

Department of Behavioral Health and Developmental Services, Jefferson Building,
STATE BOARD OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
INSTRUCTIONS for VIRTUAL Meetings
Wednesday, December 2, 2020

This page has instructions to join the virtual (electronic) meetings of the State Board.

Time: The two committee meetings begin at 8:30 a.m.
The regular board meeting at 9:30 a.m. See the agenda for details on the next page.

NOTICE: THERE IS ONE MEETING LOG IN FOR ALL THE MEETINGS LISTED BELOW.
THE COMMITTEE MEETINGS WILL BE BREAKOUT ROOMS FROM THE MAIN MEETING ROOM.

8:30 – 9:20 A.M. CONCURRENT COMMITTEE MEETINGS

- | |
|---|
| <ul style="list-style-type: none">➤ Planning and Budget Committee➤ Policy and Evaluation Committee |
|---|

9:30 A.M. – 2 P.M. FULL BOARD MEETING: REGULAR SESSION

➤ **Regular Board Meeting**

Join via ZOOM:

1. **You must register in advance for this meeting:**
<https://dbhds.zoomgov.com/meeting/register/vJlscOmupzMjHWNNdj9UUvuAzZJvfmehq4c>
2. ***After registering, you will receive a confirmation email containing information about joining the meeting.***
3. Members will be pre-sorted and automatically placed into the appropriate committee room, and returned to the main room at 9:20 a.m. All participants will come to the main room and then be moved to the committee rooms, and returned.

PUBLIC COMMENT: This is a quarterly meeting of the State Board. Consistent with the [budget item](#) (4-0.01.g.) of the Budget Bill (HB29, Chapter 1283) and the applicable provisions of [§ 2.2-3708.2](#) in the Freedom of Information Act, the State Board will convene a virtual meeting to consider such business matters as may be presented on the agenda necessary for the board to discharge its lawful purposes, duties, and responsibilities.

- Verbal public comment will be received early in the meeting (see agenda for specific time) from those persons who have submitted an email to ruthanne.walker@dbhds.virginia.gov no later than 5:00 p.m. on December 1, 2020 indicating that they wish to provide a brief verbal comment. As the names of these individuals are announced at the beginning of the public comment period, three minutes of comment may be offered. Instructions for calling into the meeting are included above on this page.
- Written public comment may be sent by email to ruthanne.walker@dbhds.virginia.gov no later than 5:00 p.m. on December 1, 2020.
- Public comment will not be accepted on petitions for rulemaking or regulatory actions in which the comment period has closed.



COMMONWEALTH of VIRGINIA

STATE BOARD OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

DRAFT MEETING AGENDA

Wednesday, December 2, 2020

All three meetings listed below are electronic only.

Concurrent Committee Meetings 8:30 – 9:20 p.m.

8:30 – 9:20 a.m.	Planning & Budget Policy Development & Evaluation		25 28
------------------	--	--	------------------

REGULAR SESSION AGENDA

9:30 a.m. UPDATED 10/13/20 PM

I.	9:30	Call to Order and Introductions	Elizabeth Hilscher <i>Chair</i>	
II.	9:35	Approval of December 2, 2020 Agenda ➤ <i>Action Required</i>		2-3
III.	9:40	Approval of Draft Minutes A. Regular Meeting, October 14, 2020 ➤ <i>Action Required</i>		4
IV.	9:45	Public Comment		
V.	10:00	2021 General Assembly: Pre-Session Budget Review	Josie Mace <i>Financial and Policy Analyst</i>	
VI.	10:20	2019 Biennial Planning Priority: Electronic Health Records (and General IT Update)	Robert Hobbeman <i>Chief Information Officer</i>	
VII.	10:50	A. Initiate Periodic Review: Regulations to Assure the Rights of Individuals Receiving Services from Providers Licensed, Funded, or Operated by the Department of Behavioral Health and Developmental Services [12VAC35-115] ➤ <i>Action Required</i>	Ruth Anne Walker <i>Regulatory Affairs Director and State Board Liaison</i>	29
		B. General Update: Regulatory Matrix and 2021 Workplan	Taneika Goldman <i>State Human Rights Director</i> <i>Quality Assurance and Government Relations</i>	30

VIII.	11:15	Commissioner's Report	Alison Land, FACHE <i>Commissioner</i>	
IX.	12:00	2021 General Assembly: Pre-Session Legislative Review	Heidi Dix <i>Deputy Commissioner Quality Assurance and Government Relations</i>	
X.	12:15	BREAK for to Collect Lunch, 20 minutes (The meeting link will stay active)		
XI.	12:35	Semi Annual Federal Grant Report	Eric Billings <i>Deputy Director Office of Fiscal and Grants Management</i> Ramona Howell <i>Federal Grants Manager Office of Fiscal and Grants Management</i>	
XII.	1:00	Committee Reports: A. Planning & Budget B. Policy Development and Evaluation	Ruth Anne Walker Alex Harris <i>Policy & Legislative Affairs Director Quality Assurance and Government Relations</i>	25 28
XIII.	1:15	Update on the Virginia Association of Community Services Boards	Jennifer Faison <i>Executive Director, Va. Assoc. of Community Services Boards (VACSB)</i>	
XIV.	1:45	Miscellaneous A. Annual Executive Summary B. Board Liaison Assignments C. Quarterly Budget Report	Ruth Anne Walker	31
XV.	2:00	Other Business & Adjournment		

*(Note: Times may run slightly ahead of or behind schedule.
If you are on the agenda, please plan to be present at least 10 minutes in advance.)*

DRAFT 2021 MEETING SCHEDULE

DATE	Location
<i>April: 14 (Wed)</i>	<i>Virtual</i>
<i>July: 14 (Wed)</i>	<i>Virtual and Central Office, DBHDS Richmond</i>
<i>Oct: 6 (Wed)</i>	<i>Southwestern Virginia Mental Health Institute (SWVMHI) Marion</i>
<i>Dec: 8 (Wed)</i>	<i>Central Office, DBHDS Richmond</i>

(DRAFTING NOTE: DATES AND LOCATIONS ARE FOR DISCUSSION 12/2)

STATE BOARD OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
DRAFT MEETING MINUTES
Regular Meeting

DRAFT MINUTES

9:30 a.m., Wednesday, October 14, 2020

This meeting was held entirely electronically. A recording of the meeting is available.

Members Present (virtually)	Elizabeth Hilscher, Chair ; Rebecca Graser, Vice Chair; Varun Choudhary; Kendall Lee; Moira Mazzi; Chris Olivo; Sandra Price-Stroble.
Members Absent	Jerome Hughes.
Staff Present	<p>Jae Benz, Director, Office of Licensing. Emily Bowles, Assistant Director for Licensing, Quality, Regulatory Compliance, and Training; Office of Licensing. John Cimino, Legal and Regulatory Manager, Office of Licensing. Heidi Dix, Deputy Commissioner, Division of Quality Assurance and Government Relations. Taneika Goldman, Deputy Human Rights Director. Alex Harris, Policy and Legislative Affairs Director. Alison Land, FACHE, Commissioner. Deb Lochart, State Human Rights Director. Josie Mace, Policy and Finance Analyst, Office of Budget Development. Cynthia McClaskey, Director, DBHDS Southwestern Virginia Mental Health Institute. Dev Nair, Ph.D., Assistant Commissioner, Division of Quality Assurance and Government Relations. Heather Norton, Assistant Commissioner, Division of Developmental Services. Christine Schein, Operations Manager, Office of Forensic Services Forensic. Ruth Anne Walker, Director of Regulatory Affairs and State Board Liaison.</p>
Guests Present	<p>Invited guest: Jennifer Faison, Executive Director, Virginia Association of Community Services Boards. Other citizens attending: Corey Atanda; Katie Boyle; Tyler Cox; Ren Faszewski; Mark Hickman; Pamela Little; Erin Mahone; Kate Masters; Kevin Mullins; Greg Preston; Karen Shamblin.</p>
Call to Order and Introductions	<p>At 9:31 a.m., Elizabeth Hilscher, Chair, called the meeting to order and welcomed everyone. She noted that the State Board was meeting via electronic means, in accordance with language in Item 4-0.01 g. of Chapter 1283 of the Acts of Assembly, 2020 Virginia General Assembly, Article 5 the Bylaws of the State Board, and the Virginia Freedom of Information Act (FOIA). All board members and department staff were able to converse, but all others on the call were muted with the ability to listen and view the screen. The meeting packet of information was located on Virginia’s Town</p>

	<p>Hall, under the ‘Meetings’ tab. Ms. Hilscher noted that there would be a period for public comment, within the timeframe allowed on the agenda.</p> <p>Ms. Hilscher conducted a roll call of members and announced a quorum was present for the meeting. Ms. Hilscher noted that since the last meeting, former Roanoke City Council member Djuna Osborne resigned her seat on council, and thus resigned her seat on the State Board, which is the seat for a local government official. Ms. Hilscher indicated that a plaque and resolution prepared for Ms. Osborne, as is the board’s custom. On behalf of the board, Ms. Hilscher welcomed Chris Olivo and invited him to say a few words. Mr. Olivo stated he is a public school teacher (high school calculus and statistics) and in is in his 26th year, he is anxious to learn as much as he can about the role of the State Board.</p>
<p>Approval of Agenda</p>	<p>Ms. Hilscher noted that the agenda was on the meeting packet on pages 2-3, but that due to a scheduling issue, three morning presentations were rearranged, but the number and topics were the same.</p> <p><i>At 9:35 a.m. the State Board voted to adopt the October 14, 2020, agenda with those amendments to the order of presentations. On a motion by Moira Mazzi and a second by Sandra Price-Stroble, the agenda was approved unanimously.</i></p>
<p>Approval of Draft Minutes</p>	<p>Regular Meeting, July 15, 2020</p> <p><i>On a motion by Moira Mazzi and a second by Becky Graser, the July minutes were approved as final.</i></p>
<p>Public Comment</p>	<p>At 9:40 a.m., Ms. Hilscher noted that a period for public comment was included on the draft agenda, and that it was announced with the meeting packet that anyone wishing to give verbal or written comments needed to email by 5 p.m. on October 13, 2020. No comments were received.</p> <p>Ms. Hilscher requested members make note of questions during presentations until the speakers are finished and then ask questions, with the exception being if a clarifying answer was needed in order to continue to understand what is being presented.</p>
<p>State Human Rights Committee</p>	<p>A. SHRC Appointment</p> <p>At 9:45 a.m., Ms. Hilscher welcomed both Deb Lochart, Director of the Office of Human Rights (OHR), and Taneika Goldman, Deputy Director, and directed members’ attention to the recommendation for SHRC appointment on page 24 of the meeting packet. Ms. Lochart spoke about the nominee, Meghan Sharkey. Both Ms. Hilscher and Ms. Graser indicated they know Ms. Sharkey.</p> <p><i>On a motion by Kendall Lee to approve the recommendation of Meghan Sharkey for appointment to the SHRC, and a second by Becky Graser, the appointment was made.</i></p> <p>B. Annual Report</p>

Before beginning the presentation on the SHRC Annual Report, Ms. Lochart announced that she was going on leave effective November 1, 2020, and was retiring on January 1, 2021, that the process for finding her replacement had started, and she expected a seamless transition for the OHR. She stated it was an honor to serve as director the past six years. She thanked the State Board for its support to her and the office.

Ms. Lochart then started the presentation, citing the sources of authority for the OHR and the human rights system both in the Code of Virginia and regulation. The mission of the office is to ensure the health and safety of individuals receiving services by promoting the basic precepts of human dignity, advocating for the rights of persons with disabilities in Virginia's service delivery system, and managing the human rights complaint process. Ms. Lochart noted that the SHRC has a direct reporting line to the State Board. There are several assured, or 'affirmative,' rights. In 2019, OHR had a statewide team of 26 full time and 2 part time staff responsible for ensuring the aforementioned assured rights for every person receiving a service that is licensed, funded or operated by DBHDS across five regions statewide. OHR is responsible for management of the dispute resolution process, which includes the role as technical advisors to the local and state HRCs.

There were eight SHRC meetings around the state in 2019. Ms. Lochart reviewed the six goals of the SHRC 2019 Workplan:

1. Implementation of Regulations
2. Participate in appeals function for VCBR.
3. Promote treatment in most integrated settings and individual and family choice.
4. Individuals with capacity make their own decisions.
5. Monitoring increased issues with opioid addiction and continued interest in substance use disorders.
6. Promote treatment without coercion.

Ms. Goldman reported further on the three priority initiatives of the SHRC: LHRC Tour, HR Access, and SHRC Biennium Focus on DBHDS State Facilities. She also presented the responsibilities of the OHR staff:

1. Represent any individual making a complaint or, upon request, consult with and help any other representative the individual chooses;
2. Provide training to individuals, family members, and providers on this chapter;
3. Investigate and try to prevent or correct any alleged rights violation by interviewing, mediating, negotiating, advising, or consulting with providers and their respective governing bodies, directors, and employees;
4. Provide orientation, training, and technical assistance to the LHRCs for which he is responsible; and

5. Investigate and examine all conditions or practices that may interfere with the free exercise of individuals' rights.

Ms. Goldman reported on 2019 statistics:

Community Services	
Total Number of Human Rights Complaints	1,028
Total Number of Complaints That Resulted in a Violation of Human Rights	121
Total Number of Allegations of Abuse, Neglect, or Exploitation	8,768
Total Number of Substantiated Allegations of Abuse, Neglect, or Exploitation	1,265

DBHDS State Facilities	
Total Number of Human Rights Complaints	1,795
Total Number of Complaints That Resulted in a Violation of Human Rights	69
Total Number of Allegations of Abuse, Neglect, or Exploitation	2,856
Total Number of Substantiated Allegations of Abuse, Neglect, or Exploitation	126

2019 Initiatives of the Office of Human Rights were:

- **A.I.M.:** This represents the advocate response of assessing and assuring safety for the identified individual, as well as other individuals receiving services; initiating the complaint resolution process; and monitoring provider follow up through verification that the provider has completed an investigation and implemented appropriate corrective action(s). OHR operationalized the A.I.M. Protocol in March 2019.
- **Adult Protective Services/Child Protective Services (APS/CPS) Crosswalk:** A joint protocol between DSS and DARS now facilitates a process for localities to deliver APS and CPS reports via secure email, fax, or mail that are triaged, tracked, and trended by OHR. DBHDS licensed providers are contacted regarding their failure to report abuse and advised about initiating the complaint resolution process. Citation is also recommended through the Office of Licensing.
- **Statewide Training Plan:** In January 2019, OHR committed to providing regional training opportunities to promote provider literacy regarding individuals' assured rights and corresponding provider duties.

Ms. Mazzi asked for an explanation of 'peer to peer neglect.' Ms. Goldman stated that it refers to peer on peer aggression, and it is reviewed and monitored as 'neglect' because from a regulatory perspective, the concern is with what the provider is doing or not doing, such as providing supervision, which may constitute neglect.

Ms. Hilscher thanked Ms. Lochart and Ms. Goldman for their time and for accommodating the earlier time slot. She then took a moment to acknowledge Ms. Lochart on her wonderful personality, her positive approach to her work including her enthusiasm for the mission, her staff, and

	<p>all the people she serves in the state. On behalf of the State Board, Ms. Hilscher wished Ms. Lochart the best in her new endeavor, stated she would definitely be missed, and declared she had done awesome work.</p> <p>(The State Board then took a three minute break to allow the next presenter to log on, due to technical difficulties.)</p>
<p>Update: System Jail and Forensic Matters</p>	<p>At 10:18 a.m., Ms. Hilscher welcomed Christine Schein, Forensic Operations Manager in the Office of Forensic Services, and thanked her for accommodating an earlier time slot. The Division of Forensic Services includes the:</p> <ul style="list-style-type: none"> • Office of Forensic Services, which provides guidance and support to state hospitals, community service boards, jails, and courts; and manages grants for 18 jail diversion programs, 4 (partially funded) behavioral health dockets, 4 forensic discharge planning programs, and 38 CSBs/42 programs for Crisis Intervention Team (CIT) Assessment Sites. The office has oversight of all of the not guilty by reason of insanity (NGRI) acquittees, both in and out of the hospital. • Forensic Evaluation and Oversight System, which improves overall quality of evaluations, ensuring evaluators have the requisite clinical, and educational experience in conducting forensic evaluations so they are of more utility to the trier of fact. • Juvenile Competency Restoration and Evaluation; • Office of Sexually Violent Predator Services; and the • Juvenile Justice and Behavioral Health Program. <p>Ms. Schein reviewed the types of forensic clients and number of admissions to DBHDS state hospitals:</p> <ul style="list-style-type: none"> • Not Guilty by Reason of Insanity (NGRI). • Evaluation. • Incompetent to Stand Trial (IST). • Emergency Treatment/Jail Transfer (TDOs). • Unrestorably Incompetent to Stand Trial (URIST). • Department of Corrections (DOC). <p>Ms. Schein noted that the number of admissions have increased over the last several years, with the restorations to competency and temporary detention orders (TDOs) being the highest numbers of admissions to state facilities. Though legislation passed two years ago in the General Assembly to make outpatient restoration services more available in the community (this includes those done in the jails), which helped, the admissions to state hospitals continue to rise. Also, while legislation passed that allows for outpatient restoration services and outpatient temporary custody evaluations in certain cases, jail transfers (forensic TDOs) can only be admitted to state hospitals. For the NGRI acquittees, slightly more are in the community than in the hospitals.</p>

Forensic pending admissions waiting lists for individuals ordered for restoration to competency, now must be admitted within 10 days of receiving the order. The office has a goal of seven days, and that has been largely maintained in spite of all the pressures of the census on hospital beds and the pandemic. This has taken a lot of effort.

Crisis intervention team (CITs) sites provide opportunities for diversion from inappropriate arrest for individuals in crisis. The goal is to support recovery while also relieving stress on the behavioral health and criminal justice systems. The office distributes funds to the sites and funding to only five rural training programs (the funding emphasis is on the sites). In Fiscal Year 2020, \$12.3 million was distributed to 38 CSBs to fund 42 sites. A recent CIT workgroup mandated by the General Assembly recommended five regional crisis receiving 'super' centers with 24/7 accessibility (one center in each region). The total cost estimate for these recommendations is \$20.3 million annually, \$12.3 million of which will come from the existing CITAC budget, with \$8 million required from new funds.

Ms. Schein reviewed recent legislation in the 2020 Special Session. She also reviewed three initiatives:

- Information Sharing: HB1328 and SB656 amended the code directing any healthcare provider who has provided services within the last two years to a person committed to a local or regional jail shall, upon request, disclose information necessary to ensure the continuity of care with the exception of information protected under federal regulation 42 CFR.
- Minimum Standards for Behavioral Health in Jails: DBHDS facilitated a work group and wrote a report outlining minimum standards for behavioral health, dental, and pharmacy care. The Department of Corrections is tasked with adopting minimum standards as well as implementing and monitoring compliance.
- Forensic Discharge Planning: In FY19 funding was provided to two CSBs to serve two jails with the highest number of individuals with serious mental illness. Highlands CSB received funding to serve Southwest Virginia Regional Jail and Chesapeake CSB received funding to serve Hampton Roads Regional Jail. Both of those CSBs serve as the fiscal agent and have partnered with surrounding CSBs that also serve those regional jails.

Ms. Mazzi asked if individuals with substance use disorders (SUD) could access CIT services, and also jail diversion. Ms. Schein responded that all diversion programs are targeted to individuals with serious mental illness (SMI). Someone with SMI may also have a SUD, but there must be a diagnosis of mental illness. There are other grant programs that target individuals with SUDs.

	Ms. Hilscher thanked Ms. Schein for the update.
DBHDS Southwestern Virginia Mental Health Institute (SWVMHI)	<p>(Due to the pandemic, the State Board had to postpone the meeting planned for Marion at the department’s hospital there, SWVMHI.)</p> <p>At 10:40 a.m., Ms. Hilscher welcomed Dr. Cynthia L. McClaskey, SWVMHI Director, who provided an update on the status of the facility, the staff, and the individuals receiving services there. She shared a video of the grounds and facility (http://swvmhi.dbhds.virginia.gov/swvmhi/WelcometoSWVMHI.mp4). She gave a breakdown of the bed capacity: In addition to 71 adult acute admissions beds where most newly admitted individuals receive services, the facility has 63 adult extended rehabilitative services “ERS” beds, and a geriatric unit with 20 Medicaid certified nursing facility beds and 21 Medicare certified intensive psychiatric treatment beds. Finally, there is currently a dedicated 8-bed COVID-19 ‘hot’ unit. This is expansion of four beds from what was formerly a 4-bed ‘back-up’ ward.</p> <p>The catchment area for the hospital includes 7,450 square miles (14% of Virginia’s square mileage) with a population of 563,800. The CSBs are:</p> <ul style="list-style-type: none"> • Cumberland Mountain Community Services. • Dickenson Behavioral Health Services. • Highlands Community Services. • Mount Rogers Community Services. • New River Valley Community Services. • Planning District One Behavioral Health Services. <p>Since the bed of ‘last resort’ legislation took effect July 1, 2014, the yearly admissions census has risen by about 100. The ‘last resort’ legislation requires that the state hospitals provide a bed for everyone under a TDO who needed a bed since the law was implemented July 1, 2014. Specifically:</p> <ul style="list-style-type: none"> • Since FY 2013, TDO admissions have increased 294%. • Since FY 2013, medical care costs have grown by more than 90%. • In FY 2019, the trend continues as in prior years. <p>It has been harder to discharge individuals during the pandemic, particularly to nursing homes and assisted living facilities.</p> <p>On average, 25 to 30 private hospitals are contacted prior to a CSB seeking state hospital admission. SWVMHI challenges include the fact that like all state facilities, SWVMHI is struggling to meet the admission demand due to the increase in TDOs and decrease in private hospital TDO admissions with the percent occupancy running in mid to high 90s. At times facilities are running above 100% occupancy with use of overflow beds. Acuity of individuals needing services is very high, thus increasing the staffing requirements and overtime costs. In addition, there have been increases in certain special populations with unique needs.</p>

Challenges specific to Southwestern Virginia include that of the CSBs with the highest percentage of persons with SMI per 100,000 population, five of the top six are within the SWVMHI catchment area (Dickenson, Planning District One, Mount Rogers, Highlands, Cumberland Mountain). Transportation has been and continues to be a challenge for our consumers and families. The region is underserved in psychiatric and behavioral health professionals, with fewer professionals in private practice and relatively few private inpatient behavioral health beds available in the region. Also, there are high rates of unemployment across the region with a rate of poverty higher than Virginia as a whole. The population is aging faster in the region. There are higher rates of Medicaid eligible individuals and higher rates of uninsured, both for health insurance and dental insurance.

Added to those regional challenges is the prescription drug epidemic that has been noted since 1997, and since 2003 there have been over 200 deaths annually from overdoses (from methadone, oxycodone, hydrocodone, fentanyl, and morphine). These are predominantly people under the age of 40.

Finally, the COVID-19 challenges continue. The hospital works closely with staff from the Virginia Department of Health's Mt. Rogers Health District.

Accomplishments include a five-star nursing facility rating, as well as no deficiencies in the past three Medicare surveys of the adult admissions unit: the most recent Medicare surveys, with positive comments about that and other units. Financial reviews by internal and external auditors are always excellent. The hospital works to create a true recovery environment for individuals.

Ms. Hilscher stated all the data shared in the presentation about the census challenge is important. She thanked Dr. McClaskey for her time and stated the State Board hopes to visit in person in the future.

Commissioner's Report

At 11:10 a.m., Ms. Hilscher welcomed Commissioner Alison Land for her report on the department overall. Ms. Land stated the impact of the pandemic has tested the entire behavioral health system in Virginia and has highlighted how precarious the nature of both the state hospitals and the community system. Even though staff across the system have risen to the challenge, there will be ongoing impact requiring continued vigilance, such as when a facility has to halt admissions due to an outbreak of the virus. If there is another increase in viral spread, it is expected to impact private providers in addition to state facilities.

DBHDS is collaborating with the Virginia Department of Health on rapid distribution of vaccines. However, the availability of the vaccine will not immediately eliminate all virus management due to availability.

Telehealth has been pivotal in the crisis. Rapid modernization of the health care delivery has been a silver lining during the pandemic, and the department will continue to look for ways to maximize ways to work with partners in helpful ways. DBHDS did help to identify a funding stream for CSBs for both payroll and revenue. Continuing weekly meetings with the CSBs to share information and guidance as needed, along with information to private providers. COVID-19 cases will continue to be tracked on the web site.

During the first three months of the pandemic, there was a very low rate of infection in the facilities. As Virginia began to reopen, outbreaks caused four hospitals to have to halt admissions. They are starting to increase admissions now. CCCA is currently open with a limited number of beds due to staffing shortages. It is only at 18 beds, with hopes to open up to 24 by November 1, 2020.

State hospitals are funded to 90 percent capacity, but often have had census at or above 100 percent capacity, with geriatric beds sometimes at 110 percent. The delay with discharges (finding a post-hospital placement) does impact admissions, which has caused a strain on partners. With the exception of the COVID-19 factors, the department has not been denying admissions. Ms. Land expects this situation to continue until Virginia has a more comprehensive payment strategy and strengthens community services to be less crisis-based so that fewer individuals require state hospital stays.

DBHDS has a number of strategies to address facility census:

- Continue to engage community providers in developing programs and services for BH/DD patients: reconfirmed existing agreements and established several new agreements for pediatric, adolescent, adult, and geriatric populations for both diversion and step down from state facilities.
- Balance efforts for front and back door initiatives. For example, the extraordinary barrier to discharge list is being addressed, with almost 500 individuals discharged; but more are added every day.
- Maximize incentives, recruitment, and retention strategies to maintain workforce.
- Engage the CSBs and community/private hospitals regarding admissions to settings other than state hospitals.

The CSBs have continued to carry out Code of Virginia-mandated core services, prioritizing essential services, with consideration of the impacts of the pandemic causing increases in depression and substance abuse. CSBs have been utilizing telehealth and drive up services, and also have continued implementing and operating through the System Transformation Excellence and Performance (STEP-VA) initiative with same day access, primary care screening, and crisis detoxification. STEP-VA data is starting to be received

with good results shown (over 60,000 same day assessments statewide, 78,000 primary care screenings, and 35,000 metabolic screenings). The department remains committed to fully building out all the pieces of the initiative as the path forward to bring Virginia to a more robust, accessible, high quality community system.

Regarding exiting the US DOJ's Settlement Agreement with Virginia, Ms. Land reported that in March, the department launched an intensive period of activity to implement a comprehensive project management plan to build out the 328 compliance indicators agreed on in January. This included developing all the processes, data collection mechanisms, and reporting mechanisms; this required a lot of collaboration with partners to execute by June 30, 2020

The next steps for the department regarding exiting the US DOJ's Settlement Agreement include:

- "Build the Run:" Efforts have shifted from the 'build' to the 'run' stage by completing the build summaries to document compliance, and operationalizing what was built.
- Performance Management Dashboard: To show progress against the measures (quantitative compliance indicators) and to demonstrate successful surveillance (qualitative compliance indicators).
- Data Management: Data as a controlled asset.
- Sustainability Backlog: Build out the mid-to-long-term solutions to replace minimum viable product and heavily reliant on Phase 1 data gap analysis and process opportunities from "Build the Run"
- Public Launch Document Library: To show evidence of compliance, and it will be updated over time to ensure ongoing compliance.

A change management process was near completion, including training for private providers and CSBs to manage reporting requirements. At a recent status conference, the judge did not change the timeline to come into compliance. It is very challenging to all involved, especially during the pandemic. There are many areas where we can make progress to show improvements in a favorable light, because stalling or regressing would have a damaging effect. So all are encouraged to take a step forward to improve the system for those served.

Ms. Land gave a brief update on substance use disorder (SUD) programs including:

- Federal Opioid Response Grant: \$38M was received over the past two years, and \$52.6M was awarded for 2020-2022 to strengthen community SUD programs. This is having a significant impact, as over 4,000 people received treatment services and over 10,000 received recovery support services.

- Medication Assisted Treatment (MAT): This service is now available in all 40 CSBs and eight colleges built campus recovery programs.
- REVIVE!: Training continues for lay people and law enforcement to administer Naloxone, and 5,789 Naloxone kits have been distributed.
- Peer Recovery Specialists (PRS): Virginia’s workforce has 2,247 PRS and family support partners trained since January 2017.
- Curb the Crisis Website (www.curbthecrisis.com): This is a new website targeting the opioid crisis that claims more Virginians every year from overdoses than in automobile accidents and nationally claims a life every 20 minutes.

Ms. Land provided information for the ‘warm line’ DBHDS is working on with Mental Health America of Virginia and VACSB to provide an opportunity for Virginians who are struggling during the pandemic to call the warm line and speak to a peer who will offer emotional support, active listening and referrals. The warm line was made possible through a federal grant to build and run the program through May 31, 2021. It is another resource during the pandemic.

Ms. Hilscher asked the commissioner to speak about the unallotting of funds and the need to halt progress on STEP-VA. Ms. Land responded that activity during the Special Session looked to address that, though it was not final. However, work continued as much as it could in preparation for restoration of funds.

Commissioner Land spoke to the development of an initial plan of an Equity Initiative that includes an Equity Office position who will be a member of the Senior Leadership Team, an Equity Council representing every division and reporting to Ms. Land, an organizational assessment by VCU that will include a focus group, establishment of an equity fund for training and other actions, a mentorship program and succession plan, and integration with other agencies within the secretariat.

In closing, the commissioner thanked the State Board for their excellent work despite unbelievable obstacles, and looked forward to working with them to improve the lives of individuals served.

Ms. Hilscher thanked the commissioner on behalf of the State Board and stated they looked forward to her next update on December 2, 2020.

Update: US DOJ Settlement Agreement with Virginia

At 11:47 a.m., Ms. Hilscher welcomed Heather Norton, Assistant Commissioner for Developmental Services, and stated that members who attended the April 2, 2020, emergency meeting will remember the regulations promulgated at that time to address some of the requirements of the Settlement Agreement. Ms. Norton presented background on the genesis for the Agreement (signed in 2012) through DOJ’s initial investigation at Central Virginia Training Center (CVTC) in 2008.

She then touched on sections of the Agreement, including the focus on integrated settings and the population targeted (those on a Medicaid Waiver or eligible for a Waiver). There was an emphasis on discharge planning and transition from training centers, and thus development of a 12-week discharge process that included training providers and identification of community supports and services individuals would need in the community, and creation of regional support teams and utilization of community resource consultant positions to help break down barriers to individuals' successful transition in the community. Virginia was required to create a quality and risk management system that would look at risk management including risk triggers and thresholds for individuals in the community, incident reporting and investigation, a comprehensive mortality review process, and additional requirements regarding provider corrective action plans. A vital part of the quality and risk management system includes: data that is reliable and valid, use of that data for analysis of the available services and supports, and identification of gaps in the system of services. Additional pieces include regional quality councils, provider development, case management that looked for risk triggers for individuals, ongoing training, and quality service reviews.

Ms. Norton explained accomplishments to date:

1. Redesign of the waivers-(created new waivers that met individuals' needs, redesigned the waiting list, created new services, all in a fiscally responsible way (rate study)).
2. Development of a crisis system for individuals with developmental disabilities (DD).
3. Improved data and reports.
4. Distribution of over 5,000 new waivers.
5. Closure of four training centers.
6. Creation of a new electronic waiver management system that integrates with the Medicaid system.
7. Creation of an Individual and Family Support Program (IFSP) for individuals on the waiting list for a waiver.
8. Creation of a quality system.
9. Creation of an incident management unit.
10. Improved consistency in the way licensing review completion.
11. Creation of Jump Start funding for providers to initiate new services.
12. Provider development for specialty care services.
13. New Office of Integrated Health and DD Health Support Network.

In FY 2019, Virginia gained additional compliance ratings from the Independent Reviewer assigned by the court. Of the 121 provisions of the Agreement, compliance was reported for 75 as of June 2020. In January, the 46 noncompliant provisions resulted in a negotiation of 328 new compliance indicators. In February, a project management initiative was started to come

	<p>into compliance. In March, DBHDS launched an intensive period of activity to build out the newly negotiated 328 compliance indicators. This build included the development of processes, data collection mechanisms, reporting mechanisms, and coordination and collaboration between DBHDS' internal and external stakeholders.</p> <p>Despite the pandemic, the judge did not adjust the timeline or requirements that must be addressed to come into compliance. Ms. Norton expressed appreciation of how challenging this is to many community DD service providers given the additional burdens faced during the pandemic. She indicated that DBHDS is ready to provide technical assistance needed to improve the lives of those served despite these challenging times. While there are many factors DBHDS cannot control in this situation, it is possible to both identify areas where progress can still be made and due diligence to continue forward progress without stalling or regressing.</p> <p>By the end of July 96% of the indicators were built out. Of the compliance indicators, 265 are operationalized, 60 are ready to operationalize, and 2 are not ready (working through processes or data, or finalization of regulatory changes). Finally, Ms. Norton reported that 14,678 individuals are on the Home and Community Based Services Waiver, and the waiting list is divided by three priorities:</p> <ul style="list-style-type: none"> • Priority 1 Waiting List: 3,372 individuals who are in need of services presently. <p>The other two priorities are ranked for those who will need services between 1 – 5 years from now.</p> <ul style="list-style-type: none"> • Priority 2 Waiting List: 6,221 individuals • Priority 3 Waiting List: 3,743 individuals. <p>Ms. Hilscher thanked Ms. Norton and noted that the work done since 2012 has been a very 'heavy lift.'</p>
Break for Lunch	At 12:05 p.m., Ms. Hilscher suspended the meeting until 12:30.
Committee Reports	<p>At 12:32 p.m., Ms. Hilscher called the meeting back to order. She stated the committees were newly reconstituted as memberships shifted with the change of officers in July and change of three, soon to be four, member positions since last October.</p> <p>Planning & Budget</p> <p>As chair of the committee, Ms. Hilscher presented the update on the Planning and Budget Committee. Presentations were received that morning by:</p> <ol style="list-style-type: none"> 1. Standing Agenda Item – Identified biennial planning priorities: Robert Hobbeman, CIO, on the status of electronic health records

- implementation and other IT projects and priorities. This was in preparation for his update to the full board at the December meeting.
2. Standing Agenda Item - Discussion of agency priorities within the framework of strategic planning and budget development processes: Josie Mace, Financial and Policy Analyst, on the status of the pending budget and ‘unallotted’ appropriations in the 2020 Special Session of the General Assembly, and the State Board’s quarterly budget update.
 3. Standing Agenda Item – Semi-Annual Federal Grant Report: Ramona Howell, Federal Grants Manager, Office of Fiscal and Grants Management, on 15 current federal grants totaling 107M. This was in preparation for the update to the full board at the December meeting.

A committee meeting will be scheduled between before the December meeting to discuss the specifics on reorganization of the Grant Review Committee.

Policy Development and Evaluation

Ms. Hilscher directed members’ attention to the two policies on page 17 and 20, respectively, and welcomed Alex Harris, Policy and Legislative Affairs Director. Ms. Hilscher explained that another change for this committee is a change in staff due to the vacancy of Emily Lowrie’s position, which Ms. Harris supervises. Ms. Harris is covering the committee until that position is filled. As required by the Bylaws, the Policy Committee is chaired by the State Board’s new Vice Chair, Becky Graser.

Ms. Harris reviewed the policy on the structure and role of the policy committee, the policy review schedule, and next steps for specific policies. Ms. Harris then referred to the two policies with minor amendments (terminology, references) before the full board for consideration of final revisions:

- Policy 1016 (SYS) 86-23 Policy Goal of the Commonwealth for a Comprehensive, Community-Based System of Services.
- Policy 1028 (SYS) 90-1 Human Resource Development. The amendments were minor, but included deletion of a paragraph in the policy section which referred to a workforce development advisory committee that is now obsolete as there is a Workforce Advisor in the Governor’s Cabinet.

On a motion by Sandra Price-Stroble and a second by Becky Graser, the revisions to Policy 1016 were adopted by roll call vote. All members approved the amendments.

On a motion by Moira Mazzi and a second by Kendall Lee, the revisions to Policy 1028 were adopted by roll call vote. All members approved the amendments.

Update: Legislative Workgroups

At 12:45 p.m., Ms. Harris provided a more detailed update on a topic summarized in the July meeting, the several legislative workgroups the department is handling.

1. Medical Temporary Detention Order (TDO) Workgroup (HB1452/SB738): The workgroup finalized policies, procedures, and recommendations regarding the use of medical TDOs, including whether magistrates should have authority to issue them and the role of the CSB after the medical TDO expires. The report is on the DBHDS website.
2. TDO Evaluator Workgroup (HB1699/SB768): The workgroup narrowed in on two possible areas of expansion (one keeping within the CSB system, the other expanding to emergency room providers). Additional overarching recommendations considered include examining the length of the prescreening form, improving the bed registry, monitoring quality and consistency of prescreens, leveraging peer support specialists, etc. This report was being finalized.
3. Bed Registry Workgroup (HB 1453/SB739): The electronic statewide bed registry for admission to hospitals for psychiatric care has been in place for several years. After first agreeing that many changes were needed to the registry, the workgroup reviewed and discussed the role of the registry, specific functionalities, data points the bed registry should possess, and simplification of data extraction. The final report was under review and includes a comprehensive list of recommendations for improvements.
4. Discharge Assistance Planning (DAP) Workgroup (Item 321.C3): Detailed data and information from the system were reviewed regarding the planning to assist individuals when discharged from a hospital after receiving inpatient psychiatric services, and draft recommendation discussions included that DAP should continue to provide supportive residential services, to include assisted living facilities, nursing facility placements, and specialized group homes. The final report was under review.
5. Supported Decision Making (SDM) Workgroup (SB585): SDM is a model of decision support for individuals receiving services. The individual retains complete autonomy with decision making. The workgroup discussed proposed recommendations including putting forth a set of guiding principles, resisting over-formalizing SDM, investing in training and education for targeted groups, and potentially including a definition in the Code of Virginia as it pertains to guardians and authorized representatives (ARs). The final report was under review.
6. Children's Residential Workgroup (HB728/SB 734): There were subgroups looking more closely at the Independent Assessment, Certification and Coordination Team (IACCT) and Family Assessment and Planning Team (FAPT) processes as well as other issues to expedite the approval process for timely placements. The workgroup would be finalizing recommendations for streamlining the process.

Ms. Harris reported on other active workgroups:

- Plan for disposition of vacant properties, staffed by DBHDS Facility Division: This workgroup is charged with conducting an inventory of vacant and surplus DBHDS properties and developing a plan for the potential disposition of those properties.
- Advisory Group on Respite and Personal Assistance Services, staffed by the Department of Medical Assistance Services (DMAS): This workgroup is reviewing regulations regarding the provision of respite or personal assistance services in order to determine barriers to providing them in a setting other than the home.
- Accommodations for people with developmental disabilities in Department of Corrections' facilities, staffed by DOC: This workgroup is reviewing current DOC guidelines in order to develop recommendations that recognize and make accommodations for people with developmental disabilities.
- Behavioral health loan repayment program, staffed by VDH: This workgroup is developing a plan to increase Virginia's behavioral health practitioners among safety net organizations through student loan repayments.

Ms. Hilscher noted that Ms. Harris had been busy with the workgroups, the special session, Emily's departure, and preparing for the regular session in January.

Ms. Mazzi asked a clarifying question on SDM, wondering what subgroup most used the process and if the courts were using it as a precursor before more extensive measures were taking for guardianship. Ms. Harris stated that from research of other states were used by advocates in the disability community as a precursor, particularly for parents of children aging out of the school system.

A second question was for an explanation of the credentials, how often individuals meet with those partnered for SDM, and whether there is a review by the supportive partner to confirm how decisions were made. The key to SDM is that specific details of the arrangement are up to the specifics of each relationship such as: only health care or more broad; in writing or verbal; only to help make the decision or also help to communicate it. Ms. Harris will provide some background documents to send to the members for general information.

Ms. Hilscher thanked Ms. Harris for all the information.

2021 General Assembly:

At 1:06 p.m., Ms. Hilscher welcomed Heidi Dix, Deputy Commissioner for Quality Assurance and Government Relations, and Josie Mace, Financial and Policy Analyst from the Office of Budget Development, who reviewed legislative and budget preparations for the 2021 Regular Session.

**Pre-Session
Legislative and
Budget Review**

Ms. Dix reported that it was anticipated that a budget would be approved soon in the 2020 Special Session. The Reconvened Session is held on the sixth Wednesday from adjournment, which will be in December and very close to the start of the 2021 Regular Session, creating some difficulty in planning what to request in the regular session. The budget proposals in both chambers, if approved, would give some DAP funding that is a high priority for pilots for private providers to provide inpatient services to help address the state hospital census. For the regular session, more than 10 legislative drafts were submitted to the Administration to address the agency’s priorities, most to address hospital census through tweaking current processes, including forensic services. Also, some drafts have to do with improving the internal operations of the Office of Licensing to better support providers. Those will become public later, if approved. Regarding the budget for the regular session, probably by early November agencies would be asked to submit budgets. Considerations would be given around what is critical to maintain operations, address hospital census, and continue STEP-VA and behavioral health enhancement. At the December meeting, the commissioner should be able to share this information, as well as the results of the special session.

At 1:14 p.m., Ms. Mace reported that it was not expected that very many new items would be funded in the regular session. The economic outlook would be re-forecasted in November, which would shed light on revenues. All new General Fund allotments for STEP-VA remained unallotted except 5M for the crisis call center. The other purpose of the special session was to consider criminal justice legislation, and one matter addressed is the Marcus Alert. Various co-responder models were put forward for mental health personnel would only call in law enforcement when a situation became or was expected to become violent and could not be mitigated otherwise. The crisis call center would be a way to dispatch such calls in coordination with 911 Dispatch. DBHDS would have to establish five programs, with teams consisting of a mental health commission and a peer specialist, by December 1, 2021. Five additional programs would need to be established by December 2022, and all CSB catchment areas would need to have one established by 2026. A public service campaign would be coordinated with the establishment of teams.

**Update on the
Virginia Association
of Community
Services Boards**

At 1:20 p.m., Ms. Hilscher welcomed Jennifer Faison, Executive Director of the Virginia Association of Community Services Boards (VACSB), who gave the perspective of the CSBs in the current pandemic landscape. Ms. Faison reported that Virginia’s public safety net had not failed to provide any of its Code of Virginia mandated services during the pandemic, though it was not easy. Adjusting services to accommodate health and safety needs has come at a cost but has also forced needed change. CSBs have found creative ways across all lines of business to keep individuals engaged in service and even expand service delivery in some instances. CSBs recognized early on

that there would be some services that required continued face to face contact such as program of assertive community treatment (PACT), medication administration, and in some instances other clinical services such as prescreening evaluations, depending on the presentation of the individual. CSBs worked quickly to purchase appropriate personal protective equipment (PPE) for staff and clients, made staffing adjustments to protect against infecting an entire team or staff area, and keeping clients safe. (There are still challenges with PPE vendors.) Creative problem-solving included drive through tents for medication delivery and converting roles of some staff who could not work from home to perform tasks such as medication delivery.

Ms. Faison noted that most of the regulatory changes that enabled increased use of telehealth needs to remain in place beyond the pandemic, especially the rate. Previously, telehealth encounters were paid at a lower rate; this was always a poor approach to this important pathway to accessing services.

Federal Coronavirus Aid, Relief, and Economic Security (CARES) Act money has not trickled down to CSBs as anticipated. There have been delays (not caused by DBHDS) in reimbursements caused by burdensome state-required reimbursement processes for PPE and telehealth purchases for federal money given to the states. Federal disallowances regarding the Medicaid-based funds have caused CSBs to miss out on larger pots of money by having received smaller pots of money early on. CSBs run 24 hour/7 day operations just like hospitals and serve individuals with complex needs just like nursing homes (i.e., intermediate care facilities), but have not been prioritized in the same way.

Ms. Faison stated that the state hospital census was an issue before the pandemic and was made worse by it. In particular, CSB prescreening clinicians play a critical role but control few of the circumstances:

- Have never been able to control whether a private hospital will admit an individual needing services.
 - ‘Last resort’ does not mean the same thing during the pandemic and the policy of delayed admissions is not working.
 - Cannot control how law enforcement fulfills its role in this new environment.
 - Cannot control where or when an individual goes into crisis.
 - Cannot control how magistrates and special justices fulfill their roles.
- VACSB has partnered with DBHDS and appreciate the agency’s role, but the prescreeners are stuck in the middle of these issues.

Racial inequity is seen by the CSBs as a pandemic within a pandemic. Ms. Faison touched on the following:

- Marcus alert legislation: CSBs have advocated with patrons to have an outcome with all the bills that would be both manageable and appropriate

for the system. The behavioral health system needs to be funded, and STEP-VA is the primary, agreed upon pathway for that.

- Speaking more broadly about inequity, the VACSB as an association has engaged in conversation on racial issues as they intersect with behavioral health by focusing on three issues:
 1. Access to care for people of color and minorities.
 2. Clinical workforce is more effective if individuals needing services feel a connection on racial or other inequity terms with the clinician.
 3. Making a moment a movement by including an agenda item on all meetings to discuss the topic. Also, VACSB engaged with the Governor’s Office Diversity, Equity, and Inclusion representative to partner on the OneVirginia plan. An internal workgroup will analyze were CSBs can target the plan.

Ms. Hilscher noted that she had a conversation with her mother in Maine, who lives in a retirement community, which has been in lockdown. Her mother noted that she and her fellow residents have aged more rapidly during the time of isolation; the change in the emotional stability of the residents has been rather dramatic. Ms. Hilscher wondered if CSBs have talked about how to reach the elderly who have been so isolated. Ms. Faison concurred that it is awful, but she doesn’t know specifically what services CSBs are providing in nursing home settings. If they have recently transferred from inpatient psychiatric settings, they would have a ‘virtual eye’ with them. However, in regard to engaging in a broad sense, Ms. Faison reported she knew of three CSBs that had been running assisted living facilities in partnership with DBHDS. While not all the individuals in those three settings are elderly individuals, many are and Ms. Faison pledged to check in to see how they are handling the situation from an emotional health perspective.

Ms. Graser asked about the comment that the CARES Act funding had not trickled down, whether the application process would be improving. Ms. Faison responded that in early October the portal had opened for additional provider funds and it looked more encouraging.

Ms. Hilscher asked Ms. Faison to please pass on the appreciation of the State Board to all the CSBs for everything they have done to care for those needing services and their families, especially during the pandemic. She thanked Ms. Faison for her time. Ms. Faison mentioned that the 2020 Gartlan Award was awarded to all the CSBs for the tremendous efforts, and there was a video in production she would share at a later date.

Miscellaneous

A. Regulatory Update

At 1:52 p.m., Ms. Hilscher opened the housekeeping portion of the agenda, directing members to the chart on page 23, the regulatory matrix. She noted that a number of the current actions had to do with licensing regulations and welcomed Emily Bowles, Assistant Director for Licensing, Quality,

Regulatory Compliance, and Training in the Office of Licensing, who provided updates on promulgated regulations.

Ms. Bowles reminded members that the final, permanent amendments to the Licensing Regulations to comply with requirements of the US DOJ's Settlement Agreement with Virginia became effective August 1, 2020. An informal operational implementation date of November 1, 2020, was communicated to providers through an August 6, 2020 memo. During this 'grace period,' new regulatory provisions that are stricter than the previous emergency regulations (superseded by the permanent regulations) would not be enforced by the office in order to give providers time to make adjustments. Ms. Bowles reported that provider regulatory trainings were planned for the month of October on the final changes. Additional trainings on quality improvement, risk management, and root cause analysis will be held the last week of the month and in early November.

Guidance documents, which provide information or guidance of a general nature to agency staff or the public to interpret or implement statutes or the agency's regulations (but do not have the force of law), were developed to accompany the DOJ-related amendments:

- New guidance effective in late August:
 - Guidance on Corrective Action Plans.
 - Guidance on Incident Reporting Requirements.
 - Guidance for Risk Management.
- Draft amendments to two existing documents, which became effective in September 2018 to take effect at the end of October, after a public comment period on the revisions:
 - Guidance for Quality for Quality Improvement Program.
 - Guidance for Serious Incident Reporting.

Ms. Bowles reviewed any changes to the status of the other current regulatory actions regarding the Licensing Regulations referenced in the matrix since publication of the meeting packet. Ms. Hilscher thanked Ms. Bowles for her report.

B. Committee Memberships

At 2:03 p.m., Ms. Hilscher directed board members to the chart on page 28 of the committee memberships. She thanked members for their willingness to accommodate the requests for changes, and hoped the work of the committees returns to a good pace. She noted that the local elected government position (as noted at the start of the meeting) was expected to be filled in the near future.

C. Updated Web Pages

Ms. Walker shared a showcase sample of what the new DBHDS web page will look like; it is planned to be more user friendly and attractive. There

	<p>would be changes to the State Board’s pages within the same format. It would be some time before the new web page is rolled out, but much work had been done in the background already.</p> <p>D. State Board Liaison Assignments Also on page 28, Ms. Hilscher noted the draft of new liaison assignments. Ms. Walker reviewed specifics of the role of the member liaison assignments, that there is some regular connection a couple times per year (normally this is often by phone or email) with the state facility and CSB executive directors to ‘take the pulse’ of the system and convey that they are ‘on the State Board’s radar’ and that members care about what is happening in the director’s area. It is never meant to be overly burdensome for either the members or the directors.</p> <p>E. Quarterly Budget Report Ms. Hilscher reported that Ms. Mace had reported on the budget in committee, that since July 1, 2020, board expenses totaled \$633.95, from expenses from the July meeting (travel \$489.45; food service.es \$144.50).</p> <p>F. Annual Executive Summary Ms. Hilscher reminded members of the Code of Virginia requirement for an annual executive summary the State Board sends to the Governor and General Assembly to inform them of the work of the State Board for the past year. As has been the practice, staff will develop a draft, which Ms. Hilscher will review, and it will be sent to members in mid-November for review. Any suggestions for edits in advance of the December meeting can be sent via email to Ms. Walker, and the chair has final approval.</p>
<p>Other Business</p>	<p>Next Meeting Ms. Hilscher reminded members that the next regular meeting would be on Wednesday, December 2, 2020.</p>
<p>Adjournment</p>	<p>There being no further business, the meeting Ms. Hilscher adjourned the meeting at 2:13 p.m.</p>

(add when final)

Elizabeth Hilscher, Chair

Ruth Anne Walker

Ruth Anne Walker

STATE BOARD OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

**PLANNING AND BUDGET COMMITTEE
DRAFT MINUTES**

WEDNESDAY, OCTOBER 14, 2020 – VIRTUAL
8:30 A.M.
RICHMOND, VA

Members present: Elizabeth Hilscher; Chris Olivo.

Members absent: Jerome Hughes. **Vacancy:** Local elected official.

Others present: Ramona Howell; Robert Hobbleman; Josie Mace; Ruth Anne Walker.

I. Call to Order

At 8:35 a.m., Elizabeth Hilscher called the meeting to order.

The committee did not have a quorum; therefore, information was received but business was not conducted.

II. Welcome and Introductions

Ms. Hilscher welcomed members and staff present.

III. Adoption of Minutes, December 11, 2019

The minutes were reviewed but would be adopted at the December meeting or when a quorum was present.

IV. Standing Item: Long-range planning.

A. Update on Current Department Strategic Planning Efforts

Ruth Anne Walker reported that the demands of the pandemic had taken up the commissioner's and staff's time thus far in 2020, along with the June 30, 2020, DOJ deadline. However, it seemed that the level of demands were starting to evolve such that it would be possible to discuss at least to some degree in December.

B. Review of topic areas for board meetings through July 2021.

a. Last of the 2019 Biennial Planning Priorities: Electronic Health Records. Robert Hobbleman, DBHDS CIO, reported on the status of electronic health records implementation and other IT projects and priorities. This was in preparation for his update to the full board at the December 2, 2020, meeting.

b. Draft Meeting Schedule and Topics

Ruth Anne Walker presented a revised draft meeting schedule of topics for 2021. As part of the presentation.

c. Reminder: Regulatory and Policy Issues Presented in Advance.
Ms. Walker reminded committee members that it was the practice of the State Board, when possible, to hear background on regulatory and policy issues prior to any votes on regulations or policies.

V. Standing Item: *Budget priorities.*

A. State Board Budget Quarterly Report.

B. Discussion of Identified Priorities (within the framework of required agency strategic planning and budget development processes).

For both of the items above (A and B), Josie Mace, Financial and Policy Analyst, provided updates on the status of the pending budget and 'unallotted' appropriations in the 2020 Special Session of the General Assembly, and the State Board's quarterly budget update.

C. Review the ways the Board fulfills its powers and duties, as described in the Annual Executive Summary.

Ms. Walker reported that the draft of the document would come to the State Board for review with the December meeting packet. The summary is required by § 37.2-200 of the Code of Virginia.

VI. Standing Item: Semi Annual Federal Grant Report.

A. Semi Annual Federal Grant Report.

In advance of the December 2020 meeting, Ramona Howell, Federal Grants Manager, Office of Fiscal and Grants Management, presented on the status of all federal grants and applications for federal grants.

B. Specifics on Reestablishment of the Grant Review Committee Process
Members present discussed the possibility of a committee meeting between before the December meeting to discuss the specifics on reorganization of the Grant Review Committee.

VII. Other Business

A. Temporary Committee Vacancy (Local Elected Official)

Ms. Hilscher reported that once the vacancy was filled, the new member of the State Board representing local government would be a member of the committee. An appointment was pending with the Governor's Office.

VIII. Next Steps:

A. Standing Item: *Provide updates on committee planning activities to the Board.*

Ms. Walker stated that once strategic planning for the agency progressed to an appropriate point, the committee would be updated further in detail and thus, be able to coordinate meeting topics with the State Board.

B. Next Meeting

Members present discussed the possibility of a committee meeting between before the December meeting; otherwise, the next meeting would on December 2, 2020, at 8:30 a.m.

IX. Adjournment

There being no further business, Ms. Hilscher adjourned the meeting at 9:20 a.m.

STATE BOARD OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

**Policy and Evaluation Committee
DRAFT MINUTES**

WEDNESDAY, OCTOBER 14, 2020 - VIRTUAL
8:30-9:25 AM
RICHMOND, VA

Members present: Varun Choudhary, Kendall Lee, Moira Mazzi, Sandra Price-Stroble.

Members absent: Rebecca Graser.

Staff: Alex Harris, committee staff.

Guests: Corey Atanda, Tyler Cox, Ren Fazewski, Mark Hickman, Pamela Little, Kate Masters, ,Kevin Mullins Numbers starting with -571 and -301 and -215.

I. Call to Order

Moira Mazzi called the meeting to order.

II. Welcome and Introductions

Ms. Mazzi welcomed all present, and all present introduced themselves.

III. Overview of the Role and Responsibilities of the Committee

Alex Harris reviewed POLICY 2010(ADM) 88-2 Policy Development and Evaluation, covering the basic role and responsibilities of the committee.

IV. Presentation of the Policy Review Schedule and Discussion

Ms. Harris reviewed the policy review schedule, recently updated and distributed to committee members.

The committee discussed the next priority for review, including whether to review in order of the last review date or to prioritize for review a set of policies to be consolidated and reflect STEP-VA vision. The committee decided to prioritize the STEP-VA-related consolidation of policies.

VII. Next Meeting: December 2020

VIII. Other Business

IX. Adjournment

Ms. Mazzi adjourned the meeting at 9:10.

State Board Regulatory Package: Required Periodic Reviews

(See the flow chart of the process: <http://townhall.virginia.gov/UM/chartperiodicreview.pdf>)

Background: Existing regulations must be examined at least every four years to review statutory authority and assure that the regulations do not exceed the Board's statutory authority. Investigation should be conducted for any alternatives to the regulation and any need to modify the regulation to meet current needs.

The next periodic review must be initiated by February 9, 2021.

Purpose: The Human Rights Regulations are submitted to the State Board for consideration for review.

Action Requested: Direct that a periodic review is initiated for the following regulations.

VAC Citation	Title	Last Review
<u>12 VAC 35-115</u>	<u>Regulations to Assure the Rights of Individuals Receiving Services from Providers Licensed, Funded, or Operated by the Department of Behavioral Health and Developmental Services</u>	11/01/2011**

**This action was a major overhaul and required extensive stakeholder input; it took effect on 02/09/2017.

Next Steps:

If approved, staff initiates the periodic review. At the conclusion of the 21-day (minimum) comment period, staff develops recommended Board action on each of the regulations, for consideration at the December meeting. The choices for action are:

- A. Propose to retain the regulation in its current form.
- B. Propose to amend or abolish the regulation. (Notice of Intended Regulatory Action)
- C. Propose to amend the regulation through an exempt action.

REGULATORY ACTIVITY STATUS REPORT: DECEMBER 2020 (REVISED 11/22/20)

Board		STATE BOARD OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES		
VAC CITATION	CHAPTER TITLE (FULL TITLE)	REGULATIONS IN PROCESS		
		PURPOSE	STAGE	STATUS
12 VAC 35-46 Certain sections and NEW Sections 1150-1250.	Regulations for Children's Residential Facilities	In accordance with Item 318.B. of the 2020 Appropriation Act to align with the American Society of Addiction Medicine (ASAM) Levels of Care Criteria or an equivalent set of criteria.	• Emergency/NOIRA	• <i>This action was filed on July 17, 2020, and received by the Secretary of Health and Human Resources on September 10, 2020.</i>
<u>12 VAC 35-105</u> Certain sections.	Rules and Regulations for Licensing Facilities and Providers of Mental Health, Mental Retardation and Substance Abuse Services	Allowing a grace period for documentation of ISPs	• Standard	• <i>The final stage was filed July 16, 2020, and was received by the Governor's Office on October 27, 2020.</i>
<u>12 VAC 35-105</u> New Section 435.	same	In accordance with Chapter 776 of the 2019 General Assembly, to require a provider statement to any other provider when a criminal history background check is required.	• Fast Track	• Effective 10/30/20.
<u>12 VAC 35-105</u> Certain sections.		In accordance with Item 318.B. of the 2020 Appropriation Act, amendments to align with ASAM criteria.	• Emergency	• <i>This action was filed on July 17, 2020, and received by the Governor's Office on October 27, 2020.</i>
<u>12 VAC 35-105</u> Certain sections.		In accordance with Item 318.B. of the 2020 Appropriation Act, amendments to align with enhanced behavioral health services.	• Emergency	• <i>This action was filed on July 17, 2020, and received by the Secretary of Health and Human Resources on September 10, 2020.</i>
<u>12 VAC 35-105</u> All sections.	same	<i>To provide specific standards for licensing of organizations and facilities that provide behavioral health and developmental disability services.</i>	• Draft	• <i>As a response to periodic review (closed December 15, 2017), a draft of a new general chapter was revised per stakeholder feedback and the first of several supporting chapters is in final development..</i>
<u>12 VAC 35-225</u>	Requirements for Virginia's Early Intervention System	To provide the requirements for Virginia's early intervention services system that are designed to protect the health, safety, and welfare of children with disabilities from birth through the age of two to ensure access to appropriate early intervention services.	• Fast Track	• <i>The periodic review was initiated October 10, 2019, with a public comment forum held November 11 – December 2, 2019. This fast track was filed with the OAG on July 17, 2020.</i>

2020 ANNUAL EXECUTIVE SUMMARY
of the Activity and Work of the
STATE BOARD of
BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES



TO THE GOVERNOR AND GENERAL ASSEMBLY

January 1, 2021

STATE BOARD OF
BEHAVIORAL HEALTH AND
DEVELOPMENTAL SERVICES

ELIZABETH HILSCHER, Chair
RICHMOND CITY
REBECCA GRASER, Vice Chair
RICHMOND COUNTY
THE HON. E. PAIGE CASH
PULASKI
VARUN CHOUDHARY
HENRICO
JEROME HUGHES
PRINCE WILLIAM
KENDALL LEE
LUNENBERG
MOIRA MAZZI
FAIRFAX COUNTY
CHRISTOPHER OLIVO
YORK
SANDRA PRICE-STROBLE
HARRISONBURG



STATE BOARD OFFICE
1220 BANK STREET
RICHMOND, VA 23219

P.O. BOX 1797
RICHMOND, VA 23218-1797

TELEPHONE (804) 786-7945
FAX (804) 371-2308

COMMONWEALTH of VIRGINIA
DEPARTMENT OF
BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
Post Office Box 1797

Richmond, Virginia 23218-1797

January 1, 2021

To the Honorable Ralph R. Northam, Governor of Virginia
and
Members, General Assembly of Virginia,

I am writing on behalf of the State Board of Behavioral Health and Developmental Services to the Annual Executive Summary submitted in accordance with subsection E of § 37.2-200 of the *Code of Virginia*. The report describes the statutory basis for the Board, provides information concerning the activity of the Board during the preceding year, and outlines the Board's policy priorities for the coming year.

In 2020~~19~~, quarterly meetings originally planned for Nottoway, Richmond, and Marion, were held virtually in accordance with Item 4-0.01 g. of Chapter 1283 of the 2020 Acts of Assembly, Article 5 the Bylaws of the State Board, and the Virginia Freedom of Information Act (FOIA). One meeting in Richmond was both in person and virtual~~the Board held its meetings in Fairfax, Richmond, and Staunton.~~ During these meetings, the Board heard reports from DBHDS Commissioner ~~Dr. Hughes Melton~~ Alison Land and presentations on:

- Major initiatives such as the System Transformation, Excellence and Performance (STEP-VA) model to transform Virginia's mental health services, the US Department of Justice Settlement Agreement, jail and forensic matters including Crisis Intervention Training (CIT), and the State Opioid Response (SOR) Grant and the State Targeted Response (STR) Grante collaborative state actions to fight the opioid crisis;
- The state human rights system;
- Community services boards (CSBs) particularly the impact of the pandemic on services as reported by the Virginia Association of CSBs; and
- Southwestern Virginia Mental Health Institute,-

At its July 2019 biennial planning retreat and regular meeting, the ~~Board was pleased to receive a detailed update from DBHDS leadership on the progress of the department's strategic initiatives included in the forthcoming strategic plan.~~ The members of the Board endorsed as its own priorities for the biennium the key initiatives and implementation plans developed through that recent planning process. In particular, the members are interested in support for:

1. Utilization of Crisis Intervention Treatment and Assessment Sites (CITACs) for detoxification and 23 hour crisis stabilization to assist in alleviating the current capacity pressures on state hospitals.
2. Continued work toward elimination of the Priority 1 Waitlist, but also strongly consider refresh of waiver rates (with regional variation addressed) to address increasing pressures to recruit and retain qualified professionals to provide waiver services.
3. Elimination of the gap uninsured Virginians experience, even after Medicaid expansion, and continued focus on the need for resources like STEP-VA to support the un- and under-insured.

Of course, the impact of the pandemic on state resources has created an additional challenge to meet all of the Commonwealth's needs. However ¶the Board continues to hopes that behavioral health and developmental services priorities remain in the forefront of all issues brought before the 2021~~0~~ Session of the General Assembly.

Sincerely,

Elizabeth Hilscher, Chair

Cc: Members, State Board of Behavioral Health and Developmental Services
The Honorable Richard L. Saslaw
The Honorable Eileen R. Filler-Corn
The Honorable Daniel Carey, M.D.
Vanessa Walker Harris, M.D. ~~Marvin B. Figueroa~~
Alison G. Land, FACHE
Heidi R. Dix
Ruth Anne Walker

TABLE OF CONTENTS

<i>Introduction</i>	5
<i>Board Membership</i>	6
<i>Review of Statutory Authority</i>	6
<i>FY 2020 Accomplishments</i>	7
<i>Area of Responsibility-A: Policy Development and Monitoring</i>	7
<i>Area of Responsibility-B: Ensure the Development of Programs and Plans</i>	8
<i>Area of Responsibility-C: Review and Comment on All Budgets and Requests</i>	8
<i>Area of Responsibility-D: Adopt Regulations</i>	8
<i>Area of Responsibility-E: Communication, Coordination & Collaboration</i>	8
<i>Summary and Next Steps</i>	9
<i>Appendices</i>	10
<i>Appendix A: List of Current State Board Policies</i>	10
<i>Appendix B: 2020 Annual Regulatory Status Report</i>	12
<i>Appendix C: 2021 Meeting Schedule</i>	14

Information about the Board can be found at this link:
<http://www.dbhds.virginia.gov/about-dbhds/Boards-Councils/state-board-of-BHDS>

INTRODUCTION

Board Membership

The State Board of Behavioral Health and Developmental Services is established by § 37.2-200 of the *Code of Virginia* as a policy board in the executive branch of Virginia government as defined in § 2.2-2100. Citizen board members are appointed by the Governor and subject to confirmation by the General Assembly. Terms are for four years each, except appointments to fill vacancies. Members may be reappointed; however, no member may serve more than two full four-year terms. The remainder of any term to which a member is appointed to fill a vacancy shall not constitute a term in determining the member's eligibility for reappointment. No person shall serve more than a total of 12 years.

Quarterly meetings to effectively address policy, regulatory, and systems change issues were originally planned for Nottoway, Richmond, and Marion. Due to the pandemic, all meetings were held virtually in accordance with Item 4-0.01 g. of Chapter 1283 of the 2020 Acts of Assembly. One meeting in Richmond was both in person and virtual. The Board held five dates of the four meetings in 2019-2020 to effectively address policy, regulatory, and systems change issues as follows:

- April 2.
- July 15, Richmond City.
- October 14.
- December 2.

Board membership consists of nine non-legislative citizen members. The Board is required to have individuals receiving services and family members, one local elected government official, one psychiatrist licensed to practice in Virginia, and four citizens at large. The current membership of the Board meets the statutory criteria and is constituted as follows:

- Elizabeth Hilscher, Richmond City, Chair;
- Rebecca Graser, Richmond County Vice-Chair;
- The Hon. E. Paige Cash, Pulaski;
- Varun Choudhary, MD, MA, DFAPA, Henrico;
- Jerome Hughes, Prince William;
- Kendall Lee, PhD, Lunenburg;
- Moira Mazzi, Fairfax County;
- Christopher Olivo, York; and
- Sandra Price-Stroble, Harrisonburg.

Members who rotated off in 2020:

- Paula Mitchell, Roanoke City.

Members who resigned in 2020:

- Jack Bruggeman, Fairfax County.
- The Hon. Djuna Osborne, Roanoke City.

The current Board membership consists of individuals who have been appointed as early as 2014, with the most recent appointment made in October 2019/2020. It is noteworthy that the Board has experienced a historic number membership changes recently. The current membership of the Board is made up of four out of five members who were appointed in less than 18 months, and three in 2020.

Review of Statutory Authority

State Board of Behavioral Health and Developmental Services (§ 37.2-200).

A. The State Board of Behavioral Health and Developmental Services is established as a policy board ...in the executive branch of government.

D. ...The Board shall meet quarterly and at such other times as it deems proper. ...The meetings of the Board shall be held at the call of the chairman or whenever the majority of the members so request....

E. The chairman of the Board 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.

Classification of executive branch boards, commissions and councils (§2.2-2100).

"Policy" - A board, commission or council shall be classified as policy if it is specifically charged by statute to promulgate public policies or regulations. It may also be charged with adjudicating violations of those policies or regulations. Specific functions of the board, commission or council may include, but are not limited to, rate setting, distributing federal funds, and adjudicating regulatory or statutory violations, but each power shall be enumerated by law. Policy boards, commissions or councils are not responsible for supervising agencies or employing personnel. They may review and comment on agency budget requests.

Powers and duties of the Board (§ 37.2-203).

1. To develop and establish programmatic and fiscal policies governing the operation of state hospitals, training centers, community services boards, and behavioral health authorities;
2. To ensure the development of long-range programs and plans for mental health, developmental, and substance abuse services provided by the Department, community services boards, and behavioral health authorities;
3. To review and comment on all budgets and requests for appropriations for the Department prior to their submission to the Governor and on all applications for federal funds;
4. To monitor the activities of the Department and its effectiveness in implementing the policies of the Board;
5. To advise the Governor, Commissioner, and General Assembly on matters relating to mental health, developmental, and substance abuse services;

6. To adopt regulations that may be necessary to carry out the provisions of this title and other laws of the Commonwealth administered by the Commissioner or the Department;
7. To ensure the development of programs to educate citizens about and elicit public support for the activities of the Department, community services boards, and behavioral health authorities;
8. To ensure that the Department assumes the responsibility for providing for education and training of school-age individuals receiving services in state facilities, pursuant to § 37.2-312;
9. To change the names of state facilities; and
10. To adopt regulations that establish the qualifications, education, and experience for registration of peer recovery specialists by the Board of Counseling.

Additional Responsibilities (State Board of BHDS Bylaws Article 6 – Powers and duties of the Board).

The Board shall appoint members of the State Human Rights Committee pursuant to §37.2-204 of the Code of Virginia. The Board may appoint other advisory councils or committees, as it deems necessary or appropriate.

2020 ACCOMPLISHMENTS

The work of the committees was delayed due to the initial state of emergency that required only emergency meetings, and both board membership changes and officer changes that prompted required shifts in committee memberships.

The Board utilizes a framework of five areas of statutory responsibility as an organizational structure for planning.

Area of Responsibility-A: Policy Development and Monitoring (Powers & Duties 1 & 4)

These duties are addressed by the Board’s Policy Development and Evaluation Committee through the State Board Policy 2010 (ADM ST BD) 88-2 Policy Development and Evaluation. All Board policies are accessible online (<http://www.dbhds.virginia.gov/about-dbhds/Boards-Councils/state-board-of-BHDS/bhds-policies>). See the list of current State Board policies with the last review date attached as Appendix A.

In 2019/2020, the Policy and Evaluation Committee sent out the following policies for public comment. These policies will be acted on in 2020. Board approved the following revised policies:

- Policy 1028 (SYS) 90-1 Human Resource Development
- POLICY 1016 (SYS) 86-23 Policy Goal of the Commonwealth for a Comprehensive, Community-Based System of Services

~~In 2019, the Policy and Evaluation Committee sent out the following policies for public comment. These policies will be acted on in 2020.~~

- ~~Policy 1028 (SYS) 90-1 Human Resource Development~~
- ~~Policy 2011 (ADM ST BD) 88-3 Naming of Buildings, Rooms and Other Areas at State Facilities~~
- ~~Policy 3000 (CO) 74-10 Department Employee Appointments to Community Services Board~~
- ~~Policy 6005 (FIN) 94-2 Retention of Unspent State Funds by Community Services Boards~~
- ~~Policy 4010 (CSB) 83-6 Local Matching Requirements for Community Services Boards~~
- ~~Policy 2011 (ADM ST BD) 88-3 Naming of Buildings, Rooms and Other Areas at State Facilities~~
- ~~Policy 3000 (CO) 74-10 Department Employee Appointments to Community Services Boards~~
- ~~Policy 1042 (SYS) 07-1 Primary Health Care~~

Area of Responsibility-B: Ensure the Development of Programs and Plans (Powers & Duties 2)

In accordance with § 37.2-315 of the *Code of Virginia*, the ~~d~~Department is required to produce and biennially updates a comprehensive six year plan that identifies services and supports needs of individuals with mental ~~health-illness, developmental disabilities,~~ or substance use disorders-~~or developmental disabilities~~; proposes strategies to meet those needs; and defines resource requirements for behavioral health and developmental services. As specified in the Powers and Duties, the Board plays a role in the review of the Comprehensive State Plan. However, by necessity in 2020, tThe ~~d~~Department focused strategic planning efforts on addressing i) the pandemic to ensure continuity of services across the system; ii) the bed census at state facilities; and iii) meeting the requirements of the Settlement Agreement. The department is currently involved in developing ~~a~~an interim plan to carry through the pandemic, in advance of a revised long term strategic plan. State Board members received ~~an-regular~~ updates on the ~~development of this plan in July~~actions to address these three time-sensitive priorities. In October, the Planning and Budget Committee received further detail on the financial impact of addressing these planning priorities~~development of the plan~~, and the ~~Acting-c~~Commissioner presented ~~on the plan in the full~~details at every Board meeting.

Area of Responsibility-C: Review and Comment on All Budgets and Requests (Powers & Duties 3)

The Board Bylaws (*Article 7 – Committees, A.2.b. Planning and Budget Committee Powers and Duties*) states that the Planning and Budget Review Committee shall ensure development of long-range plans and budgets. The Board heard from agency staff and ~~Acting~~Commissioner ~~Signer-Land~~ about agency budget submissions and ongoing status reports for the 2020 Regular

~~and Special Sessions and the 2021 Regular Session of the Virginia General Assembly at its December meeting. The Board sent a letter to the Governor earlier in the year expressing their priorities which are also included in the cover letter to this report.~~

Area of Responsibility-D: Adopt Regulations (Powers & Duties 6)

These duties are addressed by the full Board. The April meeting was conducted as an emergency meeting during a declared state of emergency for the sole purpose of adopting final amendments to the Rules and Regulations for Licensing Providers by the Department of Behavioral Health and Developmental Services [12VAC35-105] (the “Licensing Regulations”) to help ensure compliance with the US Department of Justice’s Settlement Agreement with Virginia. See the list of regulatory actions in Appendix B Status and Pending Action on Board Regulations.

Area of Responsibility-E: Communication, Coordination and Collaboration- (Powers & Duties 5,7,8,9 & Art.6 b)

These duties are addressed by the full Board. Within the DBHDS system, members of the Board attend meetings in different localities and serve as liaisons to regions. The Board received information on its stated priorities. In order to address and fulfill its duties and responsibilities, the Board continued revision of current policies, and maintained internal mechanisms to ensure appropriate levels of engagement and information were in place for all areas of Board responsibility.

New assignments of liaison areas were reviewed and confirmed at the October meeting after as all new board members were appointed.

The Board also appointed two members ~~hip~~ to the State Human Rights Committee (SHRC).

SUMMARY AND NEXT STEPS

The Board will continue to work with staff and other interested individuals to review and act on regulatory proposals, and identify relevant issues that it should address in policy ~~in the future~~, in conjunction with ongoing review of all existing policies on a scheduled basis.

APPENDIX A: LIST OF CURRENT STATE BOARD POLICIES (NOVEMBER 2020)

Six Year Policy Review Schedule

Policy Number	Policy Name	Last Review Date	Next Scheduled Review Date
1010(SYS)86-7	Board Role in the Development of the Department’s Comprehensive State Plan for Mental Health, Mental Retardation and Substance Abuse Services	Apr-07	Jul-20
1023(SYS)89-1	Workforce Cultural and Linguistic Competency	Jun-08	Jul-20
1016(SYS)86-23	Policy Goal of the Commonwealth for a Comprehensive, Community-Based System of Services	Dec-12	Dec-18
1034(SYS)05-1	Partnership Agreement	Dec-12	Sep-18
1044(SYS)12-1	Employment First	Dec-12	Sep-19
1030(SYS)90-3	Consistent Collection and Utilization of Data in State Facilities and Community Services Boards	Apr-13	Apr-19
1035(SYS)05-2	Single Point of Entry and Case Management Services	Jul-13	Jun-19
1039(SYS)06-2	Availability of Minimum Core Services	Jul-13	Jun-19
1008(SYS)86-3	Services for Older Adults with Mental Illness, Mental Retardation, or Substance Use Disorders	Jul-13	Jun-19
1040(SYS)06-3	Consumer and Family Member Involvement and Participation	Jul-13	Jun-19
1038(SYS)06-1	The Safety Net of Public Services	Dec-13	Sep-19
1042(SYS)07-1	Primary Health Care	Dec-13	Dec-19
1041(SYS)06-4	Services for Individuals with Mental Illnesses, Mental Retardation, or Substance Use Disorders Who are at Imminent Risk of Becoming Involved with the Criminal Justice System	Dec-13	Sep-19
1043(SYS)08-1	Disaster Preparedness	Jul-14	Jun-20
1004(SYS)83-7	Prevention Services	Jul-14	Jul-20
1021(SYS)87-9	Core Services	Oct-16	Sep-22
1015(SYS)86-22	Services for Individuals with Co-occurring Disorders	Oct-16	Sep-22
1036(SYS)05-3	Vision Statement	Dec-16	Sep-22
1007(SYS)86-2	Behavioral Health and Developmental Services for Children and Adolescents and Their Families	Apr-17	Apr-23
1028(SYS)90-1	Human Resource Development	Oct-20	Oct-26
2010(ADM)88-2	Policy Development and Education	Apr-06	Apr-12
2011(ADM)88-3	Naming of Buildings, Rooms and Other Areas at State Facilities	Dec-11	Dec-17

2010 (ADM ST BD) 10-1	Review and Comment on BHDS Budget Priorities (6001(FIN)86-1)	Apr-18	Apr-24
3000(CO)74-10	Department Employee Appointments to Community Services Boards	Dec-11	Dec-17
4038(CSB)94-1	Department and CSB Roles in Providing Services to Children Under the Comprehensive Services Act for At-Risk Youth and Families	Dec-09	Sep-23
4010(CSB)83-6	Local Match Requirements for Community Services Boards	Oct-16	Sep-22
4023(CSB)86-24	Housing Supports	Jul-17	Jun-23
4018(CSB)86-9	Community Services Board Performance Contracts	Oct-20	Oct-26
5006(FAC)86-29	Razing of Dilapidated Buildings	Apr-18	Apr-24
5008(FAC)87-12	Accreditation/Certification	Apr-18	Apr-24
5010(FAC)00-1	State Facility Uniform Clinical and Operational Policies and Procedures	Apr-18	Apr-24
6005(FIN)94-2	Retention of Unspent State Funds by Community Services Boards	Jul-19	Jun-25

APPENDIX B: 2020 ANNUAL REGULATORY STATUS REPORT (NOVEMBER 2020)

REGULATORY ACTIVITY: 2020 ACTION TAKEN

Board STATE BOARD OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES				
VAC CITATION	CHAPTER TITLE (FULL TITLE)	REGULATIONS IN PROCESS		
		PURPOSE	STAGE	STATUS
12 VAC 35-46 Certain sections <i>and NEW</i> Sections 1150-1250.	Regulations for Children's Residential Facilities	In accordance with Item 318.B. of the 2020 Appropriation Act to align with the American Society of Addiction Medicine (ASAM) Levels of Care Criteria or an equivalent set of criteria to ensure the provision of outcome-oriented and strengths-based care in the treatment of addiction.	<ul style="list-style-type: none"> • Emergency/NOIRA 	<ul style="list-style-type: none"> • This action was filed on July 17, 2020, and received by the Secretary of Health and Human Resources on September 10, 2020.
<u>12 VAC 35-105</u> Certain sections.	Rules and Regulations for Licensing Facilities and Providers of Mental Health, Mental Retardation and Substance Abuse Services	Compliance with Virginia's Settlement Agreement with US DOJ	<ul style="list-style-type: none"> • Emergency/NOIRA • Standard 	<ul style="list-style-type: none"> • An extension was granted to August 28, 2020. • The standard action proposed stage public comment closed January 10, 2020. The final stage was approved on April 2, 2020, and became effective August 1, 2020.
<u>12 VAC 35-105</u> <i>All sections.</i>	<i>same</i>	<i>To provide specific standards for licensing of organizations and facilities that provide behavioral health and developmental disability services.</i>	Draft	<ul style="list-style-type: none"> • <i>As a response to periodic review (closed December 15, 2017), a draft of a new general chapter was revised per stakeholder feedback and the first of several supporting chapters is in final development..</i>
<u>12 VAC 35-105</u> Certain sections.	<i>same</i>	Allowing a grace period for documentation of ISPs	<ul style="list-style-type: none"> • Standard 	<ul style="list-style-type: none"> • The proposed stage public comment period closed on March 3, 2020. The final stage was filed July 16, 2020, and was received by the Governor's Office on October 27, 2020.
<u>12 VAC 35-105</u> <i>NEW</i> <i>Section 435.</i>	<i>same</i>	In accordance with Chapter 776 of the 2019 General Assembly, to require a provider statement to any other provider when a criminal history background check is required.	<ul style="list-style-type: none"> • Fast Track 	<ul style="list-style-type: none"> • This action was filed on July 25, 2019, and became effective on October 30, 2020.

<u>12 VAC 35-105</u> Certain sections and NEW <i>Sections 1420-1860.</i>	<i>same</i>	In accordance with Item 318 (and DMAS in Item 313) of the 2020 Appropriation Act, to align with the ASAM or an equivalent set of criteria.	• Emergency/NOIRA	• This action was filed on July 17, 2020, and received by the Governor's Office on October 27, 2020.
<u>12 VAC 35-105</u> Certain sections.	<i>same</i>	In accordance with Item 318 (and DMAS in Item 313) of the 2020 Appropriation Act, to align with enhanced behavioral health services.	• Emergency/NOIRA	• This action was filed on July 17, 2020, and received by the Secretary of Health and Human Resources on September 10, 2020.
<u>12 VAC 35-180</u>	Regulations to Assure the Protection of Participants in Human Research	To define policy and review requirements to protect individuals with mental illness, mental retardation, and substance abuse or dependence problems who are participants in human research performed by facilities or programs operated, funded, or licensed by the department.	• Fast Track	• This action was filed for Executive Branch review on October 10, 2018, was approved by the Governor's Office on December 17, 2019, and became effective on March 15, 2020.
<u>12 VAC 35-225</u>	Requirements for Virginia's Early Intervention System	To update the requirements for Virginia's early intervention services system that are designed to protect the health, safety, and welfare of children with disabilities from birth through the age of two and their families to ensure access to appropriate early intervention services.	• Fast Track Response to Periodic Review	• A periodic review public comment period closed on December 2, 2019, and this fast track action was filed on July 17, 2020.
<u>12 VAC 35-270</u> NEW	Certified Recovery Residences	In accordance with Chapter 220 of the 2019 General Assembly, to establish certification of recovery residences.	• Fast Track	• This new regulation was filed for Executive Branch review on August 16, 2019 and became effective on March 7, 2020.

Appendix C: 2021 Meeting Schedule

State Board of Behavioral Health and Developmental Services

2021 MEETING SCHEDULE

DATE	Location
April: 14 (Thurs Wed)	Piedmont Geriatric Hospital (PGH) Crewe —Virtual
July: 14 (Wed)	Virtual and Central Office, DBHDS Richmond
Oct: 6 (Wed)	Southwestern Virginia Mental Health Institute (SWVMHI) Marion
Dec: 8 (Wed)	Central Office, DBHDS Richmond

(DRAFTING NOTE: DATES AND LOCATIONS ARE FOR DISCUSSION 12/2)