DBHDS
Virginia Department of Behavioral Health and Developmental Services

AGENDA PACKET
AS ADOPTED

State Board of Behavioral Health and Developmental Services

Schedule of Events

TUESDAY, SEPTEMBER 22, 2026

4:30 p.m.	**COMMUNITY PROGRAM TOUR** Crossroads Community Services Board 213 Bush River Drive, Farmville, VA 23901
6:00 p.m.	**DINNER MEETING** Savour – American Bistro 201 N. Main Street, Farmville, VA 23901 • **Attendees:** Board Members, DBHDS Staff, CSB Staff, Community Partners • *No business will be conducted*

WEDNESDAY, SEPTEMBER 23, 2026

Piedmont Geriatric Hospital (PGH)
5001 E. Patrick Henry Highway, Burkeville, VA
Meetings are in person with a physical quorum present; however, electronic meeting access is available.

8:30 a.m.	**POLICY AND EVALUATION COMMITTEE MEETING** *NOTE: Planning and Budget Committee will not meet*	Agenda, page **16**
9:30 a.m.	**REGULAR QUARTERLY BOARD MEETING**	Agenda, pages **2-3**

AGENDA PACKET AS ADOPTED

State Board of Behavioral Health and Developmental Services

WEDNESDAY, SEPTEMBER 23, 2026

Regular Quarterly Board Meeting

9:30 a.m.

DBHDS Piedmont Geriatric Hospital
5001 E. Patrick Henry Highway, Burkeville, VA

ELECTRONIC MEETING ACCESS	
Microsoft Teams	Click here to join
Meeting ID:	253 544 697 981 041
Passcode:	er9xp3Do
Audio only	
Dial in by phone:	434-230-0065
Phone Conference ID:	292 553 081#

Meeting is in person with a physical quorum present; however, electronic meeting access is available.

1.	**CALL TO ORDER**		
	A. Determination of Quorum **B.** Welcome and Introductions **C.** Adoption of Agenda **D.** Approval of Draft Minutes	Action Item	Pages **4-15**
2.	**PUBLIC COMMENT**		
	Public comment on agenda items will be accepted **in person or virtually** using the electronic meeting access option. Comment will not be accepted on regulatory actions or rulemaking petitions for which the public comment period has closed. Each commenter, whether in-person or virtual, will be limited to three minutes. **Pre-registration is requested but not required.** Persons wishing to comment are asked to email mary.broz-vaughan@dbhds.virginia.gov by 5:00 p.m., on Tuesday, Sept. 22, 2026.		
3.	**STANDING COMMITTEE REPORT**		
4.	**COMMISSIONER'S REPORT**		
5.	**OFFICE OF HUMAN RIGHTS ANNUAL REPORT**		
6.	**TOUR OF PIEDMONT GERIATRIC HOSPITAL (PGH)**		
	Board Members and DBHDS staff only. *Facility tours are not open to the public due to patient confidentiality and safety.*		
7.	**TOUR OF VIRGINIA CENTER FOR BEHAVIORAL HEALTH (VCBR)**		
	Board Members and DBHDS staff only. *Facility tours are not open to the public due to patient confidentiality and safety.*		

8.	**LUNCH**		
	Break and collect lunch		
9.	**PRESENTATION BY PGH FACILITY DIRECTOR**		
10.	**PRESENTATION BY VCBR FACILITY DIRECTOR**		
11.	**VACSB QUARTERLY REPORT**		
12.	**REGULATORY AFFAIRS REPORT**		
	A. Emergency Medical Simulations Exempt Action	Action Item	Pages **17-23**
	B. Regulatory Activity Status Report	Information	Pages **24-25**
13.	**NEW BUSINESS**		
	A. Quadrennial Review of Bylaws **B.** Board Matters	Action Item	Pages **26-42**
14.	**ADJOURNMENT**		

Information provided is in DRAFT form and is subject to change.
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).

DBHDS
Virginia Department of Behavioral Health and Developmental Services

DRAFT MINUTES

State Board of Behavioral Health and Developmental Services

REGULAR QUARTERLY BOARD MEETING

Wednesday, July 15, 2026

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

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

MEMBERS PRESENT	R. Blake Andis *(departed at 9:35 a.m.)* Sandy Chung, MD Caroline Coster, MD Rebecca Graser Jane McDonald Nina Schroder Tony Vadella	**MEMBERS ABSENT**	None
DBHDS STAFF present for all or part of the meeting	Mary Broz-Vaughan, Regulatory Affairs Director/State Board Liaison Lauren Cunningham, Communications Director Taneika Goldman, State Human Rights Director Madelyn Lent, Public Policy Manager Crystal Lipford, Quality & Risk Management Director Meghan McGuire, Deputy Commissioner, Policy and Public Affairs Nathan Miles, Chief Financial Officer Kelly Murphy, State Opioid Treatment Authority Dev Nair, Assistant Commissioner for Provider Management Chaye Neal-Jones, Enterprise Management Services Director Sivani Nemani, Intern Heather Norton, Deputy Commissioner, Community Services Susan Puglisi, Regulatory Research Specialist Isaiah Rhoe, Intern Candace Roney, Addiction, Recovery & Wellness Supports Director Kari Savage, Office of Child and Family Services Director Alyssa Ward, Chief Deputy Commissioner Daryl Washington, Commissioner *(arrived at 9:50 a.m.)*		
INVITED GUESTS	Jennifer Faison, VACSB Executive Director		
OTHER ATTENDEES	Mark Blackwell; Melanie Bond-Artis, Hampton-Newport News CSB; Tynesha B; Ron Clark, Hampton-Newport News CSB; Daphne Cunningham; Catherine Ford, MSV; Tom Jackson, Virginia Recovery Advocacy Project; Cara Kaufman, DARS; Catherine Powell; Beverly Smith, Hampton-Newport News CSB; Teresa Smith, OSIG; Israil Steen.		

CALL TO ORDER	Sheriff Andis called the meeting to order at 9:30 a.m.
Determination of Quorum	Ms. Broz-Vaughan called the roll and reported a quorum was present.
Remote Participation	Sheriff Andis, whose principal residence is more than 60 miles from the meeting location, participated electronically from his office in Abingdon. Dr. Chung participated electronically from her principal residence in Sterling, which is more than 60 miles from the meeting location.
Adoption of Agenda	A motion was made by Ms. McDonald and seconded by Dr. Chung to adopt the agenda. The motion carried unanimously.
Approval of Minutes	Ms. McDonald moved to approve the minutes from the April meetings en bloc. Ms. Graser seconded the motion, which carried unanimously.
Officer Elections	Sheriff Andis reported that the Nominating Committee held an all-virtual meeting on June 29, 2026, and voted unanimously to nominate a slate of candidates with Jane McDonald for the position of board chair and Tony Vadella for vice chair. In accordance with the board's bylaws, Sheriff Andis opened the floor for any additional nominations. Hearing none, Ms. Graser moved to elect Jane McDonald as Board Chair. Ms. Schroder seconded the motion, which carried unanimously. On a motion by Ms. McDonald, properly seconded by Dr. Chung, the board unanimously elected Tony Vadella as Board Vice Chair.
TRANSFER OF CHAIR	Sheriff Andis congratulated the newly elected officers and passed the gavel to Ms. McDonald. Ms. McDonald thanked Sheriff Andis and assumed the chair.
Public Comment	Ms. McDonald opened the floor for public comment. Mark Blackwell and Tom Jackson addressed the board regarding peer recovery services and offered written comments for the record. Ms. McDonald closed public comment.
Standing Committee Reports	Ms. Broz-Vaughan reported that the Planning and Budget Committee did not have a quorum because only one member was physically present. Although unable to discuss or transact public business, committee members reviewed the draft Board Engagement and Liaison Activities and guidelines provided in the agenda packet.

	Ms. Lent summarized the morning's Policy and Evaluation Committee meeting, reporting that committee members reviewed technical revisions to Policy 1030 (SYS) 90-3 – Consistent Collection and Utilization of Data in State Facilities and Community Services Boards. After confirmation of continued alignment with cross-referenced code sections, the committee will consider the revised draft at its next meeting. Committee members also revised an initial draft of technical and substantive amendments to Policy 1040 (SYS) 06-3 – Involvement and Participation of Individuals Receiving Services and Family Members. The revised draft will go out for field review for the committee to take up at its next meeting.
Unfinished Business	Ms. McDonald directed members to amendments recommended by the Policy and Evaluation Committee at the April meeting. On a motion by Ms. Graser, properly seconded by Mr. Vadella, the board unanimously approved the revisions to Policy 3000 (CO) 74-10 – Appointments of Department Employees to Community Services Boards. Ms. Schroder moved the revisions to Policy 6005 (FIN) 94-2 – Retention of Unspent State Funds by Community Services Boards. Mr. Vadella seconded, and the motion carried unanimously.
Commissioner's Report	Deputy Commissioner Heather Norton provided an overview of the Community Services Division and an update on licensing and provider engagement initiatives. *Presentation available from board office upon request.
Regulatory Affairs Report	Ms. Puglisi and Dr. Roney explained the Office of Addiction, Recovery, and Wellness Supports request to incorporate a central registry requirement into the Licensing Regulations applicable to medication for opioid use disorder (MOUD) treatment providers. **MOTION:** Mr. Vadella moved to authorize a Notice of Intended Regulatory Action (NOIRA) to amend 12VAC35-105 to mandate participation in a Central Registry by MOUD treatment service providers. Dr. Coster seconded, and the motion carried unanimously.
Emergency/NOIRA Revisions	Ms. Broz-Vaughan, Ms. Puglisi, and Dr. Ward reviewed the background and rationale for recommending withdrawal of the board's previously authorized Behavioral Health Redesign actions. The updated regulatory packages, developed in collaboration with DMAS, align the Licensing Regulations with the most recent changes to Medicaid policy drafts as well as the extended implementation timeframe for redesigned services.

	MOTION: Ms. Schroder moved to adopt revised emergency regulations amending 12VAC35-105 to align with Medicaid behavioral health services redesign for Community Psychiatric Support and Treatment (CPST), as presented, and to issue a NOIRA for permanent replacement regulations. Mr. Vadella seconded, and the motion carried unanimously. **MOTION:** Dr. Coster moved to adopt emergency regulations amending 12VAC35-105 to align with Medicaid behavioral health services redesign for Coordinated Specialty Care (CSC), as presented, and to issue a NOIRA for permanent replacement regulations. Ms. Graser seconded, and the motion carried unanimously. **MOTION:** Ms. Schroder moved to adopt revised emergency regulations amending 12VAC35-105 to align with Medicaid behavioral health services redesign for Recovery and Empowerment Center (REC), as presented, and to issue a NOIRA for permanent replacement regulations. Ms. Graser seconded, and the motion carried unanimously.
Upcoming Regulatory Activity	Ms. Broz-Vaughan notified members of regulatory actions anticipated to come before the board later this year resulting from legislation during the 2026 Session of the General Assembly. • Emergency medical simulations exempt action (HB 1370) • Certified Recovery Residences standard action (HB 931/SB270)
New Business	Ms. McDonald asked members to review the proposed meeting plan for Fiscal Year 2027. On a motion by Mr. Vadella, properly seconded by Dr. Coster, the board unanimously adopted the annual meeting schedule.
SHRC Appointments	Ms. Graser moved to appoint Valjean M. Roberts, Jr., to the State Human Rights Committee. Mr. Vadella seconded the motion, which carried unanimously. On a motion by Dr. Coster, properly seconded by Ms. Schroder, the board unanimously reappointed Renee F. Valdez to the State Human Rights Committee. On a motion by Dr. Coster, properly seconded by Mr. Vadella, the board unanimously reappointed John B. Shepherd to the State Human Rights Committee.
The Board recessed at 10:50 a.m. to reconvene at 11:00 a.m.	
The Board reconvened at 11:00 a.m.	
VACSB Quarterly Update	Ms. Faison briefed the board on Virginia Association of Community Services Boards (VACSB) advocacy efforts, noting HR 1 changes to Medicaid affecting SUD and medically fragile populations, elimination of community stabilization services, and recommendations related to CPST.

DBHDS Presentation	Ms. Savage provided an overview of school-based mental health programs. *Presentation available from board office upon request.
Lunch Break	Ms. McDonald recessed the meeting for lunch.
The Board recessed at 11:40 a.m. to reconvene at 12:00 p.m.	
The Board reconvened at 12:00 p.m.	
DBHDS Presentation	Mr. Miles updated the board on significant items from the 2026-2028 biennial state budget. *Presentation available from board office upon request.
Announcements	Ms. Broz-Vaughan directed members to the budget report for Fiscal Year 2026. The handout was for informational purposes only and did not require any action. Ms. Broz-Vaughan reminded members of the quadrennial bylaws review for the September meeting.
ADJOURNMENT	Ms. McDonald adjourned the meeting at 12:15 p.m.
The State Board adjourned at 12:15 p.m.	

NEXT MEETING SCHEDULED FOR WEDNESDAY, SEPTEMBER 23, 2026
DBHDS Piedmont Geriatric Hospital
5001 E. Patrick Henry Hwy., Burkeville, VA 23922

PUBLIC COMMENT

Public Comments to the DBHDS State Board – July Board Meeting

Subject: Response to April Board Meeting Minutes and Peer Recovery Concerns

At the April Board Meeting, I used the public comment period to share concerns synthesized from surveys and focus groups involving a substantial number of Virginia recovery advocates. Those comments were intended to elevate the perspective of the peer recovery workforce and the broader recovery community.

· The decision to close the Office of Recovery Services was made without meaningful stakeholder input and appears inconsistent with national best practices for state agencies utilizing peer recovery services.

· Following the announcement, recovery advocates organized a grassroots effort asking DBHDS to reconsider the closure. DBHDS indicated that communication-focused work groups with the peer community would be initiated. We hope that this will be a priority.

· Since the Office of Recovery Services closed, recovery-oriented funding and service decisions no longer appear to be prioritized or overseen from a peer-led perspective. Instead, these decisions are made through multidisciplinary structures that ultimately operate under clinical oversight.

· In a February 2026 survey, 75.1% of the peer workforce reported confusion about who to contact at DBHDS for answers, and 48.8% reported actively struggling to secure technical assistance.

· Current and former recipients of recovery-related funds have also expressed fear about raising concerns because of potential consequences for future funding opportunities.

If the intent of our April comments was misunderstood, I want to clarify that our purpose was not to point fingers or assign blame. We remain hopeful that Commissioner Washington's strong record of championing recovery-oriented services in Fairfax will carry forward at DBHDS. At the same time, the peer recovery community needs clear communication, meaningful engagement, and transparent pathways for technical assistance and decision-making.

A positive result of this consensus-building advocacy is the formation of the One Voice for Recovery Coalition, supported through SAARA of Virginia. This coalition elevates the voice of the peer recovery workforce and fellow recovery advocates and professionals. The One Voice for Recovery Coalition is ready to partner with DBHDS and the Board to

PUBLIC COMMENT

strengthen communication, accountability, and peer-informed decision-making across Virginia's behavioral health system.

PUBLIC COMMENT

tom.jackson@varecoveryadvocacy.org
434-249-0851

15 July 2026

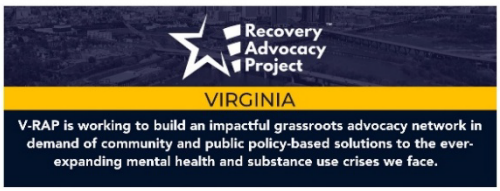
Mr. Chairman and Members of the Board:

On behalf of the Virginia Recovery Advocacy Project, I want to second what Mark submitted, and add our thanks to the Commissioner for the prompt replies he sent.

While we still have some substantially different views on past events, we are looking forward and will continue to monitor recovery-related actions and funding by the Department, and comment appropriately when required.

Thomas A. Jackson
Co-Lead Organizer

652 W Frederick St
Staunton VA 24401



DRAFT MINUTES

State Board of Behavioral Health and Developmental Services

PLANNING AND BUDGET COMMITTEE

Wednesday, July 15, 2026

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

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

MEMBERS PRESENT	R. Blake Andis Sandy Chung, MD Tony Vadella
MEMBERS ABSENT	None
STAFF PRESENT	Mary Broz-Vaughan, Regulatory Affairs Director/State Board Liaison Susan Puglisi, Regulatory Research Specialist

CALL TO ORDER	Blake Andis called the meeting to order at 8:30 a.m.
Determination of Quorum	With only one member physically present, the committee lacked a quorum. Sheriff Andis explained that committee members would be limited to receiving information about agenda items and not be able to discuss or transact public business.
Remote Participation	Sheriff Andis, whose principal residence is more than 60 miles from the meeting location, participated electronically from his office in Abingdon. Dr. Chung participated electronically from her principal residence in Sterling, which is more than 60 miles from the meeting location.
REVIEW OF DRAFT REVISIONS TO BYLAWS LIAISON ASSIGNMENTS	Ms. Broz-Vaughan reviewed the draft "Board Engagement and Liaison Activities" and guidelines provided in the agenda packet.
NEW BUSINESS	Lacking a quorum, the committee did not act on the revisions. Sheriff Andis noted that the draft proposal would be included as part of the full board's comprehensive quadrennial review of the bylaws in September.

ANNOUNCEMENTS	Ms. Broz-Vaughan directed committee members to the budget report for Fiscal Year 2026. Sheriff Andis reminded members that the next meeting will be on September 23, 2026.
ADJOURNMENT	Sheriff Andis adjourned the meeting at 8:45 a.m.

STATE BOARD OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

Policy and Evaluation Committee
DRAFT MINUTES
JULY 15, 2026
DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES CENTRAL OFFICE
1220 BANK STREET RICHMOND, VA 23219
This meeting was held in person with a physical quorum present, with electronic or phone connection available.

Members Present: Jane McDonald (Committee Chair), Nina Schroder, Caroline Coster, M.D.
Members Absent: Rebecca Graser

DBHDS Staff Present: Madelyn Lent, Director, Public Policy (Committee Liaison)
Nicole Gore, Assistant Commissioner, Behavioral Health Services
Chaye Neal-Jones, Director, Enterprise Management Services
Rebecca Bodanske, Director, Data Analytics and Visualization
Benjamin Marks, Director, Facility Data Analytics and Evaluation (virtual)
Vikas Mehta, Senior Project Manager (virtual)

I. Call to Order

Jane McDonald called the meeting to order at 8:40 am.

II. Welcome and Introductions (5 min)

III. Adoption of Agenda, July 15, 2026

Dr. Caroline Coster moved to adopt the agenda. Nina Schroder seconded the motion. The agenda was adopted unanimously.

IV. Adoption of Minutes, April 22, 2026

Dr. Caroline Coster moved to adopt the minutes. Nina Schroder seconded the motion. The minutes were adopted unanimously.

V. Review Policy Plan for FY2025 - FY2030 (5 min)

Madelyn Lent presented the policy plan and the committee briefly reviewed.

VI. Introduce Draft Revisions

The committee reviewed and discussed draft revisions recommended by the Department for Policy 1030 (SYS) 90-3 Consistent Collection and Utilization of Data in State Facilities and Community Services Boards. Staff characterized proposed revisions as technical in nature with the primary changes including updating references to the information systems utilized by the Department. Members requested staff review of code references in the Background section to confirm continued alignment. Confirmation will be provided at the September meeting. Members noted a field review would not be necessary for this policy given the technical nature of the proposed changes.

The committee received background review and draft revisions recommended by the Department for Policy 1040 (SYS) 06-3 Involvement and Participation of Individuals Receiving Services and Family Members. Staff noted that proposed revisions included both substantive and technical changes. Members requested that staff revise Policy section to clarify training requirements for individuals providing peer support services and conduct a field review to provide Community Services Boards with an opportunity to share comments on the proposed revisions. An updated draft of the revisions and comments received from the field review will be presented at the September meeting.

VII. Next Quarterly Meeting: September 23, 2026.

VIII. Adjournment

Jane McDonald adjourned the meeting at 9:05 am.

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

STATE BOARD OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

Policy and Evaluation Committee

DRAFT AGENDA

SEPTEMBER 23, 2026

PIEDMONT GERIATRIC HOSPITAL (PGH)

5001 PATRICK HENRY HIGHWAY, BURKEVILLE VA 23922

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, September 23, 2026

IV. Adoption of Minutes, July 15, 2026

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 1038(SYS)06-1 The Safety Net of Public Services and Policy 1016(SYS)86-23 Policy Goal of the Commonwealth for a Comprehensive, Community-Based System of Services.

VII. Presentation of Draft Revisions for Recommendation to the Full Board (20 min)

The committee reviewed draft revisions for Policy 1030 (SYS) 90-3 Consistent Collection and Utilization of Data in State Facilities and Community Services Boards at the July meeting. Updated draft revisions and Field Review comments received from Community Services Boards will be reviewed. Revisions will be presented for the committee to vote on recommendation to the full board.

The committee reviewed draft revisions for Policy 1040 (SYS) 06-3 Involvement and Participation of Individuals Receiving Services and Family Members at the July meeting. Revisions will be presented for the committee to vote on recommendation to the full board.

VIII. Next Quarterly Meeting: December 9, 2026.

IX. Adjournment

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

DBHDS
Virginia Department of Behavioral Health
and Developmental Services

REGULATORY AFFAIRS

Emergency Medical Simulations Exempt Action
Pursuant to Chapter 836 of the 2026 Acts of Assembly (HB 1370)

Included in Agenda Packet:

- HB 1370 from 2026 General Assembly Session
- DRAFT Agency Background Document (Form TH-09)
- DRAFT Amendments to 12VAC35-46-310 and 132VAC35-105-460

Background:
The 2026 Session of the General Assembly enacted HB 1370, directing the State Board to amend its regulations to require all licensed providers to conduct regular emergency medical simulations and to train employees that regularly engage with individuals receiving services.

The bill mandates that such emergency medical simulations and training shall prepare employees of the provider to recognize and respond to situations where individuals receiving services require emergency medical treatment.

Rationale:
This exempt action implements the provisions of the legislative directive and incorporates feedback from stakeholders as required by the bill's second enactment clause.

Action Needed:
Adopt final amendments to the Regulations for Children's Residential Facilities and the Provider Licensing Regulations to effectuate the provisions of Chapter 836 of the 2026 Acts of Assembly as presented.

CHAPTER 836

An Act to amend the Code of Virginia by adding a section numbered 37.2-405.3, relating to Board of Behavioral Health and Developmental Services; regulations; emergency medical simulations; cardiopulmonary resuscitation training.

[H 1370]

Approved April 13, 2026

Be it enacted by the General Assembly of Virginia:

1. That the Code of Virginia is amended by adding a section numbered 37.2-405.3 as follows:

§ 37.2-405.3. Regulations for providers; emergency medical simulations; cardiopulmonary resuscitation.

The Board shall adopt regulations requiring providers that deliver services to individuals with developmental disabilities, mental health disorders, and substance use disorders to:

1. Conduct regular emergency medical simulations and train employees that regularly engage with people receiving services. Such emergency medical simulations and training shall prepare employees of the provider to recognize and respond to situations where individuals receiving services require emergency medical treatment.

2. Require at least one employee trained in cardiopulmonary resuscitation to be on duty at each location where services are delivered. Employees who hold a current certificate as an emergency medical technician shall be deemed to meet training requirements.

2. That the Board of Behavioral Health and Developmental Services shall, in collaboration with stakeholders, adopt regulations to implement the provisions of this act to be effective by December 1, 2026. Such initial adoption of regulations shall be exempt from the requirements of the Administrative Process Act (§ 2.2-4000 et seq. of the Code of Virginia).

Exempt Action: Final Regulation
Agency Background Document

Agency name	Department of Behavioral Health and Developmental Services (DBHDS)
Virginia Administrative Code (VAC) Chapter citation(s)	12VAC35-46 and 12VAC35-105
VAC Chapter title(s)	Regulations for Children's Residential Facilities and Rules and Regulations for Licensing Providers by DBHDS
Action title	Emergency medical simulations
Final agency action date	
Date this document prepared	September 9, 2026

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.

Section 37.2-203 of the Code of Virginia authorizes the State Board of Behavioral Health and Developmental Services ("State Board") to adopt regulations governing licensed providers that may be necessary to carry out the provisions of Title 37.2 and other laws of the Commonwealth administered by the Commissioner and DBHDS. The 2026 Session of the General Assembly through HB 1370 directed the State Board to amend its licensing regulations to require providers to conduct regular emergency medical simulations and to train employees that regularly engage with individuals receiving services. This action implements the provisions of the legislative mandate and was created with input from stakeholders as required by the bill's second enactment clause.

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."

The 2026 Session of the General Assembly enacted HB 1370, directing the State Board to amend its regulations to require all licensed providers to conduct regular emergency medical simulations and to train employees that regularly engage with individuals receiving services. The bill mandates that such emergency medical simulations and training shall prepare employees of the provider to recognize and respond to situations where individuals receiving services require emergency medical treatment. The legislative directive further states that this initial regulatory action be exempt from the requirements of the Administrative Process Act.

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)]."

At its meeting on September 23, 2026, the State Board of Behavioral Health and Developmental Services adopted final amendments to the Regulations for Children's Residential Facilities (12VAC35-46) and the Regulations for Licensing Providers (12VAC35-105) to effectuate the provisions of Chapter 836 of the 2026 Acts of Assembly.

DRAFT

Department of Behavioral Health And Developmental Services

Emergency medical simulations

12VAC35-46-310. Staff development.

A. Required initial training.

1. Within seven days following their begin date, each staff member responsible for supervision of children shall receive basic orientation to the facility's behavior intervention policies, procedures, and techniques regarding less restrictive interventions, timeout, and physical restraint.

2. Within 14 days following an individual's begin date, and before an individual is alone supervising children, the provider shall conduct emergency preparedness and response training that shall include:

a. Alerting emergency personnel and sounding alarms;

b. Implementing evacuation procedures, including evacuation of residents with special needs (e.g., deaf, blind, nonambulatory);

c. Using, maintaining, and operating emergency equipment;

d. Accessing emergency information for residents, including medical information; and

e. Utilizing community support services.

3. Within 14 days following their begin date, new employees, employees transferring from other facilities operated by the same provider, relief staff, volunteers, and students and interns shall be given orientation and training regarding:

a. The objectives of the facility;

b. Practices of confidentiality;

c. The decision-making plan;

d. This chapter, including the prohibited actions as outlined in this chapter; and

e. Other policies and procedures that are applicable to the individual's positions, duties, and responsibilities.

4. Within 30 days following their begin date, all staff working with residents shall be enrolled in a standard first aid class and in a cardiopulmonary resuscitation class facilitated by the American Red Cross or other recognized authority, unless the individual is currently certified in first aid and cardiopulmonary resuscitation.

5. Within 30 days following their begin date, all staff working with residents shall be trained in child abuse and neglect, mandatory reporting, maintaining appropriate professional relationships and interaction among staff and residents, and suicide prevention.

6. Within 30 days following their begin date, all staff shall be trained on the facility's policies and procedures regarding standard precautions.

7. Within 30 days following their begin date, all staff shall be trained on appropriate siting of children's residential facilities and good neighbor policies and community relations.

8. Before administering medication, all staff responsible for medication administration shall have successfully completed a medication training program approved by the Board of Nursing or be licensed by the Commonwealth of Virginia to administer medications.

9. The provider shall carry out targeted staff training in any area of quality improvement as identified from the results of the quality improvement plan.

B. Required annual retraining.

1. All employees, contractors, students and interns, and volunteers shall complete an annual refresher emergency preparedness and response training that shall include:

a. Alerting emergency personnel and sounding alarms;

b. Implementing evacuation procedures, including evacuation of residents with special needs (e.g., deaf, blind, nonambulatory);

c. Using, maintaining, and operating emergency equipment;

d. Accessing emergency information for residents, including medical information; and

e. Utilizing community support services.

2. All staff who administer medication shall complete annual refresher medication training.

3. All child care staff shall receive annual retraining on the provider's behavior supports and timeout policies and procedures.

4. All staff working with residents shall receive annual retraining in child abuse and neglect, mandatory reporting, maintaining appropriate professional relationships and interaction among staff and residents, and suicide prevention.

5. All staff shall receive annual retraining on the provider's policies and procedures regarding standard precautions.

C. Providers shall conduct emergency medical simulations at least once every quarter. The provider shall document the emergency medical simulation schedule. Emergency medical simulations shall be designed to prepare direct care positions to recognize and respond to a variety of situations where individuals require emergency medical treatment.

1. Simulations shall include situations requiring emergency medical care. Emergency medical simulations shall include a hands-on replication, as closely as possible, of at least one specific medical emergency that is acted out by direct care positions. Emergency medical simulations may also include an informal discussion with direct care positions and a debrief with individuals served, presentation, or a review of the step-by-step plan to be used during a particular scenario.

2. The scenarios practiced shall not be repeated during consecutive simulations.

3. Each direct care position shall actively participate in a minimum of one emergency medical simulation at least annually.

4. Direct care positions shall practice their roles, responsibilities, duties, communications requirements, and recovery efforts during emergency simulations.

5. A supervisor shall remain on-site during each emergency simulation. The supervisor shall be responsible for documentation of the emergency simulation.

6. Documentation of each emergency medical simulation shall be retained for three years and shall include:

i. The place in which the simulation was conducted;

ii. Date and time of the emergency medical simulation;

iii. Description of the medical emergency scenario simulated;

iv. Duration of the emergency medical simulation;

v. Response times;

vi. Knowledge gaps encountered;

vii. Names of direct care positions who participated; and

viii. Practice in notifying emergency authorities.

~~C.~~D. Training provided shall be comprehensive and based on the needs of the population served to ensure that staff have the competencies to perform their jobs.

12VAC35-105-460. Emergency medical or first aid training.

A. There shall be at least one employee or contractor on duty at each location where services are delivered who holds a current certificate (i) issued by the American Red Cross, the American Heart Association, or comparable authority in standard first aid and cardiopulmonary resuscitation (CPR) or (ii) as an emergency medical technician. A licensed medical professional who holds a current professional license shall be deemed to hold a current certificate in first aid, but not in CPR. The certification process shall include a hands-on, in-person demonstration of first aid and CPR competency.

B. Providers shall conduct emergency medical simulations at least once every quarter. The provider shall document the emergency medical simulation schedule. Emergency medical simulations shall be designed to prepare direct care positions to recognize and respond to a variety of situations where individuals require emergency medical treatment.

1. Simulations shall include situations requiring emergency medical care. Emergency medical simulations shall include a hands-on replication, as closely as possible, of at least one specific medical emergency that is acted out by direct care positions. Emergency medical simulations may also include an informal discussion with direct care positions and a debrief with individuals served, presentation, or a review of the step-by-step plan to be used during a particular scenario.

2. The scenarios practiced shall not be repeated during consecutive simulations.

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6. Documentation of each emergency medical simulation shall be retained for three years and shall include:

i. The place in which the simulation was conducted;

ii. Date and time of the emergency medical simulation;

iii. Description of the medical emergency scenario simulated;

iv. Duration of the emergency medical simulation;

v. Response times;

vi. Knowledge gaps encountered;

vii. Names of direct care positions who participated; and

viii. Practice in notifying emergency authorities.

DBHDS
Virginia Department of Behavioral Health and Developmental Services

REGULATORY ACTIVITY STATUS REPORT

	VAC CITATION Chapter and Title	SHORT DESCRIPTION	Action Summary	Regulatory Stage	Current Status
RECENT/UPCOMING ACTIONS					
1	Chapter 105 (12VAC35-105): Provider Licensing Regulations + Chapter 46 (12VAC35-46): Regulations for Children's Residential Facilities	Mandatory emergency medical simulations and employee training	Pursuant to HB 1370 (2026), incorporates mandatory emergency medical simulations and employee training	**Exempt/Final** *Effective date: 12/01/2026*	**PENDING ACTION AT SEPTEMBER BOARD MEETING**
2	Chapter 115 (12VAC35-115): Regulations to Assure the Rights of Individuals	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 updates to align with Code of Virginia where applicable.	**Proposed** *NOIRA stage ended 7/1/26; filing deadline 12/28/2026*	**PENDING ACTION AT DECEMBER BOARD MEETING**
3	Chapter 105 (12VAC35-105): Provider Licensing Regulations	Alignment with Medicaid behavioral health redesign: CPST, CSC, REC	Pursuant to 2024-2026 Appropriation Act, aligns Licensing Regulations with modifications made by DMAS to Medicaid behavioral health services for Community Psychiatric Support & Treatment (CPST), Coordinated Specialty Care (CSC), and Recovery and Empowerment Center (REC).	**Emergency/ NOIRA** *July 2026 Board Vote*	GOV approved Emergency Regulations on 9/9/2026 NOIRA to begin October 2026
UNDER EXECUTIVE BRANCH REVIEW					
Governor's Office					
1	Chapter 105 (12VAC35-105): Provider Licensing Regulations	MOUD Central Registry	Mandatory participation by medication for opioid use disorder (MOUD) treatment service providers in a central registry.	**NOIRA**	HHR approved 8/13/26 DPB approved 7/25/26
2	Chapter 105 (12VAC35-105): Provider Licensing Regulations	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** *July 2024 Board Vote*	HHR approved 8/13/26 *DPB approved 5/5/25; OAG certified 3/17/25*
3	Chapter 105 (12VAC35-105): Provider Licensing Regulations	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** *Sept. 2024 Board Vote*	HHR approved 8/13/26 DPB approved 5/5/25; OAG certified 3/17/25

9/10/2026

4	Chapter 105 (12VAC35-105): Provider Licensing Regulations + Chapter 250 (12VAC35-250): Peer Recovery Specialists	Mandatory Peer Recovery Specialist-Trainee (PRS-T) designation	Pursuant to 2024-2026 Appropriation Act, 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/ NOIRA** *Sept. 2025 Board Vote*	HHR approved 8/13/26 DPB approved 5/11/26; OAG certified 3/23/26
Secretary's Office					
1	Chapter 105 (12VAC35-105): Provider Licensing Regulations	Technical and clarifying revisions for crisis services	Reduces administrative burden, clarifies provisions, and makes technical amendments to newly implemented crisis services regulations.	**Fast-Track** *July 2025 Board Vote*	DPB approved 5/2/26 OAG certified 3/23/26
2	Chapter 105 (12VAC35-105): Provider Licensing Regulations + Chapter 46 (12VAC35-46): Regulations for Children's Residential Facilities	Amendments to align with VDH Regulations	Technical and clarifying amendments to reflect current practice and update outdated references.	**Fast-Track** *April 2025 Board Vote*	DPB approved 5/1/26 OAG certified 3/20/26
Office of Attorney General					
1	Chapter 105 (12VAC35-105): Provider Licensing Regulations + Chapter 46 (12VAC35-46): Regulations for Children's Residential Facilities	Regulatory Restructuring Seven actions: 1. General Chapter 2. Residential 3. NonCenter-Based 4. Center-Based 5. Crisis Services 6. Case Management 7. Repeal and replace	Appliable 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 chapters when newly restructured chapters become effective.)	**Proposed** *Dec. 2025 Board Vote*	**Resubmitted to OAG 9/8/26** (Initially submitted to OAG 12/17/25; returned 9/7/26 by OAG with technical edits)

DBHDS
Virginia Department of Behavioral Health and Developmental Services

QUADRENNIAL REVIEW OF BOARD BYLAWS

Included in Agenda Packet:

- Proposed revisions to Board Bylaws
  - *Note: Formatted to meet website accessibility standards*
- Current Board Bylaws (approved Dec. 10, 2025)

Background:
Article IX, Section 3 sets forth the requirement for Board review of its bylaws every four years in the fall after the governor's election. In anticipation of the quadrennial assessment, the Planning and Budget Committee suggested streamlining the bylaws and specifically recommended increased clarity and flexibility concerning member engagement and liaison activities.

Rationale:
As a public body, the Board's conduct is governed by the Code of Virginia. Although bylaws are not strictly necessary, they are often helpful for providing structure and operational efficiency.

Action (Optional):
Adopt amendments to the Board Bylaws.

BYLAWS

State Board of Behavioral Health and Developmental Services

Article I. Organization

Section 1. Name and Authority

The name of this body shall be the State Board of Behavioral Health and Developmental Services, hereinafter referred to as the Board. Section 37.2-200 of the Code of Virginia establishes the Board as a policy board, within the meaning of § 2.2-2100, in the executive branch of government.

Section 2. Powers and Duties

The Board shall exercise the powers and duties set forth in § 37.2-203 of the Code of Virginia; and appoint members of the State Human Rights Committee in accordance with § 37.2-204.

Article II. Membership

Section 1. Composition

The composition of the Board and qualifications, appointment, and terms of office of members shall be as provided in § 37.2-200 of the Code of Virginia.

Section 2. Orientation

All new members shall receive an orientation that includes information about Board roles and responsibilities; the bylaws and committee structure of the Board; the Department of Behavioral Health and Developmental Services ("DBHDS"); state hospitals and training centers operated by DBHDS, hereinafter referred to as state facilities; community services boards and behavioral health authorities; Title 37.2 of the Code of Virginia, which governs the provision of mental health, developmental, and substance use disorder services in Virginia; the Virginia Freedom of Information Act; and the State and Local Government Conflict of Interests Act.

Section 3. Officers

The officers of the Board shall be the Chair and the Vice Chair. The Chair shall preside over all meetings of the Board, perform other duties as may be prescribed by the Board, and submit to the Governor and the General Assembly an annual executive summary of the Board's activity and work in accordance with § 37.2-200 of the Code of Virginia. In the absence of the Chair at any meeting, or in the event of a vacancy in that office, the duties of the Chair shall be vested in the Vice Chair. Officers shall serve for a period of one year and are eligible for re-election.

Section 4. Elections

In April of each year, the Chair shall appoint an ad hoc Nominating Committee of three members. In July of each year, the Nominating Committee will offer its slate of candidates, and the Board shall elect a Chair and Vice Chair from among its membership. Before the election, additional nominations from the floor shall be permitted.

Section 5. Conduct

Each member shall be responsible for attending Board meetings and complying with all other expectations of the Code of Conduct for Commonwealth Appointees. Members shall notify the Chair or his designee if extenuating circumstances prevent their physical attendance and, if seeking remote participation, do so in accordance with the policy set forth in Article III, Section 7. If a member fails to notify the Chair or his designee more than twice during a fiscal year that he is unable to attend a Board meeting, the Chair shall notify the member of his non-compliance with this provision of the bylaws. With the Board's concurrence, the Chair may notify the Secretary of the Commonwealth and request the Governor remove that member pursuant to § 2.2-108 of the Code of Virginia.

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Article III. Meetings

Section 1. Regular and Special Meetings

In accordance with § 37.2-200 of the Code of Virginia, the Board shall meet quarterly and at such other times as it deems proper. In July of each year, the Board shall adopt its meeting schedule for the next fiscal year (July 1 – June 30). Ordinarily, the Board's regular meetings shall be held on the third Wednesday in the months of April, July, September, and December; however, the Board reserves the right to alter the schedule as needed. The Chair, or any three members, may call a special or emergency meeting of the Board at the dates, times, and places specified in the call for such meetings. Meetings may be held at state facilities or at the DBHDS Central Office.

Section 2. Quorum

Five members shall constitute a quorum, pursuant to § 37.2-200 of the Code of Virginia. In the absence of a quorum, minutes shall be recorded and members in attendance may receive information; however, the Board shall not conduct business.

Section 3. Notices

Notice of the date, time, and location of all meetings shall be posted on the Virginia Regulatory Town Hall as required by § 2.2-3707 of the Code of Virginia, and conveyed to each member electronically, at least three days in advance. Notices of public hearings on regulatory actions shall be posted in accordance with the requirements of the Board's Public Participation Guidelines (12VAC35-12-100).

Section 4. Minutes

Minutes shall be recorded at all meetings in accordance with § 2.2-3707 of the Code of Virginia. Draft meeting minutes shall be posted electronically on the Virginia Regulatory Town Hall within 10 working days after the conclusion of the meeting, and final meetings posted within three working days of approval.

Section 5. Public Comment

The agenda for each Board meeting shall indicate that public comment will be received at the beginning of the meeting. Each person giving public comment will be subject to a three-minute time limitation unless an exception is deemed appropriate by the Chair. Written public comment shall also be accepted.

Section 6. Parliamentary Procedure

All meetings shall be conducted in accordance with the rules contained in the current edition of Robert's Rules of Order Newly Revised, except as otherwise stated in these bylaws.

Section 7. Remote Participation

A member may participate in a public meeting of the Board, or any committee or subcommittee established by the Board, through electronic communication from a remote location by following the Electronic Meetings Policy (Appendix A). At least once annually, the Board shall adopt a policy on remote participation in accordance with § 2.2-3708.3 D of the Code of Virginia.

Section 8. All-Virtual Meetings

The Board may hold all-virtual public meetings by following the Electronic Meetings Policy (Appendix A) and by complying with subsections C and D of § 2.2-3708.3 and all other provisions of the Virginia Freedom of Information Act (§ 2.2-3700 et seq. of the Code of Virginia). At least once annually, the Board shall adopt a policy on all-virtual meetings in accordance with § 2.2-3708.3 D of the Code of Virginia.

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Article IV. Committees

Section 1. Standing Committees

The Board uses a standing committee system to reflect its statutory duties enumerated in § 37.2-203 of the Code of Virginia. The Chair shall appoint standing committee membership. For purposes of continuity, the Board Chair may serve as chair of one standing committee. A quorum for the conduct of standing committee business shall be two members. Standing committee chairs shall summarize activity from committees, if any, at each regular Board meeting. All actions proposed by standing committees are subject to approval by the Board. DBHDS shall provide staff support to standing committees as needed.

1.1. Policy Development and Evaluation

The Policy Development and Evaluation Committee shall draft and coordinate field reviews of newly proposed or revised policies; compile and present summaries of comments received during field reviews; and report its recommendations and revised or newly proposed policies to the Board. The Committee maintains a Review Schedule of all existing policies on behalf of the Board and, at the scheduled review time, circulates to members, community services boards, state facilities and central office, advocacy groups, and other stakeholders for comment. Final policies will be maintained in a publicly accessible compilation on the DBHDS web site in the standard format for Board policies.

1.2. Planning and Budget

The Planning and Budget Committee shall participate in the identification of services and support needs, critical issues, strategic responses, and resource requirements to be included in long-range plans; work with DBHDS to obtain, review, and respond to public comments on draft plans; and monitor DBHDS progress in implementing long-range programs and plans. In accordance with the procedures established in Policy 2010 (ADM ST BD) 10-1: Policy Development and Evaluation, the Committee shall collaborate with DBHDS to ensure the agency's budget submission packages reflect Board priorities and will review and comment on major funding issues affecting the behavioral health and developmental services system.

Section 2. Grant Review Ad Hoc Committee

The Chair shall appoint a Grant Review Ad Hoc Committee consisting of two members to enable DBHDS to respond to federal grant solicitations expeditiously. The Ad Hoc Committee shall act on behalf of the full Board to fulfill the statutory duty to review and comment on all applications for federal funds.

Section 3. Special Committees

Special committees may be established at any time by the Chair or the full Board. When a special committee is established, its charge and the time within which it shall complete its work shall be specified. The Board Chair shall appoint members of special committees as well as a chair and may appoint non-members to serve in an advisory capacity, including individuals receiving services, family members, subject matter experts, or stakeholders. Selection of participants may be made with the advice of DBHDS.

Article V. Board Engagement and Liaison Activities

Consistent with its responsibilities under § 37.2-203 of the Code of Virginia, the Board shall ensure that DBHDS initiates programs to educate Virginians about and elicit public support for the activities of DBHDS, state facilities, community services boards, and behavioral health authorities. The Board fulfills this role through a combination of DBHDS-led public education efforts, Board visibility and accessibility, and engagement by Board members with stakeholders and communities, which may include the following activities.

Section 1. DBHDS Updates

The Board shall receive periodic updates from DBHDS regarding public education and outreach efforts and may provide feedback as appropriate. Updates may include information on statewide initiatives, communications strategies, and stakeholder perspectives. DBHDS may also share relevant materials to support Board awareness of system activities.

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Section 2. Liaison Engagement

To enhance its understanding of the system and inform its oversight role, the Board may facilitate opportunities for members to engage with state facilities, CSBs, and other stakeholders across the Commonwealth. The Chair, in consultation with DBHDS staff, may identify geographic or programmatic areas for member engagement and may invite members to serve in a liaison capacity on a voluntary basis. Liaison engagement is flexible and informal. It may include introductory or periodic outreach to assigned state facilities or CSBs; attending meetings or events when feasible; participating in phone or virtual check-ins with leadership of assigned state facilities or CSBs; and other opportunities to learn about services and system operations.

Section 3. Community Interaction

Members, by virtue of their role, may be approached by individuals, families, and others in the community seeking information or assistance related to the behavioral health system. Members may, as appropriate, help connect individuals to available resources or DBHDS staff and share general information about the system, while recognizing they do not serve in an operational or case management role.

Section 4. Sharing Information with the Board

Members are encouraged to share observations, themes, and insights from their engagement activities with the full Board and with DBHDS staff, as appropriate. The Chair may make time available periodically for voluntary updates and discussions on Board meeting agendas.

Section 5. Board Visibility and Accessibility

To promote awareness and support under § 37.2-203 of the Code of Virginia, the Board shall provide public comment opportunities at its meetings and may take additional steps to encourage public participation. The Board may enhance its visibility through holding regular meetings in locations across the Commonwealth when feasible.

ARTICLE VI. Review and Amendment

The Board shall review and amend the bylaws as necessary. At a minimum, the Board shall review its bylaws every four years in the fall of the first year of the Governor's term. The bylaws may be amended at any regular meeting by an affirmative vote of a majority of members, provided that the proposed amendment was included in the notice of the meeting.

These bylaws are effective on **[MONTH DAY YEAR]**, and until subsequently amended.

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APPENDIX A. Electronic Meetings Policy

I. Authority and Scope

This policy shall apply to the entire membership of the Board and without regard to the identity of the member requesting remote participation or the matters that will be considered or voted on at the meeting. This policy shall not restrict any individual member who is using remote participation or who is participating in an all-virtual meeting from voting on matters before the Board. This policy applies to all committees and subcommittees of the Board.

This policy shall not govern an electronic meeting conducted to address a state of emergency declared by the Governor. Any meeting conducted by electronic communication means during a state of emergency declared by the Governor shall be governed by the provisions of § 2.2-3708.2 of the Code of Virginia.

II. Remote Participation by Individual Board Members

A. Pursuant to § 2.2-3708.3 B of the Code of Virginia, it is the policy of the Board that individual members may use remote participation instead of attending a public meeting in person for the following reasons:

1. A temporary or permanent disability or other medical condition that prevents the Board member's physical attendance; or
2. A family member's medical condition that requires the Board member to provide care for such family member, thereby preventing the Board member's physical attendance; or
3. The Board member is a caregiver who must provide care for a person with a disability at the time the meeting is being held, thereby preventing the member's physical attendance; or
4. The Board member's principal residence is more than 60 miles from the meeting location identified in the required notice for such meeting; or
5. A personal matter, which must be identified with specificity. When remote participation is due to a personal matter, such participation is limited by law to two meetings each calendar year or 25 percent of the meetings held per calendar year, whichever is greater.

B. Whenever an individual Board member wishes to participate from a remote location, a quorum of the Board must be physically assembled at the primary or central meeting location. In addition, there must be arrangements for the voice of the remotely participating Board member to be heard by all in attendance at the primary or central meeting location. The remote location does not need to be open to the public.

C. Process for Making, Approving, and Recording Requests

1. Requests for remote participation by a Board member shall be conveyed to the Board Chair (or the Vice Chair, if the member making the request is the Chair) through the DBHDS staff liaison.
2. The requesting Board member is not obligated to provide independent verification regarding the reason for remote participation, including the disability or other medical condition of the member, family member, or person for whom the member is a caregiver that prevents attending in person.
3. Individual participation from a remote location shall be approved for reasons A1 through A3, and may be approved for reasons A4 through A5, unless approval violates this policy or provisions of the Virginia Freedom of Information Act (§ 2.2-3700 et seq. of the Code of Virginia).
4. If a Board member's remote participation is challenged, then the Board shall vote on whether to allow such participation. The Chair shall promptly notify the requesting Board member whether the request is approved or disapproved based on conformance with this policy.
5. The request for remote participation, the reason the member is unable to attend in person, and a general description of the remote location from which the member participates shall be recorded in the minutes. If the Board votes to disapprove of the member's remote participation because it would violate this policy, such disapproval shall be recorded in the minutes with specificity.

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III. All-Virtual Public Meetings

A. Pursuant to § 2.2- 3708.3 C of the Code of Virginia, it is the policy of the Board that it may hold all-virtual public meetings.

1. All-virtual public meetings are limited by law to two meetings per calendar year or 50 percent of the meetings held per calendar year, whichever is greater.
2. An all-virtual public meeting shall not be held consecutively with another all-virtual public meeting.

B. Subject to the limitations set forth in this policy, a public meeting of any committee or subcommittee of the Board may be all-virtual whenever the applicable chair deems an all-virtual meeting necessary or convenient.

C. Special Requirements for All-Virtual Meetings

1. The meeting notice shall include a statement notifying the public that the all-virtual meeting method will not be changed unless the Board provides a new notice in accordance with the provisions of § 2.2-3707 of the Code of Virginia.
2. Public access to the all-virtual public meeting must be provided via electronic communication means, and such means must allow the public to hear all participating Board members. When audio-visual technology is available, it must also allow the public to see the Board members.
3. A phone number or other live contact information monitored by DBHDS staff during the meeting must be provided to alert the Board if the electronic transmission of the meeting fails, and the Board must recess until access is restored if the transmission fails for the public.
4. The public is afforded the opportunity to comment through electronic means, including by way of written comments, at all-virtual Board meetings when public comment is customarily received.
5. No more than two members of the Board are together in any one remote location unless that remote location is open to the public to physically access it.
6. If a closed session is held during an all-virtual public meeting, transmission of the meeting to the public must resume before the Board votes to certify the closed meeting as required by subsection D of § 2.2-3712 of the Code of Virginia.
7. Minutes shall be taken as required by § 2.2-3707 of the Code of Virginia and include the fact that the meeting was held by electronic communication means and the method by which the meeting was held.

IV. Annual Review and Approval

The Board shall, at least once annually, review and adopt this policy as required by subsection D of § 2.2-3712 of the Code of Virginia.

This Board policy was reviewed and approved on **[MONTH DAY YEAR]**.

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State Board of Behavioral Health and Developmental Services
BYLAWS

ARTICLE I. Name

The name of this body shall be the State Board of Behavioral Health and Developmental Services, hereinafter referred to as the Board.

ARTICLE II. Authority

Section 37.2-200 of the Code of Virginia establishes the Board as a policy board, within the meaning of § 2.2-2100 of the Code of Virginia, in the executive branch of government.

ARTICLE III. Members

Section 1. Composition. The composition of the Board and qualifications, appointment, and terms of office of Board members shall be as provided in § 37.2-200 of the Code of Virginia.

Section 2. Orientation. All new members appointed to the Board shall receive an orientation that includes information about Board roles and responsibilities; the committee structure and bylaws of the Board; the Department of Behavioral Health and Developmental Services, hereinafter referred to as the Department; state hospitals and training centers operated by the Department, hereinafter referred to as state facilities; community services boards and behavioral health authorities; Title 37.2 of the Code of Virginia, which governs the operations of the Board and Department and the provision of mental health, developmental, and substance abuse services in Virginia; the Virginia Freedom of Information Act; and the State and Local Government Conflict of Interests Act.

ARTICLE IV. Officers and Staff Support

Section 1. Officers. The officers of the Board shall be the Chair and the Vice Chair. Officers shall perform the duties prescribed by these bylaws and by the parliamentary authority adopted by the Board.

Section 2. Nominating and Election Procedure. The Board Chair shall appoint a Nominating Committee of three members at the spring regular meeting each year. Each year the Committee shall offer its slate of candidates at the first regular meeting following the beginning of the state fiscal year. Before the election, additional nominations from the floor shall be permitted. Officers shall be elected by the Board from among its membership at its first regular meeting following the beginning of the state fiscal year and shall serve for a period of one year. Officers shall be eligible for re-election.

Section 3. Chair. The Chair shall be the presiding officer at all Board meetings, shall appoint the members of all standing and special committees, and shall be an ex officio member of all

standing committees. In any votes of the Board, the Chair shall vote last. Upon request of the Board, the Chair shall act as its representative.

3.1. The Chair shall perform any additional duties imposed on the office by an act of the General Assembly or direction of the Board. The Chair shall work with the Commissioner of the Department or his designee to determine the types of Board meetings, agendas, reports, communications, and involvement that will enable Board members to carry out their powers, duties, and responsibilities.

3.2. The Chair may appoint members to serve on various task forces, committees, and other bodies on which representation of the Board is required or would be beneficial; direct the Policy Development and Evaluation Committee to develop drafts of proposed policies and circulate those drafts for field review on behalf of the Board; and assign other duties or responsibilities to standing committees. The Chair shall notify the Board and the Department of these actions, which the Board shall review and, where appropriate, approve at its next regular meeting.

3.3. The Chair, pursuant to § 37.2-200 of the Code of Virginia, shall submit to the Governor and the General Assembly an annual executive summary of the activity and work of the Board no later than the first day of each regular session of the General Assembly.

Section 4. Vice Chair. In the absence of the Chair at any meeting or in the event of the Chair's disability or of a vacancy in that office, all of the powers and duties of the Chair shall be vested in the Vice Chair. The Vice Chair also shall perform other duties imposed on him by the Board or the Chair.

Section 5. Secretary. Section 37.2-200 of the Code of Virginia authorizes the Board to employ a secretary to assist in its administrative duties, including maintenance of minutes and records. The Secretary shall be selected by the full Board in consultation with the Commissioner or his designee, but the Secretary shall not be a member of the Board.

5.1. The compensation of the Secretary shall be fixed by the Board within the specific limits of the appropriation made therefore by the General Assembly, and the compensation shall be subject to the provisions of the Virginia Personnel Act (§ 2.2-2900 et seq. of the Code of Virginia). The Secretary shall perform the duties required by the Board and the Commissioner or his designee.

5.2. The Secretary shall be a member of the Department's staff and shall report to the Commissioner or his designee; however, the Secretary shall be responsible to the Board. The Secretary shall be supervised in his daily responsibilities by the Commissioner or his designee. The Board and the Commissioner or his designee shall evaluate the performance of the Secretary annually.

Section 6. Department Liaison. The Commissioner shall designate a staff member to serve as the Department's liaison to the Board. The liaison shall coordinate the activities of the Board; provide primary administrative, policy, and technical support to the Board; and orient new Board members.

ARTICLE V. Meetings

Section 1. Regular Meetings. In accordance with § 37.2-200 of the Code of Virginia, the Board shall meet quarterly and at such other times as it deems proper. The Board at its first regular meeting following the beginning of the state fiscal year shall adopt an annual meeting schedule. Other regular meetings of the Board shall be held at the call of the Chair or whenever a majority of the members so request; however, when possible, no meetings will be scheduled during January or February.

Section 2. Special Meetings. The Chair, the Vice Chair in the event of the Chair's disability or of a vacancy in that office, or any three members of the Board may call special or emergency meetings of the Board at the dates, times, and places specified in the call for these meetings.

Section 3. Biennial Planning Meeting. The Board shall hold a biennial planning meeting in the summer of the year in which the biennial budget is developed.

Section 4. Notices. Notice of the date, time, location, and remote location, if required, of all regular Board meetings and all committee meetings shall be announced in advance by posting the notice electronically on the Commonwealth Calendar, as required by § 2.2-3707 of the Code of Virginia, and by written notice to Board members at least three days in advance of the date of the meeting.

4.1. All notices of Board meetings shall state that public comments will be received at the beginning of the meeting.

4.2. A notice of the date, time, location, and remote location, if required, of all special or emergency meetings shall be posted electronically on the Commonwealth Calendar, as required by § 2.2-3707 of the Code of Virginia.

4.3. When the Board determines that a public hearing on a proposed regulatory action is appropriate, the notice of the hearing shall be posted in accordance with the requirements of the Board's Public Participation Guidelines [12 VAC-35-12-100].

Section 5. Quorum. Five members shall constitute a quorum, as specified in § 37.2-200 of the Code of Virginia. The Board shall not conduct business without a quorum.

Section 6. Attendance. Each member shall be responsible for attending all Board meetings. Members shall notify the Chair or his designee of any anticipated absence, and if seeking remote participation, do so in accordance with the policy in Appendix A. If a member fails to notify the Chair or his designee more than twice during a fiscal year that he is unable to attend a meeting, the Chair shall notify the member of his non-compliance with this provision of the bylaws. With the approval of the Board, the Chair may notify the Governor and request that the Governor remove that member and appoint a new member to fill the vacancy, as authorized by § 37.2-200 of the Code of Virginia.

Section 7. Parliamentary Authority. All meetings shall be conducted in accordance with the rules contained in the current edition of Robert's Rules of Order Newly Revised, except as otherwise stated in these bylaws.

Section 8. Public Comment. The agenda for each meeting of the Board shall indicate that public comment will be received at the beginning of the meeting. Each person giving public comment shall be limited to three minutes unless an exception is deemed appropriate by the Chair.

Section 9. Minutes. Minutes shall be recorded at all regular and special or emergency Board meetings, as required by § 2.2-3707 of the Code of Virginia. The draft minutes shall be posted electronically on the Commonwealth Calendar as soon as possible but no later than 10 working days after the conclusion of the meeting. Final approved meeting minutes shall be posted within three working days of final approval of the minutes.

Section 10. Meetings Held Using Electronic Communication. In accordance with § 2.2-3708.3 D of the Code of Virginia, the Board shall review the electronic meetings policy in Appendix A annually and amend its provisions on remote participation and all-virtual meetings as necessary. The policy shall not prohibit or restrict any Board member who is using remote participation or who is attending an all-virtual meeting from voting on matters before the Board.

> **10.1. Remote Participation.** An individual Board member may participate in a public meeting of the Board, or any committee or subcommittee established by the Board, through electronic communication from a remote location as permitted by § 2.2-3708.3 of the Code of Virginia by following the policy in Appendix A.
>
> **10.2. All-Virtual Meetings.** The Board may hold all-virtual public meetings by following the policy in Appendix A and by complying with subsections C and D of § 2.2-3708.3 and all other provisions of the Virginia Freedom of Information Act (§ 2.2-3700 et seq. of the Code of Virginia).
>
> **10.3. Electronic Meetings During State of Emergency.** In accordance with § 2.2-3708.2 of the Code of Virginia and Item 4-0.01.g-h of the 2023 Special Session 1 Appropriation Act (Chapter 1), certain requirements shall not apply if a meeting is called when the Governor has declared a state of emergency.

ARTICLE VI. Powers and Duties

Section 1. Statutory Powers and Duties. The Board shall exercise the powers and duties authorized by § 37.2-203 of the Code of Virginia.

Section 2. Appointments by the Board. Pursuant to § 37.2-204 of the Code of Virginia, the Board shall appoint members of the State Human Rights Committee. The Board may appoint other committees as it deems necessary or appropriate.

ARTICLE VII. Committees

Section 1. Standing Committees. The committee structure of the Board reflects its statutory duties enumerated in § 37.2-203 of the Code of Virginia.

Standing committees shall report at each regular meeting of the Board, unless there has been no meeting or no action to report. The Board Chair shall appoint standing committee chairs, unless they are designated otherwise in these bylaws.

1.1. Policy Development and Evaluation Committee. Consisting of the Board Vice Chair, who shall chair the Committee, and at least two other Board members appointed by the Board Chair.

1.1.1. The Committee shall draft and coordinate field reviews of newly proposed or revised policies; compile and present summaries of comments received during field reviews; and report its recommendations and revised or newly proposed policies to the Board, which shall take action thereon as deemed appropriate.

1.1.2. The Committee shall maintain a Review Schedule of all existing policies on behalf of the Board and, at the scheduled review time, circulate to Board members, community services boards (CSBs), Department facilities and central office, advocacy groups, and stakeholders for comment.

1.1.3. The Committee shall report its findings to the Board regarding its assessment of the effectiveness of Board policies in fostering the intended outcomes within the Department, state facilities, CSBs and behavioral health authorities in carrying out those policies. The Board shall take action thereon as deemed appropriate, which may include making recommendations to the Department or the Secretary of Health and Human Resources.

1.1.4. The Department shall designate and provide staff to support the activities of the Policy Development and Evaluation Committee. Final policies will be maintained in a publicly accessible compilation on the Department's web site in the standard format for Board policies.

1.2. Planning and Budget Committee. Consisting of the Board Chair, who shall chair the Committee, and at least two other Board members appointed by the Board Chair.

1.2.1. The Committee shall participate in the identification of services and support needs, critical issues, strategic responses, and resource requirements to be included in long-range plans; work with the Department to obtain, review, and respond to public comments on draft plans; and monitor Department progress in implementing long-range programs and plans. The committee shall provide updates on its planning activities to the full Board.

1.2.2. The Committee also shall work with the Department to assure that the agency's budget priorities and submission packages reflect Board policies and shall, through the Board's biennial planning meeting, review and comment on major funding issues affecting the behavioral health and developmental services system, in accordance with procedures established in POLICY 2010 (ADM ST BD) 10-1, Policy Development and Evaluation.

1.2.3. The Department shall designate and provide staff to support the activities of the Planning and Budget Committee.

1.3. Grant Review Committee. Consisting of two Board members appointed by the Board Chair on an as-needed basis.

1.3.1. The Committee, acting on behalf of the full Board to fulfill its duty to review and comment on all applications for federal funds and to enable the Department to respond to federal grant solicitations expeditiously, shall review all requests for federal funds before they are submitted to the soliciting federal agency.

1.3.2. The Department shall designate and provide staff to support the activities of the Grant Review Committee.

Section 2. Special Committees. Special committees may be established at any time by action of the full Board or the Chair, acting on behalf of the Board. The Board Chair shall appoint a chair and members to any special committees and may appoint individuals who are not Board members to serve on these committees including individuals receiving services, family members, and other individuals as appropriate. When a special committee is established, its mission and the time within which it shall complete the task or accomplish the purpose for which it was created shall be specified.

ARTICLE VIII. Liaison Assignments

Pursuant to § 37.2-203 of the Code of Virginia, the Board shall ensure that programs to educate Virginians about and elicit public support for the activities of the Department, state facilities, community services boards, and behavioral health authorities are initiated by the Department.

The Board seeks to further the integration and coordination of services to individuals receiving services and to support, encourage, and build close working partnerships among community services boards and behavioral health authorities, state facilities, and the Department. The Board also seeks to enhance its knowledge and understanding of the wide diversity of community and state facility services across the Commonwealth and to develop and maintain connections with entities in the public behavioral health and developmental services system.

The Chair, in consultation with Department staff, may develop a list for each Board member of agencies and organizations with which the Board wishes to liaise, including state facilities, the Virginia Association of Community Services Boards, community services boards and behavioral health authorities, and the State Human Rights Committee.

The Chair shall appoint members of the Board to serve as liaisons with these agencies and organizations, recognizing the time constraints of members and that each member may fulfill Board member liaison responsibilities in different ways. Board member liaisons shall report successes, issues, and concerns to the Board at its regular meetings and to appropriate Department staff. Board member liaisons shall confer or meet regularly with groups to which they are assigned and report to the full Board as necessary.

ARTICLE IX. Evaluation, Amendment, and Review

Section 1. Evaluation. The Board shall conduct an evaluation of its performance during the Board's biennial planning meeting with the process and outcomes included as part of the Board's Annual Executive Summary for that year.

Section 2. Amendments. These bylaws may be amended at any regular or special meeting of the Board by an affirmative vote of at least five members of the Board, provided members were given the amendments in a special notice at least 30 days prior to the action. While the bylaws and any attached policy strictly conform to the minimum requirements set out in the Code of Virginia, the Board has the liberty within its discretion to make changes to the bylaws as long as those changes do not exceed the limits set out in the Code of Virginia.

Section 3. Bylaws Review. The Board shall review its bylaws every four years in the fall of the first year of the new Governor's term and amend them as necessary. Bylaws shall be signed and dated to indicate the last amendment date.

Section 4. Procedural Irregularities. Failure to observe procedural provisions of these bylaws does not affect the validity of Board actions.

ARTICLE X. Conflicts

These bylaws shall not diminish or circumscribe the Board's statutory authority, duties, or powers, and any conflict between provisions in these bylaws and the Code of Virginia shall be resolved in favor of the statute.

ARTICLE XI. Effective Date

These bylaws are effective on the 10th day of December 2025, and until subsequently revised.

ADOPTED BY THE BOARD

Blake Andris

Board Chair

Tr Broz Vaughan

Department Liaison

State Board of Behavioral Health and Developmental Services

APPENDIX A: ELECTRONIC MEETINGS POLICY

I. Authority and Scope

This policy of the State Board of Behavioral Health and Developmental Services ("Board") is adopted to comply with the requirements of § 2.2-3708.3 D of the Code of Virginia.

This policy shall not govern an electronic meeting conducted to address a state of emergency declared by the Governor. Any meeting conducted by electronic communication means during a state of emergency declared by the Governor shall be governed by the provisions of § 2.2-3708.2 of the Code of Virginia.

This policy shall apply to the entire membership and without regard to the identity of the Board member requesting remote participation or the matters that will be considered or voted on at the meeting.

This policy shall not restrict any individual Board member who is using remote participation or who is participating in an all-virtual meeting from voting on matters before the Board.

This policy applies to all committees and subcommittees of the Board.

II. Remote Participation by Individual Board Members

A. Pursuant to § 2.2-3708.3 B of the Code of Virginia, it is the policy of the Board that individual Board members may use remote participation instead of attending a public meeting in person for the following reasons:

1. A temporary or permanent disability or other medical condition that prevents the Board member's physical attendance; or
2. A family member's medical condition that requires the Board member to provide care for such family member, thereby preventing the Board member's physical attendance; or
3. The member is a caregiver who must provide care for a person with a disability at the time the meeting is being held, thereby preventing the member's physical attendance; or
4. The Board member's principal residence is more than 60 miles from the meeting location identified in the required notice for such meeting; or
5. A personal matter, which must be identified with specificity. When remote participation is due to a personal matter, such participation is limited by law to two meetings each calendar year or 25 percent of the meetings held per calendar year rounded up to the next whole number, whichever is greater.

B. Whenever an individual Board member wishes to participate from a remote location, a quorum of the Board must be physically assembled at the primary or central meeting location. In addition, there must be arrangements for the voice of the remotely participating Board member to be heard by all persons at the primary or central meeting location. The remote location does not need to be open to the public.

C. Process for Making, Approving, and Recording Requests

1. Requests for remote participation by a Board member shall be conveyed to the Board Chair (or the Vice Chair, if the requesting member is the Chair) through the staff liaison using the Member Request Form. Failure to use the form or notify the staff liaison shall not affect the member's ability to participate remotely if the Chair was notified directly.
2. The requesting Board member is not obligated to provide independent verification regarding the reason for remote participation, including the disability or other medical condition of the member, family member, or person for whom the member is a caregiver that prevents attending in person.
3. Individual participation from a remote location shall be approved unless such participation would violate this policy or provisions of the Virginia Freedom of Information Act (§ 2.2-3700 et seq. of the Code of Virginia). If a Board member's remote participation is challenged, then the Board shall vote on whether to allow such participation. The Chair shall promptly notify the requesting Board member whether the request is approved or disapproved based on conformance with this policy.
4. The request for remote participation, the reason the member is unable to attend in person, and a general description of the remote location from which the member participates shall be recorded in the minutes. If the Board votes to disapprove of the member's remote participation because it would violate this policy, such disapproval shall be recorded in the minutes with specificity.

III. All-Virtual Public Meetings

A. Pursuant to § 2.2- 3708.3 C of the Code of Virginia, it is the policy of the Board that it may hold all-virtual public meetings. Such all-virtual public meetings are limited by law to two meetings per calendar year or 50 percent of the meetings held per calendar year rounded up to the next whole number, whichever is greater. Additionally, an all-virtual public meeting shall not be held consecutively with another all-virtual public meeting.

B. Subject to the limitations set forth in this policy, a public meeting of any committee or subcommittee of the Board may be all-virtual whenever the applicable chair deems an all-virtual meeting necessary or convenient.

C. Meeting Requirements

1. The meeting notice shall include a statement notifying the public that the all-virtual meeting method will not be changed unless the Board provides a new notice in accordance with the provisions of § 2.2-3707 of the Code of Virginia.

2. Public access to the all-virtual public meeting must be provided via electronic communication means, and such means must allow the public to hear all participating Board members. Additionally, when audio-visual technology is available, it must allow the public to see the Board members as well.
3. A phone number or other live contact information monitored by staff during the meeting must be provided to alert the Board if the electronic transmission of the meeting fails, and the Board must recess until access is restored if the transmission fails for the public.
4. The public is afforded the opportunity to comment through electronic means, including by way of written comments, at those public meetings when public comment is customarily received.
5. No more than two members of the Board are together in any one remote location unless that remote location is open to the public to physically access it.
6. If a closed session is held during an all-virtual public meeting, transmission of the meeting to the public must resume before the Board votes to certify the closed meeting as required by subsection D of § 2.2-3712 of the Code of Virginia.
7. Minutes shall be taken as required by § 2.2-3707 of the Code of Virginia and include the fact that the meeting was held by electronic communication means and the type of electronic communication means by which the meeting was held.

REVIEW AND APPROVAL

This Board policy was originally reviewed and approved on December 6, 2023. A revised version was adopted by the Board on December 10, 2025, to reflect changes in the law.

Blake Andis

Board Chair

Department Liaison

DBHDS
Virginia Department of Behavioral Health and Developmental Services

State Board of Behavioral Health and Developmental Services

Dinner Meeting

DRAFT AGENDA

WEDNESDAY, SEPTEMBER 22, 2026

Savour – American Bistro
201 N. Main Street, Farmville, VA 23901

NO BUSINESS WILL BE CONDUCTED AT THIS MEETING	
1.	**WELCOME AND INTRODUCTIONS**
2.	**DINNER**
3.	**COMMENTS / DISCUSSION**
4.	**CLOSING REMARKS**
5.	**ADJOURNMENT**

Public comment will not be received at the meeting.
The Board will receive public comment at its regular meeting on Thursday, September 23, 2026.

DIRECTIONS

TUESDAY, SEPT. 22, 2026

4:00 p.m. HOTEL CHECK-IN

- https://www.hotelweyanoke.com/contact-and-location

4:30 p.m. BOARD MEMBER PROGRAM TOUR

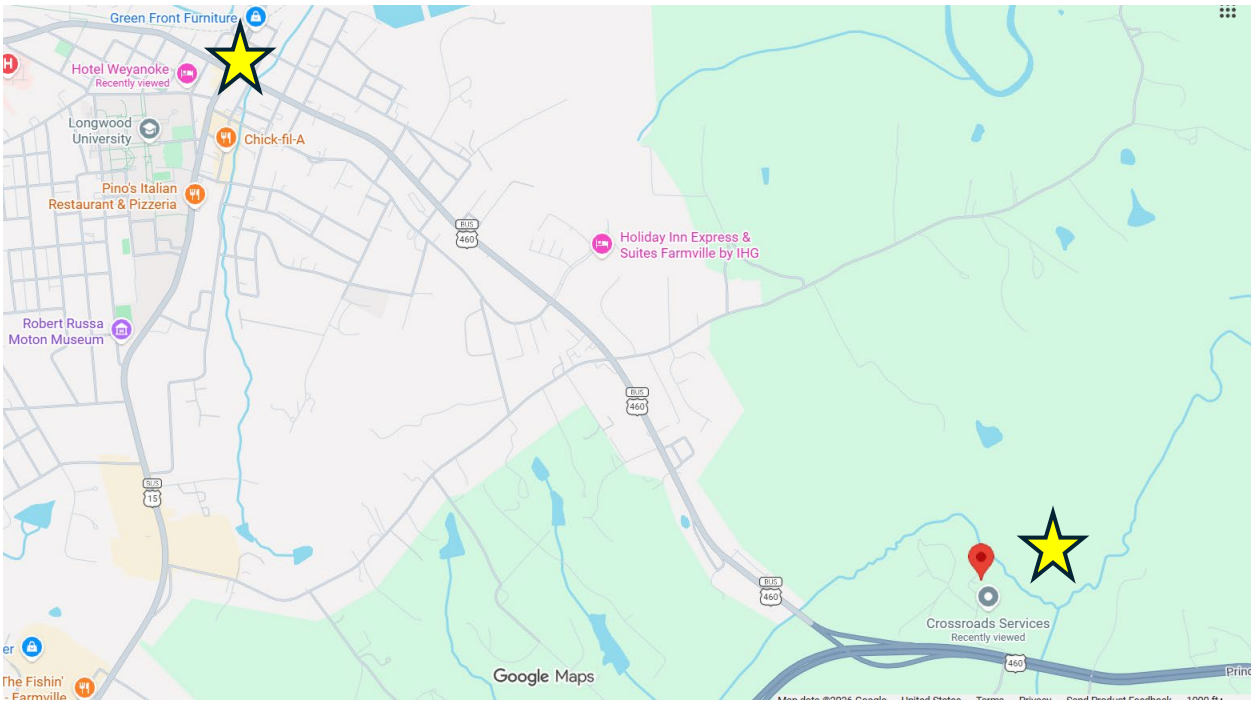
Crossroads Community Services Board
213 Bush River Drive, Farmville, VA 23901

- *Follow Bush River Drive to the back of the Crossroads Campus*
- *Look for the gray metal building on the right, across from the red building (215)*
- *Enter building 213 through the glass doors*

6:00 p.m. DINNER MEETING

Savour – American Bistro
201 N. Main Street, Farmville, VA 23901

- **Attendees:** Board Members, DBHDS Staff, CSB Staff, Community Partners
- *No business will be conducted*



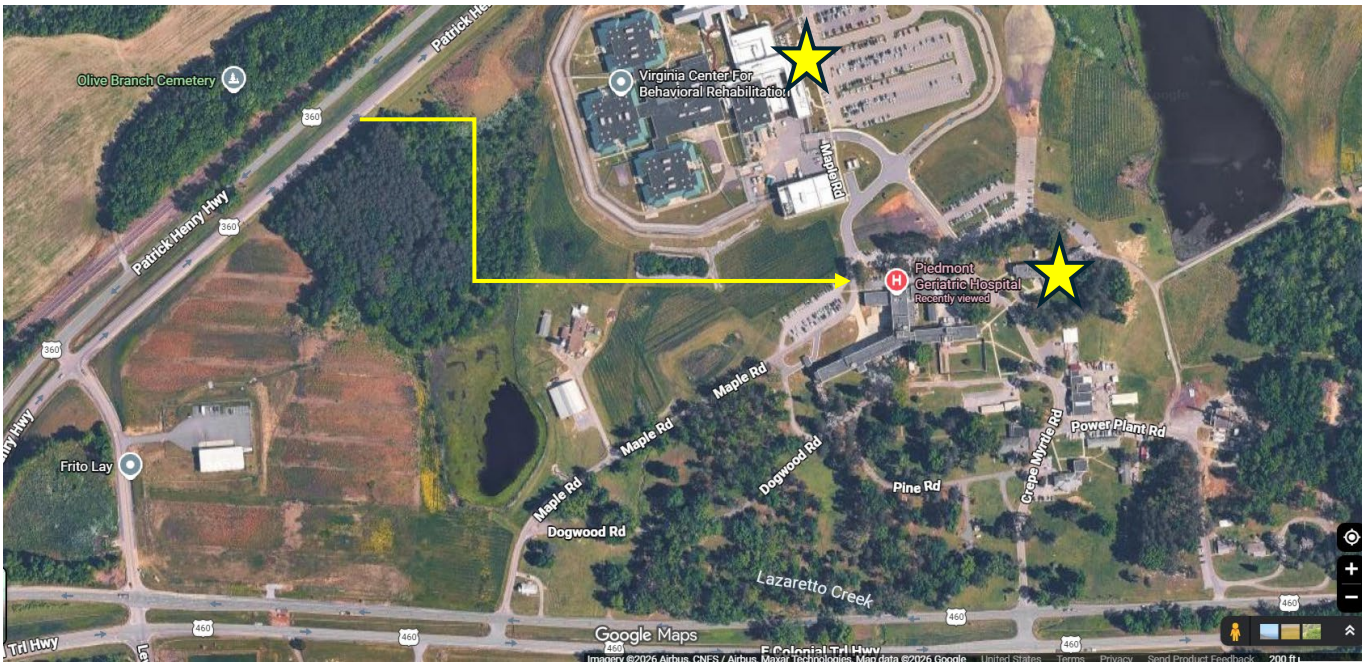
! <u>Allow at least 25 minutes</u> to travel from hotel in Farmville to the DBHDS Burkeville Campus, which houses Piedmont Geriatric Hospital and the Virginia Center for Behavioral Rehabilitation (VCBR).

! Refer to the aerial campus photo and follow signage for hospital.

WEDNESDAY, SEPT. 23, 2026

Piedmont Geriatric Hospital (PGH)
5001 E. Patrick Henry Highway, Burkeville, VA

8:30 a.m.	POLICY AND EVALUATION COMMITTEE
9:30 a.m.	REGULAR QUARTERLY BOARD MEETING



If you have any questions about the information in this meeting packet,
contact Mary Broz Vaughan, mary.broz-vaughan@dbhds.virginia.gov, 804-903-1390.