



COMMONWEALTH of VIRGINIA  
 STATE BOARD OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

DRAFT MEETING AGENDA  
 Monday, December 4 & Tuesday December 5, 2017

DBHDS Central State Office, 13<sup>th</sup> Floor Main Conference Room, Jefferson Building  
 1220 Bank Street, Richmond, VA

**Regular Meeting**

Monday December 4, 2017 1:30 p.m. – 3:00 p.m.

DBHDS Central State Office, 13th Floor Main Conference Room, Jefferson Building  
 1220 Bank Street, Richmond, VA

	1:30	<b>Policy Committee Meeting</b>	Amelia Ross-Hammond <i>Vice-Chair</i>	
	1:30	<b>Planning &amp; Budget Committee</b>	Paula Mitchell <i>Chair</i>	

**Tour**

4:00 p.m. – 6:00 p.m.

Central State Hospital  
 26317 West Washington Street, Petersburg VA 23803-0030

4:00 – 6:00 p.m.	<b>Tour</b>	
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**Regular Meeting**

Tuesday, December 5, 2017 9:00 a.m.

1.	9:00	<b>Call to Order and Introductions</b>  <b>Approval of December 5, 2017 Agenda</b>  ➤ <i>Action Required</i>	Paula Mitchell  <i>Chair</i>	
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2.	9:10	<b>Approval of Draft Minutes</b>  <b>Regular Meeting, October 3-4, 2017</b>  <ul style="list-style-type: none"> <li>• <i>Action Required</i></li> </ul>	Paula Mitchell  <i>Chair</i>	
3.	9:20	<b>Public Comment</b> ( <i>3 minute limit per speaker</i> )		
4.	9:30	<b>VACSB Update</b>	Jennifer Faison,  <i>VACSB Executive Director</i>	
5.	10:00	<b>Commissioner's Report</b>	Jack Barber, M.D.  <i>Interim-Commissioner</i>	
6.	11:00	<b>Regulatory Actions:</b> <b>A. General Update – Matrix</b> ➤ <b>Regulatory Action</b> <i>Action Item: Initiate periodic review of 12VAC35-46 Children's Residential Facilities</i> ➤ <i>Action Item: Initiate periodic review of 12VAC35-230 Operation of the Individual and Family Support Program</i>	Ruth Anne Walker  <i>Administrative and Regulatory Coordinator,</i>  <i>Division of Quality Management and Development</i>	
7.	11:20	<b>Legislative Process/ 2018 Session</b>	Will Frank  <i>Director, Legislative Affairs</i>	
8.	12:15	<b>Lunch</b>		
9.	1:00	<b>Housing Services</b>	Eric Leabough, <i>Administrative Community Operations- Housing Services Manager</i>  Kristin Yavorsky, MSW <i>Homeless Projects Coordinator</i>	
10.	1:30	<b>DBHDS Budget Submissions</b>	Nathan Miles,  <i>Budget and Finance Analyst</i>	

11.	2:15	<b>New DBHDS Website</b>	Maria Reppas, <i>Director of Communications</i>	
12.	2:45	<b>Miscellaneous</b> A. Board Liaison Reports B. State Board Annual Report	Paula Mitchell <i>Chair</i>	
13.	3:15	<b>Next Meeting Information</b>	Will Frank <i>Director, Legislative Affairs</i>	
14.	3:30	<b>Adjournment</b>	Paula Mitchell <i>Chair</i>	

**STATE BOARD OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES**  
**DRAFT MEETING MINUTES**

**October 4, 2017**

**Williamsburg Lodge, President Jefferson Board Room**  
**310 S England St, Williamsburg, VA 23185**

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**Wednesday**  
**October 4, 2017**

**REGULAR MEETING**

**Members Present** Paula N. Mitchell **Chair**, The Hon. Amelia Ross-Hammond, Ph.D., Sandra Price-Stroble, Elizabeth Hilscher, Jack Bruggeman, Jennifer Spangler, Calendria Jones, Moira Mazzi

**Members Absent** Dr. James Reinhard

**Staff Present** Will Frank, Legislative Affairs Director  
Holly Mortlock, Policy Director  
Daniel Herr, Assistant Commissioner for Behavioral Health Services

**Call to Order and Introductions** At 9:00 a.m. Chair Paula Mitchell called the meeting to order and called for introductions of those present.

**Approval of Draft Agenda** The Board unanimously adopted the October 4, meeting agenda.

**Approval of Draft Minutes- July 12 meeting** Chair Paula Mitchell recommended technical changes to the minutes. With identified changes, the Board unanimously approved the minutes.

**Public Comment** There was no public comment offered.

**Hospital Census and Extraordinary Barrier List (EBL)** Daniel Herr presented on DBHDS hospital census and EBL challenges. He discussed how STEP- Virginia, when fully funded/implemented, will rebalance the public behavioral health system towards community based services (thus reducing reliance on state hospital care).

**Interim Commissioner's Report** Dr. Barber held a discussion with Board members regarding updates on the DOJ Settlement Agreement, Waiver system updates, behavioral health, and projection of system pressure and costs, and multipronged approach to rebalancing Virginia's behavioral health system towards earlier intervention, versus current crisis orientation, including STEP-Virginia and financial realignment study efforts, workforce challenges, ARTS program.

**Regulatory Actions:** Ruth Anne Walker explained the periodic review process and gave a summary of the current regulations.

**General Update Matrix Regulatory Action** Ms. Walker and other agency staff reviewed regulatory action on licensing of QMHPs, Peer Recovery Specialists, Human Rights, and Public Participation.

The Board unanimously approved all regulatory actions.

## **Lunch**

### **Workforce Issues and Development**

India Sue Ridout delivered a presentation to the Board members on DBHDS system workforce challenges in state hospitals, pertaining to psychiatrists, RNs, DSAs, and strategies DBHDS is employing to recruit and retain critical staff, including loan repayment programs. She also discussed the DBHDS System Lead program, and development of direct support career pathways.

### **Office of Recovery Services Update**

Mary McQuown, MA, CPRS, provided an update on Peer Recovery Specialists in Virginia. Discussion included description of PRS training program, certification and registration processes, and supervision.

### **Miscellaneous**

#### **C. Board Liaison Reports 2018 Meeting Dates**

Beth Hilscher reported that she visited a CSB that will be implementing Same Day Access as of December 1, 2017.

She also visited the Virginia Center for Behavioral Rehabilitation, and Piedmont Geriatric Hospital.

Moira Mazzi, Jack Bruggeman, and Calendria Jones also informed the Board of their visiting activities in assigned localities and updates from each region.

### **Next Meeting Information**

Board members received proposed meeting dates for 2018. Will Frank asked members to review dates and identify potential issues with proposed dates.

### **Adjournment**

At 4:00pm, Chair Paula Mitchell adjourned the meeting.

# **Planning & Budget Committee AGENDA**

**December 4, 2017**

**DBHDS Central State Office,  
1220 Bank Street, Richmond, VA**

- I. Call to Order
- II. 2017 Annual Report
- III. Review 2018 Meeting Topics
- IV. Next Meeting: April 2018
- V. Other Business
- VI. Adjournment

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

**Policy and Evaluation Committee**

**DRAFT AGENDA**

DECEMBER 4, 2017

1:30-3:30 PM

RICHMOND, VA

- I. Call to Order**
- II. Welcome and Introductions**
- III. Adoption of Minutes, July 12, 2017**
- IV. Review of Policy Committee Role and Procedures**
- V. Review of Policies and Discussion**
  - POLICY 2010 (ADM ST BD) 10-1 Review and Comment on Behavioral Health and Developmental Services Budget Priorities
  - POLICY 4018 (CSB) 86-9 Community Services Performance Contracts
  - POLICY 5006(FAC)86-29 Demolition of Dilapidated Buildings on the Grounds of State Facilities
  - POLICY 5008(FAC)87-12 Accreditation or Certification of State Facilities
  - POLICY 5010 (FAC) 00-1 State Facility Uniform Clinical and Operational Policies and Procedures
- VI. Next Steps in Policy Review**
- VII. Next Meeting: April 2017**
- VIII. Other Business**
- IX. Adjournment**

STATE BOARD OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES  
Policy & Evaluation Committee  
DRAFT MEETING MINUTES  
July 12, 2017

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**DBHDS Central Office**  
1220 Bank Street  
Richmond, VA 23218

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**November 30, 2016**

**Policy & Evaluation Committee**

**Members Present**

Sandra Price- Stroble, Jennifer Spangler, Calendria Jones, Dr. Reinhard, Moira Mazzi

**Members Absent**

None

**Staff Present**

Holly Mortlock, Policy Director

**Call to Order and Introductions**

At 2:10pm Sandra Price-Stroble called the meeting to order and called for introductions of those present.

**Approval of Draft Minutes**

Dr. Reinhard motioned to approve and Jennifer Spangler seconded. The Committee unanimously approved the minutes.

**Staff Presentations**

The Committee heard a presentation from Holly Mortlock regarding Policy Committee Roles and Procedures.

Paul Gilding provided an expert presentation on the Committee on Policy 4018 Community Services Boards Performance Contracts. The Committee members asked questions and considered recommendations for changes. The Committee will take action on the policy at the next meeting in October 2017.

**Discussion of Policy Field Review**

The Committee considered Policy 4038 Department and CSB Roles in Providing Services to Children Under the Comprehensive Services Act for At-Risk Youth and Families and recommended changes.

Holly Mortlock presented revised technical changes to Policy 4038. Jennifer SpangLer motioned to approve changes and Moira Mazzi seconded. The committee unanimously approved. The Committee prepared Policy 4038 for full Board consideration at the



October meeting.

The Committee prepared Policy 4023 Housing Supports for full Board consideration.

**Next meeting** October 12, 2017, Williamsburg, VA

**Other Business** None

**Adjournment** Having no other business Moira motioned to adjourn and Dr. Reinhard seconded. The meeting was adjourned at 3:30pm.

POLICY MANUAL

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

**\*POLICY 2010 (ADM ST BD)10-1 Review and Comment on Behavioral Health and Developmental Services Budget Priorities**

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**Authority** Board Minutes Dated September 14, 2010  
Effective Date February 26, 1986  
Approved by Board Chair Daniel E. Karnes

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**References** Section 37.2-203, of the *Code of Virginia* (1950) as amended.

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**Background** In 1985, the Board requested the development of a formal statement of policy to establish a process for Board/Department interactions in the preparation and submission of the Department's budget that will ensure that the budget reflects the Board's programmatic as well as fiscal policies.

Since the early 1990s the state budget process has changed significantly, and the budget documents now are considered Governor's Confidential Working Papers. It is not until the Governor's formal announcement of the budget in December that final figures become public.

Thus, in the years since the original implementation of this policy, the evolution of the state budget process requires significant changes in the timing and content of the Board's review and comment on budget priorities linked to the biennium budget schedule.

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**Purpose** To create a framework for Board review and comment on budget priorities for the Department's budget.

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**Policy** It is the policy of the Board that the Department shall inform the Board, through its Planning and Budget Committee, of the Commonwealth's budget development process and timeframes and of Administration priorities for agency budget submissions.

Further, it is also the policy of the Board that, through discussions with the Planning and Budget Committee, the Department shall work with the Board to assure that its budget submission packages reflect State Board policies and priorities.

It is the policy of the Board that in the years that the biennial budget is developed the Department shall present information to the Board at its biennial planning retreat about the status of major funding issues affecting the behavioral health and developmental services system and potential budget priorities to the extent they are known at that time. This interaction will ensure that budget priorities proposed for the next biennium reflect

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## **POLICY 2010 (ADM ST BD)10-1**

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the Board's programmatic and fiscal policies.

It also is the policy of the Board that it shall provide a listing of its funding priorities for the behavioral health and developmental services system to the Governor, Secretary of Health and Human Resources, and Commissioner prior to the Department's submission of its biennial budget.

Further, it is the policy of the Board that when the proposed budget is released by the Governor, the Department shall present a written analysis of items in the proposed budget bill affecting behavioral health and developmental services to the Board as soon as possible. When the *Appropriation Act* is passed by the General Assembly, the Department shall present an analysis of items affecting behavioral health and developmental services.

Finally, it is the policy of the Board that the Department shall provide sufficient information for the Board to review and comment on applications for federal and other grant funds through the Board's Grant Review Committee.

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*\*Note: This policy replaces the old policy 6001 (FIN) 86-1, Process and Timetable for Board/Department interaction in Budget Preparation and Submission.*

## POLICY MANUAL

### State Mental Health, Mental Retardation and substance Abuse Services Board Department of Mental Health, Mental Retardation and Substance Abuse Services

#### POLICY 4018 (CSB) 86-9 Community Services Performance Contracts

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

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**References** Report of the Commission on Mental Health and Mental Retardation, 1980  
Final Report on Core Services and Formula Funding, 1983  
§§ 37.2-508 and 37.2-608 of the Code of Virginia  
Current Core Services Taxonomy  
Current Community Services Performance Contract  
STATE BOARD POLICY 1037 (SYS) 05-4 Individual Consumer Information  
and the Community Consumer Submission

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**Background** The Commission on Mental Health and Mental Retardation identified a need for increased accountability in the community services board system. In its Final Report on Core Services and Formula Funding, the Department proposed developing a performance contracting system to address this need. This system would be based on contractual arrangements between the Department and individual community services boards or behavioral health authorities, hereinafter referred to as community services boards or CSBs, within the core services framework. The General Assembly accepted this report in 1984.

The Department developed the first Community Services Performance Contract in 1983 with extensive participation from CSBs and piloted the implementation of Performance Contracts with some CSBs in 1985. The first Core Services Taxonomy and the first Performance Contract, developed jointly with the Virginia Association of Community Services Boards, were revised in 1988. These documents continue to evolve in response to the changing needs of individuals receiving services and the new priorities and directions of the services system. In this policy, references and provisions are updated to reflect people first language and current terminology. Mental health and substance use disorders and intellectual disability refer to the conditions that individuals have, while mental health, substance abuse, and mental retardation refer respectively to the services that address those conditions. Also, individual receiving services is beginning to replace consumer.

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**Background**  
*(continued)*

An original purpose of this policy was the elimination of the Program Application then submitted by CSBs. This Application was a detailed line item budget that focused on revenues and expenditures rather than on services and individuals receiving services. The 1990 review of this policy revealed that 26 CSBs had eliminated dual submission of an Application and a Performance Contract. By 1992, the Program Application was no longer used, greatly reducing paperwork for CSBs. The shift from a budget-focused Program Application to a Performance Contract focused on services and individuals receiving services was the first of three major developments in the evolution of increased CSB accountability. The Department condensed the contract significantly in 1993, further decreasing the CSBs' paperwork burden.

The House Joint Resolution 240/225 Joint Subcommittee, chaired by Senator Joseph V. Gartlan, Jr. and Delegate Franklin P. Hall, studied the services system in the mid-1990s and rewrote most of Chapter 10 in Title 37.1 of the Code of Virginia, the CSB statute, in House Bill (HB) 428 (1998). This bill reflected the first comprehensive review and major revision of Chapter 10 since the original legislation was enacted in 1968. HB 428 formally recognized the Performance Contract as the primary accountability and funding mechanism between the Department and CSBs. The bill identified three types of CSBs, which clarified relationships and accountability between CSBs and their local governments. The bill also identified CSBs as the single points of entry into publicly funded mental health, mental retardation, and substance abuse services. HB 428 was the second major development in the evolution of increased CSB accountability to the Department and to the local governments that established CSBs. In its 2005 session, the General Assembly revised Title 37.1 and, in § 37.2-508 and § 37.2-608 of the new Title 37.2, continued its recognition of the Performance Contract as the primary accountability and funding mechanism.

The FY 2000 Performance Contract shifted from the historical partnership orientation between the Department and CSBs, focusing instead on a purchase of services arrangement. The FY 2004 Performance Contract reflected a major realignment of the contract, returning to the partnership orientation with a complete rewrite of the document. The Performance Contract now consists of three documents. The Performance Contract itself contains a standard contract body and several exhibits, including specific information about the services provided and individuals served through the contract and various continuous quality improvement performance expectations and measures. The Central Office, State Facility, and Community Services Board Partnership Agreement, established in STATE BOARD POLICY 1034 (SYS) 05-1, reflects the fundamental, positive evolution in the relationship between CSBs and the Department to a more collegial partnership, a return to the earlier model. The General Requirements Document contains externally imposed requirements and some long term, relatively unchanging Department requirements that CSBs and the Department must meet. The last two documents are incorporated into and made a part of the Performance Contract itself by reference.

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**Policy 4018(CSB) 86-9, continued**

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**Background**  
*(continued)* The Community Consumer Submission (CCS), discussed in STATE BOARD POLICY 1037 (SYS) 05-4, is the third major development in the evolution of CSB accountability. Previously, CSBs provided only aggregate data about individuals receiving services through the Community Automated Reporting System (CARS). With the advent of the CCS in FY 2004, CSBs began reporting data about individuals and the services they received to the Department in each program area (mental health, mental retardation, and substance abuse services).

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**Purpose** Establish the Community Services Performance Contract as the primary accountability mechanism between the Department and individual CSBs.

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**Policy** It is the policy of the Board that the Department and each CSB shall enter into an annual Community Services Performance Contract for the purpose of funding services provided directly or contractually by the CSB in a manner that ensures accountability to the Department; assures quality of care for individuals receiving services; promotes a fully collaborative partnership process through which CSBs, the Department's central office, and state facilities make decisions and resolve problems at the level closest to the issue or situation whenever possible; and implements the vision, articulated in STATE BOARD POLICY 1036 (SYS) 05-3, of a consumer-driven system of services and supports 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.

It is also the policy of the Board that the Performance Contract shall be the primary accountability and funding mechanism for a community services board with the Department and shall define the CSB's responsibilities and project the services the CSB will provide to the numbers of individuals, at the costs, and for the revenues shown in the Performance Contract by the categories and subcategories of core services defined in the current Core Services Taxonomy for each program area (mental health, mental retardation, and substance abuse services).

Further, it is the policy of the Board that a CSB shall provide periodic reports to the Department on the accomplishment of its contract objectives, responsibilities, and requirements using the CARS, CCS, and other mechanisms developed collaboratively by the Department and CSBs, as specified in the Performance Contract.

It is also the policy of the Board that the Performance Contract shall be the primary accountability and funding mechanism for the Department with a

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**Policy 4018(CSB) 86-9, continued**

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**Policy**  
*(continued)*

community services board and shall define the Department's responsibilities and specify the amounts of funds the Department will provide to support the services shown in the Performance Contract.

Further, it is the policy of the Board that the Department shall monitor a CSB's accomplishment of its contract objectives, responsibilities, and requirements through periodic reports submitted by the community services board using the CARS, CCS, and other mechanisms developed collaboratively by the Department and CSBs, as specified in the Performance Contract.

Finally, it is the policy of the Board that the Department shall provide feedback to the CSB and its board of directors about the CSB's accomplishment of its contract objectives, responsibilities, and requirements.

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Renewed: 03/27/91  
Renewed: 05/25/94  
Renewed: 01/29/04  
Updated: 12/06/11

## POLICY MANUAL

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

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#### **POLICY 5006(FAC)86-29 Demolition of Dilapidated Buildings on the Grounds of State Facilities**

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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** § 37.2-700, Code of Virginia (1950)  
Virginia Uniform Statewide Building Code, Chapter 33, Paragraph 3303.1  
*Construction and Professional Services Manual*, Division of Buildings and  
Engineering, Department of General Services, October 1, 2004

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**Background** Subsection B of § 37.2-700 of the Code of Virginia authorizes the Commissioner, with the approval of the Board and the Governor, to demolish (tear down or raze) any building standing on property under the supervision and control of the Department that in the opinion of the Commissioner is in such a state of dilapidation or disrepair that it is dangerous to individuals receiving services, Department employees, or other persons frequenting that property.

The Governor has final approval authority for requests to demolish a state building. The Division of Engineering and Buildings in the Department of General Services administers this approval process. Section 1503.0 Demolition of Buildings in the *Construction and Professional Services Manual* and Division of Engineering and Buildings Notice 050906 – Demolition Permits set forth the process for requesting approval from the Governor. Chapter 33, Paragraph 3303.1 of the Virginia Uniform Statewide Building Code sets forth the process for scheduling demolition of state properties.

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**Purpose** To reflect the statutory requirement for the Board to approve requests for authorization to demolish buildings on property under the supervision and control of the Department.

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## Policy 5006 (FAC) 86-29, Continued

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### **Policy**

It is the policy of the Board that the Commissioner shall seek the approval of the Board to demolish any building standing on property under the supervision and control of the Department that is in such a state of dilapidation or disrepair that it is dangerous to individuals receiving services, Department employees, or other persons frequenting that property.

Finally, it is the policy of the Board that Commissioner shall comply with the procedures in the Virginia Uniform Statewide Building Code, in the *Construction and Professional Services Manual*, and issued by the Division of Engineering and Buildings for identifying and demolishing any building.

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Renewed: 09/13/89  
Updated: 10/28/92  
Updated: 01/29/04  
Updated: 12/06/11

## POLICY MANUAL

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

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#### POLICY 5008(FAC)87-12 Accreditation or Certification of State Facilities

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**Authority** Board Minutes Dated: December 16, 1987  
Effective Date: January 27, 1988  
Approved by Board Chairman: /s/ Lindsay B. West

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**Supercedes** STATE BOARD POLICY 5005 (FAC) 85-15

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**References** Federal Register of Regulations, February 25, 2011, Medicare and Medicaid Programs: Approval of the Joint Commission for Deeming Authority for Psychiatric Hospitals  
House Joint Resolution 301, 1987.

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**Background** The Department operates 10 state hospitals and five training centers, hereafter referred to as state facilities, that provide inpatient behavioral health and developmental services to individuals with mental health or substance use disorders, intellectual disability, or co-occurring disorders. In this policy, state facilities do not include the Virginia Center for Rehabilitative Services, which provides only rehabilitative services to individuals admitted involuntarily as sexually violent predators. In operating these state facilities, the Department is committed to maintaining an environment of continuous quality improvement that is focused on treatment, care, and positive outcomes for individuals receiving services. The Joint Commission, hereafter referred to as the TJC, is the nationally recognized accrediting body for psychiatric facilities and the Centers for Medicare and Medicaid Services establishes quality of care regulations that long-term care facilities must meet for federal reimbursement. In 1987, the Board established a policy that all state facilities were to be CMS certified or, under a deemed status agreement, TJC accredited by 1992, and they were to maintain their accreditation or certification status. This was done to reflect the intent of House Joint Resolution 301 (1987). There are five purposes for seeking and maintaining certification or accreditation:

1. Quality of Care

Accreditation and certification requirements ensure that state facilities establish

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processes to systematically monitor, analyze, and improve their performance in order to provide excellent services and positive outcomes for the individuals receiving services in a manner that is sensitive to and respectful of those individuals.

**2. Staff Credentials and Performance**

Accreditation and certification require the establishment of processes to ensure staff have the requisite knowledge and skills to provide high quality care services and there is ongoing monitoring of the quality of care and treatment provided to individuals.

**3. Objective Review**

The external review process associated with accreditation or certification provides an objective and unbiased assessment of the quality of services being provided to individuals.

**4. Reimbursement**

Accreditation and certification help to ensure that state facilities are eligible for maximum reimbursement from potential sources such as Medicaid, Medicare, and private insurers.

**5. Credibility**

National accreditation and certification gives the public, individuals receiving services and their families, advocacy groups, and funding sources confidence in the services provided in state facilities.

Beginning in 1987, all state facilities have attained the level of accreditation or certification that satisfied the requirements of House Joint Resolution, which prescribed a plan for achieving accreditation or certification of all state facilities by 1992.

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**Purpose**

To assure that each state facility continually provides high quality services, maintains the applicable accreditation or certification by a nationally recognized accrediting or certifying body, and maximizes federal and private payor reimbursement for covered services.

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**Policy**

It is the policy of the Board that each state facility shall be accredited or certified through compliance with recognized standards such as those of the TJC, or the CMS, as appropriate. Each state facility that provides applicable services, i.e., intensive psychiatric, skilled nursing, medical/surgical, chronic disease or intermediate care, shall be certified by the CMS.

It is also the policy of the Board that each state facility shall maintain its

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**Policy 5008(FAC)87-12**

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applicable accreditation or certification through ongoing monitoring and management of the quality of services by the facility and the Department.

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**POLICY MANUAL**

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

**POLICY 5010 (FAC) 00-1 State Facility Uniform Clinical  
and Operational Policies and Procedures**

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**Authority** Board Minutes Dated February 25, 1987  
Effective Date March 25, 1987  
Approved by Board Chairman s/James C. Windsor

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**References** The Joint Commission on Accreditation of Healthcare Organizations, Hospital Accreditation Standards

The Joint Commission on Accreditation of Healthcare Organizations, Behavioral Health Accreditation Standards

42 CFR 483.420-460, Conditions of Participation for ICF-MR Facilities, Centers for Medicare and Medicaid Services

42 CF 482.13, Conditions of Participation for Hospitals, Centers for Medicare and Medicaid Services

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**Background** In 1998, the Department initiated a process to develop uniform clinical and operational policies and procedures for state hospitals and training centers, hereafter referred to as state facilities. The Department convened 44 statewide work groups comprised of state facility and central office staff to develop an initial set of uniform guidelines and procedures. These work groups focused on the specific findings and recommendations of expert consultants who had assessed the clinical care and operational practices at each state facility. The workgroups also considered the plans of improvement developed by several state facilities in response to U.S. Department of Justice (~~DOJ~~) expectations under the Civil Rights of Institutionalized Persons Act.

The resulting clinical and operational policies and procedures were incorporated into Departmental Instructions, the standardized policies and procedures that must be implemented by the Department's Central Office and each state facility. These Departmental Instructions were developed to:

- Assure uniformity of practice and thus ensure access to quality care for individuals served in each state facility, and
- Reduce operational inefficiencies and inconsistencies that may result in increased risk to individuals receiving services, staff, and the Department.

Implementation of these Departmental Instructions and the clinical and operational requirements they define are intended to assure that individuals served in state facilities

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## Policy 5010 (FAC) 00-1

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**Background**  
*(continued)*

receive a single standard of care that is consistent with the applicable requirements established by external regulatory and accreditation bodies, including the Joint Commission on Accreditation of Healthcare Organizations and the Centers for Medicare and Medicaid Services. In the years since the original implementation of this policy, certification and accreditation requirements, professional standards organizations, and laws and regulations have been implemented or revised to address many critical areas of clinical practice.

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**Purpose**

To create consistency in the quality of care across all state facilities through the establishment and implementation of uniform clinical and operational policies and procedures designed to improve quality of care, provide procedural protections for individuals receiving services, and standardize facility administrative practices and documentation requirements while providing services that are culturally and linguistically appropriate and person-centered and promote dignity, choice, and recovery for those individuals.

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**Policy**

It is the policy of the Board that the Department shall use Departmental Instructions as the primary mechanism to ensure uniformity of practice in the delivery of care to individuals receiving services in state facilities. Departmental Instructions shall be consistent with and reflect the unique missions of state facilities. Departmental Instructions shall establish consistent and reasonable standards of care and practice that are not overly prescriptive and offer sufficient flexibility to the greatest extent possible so that each state facility can implement requirements in Departmental Instructions in the most efficient manner for that facility.

It also is the policy of Board that every individual at any state facility shall receive care that is consistent with the uniform clinical and operational policies and procedures established in Departmental Instructions issued by the Department.

Further, it is the policy of the Board that state facilities shall adhere to uniform administrative practices and documentation requirements that are necessary to assure operational consistency across all state facilities.

It also is the policy of the Board that the Department shall continue to identify areas where the standardization of clinical and operational policies and procedures is needed to improve care and operating efficiencies and to develop Departmental Instructions, when appropriate, to address these areas.

Further, it is the policy of the Board that the Department shall periodically review existing Departmental Instructions to ensure they are still necessary and relevant and reflect current standards of care and practice. The Department shall rescind obsolete Departmental Instructions in a timely manner.

Finally, it is the policy of the Board that the Department shall provide leadership to ensure these uniform policies and procedures utilize language and practices that:

- Are person-centered;
  - Are culturally and linguistically appropriate; and
- Promote dignity, choice, and recovery for individuals receiving services.
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**REGULATORY ACTIVITY STATUS REPORT: DECEMBER 2017 (REVISED 11/21/17)**

<div style="display: flex; justify-content: space-between; align-items: center;"> <span style="background-color: #4a7c9c; color: white; padding: 2px 5px; font-weight: bold;">Board</span> <span>STATE BOARD OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES</span> </div>						
VAC CITATION	CHAPTER TITLE (FULL TITLE)	REGULATIONS IN PROCESS			LAST ACTIVITY	LAST PERIODIC REVIEW*
		PURPOSE	STAGE	STATUS		
<a href="#"><u>12 VAC 35-12</u></a>	<b>Public Participation Guidelines</b>	To facilitate public involvement in the regulatory process	<i>Result of Periodic Review</i>	<ul style="list-style-type: none"> <li><b>Current:</b> Fast track submitted to DPB November 21.</li> </ul>	08/31/2009	7/18/2017
<a href="#"><u>12 VAC 35-46</u></a>	<b>Regulations for Children's Residential Facilities</b>	To articulate requirements to assure the health, safety, care, and treatment for children who receive services from providers licensed by DBHDS.	<i>Periodic Review</i>	<ul style="list-style-type: none"> <li><b>Action Requested:</b> Initiate periodic review.</li> </ul>	01/22/2013	12/05/2012
<a href="#"><u>12 VAC 35-105</u></a>	<i>Licensing-Adult (Rules and Regulations for Licensing Facilities and Providers of Mental Health, Mental Retardation and Substance Abuse Services)</i>	<i>In accordance with the CMS Final Rule and the Settlement Agreement: clarifications to requirements for the health, safety, care and treatment for adults who receive services from providers of residential services.</i>	<i>Not yet filed: Emergency/ NOIRA</i>	<ul style="list-style-type: none"> <li><b>Current:</b> Latest edits from OAG November 16.</li> </ul>	11/07/2011	05/03/2013
<a href="#"><u>12 VAC 35-105</u></a> Certain sections.	<b>Licensing-Adult</b> (Rules and Regulations for Licensing Facilities and Providers of Mental Health, Mental Retardation and Substance Abuse Services)	In accordance with Chapter 136 of the 2017 General Assembly to include OTs and OTAs as QMHPs.	<i>Not yet filed: Emergency</i>	<ul style="list-style-type: none"> <li><b>Current:</b> Emergency regulation submitted to Governor's Office on November 10.</li> </ul>	11/07/2011	05/03/2013
<a href="#"><u>12 VAC 35-115</u></a> Sections 30 and 105.	<b>Human Rights</b> (Regulations to Assure the Rights of Individuals Receiving Services from Providers Licensed, Funded, or Operated by the Department of Behavioral Health and Developmental Services)	To update the existing regulation by adding LBAs to the definition of 'Licensed Professional' in relation to 12 VAC35-115-105 (B and C) only.	<i>Fast-Track</i>	<ul style="list-style-type: none"> <li><b>Current:</b> Fast track submitted to DPB November 21.</li> </ul>	02/09/2017	02/09/2017
<a href="#"><u>12 VAC 35-180</u></a>	<b>Regulations to Assure the Protection of Participants in Human Research</b>	To define policy and review requirements to protect individuals with mental illness, developmental disability, and substance abuse or dependence problems who are participants in human research performed by facilities or programs operated,	<i>Periodic Review</i>	<ul style="list-style-type: none"> <li><b>Current:</b> Initiated October 5; comment period closed November 21.</li> </ul>	11/12/2009	11/21/2017

		funded, or licensed by the department.				
<u>12 VAC 35-190</u>	<b>Regulations Establishing Procedures for Voluntarily Admitting Persons Who Are Mentally Retarded to State Mental Retardation Facilities</b>	To clearly articulate requirements and actions required to admit a person to a training center; define due process protections afforded to persons who are being admitted and to their families.	<i>Not yet filed: Fast Track as the result of a Periodic Review</i>	<ul style="list-style-type: none"> <li>• <b>Current:</b> Public comment on draft closed November 14; expect future action.</li> </ul>	07/20/2009	
<u>12 VAC 35-200</u>	<b>Regulations for Respite and Emergency Care Admission to Mental Retardation Facilities</b>	To clearly articulate requirements required to access emergency services and respite care in a training center.	<i>Not yet filed: Fast Track as the result of a Periodic Review</i>	<ul style="list-style-type: none"> <li>• <b>Current:</b> Public comment on draft closed November 14; expect future action.</li> </ul>	08/17/2009	
<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.	<i>Not yet filed: Fast Track as the result of a Periodic Review</i>	<ul style="list-style-type: none"> <li>• <b>Current:</b> Public comment on draft closed November 14; expect future action.</li> </ul>	11/1/2011	12/19/2011
<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.	<i>Periodic Review</i>	<ul style="list-style-type: none"> <li>• <b>Action Requested:</b> <i>Initiate periodic review.</i></li> </ul>	12/02/2013	--
<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> ).	<i>NOIRA to Proposed</i>	<ul style="list-style-type: none"> <li>• <b>Current:</b> Emergency effective on May 12, 2017.</li> <li>• <b>Current:</b> Proposed draft submitted to the Governor on November 10. No action requested. Hearing to be held once proposed is published.</li> </ul>	05/12/2017	--

\*Shows the last time the Periodic Review feature on Town Hall was used for this regulation. A comprehensive periodic review may also have been included during other standard regulatory actions.



# COMMONWEALTH of VIRGINIA

JACK BARBER, M.D.  
INTERIM COMMISSIONER

DEPARTMENT OF  
BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

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www.dbhds.virginia.gov

## MEMORANDUM

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

**Fr:** Ruth Anne Walker, Regulatory Coordinator

**Date:** November 21, 2017

**Re:** Regulatory Package

**I. Required Periodic Reviews** (<http://townhall.virginia.gov/UM/chartperiodicreview.pdf>)

**Background:** Existing regulations must be examined at least every four years to review statutory authority and assure that the regulations do not exceed the Board's statutory authority. Investigation should be conducted for any alternatives to the regulation and any need to modify the regulation to meet current needs.

**Purpose:** Two regulations are submitted to the Board for consideration for review. One pertains to childrens residential services; the other is the regulation for the administration of the individual and family support program (IFSP, <http://www.dbhds.virginia.gov/community-support-services/ifsp>).

**Action Requested:** Direct that a periodic review is initiated for the following regulations.

VAC Citation	Title	Last Review
<u>12 VAC 35-46</u>	Regulations for Children's Residential Facilities	12/05/2012
<u>12 VAC 35-230</u>	Operation of the Individual and Family Support Program	--

**Next Steps:**

If approved, staff initiates the periodic review. At the conclusion of the 21-day comment period, staff develops recommended Board action on each of the regulations, for consideration at a future meeting. The choices for action are:

- A. Propose to retain the regulation in its current form.
- B. Propose to amend or abolish the regulation. (Notice of Intended Regulatory Action)  
Propose to amend the regulation through an exempt action.

<b>2017-2019 Proposed Topics for Upcoming Meetings</b>	
<b>Meeting Date</b>	<b>Suggested Topics</b>
July 2017	Biennial Retreat Peer Certification Program Update Progress on Multi-lingual and multi-cultural initiative
October 3 & 4, 2017 Williamsburg	Hospital Census/ EBL Workforce Issues and Workforce Development Possible Discussion on ARTS/Peers
December 4 & 5, 2017 Richmond	Review of Public Education Efforts Pres-Session Update Housing Presentation
April 2018 Hampton Roads (Virginia Beach)  Proposed Date: April 10-11, 2018	DOJ Update Post-Session Update Budget Update Early Intervention Presentation Possible Jail Discussion
July 2018 Richmond  Proposed Date: July 10-11, 2018	MHFA Training Overview Peer Services Update STEP-VA-SDA Update Possible REVIVE Training
October 2018 Roanoke  Proposed Date: October 2-3, 2018	CIT Training Presentation Opioid Presentation Geriatric Services Presentation
December 2018 Richmond  Proposed Date: December 4-5, 2018	Pre-Session Update Children's Services Presentation
April 2019	To Be Determined
July 2019	To Be Determined Biennial Retreat

# 2018 Meeting Schedule

## 2018 Schedule

- Wednesday, April 10-11, 2018, Virginia Beach
- Wednesday, July 10-11, 2018, Richmond
- Wednesday, October 2-3, 2018, Williamsburg
- Thursday, December 4-5, 2018, Richmond

2018						
<b>JANUARY</b>						
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<b>NOVEMBER</b>						
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<b>DECEMBER</b>						
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## Event Schedule

Monday, December 4

Tuesday, December 5

<p><b>Monday, December 4, 2017</b></p> <p><b><u>1:30pm-3:00pm</u></b></p>  <p><b><u>4:00pm-6:00pm</u></b></p>	<p><b>State Board Committee Meetings</b> DBHDS Central Office 1220 Bank Street Richmond, VA 23218</p> <p><b>Tour of Central State Hospital</b> 26317 West Washington Street, Petersburg VA 23803-0030</p> <p><b>Dinner</b></p> <p>Dinner on your own.</p>
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<p><b>Tuesday, December 5, 2017</b></p> <p><b><u>9:00 a.m. - 3:30 p.m.</u></b></p>	<p><b>Regular Meeting</b> DBHDS Central Office 1220 Bank Street Richmond, VA 23218</p>
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### **Directions to the Omni Richmond Hotel**

100 S 12th Street, Richmond, VA 23219

*Check in starts at 3 p.m.*

#### **FROM NEWPORT NEWS-WILLIAMSBURG INTERNATIONAL AIRPORT – 71 MILES**

Take I-64 West to Exit 190, merging onto I-95 South. On I-95 South, take Exit 74A onto I-195 (the 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 NORTH – VIA I-95 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 SOUTH – VIA I-95 NORTH**

Take I-95 North to Exit 74A onto I-195 (the 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. 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 WEST – VIA I-64 EAST**

Take I-64 East to I-95 South. From I-95, take Exit 74A onto I-195, the toll road. 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 self-parking, take an immediate right into the James Center underground parking. For valet parking, turn right onto 12th Street and into the hotel motor entrance.

Website for more information: <http://www.omnihotels.com/hotels/richmond>

**Monday, December 4, 2017**

**Directions to the Central State Hospital**  
26317 West Washington Street,  
Petersburg VA 23803-0030

**FROM DBHDS**

Get on I-95 S from N 14th St, Follow I-95 S to US-460 BUS E/E Washington St in Petersburg. Take exit 52 from I-95 S, Merge onto US-460 BUS E/E Washington St, Turn left onto 7th Ave, Turn left to stay on 7th Ave, Destination is on Right, Building 113 (administration).