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YORK
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HARRISONBURG
VACANCY



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

TELEPHONE (804) 786-1332
FAX (804) 371-2308

COMMONWEALTH of VIRGINIA

DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

Post Office Box 1797
Richmond, Virginia 23218-1797

Regular Meeting MEETING MINUTES

9:30 a.m., Wednesday, September 28, 2022

*This meeting was held in person with a physical quorum present,
with electronic or phone connection available. A recording of the meeting is available.*

Members Present	Elizabeth Hilscher, Chair; R. Blake Andis; Rebecca Graser, Vice Chair; Kendall Lee (electronic); Moira Mazzi; Christopher Olivo; Sandra Price-Stroble.
Members Absent	Varun Choudhary.
Staff Present	<ul style="list-style-type: none"> • Eric Billings, Deputy Director, Office of Fiscal and Grants Management. • Dillon Gannon, Federal Grants Manager. • Catherine Hancock, Early Intervention (Part C) Program Manager. • Ellen Harrison, Chief Deputy Commissioner. • Cort Kirkley, Deputy Commissioner for Administration. • Madelyn Lent, Policy Manager. • Josie Mace, Legislative Affairs Manager. • Meghan McGuire, Deputy Commissioner for Policy and Public Affairs. • Dev Nair, Assistant Commissioner, Provider Management. • Susan Puglisi, Regulatory Research Specialist. • Ruth Anne Walker, Regulatory Affairs Director and State Board Liaison. • Michael Zohab, Grant Manager, Virginia State Opioid Response. • Mark Blackwell, Recovery Services Director.
Guests Present	<p>Invited guests:</p> <ul style="list-style-type: none"> • Erin Close Austin, Parent and Early Intervention professional. • Jennifer Faison, Executive Director, Virginia Association of Community Services Boards. <p>Other Guests In Person:</p>

	<ul style="list-style-type: none"> Leah Mills, Deputy Secretary, Office of the Secretary of Health and Human Resources (HHR). <p>Other Guests Attending Electronically:</p> <ul style="list-style-type: none"> Ginger Barbour; Chris Peterson; Teddy Peterson; Michele Satterlund; one phone number unidentified.
Call to Order and Introductions	At 9:30 a.m., Elizabeth Hilscher, Chair, called the meeting to order and welcomed those present. A quorum of six members was physically present, and a seventh member participated electronically.
Approval of Agenda	<i>At 9:34 a.m. the State Board voted to adopt the September 28, 2022, agenda. On a motion by Rebecca Graser and a second by Sandra Price-Stroble, the agenda was approved.</i>
Approval of Draft Minutes	<p>Nominating Committee Meeting, July 12, 2022 <i>At 9:31 a.m., on a motion by Christopher Olivo and second by Kendall Lee, the July 12, 2022, Nominating Committee minutes were approved as final.</i></p> <p>Regular Meeting, July 13, 2022 <i>On a motion by Blake Andis and a second by Rebecca Graser, the July minutes were approved as final.</i></p>
Public Comment	At 9:35 a.m., Ms. Hilscher stated a period for public comment was included on the draft agenda, but there were no citizens that signed up to speak. She welcomed invited guest Erin Close Austin, LCSW, RPT-S, Children’s Services Manager, Developmental Services, Richmond Behavioral Health Authority (RBHA). In addition to her role at RBHA, Ms. Austin is a parent of three children, two of whom have benefited from Early Intervention services in Henrico (Connor and Colton), and spoke to the impact of services on her sons’ development. Her journey started 9 years ago when Connor was born at 27 weeks old weighing just over 2 pounds, and spent three months in intensive care before coming home. At the time, Ms. Austin had a toddler at home but felt like a new parent all over again having more questions than answers. She struggled with depression and feelings of inadequacies after he was born. Connor’s service coordinator through Henrico’s Early Intervention program became a lifeline for the family from the moment he was discharged from the hospital until he graduated from early intervention 3 years later. Connor had the gamut of early intervention services – occupational, physical, and speech therapy. Thankfully, these services are affordable and accessible. Connor was able to catch up to most of his peers by the time he discharged and is now a happy 9 year old in the 4 th grade.

	<p>After this experience, she jumped at the chance to work in the field when a position became available. Over the years she's been able to empathize with other parents from the juggling act of appointments to the heartache of accepting your child's support needs.</p> <p>Colton was 1 lb. 14 oz. when born in December at 26 weeks old and he came home after three months in the NICU. Since then, the family has been in and out of doctors' offices, coping with what feels like never-ending recommendations, weekly appointments, feeding struggles and more. While she will forever wish her son's outcome had been different, more typical, they are working towards a new normal. With his early intervention services, she's able to just be his mom and focus on his development. He is receiving occupational therapy, speech therapy, and social work services. Ms. Austin values Colton's early intervention team and is once again relying on early intervention professionals to be with her and her family along this journey. She is passionate about making sure families know the services can be made affordable for children.</p> <p>Ms. Hilscher stated she felt it was wonderful that she has been able to take her experience and blend it in her work life, as a peer to other parents.</p>
<p>Regulatory Actions</p>	<p>At 9:46 a.m., Ruth Anne Walker asked members to take action on the following:</p> <p>Initiate Periodic Review: Regulations to Ensure the Protection of Subjects in Human Research [12VAC35-180]. <i>On a motion by Christopher Olivo and a second by Rebecca Graser, the board unanimously approved initiation of the periodic review.</i></p> <p>Ms. Walker then provided a review of regulatory actions and drafts in process as listed in the matrix on page 18 of the packet, including planned actions to come before the State Board in December and in the spring 2023. Susan Puglisi provided a brief overview of the plans for a planned exempt action in December to amend Chapter 105 regarding mobile medication addiction treatment (MAT) programs.</p> <p>Ms. Walker mentioned briefly to think of the current overhaul drafting effort to restructure the Licensing regulations (both Chapter 46 and Chapter 105) in terms of 3, 2, and 1: Three of the new revised draft chapters have gone out for public comment and responses to comments were developed; two</p>

	<p>new draft chapters were currently out for comment; and one was coming along in development.</p>
<p>Commissioner's Report</p>	<p>At 9:55 a.m., members of the Executive Team gave the commissioner's report. New Chief Deputy Commissioner Ellen Harrison introduced Leah Mills, Deputy Secretary. Ms. Harrison introduced herself giving a brief background of her professional background. She worked in the community side of the system for about 25 years, including six different times in different positions at Harrisonburg Rockingham Community Services Board. Ms. Harrison also served at a local private hospital and five years at DBHDS' Western State Hospital, as Director of Quality Assurance. She enjoyed being an integral part of the 18 month process to move to the new hospital. This was her fourth week in this new role. She has a passion for the work, which has focused on services for people with serious mental illness. In particular, in the area of criminal justice and mental health she spent a number of years with cross-systems mapping. She likes policies and seeing how systems work. Board members introduced themselves to Ms. Harrison.</p> <p>Referencing an article from the previous week regarding Governor Youngkin's new Chief Transformation Officer Eric Moeller who is looking for proposals about the structure and operation of the department's mental health hospitals and regional delivery of services for individuals with mental illness, and there will also be a focus on the department's services for people with developmental disabilities. Meghan McGuire, Deputy Commissioner, Policy and Public Affairs, provided an update on the Behavioral Health Redesign initiative. She referenced Commissioner Smith's comments at the July board meeting regarding the work of the department aligning with the Administration's goals.</p> <p>This effort would look at what is known already that stakeholders are saying about the system and make meaningful changes. Through internal meetings, critical issues were identified across the individual's path through the system of services. Additionally, Item 283 required a workgroup to study the structure of DBHDS, made up of a few state agencies. A series of regional listening sessions are expected to gain community input that will inform the Governor's plan. Ms. McGuire indicated staff would inform the board when those regional meetings would be held. An outline for an interim step is the goal for this calendar year.</p>

Ms. Mills added that the Secretary and Governor are committed to receiving feedback from the public. Ms. Hilscher asked a clarifying question on the agencies named in the workgroup and the involvement of the Behavioral Health Commission. Ms. Mills stated initial recommendations to implement changes are expected for the General Assembly and Behavioral Health Commission. Ms. Graser commented that there has been talk for years about dismantling the community services board, and she finds that they are somewhat 'clunky.' For example, moving from the clinical model to the recovery model has been rather difficult in the current clinical culture. Ms. Harrison stated there are some things with the objectives and key results (OKRs) of the strategic plan that will cascade down to the community regarding peer recovery services that will add value to community services. For example, barriers to peers being hired. Ms. Graser has seen the value at the state level and even from the General Assembly, but at the local level it seems there has to be 'buy in' with understanding of the value of peer services as nonclinical. She is interested in the regional listening sessions to get the word out.

At 10:20 a.m., Cort Kirkley, Deputy Commissioner, Administration, provided an update on the North Star strategic plan including objectives and key results. He explained the use of OKRs is a very good tool for driving change, with a lot of detail. They are the intersection of strategic planning and project management. Staff last fall moved towards the use of OKRs and the new Administration also wanted to use the same tool. Transformation is encompassed in the plan in the three domains: strengthening the workforce system-wide, expanding a comprehensive continuum of care, and modernizing systems and processes.

Ms. Harrison stated the day before she visited Mt. Rogers CSB, which encompasses an area of five localities and 15 law enforcement agencies, there has been a 287% increase in the use of the five beds in the crisis receiving centers where assessments can be done, avoiding hospital visits, and allowing law enforcement to return to their other duties.

Mr. Olivo is excited about the use of key results with measurable progress results. He asked about the timeframe on how often progress will be checked. Mr. Kirkley reported there are eight key results flagged by the Administration that are reported up to the Administration monthly, and internally quarterly updates will be given to the commissioner. A consultant will be utilized to assist in refinement and

development of the dashboards for reporting. Mr. Olivo asked if the board would be able to receive the quarterly updates and Mr. Kirkley confirmed that.

Sheriff Andis asked if CSBs have policies and procedures individual to each CSB on their services. Ms. Harrison responded there are state regulations, and also those through Department of Medical Assistance Services for the federal Medicaid primary billing source for services, and related regulatory credentialing and expectations. For example, the Harrisonburg-Rockingham CSB's budget is 43% Medicaid funding, which drives business and service decisions. There is also local funding, and state funds. The area for any CSB is also defined by the taxpayer base (how many are on Medicaid, underinsured, or insured), or for instance, if there is a university in the area graduating licensed or license-eligible people, that can impact hiring for certain services. All of those pieces together drive the delivery system. The goal with the North Star Plan and the Behavioral Health Redesign is to have services accessible in every locality; this is key for healthy living, recovery, and reducing use of hospitals. The Commonwealth is good at delivering state hospital services, but there is a need to push money into the community to build out that end of the services system.

Ms. Graser asked for more information about the barrier crimes initiative. Mr. Kirkley responded that there is legislation in development. Ms. McGuire stated that legislation is still under review (there is some barrier crime legislation almost every year). Ms. Graser then mentioned the issue of out of state training hours for licensure, mentioning her own experience getting her MSW from the University of New England. She needed 600 hours for an internship in Virginia, but the rest of the country had 500 hours. This can be a barrier to having more workforce across state lines. Ms. Mills reported on a regulatory action in process from the Department of Health Professions, and other possible amendments are under review to try to reduce such barriers. Ms. Hilscher also mentioned the financial burden of getting the required supervised hours for licensure; her daughter ended up moving to another state to move forward after working at a CSB for nine months without supervision. Ms. Harrison mentioned training to get the 'S' that indicates someone has served long enough in a role to act as a supervisor. Mr. Kirkley mentioned a pilot program with the Virginia Healthcare Foundation to fund and coordinate the supervision for licenses. Funding helps to cover compensation for the supervisor.

	<p>Ms. McGuire introduced Madelyn Lent, the new Policy Manager. Ms. Lent was a Fellow with the Virginia Management Program; she will be working more with the State Board in coming months. Ms. Lent has a sibling with developmental disabilities; she attended the University of Richmond studying public policy. She hoped to eventually work at DBHDS.</p> <p><i>Ms. Hilscher called for a 5 minute break at 11:05 a.m.</i></p>
<p>Update: Opioid Crisis</p>	<p>At 11:15 a.m., Michael Zohab, Grant Manager, Virginia State Opioid Response. <i>The presentation is available upon request.</i></p>
<p>Update: Office of Recovery Services</p>	<p>At 11:35 a.m., Mark Blackwell, Director, provided an update on all activities and programs within the Office of Recovery Services. <i>The presentation is available upon request.</i></p>
<p>Lunch: Break and Collect Lunch</p>	<p><i>At 12 p.m., Ms. Hilscher suspended the meeting for a 30 minute lunch break, to reconvene at 12:30 p.m.</i></p>
<p>Update: Early Intervention (Part C)</p>	<p>At 12:32 p.m., Catherine Hancock, Program Manager, reported on the status of Early Intervention services across the state. <i>The presentation is available upon request.</i></p> <p>Mr. Olivo said his son accessed services easily and had a positive experience; he wished children had the same level of service as they got older. Ms. Graser asked about rural infant programs. Ms. Hancock stated there are some rural infant programs that are not early intervention programs, but there are early intervention programs in every area of the state.</p> <p>Dr. Lee commended Ms. Hancock on her years of public service and thanked her for her help with the program over the years. He appreciated the spotlight on the program in the board meeting. He noted the focus on coaching parents and how important it is, which became very clear during the pandemic. It helped the staff to sharpen their coaching skills. Both families and providers appreciated that focus. The switch to telehealth has been very helpful. The growth of early intervention is month to month not year to year in the program he manages in in Farmville serving seven Southside counties, serving about 10 % more children each year. The state office resources help the local programs be successful and he is excited to see where the program will go overall in the future. Training more college students to be coming early intervention professionals is a current effort.</p> <p>Ms. Hancock commended her 10 staff in the state office.</p>

<p>Update: Virginia Association of Community Services Boards</p>	<p>At 1:00 p.m., Jennifer Faison, Executive Director, VACSB, reported on outcomes from community services boards (CSBs). She reminded the board that VACSB produces two advocacy documents annually, the Annual Report and the Public Policy Brochure.</p> <p>Sheriff Andis had questions unrelated to her comments, including legal representation of CSBs in particular situations, and counseling assistance when there is a juvenile temporary detention order. Ms. Faison and Sheriff Andis would meet after the meeting.</p>
<p>Semiannual Federal Grant Report</p>	<p>At 1:30 p.m., Eric Billings, Deputy Director, Office of Fiscal and Grants Management, and Dillon Gannon, Federal Grants Manager, provided an update on the status of federal grants. <i>The presentation is available upon request.</i></p> <p>Ms. Walker asked if it was unusual to not be pursuing smaller grants and Mr. Billings responded in the past 10 years it is not unusual. Some of the smaller grants in recent years were for a limited time, sometimes ‘start up’ funding. Ms. Walker asked if it was typical to happen at a certain time of year to apply for grants. Mr. Billings stated that the cycle no longer always follows the federal funding cycle. Ms. Hilscher stated it is good that there are carry over pandemic related funds to use.</p>
<p>Board Member Spotlight</p>	<p>At 1:38 p.m., Rebecca Graser shared that she is a person in long-term recovery. She grew up in Richmond from the age of 5 when her parents bought a now 200 year old home in Fulton Hill; her father was in the Air Force. She attended primary school at St. Patrick’s in Church Hill and then high school at St. Gertrude’s. She has three older brothers, and had a fun childhood; one brother played basketball at Duke and she followed in his footsteps, attending VCU (1978-1982) on a basketball scholarship, one of the first for women. She recalls her first activism, regarding the inequality between men and women in sports and this was soon after Title IX, the federal civil rights law in the United States was enacted in 1972 prohibiting sex-based discrimination in any school or any other education program that receives funding from the federal government.</p> <p>Ms. Graser excelled in the sport, being the first woman nationally to get 1,000 points; she was inducted into the Hall of Fame (1990). She became a coach at Radford University, and was well-suited to the job, getting to know some of the incredible ACC coaches at the time. Yet she was very young, and was sent out on the road to recruit with icons of the sport, but just didn’t know how to handle being in a very adult world</p>

	<p>and as a way of coping with stress and some childhood trauma – she started drinking. It is a progressive disease and Ms. Graser went through a lot trauma in the addiction – two marriages, losing custody of her child. Her view of addiction is that it is disconnection from yourself, that a person’s life becomes less and less manageable the further into the addiction a person progresses and you lose who you are. She continued being successful in her work; however, she would reach goals but would not feel anything or feel connection to the moment.</p> <p>Ms. Graser entered recovery at 48 years old; and feels there is no such thing as a ‘functioning’ alcoholic. Her ‘aha’ connection moment came early in recovery, as she tried to shop for her son’s favorite dinner with only \$25, which she managed to do, and looked the cashier in the eye feeling connection for the first time in years. In the first year of recovery, her sister-in-law was the clinical director at the Middle Peninsula CSB and helped her move into the realm of advocacy for people in recovery. Working in the field is something you never want to leave, as it is very special to be authentically and organically equipped to connect to those needing recovery because you are the same as those needing services, and they sense it.</p> <p>Bridging the value of peer work to the clinical world and fighting against stigma in the system overall and even in CSBs is ongoing to counterbalance the medical service model. The profession has progressed since 2009, with the Office of Recovery Services at the CSB molded over the years to have two centers for 10 counties (in Warsaw and Gloucester), 2200 square miles, taking advantage of grant offerings to build the peer support network. She feels strongly about the empowering identity that comes through having a job. She realizes what they have at the CSB is pretty rare in its breadth. In her spare time she ‘forest bathes’ through regular hikes.</p>
<p>Committee Reports</p>	<p>At 1:55 p.m., Ms. Graser and Josie Mace reported that the Policy and Evaluation Committee met that morning and heard background information on the following DIs that would move to the revision phase next with edits expected in December:</p> <ul style="list-style-type: none"> • 1008(SYS)86-3 Services for Older Adults with Mental Illness, Mental Retardation, or Substance Use Disorders in advance of the committee developing revisions. Lead staff Suzanne Mayo spoke to the committee. • 1040(SYS)06-3 Consumer and Family Member Involvement and Participation. A lead staff person would be identified.

	<p>At the December meeting, background information would be provided on DI 1044(SYS)12-1 Employment First, along with Disaster Preparedness 1043(SYS)08-1, in order to catch up to the six year schedule. The committee will set a supplemental meeting between the December and March board meetings (likely early March).</p> <p>At 2:01 p.m., Ms. Hilscher reported on the discussion in the Planning and Budget Committee: consideration of the commissioner’s strategic North Star Plan details; walking through the board’s six biennial priorities looking for specific or general alignment between the two priority lists; the quarterly budget of the state board; new regulatory process changes (expanded economic impact information, unified regulatory plan, reducing discretionary regulatory burden); thoughts on system topics for upcoming meetings that are important to members; and possible travel locations for March and September, and possibly for July. Ms. Hilscher asked members to consider topics and possible July travel.</p>
Miscellaneous	<p>At 2:07 p.m., Ms. Hilscher opened the miscellaneous topics:</p> <ul style="list-style-type: none"> • Liaison updates: Ms. Graser attended a VACSB conference; members were reminded that the board budget allows for certain conferences around the state. If members are interested, they should reach out to Ms. Walker to coordinate. • Ms. Walker would be sending a draft annual executive summary to send to the board for consideration of endorsement in December. • Ms. Hilscher asked that thanks be shared to Karen Dyer, Terrell Morris, and Trevon Johnson for all logistical support. • Sheriff Andis reported that the commissioner visited at a meeting of law enforcement at The Breaks and also in Virginia Beach as did the Governor, whose main focus was mental health. When the board visits Marion, there is a new crisis intervention team assessment center (CITAC) location opening; the Attorney General is coming to visit for the grand opening of the 12-bed, 23-hour center. He reported that the Marcus Alert data is going, also. Ms. Price-Stroble was grateful for such updates by members as they are valuable to take back to members’ home communities.
Adjournment	<p>There being no other business, Ms. Hilscher adjourned the meeting at 2:17 p.m.</p>

2022 REGULAR MEETING SCHEDULE	
DATE	Location
December 7 (Wed)	<i>Central Office, DBHDS, Richmond</i>
2023 REGULAR MEETING SCHEDULE	
March 29 (Wed)	<i>TBD, outside of Richmond</i>
July 12(Wed)	<i>TBD, possibly outside of Richmond</i>
Fall	<i>Outside of Richmond</i>
December	<i>Central Office, DBHDS, Richmond</i>

STATE BOARD OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

Planning and Budget Committee

MINUTES

September 28, 2022

8:30 a.m. – 9:25 a.m.

DHBDS, 13TH FLOOR CONFERENCE ROOM,
JEFFERSON BUILDING, 1220 BANK STREET, RICHMOND, VA 23219

This meeting was held in person with a physical quorum present, with electronic or phone connection available. A recording of the meeting is available.

Members Present: Elizabeth Hilscher, Board and Committee Chair; R. Blake Andis; Christopher Olivo.

Members Absent: None (one vacancy).

Staff Present: Susan Puglisi, Ruth Anne Walker.

I. Call to Order

A quorum being present, at 8:30 a.m., Elizabeth Hilscher, Chair, called the meeting to order.

II. Welcome and Introductions

At 8:31 a.m., Ms. Hilscher welcomed all present. .

III. Adoption of Minutes, July 13, 2022

On a motion from Christopher Olivo and a second from Blake Andis the meeting minutes from July 13, 2022, were adopted unanimously.

IV. Standing Item: *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.*

A. Update on North Star Strategic Plan

B. Discussion of Identified Priorities (within the framework of required agency strategic planning and budget development processes):

a. Review the priorities set at the Biennial Planning Meeting.

At 8:35 a.m., Ms. Hilscher asked members to review the details in the commissioner’s North Star strategic plan handout that would be presented in the full meeting. The plan is based on three overarching goals of the plan: strengthening workforce, expanding the continuum of care, and modernizing systems and processes. Specifically, Ms. Hilscher walked through the board’s six biennial priorities looking for specific or general alignment between the two lists.

State Board Priorities for the Biennium	North Star Strategic Plan
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<p>1. Endorse the department’s strategic objective regarding maintaining the workforce at appropriate staffing levels. The state hospital crisis definitely is an immediate priority, but the board notes that workforce and pay issues are not new, and are system-wide.</p>	<p>Domain 1 Objective 1</p>
<p>2. Endorse the department’s strategic objective regarding community based supports, as any previous efforts need to be completed and new efforts must be started to continue to make the community structure what it should be. (Ex. STEP-VA.)</p>	<p>Domain 2 Objective 3</p>
<p>3. Efforts to increase public awareness for how to access services, the frequency that individuals in our country need services to address mental health and substance use disorders or developmental disabilities, and encouragement to seek help. The needs have always been in our society, but the pandemic raised awareness and reduced stigma, yet simultaneously exacerbated those needs. For example, adolescent mental health needs and teen suicide increases. Also, there are windows of development for children, especially for children with developmental disabilities; those windows are missed opportunities.</p>	<p>Domain 2 Objective 3</p>
<p>4. Streamline the discharge process from state hospitals.</p>	<p>Domain 2 Objective 6 Domain 3 Objective 7</p>
<p>5. As highlighted in the board’s 2019 letter, continue to prioritize waiver rates and the elimination of the waiting list for the developmental disability population.</p>	<p>Domain 2 Objective 4</p>
<p>6. Brace for the impacts of the pandemic on the system for all stages of the lifespan in regard to resources and priorities. By necessity, society has had to be reactive but hopefully things can shift to be more proactive.</p>	<p>Domain 3 Objective 8 Objective 9</p>
<ul style="list-style-type: none"> • In addition, the board feels special consideration should be noted to the comprehensive and ongoing impacts of the pandemic over the entire system of services and across all ages. 	

Ms. Hilscher asked members to consider any other areas or topics that came to mind as a major priority for the board to address, and also if there were any specific questions related to the details of the North Star Plan. The biennial

priorities will be reviewed and update at the next Biennial Planning Meeting on July 12, 2023, and voted on at the board meeting the next day.

C. Review of topic areas for board meetings through July 2023.

D. Spring and Summer 2023 Meeting Dates

At 8:50 a.m., took up Items C and D were considered jointly by reviewing the chart of topics by meeting through July 2023, and the decision of restarting travel as of the March 2023 meeting. Ms. Hilscher and Ruth Anne Walker described the typical schedule for meetings outside of Richmond: a late afternoon community service location tour, a board working dinner with presentation by a local CSB, followed by a regular meeting the next day at a DBHDS facility, with a tour of the facility during the usual meeting time. A third meeting of travel in July was also discussed; the committee decided to bring that up to the full board.

- 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 Quarterly Report. Handout

At 8:55 a.m., the board's quarterly budget report was reviewed.

VI. Other Business

A. Regulatory Process Changes: ED1 and EO19.

At 9:00 a.m., Ms. Walker updated members on the agency's first annual unified regulatory plan submitted as part of the new regulatory requirements for all agencies set out under the Governor's [Executive Directive 1](#) and [Executive Order 19](#). The plan includes expectations for regulatory reduction actions, in addition to actions brought due to federal and state mandates. Susan Puglisi gave a brief explanation of the federal rule regarding mobile medication assisted treatment (MAT).

VII. Next Steps:

A. Standing Item: Report Out

Updates from committee planning activities would be reported out to the Board in the regular meeting.

B. Next Meeting: The next meeting is scheduled for December 7, 2022.

VIII. Adjournment

At 9:10 a.m., Ms. Hilscher adjourned the meeting.

STATE BOARD OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

Policy and Evaluation Committee

MINUTES

September 28, 2022

8:30 a.m. – 9:25 a.m.

DHBDS, Room 844, 8TH FLOOR

JEFFERSON BUILDING, 1220 BANK STREET, RICHMOND, VA 23219

This meeting was held in person with a physical quorum present, with electronic or phone connection available. A recording of the meeting is available.

Members Present: Rebecca Graser, Vice Chair and Committee Chair; Kendall Lee (Virtual); Moira Mazzi; Sandra Price-Stroble.

Members Absent: Varun Choudhary.

Staff: Josie Mace, Legislative Affairs Manager and Committee Staff; Suzanne Mayo, Director, DBHDS Office of Community Integration.

Guests: None.

I. Call to Order

Rebecca Graser called the committee to order at 8:45 AM.

II. Welcome and Introductions

Ms. Graser welcomed all present, and the committee members introduced themselves.

III. Review of 2022 Policy Review Plan and Presentation of Policies for Discussion

A. 1008(SYS)86-3 Services for Older Adults with Mental Illness, Mental Retardation, or Substance Use Disorders

Suzanne Mayo presented background information on this policy to the committee. After committee discussion, Moira Mazzi motioned to move this policy to the revision phase. Sandra Price-Stroble seconded the motion.

B. 1040(SYS)06-3 Consumer and Family Member Involvement and Participation

Josie Mace presented background information on this policy to the committee. After committee discussion, Sandra Price-Stroble motioned to move this policy to the revision phase and locate the appropriate subject matter expert. Moira Mazzi seconded the motion.

C. 1044(SYS)12-1 Employment First

Due to subject matter expert availability, the background phase of policy review for this item was tabled till the next meeting in December 2022.

IV. Next Meeting: December 7, 2022

continued -

V. Other Business

Ms. Mace suggested setting a stand-alone committee meeting for the beginning of March to catch up on policy review. The committee agreed. The date will be announced at the December 2022 meeting.

VI. Adjournment

The meeting adjourned at 9:10 AM