

# AGENDA PACKET

*AS AMENDED AND ADOPTED*

State Board of Behavioral Health and Developmental Services

WEDNESDAY, JULY 9, 2025

## Schedule of Events

8:30 a.m.	<b>POLICY AND EVALUATION COMMITTEE MEETING</b> <ul style="list-style-type: none"> <li><i>Note: Planning and Budget Committee will not meet</i></li> </ul>
9:30 a.m.	<b>FULL BOARD MEETING</b>
	<b>BREAK AND COLLECT LUNCH</b>
	<b>BIENNIAL PLANNING MEETING</b> <ul style="list-style-type: none"> <li><i>No business will be conducted</i></li> </ul>

## Policy and Evaluation Committee Meeting

**8:30 a.m. – 9:20 a.m.**

DBHDS Central Office, 13th Floor South Large Executive Board Room  
 Jefferson Building, 1220 Bank Street, Richmond, VA 23219

*Meeting is in person with a physical quorum present; however, electronic or phone connection is available.*

8:30 a.m.	<b>POLICY AND EVALUATION COMMITTEE</b>	
	<b>13th Floor South Large Executive Board Room</b>  – or – <b>Teams Meeting:</b> see <i>Regular Board Meeting</i> info below (same login↓)	Page 17

– continued –

AS AMENDED AND ADOPTED

State Board of Behavioral Health and Developmental Services

WEDNESDAY, JULY 9, 2025  
Regular Quarterly Board Meeting

9:30 a.m. – 12:00 p.m.

DBHDS Central Office, 13th Floor South Large Executive Board Room  
Jefferson Building, 1220 Bank Street, Richmond, VA 23219

Meeting is in person with a physical quorum present; however, electronic or phone connection is available.

[Join the meeting now](#)

– or –

Call In (audio only):

+1 434-230-0065

Phone conference ID:

244 783 671#

Meeting ID:  
237 145 355 263 1  
Passcode:  
s4Bg7wd2

1.	9:30 a.m.	<b>CALL TO ORDER</b>	
		<b>A. Welcome and Introductions</b>	
		<b>B. Determination of Quorum</b>	
		<b>C. Approval of Draft Meeting Agenda</b> <b>! ACTION REQUIRED</b>	Pages 1-4
		<b>D. Approval of Draft Minutes</b> <b>! ACTION REQUIRED</b> April 2, 2025 – Regular Quarterly Board Meeting April 2, 2025 – Planning and Budget Committee April 2, 2025 – Policy and Evaluation Committee April 1, 2025 – Dinner Meeting	Pages 5-16
2.	9:35 a.m.	<b>OFFICER ELECTIONS</b>	
		<b>A. Presentation of Slate of Candidates</b>	
		<b>B. Nominations from the Floor</b>	
		<b>C. Election of Chair and Vice Chair</b> <b>! ACTION REQUIRED</b>	
		<b>D. Passing of the Gavel</b>	
3.	9:45 a.m.	<b>PUBLIC COMMENT</b>	
		<b>Three-minute public comment, per person.</b> It is <i>preferred but not required</i> that persons wishing to comment (whether in-person or virtually) send an email to <a href="mailto:mary.broz-vaughan@dbhds.virginia.gov">mary.broz-vaughan@dbhds.virginia.gov</a> by 5 p.m., on Tuesday, July 8, 2025, indicating their intent to do so. As the names of commenters are announced, three minutes of comment may be offered, within the overall time allowed for comments. Written public comment may be presented at the meeting or emailed to <a href="mailto:mary.broz-vaughan@dbhds.virginia.gov">mary.broz-vaughan@dbhds.virginia.gov</a> no later than 9:30 a.m. on Wednesday, July 9, 2025.	
4.	10:15 a.m.	<b>COMMISSIONER'S REPORT</b>	

**AS AMENDED AND ADOPTED**

5.	10:30 a.m.	<b>VACSB STANDING PRESENTATION</b>	
6.	11:00 a.m.	<b>COMMITTEE REPORT</b>	
			Pages 17-19
7.	11:30 a.m.	<b>REGULATORY UPDATES</b>	
		<b>A. FINAL/EXEMPT: Conditional certification of recovery residences [12VAC35-260] ! ACTION REQUESTED</b>	Pages 20-26
		<b>B. FAST-TRACK: Technical and clarifying revisions to crisis services [12VAC35-105] ! ACTION REQUESTED</b>	Pages 27-97
		<b>C. Regulatory Activity Status Report</b>	Pages 98-100
8.	11:35 a.m.	<b>NEW BUSINESS</b>	
		<b>A. Proposed 2025-27 Meeting Schedule ! ACTION REQUIRED</b>	Pages 101-102
		<b>B. Announcements</b>	
8.	11:45 a.m.	<b>ADJOURNMENT</b>	

**NOTE: Times may run slightly ahead or behind schedule.**

**NEXT MEETING SCHEDULED FOR WEDNESDAY, SEPT. 24, 2025**  
DBHDS Southeastern Virginia Training Center (SVTC) in Chesapeake

*The agenda and packet as approved by the Board will be made available to the public at the meeting in accordance with the Virginia Freedom of Information Act (§ 2.2-3700 et seq. of the Code of Virginia).*



**DRAFT MINUTES**

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

**REGULAR QUARTERLY BOARD MEETING**

**Wednesday, April 2, 2025**

DBHDS Western State Hospital  
 103 Valley Center Drive, Staunton, VA 24401

*The meeting was held in person with a physical quorum present and with electronic or phone connection available.*

<b>MEMBERS PRESENT</b>	Moira Mazzi, Chair Sandra Price-Stroble, Vice-Chair R. Blake Andis Sandy Chung, MD Rebecca Graser Cindy Lamb Tony Vadella
<b>MEMBERS ABSENT</b>	Varun Choudhary, MD Jane McDonald
<b>STAFF PRESENT</b>	Mary Broz-Vaughan, Regulatory Affairs Director and State Board Liaison Craig Camidge, Director of Strategic Planning and Execution (virtual) Braden Curtis, Chief Deputy Commissioner Madelyn Lent, Public Policy Manager Josie Mace, Legislative Affairs Manager (virtual) Meghan McGuire, Deputy Commissioner, Policy and Public Affairs Nathan Miles, Chief Financial Officer (virtual) Susan Puglisi, Regulatory Research Specialist
<b>INVITED GUEST</b>	Jennifer Faison, Executive Director Virginia Association of Community Services Boards (virtual)
<b>OTHERS PRESENT</b>	Charlotte Arbogast, DARS Senior Policy Analyst (virtual) Will Childers, State Human Rights Committee Chair Ariel DeVoy, VACSB Public Policy Manager (virtual) Taneika Goldman, State Human Rights Director Dev Nair, PhD, Assistant Commissioner, Division of Provider Management (virtual) Kimora Porter, DBHDS Director of Quality Assurance and Healthcare Compliance Teresa Smith, PhD, OSIG Healthcare Compliance Unit Manager (virtual)

<b>CALL TO ORDER</b>	<p>Finding a quorum of the board present, Ms. Mazzi called the meeting to order at 9:30 a.m.</p> <p>Ms. Mazzi welcomed those present and asked for introductions.</p>
<b>ADOPTION OF AGENDA</b>	<p>Ms. Mazzi advised the board of one amendment to the agenda. Item #4 was revised to reflect Chief Deputy Commissioner Braden Curtis as delivering the Commissioner’s Report in Nelson Smith’s absence.</p> <p>Ms. Price-Stroble moved to adopt the agenda as amended. Ms. Graser seconded the motion, which carried unanimously.</p>
<b>APPROVAL OF MINUTES</b>	<p>Ms. Mazzi opened the floor to any additions or corrections to the draft minutes of the July 16, 2024, Nominating Committee Meeting or the December 11, 2024, Regular Quarterly Board Meeting.</p> <p>Hearing none, Ms. Lamb moved to approve both sets of minutes as final. Dr. Chung seconded the motion, which carried unanimously.</p>
<b>PUBLIC COMMENT PERIOD</b>	<p>Ms. Mazzi called for public comment.</p> <p>No commenters were present, and no written comments were received.</p>
<b>PLANNING AND BUDGET COMMITTEE REPORT</b>	<p>Ms. Mazzi directed members to the quarterly budget report. The handout was for informational purposes only and did not require any action.</p> <p>Ms. Broz-Vaughan informed the committee about her transition into the role of Regulatory Affairs Director and State Board Liaison, following Ruth Anne Walker’s retirement.</p> <p>Ms. Broz-Vaughan reviewed the Board Bylaws that govern the biennial planning process, specifically those provisions requiring the Board meet in the summer to adopt an annual meeting schedule and set its priority areas of focus.</p> <p>In planning for the upcoming biennium, committee members recommended restarting the facility visit schedule; retaining the practice of meeting the afternoon before regular board meetings for community programs/CSB tours; and coordinating the timing of a quarterly meeting with the annual VACSB Conference.</p> <p>Ms. Broz-Vaughan stated she would work with DBHDS staff on identifying potential locations and future presentation topics for members’ consideration in July.</p>
<b>POLICY AND EVALUATION COMMITTEE REPORT</b>	<p>Madelyn Lent, Public Policy Manager, reported that committee members completed their review of the FY2025 policy plan and adopted the Policy Review Schedule through FY2030.</p>

<p>POLICY AND EVALUATION COMMITTEE REPORT</p>	<p>The committee reviewed background information on the next policies scheduled for periodic review:</p> <ul style="list-style-type: none"> <li>• Policy 1028 (SYS) 90-1 – Human Resource Development</li> <li>• Policy 4018 (CSB) 86-9 – Community Services Board Performance Contracts</li> <li>• Policy 6005 (FIN) 94-2 – Retention of Unspent State Funds by Community Services Boards</li> </ul> <p>Ms. Lent said the agency will recommend revisions to Policy 4018 (CSB) 86-9 and Policy (FIN) 94-2.</p> <p>The committee voted to recommend Policy 5006 (FAC) 86-29 – Razing of Dilapidated Buildings to the full board with changes, which Ms. Lent indicated would be included in the next quarterly meeting agenda packet.</p>
<p>COMMISSIONER’S REPORT</p>	<p>Braden Curtis, Chief Deputy Commissioner, provided an update on the DOJ Joint Permanent Injunction replacing the Settlement Agreement, as well as major agency initiatives.</p> <p><i>Presentation available from board office upon request.</i></p>
<p><b>REORDERING OF AGENDA</b></p>	<p>Ms. Mazzi noted the meeting was running ahead of schedule and requested unanimous consent to take business out of order.</p> <p>Without objection, the board agreed to reorder the agenda and take regulatory actions up for immediate consideration.</p>
<p>REGULATORY UPDATES</p>	<p>Ms. Mazzi asked Ms. Broz-Vaughan and Ms. Puglisi to guide board members through the action items.</p>
<p>ACTION ITEM 1</p>	<p><b><i>Consideration of Fast-Track Action to Align Licensing Regulations with VDH Requirements</i></b></p> <p>Ms. Broz-Vaughan reviewed the draft changes to 12VAC35-46 and 12VAC35-105, the Children’s Residential and Licensing Regulations, as presented in the meeting packet. Ms. Puglisi explained how the proposed amendments update incorrect or obsolete terminology and clarify existing regulatory requirements.</p> <p><b>MOTION:</b> Sheriff Andis moved to adopt a fast-track action amending 12VAC35-46 and 12VAC35-105, as presented. Mr. Vadella seconded, and the motion carried unanimously.</p>
<p>ACTION ITEM 2</p>	<p><b><i>Consideration of Notice of Intended Regulatory Action (NOIRA) to Update Human Rights Regulations</i></b></p> <p>Ms. Broz-Vaughan noted that the agency initially expected to request approval for a fast-track action to update the Human Rights Regulations. However, the draft amendments necessary to align Chapter 115 with the</p>

	<p>Code of Virginia – specifically the Health Care Decisions Act – generated significant public comments. Therefore, staff suggested the changes warrant additional public participation and are more appropriate for the standard three-stage regulatory process.</p> <p><b>MOTION:</b> Ms. Lamb moved to adopt a NOIRA to initiate the three-stage process to amend 12VAC35-115, as presented. Ms. Price-Stroble seconded, and the motion carried unanimously.</p>
ACTION ITEM 3	<p><b><i>Consideration of Notice of Intended Regulatory Action (NOIRA) to Overhaul Licensing Regulations</i></b></p> <p>Ms. Puglisi explained that the overhaul action modernizes and streamlines the existing regulatory framework by blending the two sets of regulations to create one General Provisions chapter applicable to all providers, plus five service-specific chapters based on license type. She added that Regulatory Advisory Panels, subject matter experts, and stakeholders have worked on the project since 2019.</p> <p>Ms. Puglisi stated that draft language is under review by the Office of the Attorney General, and staff recommends the board begin the lengthy three-stage process now by issuing a NOIRA.</p> <p><b>MOTION:</b> Dr. Chung moved to adopt a NOIRA to initiate the three-stage process to overhaul the licensing regulations, as presented. Ms. Lamb seconded, and the motion carried unanimously.</p>
STATUS REPORT	<p>Ms. Broz-Vaughan presented a chart of current and upcoming regulatory activity. This report was for informational purposes only and did not require any action.</p> <p>Ms. Broz-Vaughan advised board members of recent movement on the two fast-track regulatory reduction actions amending the Children’s Residential (12VAC35-26) and Licensing Regulations (12VAC35-105). She noted that both projects will become effective on June 19, 2025, after the public comment period closes on June 5, 2025.</p>
FACILITY TOUR	<p>Ms. Mazzi recessed the meeting while the board toured the facility. She announced the meeting would reconvene at approximately 11:15 a.m.</p>
<p><b>The Board recessed at 10:42 a.m. to reconvene at 11:23 a.m.</b></p>	
<p><b>The Board reconvened at 11:23 a.m.</b></p>	
PRESENTATIONS	<p>Ms. Mazzi reconvened the meeting to receive the report from Western State Hospital after members toured the facility.</p>
DBHDS WESTERN STATE HOSPITAL	<p>Director Jonathan Anderson, MD, presented on the facility’s history, services, successes, and challenges.</p> <p><i>Presentation available from board office upon request.</i></p>

<b>LUNCH RECESS</b>	Ms. Mazzi recessed the meeting for a brief lunch break. She announced the meeting would reconvene at 12:30 p.m.
<b>The Board recessed at 11:47 a.m. to reconvene at 12:30 p.m.</b>	
<b>The Board reconvened at 12:30 p.m.</b>	
<b>PRESENTATIONS</b>	Ms. Mazzi reconvened the meeting to receive the remaining presentations and complete the agenda.
DBHDS DATA MODERNIZATION PROGRAM	Craig Camidge, Director of Strategic Planning and Execution, delivered an overview of the CSB data exchange, a major milestone in implementing a modern, cloud-based data infrastructure.  <i>Presentation available from board office upon request.</i>
VIRGINIA ASSOCIATION OF COMMUNITY SERVICES BOARDS	VACSB Executive Director Jennifer Faison briefed board members on the association’s advocacy activities related to recent and anticipated changes in policy and funding at the federal level.
2025 SESSION OF THE GENERAL ASSEMBLY	CFO Nathan Miles and Legislative Affairs Director Josie Mace reviewed agency-related budget amendments and bills, noting that final action on many items was tentative until after the Reconvened (Veto) Session.  <i>Presentation available from board office upon request.</i>
<b>NEW BUSINESS</b>	Ms. Mazzi directed members to Item 12 on the agenda, New Business.
STATE HUMAN RIGHTS COMMITTEE APPOINTMENTS	Mr. Vadella moved to appoint Bruce Ellsworth to the State Human Rights Committee, as recommended. Ms. Lamb seconded the motion, which carried unanimously.  Dr. Chung moved to appoint Kimberly Hunt to the State Human Rights Committee, as recommended. Ms. Graser seconded the motion, which carried unanimously.
NOMINATING COMMITTEE	In preparation for officer elections at the July meeting, and as required by Article 4 of the Board Bylaws, Ms. Mazzi announced her appointment of Sheriff Andis and Dr. Chung to the 2025 Nominating Committee. Ms. Mazzi will chair the committee.
ANNOUNCEMENTS	Ms. Mazzi reminded members that the next quarterly board meeting is scheduled for the second week of July, just after the Independence Day holiday weekend, at the Southeastern Virginia Training Center in Chesapeake.  Ms. Broz-Vaughan asked members to block time on their calendars for the Biennial Planning Meeting on Tuesday, July 8, 2025. The committees and full board will meet on Wednesday, July 9, 2025.

<b>ADJOURNMENT</b>	Ms. Mazzi adjourned the meeting at <b>1:42 p.m.</b>
<b>The State Board adjourned at 1:42 p.m.</b>	

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**NEXT MEETING SCHEDULED FOR WEDNESDAY, JULY 9, 2025**

DBHDS Southeastern Virginia Training Center (SVTC) in Chesapeake

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**DRAFT MEETING MINUTES**

State Board of Behavioral Health and Developmental Services

**PLANNING AND BUDGET COMMITTEE**

**Wednesday, April 2, 2025**

DBHDS Western State Hospital  
 103 Valley Center Drive, Staunton, VA 24401

*The meeting was held in person with a physical quorum present and with electronic or phone connection available.*

<b>MEMBERS PRESENT</b>	Moira Mazzi, Chair R. Blake Andis Sandy Chung, MD Tony Vadella
<b>MEMBERS ABSENT</b>	Jane McDonald
<b>STAFF PRESENT</b>	Mary Broz-Vaughan, Regulatory Affairs Director / State Board Liaison

<b>CALL TO ORDER</b>	<p>Finding a quorum of the committee present, Ms. Mazzi called the meeting to order at 8:35 a.m.</p> <p>Ms. Mazzi welcomed those present and asked for introductions.</p>
<b>ADOPTION OF AGENDA</b>	Dr. Chung moved to adopt the agenda as presented. Sheriff Andis seconded the motion, which carried unanimously.
<b>APPROVAL OF MINUTES</b>	Dr. Chung moved to approve the December 11, 2024, meeting minutes. Mr. Vadella seconded the motion, which carried unanimously.
<b>NEW BUSINESS</b>	<p>Ms. Mazzi directed members to the quarterly budget report. The handout was for informational purposes only and did not require any action.</p> <p>Ms. Broz-Vaughan reported to the committee on her transition into the role of Regulatory Affairs Director and State Board Liaison in mid-February, following Ruth Anne Walker’s retirement.</p> <p>Ms. Broz-Vaughan reviewed Board Bylaws that govern the biennial planning process, specifically those provisions requiring the Board meet this summer to adopt an annual meeting schedule and set its priority areas of focus.</p>

<b>NEW BUSINESS</b>	<p>In planning for the upcoming biennium, committee members recommended restarting the facility visit schedule; retaining the practice of meeting the afternoon before regular board meetings for community programs/CSB tours; and coordinating the timing of a quarterly meeting with the annual VACSB Conference.</p> <p>Ms. Broz-Vaughan stated she would work with DBHDS staff on identifying potential locations and future presentation topics for members' consideration in July.</p>
<b>ANNOUNCEMENTS</b>	<p>Ms. Mazzi reminded members the next meetings are scheduled for July in Chesapeake, with the Biennial Planning Meeting beginning around lunchtime on Tuesday, July 8, 2025.</p> <p>The committee and the full board meetings will be held on Wednesday, July 9, 2025.</p>
<b>ADJOURNMENT</b>	<p>Ms. Mazzi adjourned the meeting at 8:50 a.m.</p>

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**NEXT MEETING SCHEDULED FOR WEDNESDAY, JULY 9, 2025**  
 DBHDS Southeastern Virginia Training Center (SVTC) in Chesapeake

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STATE BOARD OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

Policy and Evaluation Committee  
DRAFT MINUTES

APRIL 2, 2025

103 VALLEY CENTER DRIVE, STAUNTON, VIRGINIA 24402-2500

*This meeting was held in person with a physical quorum present,  
with electronic or phone connection available.*

**MEMBERS PRESENT:** SANDRA PRICE-STROBLE  
REBECCA GRASER  
CINDY LAMB

**MEMBERS ABSENT:** VARUN CHOUDHARY, MD

**STAFF PRESENT:** MADELYN LENT, POLICY MANAGER  
ERIC BILLINGS, DEPUTY DIRECTOR OF FISCAL SERVICES AND GRANTS MANAGEMENT  
(VIRTUAL)  
KASSANDRA CIBULKA, CHIEF HUMAN RESOURCES OFFICER (VIRTUAL)  
CASSIE GRILLION, MARKETING AND COMMUNICATIONS MANAGER  
CRYSTAL LIPFORD, DIRECTOR OF QUALITY AND RISK MANAGEMENT, DIVISION OF  
FACILITY SERVICES (VIRTUAL)  
TODD McDONALD, VIRGINIA MANAGEMENT FELLOW  
CHAYE NEAL-JONES, DIRECTOR, OFFICE OF ENTERPRISE MANAGEMENT SERVICES  
(VIRTUAL)

**I. Call to Order**

**II. Welcome and Introductions**

Sandra Price-Stroble called the meeting to order at 8:41 AM.

**III. Adoption of Minutes, December 11, 2024**

*Cindy Lamb moved to adopt the minutes. Rebecca Graser seconded. The minutes were adopted unanimously.*

**IV. Adoption of Agenda, April 2, 2025**

*Cindy Lamb moved to adopt the agenda. Ms. Graser seconded. The agenda was adopted unanimously.*

**V. Final Review of Policy Plan for FY2025**

*Madelyn Lent presented the policy review plan to the Policy Committee.*

**VI. Presentation of Draft Policy Plan for Adoption FY2025 - FY2030**

*Madelyn Lent presented the policy review plan to the Policy Committee.*

**VII. Presentation of Background Reviews**

*Eric Billings and Chaye Neal-Jones presented background information for Policy 6005 (FIN) 94-2 Retention of Unspent State Funds by Community Services Boards. The committee requested DBHDS staff collect comments from the Community Services Boards.*

*Kassandra Cibulka presented background on Policy 1028 (SYS) 90-1 Human Resource Development. The committee completed the review of this policy without revisions.*

*Chaye Neal-Jones presented background Policy 4018 (CSB) 86-9 Community Services Board Performance Contracts. Ms. Neal-Jones recommended that technical amendments be made to the policy. DBHDS will present a draft of proposed revisions at the next committee meeting.*

**VIII. Introduce Draft Revisions**

*The board received background information on the Policy 5008 (FAC) 87-12 Accreditation/Certification and Policy 5010 (FAC) 00-1 ST BD)10-1 and State Facility Uniform Clinical and Operational Policies and Procedures at the December 11 meeting and revisions were presented in concept. The committee reviewed draft revisions for the policies presented by Crystal Lipford.*

**IX. Presentation draft revisions for recommendation to the full board**

*The committee reviewed and discussed draft revisions for 5006 (FAC) 86-29 Razing of Dilapidated Buildings at the December 11 meeting. Cindy Lamb moved to recommend the amendments to the board. Ms. Graser seconded. The revisions were recommended unanimously.*

**X. Next Quarterly Meeting: July 9, 2025.**

**XI. Adjournment**

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

**DRAFT MINUTES**

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

**DINNER MEETING  
 Tuesday, April 1, 2025**

Valley Community Services Board (VCSB)  
 85 Sanger's Lane, Staunton, VA 24401

<b>MEMBERS PRESENT</b>	Moira Mazzi, Chair Sandra Price-Stroble, Vice-Chair R. Blake Andis Sandy Chung, MD Rebecca Graser Cindy Lamb Tony Vadella
<b>MEMBERS ABSENT</b>	Varun Choudhary, MD Jane McDonald
<b>STAFF PRESENT</b>	Mary Broz-Vaughan, Regulatory Affairs Director / State Board Liaison Madelyn Lent, Public Policy Manager Meghan McGuire, Deputy Commissioner, Policy and Public Affairs Susan Puglisi, Regulatory Research Specialist
<b>VCSB ATTENDEES</b>	Kimberly McClanahan, Ph.D., Executive Director Candy Calloway, Director of Behavioral Health Dereck Criner, Director of Human Resources Tammy DuBose, Director of Administrative Services Dana Fitzgerald, Director of Quality and Compliance Tina Martina, Director of Developmental Services John Sandy, Director of Finance Lydia Campbell, Assistant Director of Behavioral Health Krista Lynch, Assistant Director of Developmental Services Tera Warf, Forensic Discharge Planning Coordinator
<b>INVITED GUESTS</b>	Will Childers, State Human Rights Committee Chair Taneika Goldman, State Human Rights Director
<b>CALL TO ORDER</b>	Finding a quorum of the Board present, Ms. Mazzi called the dinner meeting to order at 6:00 p.m.

	<p>Ms. Mazzi explained the purpose of the gathering was to receive information about community programs and services. She noted the board would not discuss or transact public business.</p> <p>Ms. Mazzi welcomed those present and asked for introductions.</p>
<b>PRESENTATION</b>	<p>Executive Director Kimberly McClanahan, Ph.D., presented on Valley Community Services Board services, staffing, initiatives, and challenges.</p> <p>Tera Warf, Forensic Discharge Planning Coordinator, provided an overview of Rapid Diversion and Forensic Discharge Planning.</p> <p>Lydia Campbell, Assistant Director of Behavioral Health, delivered a primer on Community Housing Services.</p>
<b>ADJOURNMENT</b>	<p>Ms. Mazzi adjourned the meeting at 7:05 p.m.</p>

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

**Policy and Evaluation Committee  
DRAFT AGENDA**

**JULY 9, 2025**

1220 BANK STREET, RICHMOND, VIRGINIA 23219

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

- I. Call to Order**
- II. Welcome and Introductions (5 min)**
- III. Adoption of Agenda, July 9, 2025**
- IV. Adoption of Minutes, April 2, 2025**
- V. Review Policy Plan for FY2025 - FY2030 (5 min)**
- VI. Presentation of Background Reviews (15 min)**

The committee will review background information on the next policies scheduled for periodic review: Policy 2010 (ADM) 88-2 Policy Development and Education and Policy 2011 (ADM) 88-3 Naming of Buildings, Rooms and Other Areas at State Facilities.

**VII. Introduce Draft Revisions (15 min)**

The committee received background information on the Policy 6005 (FIN) 94-2 Retention of Unspent State Funds by Community Services Boards and Policy 4018 (CSB) 86-9 Community Services Board Performance Contracts at the April 2<sup>nd</sup> meeting. The committee will review and discuss draft revisions for these policies.

**VIII. Presentation of draft revisions for recommendation to the full board (10 min)**

The committee reviewed and discussed draft revisions for Policy 5008 (FAC) 87-12 Accreditation/Certification and Policy 5010 (FAC) 00-1 ST BD)10-1 and State Facility Uniform Clinical and Operational Policies and Procedures at the April 2<sup>nd</sup> meeting. Revisions will be presented for the committee to vote on recommendation to the full board.

**IX. Next Quarterly Meeting: September 24, 2025.**

**X. Adjournment**

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

Renewed: 03/27/91  
Renewed: 05/25/94  
Renewed: 01/29/04  
Updated: 12/06/11  
Updated: 11/14/17  
Revised: ??/??/??

## POLICY MANUAL

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

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

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

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**References** §§ **2.2-2402**, 37.2-700, Code of Virginia (1950), **as amended**.  
13VAC5-63 Virginia Uniform Statewide Building Code, **Chapter 33, Section 3303** or per current version at the time of project initiation.  
*Construction and Professional Services Manual*, Division of Buildings and Engineering, Department of General Services, current version at the time of project initiation

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

**Subsection B of § 2.2-2402 of the Code of Virginia establishes requirements for review and approval of removal of structures on state property by the Art and Architecture Review Board.**

The Governor has final approval authority for requests to demolish a state building. The Division of Engineering and Buildings in the Department of General Services administers this approval process. The Construction and Professional Service Manual (CPSM) defines demolition procedures and demolition permit requirements as administered by the Division of Engineering and Buildings. The manual is updated annually, **and projects are required to adhere to the version effective at the time of project initiation.** The CPSM

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operationalizes the requirements of §§ 2.2-2402, 37.2-700, of the Code of Virginia and 13-VAC5-63 Chapter 33, Section 3303 of the Virginia Uniform Statewide Building Code ~~sets forth the code mandated requirements~~ for demolition of state properties ~~by reference~~.

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

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

Finally, it is the policy of the Board that Commissioner shall comply with the procedures in ~~the 13VAC5-63~~ Virginia Uniform Statewide Building Code, ~~as operationalized~~ in the *Construction and Professional Services Manual*, ~~and~~ issued by the Division of Engineering and Buildings for identifying and demolishing any building.

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**MEMORANDUM**

**TO:** Members, State Board of Behavioral Health and Developmental Services  
**FROM:** Mary Broz Vaughan, Director of Regulatory Affairs  
**DATE:** June 25, 2025  
**RE:** Two Regulatory Action Items

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**A. FINAL/EXEMPT: Conditional certification of recovery residences [12VAC35-260]**

**Background:** Effective July 1, a [change in state law](#) transitioned the regulation of recovery residences from voluntary to mandatory certification. To provide a grace period for uncertified residences to continue operating legally, the General Assembly directed the State Board to issue a “conditional” certification. Conditional certifications are valid for up to nine months.

**Purpose:** This non-discretionary action, mandated by Chapter 608 of the 2025 Session of the General Assembly, amends the regulations governing Certified Recovery Residences ([12VAC35-260](#)) to allow for the issuance of a temporary, non-renewable certification to eligible applicants who are working toward full certification.

**Action Requested:** Authorize the Final/Exempt action, as mandated by state law.

**Next Steps:** If approved, staff submits the Final/Exempt action.

**B. FAST-TRACK: Technical and clarifying revisions to crisis services [12VAC35-105]**

**Background:** The 2024 Session of the General Assembly directed the State Board to amend the Licensing Regulations ([12VAC35-105](#)) to support high-quality crisis services. As a result, the board moved quickly last year to promulgate a [final/exempt action](#) tailoring new regulations to crisis receiving centers, community-based crisis stabilization, crisis stabilization units, and regional education assessment crisis services habilitation (REACH) providers. The new crisis regulations became effective on July 17, 2024. Over the past year, internal and external stakeholders identified several areas where clarifying and technical amendments would benefit individuals receiving services as well as crisis providers.

**Purpose:** The goal of this “clean-up” action is to simplify provisions, lessen regulatory burdens, and promote increased compliance. The purpose of these clarifying and technical amendments is to address stakeholder concerns raised since implementation. The revisions are necessary and expected to be non-controversial because they ease unintended administrative costs on crisis providers while preserving health and safety protections for individuals receiving services.

**Action Requested:** Authorize the Fast-Track action, as these amendments are technical and clarifying in nature and expected to be non-controversial.

**Next Steps:** If approved, staff initiates the Fast-Track process.



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## Exempt Action: Final Regulation Agency Background Document

Agency name	Department of Behavioral Health and Developmental Services
Virginia Administrative Code (VAC) Chapter citation(s)	12VAC35-260
VAC Chapter title(s)	Certified Recovery Residences
Action title	Mandatory conditional certification of recovery residences
Final agency action date	July 9, 2025
Date this document prepared	June 24, 2025

This information is required for executive branch review pursuant to 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. In addition, this information is required by the Virginia Registrar of Regulations pursuant to the Virginia Register Act (§ 2.2-4100 et seq. of the Code of Virginia). Regulations must conform to 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.*

The 2025 General Assembly directed the Board of Behavioral Health and Developmental Services to promulgate regulations providing for conditional certification of recovery residences within [SB 838](#). This exempt action creates a conditional certification process within Chapter 260, Certified Recovery Residences, as required by the bill. Conditional certifications will be valid for six months and can be extended for a maximum of three months.

### 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, internal staff review, 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.”*

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The 2025 Session of the General Assembly passed [SB 838](#), which requires the State Board of Behavioral Health and Developmental Services to amend its regulations to provide for a temporary, non-renewable conditional certification 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) that the agency has “adopted final amendments” to the regulation; 3) the name of the agency taking the action; and 4) the title of the regulation. A suggested statement is, “On [insert date] the Board/Department of [insert name] adopted final amendments to the [title of regulation(s)].”*

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Section 37.2-203 of the Code of Virginia authorizes the State Board of Behavioral Health and Developmental Services to adopt regulations 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. At its meeting on **July 9, 2025**, the State Board voted to initiate this exempt action to adopt final amendments to Chapter 260, Certified Recovery Residences.

**Project 8308 - None**

**Department of Behavioral Health And Developmental Services**

**CH260: Conditional certification of 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 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) that does not include clinical treatment services.

**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. Notwithstanding the provisions of subsection B, DBHDS may issue a six-month conditional certification to an applicant that has indicated an intent to receive accreditation by or membership in a credentialing entity.

1. The maximum term of a conditional certification issued under subsection C shall be six months.
2. At the discretion of DBHDS, a conditional certification may be renewed once, for a period not to exceed three months, if the recovery residence is not able to demonstrate compliance with all certification regulations but demonstrates progress toward compliance.
3. In no case shall the total period of conditional certification exceed nine successive months.

**12VAC35-260-30. List of recovery residences.**

A. DBHDS shall maintain a list of certified and conditionally certified recovery residences on its website.

B. DBHDS shall monitor recovery residences for regulatory compliance and shall consult with the credentialing entities to keep the list of recovery homes up to date.

**12VAC35-260-40. Disclosures, restrictions, and violations.**

A. No person shall operate a recovery residence or advertise, represent, or otherwise imply to the public that a recovery residence or other housing facility is certified by DBHDS unless such recovery residence or other housing facility has received certification from DBHDS. Violation of this subsection is a Class 1 misdemeanor.

B. Any recovery residence that fails to maintain the requirements for certification by DBHDS as required by this chapter shall have the certification revoked and be removed from the certification list. Conditional certifications may be revoked for serious health and safety concerns.

C. Every recovery residence shall disclose to each prospective resident its credentialing entity. If the credentialing entity is the National Alliance for Recovery Residences, the recovery residence shall disclose the level of support provided by the recovery residence. If the credentialing entity is Oxford House, Inc., the recovery residence shall disclose that the recovery residence is self-governed and unstaffed.

~~D. DBHDS may institute civil proceedings in the name of the Commonwealth to enjoin any person from violating the provisions of this chapter and to recover a civil penalty of at least \$200 but no more than \$1,000 for each violation. Such proceedings shall be brought in the general district or circuit court for the county or city in which the violation occurred or where the defendant resides. Civil penalties assessed under this section shall be paid into the Behavioral~~

~~Health and Developmental Services Trust Fund established in § 37.2-318 of the Code of Virginia.~~

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## Fast-Track Regulation Agency Background Document

<b>Agency name</b>	Department of Behavioral Health and Developmental Services
<b>Virginia Administrative Code (VAC) Chapter citation(s)</b>	12VAC35-105
<b>VAC Chapter title(s)</b>	Rules and Regulations for Licensing Providers by the Department of Behavioral Health and Developmental Services
<b>Action title</b>	Technical and clarifying revisions regarding crisis services
<b>Date this document prepared</b>	June 2, 2025

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.*

The 2024 Session of the General Assembly directed the State Board of Behavioral Health and Developmental Services to amend the Licensing Regulations to ensure and support high-quality crisis services. As a result, the State Board initiated a [final exempt action](#) on May 14, 2024, to create regulations tailored to crisis receiving centers, community-based crisis stabilization, crisis stabilization units, and regional education assessment crisis services habilitation (REACH) providers.

The crisis services regulations became effective on July 17, 2024. Over the course of the past year, the Department and stakeholders have identified several areas of the new regulations where clarifying and technical amendments would benefit individuals receiving services as well as crisis providers. This action will implement those revisions to simplify provisions while maintaining high-quality crisis services.

## 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.*

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CRC – Crisis Receiving Center  
CSU – Crisis Stabilization Unit  
DBHDS – Department of Behavioral Health and Developmental Services  
Licensing Regulations – Rules and Regulations for Licensing Providers by the DBHDS (12VAC35-105)  
REACH – Regional education assessment crisis services habilitation

## 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) that the agency has “adopted final amendments” to the regulation; 3) the name of the agency taking the action; and 4) the title of the regulation. A suggested statement is, “On [insert date] the Board/Department of [insert name] adopted final amendments to the [title of regulation(s)].”*

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At its meeting on **July 9, 2025**, the State Board of Behavioral Health and Developmental Services voted to initiate this fast-track action to adopt final amendments to the Rules and Regulations for Licensing Providers by the DBHDS (12VAC35-105).

## 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.*

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Chapter 795 of the 2024 Acts of Assembly directed the State Board of Behavioral Health and Developmental Services to amend its licensing and human rights regulations to support high-quality crisis services. As a result, the State Board initiated a final exempt action on May 14, 2024, to create new regulations tailored to crisis receiving centers, community-based crisis stabilization, crisis stabilization units, and REACH providers.

The new crisis services regulations became effective on July 17, 2024. Over the course of the past year, the Department and stakeholders have identified several areas of the new regulations where clarifying and technical amendments would benefit individuals receiving services as well as crisis providers. The State Board adopted this action to implement those clarifying and technical revisions.

## 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.*

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Section 37.2-203 of the Code of Virginia authorizes the State Board of Behavioral Health and Developmental Services to adopt regulations 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.

### 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.*

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The purpose of these clarifying and technical amendments is to address stakeholder concerns since the original implementation of the crisis regulations. The amendments are necessary and expected to be non-controversial because they promote increased compliance with the provision of high-quality crisis services. The goal of this fast-track action is to lessen regulatory burden on crisis providers while preserving health and safety protections for individuals receiving services.

### 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.*

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The primary changes of the regulatory action are to:

- 1) Remove references to REACH services, which are no longer applicable as the license type is now encompassed by CRC or CSU;
- 2) Reorganize bathroom and bedroom requirements for clarity;
- 3) Require providers offer basic laundry services;
- 4) Reduce the ratio of showers, sinks and toilets required for CRCs to ease administrative burden; and
- 5) Make other minor clarifying and technical amendments.

### 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.*

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1. The primary advantage of this action is that it lessens and clarifies the regulatory requirements, improving ease of use and understanding by licensed crisis providers, individuals receiving services, and other stakeholders. The action does enact minor additional requirements in order to ensure high-quality crisis services and to protect the health, safety, and privacy of individuals served. There are no known disadvantages to the public.

2. The primary advantages to DBHDS and the Commonwealth are that regulatory language is clear to promote increased compliance. There are no disadvantages to the Commonwealth.
3. There are no other pertinent matters of interest.

**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 regulatory changes more restrictive than applicable 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 particularly affected.

Localities Particularly Affected

- No locality is particularly affected.

Other Entities Particularly Affected

- Community Services Boards involved in providing services to individuals are particularly affected as they are licensed providers of crisis services; however, the changes reduce some regulatory burden and increase the clarity of the regulations.

**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:</p>	<p>There is no fiscal impact on DBHDS from this regulatory action other than to require modifications to its web-based reporting</p>
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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	application to update regulatory section information. Those costs can be absorbed.
<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.	There is no fiscal impact on other state agencies from this regulatory action.
<i>For all agencies:</i> Benefits the regulatory change is designed to produce.	DBHDS will have increased clarity in the use of the regulations.

**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.	There is no fiscal impact on localities from this regulatory action.
Benefits the regulatory change is designed to produce.	Increased clarity in the use of the regulations.

**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.	There are 496 licensed crisis service providers within the Commonwealth. An unknown number of these providers are small businesses.
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.	An unknown number of small businesses are to be affected.
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.	Other than licensed providers there are no projected costs for the regulatory action.
Benefits the regulatory change is designed to produce.	Increased clarity and the reduction of some regulatory burden.

### 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.*

The purpose of this regulatory action is to lessen regulatory burden while preserving the health, safety, and welfare protections for individuals. As such, the only alternative to these (anticipated) non-controversial amendments is to leave the Licensing Regulations as currently in effect. The provider community has requested a number of the changes within the regulatory action in order to alleviate the burden of compliance.

### 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.*

There are no viable alternatives to the regulatory action, which decreases the overall regulatory and compliance burden on providers by improving clarity.

### 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.

The Department of Behavioral Health and Developmental Services 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 Susan Puglisi at 1220 Bank Street, Richmond, Virginia, 23219, or [susan.puglisi@dbhds.virginia.gov](mailto:susan.puglisi@dbhds.virginia.gov) or 804-975-0538. In order to be considered, comments must be received by 11:59 p.m. 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
12VAC35-105-20. Definitions.		Definitions for the licensing regulations.	Addition of the following terms: <ul style="list-style-type: none"> <li>• Ligature risk</li> </ul> Amendments to the following terms: <ul style="list-style-type: none"> <li>• Crisis receiving center</li> <li>• Crisis stabilization unit</li> </ul> Deletion of the following terms: <ul style="list-style-type: none"> <li>• REACH crisis therapeutic home</li> <li>• REACH mobile crisis response</li> <li>• Regional education assessment crisis services habitation or REACH</li> <li>• Residential crisis stabilization service</li> </ul> Intent: The Department is removing references to REACH services, as these services are no longer applicable as the license type is now encompassed by CRC or CSU.  The addition of the term ligature risk is intended to provide clarification for the

			<p>requirements within the physical environment and bathrooms sections.</p> <p>The amendments to the definition of a CRC are to clarify that the service is not residential in nature and also to make clear that the only appropriate service to be co-located with a CRC is a CSU.</p> <p>The amendments to the definition of CSU are to remove language referring to the service as residential. The service is short-term and 24 hours so would typically be classified as residential but ideally is not located in residentially zoned areas as it could be disruptive to the surrounding areas. This change does not prohibit CSUs from being placed in residentially zoned areas. The amendments also make clear that a CSU meets the definition of RCSU within Section 38.2-3412.1 of the Code of Virginia (for insurance purposes).</p>
12VAC35-105-30. Licenses		Lists the current license types and describes license addendums	<p>Removal of the following licenses:</p> <ul style="list-style-type: none"> <li>• REACH CTH</li> <li>• REACH mobile crisis response</li> </ul> <p>Intent: The Department is removing references to REACH services, as these services are no longer applicable as the license type is now encompassed by CRC or CSU.</p>
12VAC35-105-100. Sanctions		Lists the sanctions the commissioner may invoke against licensed providers.	Clean-up amendment which fixes floating subsections.
12VAC35-105-435. Provision of provider statement to any other provider.		This sections requires providers to give a statement for any current or past employee if they require a criminal history background check and seeks employment with another provider. The statement will address the individual's character, ability and fitness for employment.	Clean-up amendment which fixes floating subsections.
12VAC35-105-840. Requirements		Provides the requirements for a seclusion room.	The proposed amendment makes clear that these provisions do not apply to crisis services as there are

for seclusion room.			<p>crisis-specific provisions related to seclusion rooms within section 1970.</p> <p>Intent: Clarity of the regulations.</p>
12VAC35-105-1840. Staffing.		Provides minimum staffing requirements for crisis services.	<p>Addition of a requirement for CRCs and CSUs that adequate qualified direct care staff are present on-site to meet the needs of individuals receiving services.</p> <p>Removal of requirements regarding REACH services.</p> <p>Intent: Some providers have staff leave the premises for laundering services etc. The Department wants to ensure that in these instances there is still adequate qualified direct care staff on-site. The Department is removing references to REACH services, as these services are no longer applicable as the license type is now encompassed by CRC or CSU.</p>
12VAC35-105-1850. Crisis assessment.		Provides the minimum requirements for a crisis assessment.	<p>Amendment to clarify that minimum assessment elements apply to all providers and additional elements apply to CSUs.</p> <p>Intent: Clarity of the regulations.</p>
12VAC35-105-1860. Safety plans and crisis individualized services plans.		Lays out the timeframes for safety plans and crisis ISPs to be drafted and implemented.	Minor stylistic and clarifying amendments.
12VAC35-105-1890. Nursing assessment.		Provides the requirements of crisis nursing assessments and timeframes.	<p>Removal of requirements regarding REACH services.</p> <p>Intent: The Department is removing references to REACH services, as these services are no longer applicable as the license type is now encompassed by CRC or CSU.</p>
12VAC35-105-1900. Vital signs for crisis services.		Provides the requirements regarding taking of vital signs.	<p>Removal of requirements regarding REACH services.</p> <p>Intent: The Department is removing references to REACH services, as these services are no longer applicable as the license type is now encompassed by CRC or CSU.</p>
12VAC35-105-1910. Beds or recliners for		Provides the requirements that each CRC to arrange for each individual to have a recliner or bed and CSU	Removal of requirements regarding REACH services.

<p>crisis services.</p>		<p>and REACH CTH providers to arrange for each individual to have a bed. The provisions also lay out requirements for recliners and beds and maintenance of them.</p>	<p>Addition of requirements regarding spacing of recliners. Clarifying edit to make clear that recliners do not require linens and that only used linens need to be changed every seven days or with each new admission.</p> <p>Intent: The Department is removing references to REACH services, as these services are no longer applicable as the license type is now encompassed by CRC or CSU.</p> <p>The addition of spacing requirements for recliners has been found necessary to protect the privacy of individuals served.</p>
<p>12VAC35-105-1920. Physical environment for crisis services</p>		<p>1920 currently lays out the requirements for bedrooms maintained by CSUs and REACH CTH providers.</p>	<p>Some provisions regarding bedrooms were mixed into the physical environment section. These provisions were pulled out and placed within the bedrooms section (1950). Elements regarding the requirements of bathrooms were pulled into their own section (1940) to make the regulations clearer.</p> <p>Intent: Clarity of the regulations.</p> <p>Removal of the requirement that a provider obtain written consent of the individual before the individual is recorded as some providers have video cameras in their lobbies or front door for safety purposes and cannot obtain permission for recording in these instances. The requirement regarding informing individuals of recording remains.</p> <p>Intent: Removal of unnecessary burden on providers while maintaining the privacy and dignity of individuals served.</p> <p>Addition of a requirement that providers of both children’s and adult services shall ensure that children receiving services and adults receiving services are not mixed in shared spaces.</p> <p>Intent: Protecting the health, safety and welfare of individuals served.</p>

			<p>Removal of requirements regarding REACH services.</p> <p>Intent: The Department is removing references to REACH services, as these services are no longer applicable as the license type is now encompassed by CRC or CSU.</p>
<p>12VAC35-105-1930. Laundry requirements</p>		<p>Currently 1930 provides the physical environment requirements for crisis services. These elements have been moved to section 1920.</p>	<p>The amendments insert new minimum laundry requirements for crisis services.</p> <p>Intent: To ensure that individuals receiving crisis services have access to clean clothes and linens. Providing a clean environment and clean clothing is fundamental in crisis services. Assisting an individual with basic needs can assist in deescalating a crisis.</p>
<p>12VAC35-105-1940. Bathrooms for crisis services.</p>		<p>Currently 1940 has requirements related to seclusion. These elements have been moved to section 1960.</p>	<p>All the requirements regarding bathrooms have been removed from the physical environment section and moved to its own independent section here within section 1940 for clarity.</p> <p>Addition of the requirement that bathroom equipment and fixtures shall be interior permanent structures plumbed according to state and local building regulations. The Department found that some providers were asking individuals served to bathe in pop-up camp showers. Providing for basic needs is important to crisis services as it can deescalate a crisis and individuals served deserve the respect and dignity of a private shower.</p> <p>Reduction of the ratio of showers from one to four to one to every sixteen individuals for CRCs. As CRCs are not a residential service the Department has determined it is untenable to hold them to this residential standard.</p> <p>Addition of requirement that providers of multiple services provide separate bathrooms for each service and that bathrooms shall not be shared with unlicensed services.</p>

			Intent: Clarity of the regulations and providing for the basic needs and safety of individuals served.
12VAC35-105-1950. Bedrooms for crisis services.		Currently 1950 has requirements related to seclusion rooms within crisis services.	The provisions related to bedrooms for crisis services were moved due to the addition of a new section for bathrooms and laundry requirements but are mostly unchanged. The only change was the addition that bedrooms should be free of ligature risks.
	12VAC35-105-1960. Seclusion.		The provisions within this section are in the current section 1940 and are unchanged.
	12VAC35-105-1970. Seclusion room requirements.		The provisions within this section are in the current section 1950 and are unchanged.

DRAFT

**Project 8202 - Fast-Track**

**Department of Behavioral Health And Developmental Services**

**Ch105: Technical and clarifying revisions regarding crisis services**

**12VAC35-105-20. Definitions.**

The following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise:

"Abuse" means, as defined by § 37.2-100 of the Code of Virginia, any act or failure to act by an employee or other person responsible for the care of an individual in a facility or program operated, licensed, or funded by the department, excluding those operated by the Virginia Department of Corrections, that was performed or was failed to be performed knowingly, recklessly, or intentionally, and that caused or might have caused physical or psychological harm, injury, or death to an individual receiving care or treatment for mental illness, developmental disabilities, or substance abuse. Examples of abuse include acts such as:

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

"Activities of daily living" or "ADLs" means personal care activities and includes bathing, dressing, transferring, toileting, grooming, hygiene, feeding, and eating. An individual's degree of independence in performing these activities is part of determining the appropriate level of care and services.

"Addiction" means a primary, chronic disease of brain reward, motivation, memory, and related circuitry. Addiction is defined as the inability to consistently abstain, impairment in behavioral control, persistence of cravings, diminished recognition of significant problems with one's behaviors and interpersonal relationships, and a dysfunctional emotional response. Like other chronic diseases, addiction often involves cycles of relapse and remission. Without treatment or engagement in recovery activities, addiction is progressive and can result in disability or premature death.

"Admission" means the process of acceptance into a service as defined by the provider's policies.

"Allied health professional" means a professional who is involved with the delivery of health or related services pertaining to the identification, evaluation, and prevention of diseases and disorders, such as a certified substance abuse counselor, certified substance abuse counseling assistant, peer recovery support specialist, certified nurse aide, or occupational therapist.

"ASAM" means the American Society of Addiction Medicine.

"Assertive community treatment service" or "ACT" means a self-contained interdisciplinary community-based team of medical, behavioral health, and rehabilitation professionals who use a team approach to meet the needs of an individual with severe and persistent mental illness.

ACT teams:

1. Provide person-centered services addressing the breadth of an individual's needs, helping the individual achieve his personal goals;

2. Serve as the primary provider of all the services that an individual receiving ACT services needs;

3. Maintain a high frequency and intensity of community-based contacts;

4. Maintain a very low individual-to-staff ratio;

5. Offer varying levels of care for all individuals receiving ACT services and appropriately adjust service levels according to each individual's needs over time;

6. Assist individuals in advancing toward personal goals with a focus on enhancing community integration and regaining valued roles, such as worker, family member, resident, spouse, tenant, or friend;

7. Carry out planned assertive engagement techniques, including rapport-building strategies, facilitating meeting basic needs, and motivational interviewing techniques;

8. Monitor the individual's mental status and provide needed supports in a manner consistent with the individual's level of need and functioning;

9. Deliver all services according to a recovery-based philosophy of care; and

10. Promote self-determination, respect for the individual receiving ACT as an individual in such individual's own right, and engage peers in promoting recovery and regaining meaningful roles and relationships in the community.

"Authorized representative" means a person permitted by law or 12VAC35-115 to authorize the disclosure of information or consent to treatment and services or participation in human research.

"Behavior intervention" means those principles and methods employed by a provider to help an individual receiving services to achieve a positive outcome and to address challenging behavior in a constructive and safe manner. Behavior intervention principles and methods shall

be employed in accordance with the individualized services plan and written policies and procedures governing service expectations, treatment goals, safety, and security.

"Behavioral treatment plan," "functional plan," or "behavioral support plan" means any set of documented procedures that are an integral part of the individualized services plan and are developed on the basis of a systematic data collection, such as a functional assessment, for the purpose of assisting individuals to achieve the following:

1. Improved behavioral functioning and effectiveness;
2. Alleviation of symptoms of psychopathology; or
3. Reduction of challenging behaviors.

"Board" or "state board" means, as defined by § 37.2-100 of the Code of Virginia, the State Board of Behavioral Health and Developmental Services. The board has statutory responsibility for adopting regulations that may be necessary to carry out the provisions of Title 37.2 of the Code of Virginia and other laws of the Commonwealth administered by the commissioner or the department.

"Brain injury" means any injury to the brain that occurs after birth that is acquired through traumatic or nontraumatic insults. Nontraumatic insults may include anoxia, hypoxia, aneurysm, toxic exposure, encephalopathy, surgical interventions, tumor, and stroke. Brain injury does not include hereditary, congenital, or degenerative brain disorders or injuries induced by birth trauma.

"Care," "treatment," or "support" means the individually planned therapeutic interventions that conform to current acceptable professional practice and that are intended to improve or maintain functioning of an individual receiving services delivered by a provider.

"Case management service" or "support coordination service" means services that can include assistance to individuals and their family members in accessing needed services that

are responsive to the individual's needs. Case management services include identifying potential users of the service; assessing needs and planning services; linking the individual to services and supports; assisting the individual directly to locate, develop, or obtain needed services and resources; coordinating services with other providers; enhancing community integration; making collateral contacts; monitoring service delivery; discharge planning; and advocating for individuals in response to their changing needs. "Case management service" does not include assistance in which the only function is maintaining service waiting lists or periodically contacting or tracking individuals to determine potential service needs.

"Clinical experience" means providing direct services to individuals with mental illness or the provision of direct geriatric services or special education services. Experience may include supervised internships, practicums, and field experience.

"Clinically managed high-intensity residential care" or "Level of care 3.5" means a substance use treatment program that offers 24-hour supportive treatment of individuals with significant psychological and social problems by credentialed addiction treatment professionals in an interdisciplinary treatment approach. A clinically managed high-intensity residential care program provides treatment to individuals who present with significant challenges, such as physical, sexual, or emotional trauma; past criminal or antisocial behaviors, with a risk of continued criminal behavior; an extensive history of treatment; inadequate anger management skills; extreme impulsivity; and antisocial value system.

"Clinically managed low-intensity residential care" or "Level of care 3.1" means providing an ongoing therapeutic environment for individuals requiring some structured support in which treatment is directed toward applying recovery skills; preventing relapse; improving emotional functioning; promoting personal responsibility; reintegrating the individual into work, education, and family environments; and strengthening and developing adaptive skills that may not have been achieved or have been diminished during the individual's active addiction. A clinically

managed low-intensity residential care program also provides treatment for individuals suffering from chronic, long-term alcoholism or drug addiction and affords an extended period of time to establish sound recovery and a solid support system.

"Clinically managed population specific high-intensity residential services" or "Level of care 3.3" means a substance use treatment program that provides a structured recovery environment in combination with high-intensity clinical services provided in a manner to meet the functional limitations of individuals. The functional limitations of individuals who are placed within this level of care are primarily cognitive and can be either temporary or permanent.

"Collaborative behavioral health services" means the same as the term is defined in § 54.1-3500 of the Code of Virginia.

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

"Community-based crisis stabilization" means services that are short term and designed to support an individual and the individual's natural support system following contact with an initial crisis response service or as a diversion to a higher level of care. Providers deliver community-based crisis stabilization services in an individual's natural environment and provide referrals and linkage to other community-based services at the appropriate level of care. Interventions may include mobile crisis response, brief therapeutic and skill-building interventions, engagement of natural supports, interventions to integrate natural supports in the de-escalation and stabilization of the crisis, and coordination of follow-up services. Coordination of specialized services to address the needs of co-occurring developmental disabilities and substance use disorders are also available through this service. Services include advocacy and networking to provide linkages and referrals to appropriate community-based services and assist the individual and the individual's family or caregiver in accessing other benefits or assistance programs for which the individual may be eligible. Community-based crisis stabilization is a non-

center, community-based service. The goal of community-based crisis stabilization services is to stabilize the individual within the community and support the individual or the individual's support system (i) as part of an initial mobile crisis response; (ii) during the period between an initial mobile crisis response and entry into an established follow-up service at the appropriate level of care; (iii) as a transitional step-down from a higher level of care if the next level of care service is identified but not immediately available for access; or (iv) as a diversion to a higher level of care.

"Community gero-psychiatric residential services" means 24-hour care provided to individuals with mental illness, behavioral problems, and concomitant health problems who are usually 65 years of age or older in a geriatric setting that is less intensive than a psychiatric hospital but more intensive than a nursing home or group home. Services include assessment and individualized services planning by an interdisciplinary services team, intense supervision, psychiatric care, behavioral treatment planning and behavior interventions, nursing, and other health-related services.

"Complaint" means an allegation of a violation of this chapter or a provider's policies and procedures related to this chapter.

"Conveyance" means a motor vehicle that serves as the mobile component of a mobile MAT program.

"Co-occurring disorders" means the presence of more than one and often several of the following disorders that are identified independently of one another and are not simply a cluster of symptoms resulting from a single disorder: mental illness, a developmental disability, substance abuse (substance use disorders), or brain injury.

"Co-occurring services" means individually planned therapeutic treatment that addresses in an integrated concurrent manner the service needs of individuals who have co-occurring disorders.

"Corrective action plan" means the provider's pledged corrective action in response to cited areas of noncompliance documented by the regulatory authority.

"Correctional facility" means a facility operated under the management and control of the Virginia Department of Corrections.

"Credentialed addiction treatment professional" means a person who possesses one of the following credentials issued by the appropriate health regulatory board: (i) an addiction-credentialed physician or physician with experience or training in addiction medicine; (ii) a licensed nurse practitioner or a licensed physician assistant with experience or training in addiction medicine; (iii) a licensed psychiatrist; (iv) a licensed clinical psychologist; (v) a licensed clinical social worker; (vi) a licensed professional counselor; (vii) a licensed nurse practitioner with experience or training in psychiatry or mental health; (viii) a licensed marriage and family therapist; (ix) a licensed substance abuse treatment practitioner; (x) a resident who is under the supervision of a licensed professional counselor (18VAC115-20-10), licensed marriage and family therapist (18VAC115-50-10), or licensed substance abuse treatment practitioner (18VAC115-60-10) and is registered with the Virginia Board of Counseling; (xi) a resident in psychology who is under supervision of a licensed clinical psychologist and is registered with the Virginia Board of Psychology (18VAC125-20-10); or (xii) a supervisee in social work who is under the supervision of a licensed clinical social worker and is registered with the Virginia Board of Social Work (18VAC140-20-10).

"Crisis" means a deteriorating or unstable situation often developing suddenly or rapidly that produces acute, heightened, emotional, mental, physical, medical, or behavioral distress.

"Crisis education and prevention plan" or "CEPP" means a department-approved, individualized, client-specific document that provides a concise, clear, and realistic set of supportive interventions to prevent or de-escalate a crisis and assist an individual who may be experiencing a behavioral loss of control. The goal of the CEPP is to identify problems that have arisen in the past or are emergent in order to map out strategies that offer tools for the natural support system to assist the individual in addressing and de-escalating problems in a healthy way and provide teaching skills that the individual can apply independently.

"Crisis planning team" means the team who is consulted to plan the individual's safety plan or crisis ISP. The crisis planning team consists, at a minimum, of the individual receiving services, the individual's legal guardian or authorized representative, and a member of the provider's crisis staff. The crisis planning team may include the individual's support coordinator, case manager, the individual's family, or other identified persons, as desired by the individual, such as the individual's family of choice.

"Crisis receiving center," "CRC," or "23-hour crisis stabilization" means a community-based, nonhospital, nonresidential facility providing short-term assessment, observation, and crisis stabilization services for up to 23 hours. This service is accessible 24 hours per day, seven days per week, 365 days per year, and is indicated when an individual requires a safe environment for initial assessment and intervention. This service includes a thorough assessment of an individual's behavioral health crisis, psychosocial needs, and supports in order to determine the least restrictive environment most appropriate for stabilization. Key service functions include rapid assessment, crisis intervention, de-escalation, short-term stabilization, and appropriate referrals and linkages for ongoing care. ~~This distinct service~~ A crisis stabilization unit may be co-located with ~~other services such as crisis stabilization units~~ a CRC.

"Crisis stabilization" means direct, intensive nonresidential or residential care and treatment to nonhospitalized individuals experiencing an acute crisis that may jeopardize their current

community living situation. Crisis stabilization is intended to avert hospitalization or rehospitalization; provide normative environments with a high assurance of safety and security for crisis intervention; stabilize individuals in crisis; and mobilize the resources of the community support system, family members, and others for ongoing rehabilitation and recovery.

"Crisis stabilization unit," or "CSU," or "~~residential crisis stabilization unit~~" is means a community-based, short-term ~~residential treatment~~ 24-hour crisis service unit. CSUs serve as primary alternatives to inpatient hospitalization for individuals who are in need of a safe, secure environment for assessment and crisis treatment. CSUs also serve as a step-down option from psychiatric inpatient hospitalization and function to stabilize and reintegrate individuals who meet medical necessity criteria back into their communities. This service meets the requirements of a "residential crisis stabilization unit" of § 38.2-3412.1 of the Code of Virginia.

"Day support service" means structured programs of training, assistance, and specialized supervision in the acquisition, retention, or improvement of self-help, socialization, and adaptive skills for adults with a developmental disability provided to groups or individuals in nonresidential community-based settings. Day support services may provide opportunities for peer interaction and community integration and are designed to enhance the following: self-care and hygiene, eating, toileting, task learning, community resource utilization, environmental and behavioral skills, social skills, medication management, prevocational skills, and transportation skills. The term "day support service" does not include services in which the primary function is to provide employment-related services, general educational services, or general recreational services.

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

"Developmental disability" means a severe, chronic disability of an individual that (i) is attributable to a mental or physical impairment or a combination of mental and physical

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

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

"Diagnostic and Statistical Manual of Mental Disorders" or "DSM" means the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition, DSM-5, of the American Psychiatric Association.

"Direct care position" means any position that includes responsibility for (i) treatment, case management, health, safety, development, or well-being of an individual receiving services or (ii) immediately supervising a person in a position with this responsibility.

"Discharge" means the process by which the individual's active involvement with a service is terminated by the provider, individual, or individual's authorized representative.

"Discharge plan" means the written plan that establishes the criteria for an individual's discharge from a service and identifies and coordinates delivery of any services needed after discharge.

"Dispense" means to deliver a drug to an ultimate user by or pursuant to the lawful order of a practitioner, including the prescribing and administering, packaging, labeling, or compounding necessary to prepare the substance for that delivery (§ 54.1-3400 et seq. of the Code of Virginia).

"Emergency service" means unscheduled and sometimes scheduled crisis intervention, stabilization, and referral assistance provided over the telephone or face-to-face, if indicated, available 24 hours a day and seven days per week. Emergency services also may include walk-ins, home visits, jail interventions, and preadmission screening activities associated with the judicial process.

"Group home or community residential service" means a congregate service providing 24-hour supervision in a community-based home having eight or fewer residents. Services include supervision, supports, counseling, and training in activities of daily living for individuals whose individualized services plan identifies the need for the specific types of services available in this setting.

"HCBS Waiver" means a Medicaid Home and Community Based Services Waiver.

"Home and noncenter based" means that a service is provided in the individual's home or other noncenter-based setting. This includes noncenter-based day support, supportive in-home, and intensive in-home services.

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

"client". When the term is used in this chapter, the requirement applies to every individual receiving licensed services from the provider.

"Individualized services plan" or "ISP" means a comprehensive and regularly updated written plan that describes the individual's needs, the measurable goals and objectives to address those needs, and strategies to reach the individual's goals. An ISP is person-centered, empowers the individual, and is designed to meet the needs and preferences of the individual. The ISP is developed through a partnership between the individual and the provider and includes an individual's treatment plan, habilitation plan, person-centered plan, or plan of care, which are all considered individualized service plans.

"Informed choice" means a decision made after considering options based on adequate and accurate information and knowledge. These options are developed through collaboration with the individual and the individual's authorized representative, as applicable, and the provider with the intent of empowering the individual and the individual's authorized representative to make decisions that will lead to positive service outcomes.

"Informed consent" means the voluntary written agreement of an individual or that individual's authorized representative to surgery, electroconvulsive treatment, use of psychotropic medications, or any other treatment or service that poses a risk of harm greater than that ordinarily encountered in daily life or for participation in human research. To be voluntary, informed consent must be given freely and without undue inducement; any element of force, fraud, deceit, or duress; or any form of constraint or coercion.

"Initial assessment" means an assessment conducted prior to or at admission to determine whether the individual meets the service's admission criteria; what the individual's immediate service, health, and safety needs are; and whether the provider has the capability and staffing to provide the needed services.

"Inpatient psychiatric service" means intensive 24-hour medical, nursing, and treatment services provided to individuals with mental illness or substance abuse (substance use disorders) in a hospital as defined in § 32.1-123 of the Code of Virginia or in a special unit of a hospital.

"Instrumental activities of daily living" or "IADLs" means meal preparation, housekeeping, laundry, and managing money. A person's degree of independence in performing these activities is part of determining appropriate level of care and services.

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

"Intensity of service" means the number, type, and frequency of staff interventions and other services provided during treatment at a particular level of care.

"Intensive in-home service" means family preservation interventions for children and adolescents who have or are at risk of serious emotional disturbance, including individuals who also have a diagnosis of developmental disability. Intensive in-home service is usually time-limited and is provided typically in the residence of an individual who is at risk of being moved to out-of-home placement or who is being transitioned back home from an out-of-home placement. The service includes 24-hour per day emergency response; crisis treatment; individual and family counseling; life, parenting, and communication skills; and case management and coordination with other services.

"Intermediate care facility/individuals with intellectual disability" or "ICF/IID" means a facility or distinct part of a facility certified by the Virginia Department of Health as meeting the federal certification regulations for an intermediate care facility for individuals with intellectual disability and persons with related conditions and that addresses the total needs of the residents, which include physical, intellectual, social, emotional, and habilitation, providing active treatment as defined in 42 CFR 435.1010 and 42 CFR 483.440.

"Investigation" means a detailed inquiry or systematic examination of the operations of a provider or its services regarding an alleged violation of regulations or law. An investigation may be undertaken as a result of a complaint, an incident report, or other information that comes to the attention of the department.

"Licensed mental health professional" or "LMHP" means a physician, licensed clinical psychologist, licensed professional counselor, licensed clinical social worker, licensed substance abuse treatment practitioner, licensed marriage and family therapist, certified psychiatric clinical nurse specialist, licensed behavior analyst, or licensed psychiatric/mental health nurse practitioner.

"Ligature risk" means any element of the environment that could be used to attach a cord, rope, or other material for the purpose of hanging or strangulation.

"Location" means a place where services are or could be provided.

"Mandatory outpatient treatment order" means an order issued by a court pursuant to § 37.2-817 of the Code of Virginia.

"Medical detoxification" means a service provided in a hospital or other 24-hour care facility under the supervision of medical personnel using medication to systematically eliminate or reduce the presence of alcohol or other drugs in the individual's body.

"Medical evaluation" means the process of assessing an individual's health status that includes a medical history and a physical examination of an individual conducted by a licensed medical practitioner operating within the scope of his license.

"Medically managed intensive inpatient service" or "Level of care 4.0" means an organized service delivered in an inpatient setting, including an acute care general hospital, psychiatric unit in a general hospital, or a freestanding psychiatric hospital. This service is appropriate for individuals whose acute biomedical and emotional, behavioral, and cognitive problems are so severe that they require primary medical and nursing care. Services at this level of care are managed by a physician who is responsible for diagnosis, treatment, and treatment plan decisions in collaboration with the individual.

"Medically monitored intensive inpatient treatment" or "Level of care 3.7" means a substance use treatment program that provides 24-hour care in a facility under the supervision of medical personnel. The care provided includes directed evaluation, observation, medical monitoring, and addiction treatment in an inpatient setting. The care provided may include the use of medication to address the effects of substance use. This service is appropriate for an individual whose subacute biomedical, emotional, behavioral, or cognitive problems are so severe that they require inpatient treatment but who does not need the full resources of an acute care general hospital or a medically managed intensive inpatient treatment program.

"Medication" means prescribed or over-the-counter drugs or both.

"Medication administration" means the legally permitted direct application of medications, as enumerated by § 54.1-3408 of the Code of Virginia, by injection, inhalation, ingestion, or any other means to an individual receiving services by (i) persons legally permitted to administer medications or (ii) the individual at the direction and in the presence of persons legally permitted to administer medications.

"Medication-assisted opioid treatment" or "opioid treatment service" means an intervention of administering or dispensing of medications, such as methadone, buprenorphine, or naltrexone approved by the federal Food and Drug Administration for the purpose of treating opioid use disorder.

"Medication-assisted treatment" or "MAT" means the use of U.S. Food and Drug Administration approved medications in combination with counseling and behavioral therapies to provide treatment of substance use disorders. Medication-assisted treatment includes medications for opioid use disorder as well as medications for treatment of alcohol use disorder.

"Medication error" means an error in administering a medication to an individual and includes when any of the following occur: (i) the wrong medication is given to an individual, (ii) the wrong individual is given the medication, (iii) the wrong dosage is given to an individual, (iv) medication is given to an individual at the wrong time or not at all, or (v) the wrong method is used to give the medication to the individual.

"Medication storage" means any area where medications are maintained by the provider, including a locked cabinet, locked room, or locked box.

"Mental Health Community Support Service" or "MHCSS" means the provision of recovery-oriented services to individuals with long-term, severe mental illness. MHCSS includes skills training and assistance in accessing and effectively utilizing services and supports that are essential to meeting the needs identified in the individualized services plan and development of environmental supports necessary to sustain active community living as independently as possible. MHCSS may be provided in any setting in which the individual's needs can be addressed, skills training applied, and recovery experienced.

"Mental health intensive outpatient service" means a structured program of skilled treatment services focused on maintaining and improving functional abilities through a time-limited,

interdisciplinary approach to treatment. This service is provided over a period of time for individuals requiring more intensive services than an outpatient service can provide and may include individual, family, or group counseling or psychotherapy; skill development and psychoeducational activities; certified peer support services; medication management; and psychological assessment or testing.

"Mental health outpatient service" means treatment provided to individuals on an hourly schedule, on an individual, group, or family basis, and usually in a clinic or similar facility or in another location. Mental health outpatient services may include diagnosis and evaluation, screening and intake, counseling, psychotherapy, behavior management, psychological testing and assessment, laboratory, and other ancillary services, medical services, and medication services. Mental health outpatient service specifically includes:

1. Mental health services operated by a community services board or a behavioral health authority established pursuant to Chapter 5 (§ 37.2-500 et seq.) or Chapter 6 (§ 37.2-600 et seq.) of Title 37.2 of the Code of Virginia;
2. Mental health services contracted by a community services board or a behavioral health authority established pursuant to Chapter 5 (§ 37.2-500 et seq.) or Chapter 6 (§ 37.2-600 et seq.) of Title 37.2 of the Code of Virginia; or
3. Mental health services that are owned, operated, or controlled by a corporation organized pursuant to the provisions of either Chapter 9 (§ 13.1-601 et seq.) or Chapter 10 (§ 13.1-801 et seq.) of Title 13.1 of the Code of Virginia.

"Mental health partial hospitalization service" means time-limited active treatment interventions that are more intensive than outpatient services, designed to stabilize and ameliorate acute symptoms and serve as an alternative to inpatient hospitalization or to reduce the length of a hospital stay. Partial hospitalization is provided through a minimum of 20 hours

per week of skilled treatment services focused on individuals who require intensive, highly coordinated, structured, and interdisciplinary ambulatory treatment within a stable environment that is of greater intensity than intensive outpatient, but of lesser intensity than inpatient.

"Mental illness" means, as defined by § 37.2-100 of the Code of Virginia, a disorder of thought, mood, emotion, perception, or orientation that significantly impairs judgment, behavior, capacity to recognize reality, or ability to address basic life necessities and requires care and treatment for the health, safety, or recovery of the individual or for the safety of others.

"Missing" means a circumstance in which an individual is not physically present when and where he should be and his absence cannot be accounted for or explained by his supervision needs or pattern of behavior.

"Mobile crisis response" means a type of community-based crisis stabilization service that is available 24 hours per day, seven days per week, 365 days per year to provide rapid response, assessment, and early intervention to individuals experiencing a behavioral health crisis. Services are deployed in real time to the location of the individual experiencing a behavioral health crisis. The purpose of this service is to (i) de-escalate the behavioral health crisis and prevent harm to the individual or others; (ii) assist in the prevention of the individual's acute exacerbation of symptoms; (iii) develop an immediate plan to maintain safety; and (iv) coordinate care and linking to appropriate treatment services to meet the needs of the individual.

"Mobile medication-assisted treatment program" or "mobile MAT program" means a MAT operating from a motor vehicle or conveyance that serves as a mobile component to a licensed MAT location registered with the U.S. Drug Enforcement Administration as required by 21 CFR 1301.11 et seq.

"Motivational enhancement" means a person-centered approach that is collaborative, employs strategies to strengthen motivation for change, increases engagement in substance use services, resolves ambivalence about changing substance use behaviors, and supports individuals to set goals to change their substance use.

"Neglect" means, as defined by § 37.2-100 of the Code of Virginia, the failure by a person or a program or facility operated, licensed, or funded by the department, excluding those operated by the Department of Corrections, responsible for providing services to do so, including nourishment, treatment, care, goods, or services necessary to the health, safety, or welfare of an individual receiving care or treatment for mental illness, developmental disabilities, or substance abuse.

"Neurobehavioral services" means the assessment, evaluation, and treatment of cognitive, perceptual, behavioral, and other impairments caused by brain injury that affect an individual's ability to function successfully in the community.

"Office of Human Rights" means the Department of Behavioral Health and Developmental Services Office of Human Rights.

"Person-centered" means focusing on the needs and preferences of the individual; empowering and supporting the individual in defining the direction for his life; and promoting self-determination, community involvement, and recovery.

"Provider" means, as defined by § 37.2-403 of the Code of Virginia, any person, entity, or organization, excluding an agency of the federal government by whatever name or designation, that delivers (i) services to individuals with mental illness, developmental disabilities, or substance abuse (substance use disorders) or (ii) residential services for individuals with brain injury. The person, entity, or organization shall include a hospital as defined in § 32.1-123 of the Code of Virginia, community services board, behavioral health authority, private provider, and

any other similar or related person, entity, or organization. It shall not include any individual practitioner who holds a license issued by a health regulatory board of the Department of Health Professions or who is exempt from licensing pursuant to §§ 54.1-2901, 54.1-3001, 54.1-3501, 54.1-3601, and 54.1-3701 of the Code of Virginia.

"Psychosocial rehabilitation service" means a program of two or more consecutive hours per day provided to groups of adults in a nonresidential setting. Individuals must demonstrate a clinical need for the service arising from a condition due to mental, behavioral, or emotional illness that results in significant functional impairments in major life activities. This service provides education to teach the individual about mental illness, substance abuse, and appropriate medication to avoid complication and relapse and opportunities to learn and use independent skills and to enhance social and interpersonal skills within a consistent program structure and environment. Psychosocial rehabilitation includes skills training, peer support, vocational rehabilitation, and community resource development oriented toward empowerment, recovery, and competency.

"Qualified developmental disability professional" or "QDDP" means a person who possesses at least one year of documented experience working directly with individuals who have a developmental disability and who possesses one of the following credentials: (i) a doctor of medicine or osteopathy licensed in Virginia, (ii) a registered nurse licensed in Virginia, (iii) a licensed occupational therapist, or (iv) completion of at least a bachelor's degree in a human services field, including sociology, social work, special education, rehabilitation counseling, or psychology.

"Qualified mental health professional" or "QMHP" means the same as the term is defined in § 54.1-3500 of the Code of Virginia.

"Qualified mental health professional-trainee" or "QMHP-T" means the same as the term is defined in § 54.1-3500 of the Code of Virginia.

"Qualified paraprofessional in mental health" or "QPPMH" means a person who meets at least one of the following criteria: (i) is registered with the United States Psychiatric Association (USPRA) as an Associate Psychiatric Rehabilitation Provider (APRP); (ii) has an associate degree in a related field (social work, psychology, psychiatric rehabilitation, sociology, counseling, vocational rehabilitation, human services counseling) and at least one year of experience providing direct services to individuals with a diagnosis of mental illness; (iii) is licensed as an occupational therapy assistant, and supervised by a licensed occupational therapist, with at least one year of experience providing direct services to individuals with a diagnosis of mental illness; or (iv) has a minimum of 90 hours classroom training and 12 weeks of experience under the direct personal supervision of a QMHP providing services to individuals with mental illness and at least one year of experience, including the 12 weeks of supervised experience.

"Quality improvement plan" means a detailed work plan developed by a provider that defines steps the provider will take to review the quality of services it provides and to manage initiatives to improve quality. A quality improvement plan consists of systematic and continuous actions that lead to measurable improvement in the services, supports, and health status of the individuals receiving services.

"Recovery" means a journey of healing and transformation enabling an individual with a mental illness to live a meaningful life in a community of his choice while striving to achieve his full potential. For individuals with substance abuse (substance use disorders), recovery is an incremental process leading to positive social change and a full return to biological, psychological, and social functioning. For individuals with a developmental disability, the concept of recovery does not apply in the sense that individuals with a developmental disability will need supports throughout their entire lives although these may change over time. With

supports, individuals with a developmental disability are capable of living lives that are fulfilling and satisfying and that bring meaning to themselves and others they know.

~~"REACH crisis therapeutic home" or "REACH CTH" means a residential home with crisis stabilization REACH service for individuals with a developmental disability and who are experiencing a mental health or behavior crisis.~~

~~"REACH mobile crisis response" means a REACH service that provides mobile crisis response for individuals with a developmental disability and who are experiencing a mental health or behavior crisis.~~

"Referral" means the process of directing an applicant or an individual to a provider or service that is designed to provide the assistance needed.

~~"Regional education assessment crisis services habilitation" or "REACH" means the statewide crisis system of care that is designed to meet the crisis support needs of individuals who have a developmental disability and are experiencing mental health or behavior crisis events that put the individuals at risk for homelessness, incarceration, hospitalization, or danger to self or others.~~

"Residential" or "residential service" means providing 24-hour support in conjunction with care and treatment or a training program in a setting other than a hospital or training center. Residential services provide a range of living arrangements from highly structured and intensively supervised to relatively independent and requiring a modest amount of staff support and monitoring. Residential services include residential treatment, group homes, supervised living, community gero-psychiatric residential, ICF/IID, sponsored residential homes, medical and social detoxification, and neurobehavioral services.

~~"Residential crisis stabilization service" means (i) providing short-term, intensive treatment to nonhospitalized individuals who require multidisciplinary treatment in order to stabilize acute~~

~~psychiatric symptoms and prevent admission to a psychiatric inpatient unit; (ii) providing normative environments with a high assurance of safety and security for crisis intervention; and (iii) mobilizing the resources of the community support system, family members, and others for ongoing rehabilitation and recovery.~~

"Residential treatment service" means providing an intensive and highly structured clinically based mental health, substance abuse, or neurobehavioral service for co-occurring disorders in a residential setting other than an inpatient service.

"Respite care service" means providing for a short-term, time-limited period of care of an individual for the purpose of providing relief to the individual's family, guardian, or regular caregiver. Persons providing respite care are recruited, trained, and supervised by a licensed provider. These services may be provided in a variety of settings including residential, day support, in-home, or a sponsored residential home.

"Restraint" means the use of a mechanical device, medication, physical intervention, or hands-on hold to prevent an individual receiving services from moving his body to engage in a behavior that places him or others at imminent risk. There are three kinds of restraints:

1. Mechanical restraint means the use of a mechanical device that cannot be removed by the individual to restrict the individual's freedom of movement or functioning of a limb or portion of an individual's body when that behavior places him or others at imminent risk.

2. Pharmacological restraint means the use of a medication that is administered involuntarily for the emergency control of an individual's behavior when that individual's behavior places him or others at imminent risk and the administered medication is not a standard treatment for the individual's medical or psychiatric condition.

3. Physical restraint, also referred to as manual hold, means the use of a physical intervention or hands-on hold to prevent an individual from moving his body when that individual's behavior places him or others at imminent risk.

"Restraints for behavioral purposes" means using a physical hold, medication, or a mechanical device to control behavior or involuntarily restrict the freedom of movement of an individual in an instance when all of the following conditions are met: (i) there is an emergency; (ii) nonphysical interventions are not viable; and (iii) safety issues require an immediate response.

"Restraints for medical purposes" means using a physical hold, medication, or mechanical device to limit the mobility of an individual for medical, diagnostic, or surgical purposes, such as routine dental care or radiological procedures and related post-procedure care processes, when use of the restraint is not the accepted clinical practice for treating the individual's condition.

"Restraints for protective purposes" means using a mechanical device to compensate for a physical or cognitive deficit when the individual does not have the option to remove the device. The device may limit an individual's movement, for example, bed rails or a gerichair, and prevent possible harm to the individual or it may create a passive barrier, such as a helmet to protect the individual.

"Restriction" means anything that limits or prevents an individual from freely exercising his rights and privileges.

"Risk management" means an integrated system-wide program to ensure the safety of individuals, employees, visitors, and others through identification, mitigation, early detection, monitoring, evaluation, and control of risks.

"Root cause analysis" means a method of problem solving designed to identify the underlying causes of a problem. The focus of a root cause analysis is on systems, processes, and outcomes that require change to reduce the risk of harm.

"Screening" means the process or procedure for determining whether the individual meets the minimum criteria for initial assessment.

"Seclusion" means the involuntary placement of an individual alone in an area secured by a door that is locked or held shut by a staff person, by physically blocking the door, or by any other physical means so that the individual cannot leave the area.

"Serious incident" means any event or circumstance that causes or could cause harm to the health, safety, or well-being of an individual. The term "serious incident" includes death and serious injury.

"Level I serious incident" means a serious incident that occurs or originates during the provision of a service or on the premises of the provider and does not meet the definition of a Level II or Level III serious incident. Level I serious incidents do not result in significant harm to individuals but may include events that result in minor injuries that do not require medical attention or events that have the potential to cause serious injury, even when no injury occurs.

"Level II serious incident" means a serious incident that occurs or originates during the provision of a service or on the premises of the provider that results in a significant harm or threat to the health and safety of an individual that does not meet the definition of a Level III serious incident. "Level II serious incident" includes a significant harm or threat to the health or safety of others caused by an individual. Level II serious incidents include:

1. A serious injury;
2. An individual who is or was missing;
3. An emergency room visit;

4. An unplanned psychiatric or unplanned medical hospital admission of an individual receiving services other than licensed emergency services, except that a psychiatric admission in accordance with an individual's wellness plan shall not constitute an unplanned admission for the purposes of this chapter;

5. Choking incidents that require direct physical intervention by another person;

6. Ingestion of any hazardous material; or

7. A diagnosis of:

a. A decubitus ulcer or an increase in severity of level of previously diagnosed decubitus ulcer;

b. A bowel obstruction; or

c. Aspiration pneumonia.

"Level III serious incident" means a serious incident, whether or not the incident occurs while in the provision of a service or on the provider's premises, that results in:

1. Any death of an individual;

2. A sexual assault of an individual; or

3. A suicide attempt by an individual admitted for services, other than licensed emergency services, that results in a hospital admission.

"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.

"Service" means, as defined by § 37.2-403 of the Code of Virginia, (i) planned individualized interventions intended to reduce or ameliorate mental illness, developmental disabilities, or substance abuse (substance use disorders) through care, treatment, training, habilitation, or

other supports that are delivered by a provider to individuals with mental illness, developmental disabilities, or substance abuse (substance use disorders). Services include outpatient services, intensive in-home services, medication-assisted opioid treatment services, inpatient psychiatric hospitalization, community gero-psychiatric residential services, assertive community treatment and other clinical services; day support, day treatment, partial hospitalization, psychosocial rehabilitation, and habilitation services; case management services; and supportive residential, special school, halfway house, in-home services, crisis stabilization, and other residential services; and (ii) planned individualized interventions intended to reduce or ameliorate the effects of brain injury through care, treatment, or other supports provided in residential services for persons with brain injury.

"Shall" means an obligation to act is imposed.

"Shall not" means an obligation not to act is imposed.

"Signed" or "signature" means a handwritten signature, an electronic signature, or a digital signature, as long as the signer showed clear intent to sign.

"Skills training" means systematic skill building through curriculum-based psychoeducational and cognitive-behavioral interventions. These interventions break down complex objectives for role performance into simpler components, including basic cognitive skills such as attention, to facilitate learning and competency.

"Sponsored residential home" means a service where providers arrange for, supervise, and provide programmatic, financial, and service support to families or persons (sponsors) providing care or treatment in their own homes for individuals receiving services.

"State methadone authority" means the Virginia Department of Behavioral Health and Developmental Services, which is authorized by the federal Center for Substance Abuse

Treatment to exercise the responsibility and authority for governing the treatment of opiate addiction with an opioid drug.

"Substance abuse (substance use disorders)" means, as defined by § 37.2-100 of the Code of Virginia, the use of drugs enumerated in the Virginia Drug Control Act (§ 54.1-3400 et seq.) without a compelling medical reason or alcohol that (i) results in psychological or physiological dependence or danger to self or others as a function of continued and compulsive use or (ii) results in mental, emotional, or physical impairment that causes socially dysfunctional or socially disordering behavior; and (iii), because of such substance abuse, requires care and treatment for the health of the individual. This care and treatment may include counseling, rehabilitation, or medical or psychiatric care.

"Substance abuse intensive outpatient service" or "Level of care 2.1" means structured treatment provided to individuals who require more intensive services than is normally provided in an outpatient service but do not require inpatient services. Treatment consists primarily of counseling and education about addiction-related and mental health challenges delivered a minimum of nine to 19 hours of services per week for adults or six to 19 hours of services per week for children and adolescents. Within this level of care an individual's needs for psychiatric and medical services are generally addressed through consultation and referrals.

"Substance abuse outpatient service" or "Level of care 1.0" means a center-based substance abuse treatment delivered to individuals for fewer than nine hours of service per week for adults or fewer than six hours per week for adolescents on an individual, group, or family basis. Substance abuse outpatient services may include diagnosis and evaluation, screening and intake, counseling, psychotherapy, behavior management, psychological testing and assessment, laboratory and other ancillary services, medical services, and medication services. Substance abuse outpatient service includes substance abuse services or an office practice that provides professionally directed aftercare, individual, and other addiction services

to individuals according to a predetermined regular schedule of fewer than nine contact hours a week. Substance abuse outpatient service also includes:

1. Substance abuse services operated by a community services board or a behavioral health authority established pursuant to Chapter 5 (§ 37.2-500 et seq.) or Chapter 6 (§ 37.2-600 et seq.) of Title 37.2 of the Code of Virginia;

2. Substance abuse services contracted by a community services board or a behavioral health authority established pursuant to Chapter 5 (§ 37.2-500 et seq.) or Chapter 6 (§ 37.2-600 et seq.) of Title 37.2 of the Code of Virginia; or

3. Substance abuse services that are owned, operated, or controlled by a corporation organized pursuant to the provisions of either Chapter 9 (§ 13.1-601 et seq.) or Chapter 10 (§ 13.1-801 et seq.) of Title 13.1 of the Code of Virginia.

"Substance abuse partial hospitalization services" or "Level of care 2.5" means a short-term, nonresidential substance use treatment program provided for a minimum of 20 hours a week that uses multidisciplinary staff and is provided for individuals who require a more intensive treatment experience than intensive outpatient treatment but who do not require residential treatment. This level of care is designed to offer highly structured intensive treatment to those individuals whose condition is sufficiently stable so as not to require 24-hour-per-day monitoring and care, but whose illness has progressed so as to require consistent near-daily treatment intervention.

"Suicide attempt" means a nonfatal, self-directed, potentially injurious behavior with an intent to die as a result of the behavior regardless of whether it results in injury.

"Supervised living residential service" means the provision of significant direct supervision and community support services to individuals living in apartments or other residential settings. These services differ from supportive in-home service because the provider assumes

responsibility for management of the physical environment of the residence, and staff supervision and monitoring are daily and available on a 24-hour basis. Services are provided based on the needs of the individual in areas such as food preparation, housekeeping, medication administration, personal hygiene, treatment, counseling, and budgeting.

"Supportive in-home service" (formerly supportive residential) means the provision of community support services and other structured services to assist individuals, to strengthen individual skills, and that provide environmental supports necessary to attain and sustain independent community residential living. Services include drop-in or friendly-visitor support and counseling to more intensive support, monitoring, training, in-home support, respite care, and family support services. Services are based on the needs of the individual and include training and assistance. These services normally do not involve overnight care by the provider; however, due to the flexible nature of these services, overnight care may be provided on an occasional basis.

"Systemic deficiency" means violations of regulations documented by the department that demonstrate multiple or repeat defects in the operation of one or more services.

"Telehealth" shall have the same meaning as "telehealth services" in § 32.1-122.03:1 of the Code of Virginia.

"Telemedicine" shall have the same meaning as "telemedicine services" in § 38.2-3418.16 of the Code of Virginia.

"Therapeutic day treatment for children and adolescents" means a treatment program that serves (i) children and adolescents from birth through 17 years of age and under certain circumstances up to 21 years of age with serious emotional disturbances, substance use, or co-occurring disorders or (ii) children from birth through seven years of age who are at risk of serious emotional disturbance, in order to combine psychotherapeutic interventions with

education and mental health or substance abuse treatment. Services include: evaluation; medication education and management; opportunities to learn and use daily living skills and to enhance social and interpersonal skills; and individual, group, and family counseling.

"Time out" means the involuntary removal of an individual by a staff person from a source of reinforcement to a different, open location for a specified period of time or until the problem behavior has subsided to discontinue or reduce the frequency of problematic behavior.

"Volunteer" means a person who, without financial remuneration, provides services to individuals on behalf of the provider.

"Written," "writing," and "in writing" include any representation of words, letters, symbols, numbers, or figures, whether (i) printed or inscribed on a tangible medium or (ii) stored in an electronic or other medium and retrievable in a perceivable form and whether an electronic signature authorized by Chapter 42.1 (§ 59.1-479 et seq.) of Title 59.1 of the Code of Virginia is or is not affixed.

#### **12VAC35-105-30. Licenses.**

A. Licenses are issued to providers who offer services to individuals who have mental illness, a developmental disability, or substance abuse (substance use disorders) or have brain injury and are receiving residential services.

B. Providers shall be licensed to provide specific services as defined in this chapter or as determined by the commissioner. These services include:

1. Assertive community treatment (ACT);
2. Case management;
3. Clinically managed high-intensity residential care or Level of care 3.5;
4. Clinically managed low-intensity residential care or Level of care 3.1;

5. Clinically managed population specific high-intensity residential or Level of care 3.3;
6. Community gero-psychiatric residential;
7. Community-based crisis stabilization;
8. Crisis receiving center;
9. Crisis stabilization unit;
10. Day support;
11. Day treatment, including therapeutic day treatment for children and adolescents;
12. Group home and community residential;
13. ICF/IID;
14. Inpatient psychiatric;
15. Intensive in-home;
16. Medically managed intensive inpatient service or Level of care 4.0;
17. Medically monitored intensive inpatient treatment or Level of care 3.7;
18. Medication assisted opioid treatment;
19. Mental health community support;
20. Mental health intensive outpatient;
21. Mental health outpatient;
22. Mental health partial hospitalization;
23. Psychosocial rehabilitation;
24. REACH CTH;
25. REACH mobile crisis response;

- ~~26.~~ Residential treatment;
- ~~27.~~25. Respite care;
- ~~28.~~26. Sponsored residential home;
- ~~29.~~27. Substance abuse intensive outpatient;
- ~~30.~~28. Substance abuse outpatient;
- ~~31.~~29. Substance abuse partial hospitalization;
- ~~32.~~30. Supervised living residential; and
- ~~33.~~31. Supportive in-home.

C. A license addendum shall describe the services licensed, the disabilities of individuals who may be served, the specific locations where services are to be provided or administered, and the terms and conditions for each service offered by a licensed provider. For residential and inpatient services, the license identifies the number of individuals each residential location may serve at a given time.

**12VAC35-105-100. Sanctions.**

A. The commissioner may invoke the sanctions enumerated in § 37.2-419 of the Code of Virginia upon receipt of information that a licensed provider is:

1. In violation of the provisions of §§ 37.2-400 through 37.2-422 of the Code of Virginia, these regulations, or the provisions of the Rules 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); and
2. Such violation adversely affects the human rights of individuals, or poses an imminent and substantial threat to the health, safety or welfare of individuals.

B. The commissioner shall notify the provider in writing of the specific violations found and of his intention to convene an informal conference pursuant to § 2.2-4019 of the Code of Virginia at which the presiding officer will be asked to recommend issuance of a special order.

B.C. The sanctions contained in the special order shall remain in effect during the pendency of any appeal of the special order.

**12VAC35-105-435. Provision of provider statement to any other provider.**

A. Providers shall give a statement in writing regarding a current or past employee or other individual currently or previously associated with the provider in a capacity that requires a criminal history background check pursuant to § 37.2-416 or 37.2-506 of the Code of Virginia to any other licensed provider with which the current or past employee has applied for employment or to fill a role that requires a criminal history background check pursuant to § 37.2-416 or 37.2-506 of the Code of Virginia. The statement shall address the character, ability, and fitness for employment in or to otherwise fill the role for which the person has applied and shall be provided upon:

1. Receipt of a request for such information from the other licensed provider; and
2. Written consent to the disclosure of such information executed by the current or past employee or other individual currently or previously associated with the provider in a capacity that requires a criminal history background check pursuant to § 37.2-416 or 37.2-506 of the Code of Virginia.

B. Nothing in this provision shall require disclosure of information subject to privilege or confidentiality pursuant to § 8.01-581.16, 8.01-581.17, or 32.1-127.1:03 of the Code of Virginia or federal law.

**12VAC35-105-840. Requirements for seclusion room.**

A. The room used for seclusion shall meet the design requirements for buildings used for detention or seclusion of individuals.

B. The seclusion room shall be at least six feet wide and six feet long with a minimum ceiling height of eight feet.

C. The seclusion room shall be free of all protrusions, sharp corners, hardware, fixtures or other devices which may cause injury to the individual.

D. Windows in the seclusion room shall be so constructed as to minimize breakage and otherwise prevent the individual from harming himself.

E. Light fixtures and other electrical receptacles in the seclusion room shall be recessed or so constructed as to prevent the individual from harming himself. Light controls shall be located outside the seclusion room.

F. Doors to the seclusion room shall be at least 32 inches wide, shall open outward and shall contain observation view panels of transparent wire glass or its approved equivalent, not exceeding 120 square inches but of sufficient size for someone outside the door to see into all corners of the room.

G. The seclusion room shall contain only a mattress with a washable mattress covering designed to avoid damage by tearing.

H. The seclusion room shall maintain temperatures appropriate for the season.

I. All space in the seclusion room shall be visible through the locked door, either directly or by mirrors.

J. This section does not apply to crisis services as crisis services shall comply with Part VIII of this chapter.

**12VAC35-105-1840. Staffing.**

A. Crisis receiving centers shall meet the following staffing requirements:

1. A licensed psychiatrist or nurse practitioner shall be available to the program, either in person or via telemedicine, 24 hours per day, seven days per week;
2. An LMHP, LMHP-R, LMHP-RP, or LMHP-S shall be available for conducting assessments;
3. Nursing services shall be provided by a registered nurse (RN) or a licensed practical nurse (LPN). Nursing staff shall be available 24 hours per day, in person. LPNs shall work directly under the supervision of a physician, nurse practitioner, or RN; ~~and~~
4. Medical, psychological, psychiatric, laboratory, and toxicology services shall be available by consult or referral; and
5. Adequate qualified direct care staff necessary to meet the needs of the individuals receiving services shall be on-site.

B. Community-based crisis stabilization shall meet the following staffing requirements:

1. An LMHP, LMHP-R, LMHP-RP, or LMHP-S shall conduct assessments and, for any CEPP not authored by an LMHP, review, and if the LMHP, LMHP-R, LMHP-RP, or LMHP-S agrees, sign the CEPP;
2. All staff are required to utilize a working global positioning system (GPS) enabled smart phone or GPS-enabled tablet;
3. Any time staff are dispatched for the provision of mobile crisis response, the provider shall dispatch a team that meets at least one of the following staffing composition requirements:
  - a. If a single person is dispatched for mobile crisis response:

(1) One licensed staff member; or

(2) One certified pre-screener.

b. If the provider dispatches a team for mobile crisis, the team shall include:

(1) One licensed staff member and one peer recovery specialist (PRS);

(2) One licensed staff member and one certified substance abuse counselor (CSAC), CSAC-supervisee, or certified substance abuse counselor assistant (CSAC-A);

(3) One licensed staff member and one QMHP or QMHP-T;

(4) One PRS and either one QMHP or one CSAC or CSAC-supervisee. A licensed staff member shall be required to be available via telemedicine for the assessment;

(5) One CSAC-A and either one QMHP or one CSAC or CSAC-supervisee. A licensed staff member shall be required to be available via telemedicine for the assessment;

(6) Two QMHPs or one QMHP and one QMHP-T. A licensed staff member shall be required to be available via telemedicine for the assessment;

(7) Two CSACs. A licensed staff member shall be required to be available via telemedicine for the assessment; or

(8) One QMHP and one CSAC or CSAC-supervisee. A licensed staff member shall be required to be available via telemedicine for the assessment.

C. Crisis stabilization units shall meet the following staffing requirements:

1. A licensed psychiatrist or psychiatric nurse practitioner shall be available 24 hours per day, seven days per week either in person or via telemedicine;

2. An LMHP, LMHP-R, LMHP-RP, or LMHP-S shall be available to conduct an assessment;

3. Nursing services shall be provided by either an RN or an LPN. Nursing staff shall be available in person 24 hours per day, seven days per week. LPNs shall work directly under the supervision of a physician, nurse practitioner, or an RN. Nursing may be shared among co-located crisis programs; and

4. Medical, psychological, psychiatric, laboratory, and toxicology services shall be available by consult or referral; and

5. Adequate qualified direct care staff necessary to meet the needs of the individuals receiving services shall be on-site.

~~D. REACH shall meet the staffing standards specific to its licensed services. The service shall also meet the REACH standards. A REACH crisis therapeutic home shall meet both the crisis stabilization unit standards and the REACH standards.~~

**12VAC35-105-1850. Crisis assessment.**

A. The provider shall implement a written crisis assessment policy. The policy shall define how crisis assessments will be conducted and documented.

B. The provider shall actively involve the individual and the individual's authorized representative, if applicable, in the preparation of crisis assessment. In the crisis assessment, the provider shall consider the individual's needs, strengths, goals, preferences, and abilities within the individual's cultural context.

C. The crisis assessment policy shall designate appropriately qualified employees or contractors who are responsible for conducting, obtaining, or updating assessments and medical screenings. These employees or contractors shall have experience working with the needs of individuals who are being assessed, with the crisis assessment tools being utilized and with the provision of services that the individuals may require. The crisis assessment policy shall

include methods the provider will utilize to identify other appropriate services to assist individuals who are not admitted to the provider's service.

D. Assessment is an ongoing activity. The provider shall make reasonable attempts to obtain previous assessments or history relevant to the crisis. The provider shall use the individual's previous assessments or other relevant history within the course of treatment, if applicable, as noted within subsection F of this section.

E. Providers shall utilize standardized state-sanctioned or federally sanctioned crisis assessment tools as approved by the department or utilize their own crisis assessment tools that shall meet the requirements in subsection F of this section.

F. A crisis assessment shall be initiated prior to or at admission to the service. With the participation of the individual and the individual's authorized representative, if applicable, the provider shall complete or obtain information from other qualified providers in order to complete a crisis assessment detailed enough to (i) determine whether the individual qualifies for admission and (ii) initiate a safety plan or crisis ISP as required by this chapter for those individuals who are admitted to the service. ~~The crisis assessment shall assess the individual's service, health, and safety needs and, at a minimum, include:~~

~~1. For community based crisis stabilization providers providing the mobile crisis component of the service and crisis receiving centers: The crisis assessment shall assess the individual's service, health, and safety needs and, at a minimum, include:~~

- a. Diagnosis, including current and past substance use or dependence and risk for intoxication or substance withdrawal, and co-occurring mental illness or developmental disability;
- b. Risk of harm, including elements that may make an individual a danger to self or others;

- c. Cognitive functional status, including the individual's ability to protect from self-harm and provide for the individual's basic human needs;
  - d. Precipitating issues, including recent stressors or events;
  - e. Presenting needs, including the individual's stated needs, psychiatric needs, support needs, and the onset and duration of needs. The assessor shall record:
    - (1) Any physical reaction to the presenting crisis if these issues are mentioned by the individual or observed during the assessment. Examples include issues with sleep, appetite, or daily activities;
    - (2) The individual's housing arrangements and living situation if mentioned by the individual; and
    - (3) Any trauma, such as sexual abuse, physical abuse, or natural disaster, if appropriate, including if a trauma is related to the current crisis or mentioned by the individual;
  - f. Additional current medical issues and symptoms, if applicable;
  - g. Current medications, including recent changes to medications. The assessor shall review current medications to the best of the individual's ability;
  - h. Barriers that will impact the individual's ability to seek treatment or continue to participate in services, including the individual's mood, ability, and willingness to engage in treatment, and access to transportation;
  - i. The individual's recovery environment and circle of support; and
  - j. Communication modality and language preference.
2. For crisis stabilization units and community-based crisis stabilization providing services other than mobile crisis, the assessment shall also include:

a. Relevant treatment history and health history, to include as applicable:

(1) Past prescribed medications;

(2) Hospitalizations for challenging behaviors, mental illness, or substance use;

(3) Other treatments for challenging behaviors, mental illness, or substance use;

(4) Allergies, including allergies to food and medications;

(5) Recent physical complaints and medical conditions;

(6) Nutritional needs;

(7) Chronic conditions;

(8) Communicable diseases;

(9) Restrictions on physical activities, if any;

(10) Restrictive protocols or special supervision requirements;

(11) Preferred interventions in the event behaviors or symptoms become a danger to self or others;

(12) All known contraindications to the use of seclusion, time out, or any form of physical or mechanical restraint, including medical contraindications and history of trauma;

(13) Past serious illnesses, serious injuries, and hospitalizations;

(14) Serious illnesses and chronic conditions of the individual's parents, siblings, and significant others in the same household; and

(15) Other interventions and outcomes, including interventions and outcomes that were unsuccessful. The provider should ensure previous assessments are utilized to note these interventions.

- b. The individual's housing arrangements or living situation;
  - c. Trauma, such as sexual abuse, physical abuse, or natural disaster; and
  - d. Current or previous involvement in systems, such as legal, adult protective services, or child protective services.
3. If applicable to the individual's crisis, the assessment shall include:
- a. The individual's social, behavioral, developmental, and family history and supports;
  - b. Employment, vocational, and educational background;
  - c. Cultural and heritage considerations; and
  - d. Financial stressors, if applicable.

G. The timing for completion of the crisis assessment shall be as soon as possible after admission but no later than 24 hours after admission.

H. The provider shall retain documentation of the assessments in the individual's record for a minimum of six years following the last patient encounter, in accordance with § 54.1-2910.4 of the Code of Virginia.

**12VAC35-105-1860. Safety plans and crisis individualized services plans.**

A. The provider shall actively involve the individual and the individual's authorized representative, as appropriate, in the development, review, and revision of a person-centered safety plan and, if appropriate, a ~~crisis individualized services plan~~ (crisis ISP). The individualized ~~safety and services~~ planning process shall be consistent with laws protecting confidentiality, privacy, human rights of individuals receiving services, and rights of minors. To the extent possible, the provider shall collaborate with the individual's crisis planning team to develop, review, revise, and implement, as appropriate, the individual's safety plan or crisis ISP.

B. Providers of developmental services shall collaborate with the individual's support coordinator to develop or review, revise, and implement, as appropriate, a provisional person-centered CEPP. ~~A provisional CEPP shall be completed~~ within 15 days of admission. An updated CEPP shall be completed within 45 days of admission. Developmental services providers may utilize a CEPP as an individual's safety plan, if appropriate. If a CEPP is to be used as a safety plan, the provider shall meet the deadline listed in subsection C of this section.

C. Providers of mental health and substance abuse services shall develop or review, revise, and implement, as appropriate, a person-centered safety plan immediately after admission that shall continue in effect until discharge from the provider's crisis service.

D. Providers of crisis services shall develop or review, revise, and implement a crisis ISP as soon as possible after admission but no later than 48 hours after admission and prior to discharge from the provider's crisis service. This provision does not apply to the initial mobile crisis contact or to crisis receiving centers.

E. The safety plan and crisis ISP shall be developed based on the crisis assessment with the participation and informed choice of the individual receiving services.

1. To ensure the individual's participation and informed choice, the following shall be explained to the individual or the individual's authorized representative, as applicable, in a reasonable and comprehensible manner:

- a. The proposed services to be delivered;
- b. Any alternative services that might be advantageous for the individual; and
- c. Any accompanying risks or benefits of the proposed alternative services.

2. If no alternative services are available to the individual, it shall be documented within the individual's service record that alternative services were not available and any steps taken to identify if alternative services were available.

3. Whenever there is a change to an individual's safety plan or crisis ISP, the changes shall be documented within the safety plan or crisis ISP or within documentation attached to the safety plan or crisis ISP that:

- a. The individual participated in the development of or revision to the safety plan or crisis ISP;
- b. The proposed and alternative services and the respective risks and benefits of those services were explained to the individual or the individual's authorized representative; and
- c. The reasons the individual or the individual's authorized representative chose the option included in the safety plan or crisis ISP.

**12VAC35-105-1890. Nursing assessment.**

A. Crisis receiving centers, ~~and~~ crisis stabilization units, ~~and~~ REACH GTH unit providers shall administer a nursing assessment within 24 hours of admission of an individual.

B. Prior to admission, each individual shall have a screening for communicable diseases, including tuberculosis, as evidenced by the completion of a screening form containing, at a minimum, the elements found on the Report of Tuberculosis Screening form published by the Virginia Department of Health. The screening shall be no older than 30 days. No screening shall be required for a new individual separated from a service with another licensed provider with a break in service of six months or less or who is transferred from another department-licensed provider.

C. A staff member shall conduct a nursing assessment. The nursing assessment shall collect information about the nonpsychiatric medical or surgical condition of an individual to determine whether there is a need for a medical assessment before a decision is made regarding continued treatment within the provider's service or transfer to a more intensive level

of care. The nursing assessment shall determine if there is a current medical crisis or underlying medical condition for the individual's psychological crisis, such as any medical condition that affects the individual's psychological state, presenting behavior, or ability to receive the provider's service. The nursing assessment shall note the date of examination and have the signature of a qualified practitioner.

D. Locations designated for nursing assessments shall ensure individual privacy.

E. The provider shall review and follow up with (i) the results of the nursing assessment, including any follow-up diagnostic tests, treatments, or examinations, and (ii) documentation of the arrangements for follow-up care in the individual's record.

F. Each individual's health record shall include notations of any health or dental complaints mentioned by the individual or any injuries and shall summarize symptoms and treatment given.

G. Each individual's health record shall include or document the facility's efforts to obtain treatment summaries of ongoing psychiatric or other mental health treatment and reports.

H. The provider shall develop and implement written policies and procedures that include the use of standard precautions and address communicable and contagious medical conditions.

I. Community-based crisis stabilization providers are not required to administer nursing assessments. The provider may administer a nursing assessment if the provider has the resources to do so or may obtain a medical history or relevant information that would be a part of a medical history if the individual receiving services provides it.

**12VAC35-105-1900. Vital signs for crisis services.**

A. This section applies to all crisis receiving centers, and crisis stabilization units, ~~and REACH-CTH unit~~ providers.

B. Unless the individual refuses, the provider shall take vital signs upon admission, during the provision of services as per the medical provider's orders, and at discharge.

C. The provider shall implement written procedures regarding the collection of vital signs, including documentation of vital signs, all refusals, and all follow-up actions taken.

**12VAC35-105-1910. Beds or recliners for crisis services.**

A. For the purpose of this section, "clean" means freshly laundered, sanitized, and not soiled or stained.

B. Crisis receiving center providers shall arrange for each individual to have a recliner or bed. Crisis stabilization unit and REACH-CTH providers shall arrange for each individual to have a bed.

C. Upon admission, the provider shall offer to launder the individual's clothes.

D. The provider shall not operate more recliners or beds at each service location than the number for which its service is licensed at that location.

E. Providers shall ensure recliners are at a minimum three feet apart at the head, foot, and sides upright as well as in a reclined position. Providers shall ensure each recliner is positioned in such a way that the chair can recline.

E.F. Recliners, beds, and linens shall be clean, comfortable, and well-maintained.

F.G. Recliners shall be equipped with clean cushions and blankets. Beds shall be equipped with a clean mattress, and recliners shall be equipped with clean cushions. ~~Beds and recliners shall be equipped with a clean pillow, clean blankets, and clean linens.~~ When a bed or recliner is soiled, providers shall assist individuals with bathing, as needed, and provide clean clothing and clean linens, including a clean waterproof mattress cover for a bed.

~~G.H.~~ Providers shall change used linens at least every seven days and with each new admission.

~~H.I.~~ Providers shall provide mattresses that are fire retardant as evidenced by documentation from the manufacturer, except in buildings equipped with an automated sprinkler system as required by the Virginia Uniform Statewide Building Code (13VAC5-63).

~~I.J.~~ Providers shall inspect each individual's recliner or bed upon discharge to (i) ensure the individual has all personal belongings and (ii) prepare the recliner or bed for cleaning.

**12VAC35-105-1920. Bedrooms Physical environment for crisis services.**

A. This section only applies to crisis receiving centers and crisis stabilization units ~~unit and REACH CTH providers.~~

B. ~~Bedrooms shall meet the following square footage requirements:~~

~~1. Single occupancy bedrooms shall have no less than 80 square feet of floor space.~~

~~2. Multiple occupancy bedrooms shall have no less than 60 square feet of floor space per individual. The physical environment, design, structure, furnishings, and lighting shall be appropriate to the individuals receiving services and the services provided.~~

C. ~~No more than four individuals shall share a bedroom. The physical environment shall be accessible to individuals with physical and sensory disabilities.~~

D. ~~Bedrooms The physical environment and furnishings shall be clean, dry, free of all protrusions, sharp corners, hardware, fixtures, or other devices that may cause injury to the individual foul odors, safe, and well-maintained.~~

E. ~~Windows in the bedrooms shall be so constructed as to minimize breakage and otherwise prevent the individual from self-harming. Floor surfaces and floor coverings shall promote mobility in areas used by individuals and shall promote maintenance of sanitary conditions.~~

There shall be clear pathways through the setting, free of tripping hazards, to ensure that all individuals can move about the setting safely. Any electrical cords, extension cords, or power strips utilized by the provider shall be properly secured and shall not be placed anywhere that the cord or strip can cause trips or falls.

F. ~~Each individual shall have adequate private storage space accessible to the bedroom for clothing and personal belongings.~~ Heat shall be evenly distributed in all rooms occupied by individuals such that a temperature no less than 68°F is maintained, unless otherwise mandated by state or federal authorities. Natural or mechanical ventilation to the outside shall be provided in all rooms used by individuals receiving services. Individual or mechanical ventilating systems shall be provided in all rooms occupied by individuals when the temperature in those rooms exceeds 80°F.

G. ~~Each sleeping area shall have a door that can be (i) closed for privacy or quiet and (ii) readily opened in case of fire or other emergency.~~ Plumbing shall be maintained in good operational condition. Adequate hot and cold running water of a safe and appropriate temperature shall be available. Hot water accessible to individuals receiving services shall be maintained within a range of 100° to 120°F. Precautions shall be taken to prevent scalding from running water.

H. ~~The environment of sleeping areas shall be conducive to sleep and rest.~~ Adequate provision shall be made for the collection and legal disposal of garbage and waste materials.

I. ~~Providers of children's residential services shall provide separate sleeping areas for boys and girls four years of age or older.~~ The physical environment, structure, furnishings, and lighting shall be kept free of vermin, rodents, insects, and other pests.

J. ~~Providers of children's residential services shall ensure beds are at least three feet apart at the head, foot, and sides, and double-decker beds shall be at least five feet apart at the head,~~

foot, and sides. If smoking is permitted, the provider shall make provisions for alternate smoking areas that are separate from the service environment.

K. Bedroom, bathroom, and dressing area windows and doors shall provide privacy.

L. If a provider utilizes cameras or audio monitors, the provider shall have written policies and procedures regarding audio or audio-video recordings of individuals receiving services approved by the Office of Licensing and the Office of Human Rights. The policies and procedures shall ensure and provide that:

1. No recording by the provider shall take place without the individual being informed;
2. The provider has postings informing individuals receiving services and others that recording is taking place; and
3. All recordings shall be used in a manner that respects the dignity and confidentiality of the individuals receiving services.

M. A provider shall develop and implement written policies and procedures approved by the Office of Licensing governing searches that shall provide that:

1. Searches shall be limited to instances where they are necessary to prohibit contraband;
2. Searches shall be conducted only by personnel who are specifically authorized to conduct searches by the written policies and procedures;
3. Searches shall be conducted in such a way to protect the individual's dignity and in the presence of one or more witnesses; and
4. The policies and procedures shall note the actions to be taken by a provider if contraband is found by a search, including methods to manage and dispose of contraband.

N. Providers who serve temporary detention orders or emergency custody orders shall ensure the program is provided in a secure facility or a secure program space. The provider shall submit to the department for approval a written staffing and security plan describing the provider's ability to arrange and maintain a secure program space in the least restrictive manner suitable for individuals receiving services.

O. Providers shall provide privacy from routine sight supervision by staff members while bathing, dressing, or conducting toileting activities. This subsection does not apply to medical personnel performing medical procedures or staff providing assistance to individuals whose physical, mental, or safety needs dictate the need for assistance with these activities as justified in the individual's record.

P. Providers of both children's and adult services shall ensure that children receiving services and adults receiving services are not mixed in shared spaces.

**12VAC35-105-1930. Physical environment for crisis services Laundry requirements.**

~~A. The physical environment, design, structure, furnishings, and lighting shall be appropriate to the individuals receiving services and the services provided. This section applies to crisis receiving centers and crisis stabilization unit providers.~~

~~B. The physical environment shall be accessible to individuals with physical and sensory disabilities. Providers shall have the ability to launder clothes and linens 24 hours a day.~~

~~C. The physical environment and furnishings shall be clean, dry, free of foul odors, safe, and well-maintained. A clean quantity of linens shall be available at all times to provide for proper care and comfort of individuals receiving services.~~

~~D. Floor surfaces and floor coverings shall promote mobility in areas used by individuals and shall promote maintenance of sanitary conditions. There shall be clear pathways through the setting, free of tripping hazards, to ensure that all individuals can move about the setting safely.~~

Linens and other laundry must be handled, stored, and processed to control the spread of infection.

~~Any electrical cords, extension cords, or power strips utilized by the provider shall be properly secured and shall not be placed anywhere that the cord or strip can cause trips or falls.~~

~~E. Heat Clean linens shall be evenly distributed stored in all rooms occupied by individuals such that a temperature no less than 68°F is maintained, unless otherwise mandated by state or federal authorities a clean and dry area, separate from soiled laundry, accessible to staff. Natural or mechanical ventilation to the outside shall be provided in all rooms used by residents. Individual or mechanical ventilating systems shall be provided in all rooms occupied by individuals when the temperature in those rooms exceeds 80°F.~~

~~F. Plumbing Soiled linens and laundry shall be maintained stored in good operational condition covered containers in separate, well-ventilated areas and shall not accumulate. Adequate hot and cold running water of a safe and appropriate temperature shall be available. Hot water accessible to individuals receiving services shall be maintained within a range of 100° to 120°F. Precautions shall be taken to prevent scalding from running water.~~

~~G. Adequate provision shall be made for the collection and legal disposal of garbage and waste materials. Soiled linens and laundry shall not be sorted, laundered, rinsed, or stored in bathrooms, bedrooms, kitchens, or food storage areas.~~

~~H. The physical environment, structure, furnishings, and lighting shall be kept free of vermin, rodents, insects, and other pests. If the provider has multiple licensed services, the laundry facilities may be in a shared program area if access is restricted to staff only.~~

~~I. If smoking is permitted, the provider shall make provisions for alternate smoking areas that are separate from the service environment.~~

~~J. For all program areas added after September 19, 2002, minimum room height shall be 7-1/2 feet.~~

~~K. Bedroom, bathroom, and dressing area windows and doors shall provide privacy.~~

~~L. Bathrooms intended for use by more than one individual at the same time shall provide privacy for showers and toilets.~~

~~M. The right of privacy within bathrooms includes the right to be free of cameras or audio monitors within the bathroom or angled toward a bathroom.~~

~~N. Bedrooms and bathrooms shall be free of all protrusions, sharp corners, hardware, fixtures, or other devices that may cause injury to the individual. Windows in the bathrooms shall be so constructed as to minimize breakage and otherwise prevent the individual from self-harming.~~

~~O. No required path of travel to the bathroom shall be through another bedroom. Each individual's room shall have direct access to a corridor, living area, dining area, or other common area.~~

~~P. Each provider shall make available at least one toilet, one hand basin, and a shower or bath for every four individuals. Providers of children's residential services shall:~~

- ~~1. Make available at least one toilet, one hand basin, and one shower or bathtub in each living unit;~~
- ~~2. Make available at least one bathroom equipped with a bathtub in each facility;~~
- ~~3. Make available at least one toilet, one hand basin, and one shower or bathtub for every eight individuals for facilities licensed before July 1, 1981;~~

- ~~4. Make available one toilet, one hand basin, and one shower or bathtub for every four individuals in any building constructed or structurally modified after July 1, 1981. Facilities licensed after December 28, 2007, shall comply with the one-to-four ratio; and~~
- ~~5. The maximum number of staff members on duty in the living unit shall be counted in determining the required number of toilets and hand basins when a separate bathroom is not provided for staff.~~

~~Q. If a provider utilizes cameras or audio monitors, the provider shall have written policies and procedures regarding audio or audio-video recordings of individuals receiving services approved by the Office of Licensing and the Office of Human Rights. The policies and procedures shall ensure and provide that:~~

- ~~1. The provider has obtained written consent of the individual before the individual is recorded;~~
- ~~2. No recording by the provider shall take place without the individual being informed;~~
- ~~3. The provider has postings informing individuals receiving services and others that recording is taking place; and~~
- ~~4. All recordings shall be used in a manner that respects the dignity and confidentiality of the individuals receiving services.~~

~~R. A provider shall develop and implement written policies and procedures approved by the Office of Licensing governing searches that shall provide that:~~

- ~~1. Searches shall be limited to instances where they are necessary to prohibit contraband;~~
- ~~2. Searches shall be conducted only by personnel who are specifically authorized to conduct searches by the written policies and procedures;~~

~~3. Searches shall be conducted in such a way to protect the individual's dignity and in the presence of one or more witnesses; and~~

~~4. The policies and procedures shall note the actions to be taken by a provider if contraband is found by a search, including methods to manage and dispose of contraband.~~

~~S. Providers who serve temporary detention orders or emergency custody orders shall ensure the program is provided in a secure facility or a secure program space.~~

~~T. Providers shall provide privacy from routine sight supervision by staff members while bathing, dressing, or conducting toileting activities. This subsection does not apply to medical personnel performing medical procedures or staff providing assistance to individuals whose physical, mental, or safety needs dictate the need for assistance with these activities as justified in the individual's record.~~

**12VAC35-105-1940. Seclusion Bathrooms for crisis services.**

~~Seclusion is only allowed as permitted by 12VAC35-115 and other applicable state regulations.~~

A. This section only applies to crisis receiving centers and crisis stabilization unit providers.

B. Bathrooms intended for use by more than one individual at the same time shall provide privacy for showers and toilets.

C. The right of privacy within bathrooms includes the right to be free of cameras or audio monitors within the bathroom or angled toward a bathroom.

D. Bathrooms shall be free of all protrusions, sharp corners, hardware, fixtures, ligature risks, or other devices that may cause injury to the individual. Windows in the bathrooms shall

be constructed so as to minimize breakage and otherwise reduce the risk of the individual self-harming.

E. Bathroom equipment and fixtures shall be interior permanent structures plumbed according to state and local building regulations.

F. Crisis receiving center services shall make available on-site at least one shower for every sixteen individuals.

G. Crisis stabilization unit services shall make available on-site at least one shower or bath, one toilet, and one hand basin for every four individuals.

H. Providers of multiple licensed services shall provide separate bathrooms for each service. Bathrooms shall not be shared with unlicensed services.

**12VAC35-105-1950. ~~Seclusion room requirements~~ Bedrooms for crisis services.**

The room used for seclusion of persons shall meet the following design requirements:

A. This section only applies to crisis stabilization unit providers.

B. Bedrooms shall meet the following square footage requirements:

1. ~~The seclusion room~~ Single occupancy bedrooms shall ~~be at least six~~ have no less than 80 square feet wide and six feet long with a minimum ceiling height of eight feet of floor space.
2. ~~The seclusion room~~ Multiple occupancy bedrooms shall be free of all protrusions, sharp corners, hardware, fixtures, or other devices that may cause injury to the occupant have no less than 60 square feet of floor space per individual.
3. ~~Windows in the seclusion room shall be constructed to minimize breakage and otherwise prevent the occupant from self-harming.~~

~~4. Light fixtures and other electrical receptacles in the seclusion room shall be recessed or so constructed as to prevent the occupant from self-harming. Light controls shall be located outside the seclusion room.~~

~~5. Doors to the seclusion room shall be at least 32 inches wide, open outward, and shall contain observation view panels of transparent wire glass or its approved equivalent, not exceeding 120 square inches but of sufficient size for someone outside the door to see into all corners of the room.~~

~~6. The seclusion room shall contain only a mattress with a washable mattress covering designed to avoid damage by tearing.~~

~~7. The seclusion room shall maintain temperatures appropriate for the season.~~

~~8. All space in the seclusion room shall be visible through the locked door, either directly or by mirrors.~~

C. No more than four individuals shall share a bedroom.

D. Bedrooms shall be free of all protrusions, sharp corners, hardware, fixtures, ligature risks, or other devices that may cause injury to the individual.

E. Windows in the bedrooms shall be constructed so as to minimize breakage and otherwise reduce the risk of the individual self-harming.

F. No required path of travel to the bathroom shall be through another bedroom. Each individual's room shall have direct access to a corridor, living area, dining area, or other common area.

G. Each individual shall have adequate private storage space accessible to the bedroom for clothing and personal belongings.

H. Each sleeping area shall have a door that can be (i) closed for privacy or quiet and (ii) readily opened in case of fire or other emergency.

I. The environment of sleeping areas shall be conducive to sleep and rest.

J. Providers shall ensure beds are at least three feet apart at the head, foot, and sides.

K. Providers of crisis services to children shall provide separate sleeping areas for boys and girls four years of age or older.

**12VAC35-105-1960. Seclusion.**

Seclusion is only allowed as permitted by 12VAC35-115 and other applicable state regulations.

**12VAC35-105-1970. Seclusion room requirements.**

The room used for seclusion of persons shall meet the following design requirements:

1. The seclusion room shall be at least six feet wide and six feet long with a minimum ceiling height of eight feet.
2. The seclusion room shall be free of all protrusions, sharp corners, hardware, fixtures, or other devices that may cause injury to the occupant.
3. Windows in the seclusion room shall be constructed to minimize breakage and otherwise prevent the occupant from self-harming.
4. Light fixtures and other electrical receptacles in the seclusion room shall be recessed or so constructed as to prevent the occupant from self-harming. Light controls shall be located outside the seclusion room.
5. Doors to the seclusion room shall be at least 32 inches wide, open outward, and shall contain observation view panels of transparent wire glass or its approved equivalent, not

exceeding 120 square inches but of sufficient size for someone outside the door to see into all corners of the room.

6. The seclusion room shall contain only a mattress with a washable mattress covering designed to avoid damage by tearing.

7. The seclusion room shall maintain temperatures appropriate for the season.

8. All space in the seclusion room shall be visible through the locked door, either directly or by mirrors.

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## REGULATORY ACTIVITY STATUS REPORT

VAC CITATION Chapter and Title	SHORT DESCRIPTION	Action Summary	Regulatory Stage	Current Status
<b>RECENTLY EFFECTIVE ACTIONS</b>				
<b>1</b>	Chapter 105 (12VAC35-105): Regulations for Licensing Providers	Mandatory amendments to QMHP and QMHP-T	Pursuant to SB 403 (2024), imposes more stringent supervision standards and aligns staffing requirements with Board of Counseling.	Final/Exempt <i>Dec. 2024 Board Vote</i> Effective 6/18/2025
<b>2</b>	Chapter 46 (12VAC35-46): Regulations for Children's Residential Facilities	Non-controversial regulatory reductions in accordance with Executive Order 1	Reduces administrative burden and compliance costs on providers by repealing or simplifying requirements that are obsolete, duplicative, overly prescriptive, or confusing.	Fast-Track <i>Sept. 2024 Board Vote</i> Effective 6/19/2025
<b>3</b>	Chapter 105 (12VAC35-105): Regulations for Licensing Providers	Non-controversial regulatory reductions in accordance with Executive Order 1	Reduces administrative burden and compliance costs on providers by repealing or simplifying requirements that are obsolete, duplicative, overly prescriptive, or confusing.	Fast-Track <i>Sept. 2024 Board Vote</i> Effective 6/19/2025
<b>ACTIONS IN PROGRESS</b>				
<b>1</b>	Chapter 105 (12VAC35-105): Regulations for Licensing Providers	Mandatory reporting of previous negative actions by applicants	Pursuant to HB 597 (2020), incorporates statutory requirements for initial provider applicants to report prior disciplinary or other negative actions.	Fast-Track <i>July 2024 Board Vote</i> HHR review in progress DPB approved 5/5/25; OAG certified 3/17/25
<b>2</b>	Chapter 260 (12VAC35-260): Certified Recovery Residences	Mandatory reporting of death or serious injury occurring in a recovery residence	Pursuant to SB 19 (2024), incorporates statutory requirement for certified recovery residences to report any death or serious injury that occurs in the residence. (Also, periodic review.)	Fast-Track <i>July 2024 Board Vote</i> HHR review in progress DPB approved 5/16/25; OAG certified 3/17/25
<b>3</b>	Chapter 105 (12VAC35-105): Regulations for Licensing Providers	Mandatory valid discharge plans by substance abuse treatment facilities	Pursuant to HB 434 (2024), incorporates additional statutory requirement for substance use disorder treatment facilities upon discharging an individual from services or when an individual withdraws from a program.	Fast-Track <i>Sept. 2024 Board Vote</i> HHR review in progress DPB approved 5/2/25; OAG certified 3/17/25
<b>4</b>	Chapter 225 (12VAC35-225): Requirements for Virginia's Early Intervention System	Periodic Review: Adding Professions	To address workforce shortages, adds new disciplines to the list of qualified personnel eligible to apply for early intervention certification.	Fast-Track <i>Sept. 2024 Board Vote</i> <b>GOV review in progress</b> HHR approved 6/11/25; DPB approved 5/2/25; OAG certified 3/17/25

5	Chapter 105 (12VAC35-105): Regulations for Licensing Providers	Amendments to align with Medication for Opioid Use Disorder (MOUD) federal rule	Aligns with federal regulatory changes to increase access to lifesaving, evidence-based medication for opioid use disorder (MOUD).	Fast-Track <i>Dec. 2024 Board Vote</i>	HHR review in progress  DPB approved 4/25/25; OAG certified 3/20/25
6	Chapter 115 (12VAC35-115): Regulations to Assure the Rights of Individuals Receiving Services	Updates to Human Rights Regulations; conform to Health Care Decisions Act	Amendments to improve the ability of the Office of Human Rights to protect individuals receiving services; also makes necessary updates to align with Code of Virginia where applicable.	NOIRA <i>April 2025 Board Vote</i>	HHR review in progress  DPB approved 4/23/25
7	Chapter 46 (12VAC35-46): Regulations for Children's Residential Facilities  Chapter 105 (12VAC35-105): Regulations for Licensing Providers	Comprehensive Regulatory Overhaul  Seven actions: 1. General Chapter 2. Residential 3. NonCenter-Based 4. Center-Based 5. Crisis 6. Case Management 7. Repeal and replace	Applicable provisions of existing licensing regulations are reenacted within a new "umbrella" General Chapter and five service-specific chapters, with corrections, streamlining, and strengthening of regulations where appropriate. (Seventh action repeals current two chapters when new overhaul chapters become effective.)	NOIRA <i>April 2025 Board Vote</i>	HHR review in progress  DPB approved all seven NOIRA actions between 5/9/25 – 5/14/25
8	Chapter 46 (12VAC35-46): Regulations for Children's Residential Facilities  Chapter 105 (12VAC35-105): Regulations for Licensing Providers	Amendments to align with VDH Regulations	Technical and clarifying amendments to reflect current practice and update outdated references.	Fast-Track <i>April 2025 Board Vote</i>	OAG review in progress

**ANTICIPATED ACTIONS**

1	Chapter 260 (12VAC35-260): Certified Recovery Residences	Conditional certification of recovery residences	Pursuant to SB 838 (2025), incorporates statutory provision for temporary, non-renewable certification for recovery residences working toward full certification.	Final/Exempt <i>recommended</i>  <i>(see Agenda, pages 21-26)</i>	PENDING BOARD ACTION
2	Chapter 105 (12VAC35-105): Regulations for Licensing Providers	Technical and clarifying revisions for crisis services	Reduces administrative burden, clarifies provisions, and makes technical amendments to newly implemented crisis services regulations.	Fast-Track <i>recommended</i>  <i>(see Agenda, pages 27- 97)</i>	PENDING BOARD ACTION
3	Chapter 105 (12VAC35-105): Regulations for Licensing Providers  Chapter 250 (12VAC35-250): Peer Recovery Specialists	Mandatory Peer Recovery Specialist-Trainee (PRS-T) designation	Pursuant to Item 293.C of the 2024-2026 Appropriation Act (Chapter 725 of the 2025 Acts of Assembly), creates a trainee designation to allow individuals to bill for services while working on the 500 hours of experience necessary for full Peer Recovery Specialist certification.	Emergency <i>pursuant to budget language</i>	<i>Draft in progress for September Board meeting agenda</i>

4	Chapter 105 (12VAC35-105): Regulations for Licensing Providers	Align regulations with BHT and BHT-A designations	Pursuant to SB 403 (2024), incorporates two new professions regulated by the Board of Counseling: behavioral health technicians (BHTs) and behavioral health technician assistants (BHT-As). <i>Board of Counseling regulations became effective May 2025.</i>	Final/Exempt	<i>Draft in progress for September Board meeting agenda</i>
5	Chapter 105 (12VAC35-105): Regulations for Licensing Providers	Align regulations with DMAS behavioral health redesign	Pursuant to Item 293.B of the 2024-2026 Appropriation Act, aligns Licensing Regulations with modifications made by DMAS to Medicaid behavioral health services	Emergency pursuant to budget language	<i>Draft in progress for December Board meeting agenda</i>

**State Board of Behavioral Health and Developmental Services**  
**September 2025 – July 2027 Meeting Schedule**  
**DISCUSSION DRAFT**

*\*For quarterly meetings held outside Richmond, Board members should plan to arrive the day before to participate in late afternoon/early evening events on Tuesday.*

DATE	LOCATION	NOTES	STANDING AGENDA ITEMS
<b>2025</b>			
<b>SEPTEMBER</b>  <b>Confirmed w/SEVTC:</b> Wednesday, Sept. 24*	Southeastern Virginia Training Center (SEVTC) <b>Chesapeake</b>	Last visited April 2018; penultimate pandemic “catch-up” visit.	Review of Bylaws Annual Office of Human Rights Report
<b>DECEMBER</b>  <u>Proposed:</u> Wednesday, Dec. 10	DBHDS Central Office <b>Richmond</b>	December meetings held in Richmond to accommodate staff and session activities.	Pre-Session Legislative & Budget Overview Annual Federal Grant Update
<b>2026</b>			
<b>APRIL</b>  <u>Proposed:</u> Wednesday, April 22*	Northern Virginia Mental Health Institute (NVMHI) <b>Falls Church</b>	Last visited 2019; this would complete post- pandemic facility visit “catch-ups.”	Post-Session Legislative & Budget Review
<b>JULY</b>  <u>Proposed:</u> Wednesday, July 15*	Piedmont Geriatric Hospital <b>Burkeville</b>	Last visited Sept. 2023  <i>Postpones the two “next up” on cycle schedule (SWVMHI and CSH/HDMC) because they are under construction.</i>	Officer Elections
<b>SEPTEMBER</b>  <u>Proposed:</u> Wednesday, Sept. 23*	Catawba Hospital <b>Catawba</b>	Last visited April 2024	Review of Bylaws Annual Office of Human Rights Report

<b>DECEMBER</b>  Proposed: Wednesday, Dec. 9	DBHDS Central Office <b>Richmond</b>	December meetings held in Richmond to accommodate staff and session activities.	Pre-Session Legislative & Budget Overview
<b>2027</b>			
<b>APRIL</b>  Proposed: Wednesday, April 21*	Southwestern Virginia Mental Health Institute (SWVMHI) <b>Marion</b>	Last visited March 2023  <i>Patient area is not scheduled for completion until December 2026.</i>	Post-Session & Budget Update
<b>JULY</b>  Proposed: Wednesday, July 14  <i>NOTE: Coordinate with Biennial Planning meeting</i>	CSH/HDMC <b>Petersburg</b> - or - DBHDS Central Office <b>Richmond</b>	July meetings in biennial planning years should be held in/around Richmond.  <i>Last visited July 2023; new facility scheduled to open January 2027.</i>	Biennial Planning Meeting Adoption of Biennial Meeting Schedule Officer Elections
<b>2027-2029</b>			
	ESH SVMHI WSH/CCWA		
<i>*For quarterly meetings held outside Richmond, Board members should plan to arrive the day before to participate in late afternoon/early evening events on Tuesday.</i>			

## FACILITY VISITS

### *Remaining post-pandemic "catch-up" visits:*

SEVTC – Chesapeake	ID/DD	Last visited April 2018
NVMHI – Falls Church	MH	Last visited April 2019

### *Resume facility visit cycle ↓*

SWVMHI – Marion	MH	Last visited March 2023
CSH/HDMC – Petersburg	MH	Last visited July 2023
PGH/VCBR	MH	Last visited Sept. 2023
Catawba	MH	Last visited April 2024
ESH	MH	Last visited July 2024
SVMHI	MH	Last visited Sept. 2024
WSH/CCCA	MH	Last visited April 2025



Virginia Department of Behavioral Health  
and Developmental Services

## State Board of Behavioral Health and Developmental Services

### DRIVING DIRECTIONS

DBHDS Central Office, Jefferson Building  
1220 Bank Street, Richmond, VA 23219

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! The Jefferson Building is located on the southeast corner of Capitol Square, at the intersection of 13th/Governor Street and Bank Street.

! View maps of [Capitol Square](#) or [public parking](#) lots.

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#### FROM I-64 EAST OR WEST OF RICHMOND:

- Following I-64, get onto I-95 South and continue toward downtown
- Take **Exit 74B**, Franklin Street
- Turn right onto Franklin Street
- Go through the next intersection at 14th Street (Franklin Street becomes Bank Street)
  - Look for on-street meter parking on 14th or Main Street
  - If you do not find street parking, [other parking options](#) are available

#### FROM I-95 NORTH OF RICHMOND:

- Follow I-95 South toward downtown Richmond
- Take **Exit 74B**, Franklin Street
- Turn right onto Franklin Street
- Go through the next intersection at 14th Street (Franklin Street becomes Bank Street)
  - Look for on-street meter parking on 14th or Main Street
  - If you do not find street parking, [other parking options](#) are available

#### FROM I-95 SOUTH OF RICHMOND:

- Follow I-95 North toward downtown Richmond
- Cross the bridge over the James River
- Take **Exit 74C** on your right (17th Street is one-way) and continue to Broad Street
- Turn right onto Broad Street
- Turn left onto 14th Street at the first light after crossing over I-95
- Turn right onto Franklin Street
- Go through the next intersection at 14th Street (Franklin Street becomes Bank Street)
  - Look for on-street meter parking on 14th or Main Street
  - If you do not find street parking, [other parking options](#) are available

If you have questions about the information in this meeting packet,  
contact Mary Broz Vaughan at [mary.broz-vaughan@dbhds.virginia.gov](mailto:mary.broz-vaughan@dbhds.virginia.gov) or 804-903-1390.