



COMMONWEALTH of VIRGINIA
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, 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,• Dovel, April• Benz, Jae• Goldman, Taneika• Gleeson, Curt• Nair, Dev• Heather Norton.• Parker, Deanna• Hines, Heather

<p>Guests: Guests:</p>	<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, OSIG. • Molly Walker, Clinical Director of Mental Health and Quality Improvement, Eastern Shore CSB.
<p>Call to Order and Introductions</p>	<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>
<p>Approval of Agenda</p>	<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>
<p>Approval of Draft Minutes</p>	<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>
<p>Public Comment</p>	<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 believe, do both. Ms. Fidura thanked the board for the time to speak.

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.

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

	<p>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 these centers effectively for criminal to civil debris. Dr. Creekmore thanked the board.</p>
<p>Regulatory Actions</p>	<p>Regulatory Actions</p> <p>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).</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p><i>On a motion by Dr. Choudhary and a second by Kendall Lee, the final stage of the standard action was approved for promulgation.</i></p> <p>B. Final Exempt Action: High-Quality Crisis Services; appropriate and safe use of seclusion (SB569),</p>

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

	<p>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 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.