at Hotel.</b>
<b>Wednesday, Dec 11<sup>th</sup></b>	<b><u>REGULAR BOARD MEETING SCHEDULE</u></b>
	DBHDS CENTRAL OFFICE, JEFFERSON BUILDING 13 <sup>TH</sup> FLOOR LARGE CONFERENCE ROOM 1220 BANK STREET RICHMOND, VA 23219
<b><u>8:30 a.m.</u></b>	<b>Concurrent Committee Meetings (see top of Agenda, p.1 for rooms)</b>
<b><u>9:30 a.m.</u></b>	<b>Regular Meeting at 9:30 a.m. – 2:00 p.m.</b>
<b><u>2:00 p.m.</u></b>	<b>Adjournment</b>

For those members staying overnight, this page has **driving directions to the:**

**Omni Hotel** – Richmond Downtown  
100 S 12th St, Richmond, VA, US, 23219  
Hotel Front Desk: 1-(804) 344-7000

**\*NOTE: TOLL\***

- **DIRECTIONS FROM THE NORTH OR SOUTH – VIA I-95 NORTH OR SOUTH**  
On I-95 South, take Exit 74A onto I-195 (toll road). Then take the Canal Street exit and pay the toll (\$0.30). Turn right onto 10th Street. Turn right at the light onto Cary Street. For valet parking, take an immediate right onto 12th Street and into the hotel motor entrance.
- **DIRECTIONS FROM THE EAST – VIA I-64 WEST**  
Take I-64 West to Exit 190 merging onto I-95 South. Follow the directions above.
- **DIRECTIONS FROM THE WEST – VIA I-64 EAST**  
Take I-64 East to I-95 South. From I-95, take Exit 74A. Follow the directions above.
- For electronic mapping to the hotel: <https://www.omnihotels.com/hotels/richmond/property-details/directions>

**DIRECTIONS to State Board of BHDS Meeting**  
**9:30 a.m. Wednesday, December 11, 2019**  
Department of Behavioral Health and Developmental Services, Jefferson Building,  
13th Floor Large Conference Room, 1220 Bank Street, Richmond, VA 23219

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**Time:** The two committee meetings begin at 8:30 a.m., and the Regular Board Meeting at 9:30 a.m.  
See the agenda for details (p.1).

**Regular Meeting Location:** DBHDS Central Office, Jefferson Building  
13<sup>th</sup> Floor Large Conference Room  
1220 Bank Street  
Richmond, VA 23219

**DIRECTIONS: THIS PAGE HAS DRIVING DIRECTIONS TO THE DBHDS CENTRAL OFFICE.**

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This page has **driving directions from your location to the DBHDS Central Office in the Jefferson Building**, 1220 Bank Street, Richmond, VA. Below are general directions based on your starting point. Use [Map It](#) or [bring](#) for detailed directions from your address or view a [Capitol area site plan](https://dgs.virginia.gov/onthesquareVA/resources/capitol-square-map/) (<https://dgs.virginia.gov/onthesquareVA/resources/capitol-square-map/>) that you can adjust for magnification.

***FROM I-64 EAST AND WEST OF RICHMOND***

- Driving on I-64 towards Richmond, get onto I-95 South and continue into the downtown area on I-95.
- Take Exit 74B, Franklin Street.

***FROM I-95 NORTH OF RICHMOND***

- Continue south on I-95 into the downtown area.
- Take Exit 74B, Franklin Street.

***FROM I-95 SOUTH OF RICHMOND***

- Cross the bridge over the James River.
- Exit to your Right on exit 74C– Route 360 (17th Street is one-way) and continue to Broad Street.
- Turn Right onto Broad Street
- Turn Left onto 14th Street (first light after crossing over I-95)

***CONTINUE DOWNTOWN - DIRECTIONS AFTER EXITING I-95***

- Turn Right onto Franklin Street at the traffic light at the bottom of the exit.
- Cross through the next light at 14th Street (Franklin Street becomes Bank Street)
- Look for on-street meter parking in the block between 14th and 13th Streets.
- If you find parking on this block, walk to the corner of Bank and 13th/Governor Streets.

*If you do not see parking on this block:*

- Turn Left onto 13th Street, Left onto Main, and Right onto 15th Street.
- The first Right off of 15th Street is the entrance to an honor park lot.
- Get to our building by walking WEST on Main Street, go Right onto 13th, and we are one block up 13th Street.
- Other parking options are available. View the RideFinders [parking lot address list and parking fee table](#).

DBHDS is in the Jefferson Building on the south-east corner of Capitol Square, at the intersection of 13th/Governor Street and Bank Street.

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HEALTH AND DEVELOPMENTAL  
SERVICES

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P.O. BOX 1797  
RICHMOND, VA 23218-1797

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# COMMONWEALTH of VIRGINIA

## DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

Post Office Box 1797  
Richmond, Virginia 23218-1797

**November 12, 2019**

**To: Members, State Board of Behavioral Health and Developmental Services**

**Fr: Ruth Anne Walker, Director  
Regulatory Affairs**

**Re: Special Notice: Consideration of Amendments to the Bylaws on December 11, 2019**

The purpose of the enclosed draft amendments to the State Board Bylaws is to address a change to the Virginia Freedom of Information Act (FOIA) during the 2019 Session of the Virginia General Assembly (Chapter 359, enclosed), and to update terminology to reflect previous changes to the description of services in Title 37.2-100 ('developmental').

I am sending the draft amendments under separate cover from the regular meeting packet in accordance with Article 9.b. of the State Board Bylaws which requires that members must receive the amendments in a special notice at least 30 days prior to action.

Thank you for giving the enclosed draft your consideration between now and the meeting on December 11, 2019. I hope you will consider them to be *pro forma* and noncontroversial.

Again, thank you and I look forward to seeing you in Richmond in four weeks.

Cc: Mira Signer  
Heidi Dix

Enclosures

## CHAPTER 359

*An Act to amend and reenact § 2.2-3708.2 of the Code of Virginia, relating to meetings held through electronic communications means under the Virginia Freedom of Information Act.*

[S 1182]

Approved March 12, 2019

Be it enacted by the General Assembly of Virginia:

1. That § [2.2-3708.2](#) of the Code of Virginia is amended and reenacted as follows:

§ [2.2-3708.2](#). Meetings held through electronic communication means.

A. The following provisions apply to all public bodies:

1. Subject to the requirements of subsection C, all public bodies may conduct any meeting wherein the public business is discussed or transacted through electronic communication means if, on or before the day of a meeting, a member of the public body holding the meeting notifies the chair of the public body that:

a. Such member is unable to attend the meeting due to a temporary or permanent disability or other medical condition that prevents the member's physical attendance; or

b. Such member is unable to attend the meeting due to a personal matter and identifies with specificity the nature of the personal matter. Participation by a member pursuant to this subdivision is limited each calendar year to two meetings.

2. If participation by a member through electronic communication means is approved pursuant to subdivision 1, the public body holding the meeting shall record in its minutes the remote location from which the member participated; however, the remote location need not be open to the public. If participation is approved pursuant to subdivision 1 a, the public body shall also include in its minutes the fact that the member participated through electronic communication means due to a temporary or permanent disability or other medical condition that prevented the member's physical attendance. If participation is approved pursuant to subdivision 1 b, the public body shall also include in its minutes the specific nature of the personal matter cited by the member.

If a member's participation from a remote location pursuant to subdivision 1 b is disapproved because such participation would violate the policy adopted pursuant to subsection C, such disapproval shall be recorded in the minutes with specificity.

3. Any public body may meet by electronic communication means without a quorum of the public body physically assembled at one location when the Governor has declared a state of emergency in accordance with § [44-146.17](#), provided that (i) the catastrophic nature of the declared emergency makes it impracticable or unsafe to assemble a quorum in a single location and (ii) the purpose of the meeting is to address the emergency. The public body convening a meeting in accordance with this subdivision shall:

a. Give public notice using the best available method given the nature of the emergency, which notice shall be given contemporaneously with the notice provided to members of the public body conducting the meeting;

b. Make arrangements for public access to such meeting; and

c. Otherwise comply with the provisions of this section.

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.

B. The following provisions apply to regional public bodies:

1. Subject to the requirements in subsection C, regional public bodies may also conduct any meeting wherein the public business is discussed or transacted through electronic communication means if, on the day of a meeting, a member of a regional public body notifies the chair of the public body that such

member's principal residence is more than 60 miles from the meeting location identified in the required notice for such meeting.

2. If participation by a member through electronic communication means is approved pursuant to this subsection, the public body holding the meeting shall record in its minutes the remote location from which the member participated; however, the remote location need not be open to the public.

If a member's participation from a remote location is disapproved because such participation would violate the policy adopted pursuant to subsection C, such disapproval shall be recorded in the minutes with specificity.

C. Participation by a member of a public body in a meeting through electronic communication means pursuant to ~~subsections A~~ **subdivisions A 1 and 2 and subsection B** shall be authorized only if the following conditions are met:

1. The public body has adopted a written policy allowing for and governing participation of its members by electronic communication means, including an approval process for such participation, subject to the express limitations imposed by this section. Once adopted, the policy shall be applied strictly and uniformly, without exception, to the entire membership and without regard to the identity of the member requesting remote participation or the matters that will be considered or voted on at the meeting;
2. A quorum of the public body is physically assembled at one primary or central meeting location; and
3. The public body makes arrangements for the voice of the remote participant to be heard by all persons at the primary or central meeting location.

D. The following provisions apply to state public bodies:

1. Except as provided in subsection D of § [2.2-3707.01](#), state public bodies may also conduct any meeting wherein the public business is discussed or transacted through electronic communication means, provided that (i) a quorum of the public body is physically assembled at one primary or central meeting location, (ii) notice of the meeting has been given in accordance with subdivision 2, and (iii) members of the public are provided a substantially equivalent electronic communication means through which to witness the meeting. For the purposes of this subsection, "witness" means observe or listen.

If a state public body holds a meeting through electronic communication means pursuant to this subsection, it shall also hold at least one meeting annually where members in attendance at the meeting are physically assembled at one location and where no members participate by electronic communication means.

2. Notice of any regular meeting held pursuant to this subsection shall be provided at least three working days in advance of the date scheduled for the meeting. Notice, reasonable under the circumstance, of special, emergency, or continued meetings held pursuant to this section shall be given contemporaneously with the notice provided to members of the public body conducting the meeting. For the purposes of this subsection, "continued meeting" means a meeting that is continued to address an emergency or to conclude the agenda of a meeting for which proper notice was given.

The notice shall include the date, time, place, and purpose for the meeting; shall identify the primary or central meeting location and any remote locations that are open to the public pursuant to subdivision 4; shall include notice as to the electronic communication means by which members of the public may witness the meeting; and shall include a telephone number that may be used to notify the primary or central meeting location of any interruption in the telephonic or video broadcast of the meeting. Any interruption in the telephonic or video broadcast of the meeting shall result in the suspension of action at the meeting until repairs are made and public access is restored.

3. A copy of the proposed agenda and agenda packets and, unless exempt, all materials that will be distributed to members of a public body for a meeting shall be made available for public inspection at the same time such documents are furnished to the members of the public body conducting the meeting.



4. Public access to the remote locations from which additional members of the public body participate through electronic communication means shall be encouraged but not required. However, if three or more members are gathered at the same remote location, then such remote location shall be open to the public.

5. If access to remote locations is afforded, (i) all persons attending the meeting at any of the remote locations shall be afforded the same opportunity to address the public body as persons attending at the primary or central location and (ii) a copy of the proposed agenda and agenda packets and, unless exempt, all materials that will be distributed to members of the public body for the meeting shall be made available for inspection by members of the public attending the meeting at any of the remote locations at the time of the meeting.

6. The public body shall make available to the public at any meeting conducted in accordance with this subsection a public comment form prepared by the Virginia Freedom of Information Advisory Council in accordance with § [30-179](#).

7. Minutes of all meetings held by electronic communication means shall be recorded as required by § [2.2-3707](#). Votes taken during any meeting conducted through electronic communication means shall be recorded by name in roll-call fashion and included in the minutes. For emergency meetings held by electronic communication means, the nature of the emergency shall be stated in the minutes.

8. Any authorized state public body that meets by electronic communication means pursuant to this subsection shall make a written report of the following to the Virginia Freedom of Information Advisory Council by December 15 of each year:

a. The total number of meetings held that year in which there was participation through electronic communication means;

b. The dates and purposes of each such meeting;

c. A copy of the agenda for each such meeting;

d. The primary or central meeting location of each such meeting;

e. The types of electronic communication means by which each meeting was held;

f. If possible, the number of members of the public who witnessed each meeting through electronic communication means;

g. The identity of the members of the public body recorded as present at each meeting, and whether each member was present at the primary or central meeting location or participated through electronic communication means;

h. The identity of any members of the public body who were recorded as absent at each meeting and any members who were recorded as absent at a meeting but who monitored the meeting through electronic communication means;

i. If members of the public were granted access to a remote location from which a member participated in a meeting through electronic communication means, the number of members of the public at each such remote location;

j. A summary of any public comment received about the process of conducting a meeting through electronic communication means; and

k. A written summary of the public body's experience conducting meetings through electronic communication means, including its logistical and technical experience.

E. Nothing in this section shall be construed to prohibit the use of interactive audio or video means to expand public participation.

**§ 37.2-100. Definitions.**

As used in this title, unless the context requires a different meaning:

"Abuse" means any act or failure to act by an employee or other person responsible for the care of an individual in a facility or program operated, licensed, or funded by the Department, excluding those operated by the Department of Corrections, that was performed or was failed to be performed knowingly, recklessly, or intentionally, and that caused or might have caused physical or psychological harm, injury, or death to an individual receiving care or treatment for mental illness, developmental disabilities, or substance abuse. Examples of abuse include acts such as:

1. Rape, sexual assault, or other criminal sexual behavior;
2. Assault or battery;
3. Use of language that demeans, threatens, intimidates, or humiliates the individual;
4. Misuse or misappropriation of the individual's assets, goods, or property;
5. Use of excessive force when placing an individual in physical or mechanical restraint;
6. Use of physical or mechanical restraints on an individual that is not in compliance with federal and state laws, regulations, and policies, professionally accepted standards of practice, or his individualized services plan; and
7. Use of more restrictive or intensive services or denial of services to punish an individual or that is not consistent with his individualized services plan.

"Administrative policy community services board" or "administrative policy board" means the public body organized in accordance with the provisions of Chapter 5 (§ 37.2-500 et seq.) that is appointed by and accountable to the governing body of each city and county that established it to set policy for and administer the provision of mental health, developmental, and substance abuse services. The "administrative policy community services board" or "administrative policy board" denotes the board, the members of which are appointed pursuant to § 37.2-501 with the powers and duties enumerated in subsection A of § 37.2-504 and § 37.2-505. Mental health, developmental, and substance abuse services are provided through local government staff or through contracts with other organizations and providers.

"Behavioral health authority" or "authority" means a public body and a body corporate and politic organized in accordance with the provisions of Chapter 6 (§ 37.2-600 et seq.) that is appointed by and accountable to the governing body of the city or county that established it for the provision of mental health, developmental, and substance abuse services. "Behavioral health authority" or "authority" also includes the organization that provides these services through its own staff or through contracts with other organizations and providers.

"Behavioral health services" means the full range of mental health and substance abuse services.

"Board" means the State Board of Behavioral Health and Developmental Services.

"Commissioner" means the Commissioner of Behavioral Health and Developmental Services.

"Community services board" means the public body established pursuant to § 37.2-501 that provides mental health, developmental, and substance abuse services within each city and county that established it; the term "community services board" shall include administrative policy community services boards,

operating community services boards, and local government departments with policy-advisory community services boards.

"Department" means the Department of Behavioral Health and Developmental Services.

"Developmental disability" means a severe, chronic disability of an individual that (i) is attributable to a mental or physical impairment, or a combination of mental and physical impairments, other than a sole diagnosis of mental illness; (ii) is manifested before the individual reaches 22 years of age; (iii) is likely to continue indefinitely; (iv) results in substantial functional limitations in three or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, or economic self-sufficiency; and (v) reflects the individual's need for a combination and sequence of special interdisciplinary or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated. An individual from birth to age nine, inclusive, who has a substantial developmental delay or specific congenital or acquired condition may be considered to have a developmental disability without meeting three or more of the criteria described in clauses (i) through (v) if the individual, without services and supports, has a high probability of meeting those criteria later in life.

"Developmental services" means planned, individualized, and person-centered services and supports provided to individuals with developmental disabilities for the purpose of enabling these individuals to increase their self-determination and independence, obtain employment, participate fully in all aspects of community life, advocate for themselves, and achieve their fullest potential to the greatest extent possible.

"Facility" means a state or licensed hospital, training center, psychiatric hospital, or other type of residential or outpatient mental health or developmental services facility. When modified by the word "state," "facility" means a state hospital or training center operated by the Department, including the buildings and land associated with it.

"Family member" means an immediate family member of an individual receiving services or the principal caregiver of that individual. A principal caregiver is a person who acts in the place of an immediate family member, including other relatives and foster care providers, but does not have a proprietary interest in the care of the individual receiving services.

"Hospital," when not modified by the words "state" or "licensed," means a state hospital and a licensed hospital that provides care and treatment for persons with mental illness.

"Individual receiving services" or "individual" means a current direct recipient of public or private mental health, developmental, or substance abuse treatment, rehabilitation, or habilitation services and includes the terms "consumer," "patient," "resident," "recipient," or "client."

"Intellectual disability" means a disability, originating before the age of 18 years, characterized concurrently by (i) significant subaverage intellectual functioning as demonstrated by performance on a standardized measure of intellectual functioning, administered in conformity with accepted professional practice, that is at least two standard deviations below the mean and (ii) significant limitations in adaptive behavior as expressed in conceptual, social, and practical adaptive skills.

"Licensed hospital" means a hospital or institution, including a psychiatric unit of a general hospital, that is licensed pursuant to the provisions of this title.

"Mental health services" means planned individualized interventions intended to reduce or ameliorate mental illness or the effects of mental illness through care, treatment, counseling, rehabilitation, medical or psychiatric care, or other supports provided to individuals with mental illness for the purpose of enabling these individuals to increase their self-determination and independence, obtain remunerative employment, participate fully in all aspects of community life, advocate for themselves, and achieve their fullest potential to the greatest extent possible.

"Mental illness" means a disorder of thought, mood, emotion, perception, or orientation that significantly impairs judgment, behavior, capacity to recognize reality, or ability to address basic life necessities and requires care and treatment for the health, safety, or recovery of the individual or for the safety of others.

"Neglect" means failure by a person or a program or facility operated, licensed, or funded by the Department, excluding those operated by the Department of Corrections, responsible for providing services to do so, including nourishment, treatment, care, goods, or services necessary to the health, safety, or welfare of an individual receiving care or treatment for mental illness, developmental disabilities, or substance abuse.

"Operating community services board" or "operating board" means the public body organized in accordance with the provisions of Chapter 5 (§ 37.2-500 et seq.) that is appointed by and accountable to the governing body of each city and county that established it for the direct provision of mental health, developmental, and substance abuse services. The "operating community services board" or "operating board" denotes the board, the members of which are appointed pursuant to § 37.2-501 with the powers and duties enumerated in subsection A of § 37.2-504 and § 37.2-505. "Operating community services board" or "operating board" also includes the organization that provides such services, through its own staff or through contracts with other organizations and providers.

"Performance contract" means the annual agreement negotiated and entered into by a community services board or behavioral health authority with the Department through which it provides state and federal funds appropriated for mental health, developmental, and substance abuse services to that community services board or behavioral health authority.

"Policy-advisory community services board" or "policy-advisory board" means the public body organized in accordance with the provisions of Chapter 5 that is appointed by and accountable to the governing body of each city or county that established it to provide advice on policy matters to the local government department that provides mental health, developmental, and substance abuse services pursuant to subsection A of § 37.2-504 and § 37.2-505. The "policy-advisory community services board" or "policy-advisory board" denotes the board, the members of which are appointed pursuant to § 37.2-501 with the powers and duties enumerated in subsection B of § 37.2-504.

"Service area" means the city or county or combination of cities and counties or counties or cities that is served by a community services board or behavioral health authority or the cities and counties that are served by a state facility.

"Special justice" means a person appointed by a chief judge of a judicial circuit for the purpose of performing the duties of a judge pursuant to § 37.2-803.

"State hospital" means a hospital, psychiatric institute, or other institution operated by the Department that provides care and treatment for persons with mental illness.

"Substance abuse" means the use of drugs, enumerated in the Virginia Drug Control Act (§ 54.1-3400 et seq.), without a compelling medical reason or alcohol that (i) results in psychological or physiological dependence or danger to self or others as a function of continued and compulsive use or (ii) results in mental, emotional, or physical impairment that causes socially dysfunctional or socially disordering behavior and (iii), because of such substance abuse, requires care and treatment for the health of the individual. This care and treatment may include counseling, rehabilitation, or medical or psychiatric care.

"Training center" means a facility operated by the Department that provides training, habilitation, or other individually focused supports to persons with intellectual disability.

## State Board of Behavioral Health and Developmental Services

### Bylaws

#### Article 1 - Name

The name of this body shall be the State Board of Behavioral Health and Developmental Services, hereinafter referred to as the Board.

#### Article 2 - Authority

Section 37.2-200 of the Code of Virginia establishes the Board as a policy board, within the meaning of § 2.2-2100 of the Code of Virginia, in the executive branch of government.

#### Article 3 - Members

- a. **Composition of the Board, Qualifications, Appointment, and Term of Office of Members** - The composition of the Board and qualifications, appointment, and term of office of Board members shall be as provided in § 37.2-200 of the Code of Virginia.
- b. **Orientation of New Members** - All new members appointed to the Board shall receive an orientation that includes information about the roles and responsibilities of the Board; the committee structure and bylaws of the Board; the roles and responsibilities of the Department of Behavioral Health and Developmental Services, hereinafter referred to as the Department, state hospitals and training centers operated by the Department, hereinafter referred to as state facilities, and community services boards and behavioral health authorities; Title 37.2 of the Code of Virginia, which governs the operations of the Board and Department and the provision of mental health, ~~mental retardation~~ (developmental), and substance abuse services in Virginia; the Virginia Freedom of Information Act; and the State and Local Government Conflict of Interests Act.

#### Article 4 - Officers and Staff Support Provided to the Board

- a. **Officers of the Board** - The officers of the Board shall be the Chair and the Vice Chair. Officers shall perform the duties prescribed by these bylaws and by the parliamentary authority adopted by the Board.
- b. **Nominating and Election Procedure** - The Board Chair shall appoint a Nominating Committee of three members at the spring regular meeting each year. Each year the Committee shall offer its slate of candidates at the first regular meeting following the beginning of the state fiscal year. Before the election, additional nominations from the floor shall be permitted. Officers shall be elected by the Board from among its membership at its first regular meeting following the beginning of the state fiscal year and shall serve for a period of one year. Officers shall be eligible for re-election.
- c. **Chair** - The Chair shall be the presiding officer at all Board meetings, shall appoint the

members of all standing and special committees, and shall be an ex-officio member of all standing committees. In any votes of the Board, the Chair shall vote last. Upon request of the Board, the Chair shall act as its representative.

The Chair shall perform any additional duties imposed on the office by an act of the General Assembly or direction of the Board. The Chair shall work with the Commissioner of the Department or his designee to determine the types of Board meetings, agendas, reports, communications, and involvement that will enable Board members to carry out their powers, duties, and responsibilities.

The Chair may:

- Appoint members to serve on various task forces, committees, and other bodies on which representation of the Board is required or would be beneficial;
- Direct the Policy Development and Evaluation Committee to develop drafts of proposed policies and circulate those drafts for field review on behalf of the Board; and
- Assign other duties or responsibilities to standing committees.

The Chair shall notify the Board and the Department of these actions, which the Board shall review and, where appropriate, approve at its next regular meeting.

The Chair, pursuant to § 37.2-200 of the Code of Virginia, shall submit to the Governor and the General Assembly an annual executive summary of the activity and work of the Board no later than the first day of each regular session of the General Assembly.

- d. Vice Chair** - In the absence of the Chair at any meeting or in the event of the Chair's disability or of a vacancy in that office, all of the powers and duties of the Chair shall be vested in the Vice Chair. The Vice Chair also shall perform other duties imposed on him or her by the Board or the Chair.
- e. Secretary** - Section 37.2-200 of the Code of Virginia authorizes the Board to employ a secretary to assist in its administrative duties, including maintenance of minutes and records. The Secretary shall be selected by the full Board in consultation with the Commissioner or his designee, but the Secretary shall not be a member of the Board. The compensation of the Secretary shall be fixed by the Board within the specific limits of the appropriation made therefore by the General Assembly, and the compensation shall be subject to the provisions of Chapter 29 (§2.2-2905 et seq.) of Title 2.2 of the Code of Virginia. The Secretary shall perform the duties required by the Board and the Commissioner or his designee.

The Secretary shall be a member of the Department's staff and shall report to the Commissioner or his designee; however, the Secretary shall be responsible to the Board. The Secretary shall be supervised in his daily responsibilities by the Commissioner or his designee. The Board and the Commissioner or his designee shall evaluate the performance of the Secretary annually.

- f. Department Liaison to the Board** - The Commissioner shall designate a staff member to serve as the Department's liaison to the Board. The liaison shall coordinate the activities of

the Board; provide primary administrative, policy, and technical support to the Board; and orient new Board members.

## Article 5 - Meetings

- a. **Regular Meetings** - In accordance with § 37.2-200 of the Code of Virginia, the Board shall meet quarterly and at such other times as it deems proper. The Board at its first regular meeting following the beginning of the state fiscal year shall adopt an annual meeting schedule. Other regular meetings of the Board shall be held at the call of the Chair or whenever a majority of the members so request; however, when possible, no meetings will be scheduled during January or February.
- b. **Special Meetings** - The Chair, the Vice Chair in the event of the Chair's disability or of a vacancy in that office, or any three members of the Board may call special or emergency meetings of the Board at the dates, times, and places specified in the call for these meetings.
- c. **Biennial Planning Meeting** - The Board shall hold a biennial planning meeting in the summer of the year in which the biennial budget is developed.
- d. **Notice of Meetings and Public Hearings on Proposed Regulations**
  - (1) Notice of the date, time, and place of all regular Board meetings and all committee meetings shall be announced in advance by posting the notice electronically on the Commonwealth Calendar, as required by § 2.2-3707 of the Code of Virginia, and by written notice to Board members at least three days in advance of the date of the meeting.
  - (2) Any notices of Board meetings shall state that public comments will be received at the beginning of the meeting.
  - (3) A notice of the date, time, and place of all special or emergency meetings shall be posted electronically on the Commonwealth Calendar, as required by § 2.2-3707 of the Code of Virginia.
  - (4) When the Board determines that a public hearing on a proposed regulatory action is appropriate, the notice of the hearing shall be posted in accordance with the requirements of the Board's Public Participation Guidelines 12 VAC-35-12-100.
- e. **Quorum** - Five members shall constitute a quorum, as specified in § 37.2-200 of the Code of Virginia. The Board shall not conduct business without a quorum.
- f. **Attendance** - Each member shall be responsible for attending all Board meetings. Members shall notify the Chair or his designee of any anticipated absence. If a member fails to notify the Chair or his designee more than twice during a fiscal year that he is unable to attend a meeting, the Chair shall notify the member of his non-compliance with this provision of the bylaws. With the approval of the Board, the Chair may notify the Governor and request that the Governor remove that member and appoint a new member to fill the vacancy, as authorized by § 37.2-200 of the Code of Virginia.
- g. **Conduct of Business** - All meetings shall be conducted in accordance with the rules



contained in the current edition of Robert's Rules of Order Newly Revised, except as otherwise stated in these bylaws.

- h. **Public Comment** - The agenda for each meeting of the Board shall indicate that public comment will be received at the beginning of the meeting. Public comment will be subject to the time limitations deemed appropriate by the Chair.
- i. **Minutes** - Minutes shall be recorded at all regular and special or emergency Board meetings, as required by § 2.2-3707 of the Code of Virginia. The draft minutes shall be posted electronically on the Commonwealth Calendar as soon as possible but no later than 10 working days after the conclusion of the meeting. Final approved meeting minutes shall be posted within three working days of final approval of the minutes.
- j. **Electronic Meetings** – Members may participate through electronic communication means from a remote location that is not open to the public in the event of an emergency or personal matter, or temporary or permanent disability or other medical condition, or when a member is more than 60 miles from the primary meeting location. The electronic communication must be properly noticed and meet FOIA requirements, including that a quorum must be physically assembled at the primary or central meeting location and that the public body make arrangements for the voice of the remote participant to be heard by all persons at the primary or central meeting location. In accordance with § 2.2-3708.2 A.3, certain requirements shall not apply if a meeting is called when the Governor has declared a state of emergency.

## Article 6 - Powers and Duties of the Board

**Statutory Powers and Duties** - The Board shall have the following powers and duties, as authorized by § 37.2-203 of the Code of Virginia:

- (1) To develop and establish programmatic and fiscal policies governing the operation of state hospitals, training centers, community services boards, and behavioral health authorities;
- (2) To ensure the development of long-range programs and plans for mental health, developmental, and substance abuse services provided by the Department, community services boards, and behavioral health authorities;
- (3) To review and comment on all budgets and requests for appropriations for the Department prior to their submission to the Governor and on all applications for federal funds;
- (4) To monitor the activities of the Department and its effectiveness in implementing the policies of the Board;
- (5) To advise the Governor, Commissioner, and General Assembly on matters relating to mental health, developmental, and substance abuse services;
- (6) To adopt regulations that may be necessary to carry out the provisions of this title and other laws of the Commonwealth administered by the Commissioner or the Department;

- (7) To ensure the development of programs to educate citizens about and elicit public support for the activities of the Department, community services boards, and behavioral health authorities;
- (8) To ensure that the Department assumes the responsibility for providing for education and training of school-age individuals receiving services in state facilities, pursuant to § [37.2-312](#); and
- (9) To change the names of state facilities.

Prior to the adoption, amendment, or repeal of any regulation regarding substance abuse services, the Board shall, in addition to the procedures set forth in the Administrative Process Act (§ 2.2-4000 et seq. of the Code of Virginia), present the proposed regulation to the Substance Abuse Services Council, established pursuant to § 2.2-2696 of the Code of Virginia, at least 30 days prior to the Board's action for the Council's review and comment.

- a. **Appointments by the Board** -The Board shall appoint members of the State Human Rights Committee, pursuant to § 37.2-204 of the Code of Virginia, and the Prevention Promotion Advisory Council according to their respective bylaws. The Board may appoint other committees as it deems necessary or appropriate.

## Article 7 - Committees

- a. **Standing Committees** - The committee structure of the Board reflects the statutory duties of the Board. The standing committees of the Board shall be the:
  - Policy Development and Evaluation Committee,
  - Planning and Budget Committee, and
  - Grant Review Committee.

Standing committees shall report at each regular meeting of the Board, unless there has been no meeting or no action to report. The Board Chair shall appoint standing committee chairs, unless they are designated otherwise in these bylaws.

### (1) Policy Development and Evaluation Committee

- a. **Composition** - The Policy Development and Evaluation Committee shall consist of the Vice Chair and at least two other Board members appointed by the Board Chair. The Board Vice Chair shall chair the Policy Development and Evaluation Committee.
- b. **Powers and Duties** - The Committee shall draft and coordinate field reviews of draft revised or proposed new policies, compile and present summaries of comments received during field reviews, and report its recommendations and revised or proposed new policies to the Board, which shall take action thereon as it deems appropriate. The Committee shall maintain a Review Schedule of all existing policies on behalf of the Board. At the scheduled review time, any such policy will be circulated to State Board members, CSBs, Department facilities and central office, advocacy groups and stakeholders for comment.

The Committee shall report its findings to the Board regarding its assessment of the

effects of Board policies and the status of the Department, state facilities, community services boards, and behavioral health authorities in adhering to those policies Board action, may include making recommendations to the Department or the Secretary of Health and Human Resources.

- c. **Staff Support** - The Department shall designate and provide staff to support the activities of the Policy Development and Evaluation Committee. Final policies will be maintained in a publicly accessible compilation on the Department's web site in the standard format for Board policies.

## (2) Planning and Budget Committee

- a. **Composition** - The Planning and Budget Committee shall consist of the Board Chair and at least two other Board members appointed by the Chair. The Board Chair shall chair the Planning and Budget Committee.
- b. **Powers and Duties** - The Planning and Budget Committee shall participate in the identification of services and support needs, critical issues, strategic responses, and resource requirements to be included in long-range plans; work with the Department to obtain, review, and respond to public comments on draft plans; and monitor Department progress in implementing long-range programs and plans. The committee also shall provide updates on its planning activities to the full Board.

The Planning and Budget committee also shall work with the Department to assure that the agency's budget priorities and submission packages reflect State Board policies and shall, through the Board's biennial planning retreat, review and comment on major funding issues affecting the behavioral health and developmental services system, in accordance with procedures established in POLICY 2010 (ADM ST BD) 10-1.

- c. **Staff Support** - The Department shall designate and provide staff to support the activities of the Planning and Budget Committee.

## (3) Grant Review Committee

- a. **Composition** – The Grant Review Committee shall consist of two members appointed by the Chair.
- b. **Powers and Duties** – The Grant Review Committee, acting on behalf of the full board to fulfill its duty to review and comment on all applications for federal funds and to enable the Department to respond to federal grant solicitations expeditiously, shall review all requests for federal funds before they are submitted to the soliciting federal agency.
- c. **Staff Support** – The Department shall designate and provide staff to support the activities of the Grant Review Committee.

- b. **Special Committees** - Special committees may be established at any time by action of the full Board or the Chair, acting on behalf of the Board. The Board Chair shall appoint special committee chairs. The Chair shall appoint members of any special committees and may appoint individuals who are not Board members to serve on these committees including individuals receiving services, family members, and other individuals as appropriate. When

a special committee is established, its mission and the time within which it shall complete the task or accomplish the purpose for which it was created shall be specified.

### **Article 8 - Liaison Assignments**

The Board shall ensure that programs to educate Virginians about and elicit public support for the activities of the Department, state facilities, community services boards, and behavioral health authorities are initiated by the Department pursuant to § 37.2-203 of the Code of Virginia.

The Board seeks to further the integration and coordination of services to individuals receiving services and to support, encourage, and build close working partnerships among community services boards and behavioral health authorities, state facilities, and the Department. The Board also seeks to enhance its knowledge and understanding of the wide diversity of community and state facility services across the state and to develop and maintain connections with various entities involved in the public behavioral health and developmental services system. The Chair, in consultation with Department staff, may develop a list for each board member of agencies and organizations, including state facilities, the Virginia Association of Community Services Boards, regional community services board associations, the State Human Rights Committee, and the Prevention Promotion Advisory Council, with which the Board wishes to liaise.

The Chair shall appoint members of the Board to serve as liaisons with these agencies and organizations, recognizing the time constraints of members and that each member may fulfill Board liaison responsibilities in different ways. A Board member liaison shall serve as a channel for information between the Board and the agency or organization and enhance the Board's knowledge about and understanding of the agency or organization and the entire services system. Board member liaisons shall report successes, issues, and concerns to the Board at its regular meetings and to appropriate Department staff. Board member liaisons shall confer or meet regularly with groups to which they are assigned and report to the full Board as necessary.

### **Article 9 - Board Evaluation, Bylaws Amendments and Reviews, and Procedural Irregularities**

- a. Board Evaluation** - The Board shall conduct an evaluation of its performance during the Board's biennial planning meeting with the process and outcomes noted in the minutes of that meeting and included as part of the Board's Annual Executive Summary for that year.
- b. Amendments** - These bylaws may be amended at any regular or special meeting of the Board by an affirmative vote of at least five members of the Board, provided members were given the amendments in a special notice at least 30 days prior to the action.
- c. Bylaws Review** - The Board shall review its bylaws every four years in the fall of the first year of the new Governor's term and amend them as necessary. Bylaws shall be signed and dated to indicate the last amendment date.
- d. Procedural Irregularities** - Failure to observe procedural provisions of the bylaws does not affect the validity of Board actions.

**Article 10 - Conflicts**

These bylaws shall not diminish or circumscribe the Board's statutory authority, duties, or powers, and any conflict between provisions in these bylaws and the Code of Virginia shall be resolved in favor of the statute.

**Article 11 - Effective Date**

These bylaws are effective on the 22 day of April, 2015 and until subsequently revised.

**State Board of Behavioral Health and Developmental Services**

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**Paula J. Mitchell, Chair**

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**Liaison to the Board**

**Date:** December 11, 2019