

STATE BOARD OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

NOMINATING COMMITTEE MEETING

(per [Bylaws](#), Article 4.a-b.)

DRAFT AGENDA

Tuesday, July 16, 2024

Upon adjournment of the Dinner Meeting (approx. 7:30 p.m.)
DHBDS, Colonial CSB, 1657 Merrimac Trail, Williamsburg Va 23185

This meeting will be in person with all members physically present.

I.	7:30 p.m.	Call to Order	Rebecca Graser <i>Committee Chair</i>
II.		Approval of July 16, 2024, Agenda ➤ <i>Action Required</i>	
III.		Consideration of Nominees for Slate ➤ <i>Action Required</i>	
IV.		Adjournment	

The Nominating Committee is an ad hoc committee formed by the current chair in accordance with Article 4 b. of the [Bylaws](#).

Committee Members: Rebecca Graser, Chair; Blake Andis; Varun Choudhary.



COMMONWEALTH of VIRGINIA
STATE BOARD OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

DRAFT MEETING AGENDA

CONCURRENT COMMITTEE MEETINGS

Wednesday, July 17, 2024, 8:30 a.m. – 9:20 a.m.
DBHDS Eastern State Hospital
4601 Ironbound Road, Williamsburg, VA 23188-2652
**These meetings will be in person with a physical quorum present,
but electronic or phone connection is available.*

8:30	<ul style="list-style-type: none"> • <u>Policy and Evaluation Committee</u> <i>Kline Conference Room, 1201</i> *OR Teams Meeting: Join the meeting (https://teams.microsoft.com/l/meetup-join/19%3ameeting_N2M2MzMyM2EtYzq2NS00MmMyLTkxYmYtNmVkJzjA2MTM2ZmYw%40thread.v2/0?context=%7b%22id%22%3a%22620ae5a9-4ec1-4fa0-8641-5d9f386c7309%22%2c%22oid%22%3a%221e9c6e6e-9219-4944-8295-4c925b3bc9e0%22%7d) Meeting ID: 239 396 374 938 Passcode: PqRXfe <u>OR call in (audio only)</u> Dial in by phone +1 434-230-0065,,257730201# Phone conference ID: 257 730 201# <hr/> <ul style="list-style-type: none"> • <u>Planning and Budget Committee</u> <i>Director's Conference Room, 1282</i> OR see main meeting info below (same login↓) 	<p>Josie Mace <i>Legislative Manager</i></p> <p>Madelyn Lent <i>Public Policy Manager</i> Agenda p.20</p> <hr/> <p>Ruth Anne Walker <i>Board Liaison</i> Agenda p.19</p>
9:20	Adjourn	

CONTINUED -

STATE BOARD OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

REGULAR MEETING

Wednesday, July 17, 2024

9:30 a.m. – 2:00 p.m.

DBHDS Eastern State Hospital, Director's Conference Room, 1282,
4601 Ironbound Road, Williamsburg, VA 23188-2652

***This meeting will be in person with a physical quorum present, but electronic or phone connection is available:**

Join Teams Meeting

(this login is also used for the Planning Committee)

Join the meeting (https://teams.microsoft.com/join/19%3ameeting_N2FmZDc1MDgtN2U2ZC00MDJLWJjMzEtNDEwMjM5NWViMjZi%40thread.v2/0?context=%7b%22Tid%22%3a%22620ae5a9-4ec1-4fa0-8641-5d9f386c7309%22%2c%22Oid%22%3a%221e9c6e6e-9219-4944-8295-4c925b3bc9e0%22%7d)

Meeting ID: 277 482 522 855
Passcode: QKy7D4

OR Phone: (audio only)

+1 434-230-0065,,238951424#

Phone conference ID: 238 951 424

1.	9:30	<p>Call to Order and Introductions</p> <p>Approval of July 17, 2024, Agenda ➤ <i>Action Required</i></p> <p>Approval of Draft Minutes Special Called Meeting, May 14, 2024 ➤ <i>Action Required</i></p>	<p>Kendall Lee <i>Vice Chair</i></p>	6
2.	9:35	<p>Officer Elections</p> <p>A. Presentation of the Slate of Candidates</p> <p>B. Nominations from the Floor</p> <p>C. Election ➤ <i>Action Required</i></p> <p>D. Passing of the Gavel</p>	<p>Chair <i>Nominating Committee</i></p>	
3.	9:45	<p>Public Comment (<i>3 minute limit per speaker</i>) <i>Notice: It is preferred but not required that persons wishing to give comment email ruthanne.walker@dbhds.virginia.gov no later than 5:00 p.m., July 16, 2024, indicating they wish to provide comment. As the names of these individuals are announced at the beginning of the public comment period, three minutes of comment may be offered, within the overall time allowed for comments. Written public comment may be presented at the meeting or sent by email to ruthanne.walker@dbhds.virginia.gov no later than 10:00 a.m. on July 17, 2024.</i></p>		
4.	10:00	<p>Commissioner's Report</p>	<p>Nelson Smith <i>Commissioner</i></p>	

5.	10:45	Facility Tour		
6.	11:15	Eastern State Hospital Overview	Daniel Herr <i>ESH Director</i>	
7.	11:35	Regulatory Actions A. Initiation of Fast Track: Certified Recovery Residences [12VAC35-260], Reporting deaths or serious injuries. Periodic review result. ➤ <i>Action Required</i> B. Regulatory Activity Status Update	Ruth Anne Walker <i>Director of Regulatory Affairs</i> Alethea Lambert <i>Director, Office of Recovery Services</i> Susan Puglisi <i>Regulatory Research Specialist</i>	21 42
8.	12:00	Lunch: Break and Collect Lunch		
9.	12:30	Update, Board Priority 5: Bed of last resort law.	Suzanne Mayo <i>Assistant Commissioner, Facility Services</i>	
10.	1:00	Virginia Association of Community Services Boards	Jennifer Faison <i>VACSB Executive Director</i>	
11.	1:30	Update, Board Priority 6: Temporary Detention Orders (TDOs).	Curt Gleeson <i>Assistant Commissioner, Crisis Services</i>	
13.	1:50	Committee Reports A. Planning and Budget B. Policy and Evaluation	Ruth Anne Walker Madelyn Lent <i>Public Policy Manager</i>	22 21
14.	2:00	Miscellaneous A. SHRC Appointment B. Liaison Updates	Taneika Goldman <i>Director, Office of Human Rights</i>	41
15.	2:15	Adjournment	Board Chair	

*(Note: Times may run slightly ahead or behind schedule.
If you are a presenter, please plan to be at least 10 minutes early.)*

MEETING SCHEDULE

DATE*	Location
2024	
September 25 (Wed)	Southern Virginia Mental Health Institute Danville
December 11 (Wed)	Central Office Richmond
2025	
April 2 (Wed)	Western State Hospital Staunton
July 9 (Wed)	Central Office (July 8 Biennial Planning) Richmond

STATE BOARD OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

Special Called Meeting DRAFT MINUTES Tuesday, May 14, 2024 DBHDS All-Virtual

This meeting was all-virtual as deemed necessary and convenient for the Board by the chair on April 3, 2024. A quorum was present. Electronic and phone connection was available. A recording of the meeting is available.

Members Present	Elizabeth Hilscher, Chair; Kendall Lee, Vice Chair; R. Blake Andis; Varun Choudhary; Rebecca Graser; Moira Mazzi; Christopher Olivo; and Sandra Price-Stroble.
Members Absent	Cindy Lamb.
Staff Present	<ul style="list-style-type: none"> • Madelyn Lent, Public Policy Manager. • Susan Puglisi, Regulatory Research Specialist. • Ruth Anne Walker, Regulatory Affairs Director and State Board Liaison. • Heather Norton, Assistant Commissioner, Division of Developmental Services; Acting Chief Deputy Commissioner. • Meghan McGuire, Deputy Commissioner, Policy and Public Affairs. • April Dovel, Director, Office of Crisis Services. • Jae Benz, Director, Office of Licensing. • Taneika Goldman, Director, Office of Human Rights. • Curt Gleeson, Assistant Commissioner, Division of Crisis Services. • Dev Nair, Assistant Commissioner, Division of Provider Management. • Deanna Parker, Director, Community Network Supports. • Heather Hines, Director, Office of Individual and Family Support Program.
Guests:	<ul style="list-style-type: none"> • Ed Creekmore , Jr., NSSC Policy Action Co-Chair and Virginia Legislative Advocate. • Jennifer Fidura, Executive Director, Virginia Network of Private Providers (VNPP). • Paul Hibbitts, Aetna. • Chris Santarsiero, Vice President of Government Affairs, Connections Health Solutions. • Teresa Smith, Office of the State Inspector General. • Molly Walker, Clinical Director of Mental Health and Quality Improvement, Eastern Shore CSB.

Call to Order and Introductions	<p>At 9:01 a.m., Elizabeth Hilscher, Chair, called the meeting to order and welcomed those present, identifying the members on the call. A quorum of eight members was electronically present. She thanked the members for making themselves available for this additional meeting.</p>
Approval of Agenda	<p><i>At 9:33 a.m. the State Board voted to adopt the May 14, 2024, agenda. On a motion by Varun Choudhary and a second by Moira Mazzi, the agenda was approved.</i></p>
Approval of Draft Minutes	<p><i>At 9:34 a.m., on a motion by Ms. Mazzi and a second by Dr. Choudhary, the April 2, 2024, dinner meeting and April 3, 2024, regular meeting minutes were approved as final.</i></p>
Public Comment	<p>At 9:05 a.m., Ms. Hilscher stated a period for public comment was included on the draft agenda, two citizens were present to speak:</p> <ol style="list-style-type: none"> 1. Jennifer Fidura, representing Connections Health Solutions, spoke to the final exempt action before the board, High-Quality Crisis Services, amending 12VAC35-105 and 12VAC35-115. Ms. Fidura thanked DBHDS staff Dev Nair, Jae Benz, Tanika Goldman, and Curt Gleeson for their support and cooperation in getting to this point as rapidly as they did. Six months ago she would have predicted that the regulations to eliminate the barriers to provide effective high quality crisis services were two to three years in the future, and yet they're here today. Adoption of today's regulatory package ensures, in the opinion of Connections, that every person will be able to receive nationally-recognized, no-wrong-door, community-based crisis services. When Connections Health Solutions, which is an experienced crisis service provider in other locations in the country, successfully bid on the contract to provide a comprehensive crisis program for both children and adults in Prince William County more than a year ago, they knew that there were significant barriers to providing those services in Virginia. In this past legislative session of the General Assembly, not only were they successful in resolving the issues found in the Code of Virginia related to the storage and administration of medication, but barriers found in the licensing and human rights regulations were also addressed. Ms. Fidura and Connections hoped that the board would support the proposed amendments, keeping in mind that the regulations are not only designed to provide guidance and direction to the providers of services, but also to offer protections and assurances of the best practice to the recipients of those services. These regulations, they

	<p>believe, do both. Ms. Fidura thanked the board for the time to speak.</p> <p>2. Ed W. Creekmore, Jr., Ph.D., LCP, National Shattering the Silence Coalition Policy Action Co-Chair and Virginia Legislative Advocate, submitted written comments regarding the Individual and Family Support Program (attached), and gave verbal comments regarding crisis services. Dr. Creekmore stated that he is a passionate supporter of the Crisis Now model, and believes the use of that both crisis receiving centers (CRCs) and crisis stabilization units (CSUs) (he likes to call them urgent care centers) are an exciting development in Virginia. This is along with the comprehensive psychiatric emergency units that they have in Roanoke/Salem area. Dr. Creekmore believes the centers have potential to be used not only for diverting individuals who are generally in crisis, such as the seriously mentally ill and others with mental health disabilities, but also individuals who, unfortunately under varying circumstances on the site decision by a law enforcement officer (sometimes with C-TAC experience and expertise but sometimes not) whether to divert to the court to be booked or to emergency departments for emergency custody order hold.</p> <p>Dr. Creekmore believes these centers can be used to divert individuals through both programs like Fairfax County's Diversion First Program or possibly using the paperless ECO (emergency custody order) to have at a magistrates level, a qualified mental health professional (QMHP) to screen individuals when an officer opts to take them under custody, usually in consultation with a C-TAC of the secure location near the Magistrates Office and a court complex to be screened by a masters level QMHP. Giving that officer the option after the completion of the QMHP, usually CSB person who's an employee or signed to the unit, to have that discretion to make a recommendation to the magistrate to possibly divert back to a Crisis Now center where they could be screened, evaluated and, if they continue to meet commitment criteria, be issued a TDO by the magistrate, but then to be diverted through a crisis now center to other diversion options. He thinks this model is an excellent one and offers an excellent opportunity, particularly under Senate Bill 574, to look at how Virginia can use the these centers effectively for criminal to civil debris. Dr. Creekmore thanked the board.</p>
Regulatory Actions	Regulatory Actions

A. Action with Periodic Review: Operation of the Individual and Family Support Program, 12VAC35-230. Final Stage: Mandate to facilitate compliance (Item 313.NN., 2002).

Ms. Hilscher noted that since April, a second item was added to the agenda per the direction of the Governor and General Assembly to develop high quality crisis services, and both are time-sensitive.

Ruth Anne Walker gave a brief overview on the action, noting this is the third time that it has come to the Board (in emergency form, proposed stage, and now final stage). She reported it is very straightforward in purpose as mandated by the General Assembly, shifting from a first come, first served basis to a list of criteria that will have annual review and a lot of stakeholder input. Those revisions will be published annually.

This was the original purpose for the special called meeting, to hurry and get this moved forward so that it can be in place for the funding cycle will be all set for the new fiscal year, and there won't need to be the extension of the emergency regulation.

Ms. Walker noted, as listed on page 25, there were a total of 17 comments received and understandably because the folks who are waiting for waiver services, need more funding and more services, most of the comments had to do directly with funding for the developmental disability services system overall. Therefore, the staff determined that the comments did not warrant additional changes in this final stage.

On a motion by Dr. Choudhary and a second by Kendall Lee, the final stage of the standard action was approved for promulgation.

B. Final Exempt Action: High-Quality Crisis Services; appropriate and safe use of seclusion ([SB569](#)), Rules and Regulations For Licensing Providers by the Department of Behavioral Health and Developmental Services [[12VAC35-105](#)] AND Regulations to Assure the Rights of Individuals Receiving Services from Providers Licensed, Funded, or Operated by the Department of Behavioral Health and Developmental Services [[12VAC35-115](#)]

Ms. Walker drew attention to the December presentation by Curt Gleeson, Assistant Commissioner for Crisis Services, that provided a thorough explanation of the Crisis Now model and the services proposed to be built out in this action. [SB569](#) called for licensing and human rights regulations to be amended for 'high quality crisis services,' for seclusion to be allowed in certain settings, and that those amendments be promulgated through a regulatory action exempt from the Administrative Process Act. Additionally, the Governor added a phrase that called for the legislation to be effective upon adoption (rather than July 1st). Both the APA exemption and the Governor's amendment allows for a faster adoption process, and speaks to the sense of urgency to bring these services fully online.

Members were reminded of the detailed explanatory chart included in the meeting packet developed by Susan Puglisi, Regulatory Research Specialist. Ms. Walker noted Ms. Puglisi's prime drafting role for the action, in addition to the lead subject matter experts.

Dev Nair, Ph.D., provided additional background explanation noting this action seeks to amend the human rights and licensing regulations, specifically calling for allowing the use of seclusion in crisis receiving centers and crisis stabilization units. Dr. Nair stated that currently the human rights regulations only allow the use of seclusion in inpatient units and children's residential services; therefore, that is one change that's occurring with these regulations.

He also noted the addition of a new Section VIII to the licensing regulations, called Crisis Services, that creates specific standards for crisis receiving centers, community-based crisis stabilization, crisis stabilization units, and REACH providers. It also establishes requirements for seclusion rooms.

Dr. Nair reiterated that these amendments are critical to supporting the Governor's Right Help Right Now initiative by supporting enhanced crisis services and helping individuals to remain in the community. The amendments do exempt crisis providers from some of the existing regulations, such as individualized services plans (ISPs), discharge planning, and some of the physical environments within a residential setting. However, they add additional requirements that are specific to these services and focus on what would be expected in the

	<p>ISP for a very short term service. And so it essentially requires only what these providers must do for those services. <i>On a motion by Dr. Choudhary and second by Ms. Mazzi, the final exempt action was approved for promulgation.</i></p> <p>Ms. Hilscher thanked everybody for finding the time to do this meeting today.</p>
Miscellaneous	<p>A. Other Business There was no further business.</p> <p>Ms. Hilscher noted this was the last meeting before she rotated off the Board. She appreciated the department and the Board.</p> <p>B. Next Meeting: July 17, 2024, Eastern State Hospital, Williamsburg.</p>
Adjournment	<p>There being no other business, Ms. Hilscher adjourned the meeting at 9:22 a.m.</p>

MEETING SCHEDULE

DATE	Location
2024	
July 17 (Wed)	Eastern State Hospital Williamsburg
September 25 (Wed)	Southern Virginia Mental Health Institute Danville
December 11 (Wed)	Central Office Richmond
2025	
April 2 (Wed)	Western State Hospital Staunton
July 9 (Wed)	Southeastern Virginia Training Center Chesapeake

Attachment: Written Comments Received

Edmund W. Creekmore, Jr., MS, Ph.D., Licensed Clinical Psychologist,
National Shattering the Silence Coalition Policy Action Co-Chair and
Virginia Legislative Advocate

I observe with great concern that Virginia Commonwealth University Town Hall and IFSB sponsored website announcements, such as the May 14 upcoming Townhall, appear to be overwhelmingly devoted to advocacy and support for groups which the Virginia Department of Behavioral and Developmental Disorders (DBHDS) sponsors under its Individual and Family Support Program (IFSP) which claims to advocate for *all* individuals and families with disabilities but in practice advocates primarily for DD/Autism/IDD "special needs" populations. As a member of a national organization that advocates primarily for peers and family members of the adult seriously mentally ill, I note that this advocacy has often been to the exclusion of *other* "special needs" and "marginalized" populations worthy of such advocacy, such as those older adults with Serious/Severe Mental Illness and Post-ICU Syndrome, which comprises a large population of those with complex medical needs, including neuropsychiatric, following the COVID19 pandemic. I note also that the IFSP and Virginia Commonwealth University appear in their legal advocacy for the developmentally delayed (DD) to be dominated philosophically for the care management model known as "Supported Decision-making" as opposed to legal advocacy for alternative case management models such as "Shared Decision-making" and "Experience-Based Co-Design". Many in our organization believe that the latter care management models are more appropriate to and effective in meeting the special needs of SMI and PICS older adults (over the age of 26) and their families by VCU and the DBHDS IFSP—many of whom are disabled and home-bound.

Please consider having VCU (my graduate school alma mater) consider expanding its vision and advocacy to include advocacy and support for *all* populations with special needs and disabilities, particularly in its pursuit of VCU's sponsorship of initiative to establish often scarce resources, such as support housing, employment, and education for *all* such marginalized populations. Tragedies resulting in part from the neglect of the needs of the SMI by policy makers involving the SMI, such as Irvo Otieno and Charles Byers, recently featured in the Richmond media (Richmond Times Dispatch, TV6) bear urgent testimony to the need for more effective advocacy and support of these often-marginalized populations! Virginia's Assertive Community Treatment (ACT) program has yet to be funded in Virginia on anywhere near the level of that provided by the Commonwealth through ARTS funding for those with Substance Use Disorders (SUDs) and Co-Occurring Disorders or through federal Medicaid Waiver 1115 funding. Please consider inviting speakers, including guest speakers from outside of VCU, to address the needs of these chronically underserved populations in a more representative manner than has been the case in the past.

Lastly, my organization, the National Shattering the Silence Coalition, supports policy advocacy initiatives, such as those currently underway in Virginia and the nation, that promote full parity and non-discrimination under law to serve these underserved

populations more effectively. Note that NIMH and the National Academies of Science have recently sponsored conferences highlighting historical disparities in research undertaken with these populations, and other minority populations, on which most federal funding decisions are made. These conferences highlight the need for equity and parity in serving *all* underserved "minority" and "marginalized" populations, including those with mental health disabilities.

STATE BOARD OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

Planning and Budget Committee

DRAFT MINUTES

APRIL 3, 2024

8:30-9:25 AM

DBHDS CATAWBA HOSPITAL, MAIN CONFERENCE ROOM

– BUILDING 24 ADMINISTRATION,

5525 CATAWBA HOSPITAL DR, CATAWBA, VA 24070

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; CINDY LAMB; CHRISTOPHER OLIVO.

MEMBERS ABSENT: (NONE).

STAFF PRESENT: ELLEN HARRISON; CHAYE NEAL-JONES; RUTH ANNE WALKER.

I. Call to Order

At 8:31 a.m., Elizabeth Hilscher called the meeting to order and announced a quorum present.

II. Welcome and Introductions

At 8:32 a.m., Ms. Hilscher welcomed all present.

III. Adoption of Minutes, December 6, 2023

At 8:33 a.m., on a motion from Christopher Olivo and a second from Cindy Lamb the meeting minutes from December 6, 2023, were adopted unanimously.

IV. Adoption of Agenda, April 3, 2024

At 8:34 a.m., on a motion from Christopher Olivo and a second from Blake Andis the agenda was adopted unanimously.

- V. 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. 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. Review from the July 11, 2023, Biennial Planning Meeting: Draft priorities for the biennium and draft topic areas for board meeting updates September 2023 - July 2025.

At 8:45 a.m. Ms. Hilscher reviewed the meeting topics spreadsheet and list of priorities developed at the biennial planning meeting. Ruth Anne Walker reviewed the past meeting dates and topics covered, and reviewed open

presentations slots in December and April. Ms. Walker also asked the committee to consider options for a recommendation on two meeting options:

- What facility to visit in April 2025; and
- Whether to continue through July 2025 of having an additional out-of-Richmond meeting to cover all facilities post-pandemic.

Considerations of those recommendations were: visiting Central State Hospital (CSH) when the new hospital is open; Southeastern Virginia Training Center (SEVTC) is the facility most due for a visit just placed on time (and there have been no admissions in five years); both the Staunton campus (where an expansion is in development with Western State Hospital (WSH) and Northern Virginia Mental Health Institute would be next after SEVTC. Another consideration was for the July meeting to stay within one hour of Richmond for the biennial planning meeting so that Central Office staff can easily attend.

After discussion, on a motion by *Mr. Olivo and a second by Ms. Lamb, the committee recommended to visit the Staunton campus for the April 2025 meeting, and the SEVTC campus for the July 2025 meeting.*

The committee agreed to leave open presentation slots as is for now and revisit at a later date.

VI. Other Business

A. State Board Budget Quarterly Report.

Handout

At 9:03 a.m., the board's quarterly budget report was reviewed. At the inquiry of Ms. Lamb, clarification was provided on the 'Premium' category, which exists for gifts, awards, prizes, and other things of that nature for individuals and organizations. This category includes recognition plaques for members retiring from the State Board. A review of the general months and locations of conferences of the Virginia Association of Community Services Boards (VACSB) was reviewed.

B. Discussion of Performance Contract

Chaye Neal-Jones

At 8:35 a.m., the committee heard from Chay Neal-Jones, Deputy Director, Office of Enterprise Management Services, who discussed the role of the office, and recent changes to its structure and day to day implementation of roles and responsibilities, including changes to the Performance Contract with community services boards (CSBs) and their Exhibit D's for their state- and federally- funded program services. Ms. Neal-Jones reported the office is doing a lot of internal training and development to help and assist DBHDS staff with understanding their roles and responsibilities with the CSBs, as there have been and are currently numerous longtime staff retiring. And also, her office is providing technical assistance and training for the CSBs as they are bringing on new staff as longtime CSB staff are retiring.

Sheriff Andis asked if the office monitors the local grants. Ms. Neal-Jones responded that is outside of the office's purview, though they do monitor the services under those grants, but not the grant management or tracking. OEMS may provide technical assistance or training. Ms. Hilscher wondered if part of the role of the office is to facilitate CSBs meeting a basic level of standard of care across the board, even though the services offered may vary. Ms. Neal-Jones affirmed that understanding, and that the priority now is to measure outcomes and the quality of those services, making sure individuals are getting the right services for their needs and reducing the need for admissions to state hospitals. Such information is easier to track now than in the past, even in the past couple of years due to modernization of technology at DBHDS.

Work has been done to minimize unnecessary procedural-based language from the Performance Contract and other 'legalese.' Also, the 'exhibits' attached to the contract have been reorganized a bit for clarity. The CSBs seem to like the changes. More information would be provided in the full presentation to the State Board that afternoon. *Presentation available upon request.*

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 July 17, 2024.

VIII. Adjournment

At 9:23 a.m., Ms. Hilscher adjourned the meeting.

STATE BOARD OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

Policy and Evaluation Committee

DRAFT MINUTES

APRIL 3, 2024

8:30-9:25 AM

DBHDS CATAWBA HOSPITAL, SMALL CONFERENCE ROOM

– BUILDING 24 ADMINISTRATION,

5525 CATAWBA HOSPITAL DR, CATAWBA, VA 24070

*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: Kendall Lee, Committee Chair/Board Vice Chair, Becky Graser; ;
Moira Mazzi; Sandy Price-Stroble.

MEMBERS ABSENT: Varun Choudhary.

DBHDS STAFF PRESENT: Committee Staff Josie Mace, Madelyn Lent. Heather Norton.
Kari Savage. Kristin Yavorsky.

GUESTS PRESENT: In person - Mary Ottinot. Virtual – Mindy Monay, GOV; Kathryn
Zimmerman, HHR; Kyle Vaught.

I. Call to Order [Kendall Lee, Committee Chair]

Dr. Kendall Lee called the meeting to order at 8:35 a.m. A quorum was present.

II. Welcome and Introductions [Kendall Lee] (5 min)

**III. Adoption of Agenda, April 3, 2024, and Adoption of Minutes, December 6,
2023.**

**IV. Review of Committee Charge and Policy Review Plan for FY2024. [Kendall Lee
and Josie Mace] (40 min)**

Dr. Lee and Josie Mace reviewed the status of the policy review schedule.

V. Presentation of Policies for Discussion [Kendall and Staff] (30 min)

**A. 4010(CSB)83-6 Local Match Requirements for Community Services Boards
(Revisions)**

Committee members requested staff reach out to the subject matter expert for
additional information on this policy and include Mr. Lee on communications to the
SME.

**B. 1007(SYS)86-2 Behavioral Health and Developmental Services for Children
and Adolescents and Their Families (Background)**

Heather Norton presented background information on this policy, with assistance
from Kari Savage. Suggested revisions will be provided to members before the July
meeting.

C. 4023(CSB)86-24 Housing Supports (Background)

Kristin Yavorsky provided background information on this policy. Suggested revisions will be provided to members before the July meeting.

D. 4038(CSB)94-1 Department and CSB Roles in Providing Services to Children Under the Children’s Services Act for At-Risk Youth and Families (Background)

Ms. Savage presented background information on this policy. Suggested revisions will be provided to members before the July meeting.

VI. Next Quarterly Meeting: July 17, 2024

VII. Other Business (10 min)

There being no further business, Dr. Lee adjourned the meeting at 9:20 a.m.

VIII. Adjournment

All current policies of the State Board are here: <https://dbhds.virginia.gov/about-dbhds/Boards-Councils/state-board-of-BHDS/bhds-policies/>.

STATE BOARD OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

Planning and Budget Committee

DRAFT AGENDA

JULY 17, 2024

8:30-9:25 AM

DBHDS EASTERN STATE HOSPITAL - DIRECTOR'S CONFERENCE ROOM, 1282
4601 IRONBOUND ROAD, WILLIAMSBURG, VA 23188-2652

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

- I. **Call to Order**
- II. **Welcome and Introductions**
- III. **Adoption of Minutes, April 4, 2024 (p.16)**
- IV. **Adoption of Agenda, July 17, 2024**
- V. **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. 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. **Review from the July 11, 2023, Biennial Planning Meeting: Draft priorities for the biennium and draft topic areas for board meeting updates September 2023 - July 2025.**
- VI. **Other Business**
 - C. **State Board Budget Quarterly Report.** *Handout*
 - D. **Discussion of (Topic TBD)**
- 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 September 28, 2024, Danville.
- VIII. **Adjournment**

Policy and Evaluation Committee

DRAFT AGENDA

JULY 17, 2024

8:30-9:25 AM

DBHDS EASTERN STATE HOSPITAL - KLINE CONFERENCE ROOM, 1201
4601 IRONBOUND ROAD, WILLIAMSBURG, VA 23188-2652

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

- I. Call to Order [Kendall Lee]**
- II. Welcome and Introductions [Kendall Lee] (5 min)**
- III. Adoption of Minutes, April 4, 2024 (p.17)**
- IV. Adoption of Agenda, July 17, 2024**
- V. Review of Policy Review Plan for FY2024 (as needed) [Kendall Lee and Staff] (10 min)**
- VI. Presentation of Policies for Discussion [Kendall Lee and Staff] (15 min)**
 - A. 4010(CSB)83-6 Local Match Requirements for Community Services Boards (Review comments received from Community Services Boards)
- VII. Presentation of Policies for Vote to Recommend Revisions to the Board [Kendall Lee and Staff] (20 min)**
 - A. 1007(SYS)86-2 Behavioral Health and Developmental Services for Children and Adolescents and Their Families (Revisions)
 - B. 4023(CSB)86-24 Housing Supports (Revisions)
 - C. 4038(CSB)94-1 Department and CSB Roles in Providing Services to Children Under the Children's Services Act for At-Risk Youth and Families (Revisions)
- VIII. Presentation of Policy for Vote to Recommend Rescinding to the Board [Kendall Lee and Staff] (5 min)**
 - A. 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. (§ 37.2-315 Comprehensive State Plan for Behavioral Health and Developmental Services was repealed in 2022)
- IX. Next Quarterly Meeting: September 25, 2024, Danville.**
- VIII. Adjournment**

All current policies of the State Board are here: <https://dbhds.virginia.gov/about-dbhds/Boards-Councils/state-board-of-BHDS/bhds-policies/>.

MEMORANDUM

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

Fr: Ruth Anne Walker, Director of Regulatory Affairs

Date: July 1, 2024

Re: One Regulatory Action Item

I. Action Item. Initiation of Fast Track: Certified Recovery Residences [12VAC35-260].

Background: Chapter 260 [12VAC35-260] was created through a fast track action in March 2020 in compliance with Chapter 220 of the 2019 Acts of Assembly, which added a new section numbered § [37.2-431.1](#) in the Code of Virginia creating an avenue for the certification of recovery residences through the Department of Behavioral Health and Developmental Services (DBHDS). That original regulatory action defined “recovery residences” and, as allowed by the enabling legislation, created a voluntary certification for residences that meet standards of credentialing entities specified by DBHDS. The two credentialing entities specified in the regulation are nationally recommended organizations that reportedly follow best practice standards for recovery. The legislation was developed through a stakeholder workgroup over a year and with broad community feedback that called for greater oversight for recovery housing in Virginia.

Purpose: The goal of this regulatory action is to comply with the requirements of [Chapter 30](#) of the 2024 Session of the General Assembly to add the requirement that any certified recovery residence in Virginia report any death or serious injury that occurs in the recovery residence to DBHDS.

Periodic Review Result: Separately from this action, a [periodic review](#) was due to be conducted. A total of 13 comments were received and are listed after the language for this action. Staff determined that none warranted additional edits to this action or a separate action.

Action Requested: Initiate the final stage of the [standard process](#). This will allow for the changes to be effective in time for the new funding cycle.

VAC Citation	Title	Last Activity	Date
12 VAC 35-260	Certified Recover Residences	Fast Track	02/01/2024

Next Steps: If approved, staff initiates the fast track.



townhall.virginia.gov

Fast-Track Regulation Agency Background Document

Agency name	Department of Behavioral Health and Developmental Services
Virginia Administrative Code (VAC) Chapter citation(s)	12 VAC35-260
VAC Chapter title(s)	Certified Recovery Residences.
Action title	Reporting deaths or serious injuries.
Date this document prepared	07/1/2024

This information is required for executive branch review and the Virginia Registrar of Regulations, pursuant to the Virginia Administrative Process Act (APA), Executive Order 19 (2022) (EO 19), any instructions or procedures issued by the Office of Regulatory Management (ORM) or the Department of Planning and Budget (DPB) pursuant to EO 19, the Regulations for Filing and Publishing Agency Regulations (1 VAC 7-10), and the *Form and Style Requirements for the Virginia Register of Regulations and Virginia Administrative Code*.

Brief Summary

Provide a brief summary (preferably no more than 2 or 3 paragraphs) of this regulatory change (i.e., new regulation, amendments to an existing regulation, or repeal of an existing regulation). Alert the reader to all substantive matters. If applicable, generally describe the existing regulation.

[Chapter 30](#) (SB19; incorporates SB190) of the 2024 Session of the General Assembly amended [§ 37.2-431.1](#) of the Code of Virginia to add the requirement that any certified recovery residence in Virginia report any death or serious injury that occurs in the recovery residence to the Department of Behavioral Health and Developmental Services (DBHDS). This action conforms the regulations to the law by amending Sections 10 and 20 of the Certified Recovery Residences [[12VAC35-260](#)].

Acronyms and Definitions

Define all acronyms used in this form, and any technical terms that are not also defined in the "Definitions" section of the regulation.

DBHDS - Department of Behavioral Health and Developmental Services.
VARR - Virginia Association of Recovery Residences

Statement of Final Agency Action

Provide a statement of the final action taken by the agency including: 1) the date the action was taken; 2) the name of the agency taking the action; and 3) the title of the regulation.

The State Board of Behavioral Health and Developmental Services promulgated this action to amend Chapter 260, Certified Recovery Residences, on **July 17, 2024**.

Mandate and Impetus

Identify the mandate for this regulatory change and any other impetus that specifically prompted its initiation (e.g., new or modified mandate, petition for rulemaking, periodic review, or board decision). For purposes of executive branch review, "mandate" has the same meaning as defined in the ORM procedures, "a directive from the General Assembly, the federal government, or a court that requires that a regulation be promulgated, amended, or repealed in whole or part."

Consistent with Virginia Code § 2.2-4012.1, also explain why this rulemaking is expected to be noncontroversial and therefore appropriate for the fast-track rulemaking process.

[Chapter 30](#) (SB19; incorporates SB190) of the 2024 Session of the General Assembly amended [§ 37.2-431.1](#) of the Code of Virginia to add the requirement that any certified recovery residence in Virginia report any death or serious injury that occurs in the recovery residence to DBHDS. This action incorporates the mandate into the regulations by amending Sections 10 and 20 of the Certified Recovery Residences [[12VAC35-260](#)].

Legal Basis

Identify (1) the promulgating agency, and (2) the state and/or federal legal authority for the regulatory change, including the most relevant citations to the Code of Virginia and Acts of Assembly chapter number(s), if applicable. Your citation must include a specific provision, if any, authorizing the promulgating agency to regulate this specific subject or program, as well as a reference to the agency's overall regulatory authority.

Section 37.2-203 of the Code of Virginia authorizes the Board to adopt regulations that that may be necessary to carry out the provisions of Title 37.2 and other laws of the Commonwealth administered by the commissioner and the department and authorizes DBHDS to ensure the development of long-range programs and plans for mental health, developmental, and substance abuse services provided by DBHDS, community services boards, and behavioral health authorities.

Purpose

Explain the need for the regulatory change, including a description of: (1) the rationale or justification, (2) the specific reasons the regulatory change is essential to protect the health, safety or welfare of citizens, and (3) the goals of the regulatory change and the problems it is intended to solve.

This action incorporates into the Certified Recovery Residences [[12VAC35-260](#)] regulations the new requirement in [§ 37.2-431.1](#), of the Code of Virginia that any certified recovery residence in Virginia report any death or serious injury that occurs in the recovery residence to the Department of Behavioral Health and Developmental Services (DBHDS). ([Chapter 30](#) of the 2024 Session of the General Assembly.)

Opioid overdose rates and deaths in Virginia have increased significantly in recent years in conjunction with the introduction of illicitly produced fentanyl into communities. According to the Virginia Department of Health, in 2022, there were 2,490 overdose deaths in the Commonwealth. Treatment and recovery services provide individuals with substance use disorders the opportunity to work towards achieving healthier lifestyles. Recovery residences are intended to provide* stable, drug and alcohol-free housing and increase rates of successful recovery; however, a return to substance use happens for some individuals. When this occurs, the risk for overdose can increase. Reports of overdose deaths of individuals living in recovery residences have been made by family members. These family members have advocated for increased accountability in these settings.

(*See the SAMHSA Best Practices for Recovery Housing:
<https://store.samhsa.gov/sites/default/files/pep23-10-00-002.pdf>)

Substance

Briefly identify and explain the new substantive provisions, the substantive changes to existing sections, or both. A more detailed discussion is provided in the “Detail of Changes” section below.

Reporting deaths and serious injuries in certified recovery residences will allow the state to begin tracking these occurrences. This data will help to inform the General Assembly and DBHDS of where additional resources are potentially needed to prevent such incidents occurring in these settings.

Issues

Identify the issues associated with the regulatory change, including: 1) the primary advantages and disadvantages to the public, such as individual private citizens or businesses, of implementing the new or amended provisions; 2) the primary advantages and disadvantages to the agency or the Commonwealth; and 3) other pertinent matters of interest to the regulated community, government officials, and the public. If there are no disadvantages to the public or the Commonwealth, include a specific statement to that effect.

1. The primary advantage to the public is that it will provide the Commonwealth, including the General Assembly, with more data about any such death or injury so that it can make more informed decisions. There are no disadvantages to the public.
2. The primary advantage to the agency is receiving more data on what is occurring with individuals across the state in recovery residences. A manageable disadvantage for the agency is that a new reporting process needs to be put in place for recovery residences to report deaths and serious injuries similarly to licensed facilities reporting these occurrences.
3. It is important to remember that the model for recovery residences is to be peer-run, unlicensed, and no treatment on site. DBHDS licensed facilities fall under very extensive service regulations for the health, safety, and welfare of individuals receiving services.

Requirements More Restrictive than Federal

Identify and describe any requirement of the regulatory change which is more restrictive than applicable federal requirements. Include a specific citation for each applicable federal requirement, and a rationale for the need for the more restrictive requirements. If there are no applicable federal requirements, or no requirements that exceed applicable federal requirements, include a specific statement to that effect.

There are no requirements more restrictive than federal requirements.

Agencies, Localities, and Other Entities Particularly Affected

Consistent with § 2.2-4007.04 of the Code of Virginia, identify any other state agencies, localities, or other entities particularly affected by the regulatory change. Other entities could include local partners such as tribal governments, school boards, community services boards, and similar regional organizations. "Particularly affected" are those that are likely to bear any identified disproportionate material impact which would not be experienced by other agencies, localities, or entities. "Locality" can refer to either local governments or the locations in the Commonwealth where the activities relevant to the regulation or regulatory change are most likely to occur. If no agency, locality, or entity is particularly affected, include a specific statement to that effect.

Other State Agencies Particularly Affected

No other state agencies are affected.

Localities Particularly Affected

No particular localities are affected.

Other Entities Particularly Affected

These changes have the support from both entities that credential recovery residences, Oxford House and the Virginia Association of Recovery Residences (VARR).

Economic Impact

Consistent with § 2.2-4007.04 of the Code of Virginia, identify all specific economic impacts (costs and/or benefits), anticipated to result from the regulatory change. When describing a particular economic impact, specify which new requirement or change in requirement creates the anticipated economic impact. Keep in mind that this is the proposed change versus the status quo.

Impact on State Agencies

<p><i>For your agency:</i> projected costs, savings, fees or revenues resulting from the regulatory change, including: a) fund source / fund detail; b) delineation of one-time versus on-going expenditures; and c) whether any costs or revenue loss can be absorbed within existing resources</p>	<p>Please see the attached ORM EIA form, p.29.</p>
<p><i>For other state agencies:</i> projected costs, savings, fees or revenues resulting from the regulatory change, including a delineation of one-time versus on-going expenditures.</p>	
<p><i>For all agencies:</i> Benefits the regulatory change is designed to produce.</p>	

Impact on Localities

If this analysis has been reported on the ORM Economic Impact form, indicate the tables (1a or 2) on which it was reported. Information provided on that form need not be repeated here.

Projected costs, savings, fees or revenues resulting from the regulatory change.	Please see the attached ORM EIA form, p.29.
Benefits the regulatory change is designed to produce.	

Impact on Other Entities

If this analysis has been reported on the ORM Economic Impact form, indicate the tables (1a, 3, or 4) on which it was reported. Information provided on that form need not be repeated here.

Description of the individuals, businesses, or other entities likely to be affected by the regulatory change. If no other entities will be affected, include a specific statement to that effect.	Please see the attached ORM EIA form, p.29.
Agency's best estimate of the number of such entities that will be affected. Include an estimate of the number of small businesses affected. Small business means a business entity, including its affiliates, that: a) is independently owned and operated and; b) employs fewer than 500 full-time employees or has gross annual sales of less than \$6 million.	
All projected costs for affected individuals, businesses, or other entities resulting from the regulatory change. Be specific and include all costs including, but not limited to: a) projected reporting, recordkeeping, and other administrative costs required for compliance by small businesses; b) specify any costs related to the development of real estate for commercial or residential purposes that are a consequence of the regulatory change; c) fees; d) purchases of equipment or services; and e) time required to comply with the requirements.	
Benefits the regulatory change is designed to produce.	

Alternatives to Regulation

Describe any viable alternatives to the regulatory change that were considered, and the rationale used by the agency to select the least burdensome or intrusive alternative that meets the essential purpose of the regulatory change. Also, include discussion of less intrusive or less costly alternatives for small businesses, as defined in § 2.2-4007.1 of the Code of Virginia, of achieving the purpose of the regulatory change.

As this is implementing in regulation a mandate in state law, there is no alternative.

If this analysis has been reported on the ORM Economic Impact form, indicate the tables on which it was reported. Information provided on that form need not be repeated here.

Regulatory Flexibility Analysis

Consistent with § 2.2-4007.1 B of the Code of Virginia, describe the agency's analysis of alternative regulatory methods, consistent with health, safety, environmental, and economic welfare, that will accomplish the objectives of applicable law while minimizing the adverse impact on small business. Alternative regulatory methods include, at a minimum: 1) establishing less stringent compliance or reporting requirements; 2) establishing less stringent schedules or deadlines for compliance or reporting requirements; 3) consolidation or simplification of compliance or reporting requirements; 4) establishing performance standards for small businesses to replace design or operational standards required in the proposed regulation; and 5) the exemption of small businesses from all or any part of the requirements contained in the regulatory change.

As this is implementing in regulation a mandate in state law, there is no alternative.

If this analysis has been reported on the ORM Economic Impact form, indicate the tables on which it was reported. Information provided on that form need not be repeated here.

Public Participation

Indicate how the public should contact the agency to submit comments on this regulation, and whether a public hearing will be held, by completing the text below.

Consistent with § 2.2-4011 of the Code of Virginia, if an objection to the use of the fast-track process is received within the 30-day public comment period from 10 or more persons, any member of the applicable standing committee of either house of the General Assembly or of the Joint Commission on Administrative Rules, the agency shall: 1) file notice of the objections with the Registrar of Regulations for publication in the Virginia Register and 2) proceed with the normal promulgation process with the initial publication of the fast-track regulation serving as the Notice of Intended Regulatory Action.

If you are objecting to the use of the fast-track process as the means of promulgating this regulation, please clearly indicate your objection in your comment. Please also indicate the nature of, and reason for, your objection to using this process.

DBHDS is providing an opportunity for comments on this regulatory proposal, including but not limited to (i) the costs and benefits of the regulatory proposal and any alternative approaches, (ii) the potential impacts of the regulation, and (iii) the agency's regulatory flexibility analysis stated in this background document.

Anyone wishing to submit written comments for the public comment file may do so through the Public Comment Forums feature of the Virginia Regulatory Town Hall web site at: <https://townhall.virginia.gov>. Comments may also be submitted by mail, email or fax to Tiffani Wells, 1220 Bank Steet. Richmond, VA 23219. rrofva@dbhds.virginia.gov, fax (804) . In order to be considered, comments must be received by 11:59 pm on the last day of the public comment period.

Detail of Changes

List all regulatory changes and the consequences of the changes. Explain the new requirements and what they mean rather than merely quoting the text of the regulation. For example, describe the intent of the language and the expected impact. Describe the difference between existing requirement(s) and/or agency practice(s) and what is being proposed in this regulatory change. Use all tables that apply, but delete inapplicable tables.

If an existing VAC Chapter(s) is being amended or repealed, use Table 1 to describe the changes between existing VAC Chapter(s) and the proposed regulation. If existing VAC Chapter(s) or sections are being repealed and replaced, ensure Table 1 clearly shows both the current number and the new number for each repealed section and the replacement section.

Table 1: Changes to Existing VAC Chapter(s)

Current chapter-section number	New chapter-section number, if applicable	Current requirements in VAC	Change, intent, rationale, and likely impact of new requirements
12VAC35-260-10. Definitions.		N/A.	<p><u>"Serious injury" means any injury resulting in bodily hurt, damage, harm, or loss that requires medical attention by a licensed physician, doctor of osteopathic medicine, physician assistant, or nurse practitioner.</u></p> <ul style="list-style-type: none"> ▪ This is the definition used in the Licensing Regulations, 12VAC35-105.
12VAC35-260-20. Recovery residence.			<p><u>C. Each recovery residence shall report the following information concerning any death or serious injury that occurs in the recovery resident to DBHDS in a manner prescribed by DBHDS within 48 hours of discovery. Deaths that occur in a hospital as a result of illness or injury occurring when the individual was in a recovery residence shall be reported. All reports of a death or serious injury shall include:</u></p> <ol style="list-style-type: none"> <u>a. Date and place of the death or serious injury;</u> <u>b. Nature of the injury; and</u> <u>c. Circumstances of the death or serious injury.</u> <ul style="list-style-type: none"> ▪ This is language used in the Human Rights Regulations, 12VAC35-115.

Office of Regulatory Management

Economic Review Form

Agency name	Department of Behavioral Health and Developmental Services
Virginia Administrative Code (VAC) Chapter citation(s)	12 VAC 35-260
VAC Chapter title(s)	Certified Recovery Residences
Action title	Reporting deaths or serious injuries.
Date this document prepared	07/01/2024
Regulatory Stage (including Issuance of Guidance Documents)	Fast Track

Cost Benefit Analysis

Table 1a: Costs and Benefits of the Proposed Changes (Primary Option)

<p>(1) Direct & Indirect Costs & Benefits (Monetized)</p>	<p>Require each recovery residence must report instances of death and serious injuries to DBHDS within 48 hours of discovery, in a manner prescribed by DBHDS, and containing information on the date and place of injuries, nature of injuries, and circumstances of death or injury.</p> <p>Cost to Regulated Entity: In accordance with Chapter 30 of the 2024 Acts of Assembly, recovery residences are required to make reports for the above described circumstances to DBHDS within 48 hours. The cost of this requirement is expected to be absorbed within the existing operational costs of administration of each recovery residence.</p> <p>Costs to DBHDS: DBHDS will be required to establish a reporting system for recovery residences to report deaths or serious injuries. The cost of this requirement is expected to be absorbed within existing agency I.T. and staff resources.</p> <p>Benefits: This regulatory action is expected to result in a benefit to recovery residences, DBHDS, and transparency to all Virginians by ensuring consistency in operations and reporting of serious incidents at recovery residences across the Commonwealth. This benefit cannot be calculated in monetary terms.</p> <p>Indirect Costs: N/A Indirect Benefits: N/A</p>
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(2) Present Monetized Values	Direct & Indirect Costs	Direct & Indirect Benefits
	(a) \$0	(b)\$0
(3) Net Monetized Benefit	\$0	
(4) Other Costs & Benefits (Non-Monetized)	N/A	
(5) Information Sources	N/A	

Table 1b: Costs and Benefits under the Status Quo (No change to the regulation)

(1) Direct & Indirect Costs & Benefits (Monetized)	<p>The regulation must be changed as mandated by the 2024 Session of the General Assembly. However, here is an analysis: Require each recovery residence to report instances of death and serious injuries to DBHDS within 48 hours of discovery, in a manner prescribed by DBHDS, and containing information on the date and place of injuries, nature of injuries, and circumstances of death or injury.</p> <p>Direct Costs: The cost to the status quo would be the continued absence of this regulation. Under the status quo recovery residences are not required to report this information, therefore, DBHDS and individual Virginians are unaware of the prevalence of these events at recovery residences.</p> <p>Direct Benefits: The benefit of maintaining the status quo is reduced administrative burden for recovery residences and DBHDS. However, this benefit is expected to be minimal, as costs of this change are expected to be absorbed through existing resources.</p> <p>Indirect Costs: N/A</p> <p>Indirect Benefits: N/A</p>	
(2) Present Monetized Values	Direct & Indirect Costs	Direct & Indirect Benefits
	(a) \$0	(b) \$0
(3) Net Monetized Benefit	\$0	

(4) Other Costs & Benefits (Non-Monetized)	\$0
(5) Information Sources	

Impact on Local Partners

Table 2: Impact on Local Partners

(1) Direct & Indirect Costs & Benefits (Monetized)	<p>The relevant local partners for this regulation are primarily local police and EMS personnel, and to a lesser extent community services boards. As the proposed regulatory action would not result in any impact to these partners, there are no associated costs or benefits.</p> <p>Direct Costs: N/A Indirect Costs: N/A Direct Benefits: N/A Indirect Benefits: N/A</p>	
(2) Present Monetized Values	Direct & Indirect Costs	Direct & Indirect Benefits
	(a) \$0	(b) \$0
(3) Other Costs & Benefits (Non-Monetized)		
(4) Assistance		
(5) Information Sources		

Impacts on Families

Table 3: Impact on Families

(1) Direct & Indirect Costs & Benefits (Monetized)	<p>Require each recovery residence to report instances of death and serious injuries to DBHDS within 48 hours of discovery, in a manner prescribed by DBHDS, and containing information on the date and place of injuries, nature of injuries, and circumstances of death or injury.</p> <p>Direct Costs: N/A.</p>
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	<p>Indirect Costs: N/A</p> <p>Direct Benefits: Families will have increased transparency and awareness of incidents that occur at recovery residences, which may result in improved living conditions and choice of care options. The costs associated with this benefit cannot be calculated.</p> <p>Indirect Benefits: N/A</p>	
(2) Present Monetized Values	Direct & Indirect Costs	Direct & Indirect Benefits
	(a)	(b)
(3) Other Costs & Benefits (Non-Monetized)		
(4) Information Sources		

Impacts on Small Businesses

Table 4: Impact on Small Businesses

(1) Direct & Indirect Costs & Benefits (Monetized)	<p>Require each recovery residence to report instances of death and serious injuries to DBHDS within 48 hours of discovery, in a manner prescribed by DBHDS, and containing information on the date and place of injuries, nature of injuries, and circumstances of death or injury.</p> <p>Cost to Small Business: Recovery residences will be required to make reports for the above described circumstances to DBHDS within 48 hours. The cost of this requirement is expected to be absorbed within the existing operational costs of administration of each recovery residence. There is no impact on other small businesses.</p> <p>Benefit to Small Business: N/A</p>	
(2) Present Monetized Values	Direct & Indirect Costs	Direct & Indirect Benefits
	(a)	(b)
(3) Other Costs & Benefits (Non-Monetized)		

(4) Alternatives	
(5) Information Sources	

Changes to Number of Regulatory Requirements

Table 5: Regulatory Reduction

For each individual action, please fill out the appropriate chart to reflect any change in regulatory requirements, costs, regulatory stringency, or the overall length of any guidance documents.

Change in Regulatory Requirements

VAC Section(s) Involved*	Authority of Change	Initial Count	Additions	Subtractions	Total Net Change in Requirements
	(M/A):	2			
	(D/A):	1			
	(M/R):	4	4		4
	(D/R):	0			
				Grand Total of Changes in Requirements:	(M/A):
					(D/A):
					(M/R): 4
					(D/R):

I. **Regulatory Action Item: Fast-Track: Reporting deaths and serious injuries (SB19)**

Certified Recovery Residences

12VAC35-260-10. Definitions.

The following words and terms when used in this chapter shall have the following meanings, except when the context clearly ~~indicated~~ indicates otherwise:

"Certification list" means the list of certified recovery residences maintained by DBHDS.

"Credentialing entity" means a nonprofit organization that develops and administers professional certification programs according to standards of the National Alliance for Recovery Residences or standards endorsed by Oxford House, Inc.

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

"Level of support" means the level of support and structure that a recovery residence provides to residents, as specified in the standards of the National Alliance for Recovery Residences.

"Recovery residence" means a housing facility that (i) is certified by DBHDS in accordance with this chapter; (ii) provides alcohol-free and illicit-drug-free housing to individuals with substance abuse disorders and individuals with co-occurring mental illnesses and substance abuse disorders and (iii) does not include clinical treatment services.

"Serious injury" means any injury resulting in bodily hurt, damage, harm, or loss that requires medical attention by a licensed physician, doctor of osteopathic medicine, physician assistant, or nurse practitioner.

12VAC35-260-20. Recovery residence.

A. Any person, nonprofit organization, or business entity seeking to operate a recovery residence under this chapter shall for each location (i) meet the qualifications, policies, and practices of a credentialing entity and hold a credential, accreditation, or charter from the Virginia Association of Recovery Residences or Oxford House, Inc.; and (ii) be certified by DBHDS.

B. A recovery residence seeking to be certified by DBHDS shall:

1. Submit a completed application on a form provided by DBHDS;
2. Provide evidence of accreditation by a charter from or membership in a credentialing entity listed in this section; and
3. Provide evidence that the recovery residence complies with any minimum square footage requirements related to beds and sleeping rooms established by the credentialing entity or the square footage requirements set forth in § 36-105.4 of the Code of Virginia, whichever is greater.

C. Each recovery residence shall report the following information concerning any death or serious injury that occurs in the recovery residence to DBHDS in the manner prescribed by DBHDS within 48 hours of discovery. Deaths that occur in a hospital as a result of illness or injury occurring when the individual was in a recovery residence shall be reported. All reports of a death or serious injury shall include:

1. Date and place of the death or serious injury;
2. Nature of the injury; and
3. Circumstances of the death or serious injury.

Periodic Review Comments Received, 5/6/2024 – 6/6/2024

5/8/24 9:39 am

Commenter: David

Good work

There should be no changes necessary. Since the inception of these regulations the safety and quality of recovery houses has increased 10fold. The number of accredited houses has increased 5 times over. The national standards recognized in this regulation has the support of operators nation wide and the VA legislative bodies. Each year the law that lead to this regulation is reviewed and expanded to ensure the standards, quality of care, and transparency are maintained at the highest levels. Other states look to VA and model their own policies based on this regulation. Any change has the potential to harm the people that utilize certified recovery residences.

CommentID: [222611](#)

5/9/24 10:00 am

Commenter: suddnely a neighbor of a recovery house

Recovery houses are now a ez money scheme

Due to investing in too many houses and a market down turn real estate investors have now become sober living investors purely to help with their cash flow. They skimp at every opportunity and create an environment where residents are being churned in and out weekly. The neighborhood around these investor houses suffer. The absolute ease in opening and operating a sober living house by just about anybody needs to be reigned in. They are leaning into the federal protections and operating with impunity at the cost of the residents and their neighbors. AirBNB is out, sober living investing is in.

CommentID: [222637](#)

5/9/24 10:40 am

Commenter: John Shinholser

Certified Recovery Residences [12 VAC 35 ? 260]

VARR is a quasi government agency much like a CSB so VARR board of directors should by law be held to the same ethics CSB board members are required to abide by:

<https://www.vdh.virginia.gov/content/uploads/sites/23/2016/05/ABCCodeOfEthics-1.pdf#:~:text=%E2%80%A2%20Understanding%20and%20abiding%20by%20the%20expectations%20and,that%20the%20public%20office%20is%20a%20public%20trust>.

If DBHDS does this then all controversies go away, anyone in DBHDS can contact me and I will explain if you don't understand.

More and most important VARR is the solution for Virginia's un-housed addiction population, currently VARR certified recovery residence operators are saving Virginia taxpayers over a 100 million dollars a year just in correction diversion cost alone, VARR is the best value for our states addiction epidemic. I also believe the life saving value is most paramount and pales in comparison.

CommentID: [222638](#)

5/14/24 1:32 pm

Commenter: Rebecca Leary

NEED Reform for Recovery Residences

Hi there,

My original comment became hidden due to a town hall violation policy which I was unaware of. Here is my comment again Without naming specific recovery residences.

Most recovery residences exploit participants for Medicaid and should not be allowed to continue; constantly disregarding participants like they are trash is not helping the substance use disorder epidemic. I have also personally seen a lot of discrimination, inhumane treatment, and sexual misconduct by operators in this industry. We need reform for the recovery residences because the people that run them line their own pockets in a tremendous way that incentivizes a revolving door with these residences. Please consider the corrupt nature of the operators paired with a gross lack of oversight that will lead to more deaths and lawsuits in the future. These practices are highly unethical; these recovery residences prey on the most vulnerable people in our society seeking support.

Rebecca Leary
CommentID: [222642](#)

5/18/24 5:37 pm

Commenter: Anonymous

Look Closely!

There is a paucity of legitimate programs. There is heavy incentive for resident recidivism. There is a great deal of nepotism and dubious levels of professionalism. Most of these programs are fair at best—those are the ones that keep people generally safe and use them as an income stream and then there are the bad ones that are run like prostitution rings and drug emporiums. Please stop this. There are good people that want to help.

CommentID: [222647](#)

5/19/24 6:48 pm

Commenter: Chelsie Taliaferro

VARR

There appears to be significant conflicts of interest within the VARR organization. My primary concern lies with the overlap between the board members being the owner/operators of the recovery residences receiving VARR funding.

This overlap raises red flags regarding potential misuse of funds. Reports of run-down facilities, lack of resources, and unsafe conditions for participants suggest a misallocation of resources intended to support addicts in their recovery.

It's crucial that VARR implements stricter oversight measures to ensure transparency and responsible use of funding. We must prioritize the well-being of the very people VARR aims to support -- those battling addiction

CommentID: [222648](#)

5/22/24 9:36 am

Commenter: Anonymous

More oversight needed

This regulation is not sufficient for "certified" recovery residences. The current system is not working to keep people safe. The "fox guarding the hen house" doesn't work. DBHDS needs to take an active role in regulating these homes.

CommentID: [222653](#)

5/22/24 1:30 pm

Commenter: Anonymous

Oversight is a must

As a taxpayer, we should know what this money is being spent on. Under the current system, the money goes into the hands of VARR, and from there, there is minimal to no oversight of how these funds are being spent and if they are going to the right places. It's been proven that DBHDS does not seem to have the will, the man-power, the authority, or some combination of the three to properly watch that this money is being put to good use and not lining the pockets of these recovery house and recovery center operators. Huge conflicts of interest have already been shown between VARR and these recovery organization operators. In my opinion, there is enough money to enable DBHDS to provide oversight directly to these recovery organizations, which would eliminate VARR from the loop completely and eliminate some serious perverse incentives.

CommentID: [222656](#)

5/22/24 2:18 pm

Commenter: Anonymous

Beware, the real estate speculators/investors have arrived.

Real estate speculators / house flippers are now installing sober living businesses into their properties that they cannot sell due to the current market conditions.

This is a pure profit move, and they are cutting every corner possible. They openly talk about how this move is almost bulletproof, with federal protections. If this continues to be allowed it will flourish at the cost of vulnerable people's path to sobriety.

There must be a way to eliminate these vultures from the recovery system.

CommentID: [222657](#)

5/25/24 6:28 am

Commenter: Anonymous

The Law Works

Reading the other comments, it appears there is a misapprehension about the purpose of the law. This law exists solely to allow consumers to know whether a specific recovery residence has been certified either by Oxford House or by the Virginia Association of Recovery Residences (VARR) and prevents uncertified residences from representing themselves as such.

As written the does give consumers a way to verify whether residences are certified. I do not believe any changes to the law are necessary.

CommentID: [222660](#)

5/28/24 3:58 pm

Commenter: Anonymous

Uncertified house should not exist

It's wildly reckless to allow freelance recovery houses to operate with zero oversight. The uncertified houses are full of fraud and corner cutting. People's lives are at stake. They are simply a state/federal money extraction scheme.

There needs to be much more scrutiny with these uncertified houses.

CommentID: [222661](#)

6/5/24 2:37 pm

Commenter: CW - Virginia

A consideration

A comment I would offer is that what is presented focuses on the oversight of the institutions and their operation. The requirements and regulations do not seem to be at a level that would provide quality services. For example, a room with 100 sq feet for two residents is not adequate for a quality environment.

CommentID: [225221](#)

6/6/24 11:38 pm

Commenter: Anonymous

Different kinds of homes, different regulation

The challenge in regulating sober homes is that there are two very different categories of sober homes, and risks for unethical and exploitative behavior are very different between them. About half or just more of sober homes in Virginia are certified by Oxford House and operate independently according to that sober home model. They are self-run, self-supporting, totally nonprofit, and no one is in a position of authority. They also have major studies done on them that are in peer-reviewed publications that show 86.5% total abstinent rates after one year. In most addiction treatment program studies half or more of people have relapsed within six months. The remaining about half of sober homes in Virginia are for-profit, staffed, and/or owner operated and are certified by VARR. In these, there are people making money off the people living in the houses. In these, there are people who are in positions of authority over the people living in the houses. These models of sober homes have not been shown in research to have the high, longterm abstinence rates that have been shown in published research on Oxford House model.

What are the problems often seen in sober homes across the country, in Virginia, detailed in Parham Papers? They are all about money or authority. The profit motive is what motivates most of this abuse: patient brokering, financially exploiting addicts and their families, cramming too many people into a house, and other unethical behavior motivated by making money. The other problems are about staff/operators abusing their positions of authority to exploit or abuse vulnerable addicts. Those problems are sometimes rampant in sober homes when it's a money-making model and when it's a model that has people with questionable ethics given authority over residents of the homes. In the first category, the houses that run according to the Oxford House system, no one is making any money off the house and its members, other than a local landlord that charges normal market rent. In those sober homes, no staff are in authority of the residents. They make decisions democratically, manage the bills, enforce the rules, and help support other houses in the same community. There is no one who is in control who can abuse their power over residents. And in the research, it's the fact that houses are democratic and run themselves that is why the longterm sober rates higher than any other addiction/recovery programs.

There is a need for both models. There is a need for way more sober homes. But the reality is, all the bad behavior, abuse, exploitation that the state is concerned about to regulate are all things that happen in for profit, staffed houses, and based on the concept of how Oxford Houses operate those things can't happen because there's no one making money off the people or in authority over them. So if the state wants to make sure sober homes don't have these bad behavior they need to recognize there needs to be a different approach to regulating each, with more focus on the ones that have the abuses. There are still things to monitor in nonprofit Oxford Houses. Because they don't have staff, sometimes get run down, and the state should want to make sure all sober homes provide a nice and safe environment. But the overwhelming majority of potential problems are about financial greed and abuse of power and those problems can't exist in certified Oxford Houses. And because they are unstaffed, more regulation would be difficult for them in a way it is not in staffed ones.

Even in regard to the certifying organizations, one makes money off the houses, one does not. NARR affiliates charge certification and renewal fees of all their certified houses. Oxford House does not make

a penny from the individual houses. The NARR affiliate is run by all the people that are running the homes and making a lot of money, so they're monitoring themselves while making all that money. Oxford House doesn't have this conflict of interest because the people certifying and monitoring the homes aren't running the homes or making money from the homes.

One prior comment said VARR is the best value for our states addiction epidemic, but that is not true. VARR costs the taxpayers over ten million dollars every year. Oxford House costs the tax payers about twenty times less than that. And for twenty times less, they get as many or more sober homes and their sober outcomes are higher.

To have good regulation the state needs to recognize the difference in those models and regulate money-making, staffed, business sober homes differently then evidence-based, nonprofit, non-business Oxford homes.

CommentID: [225767](#)

STATE HUMAN RIGHTS COMMITTEE

David Boehm, Chairperson
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Monica Lucas, Vice-Chairperson
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Fincastle
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Renee F. Valdez
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John Shepherd
Charlottesville



COMMONWEALTH of VIRGINIA
Department of Behavioral Health and Developmental Services

*Post Office Box 1797
Richmond, Virginia 23218-1797*

NELSON SMITH, COMMISSIONER

Taneika Goldman
State Human Rights Director
Taneika.Goldman@dbhds.virginia.gov

Office of Human Rights
1220 Bank Street
Richmond, VA 23219

P.O. Box 1797
Richmond, VA 23218
www.dbhds.virginia.gov

June 24, 2024

Elizabeth Hilscher, Chair
State Board of Behavioral Health and Developmental Services
Post Office Box 1797
Richmond, Virginia 23218

Dear Ms. Hilscher:

On May 16, 2024, the State Human Rights Committee (SHRC) voted to recommend the re-appointment of Ms. Betty Crance. The SHRC respectfully requests that Ms. Crance be appointed to serve a second term of July 1, 2024, to June 30, 2027.

Ms. Crance has extensive experience in the developmental disabilities field. She holds a bachelor's degree in Criminal Justice and a master's degree in Counseling. She retired as the DD Director of Alleghany Highlands Community Services in Covington, Virginia, and in 2011 opened Commonwealth Lifespan Services, a private provider of DD services in the Highlands. Ms. Crance served on the Roanoke Valley Local Human Rights Committee (LHRC) and later moved to the Roanoke-Catawba LHRC, where she served as Chairperson. She is passionate about advocacy and the importance of being a voice for those who cannot speak for themselves. Having worked in the system for decades, she has also witnessed the evolution and implementation of human rights safeguards both in institutions and community-based service settings. Ms. Crance resides in Fincastle, Virginia, and currently serves as a family member on the SHRC. She was initially appointed in March 2022 to fill a vacant term of July 1, 2021, to June 30, 2024.

On behalf of the State Human Rights Committee, please consider the re-appointment of Ms. Betty Crance at your July 17, 2024, Board meeting. Ms. Crance's application and the current SHRC roster are attached for your review. Thank you for your consideration.

Respectfully submitted,

A handwritten signature in blue ink that reads 'David Boehm'.

David Boehm, Chairperson
State Human Rights Committee

c: Taneika Goldman, State Human Rights Director

REGULATORY ACTIVITY STATUS REPORT: JULY 2024 (REVISED 07/01/24)

Board		STATE BOARD OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES		
VAC CITATION	CHAPTER TITLE (FULL TITLE)	REGULATIONS IN PROCESS		
		PURPOSE	STAGE	STATUS
12 VAC 35-46 Certain sections and NEW sections.	Regulations for Children's Residential Facilities	To provide the process and standards for licensing children's residential facilities.	<ul style="list-style-type: none"> <i>Draft in progress.</i> 	<ul style="list-style-type: none"> <i>Amend (overhaul); draft in progress. Expect NOIRA in September.</i>
12 VAC 35-46 Certain sections	<i>same</i>	'Low hanging fruit' to comply with EO1, removing noncontroversial language.	<ul style="list-style-type: none"> <i>Fast Track draft in progress.</i> 	<ul style="list-style-type: none"> <i>Expect in September.</i>
12 VAC 35-105 All sections.	Rules and Regulations for Licensing Facilities and Providers of Mental Health, Mental Retardation and Substance Abuse Services	Response to 2017 periodic review ('overhaul' to service-specific chapters).	<ul style="list-style-type: none"> <i>Draft in progress.</i> 	<ul style="list-style-type: none"> <i>Amend (overhaul); six drafts in progress. Expect NOIRA in September.</i>
12 VAC 35-105 Certain sections.	<i>same</i>	'Low hanging fruit' to comply with EO1, removing noncontroversial language.	<ul style="list-style-type: none"> <i>Fast Track draft in progress.</i> 	<ul style="list-style-type: none"> <i>Expect in September.</i>
12 VAC 35-105 Certain sections.	<i>same</i>	In accordance with HB434 (2024), amendments to ensure that certain procedures are followed for discharge planning from treatment programs for substance use disorders.	<ul style="list-style-type: none"> <i>Fast Track draft in progress.</i> 	<ul style="list-style-type: none"> <i>Expect in September.</i>
12 VAC 35-105 Certain sections.	<i>same</i>	To conform Virginia's Licensing Regulations to changes in 42 CFR Part 8, that modified and updated provisions related to opioid treatment programs (OTPs) including making permanent flexibilities from the COVID-19 emergency.	<ul style="list-style-type: none"> <i>Fast Track draft in progress.</i> 	<ul style="list-style-type: none"> <i>Expect in September or December.</i>
12 VAC 35-105 Certain sections.	<i>same</i>	Amendments to incorporate federal Drug Enforcement Administration (DEA) final rule permitting DEA registrants who are authorized to dispense methadone for opioid use disorder to add a "mobile component" to their existing registrations; due to provider interest in supplying these mobile medication assisted treatment (mobile MAT) services.	<ul style="list-style-type: none"> <i>Fast Track.</i> 	<ul style="list-style-type: none"> <i>With HHR 5/24/2024.</i>

<u>12 VAC 35-105</u> Section 40.	<i>same</i>	In accordance with HB 597 (2020), amendments to incorporate new requirements for initial applications for service providers licensed by the DBHDS requiring a statement of certain information including previous negative actions.	• Final Exempt.	• Initiated and with OAG on 7/17/2023.
<u>12 VAC 35-105</u> and <u>12 VAC 35-115</u>	<i>same</i> ↑ and Regulations to Assure the Rights of Individuals Receiving Services from Providers Licensed, Funded, or Operated by the Department of Behavioral Health and Developmental Services ↓	In accordance with SB 569 (2024), amendments to ensure that licensing and human rights regulations support high-quality mental health services, including the appropriate and safe use of seclusion in crisis receiving centers and crisis stabilizations units.	• Final Exempt	• Effective 7/17/2024.
<u>12 VAC 35-115</u>	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 protect the legal and human rights of all individuals who receive services in programs and facilities operated, funded, or licensed by DBHDS. Response to periodic review; streamlining to comply with EO1.	• Draft in progress.	• <i>Expect in December.</i>
<u>12 VAC 35-190</u>	Regulations for Voluntary Admissions to State Training Centers	To detail criteria and procedures for voluntarily admitting persons to a state training center. ↓↓	• Fast Track (rescind).	• With HHR 4/29/2024.
<u>12 VAC 35-200</u>	Regulations for Emergency and Respite Care Admission to State Training Centers	To establish the conditions and procedures ↑↑ through which an individual can access emergency services and respite care in a state training center.	• Fast Track.	• With HHR 4/29/2024.
<u>12 VAC 35-225</u>	Requirements for Virginia's Early Intervention System	To add to the list of professions that can be certified to provide early intervention services to children with disabilities from birth through the age of two and their families to ensure access to appropriate early intervention services.	• Draft in progress.	• <i>Expect action in September.</i>
<u>12 VAC 35-230</u>	Operation of the Individual and Family Support Program	In accordance with the mandate in Item 313.NN. of the 2022 Special Session 1 Appropriation to facilitate compliance with the U. S. Department of Justice's Settlement Agreement with Virginia by establishing criteria, annual funding priorities, and to ensure annual public input.	• Emergency/NOIRA and periodic review.	• Final stage effective 7/17/24.
<u>12 VAC 34-260</u>	Certified Recovery Residences	<i>To implement the changes in the Code of Virginia per SB19 (2024) mandating that any certified recovery residence report any death or serious injury that occurs in the recovery residence.</i>	• <i>Fast Track.</i>	➤ Action requested: Initiate fast track. <i>Note: Periodic review conducted; no further changes needed.</i>



COMMONWEALTH of VIRGINIA

STATE BOARD OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

MEETING AGENDA

Tuesday, July 16, 2024

6:00 p.m. – 7:30 p.m.

Colonial Community Services Board

1657 Merrimac Trail, Williamsburg VA 23185

- 6:00 Welcome and Introductions**
Kendall Lee, Vice Chair
State Board of Behavioral Health and Developmental Services
- 6:10 DINNER**
- 6:25 PRESENTATION – COLONIAL COMMUNITY SERVICES BOARD**
David Coe, Executive Director
- 6:55 REMARKS**
Daniel Herr, Director
DBHDS Eastern State Hospital
- 7:05 COMMENTS/DISCUSSION**
- 7:25 CLOSING REMARKS**
Meghan McGuire, Deputy Commissioner, Policy and Public Affairs

Kendall Lee
- 7:30 ADJOURNMENT**

NO BUSINESS WILL BE CONDUCTED AT THIS MEETING.

REGULAR BOARD MEETING, 9:30 A.M., WEDNESDAY, JULY 17, 2024 (INCLUDES FACILITY TOUR AT 10:45 A.M.)
DBHDS EASTERN STATE HOSPITAL, 4601 IRONBOUND ROAD, WILLIAMSBURG, VA 23188-2652

EVENT SCHEDULE
 Tuesday-Wednesday, July 16-17, 2024

<p>Tuesday, July 16th</p> <p style="text-align: center;"><u>5:15 – 6:00 p.m.</u></p> <p style="text-align: center;"><u>6:00 – 7:30 p.m.</u></p> <p style="text-align: center;"><u>8:00 p.m.</u></p>	<p><u>COMMUNITY LOCATION TOURS AND DINNER MEETING</u></p> <p>BOARD MEMBER TOUR: OPPORTUNITIES UNLIMITED (DD DAY PROGRAM) COLONIAL CSB, 1657 MERRIMAC TRAIL, WILLIAMSBURG VA 23185. (MIDDLE OF THREE BUILDINGS)</p> <p>DINNER MEETING (SAME LOCATION) ATTENDEES: STATE BOARD MEMBERS, DBHDS STAFF, COLONIAL CSB STAFF, OTHER GUESTS. <i>NO BUSINESS WILL BE CONDUCTED.</i></p> <p>ARRIVE AT HOTEL.</p>
<p>Wednesday, July 17th</p> <p style="text-align: center;"><u>8:30 a.m.</u></p> <p style="text-align: center;"><u>9:20 a.m.</u></p> <p style="text-align: center;"><u>2:15 p.m.</u></p>	<p><u>REGULAR BOARD MEETING SCHEDULE</u></p> <p>DBHDS EASTERN STATE HOSPITAL 4601 IRONBOUND ROAD WILLIAMSBURG, VA 23188-2652</p> <p>Committee Meetings Regular Meeting at 9:30 a.m. (see Agenda, p.2) Adjournment</p>

Colonial Community Services Board location tour and dinner meeting location:

- 1657 Merrimac Trail, Williamsburg VA 23185.
- From I 64, take Exit 243 B to Rt 143 West. The CSB office is about a mile ahead on the right.
- The meeting will be in the middle of three buildings. Park either in front of the building or immediately on the right side of the host building.

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

7/16 Directions to the Hilton Garden Inn, Williamsburg:

- Turn right onto Merrimac Trail. Go for 0.7 mi.
- Take ramp onto Humelsine Pkwy (VA-199 W) toward Jamestown/US-60/VA-199/Busch Gardens/Carters Grove Plantation.
- ****Immediately take ramp toward US-60 WEST/Williamsburg.**
- **Once on the exit ramp, get in the left lane.** From the exit ramp, turn left onto Pocahontas Trl (US-60 WEST). Go for 1.9 mi.
- Turn right onto Page St (US-60). Go for only 0.5 mi.
- Continue less than 1 mile on Capitol Landing Rd (US-60).
- Turn left onto Bypass Rd (US-60 WEST). Go for 1.8 mi.
- Turn/bear right onto Richmond Rd (US-60 WEST).
- Get in the left lane. Go for 0.5 mi. Turn left at the:
Hilton Garden Inn Williamsburg
1624 Richmond Rd, Williamsburg, VA 23185
757-253-9400

7/17 to ESH: See next page for directions **in red** from Richmond Rd/Rt.60 to right on **Ironbound Road**.

DIRECTIONS, PARKING, and IDENTIFICATION

Wednesday, July 17, 2024

**Virginia Department of Behavioral Health and Developmental Services
DBHDS Eastern State Hospital
4601 Ironbound Road
Williamsburg, VA 23188-2652**

Committees at 8:30 a.m., Regular Board Meeting at 9:30 a.m.

- **Planning and Budget Committee** will meet in the Director's Conference Room, 1282.
- **Policy and Evaluation Committee** will meet in the Kline Conference Room, 1201.

Regular Meeting at 9:30 a.m.: Director's Conference Room, 1282.

- ❖ **PARKING:** Once you enter the hospital grounds, vans will transport from 8-9 a.m. from the parking lot highlighted by **the red star** on the parking map. (See instructions and map attached next page.)
- ❖ **IDENTIFICATION:** All visitors must bring a valid driver's license or state ID to check in with the information center. IDs will be scanned and a visitor badge will be issued.

DIRECTIONS

From Richmond -Two Options:

<ul style="list-style-type: none">• Follow I-64 E. Take exit 234 from I-64 E to VA-199 E in York County.• Take the exit for <u>Longhill Rd.</u>• Turn Left onto Longhill Rd/Depue Rd/Rt 612.• Turn Right on Ashbury Rd/Rt 322.• Follow green directions on the next (last) page of this packet. ↓↓	<ul style="list-style-type: none">• Follow I-64 E. Take exit 234 from I-64 E to VA-199 E in York County.• Use the right lane to take the US-60 ramp to Lightfoot/Williamsburg.• Turn right onto US-60 E/Richmond Rd to Williamsburg. Follow Rt. 60 E to <u>Ironbound Rd.</u> Turn right.• Follow red directions on the next (last) page of this packet. ↓↓
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From Hampton Roads:

<ul style="list-style-type: none">• Take I-64 W to Exit 238. Turn left onto Capitol Landing Rd in York County.• Follow Capitol Landing Rd to Rt. 60/Bypass Road. Turn right.• Bypass Road merges onto Richmond Rd/Rt. 60 West. Get in the left lane.• Follow to <u>Ironbound Rd.</u> Turn left onto Ironbound Rd. Follow red directions on the next (last) page of this packet. ↓↓
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**Eastern State Hospital
(757) 253-5161**

If you have any questions regarding directions to Eastern State Hospital, please call Kimberly Lambin, (757) 253-5161. If you have any questions about the information in this meeting packet, contact ruthanne.walker@dbhds.virginia.gov.

EASTERN STATE HOSPITAL PARKING AND DIRECTIONS

DIRECTIONS FROM LONGHILL ROAD (EXITING OFF 199)

1. Enter campus onto Ashbury Road
2. At stop sign, take a left on Galt Drive
3. Entrance to parking lot is the first entrance on your left (if you see a greenhouse you are in the correct area)
4. Transportation will be provided from the parking lot to the front of the main building between 8:00am - 9:00am

Please bring a valid Driver's License or State ID.

All visitors will be checked into the Information Center and given a visitor's badge.

Eastern State Hospital
4601 Ironbound Rd
Williamsburg, VA 23188
757-253-5161

DIRECTIONS FROM IRONBOUND RD (TRAFFIC LIGHT)

1. Enter campus onto Galt Drive
2. Take right into first parking lot on your right (if you see a greenhouse, you are in the correct area)
3. Transportation will be provided from the parking lot to the front of the main building between 8:00am - 9:00am

Kline Conference Center Building

