

DRAFT MINUTES

State Board of Behavioral Health and Developmental Services

REGULAR QUARTERLY BOARD MEETING

Wednesday, September 23, 2026

Piedmont Geriatric Hospital (PGH)

5001 E. Patrick Henry Hwy., Burkeville, VA 23922

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

MEMBERS PRESENT	Sandy Chung, MD Caroline Coster, MD Rebecca Graser Jane McDonald Nina Schroder Tony Vadella	MEMBERS ABSENT	Blake Andis
DBHDS STAFF present for all or part of the meeting	Mary Broz-Vaughan, Regulatory Affairs Director/State Board Liaison Andrew Diefenthaler, Chief of Staff Taneika Goldman, State Human Rights Director Madelyn Lent, Public Policy Director Meghan McGuire, Deputy Commissioner, Policy and Public Affairs Dev Nair, Assistant Commissioner, Division of Provider Management		
INVITED GUESTS	Jennifer Faison, VACSB Executive Director Juan Miranda, PGH Chief Operating Officer Jason Wilson, VCBP Facility Director		
OTHER ATTENDEES	LeVar Bowers; Tracy Gee, Lunenburg County; Cara Kaufman, DARS; Colleen Miller, dLCV; Melba Moore, Crossroads CSB; Cate Powell, VACBP; Victoria Richardson, OAG; John Shepherd, SHRC		

CALL TO ORDER	Jane McDonald, Board Chair, called the meeting to order at 9:30 a.m.
Determination of Quorum	Ms. McDonald reported that a quorum was present.
Remote Participation	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 Dr. Chung and seconded by Mr. Vadella to adopt the agenda. The motion carried unanimously.
Approval of Minutes	Mr. Vadella moved to approve the minutes from the July meetings en bloc. Ms. Graser seconded the motion, which carried unanimously.
Public Comment	Ms. McDonald opened the floor for public comment.

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	Colleen Miller, Executive Director of the disAbility Law Center of Virginia (dLCV), addressed the board regarding dLCV's objection to draft regulatory language for the emergency medical simulations exempt action. Ms. Miller also offered written comment for the record. Ms. McDonald closed public comment.
Standing Committee Report	Ms. Lent summarized the morning's Policy and Evaluation Committee meeting. After a review of background information on the next policies scheduled for periodic review, committee members requested amendments to the Policy Plan to consider consolidation of policies with overlapping areas of scope. Ms. Lent reported the Committee also reviewed draft revisions to <i>Policy 1030 (SYS) 90-3 – Consistent Collection and Utilization of Data in State Facilities</i> and <i>Policy 1040 (SYS) 06-3 – Involvement and Participation of Individuals Receiving Services and Family Members</i>. Committee members voted to recommend both policies as amended to the full board, which will be included in the next quarterly meeting agenda packet.
Commissioner's Report	Mr. Diefenthaler provided an overview of agency modernization and performance initiatives. *Presentation available from board office upon request.
Office of Human Rights Annual Report	Ms. Goldman reported on the proactive and protective activities of the Office of Human Rights. *Presentation available from board office upon request.
Facility Tours	Ms. McDonald recessed the meeting while the board toured Piedmont Geriatric Hospital and the Virginia Center for Behavioral Rehabilitation.
The board recessed at 11:00 a.m.	
The board reconvened at 1:00 p.m.	
Facility Overview	PGH Chief Operating Officer Juan Miranda, serving as interim director, presented on the facility's history, services, successes, and challenges. *Presentation available from board office upon request.
Reordering of Agenda	Ms. McDonald requested unanimous consent to take business out of order to accommodate presenters' schedules. Without objection, board members agreed to reorder the agenda.
New Business	Ms. McDonald directed members to the quadrennial bylaws review and streamlining revisions suggested by the Planning and Budget Committee. On a motion by Ms. Graser, properly seconded by Dr. Coster, the board unanimously adopted the amendments to the bylaws as presented.

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	Ms. McDonald called attention to the quarterly budget report, noting the handout was for informational purposes only and did not require action.
Regulatory Affairs Report	Ms. McDonald referred members to legislation enacted during the 2026 Session of the General Assembly, directing the board to amend its licensing regulations by December 1, 2026, to require regular emergency medical simulations. Ms. Broz-Vaughan and Dr. Nair reviewed the background and rationale for the DBHDS draft text as presented in the agenda packet, developed in collaboration with stakeholders, to require all providers conduct hands-on replications of specific medical emergencies on a quarterly basis, with mandatory participation by each direct care position as defined in 12VAC35-105-20 at least once a year. After discussion about balancing provider compliance costs and regulatory burden, as required by Executive Order 17 (2026), the board directed staff to strike the individual participation requirement.
Exempt Action	MOTION: Mr. Vadella moved to 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, by striking the following from the draft text as presented: <u>3. Each direct care position shall actively participate in a minimum of one emergency medical simulation at least annually.</u> Ms. Graser seconded, and the motion carried unanimously. *Board-revised text incorporated into minutes; see pages 6-8.
Upcoming Activity	Ms. Broz-Vaughan informed members of regulatory packages expected to come before the board in December: • Updates to Human Rights Regulations (Proposed) • 2026 legislative changes to Certified Recovery Residences (NOIRA)
ADJOURNMENT	Ms. McDonald adjourned the meeting at 2:15 p.m.
The State Board adjourned at 2:15 p.m.	

NEXT MEETING SCHEDULED FOR WEDNESDAY, DECEMBER 9, 2026

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

PUBLIC COMMENT

disABILITY LAW CENTER
OF VIRGINIA
Protection & Advocacy for Virginians with Disabilities

1512 Willow Lawn Dr. Ste. 100, Richmond, VA 23230
www.dLCV.org

T:800-552-3962
F:804-662-7431

September 22, 2026

Mary Broz Vaughan,
DBHDS State Board Staff Liaison
mary.broz-vaughan@dbhds.virginia.gov
P. O. Box 1797, Rm. 411
Richmond, VA 23218-1797

Re: Public Comment—dLCV's objection to the proposed regulatory language regarding emergency medical drills/simulations

Dear Ms. Broz Vaughan,

HB 1370 was introduced in response to dLCV's three-year analysis of sudden unexpected deaths in DBHDS-licensed programs for people with intellectual and developmental disabilities. In an astounding number of cases, approximately 40% of the 181 cases reviewed, the staff did not know how to respond when discovering a non-responsive individual in their care. Issues included failing to do CPR, delaying CPR, delaying calling 911, and failure to communicate effectively with the 911 dispatcher. All of these failures, independently and collectively, put lives at risk and ultimately eliminated any chance of survival for those unfortunate and vulnerable people who trusted the staff to protect and care for them.

dLCV's findings were not a startling revelation to DBHDS because they have identified these same issues as serious concerns in every Annual Mortality Report since at least 2018.

Despite pushback from the Virginia Network of Private Providers (VNPP), HB 1370 passed with an overwhelming majority. DBHDS drafted regulatory language that was acceptable to dLCV, but not ideal, which required quarterly simulations. Again, there was pushback from VNPP who recommended only two simulation drills each year. DBHDS convened a meeting of stakeholders on August 31, 2026, to discuss the proposed draft language and the counterproposal from private providers. Most stakeholders agreed that only practicing these important skills twice a year is simply not adequate to overcome the level of panic staff feel in emergency medical situations. By the end of the discussion, there was near unanimity on the simulations being conducted quarterly.

One point of contention was whether the regulatory requirements would or should apply equally to all levels of staff. For example, should a receptionist at a community services board

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be required to participate as often as a direct care provider at a group home? The group agreed that a tiered model may be appropriate taking into account the level of responsibility for caring for individuals.

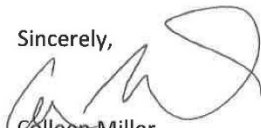
At no time did the stakeholder group discuss the language that is now proposed and before the DBHDS Board for review: "Each direct care position shall actively participate in a minimum of one emergency medical simulation at least annually."

Dev Nair, Assistant Commissioner, Division of Provider Management, stated in an email to the stakeholders, "However, I will note that we are hoping this is not viewed as the default; that each staff must **only** participate one time per year. Our expectation is that providers will structure the simulation process in a way that incorporates as many staff as possible, but we also wanted to provide some regulatory flexibility in how this occurs." DBHDS may believe they set the floor with this regulatory language, but once it is in writing, it will really set the ceiling. DBHDS has been repeatedly recommending that its providers conduct emergency medical drills for years now, but dLCV has seen a miniscule number that actually heed the advice. Providers will only do what they are required to do under the law and regulations.

dLCV vehemently opposes the proposed language as it is an astonishing deviation from the intent of the legislation. It is not hyperbole to say that lives are at stake. We ask the Board to reject the proposed language and require at least quarterly simulation drills for every direct care position.

Thank you for the opportunity to comment on this proposed regulatory language. We request a response from you regarding our concerns and comments. Please send your response to dLCV Senior Staff Attorney Dana Traynham at Dana.Traynham@dlcv.org.

Sincerely,



Colleen Miller
Executive Director

BOARD-REVISED EXEMPT ACTION

REVISED BY BOARD 9/23/2026

Project 8808 - Exempt Final

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.

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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.

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

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

65. 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

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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.

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- 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.

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STATE BOARD OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

Policy and Evaluation Committee

DRAFT MINUTES

SEPTEMBER 23, 2026

PIEDMONT GERIATRIC HOSPITAL (PGH)

5001 PATRICK HENRY HIGHWAY, BURKEVILLE VA 23922

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

Members Present: Tony Vadella (Committee Chair), Nina Schroder, Caroline Coster, M.D., Rebecca Graser

DBHDS Staff Present: Madelyn Lent, Director, Public Policy (Policy Committee Liaison)
Mary Broz-Vaughan, Director, Office of Regulatory Affairs (State Board Liaison)

I. Call to Order

Tony Vadella called the meeting to order at 8:38 am.

II. Welcome and Introductions (5 min)

Tony Vadella welcomed attendees and introduced himself as the new Vice Chair of the State Board and Chair of the Policy Committee.

III. Adoption of Agenda, September 23, 2026

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

IV. Adoption of Minutes, July 15, 2026

Dr. Caroline Coster moved to adopt the minutes. Rebecca Graser seconded the motion. The minutes were adopted unanimously.

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

Madelyn Lent presented the policy plan to the committee. She noted that some of the upcoming policies overlapped in scope and the agency may recommend consolidating. Committee members requested that DBHDS staff prepare a draft revised Policy Plan that schedules policies with overlapping scopes to be reviewed at the same time to be presented to the committee at the next meeting.

VI. Presentation of Background Reviews (15 min)

The committee reviewed 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.

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DBHDS staff noted that the policies scheduled for review had significant overlap in scope with other board policies. The agency recommended consolidation of Policy 1016 (SYS) 86-23 Policy Goal of the Commonwealth for a Comprehensive, Community-Based System of Services and with Policy 1036 (SYS) 05-3 Vision Statement. The agency also recommended consolidation of Policy 1038(SYS)06-1 The Safety Net of Public Services with Policy 1021 (SYS) 87-9 Core Services and 1039 (SYS) 06-2 Availability of Minimum Core 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. DBHDS staff confirmed that code citations had been reviewed for accuracy as requested by members at the July meeting. Nina Schroder motioned to recommend the revisions as drafted to the State Board. Rebecca Graser seconded and the motion was adopted unanimously.

The committee reviewed draft revisions for Policy 1040 (SYS) 06-3 Involvement and Participation of Individuals Receiving Services and Family Members. DBHDS staff noted technical revisions that had been made at the request of members at the July meeting and included in the draft that was sent out for Field Review. No comments were received from the field review. Rebecca Graser motioned to recommend the draft revisions to the State Board and Nina Schroder seconded the motion. The motion was adopted unanimously.

VIII. Next Quarterly Meeting: December 9, 2026.

IX. Adjournment

Tony Vadella 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/>.

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State Board of Behavioral Health and Developmental Services

TUESDAY, SEPTEMBER 22, 2026

Community Program and Tour

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

Dinner Meeting

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

MEMBERS PRESENT	Jane McDonald Tony Vadella
MEMBERS ABSENT	R. Blake Andis Sandy Chung, MD Caroline Coster, MD Rebecca Graser Nina Schroder
STAFF PRESENT	Mary Broz-Vaughan, Regulatory Affairs Director / State Board Liaison Madelyn Lent, Public Policy Director Meghan McGuire, Deputy Commissioner, Policy and Public Affairs

	There was no quorum of the board present. The purpose of the informal gathering was to receive information about community programs and services. The two board members in attendance did not discuss or transact public business.
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