



COMMONWEALTH of VIRGINIA

STATE BOARD OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

**BOARD DINNER MEETING
MINUTES**

Tuesday, July 16, 2024

6:00 p.m. – 7:30 p.m.

Colonial Behavioral Health, 1657 Merrimac Trail, Williamsburg VA 23185

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| | <p>Members Present: Blake Andis; Varun Choudhary; Rebecca Graser; Cindy Lamb; Moira Mazzi; Jane McDonald; and Sandra Price-Stroble.</p> <p>Staff Present: Daniel Herr; Meghan McGuire; Ruth Anne Walker.</p> <p>Invited Guests: David Coe; Ed Gonzalez; Denise Kirschbaum.</p> |
| Welcome and Introductions | <p>At 6:00 p.m., member Sandra Price-Stroble, on behalf of the chair, called the meeting to order, noted a quorum was present, and welcomed everyone present. Ms. Price-Stroble indicated no business would be conducted and the purpose of the meeting was to receive information about community activities.</p> <p>On behalf of the board, Ms. Price-Stroble thanked to all who were present She noted that the location host, David Coe, Director of Colonial Behavioral Health, until the previous month was also the leader of the CSB regional consortium of CSB directors.</p> |
| Dinner | <p>At 6:10 p.m., Ms. Price-Stroble invited all to begin dinner.</p> |
| Presentation – Colonial Behavioral Health | <p>At 6:25 p.m., David Coe provided an overview of the portfolio of services provided by Colonial Behavioral Health. Ed Gonzalez, Director, Chesapeake Behavioral Health and new head of the regional consortium, and Colonial Board Member Denise Kirschbaum also provided comment.</p> |

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| Remarks | At 6:55 p.m., Daniel Herr, Director of the DBHDS Eastern State Hospital, provided some remarks. |
| Comments/Discussion | At 7:05 p.m., members asked a few clarifying questions and gave comments regarding information presented. |
| Closing Remarks | At 7:10 p.m., Meghan McGuire, Deputy Commissioner, Policy and Public Affairs, provided closing remarks about the topics covered. |
| Adjournment | Ms. Price-Stroble expressed thanks to David Coe and the Colonial staff for arranging the tours and for us to use this space. She thanked Mr. Coe for his presentation, and Mr. Gonzalez and Ms. Kirschbaum for participating. Ms. Price-Stroble adjourned the dinner meeting at 7:15 p.m. |

**REGULAR MEETING
DRAFT MINUTES**

Wednesday, July 17, 2024

DBHDS Eastern State Hospital

4601 Ironbound Road, Williamsburg, VA 23188-2652

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

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| Members Present | Elizabeth Hilscher, Chair (telephonic); R. Blake Andis; Varun Choudhary; Rebecca Graser; Cindy Lamb; Moira Mazzi; Jane McDonald; Sandra Price-Stroble; and Anthony Vadella. |
| Members Absent | (none) |
| Staff Present | <ul style="list-style-type: none">▪ Lauren Cunningham, Communications Director.▪ Curt Gleeson, Assistant Commissioner, Division of Crisis Services.▪ Taneika Goldman, Director, Office of Human Rights.▪ Daniel Herr, Director, Eastern State Hospital.▪ Kevin Howard, Chief Administrative Officer, Eastern State Hospital.▪ Alethea Lambert, Director, Office of Recovery Services.▪ Madelyn Lent, Policy Manager.▪ Meghan McGuire, Deputy Commissioner, Policy and Public Affairs.▪ Chaye Neal-Jones, Deputy Director, Office of Enterprise Management Services.▪ Susan Puglisi, Regulatory Research Specialist.▪ Ruth Anne Walker, Regulatory Affairs Director and State Board Liaison. |
| Invited Guests: | <ul style="list-style-type: none">▪ Jennifer Faison, Executive Director, Virginia Association of Community Services Boards. |
| Other Guests: | In Person: Teresa Smith, OSIG. Virtual: <ul style="list-style-type: none">▪ Cara Kaufman, DARS.▪ Lisa Robertson, DARS.▪ Eva Pfeiffer, GOV. |
| Call to Order and Introductions | At 9:38 a.m., Elizabeth Hilscher, Chair, called the meeting to order and welcomed those present. A quorum of eight members was physically present; one member participated remotely. Ms. Hilscher explained that though her term ended on June 30th, until it is filled, she could continue to serve on the board. Ms. Hilscher welcomed new board members Jane |

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| | <p>McDonald and Tony Vadella, and then called for introductions of all present.</p> <p>On behalf of the Board, Ms. Hilscher thanked first Colonial Behavioral Health Director David Coe and staff for the tour, meeting location, and presentation the day before at the dinner meeting, along with comments from Chesapeake Behavioral Health's Ed Gonzalez, and Eastern State Hospital Director Daniel Herr. She also thanked Mr. Herr and all the staff at Eastern for the hospitality, including the breakfast.</p> |
| <p>Approval of Agenda</p> | <p><i>At 9:45 a.m. the State Board voted to adopt the July 17, 2024, agenda. On a motion by Cindy Lamb and a second by Jane McDonald, the agenda was approved.</i></p> |
| <p>Approval of Draft Minutes</p> | <p><i>At 9:47 a.m., on a motion by Varun Choudhary and a second by Blake Andis, the May 14, 2024, special called meeting minutes were approved as final, with three abstentions by members that were not present (Ms. Lamb, Ms. McDonald, and Anthony Vadella).</i></p> |
| <p>Officer Elections</p> | <p>Officer Elections</p> <p>At 9:48 a.m., Ms. Hilscher asked Rebecca Graser, Chair of the 2024 Nominating Committee, to present the slate of candidates.</p> <p>A. Presentation of the Slate of Candidates</p> <p>Ms. Graser reported that the committee, which included members Mr. Andis and Dr. Choudhary, met the previous evening following the dinner meeting. The committee unanimously approved a slate of officers with Moira Mazzi for the Chair position and Sandra Price-Stroble for the Vice Chair position.</p> <p>B. Nominations from the Floor</p> <p>Ms. Hilscher thanked Ms. Graser and the committee for their work. In accordance with the Bylaws, Ms. Hilscher opened the floor for any additional nominations. There were no additional nominations.</p> <p>C. Election</p> <p><i>On a motion by Ms. Lamb and a second by Sandra Price-Stroble, Moira Mazzi was unanimously elected as Board Chair.</i></p> <p><i>On a motion by Dr. Choudhary and a second by Ms. McDonald, Sandra Price-Stroble was elected unanimously as Board Vice Chair.</i></p> |

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| | <p>D. Passing of the Gavel Ms. Hilscher thanked member, congratulated the new officers, and ‘passed the gavel’ to the new chair, Ms. Mazzi.</p> |
| <p>Public Comment</p> | <p>At 9:52 a.m., Ms. Mazzi called for public comments. No verbal comments were received. Written comments were submitted by Ed Creekmore (see attachment).</p> |
| <p>Facility Presentation: Eastern State Hospital</p> | <p>At 9:54 a.m., Mr. Herr presented an overview of the hospital, beginning with its history and including the formative role of its founder in shaping the understanding of and public policy around caring for mental health disorders. More recent history includes:</p> <ul style="list-style-type: none"> • 2014 to 2019 – An Acute Care Hospital: The bed of last resort legislation resulted in a 300% increase in admissions and transformed ESH from a geriatric and long-term care hospital focused on psychosocial rehabilitation and community reentry to an acute care hospital. • 2020 to 2024 – A Forensic Center Of Excellence: COVID-19, staffing shortage with concomitant reductions in operational beds, and increasing demand for care for individuals involved with the criminal justice systems transform ESH into a forensic hospital <p>Mr. Herr spoke about the effort to shift the focus from violence management to a culture of active treatment and safety through:</p> <ul style="list-style-type: none"> ▪ Elimination of mandatory overtime and achieve minimum staffing with contract staff ▪ Increasing the hiring rate; maintaining a leadership presence on all shifts; listening sessions; and action plans based upon employee engagement surveys. ▪ Unit based programming. ▪ Weekly multidisciplinary team reviews of: <ul style="list-style-type: none"> ▪ Seclusion and restraint events. ▪ Individuals that are high risk, clinically complex, and medically fragile. ▪ Increased inclusion and engagement in debriefing post crisis response. ▪ Investments in professional development and clarity of expectations for nurse managers and crisis prevention and response teams. ▪ Use of videos to identify opportunities in high risk interventions and worker’s compensation events. <p>Trending data was presented regarding state hospital bed use, admissions by legal status (civil, criminal temporary detention order, not guilty by reason of insanity, and restoration), acts of</p> |

physical aggression, and use by type of seclusion and restraint.

ESH's commitment to quality was recognized with the [2021 SPQA Commitment to Performance Excellence Award](#), part of its journey to implement the national [Malcolm Baldrige Performance Excellence](#) framework that focuses on five key performance areas: Product and process; customer; workforce; leadership and governance; and, financial and market.

Workforce challenges and successes include:

- **Total Workforce:** 855 classified positions with 178 vacancies and 21% vacancy rate
- **Critical Clinical Vacancy Rates:** Providers = 45%; Psychologists = 22%; LPNs = 70%; RNs = 38%; DSAs = 16%
- **Significant Accomplishments:**
 - Lowered overall vacancy rate by 33% in 11 months, dropping from 32.4% in July 2023 to 21% in May 2024.
 - Decreased the use of contract DSAs by 75.5% in 10 months, dropping from 54 FTEs September 2023 to 17 FTEs June 2024.
 - Increased the use of part time nursing staff by 43% in 10 months, growing from 7.74% of total nursing hours in July 2023 to 11.03% in April 2024.
 - Doubled the rate of monthly new hires this calendar year when compared with last calendar year, growing from a monthly average of 25 new hires to an average of 60 new hires.

There are a number of capital outlay projects for buildings and grounds, including the completion of an exterior fence for Building (\$2 - \$3M). DBHDS previously received \$5.93 million to address physical plant needs at ESH since its buildings were not designed to serve a forensic patient population nor comply with evolving regulatory standards. This year, DBHDS was awarded an additional \$24.3 million in capital funds to continue this work, including hardening of the bathroom walls in all patient occupied buildings, removing ligature risks in Building #1, as well as mitigating other patient safety needs in Building #1; and a new access control system (\$4.2M). Future projects include: a kitchen renovation (\$16M) and a sewer and water line replacement (\$7.8M).

Ms. Lamb asked about the attrition rate, and also about the decrease of 75% of contracts regarding how that impacted the

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| | <p>budget. Mr. Herr responded that the core challenge is that the least costly contract staff (decreased by approximately 24% in costs) while contract staff increases have been in the highest paying positions (psychiatrists, doctors, nurse practitioners was approximately a 40% cost jump). Therefore, there was not a budget amount. Regarding turnover, when Mr. Herr arrived the DSA rate was about 70% and now they are about 35-40%. Overall, the rates have improved.</p> <p>Ms. McDonald asked about number of beds and if all were staffed beds. Mr. Herr confirmed there were 302 beds, with 22 offline during the bathroom renovations. Some geriatric beds will be shifted to adult beds, which will be an increase by 10 beds. A core challenge around incidents of violence among individuals receiving services in ESH is that approximately 14 more patients are in the hospital than the original plan, which means there is some double bunking.</p> <p>Ms. Graser asked what Mr. Herr thought caused the trend for such an increase of forensic admissions. The recent changes to state law made them a priority over civil admissions. State hospitals must admit within 10 days of receipt of the order. Meghan McGuire added that the two laws, bed of last resort and the requirement to accept admissions, has sandwiched the hospitals. Mr. Herr indicated that the average length of stay for competency restoration is approximately 100 days versus not guilty by reason of insanity (NGRI) length of stay is more around four years, and thus, greatly decreases the number of available beds to other categories. The region has about double the number of NGRIs as other state hospitals. Forensic TDOs are now being diverted to other hospitals outside of the region.</p> |
| Facility Tours | <p>At 10:20 a.m., Ms. Mazzi announced that the meeting would suspend while board members toured Eastern State Hospital with Mr. Herr. The meeting would resume at approximately 11:00 a.m. following the tour.</p> |
| Commissioner's Report | <p>At 10:58 a.m., Commissioner Nelson Smith provided his report covering these topics:</p> <ul style="list-style-type: none"> ▪ US Department of Justice Settlement Agreement with Virginia. The Commonwealth is currently in compliance with 83% of provisions and 90% of indicators. Virginia submitted a Motion for Permanent Injunction, which outlines responsibilities for remaining non-compliant indicators and sets long-term commitments for reporting. A hearing is scheduled for August 22, 2024. |

- Results of a pilot regarding transportation of individuals under a temporary detention order (TDO) who need to be taken to a state facility or provider using special conservators of the peace (SCOPs).
- Adult Psychiatric Access Line (APAL): In partnership with the Medical Society of Virginia, a statewide consult and care navigation for adults with substance use disorders to access specialized mental health services and prepare primary care and emergency clinicians to support individuals' behavioral health needs around three components: Provider education, telephonic consultations, and care navigation assistance. This builds on the success of the Virginia Mental Health Access Program (VMAP) for children. Expansion of the program to mental health is planned.
- State hospital bed utilization and the impact of competency restoration. More detail was provide on forensic bed usage, specifically, that forensic admissions to state facilities increased nearly 93% from FY14 – FY23. The primary driver in forensic admission increases is restoration orders, which increased over 143% in the same time period. One consequence is that there are only 30 state civil beds in Region 5 as of 4/22/24. Mr. Smith noted that people with serious mental illness (SMI) are more likely to be: arrested and confined in jail; not granted bail or not able to pay cash bail; confined in jail or a hospital longer than misdemeanor offenders without SMI; and traumatized by incarceration or involuntary admission. Most defendants are restored to competency with an average length of stay of 106 days. Once restored, defendants are returned to jail. The impact of misdemeanor defendants is significant as over 30% of restoration admissions are for misdemeanors. These take enormous amounts of resources and costs to face very minor charges and get timed served. Mr. Smith mentioned several solutions DBHDS is engaged in to address the restoration trend.
- The commissioner reminded members of the agency's public dashboard as an important step in planning and accountability efforts. This includes a CSB performance dashboard. He was excited about the comprehensive change happening to the system because of the Governor's Right Help Right Now initiative and the DBHDS strategic plan.

Dr. Choudhary asked about the structure of outpatient competency restoration. Mr. Smith stated that it is primarily a

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| | <p>decision of the court, though forensic evaluators weigh in with their expertise on where an individual should receive restoration services. Ms. McDonald responded that the CSBs are involved but are not mandated to do it. Mr. Herr stated there are three distinct components to come together: psychiatric stability, understanding the court system, and licensed clinical psychiatrist or psychologist to write the report. They could be three different people. If an individual has a developmental disability, that requires additional specialty. Dr. Choudhary stated it would be good to be innovative and think outside the box to develop options for outpatient competency restoration.</p> <p>Ms. Graser seems it could be feasible to do with CSBs for the misdemeanors.</p> <p>Mr. Smith responded to the comments that it would be helpful to get a report on the levels of intercept.</p> <p>Mr. Vadella asked about coordination between mobile crisis teams and 988? Mr. Smith responded the model continuum is someone to call, someone to come, somewhere to go. Virginia Crisis Connect brings it all together. In June there were over 10,000 calls. Over 90% are resolved on the phone.</p> <p>Dr. Choudhary asked about changes in the budget for Right Help Right Now? Mr. Smith responded that there have been appropriations in the hundreds of millions. The General Assembly provided 58M last year for the crisis receiving centers, and this year another 30M is appropriated to sustain the buildout of the crisis system. There was additional funding for developmental disability (DD) Medicaid Waivers and pay raises for the facilities including food services. He explained that there were systems already in place doing good work and the focus has been on connecting those to new projects to improve overall.</p> <p>Mr. Smith thanked the members for their work that contributes to the mission of the agency.</p> |
| <p>Regulatory Actions</p> | <p>A. Initiation of Fast Track: Certified Recovery Residences [12VAC35-260]</p> <p>At 11:35 a.m., Ms. Mazzi welcomed Alethea Lambert, Director, DBHDS Office of Recovery Services. Ms. Walker gave a brief review of the impetus for and purpose of the action was to comply with the requirements of Chapter 30 of the 2024 Session of the General Assembly to add the requirement that</p> |

any certified recovery residence in Virginia report any death or serious injury that occurs in the recovery residence to DBHDS.

Separately from this action, a [periodic review](#) was due to be conducted. A total of 13 comments were received and are listed after the language for this action. Staff determined that none warranted additional edits to this action or a separate action.

After a brief discussion, members were asked to initiate a fast track action to amend 12VAC35-260 in accordance with the legislation.

Dr. Choudhary asked why these residences should not become licensed services. Ms. Walker responded that the regulations follow the peer-run model. Action by the General Assembly would be required to amend the Code of Virginia to change from that model. Ms. Graser commented that the Oxford House model has been around a long time. In recent years, the funding from the General Assembly has been very helpful for housing for individuals in crisis who seek recovery. Even though services are not provided in the residence, there is facilitation to connect to services.

On a motion by Dr. Choudhary and a second by Ms. Price-Stroble, initiation of the fast track action was approved.

B. Action Item. Withdrawal of Exempt Final. Initiate Fast Track: Amendments per [HB679 \(2020\)](#) to Application Requirements: Rules and Regulations for Licensing Providers by the Department of Behavioral Health and Developmental Services (“Licensing Regulations”) [12VAC35-105-40].

Ms. Walker asked for action motion to withdraw the final exempt action to amend 12VAC35-105, and to initiate it as a fast track action per direction from the Office of the Attorney General. *On a motion by Ms. McDonald and a second by Ms. Price-Stroble, the process change was approved.*

C. Regulatory Activity Status Update.

Ms. Walker directed members to the status matrix of all current actions and drafts in progress. She reminded members that the final exempt action on high quality crisis services voted on at the May meeting had become effective that day. Ms. Walker paused to acknowledge the contributions of Ms. Puglisi, in conjunction with the Crisis Division, Office of Licensing, and

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| | <p>other agency experts. A chart of planned regulatory activity through April was distributed to members, with the emphasis on the unusually high number of actions planned to come to the board across the next three meetings.</p> |
| <p>Lunch: Break and Collect Lunch</p> | <p><i>A brief lunch break was held from 12:20 p.m. to 12:30 p.m.</i></p> |
| <p>Update: Board Priority 5: Bed of last resort law.</p> | <p>Suzanne Mayo, Assistant Commissioner for Facility Services, gave an update on one of the board’s priorities for the biennium, the bed of last resort law (BOLR, Senate Bil 260 (2014)) that changed the Code of Virginia to state that if an individual who was recommended for a TDO was not accepted to an inpatient bed by the end of the emergency custody order (ECO) period, the individual “shall be detained in a state facility” (§ 37.2-809) to ensure that anyone who required emergency psychiatric treatment under a TDO had a bed identified and received treatment before being released. And, this purpose was achieved for the first few years. However, this well-intended law has extensive unintended consequences in that there are ‘no guardrails,’ meaning state hospitals had no legal ability to deny any admission of an individual under a TDO. Between FY2014 and FY2019, TDO admissions to state facilities rose over 400% while the percentage of TDOs accepted by private hospitals decreased. By 2019, Virginia’s state hospitals were operating (and continue to operate) at 95-100%+ utilization at all times with significant increases in incidents of aggression at state hospitals, as well as worker’s compensation claims.</p> <p>The law puts most of the responsibility related to TDOs on state hospitals and law enforcement; thus there is a lack of shared responsibility with private community hospitals, community services boards (CSBs), private providers, and other state agencies. The law unintentionally enables high levels of risk aversion and an unwillingness to care for challenging individuals from other parts of the system. Also, it unintentionally results in individuals who could be served in less restrictive levels of care being admitted to state hospitals for institutional care. The Joint Legislative Audit and Review Commission (JLARC) Report Document 584 (2023), Virginia’s State Psychiatric Hospitals analyzed Virginia’s system under BOLR.</p> <p>Ms. Mayo stated that the following questions remain on how to ensure:</p> |

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| | <ul style="list-style-type: none"> ▪ Shared responsibility across the system for serving individuals exhibiting acute and challenging behaviors that are in need of mental health care. ▪ State hospitals are not forced to admit individuals with extensive or acute medical needs that the hospitals are not equipped to serve. ▪ Individuals are not placed under TDOs as a result of needs such as housing services and substance use disorder treatment. ▪ Individuals receive treatment in the least restrictive settings necessary. ▪ Individuals do not have to wait long times for care, and receive it. ▪ Law enforcement is not overburdened with providing custody for individuals under TDOs. ▪ State hospitals can resume serving individuals who truly do require longer hospitalizations for stabilization. |
| <p>Update: Virginia Association of Community Services Boards</p> | <p>At 12:57 p.m., Jennifer Faison, Executive Director, VACSB, reported on the association's activities since adjournment of the General Assembly, including an advocacy pivot to focus from the behavioral health workforce challenges to the developmental disability service system. In particular, the new Medicaid waiver slots to be phased in over each quarter of the biennium. She noted there are some implementation issues that would carry the last distribution beyond the biennium.</p> |
| <p>Update, Board Priority 6: Temporary Detention Orders (TDOs).</p> | <p>At 1:30 p.m., Curt Gleeson, Assistant Commissioner for Crisis Services, presented on another priority area of interest to the board, temporary detention orders. He reviewed relevant literature; recent General Assembly workgroups, reports, and changes to state law; state initiatives; and the current civil commitment process including criteria for commitment and the assessment by the certified evaluator. Mr. Gleeson reviewed the involuntary commitment process in other states (Arizona, Pennsylvania, New Jersey, and North Carolina), the SAMSHA Policy Guidelines for Involuntary Commitment (2019), and the Mental Health America recommended best practices.</p> |
| <p>Committee Reports</p> | <p>A. Planning and Budget</p> <p>At 1:57 p.m., Ms. Walker reported that there was not a quorum present due to recent appointments and officer elections, therefore no business would be conducted. Ms. McGuire met with the committee about forensic admissions. Ms. Walker reviewed the existing chart of planned topics by board meeting date for the two newly appointed members. The quarterly</p> |

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| | <p>budget report was distributed in the meeting; it was shared to the full board during the report out.</p> <p>B. Policy and Evaluation At 2:00 p.m., Madelyn Lent, Public Policy Manager, reported out for the committee. After reviewing the six-year review schedule and the specific workplan for FY 2025, the following policies were discussed:</p> <ul style="list-style-type: none"> • 4010(CSB)83-6 Local Match Requirements for Community Services Boards (Revisions) <p>Data from CSBs was reviewed. The committee voted to have the draft revisions will be circulated via email for a field review to CSBs, with all comments collected in table with staff responses for September.</p> <p>The committee had unanimous votes on the following decisions for a packet of recommendations to come to the board in September:</p> <p>The following policies were approved with draft revisions:</p> <ul style="list-style-type: none"> ▪ 1007(SYS)86-2 Behavioral Health and Developmental Services for Children and Adolescents and Their Families (Revisions) ▪ 4023(CSB)86-24 Housing Supports (Revisions) ▪ 4038(CSB)94-1 Department and CSB Roles in Providing Services to Children Under the Children’s Services Act for At-Risk Youth and Families (Revisions) <p>One policy was approved with a recommendation for rescission:</p> <ul style="list-style-type: none"> ▪ 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. (§ 37.2-315 Comprehensive State Plan for Behavioral Health and Developmental Services was repealed in 2022) |
| <p>Miscellaneous</p> | <p>A. SHRC Appointments Ms. Mazzi turned members’ attention to the last action item, a requested appointment of Betty Crance to the State Human Rights Committee submitted by Taneika Goldman, Director of the Office of Human Rights, on behalf of the SHRC.</p> <p>On a motion by Tony Vadella and a second by Dr. Choudhary, Ms. Crance was unanimously appointed as a member of the SHRC.</p> <p>B. Liaison Updates</p> |

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| | <p>Ms. Mazzi stated that with the appointment of new members, there would be some adjusting to assigned liaison areas that she would work with staff to have ready for the board's review in September.</p> <p>Ms. Price-Stroble reported her plans to attend a regional meeting that Friday.</p> <p>C. Committee and Board Liaison</p> <p>Ms. Mazzi stated that, with the officer elections, according to the Bylaws, the chair serves on the Planning and Budget Committee and the Vice Chair is the Chair of the Planning Committee; therefore, those changes are effective. Also, with those required changes in membership on the committees, this was another follow up on which she would work with staff, including to contact board members regarding any shifts to committee assignments. Those changes would be announced prior to the September meeting, so the work of the committees can continue uninterrupted.</p> |
| Other Business | Next Meeting: September 25, Danville. |
| Adjournment | There being no other business, Ms. Mazzi expressed thanks again to all the staff at the hospital, the CSB, Nelson Smith and other DBHDS staff that presented, and to the board members for their time. The meeting was adjourned at 2:15 p.m. |

MEETING SCHEDULE

| DATE | Location |
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| 2024 | |
| September 25 (Wed) | Southern Virginia Mental Health Institute Danville |
| December 11 (Wed) | Central Office Richmond |
| 2025 | |
| April 2 (Wed) | Western State Hospital Staunton |
| July 9 (Wed) | Southeastern Virginia Training Center Chesapeake |

Attachment: Written Comments Received

Edmund W. Creekmore, Jr., MS, Ph.D., Licensed Clinical Psychologist,
National Shattering the Silence Coalition Policy Action Co-Chair and
Virginia Legislative Advocate

I observe with great concern that Virginia Commonwealth University Town Hall and IFSB sponsored website announcements, such as the May 14 upcoming Townhall, appear to be overwhelmingly devoted to advocacy and support for groups which the Virginia Department of Behavioral and Developmental Disorders (DBHDS) sponsors under its Individual and Family Support Program (IFSP) which claims to advocate for *all* individuals and families with disabilities but in practice advocates primarily for DD/Autism/IDD "special needs" populations. As a member of a national organization that advocates primarily for peers and family members of the adult seriously mentally ill, I note that this advocacy has often been to the exclusion of *other* "special needs" and "marginalized" populations worthy of such advocacy, such as those older adults with Serious/Severe Mental Illness and Post-ICU Syndrome, which comprises a large population of those with complex medical needs, including neuropsychiatric, following the COVID19 pandemic. I note also that the IFSP and Virginia Commonwealth University appear in their legal advocacy for the developmentally delayed (DD) to be dominated philosophically for the care management model known as "Supported Decision-making" as opposed to legal advocacy for alternative case management models such as "Shared Decision-making" and "Experience-Based Co-Design". Many in our organization believe that the latter care management models are more appropriate to and effective in meeting the special needs of SMI and PICS older adults (over the age of 26) and their families by VCU and the DBHDS IFSP—many of whom are disabled and home-bound.

Please consider having VCU (my graduate school alma mater) consider expanding its vision and advocacy to include advocacy and support for *all* populations with special needs and disabilities, particularly in its pursuit of VCU's sponsorship of initiative to establish often scarce resources, such as support housing, employment, and education for *all* such marginalized populations. Tragedies resulting in part from the neglect of the needs of the SMI by policy makers involving the SMI, such as Irvo Otieno and Charles Byers, recently featured in the Richmond media (Richmond Times Dispatch, TV6) bear urgent testimony to the need for more effective advocacy and support of these often-marginalized populations! Virginia's Assertive Community Treatment (ACT) program has yet to be funded in Virginia on anywhere near the level of that provided by the Commonwealth through ARTS funding for those with Substance Use Disorders (SUDs) and Co-Occurring Disorders or through federal Medicaid Waiver 1115 funding. Please consider inviting speakers, including guest speakers from outside of VCU, to address the needs of these chronically underserved populations in a more representative manner than has been the case in the past.

Lastly, my organization, the National Shattering the Silence Coalition, supports policy advocacy initiatives, such as those currently underway in Virginia and the nation, that promote full parity and non-discrimination under law to serve these underserved

populations more effectively. Note that NIMH and the National Academies of Science have recently sponsored conferences highlighting historical disparities in research undertaken with these populations, and other minority populations, on which most federal funding decisions are made. These conferences highlight the need for equity and parity in serving *all* underserved "minority" and "marginalized" populations, including those with mental health disabilities.

**POLICY AND EVALUATION COMMITTEE
MINUTES**

JULY 17, 2024

DBHDS EASTERN STATE HOSPITAL - KLINE CONFERENCE ROOM, 1201
4601 IRONBOUND ROAD, WILLIAMSBURG, VA 23188-2652

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

MEMBERS PRESENT: VARUN CHOUDHARY; REBECCA GRASER; MOIRA MAZZI;
SANDRA PRICE-STROBLE

STAFF PRESENT: MADELYN LENT, POLICY MANAGER; JOSIE MACE, LEGISLATIVE DIRECTOR
(VIRTUAL)

GUESTS PRESENT: KATIE BOYLE (VIRTUAL); DR. EDMUND CREEKMORE (VIRTUAL).

I. Call to Order

Sandra Price-Stroble called the meeting to order at 8:35 AM.

II. Welcome and Introductions

Everyone in attendance provided a brief introduction.

III. Adoption of Minutes, April 4, 2024

Varun Choudhary moved to adopt the minutes. Rebecca Graser seconded. The minutes were adopted unanimously.

IV. Adoption of Agenda, July 17, 2024

Dr. Choudhary moved to adopt the agenda. Ms. Graser seconded. The agenda was adopted unanimously.

V. Review of Policy Review Plan for FY2025

Madelyn Lent presented the policy review plan to the committee.

VI. Presentation of Policies for Discussion

**A. 4010(CSB)83-6 Local Match Requirements for Community Services Boards
(Review comments received from Community Services Boards (CSBs) and
DBHDS Staff Suggested Revisions)**

Members discussed comments received from CSBs, reviewed CSB local match summary statistics, and requested staff present data on local match waivers at the next meeting. Members requested a field review of proposed policy revision to the local match policy. At the suggestion of staff, members directed staff to initiate a second field review of the policy to receive comments from CSBs on DBHDS recommended revisions.

VII. Presentation of Policies for Vote to Recommend Revisions to the Board

Ms. Lent presented the Summary of Recommended Actions to the committee.

**A. 1007(SYS)86-2 Behavioral Health and Developmental Services for Children and
Adolescents and Their Families (Revisions)**

Dr. Choudhary motioned to accept the revisions as presented; Ms. Graser seconded. Members voted unanimously to move forward with revisions.

B. 4023(CSB)86-24 Housing Supports (Revisions)

Dr. Choudhary motioned to accept the revisions as presented; Ms. Graser seconded. Members voted unanimously to move forward with revisions.

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

Dr. Choudhary motioned to accept the revisions as presented; Ms. Graser seconded. Members voted unanimously to move forward with revisions.

VIII. Presentation of Policy for Vote to Recommend Rescinding to the Board

A. 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. (§ 37.2-315 Comprehensive State Plan for Behavioral Health and Developmental Services was repealed in 2022)

Dr. Choudhary motioned to accept the recommendation to rescind presented by Ms. Lent; Ms. Graser seconded. Members voted unanimously to rescind.

B. Next Quarterly Meeting: September 25, 2024.

C. Adjournment

Ms. Price-Stroble adjourned the meeting at 9:13 AM.

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