COMMONWEALTH of VIRGINIA

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

**Regular Meeting**
**MINUTES**
**Wednesday, December 8, 2023**
**9:30 a.m. – 2:30 p.m.**
**DBHDS Central State Office, Jefferson Building, 13th Floor Conference Room**
**1220 Bank Street, Richmond VA 23219**

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

| | |
|---|---|
| **Members Present** | Elizabeth Hilscher, Chair; Kendall Lee, Vice Chair; Varun Choudhary; Rebecca Graser; Cindy Lamb; Moira Mazzi; and Christopher Olivo. |
| **Members Absent** | R. Blake Andis; Sandra Price-Stroble. |
| **Staff Present** | • Eric Billings, Deputy Director, Office of Fiscal and Grants Management.<br>• Carleigh Brescia, Policy and Public Affairs Intern.<br>• Lauren Cunningham, Communications Director.<br>• J. Curt Gleason, Assistant Commissioner, Crisis Services.<br>• Cassie Grillon, Marketing and Communications Manager.<br>• Madelyn Lent, Policy Manager.<br>• Josie Mace, Legislative Affairs Director.<br>• Meghan McGuire, Deputy Commissioner, Policy and Public Affairs.<br>• Nathan Miles, Chief Financial Officer.<br>• Heather Norton, Assistant Commissioner, Developmental Services.<br>• Susan Puglisi, Regulatory Research Specialist.<br>• Anne Rogers, Problem Gambling Prevention Coordinator, Office of Behavioral Health Wellness.<br>• Nelson Smith, Commissioner.<br>• Ben Wakefield, Federal Grants Manager.<br>• Ruth Anne Walker, Regulatory Affairs Director and State Board Liaison.<br>• Jeremiah Washington, Legislative Manager. |

| | |
|---|---|
| **Invited Guests:** | • Alan Gernhardt, Executive Director, FOIA Council.<br>• Jennifer Faison, Executive Director, Virginia Association of Community Services Boards.<br>• Stewart Petoe, Executive Director, Virginia Conflict of Interest and Ethics Council. |
| **Other Guests:** | In Person:<br>• Dan Sullivan, Member, Valley Community Services Board.<br>Attending Electronically:<br>• Charlotte Arbogast, Senior Policy Analyst and Regulatory Coordinator, DARS.<br>• Karen Cameron.<br>• Cara Kaufman. |
| **Call to Order and Introductions** | At 9:30 a.m., Elizabeth Hilscher, Chair, called the meeting to order and welcomed those present. A quorum of seven members was physically present. |
| **Approval of Agenda** | *At 9:31 a.m. the State Board voted to adopt the December 6, 2023, agenda. On a motion by Christopher Olivo and a second by Cindy Lamb, the agenda was approved.* |
| **Approval of Draft Minutes** | At 9:34 a.m., o*n a motion by Varun Choudhary and a second by Kendall Lee, the September 26, 2023, dinner meeting minutes and September 27, 2023, regular meeting minutes were approved as final.* |
| **Public Comment** | At 9:37 a.m., Ms. Hilscher stated a period for public comment was included on the draft agenda, and on citizen signed up to speak. She welcomed Dan Sullivan, a citizen member of Valley Community Services Board (CSB). Mr. Sullivan stated he wanted to come in person because of his concerns, particularly with the implementation of STEP-VA and 'same-day' access when there was no definition from the department as to what that meant (phone call, in person, etc.). That created a lot of confusion; so he hopes with this Right Help Right Now that there is better guidance going forward.<br><br>Another great concern of Mr. Sullivan's is the unfunded obligations of the CSBs. The state legislature comes up with the budget, that comes up with the amount of money provided to the CSBs and there's a local match, but there are 'deadbeat' jurisdictions. Oddly enough, it is the CSBs' responsibility to write the excuse for the 'deadbeat' jurisdiction. When he came on the board nine years ago, there were three out of the four in our region. The region is now down to one, but he doesn't understand why the CSB executive director ends up signing the reason for that. This occurred even during the fat times with all the arguments, there was no excuse; to him that seemed to be like a political determination. The other thing is that the money given to CSBs has to be used for medical services, for instance. That's silly; that's not the way it works. So a long time ago, before the last political campaign when behavioral health became even heightened as an interest, the CSB determined that it needed to have a crisis response system and were really hoping that that was going to materialize then through some of the information |

| | |
|---|---|
| | that provided last year. The funding hasn't occurred. Valley CSB put aside $1.5M just so that so it could show it was serious about it, but the CSB needs that; the CSB can't do those startups, nor can the local law enforcement and Valley is in just a little rural area. The cities are the same. This local match problem is not just a DBHDS problem, it's a DSS problem, he knows that - he works that every day.<br><br>He happened to know former commissioner, Dr. Hughes Melton through the remote area medical effort and all his contributions to that. Mr. Sullivan knew him when he was commissioner and feels he had a lot of good ideas, which just seemed to fade away. Mr. Sullivan feels that not enough of the elected officials attend CSB meetings or go to the remote medical things. Sometimes they do, so that they understood the problem. Mr. Sullivan feels more of the legislators need to actually get on the ground and pay attention to what's going on.<br><br>His last concern is conflicts of interest. Throughout the years, he has been amazed that people don't know when they have a conflict of interest on something that's being voted on. Citizens serving need to understand that they are not on the board for their own agenda; they are on the board for the agenda of the people that are being served by the CSB itself. He actually thinks, and he's seen this with people (and he's been on a number of course of commissions), people go on boards and commissions with the intent of getting themselves employed by whatever the supported organization is. There ought to be a bar to employment for any member of a board that oversees any organization. Thank you for your time.<br><br>Ms. Hilscher thanked Mr. Sullivan for coming in to speak to the members. She explained that the purview of the board is as a regulatory board; thus they heard and appreciate his comments, but the matters fall a little bit out of their purview. |
| **Regulatory Actions** | At 9:39 a.m., Ruth Anne Walker and Susan Puglisi provided an update on regulatory actions, including a review of the chart in the meeting packet.<br><br>Ms. Puglisi provided background and an update on the overhaul of the current two licensing chapters [12VAC35-46 and 12VAC35-105], into five service-specific chapters and one overarching general chapter. The last of the five service-specific chapters, on crisis services, is finalized and will be released for comment this month. In particular, building out the crisis chapter to mirror the new plans for that part of the system took some time. The draft crisis chapter will be going out in a general notice, comments will inform revisions to the chapter. |

| | |
|---|---|
| | Ms. Walker touched on the 'low hanging fruit' project to identify noncontroversial mandate reductions in the two current licensing chapters. Those two drafts will also be placed in a general notice for comment.<br><br>Ms. Graser asked about ISPs in the draft crisis chapter, and Ms. Puglisi responded that the assessment section, safety plan, ISP, nursing assessment, etc., are all specific to the service setting. This is the whole purpose for this project – so the services work better for the individuals and for providers (ex., residential versus crisis settings).<br><br>While the board had no regulatory business at this meeting, six actions were in process. Four of six actions are pending in the Attorney General's office and will not be visible to the public until they move to the Department of Planning and Budget (DPB). |
| **Commissioner's Report** | At 9:45 a.m., Nelson Smith gave his report, updating the State Board on the Governor's initiative, "Right Help, Right Now Plan," to address behavioral health challenges, encompassing crisis care, law enforcement burden, substance use disorder support, behavioral health workforce, and service delivery innovation. Mr. Smith listed RHRN accomplishments, as well as policy and budget proposals for 2024.<br><br>On a related note, he remarked on the preparations for the 2024 Session of the Virginia General Assembly, and expects activity around:<br>• Supportive efforts to continue the build out of the crisis service system: The department is moving as quickly as it can to meet the goals of this priority initiative, and the rollout of the 988 line remains a priority.<br>• RHRN initiatives for children and other issues: Parity for children and addressing the increased need from the pandemic.<br>• Developmental Disability (DD) Waiver waiting list;<br>• Forensic system and census: There are only 13 civil beds across all state beds, and the waitlist of those waiting for discharge continues to grow.<br>• Joint Legislative Audit and Review Commission (JLARC) proposals related to state psychiatric hospitals and private hospitals.<br>• Barrier crimes: Individuals who have served time, achieved exit from the criminal system, who would like to work in the system.<br><br>In addition to RHRN, Mr. Smith informed members about the current DBHDS internal reorganization to align internally to mirror the arrangement of services; the JLARC Report on State Psychiatric Hospitals will be presented on December 11, 2023, and he looks forward to sharing that with the board; and the status of the US DOJ Settlement Agreement with Virginia. The Commonwealth has worked very hard to come into compliance with the indicators and |

| | |
|---|---|
| | after meeting 26% in one year for a total of 89% overall. A contempt hearing is sent for January for noncompliance. Over the past decade, Virginia has come a long way while still having a long way to go.<br><br>Ms. Hilscher asked that the JLARC study be forwarded to the board.<br><br>Moira Mazzi commented that at the high school in Fairfax County where she teaches, a school of 3,000 students, a large sign was placed outside each bathroom for the 988 line. Mr. Smith noted it is not just for calls, but chats, also. Ms. Hilscher noted that a family member in a rural midwestern state was having a mental health crisis. She was able to direct the family member to the 988 line to get immediate help. Mr. Smith likes to use the illustration that if you have a cardiac arrest and call 911, an ambulance arrives, while if a person has a mental health crisis, law enforcement arrives. 988 facilitates clinicians arriving instead. When people seek help, they should not get arrested or put in handcuffs and put under a temporary detention order. Dr. Lee will check on his local area high school for posters.<br><br>Mr. Smith reported that the 988 marketing campaign started a couple weeks ago.<br><br>Rebecca Graser said everything seems to work together barrier crimes and individuals under a forensic status There need to be more bridges to the community. People are released and are in recovery and thriving but can't get a job in this field. Also, individuals in that role of a peer offer hope and so should not be barred from certain settings. Most states don't have barrier crimes, and I understand they can't just be eliminated but having some better processes for making employment possible would be helpful.<br><br>Mr. Smith responded that in a recent trip to Southwestern Virginia, there were encouraging by how many services were available and that more people were being served through Medicaid. Ms. Graser concurred that there are more rehabilitative services, including at the time of release from jail. |
| **Presentation: Board Priority 3** | At 10:17 a.m., J. Curt Gleason, Assistant Commissioner for Crisis Services, presented on one of the Board's biennium priorities, ***short-term community-based crisis beds in smaller settings serving individuals across the life span***, as part of a broader update on crisis services. Mr. Gleason provided updates on:<br>• Right Help Right Now projects in workstreams one and two;<br>• Crisis Continuum Overview;<br>• Service Drill Down;<br>• Crisis Receiving Centers (CRC) and Crisis Stabilization Units (CSU);<br>• Comprehensive Psychiatric Emergency Programs (CPEP);<br>• Crisis Build Out Progress; and |

| | |
|---|---|
| | • Plans for 2024.<br><br>Ms. Hilscher thanked Mr. Gleason for the presentation that clarified what's happened over the course of a year and it is really exciting. Ms. Graser concurred.<br><br>*Presentation available upon request.* |
| **Presentation: Board Priority 2** | At 11:04 a.m., Heather Norton, Assistant Commissioner for Developmental Services, presented on Board biennium priority, ***eliminating the Priority 1 DD Waiver waiting list, Right Help Right Now, and other strategic initiatives***.<br><br>Currently, there 15,000 people on the DD Waiver waiting list; of those, 3,400 are Priority 1 (services needed now or within this year). It is expected there will be another 500 slots this year from the General Assembly to help reduce the waiting list; the assignment of 600 slots was just completed. Currently, the individuals in Virginia on the Priority 1 waiting list are spread across CSBs as follows:<br>• Two CSBs with no individuals;<br>• 18 CSBs have less than 20 individuals;<br>• Seven CSBs have 21-50 individuals;<br>• Five with 50-100 individuals;<br>• Seven with 101-150 individuals; and<br>• One with 1,144 (Fairfax County).<br><br>The Governor will propose additional slots. As part of RHRN, he is committed to four specific initiatives related to individuals with DD:<br>• Reducing or eliminating the Priority 1 waiting list.<br>• Looking at the rate structure for DD providers to see in order to develop service capacity.<br>• Review of administrative burden on providers, individuals, and families on how waivers are implemented.<br>• Conversion of information into more family- and individual-friendly language that is more understandable.<br><br>The DD Division has undergone an internal alignment of staff to the work being done:<br>1. Provider Network Supports.<br>2. Labor Network Supports.<br>3. Health Supports.<br>4. Community Network (for individuals and families).<br>5. Transition Network Supports (ICFs and nursing, to facilitate moving back to the community).<br><br>Also, a division vision and value statement was created, and staff work is focused on six 'C's' intended to hold themselves accountable:<br>1. Creativity<br>2. Conviction |

3. Collaboration
4. Communication
5. Consistency
6. Celebration

Two stakeholder workgroups, each with 50 members:
1. Providers Issues Resolution,
2. Systems Issues Resolution (individuals and families).

Regarding the status of the US DOJ's Settlement Agreement with Virginia, during the 23rd study period, the Commonwealth was found to be in compliance with 89% of the indicators. There are 31 indicators out of 282 that were currently not met. As a result, the judge has issued an order to show cause and is requiring the Commonwealth to present information about there should not be a finding of contempt. The agreement was extended one more year.

Some of those indicators and the metrics that those are indicators are based on are not based on any national standard.

Dr. Choudhary asked what the best way is to merge the ideology with the reality? Ms. Norton reported that is what staff will put together for the contempt hearing in January. She gave specific examples of improvement measures for the system.

Mr. Olivo asked if whether, with the increase of waiver slots, DBHDS was starting to see yet an issue of individuals having the waiver but not having the providers? And, with the large increase that in waivers that the Commonwealth is planning, what is the anticipation that these providers are going to actually service those waivers? He asked because it is a big increase.

Ms. Norton responded that it is actually with day services, primarily, and then where there may (or may not) be an issue is that a lot of families may be looking for outside care, because previously legally responsible individuals could not provide care to family members under 18, if over 18 they could not, nor a spouse. With the change in DMAS regulation (see https://www.dmas.virginia.gov/for-providers/long-term-care/waivers/legally-responsible-individuals/), It puts families in a better position if they choose to provide care, because now they're able to, although there are some guardrails and some hoops that have to be jumped through that will go into effect in March. There is still a need to develop provider capacity, but families will at least be able to start services and be able to access services. It also reduces the burden on families because they can get paid for the care and then they don't have to work outside of the home. Discussion continued, including less demand for group home services, an increase of in home supports and services, and a decrease in workforce.

| | |
|---|---|
| | In response to a question from staff, Ms. Norton responded that 15 other states are under settlement agreements.<br><br>Ms. Hilscher stated Ms. Norton and DBHDS have made giant steps in the last few years to come into compliance. |
| **Miscellaneous** | **A. Liaison Updates**<br>At 11:30 a.m., Ms. Hilscher asked for liaison updates from members.<br><br>Dr. Lee reported that in October, he had the pleasure of attending the dedication and unveiling of the historical marker at Piedmont Geriatric Hospital. At the end of that month, he had a virtual meet and greet with the Executive Director at Southside Behavioral Health CSB in Clarksville, who shared some agency updates, discussed services, and priorities. Also, Dr. Lee was invited to tour the CSB's newest facility, the Response and Recovery Center in South Hill in January.<br><br>Dr. Lee was invited by the Executive Director for Danville-Pittsylvania CSB to attend the Southside Behavioral Health Consortium meeting in mid-December that is hosted by the that CSB in Danville.<br><br>Rebecca Graser reported attending, in her role with the Middle Peninsula CSB, a meeting with the Virginia Department of Corrections (DOC) and CSBs, to improve communication between staff in jails and CSB staff.<br><br>Ms. Lamb reported having a very positive experience attending a VACSB conference for the first time, including meeting an array of people, the different breakout sessions on interesting topics, and then continuing the conversations. For example, she met with the Rappahannock CSB staff over dinner.<br><br>Ms. Lamb also attended a meeting of the State Human Rights Committee (SHRC) for the first time, which she found eye opening. She came away feeling blessed knowing that the Commonwealth has such good people standing up for the rights of individuals. This led to her finding a couple new volunteers to serve on local human rights committees (LHRCs).<br><br>**B. Other Business**<br>a. Bylaws Revisions<br>Ms. Walker summarized the draft revisions, including that there were minimal changes within the body of the current Bylaws but most were in Article V regarding electronic meeting participation and referenced the new appendix containing a policy for remote meeting participation, to conform to change in state law. There were updates to code citations including the list of the board's powers and duties in Article 6. A second appendix was added, the form members would use to request to participate remotely. |

| | |
|---|---|
| | Ms. Hilscher noted that having the hybrid meetings with the remote meeting participation, allows for more participation in the community, but it creates a need for more staff support to manage the electronic meeting at the same time as staffing the meeting in more typical ways.<br><br>*On a motion by Ms. Lamb and a second by Dr. Lee, the board approved amendments to the Bylaws conforming to the Virginia Freedom of Information Act (FOIA) regarding members being able to participate remotely and the allowance of all-virtual meetings outside of an emergency, with the adoption of a corresponding policy.*<br><br>b. Annual Executive Summary<br>Ms. Walker summarized the changes to the document from the previous year, with most changes in the cover letter, and updates on policies reviewed, updates on agency initiatives, and regulatory actions. Ms. Walker noted that the document is technically a legislative report and would go through those processes for delivery to the Governor, Secretary, and the General Assembly.<br><br>*On a motion by Ms. Graser and a second by Ms. Lamb, the board endorsed the draft as approved by the chair.*<br><br>**C. Next Meeting:** April 3, 2024, Catawba. |
| **Committee Reports** | **A. Planning and Budget**<br>At 11:57 a.m., Ms. Hilscher segued to Ms. Walker to report on the Planning and Budget Committee. The committee reviewed the chart for Board priorities and corresponding meeting topics through September 2024. It also reviewed the quarterly budget report of expenditures. The hotel expenditure for July appeared as pending due to an amendment to add a room, but staff confirmed it was paid. In response to a question during the meeting, the committee discussed the purpose of members traveling to the facilities. The chair had responded that it is to be like the liaison role, to have eyes and ears on the services, what is going well and what is not, in which case a member can let the commissioner know of concerns.<br><br>**B. Policy and Evaluation**<br>Dr. Lee report on the Policy and Evaluation Committee. The committee started the meeting with a review of Policy Review Plan for FY2024. The committee is ahead of schedule for any actions that will need to be taken. The committee members agreed to take advantage of the time at the meeting to review, discuss, and plan for any actions in April 2024.<br><br>The following three policies were discussed:<br>• 83-7 Prevention Services |

| | |
|---|---|
| | • 86-22 Services for Individuals with Co-Occurring Disorders<br>• 05-3 Vision Statement<br><br>The committee recommended revisions at its last meeting to include minor wording changes. Today, the committee agreed to discuss, finalize, and recommend approving those revisions in April 2024.<br><br>Regarding Policy 83-6, Local Match Requirements for Community Services Boards, background information was received from staff, along with recommendations to help with committee decisions. In brief, the purpose of the policy addresses the financial support for community health, developmental, and substance disorder services from local governments. It also provides flexibility for CSBs and the Department to accommodate and preserve local matching funds shortfalls to maintain and expand services.<br><br>The committee agreed to not take any action at that time, but by the April meeting would do more research that will include:<br>• Discussing with CSBs and getting their feedback;<br>• Seeing if there are changes that would make the process smoother; and<br>• Review of the 2022 JLARC study of CSB Behavioral Health Services. The committee anticipates being able to use it to help with policies to review in FY 2025.<br><br>Finally, the committee agreed to address the following policies in April 2024.<br>• 86-2 Behavioral Health and Developmental Services for Children and Adolescents and Their Families;<br>• 86-24 Housing Supports; and<br>• 94-1 Department and CSB Roles in Providing Services to Children Under the Children's Services Act for At-Risk Youth and Families.<br><br>Those policies will require more extensive review in coordination with staff expertise.<br><br>Dr. Kendall thanked Josie Mace, Jeremiah Washington, and Madelyn Lent for their work. |
| **Lunch Break** | *A lunch break was held from 12:02 p.m. to 12:30 p.m.* |
| **Pre-GA Session Legislative and Budget Updates** | **A. Budget**<br>At 12:33 p.m., Nathan Miles, Chief Financial Officer, reported on the 38 DBHDS budget proposals submitted to the Department of Planning and Budget (DPB) for the Governor's consideration; the decisions on what is included in the Governor's budget will not be released until December 20th. The agency's large budget proposal areas are:<br>• Crisis System Transformation; |

- IT Modernization;
- Community Services;
- Training and Workforce Development;
- Intellectual and Developmental Disabilities;
- Facilities;
- Child and Adolescent;
- Licensing;
- Forensics; and
- Alternative Transportation.

Ms. Lamb asked if the proposed new financial system, would that be an ERP system with a procurement module, so the department will be able to update the procurement aspects. (ERP stands for 'enterprise resource planning.' It is a software system that integrates all the essential business processes of an organization.)

Mr. Miles responded that procurement must be done through eVA. eVA stands for "electronic Virginia" and is the Virginia state internet-based electronic procurement system that works as an electronic marketplace for buyers and sellers. All Virginia state agencies and many local governments use eVA to find vendors and place orders. Any entity that wishes to do business with state agencies must register with eVA.

In regard to pay increases, Ms. Lamb asked if there was a compensation study done that gives the department an idea of what those increases should be. Mr. Miles responded that a Mercer database is accessed and staff do a full compensation study and alignments based on that market data.

In regard to funding surpluses, Ms. Lamb asked if any of the requests listed under 'Licensing, Forensics, and Alternative Transportation' that could be justified for using budget surplus from the state. Mr. Miles responded that if DBHDS as an agency has balances at the end of a fiscal year, it can request a carry forward of those remaining funds be reappropriated. Decisions about state surpluses are made by the Governor and the Secretary of Finance, weighed against all the other needs of the Commonwealth.

A budget must be passed by June this year because otherwise there won't be a budget as it is the start of a biennium. In order for agencies to have authority to spend funds, there must be a budget.

**B. Legislative**

At 12:43 p.m., Josie Mace, Director of Legislative Affairs, reported on the changes to the makeup of the General Assembly. DBHDS has begun proactively reaching out to members-elect to provide information about the system of services including the department.

| | |
|---|---|
| | Unlike budget proposals, legislative proposals are considered 'confidential Governor's working papers' and are not made public in advance of filing. Ms. Mace spoke to anticipated legislation affecting DBHDS and its stakeholders in the following categories:<br>• Right Help, Right Now Initiative.<br>• Crisis Services System Transformation.<br>• Behavioral Health Commission Recommendations. There were two recent reports, one on school-based mental health services and one on STEP-VA, that may be of interest.<br>• School-Based Mental Health.<br>• STEP-VA.<br>• JLARC State Facilities Report Recommendations.<br>• JLARC CSB Recommendations.<br>• Barrier Crimes.<br>• Recovery Residences.<br><br>Ms. Mace reviewed the administrative role, protocols, and processes for state agency staff and agency appointees as representatives of the Administration. Staff provide technical assistance to legislators to better meet the intent of a bill, identify any potential consequences of a bill, and provide any background information for context.<br><br>Ms. Graser asked a question about Governor's positions, to which Ms. Mace gave clarification. Ms. Graser and Ms. Hilscher stated they appreciated the information on protocol as presented.<br><br>*Presentations are available upon request.* |
| **Update: Virginia Association of Community Services Boards** | At 1:03 p.m., Jennifer Faison, Executive Director, VACSB, reported on the association's budget priorities for the coming legislative session.<br><br>Dr. Lee stated that the number of children who are likely to be diagnosed with Autism Spectrum Disorder and being referred to early intervention is increasing. Those children coming into services are needing more intensive services and a variety of services, like occupational therapy, speech therapy, or developmental services. The EI model promotes more parent coaching, which is different than traditional clinical therapy services.<br><br>He stated that staff have found that they need to support children in different ways, so he was glad to see that the VACSB priorities included a push for additional funding to support the need for specialized support. It is definitely something to address. |
| **Conflict of Interest Act** | AT 1:32 p.m., Stewart Petoe, Executive Director, Virginia Conflict of Interest and Ethics Council, reviewed the role of the Council and specific segments of the law, including prohibited conduct and personal interests, financial disclosure statements, under what circumstances is individual information released, and required |

| | |
|---|---|
| | training. Mr. Petoe stated that questions by members of public bodies are kept confidential.<br><br>Ms. Lamb asked how confidential questions to the council are redacted. when there is an electronic 'sweep' of emails for a FOIA request. Mr. Petoe stated that according to COIA, not only is such communication confidential, the law also explicitly states that it is exempt from FOIA requests. He puts that on his email, that 'this is confidential and is exempt from any requests.' It would be incumbent upon a person receiving the council's guidance to also note to that this particular email was guidance from the Ethics Council and is exempt from FOIA. |
| **Freedom of Information Act** | At 1:50 p.m. Alan Gernhardt, Executive Director, Virginia Freedom of Information Act Council, reviewed the role of the FOIA Council and specific segments of the law, including what is a public record, what constitutes a public meeting, remote participation all-virtual public meetings, recognizing what is a FOIA request, and what exemptions or prohibitions exist regarding records Enforcement of FOIA is not through the council, but through the court system. |
| **Semiannual Federal Grant Report** | AT 2:12 p.m., Eric Billings, Deputy Director, Office of Fiscal and Grants Management, and Ben Wakefield, Federal Grants Manager, provided the semiannual federal grant report in accordance per State Board Policy 2010 (ADM ST BD) 10-1.<br><br>The department currently has 13 federal grants that total to approx. $258.6 million in FY 2024, four grants making up approximately $236.3 million (or 91.4%) of the award amount in FY 2024:<br>1. Substance Abuse Block Grant;<br>2. Mental Health Block Grant;<br>3. State Opioid Response Grant; and<br>4. Early Intervention Part C Grant.<br><br>DBHDS will enter into subrecipient agreements with partners to help expand 988 hotline capacity through a 988 Capacity Grant - $4.7 M/year for 9/30/2023 – 9/29/2024.<br><br>Most grants operate from 9/30/23 - 9/29/24. No grants are currently under consideration or being pursued.<br><br>Ms. Hilscher asked if, for the major federal grants, they have to be pursued every couple of years or is it permanent once received the first time. Mr. Billings responded that there is an application process for all the grants that must be submitted each time (new application, new budget).<br><br>*Presentation available upon request.*<br><br>Ms. Lamb asked for additional clarity about what the 'crisis hubs' are. Meghan McGuire responded that they are a regional collection of people that help work with the CSB's and dispatch crisis. |

| | |
|---|---|
| **Adjournment** | There being no other business, Ms. Hilscher adjourned the meeting at 2:25 p.m. |

## MEETING SCHEDULE

| DATE* | Location |
|---|---|
| **2024** | |
| **April 3 (Wed)** | Catawba Hospital<br>**Catawba** |
| **July 17 (Wed)** | Eastern State Hospital<br>**Williamsburg** |
| **September 25 (Wed)** | Southern Virginia Mental Health Institute<br>**Danville** |
| **December 11 (Wed)** | Central Office<br>**Richmond** |
| **2025** | |
| **April 2 (Wed)** | ***TBD but not Richmond*** |
| **July 9 (Wed)** | Central Office<br>**Richmond** |

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

# Planning and Budget Committee

**MINUTES**

DBHDS CENTRAL STATE OFFICE, JEFFERSON BUILDING,
13TH FLOOR CONFERENCE ROOM
1220 BANK STREET, RICHMOND VA 23219

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

**Members Present:** Elizabeth Hilscher, Board and Committee Chair; Cindy Lamb; and Christopher Olivo.
**Members Absent:** R. Blake Andis.
**Staff Present:** Susan Puglisi; Ruth Anne Walker.

**I. Call to Order**
A quorum being present, at 8:33 a.m., Elizabeth Hilscher, called the meeting to order.

**II. Welcome and Introductions**
Ms. Hilscher welcomed all present. There were no online participants.

**III. Adoption of Minutes, September 27, 2023**
*At 8:34 a.m., on a motion from Cindy Lamb and a second from Christopher Olivo the meeting minutes from September 27, 2023, were adopted unanimously.*

**IV. Adoption of Agenda, December 6, 2023**
*At 8:35 a.m., on a motion from Cindy Lamb and a second from Christopher Olivo the agenda was adopted unanimously.*

**V. Standing Item:** *Identification of services and support needs, critical issues, strategic responses, and resource requirements to be included in long-range plans; work with the department to obtain, review, and respond to public comments on draft plans; and monitor department progress in implementing long-range programs and plans.*

**A. Review Board Priorities and Corresponding Meeting Topics, December 2023 – September 2024.**
Members reviewed the chart of meeting topics through September 2024, asked questions, and confirmed the plans as listed. Ms. Lamb asked for clarification on the purpose of members traveling to the facilities. The chair had responded that it is to be like the liaison role, to have eyes and ears on the services, what is going well and what is not, in which case a member can let the commissioner know of concerns.

**VI. Other Business**

**A. State Board Budget Quarterly Report.** *Handout*
At 9:07 a.m., the board's quarterly budget report was reviewed. Ms. Lamb asked why the hotel expenditure for July remained pending. Staff would research the matter after the committee meeting. [Note: It appeared as pending due to an amendment to add a room, but staff confirmed it was paid and the matter would be resolved in the eVA procurement system.]

## VII. Next Steps:

### A. Standing Item: Report Out

Updates from committee planning activities would be reported out to the Board in the regular meeting.

### B. Next Meeting:

The next meeting is scheduled for April 3, 2024, at Catawba Hospital.

## VIII. Adjournment

At 9:11 a.m., Ms. Hilscher adjourned the meeting.

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

# Policy and Evaluation Committee

**MINUTES**

DECEMBER 6, 2023

8:30-9:25 AM

DBHDS CENTRAL STATE OFFICE, JEFFERSON BUILDING, 12TH FLOOR CONFERENCE ROOM

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:** Kendall Lee, Board Vice Chair and Committee Chair; Varun Choudhary; Rebecca Graser; and Moira Mazzi.
**Members Absent:** Sandra Price-Stroble.
**DBHDS Staff Present:** Madelyn Lent; Josie Mace, electronically; Jeremiah Washington; Eric Billings, electronically; John Moore, electronically; Nathan Miles.
**Guests Present:** Mimi Sedjat, Executive Director of Eastern Shore CSB

## I. Call to Order

Kendall Lee called the meeting to order at 8:35 a.m.

## II. Welcome and Introductions

Dr. Lee welcomed all present and called for introductions.

## III. Review of 2023 Policy Review Plan and Presentation of Policies for Discussion

a. **4010(CSB)83-6 Local Match Requirements for Community Services Boards (Background)**
Nathan Miles, Eric Billings, and John Moore provided background information and answered committee members' questions regarding this policy.

b. **1007(SYS)86-2 Behavioral Health and Developmental Services for Children and Adolescents and Their Families**
Ms. Mace provided a brief overview of this policy, but recommended the committee have a subject matter expert speak on this policy at the next committee meeting.

c. **4023(CSB)86-24 Housing Supports**
Ms. Mace provided a brief overview of this policy, but recommended the committee have a subject matter expert speak on this policy at the next committee meeting.

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

Ms. Mace provided a brief overview of this policy, but recommended the committee have a subject matter expert speak on this policy at the next committee meeting.

## IV. Other Business

Dr. Lee and Ms. Mace co-led a discussion of the findings of the JLARC study in community behavioral health services and answered member questions.

## V. Next Quarterly Meeting: April 3, 2024

## VI. Adjournment

Dr. Lee adjourned the meeting at 9:15 a.m.

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