



COMMONWEALTH of VIRGINIA
STATE BOARD OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

**BOARD BIENNIAL PLANNING MEETING
MINUTES**

Tuesday, July 11, 2023

DHBDS, 13th Floor Conference Room, Jefferson Building,
1220 Bank Street, Richmond, VA 23219

(per [Bylaws](#), Article 5.c.)

	<p>Members Present: Elizabeth Hilscher, Chair; Rebecca Graser, Vice Chair; Blake Andis; Varun Choudhary; Cindy Lamb; Kendall Lee; Moira Mazzi; Christopher Olivo.</p> <p>Members Absent: Sandra Price-Stroble.</p> <p>Staff Present: Madelyn Lent; Meghan McGuire; Nathan Miles; Nelson Smith; Ruth Anne Walker.</p>
1:00	<p>Welcome and Introductions</p> <p>At 1:00 p.m., Elizabeth Hilsher, Chair, called the meeting to order, welcomed everyone present, and initiated introductions. New board member Cindy Lamb was welcomed. Ms. Lamb spoke briefly about her background and her interest in serving on the board.</p>
1:15	<p>Opening Statements</p> <p>Nelson Smith, Commissioner, thanked the board for the opportunity to provide what he hoped would be some helpful information as the board established its priorities and areas of focus for upcoming meetings. He planned to cover some of the biggest priorities at DBHDS, including challenging issues, Right Help Right Now implementation, and implementation of the agency's strategic plan.</p>
1:30	<p>Review and Discussion of DBHDS Strategic Plan including Metrics Update (Dashboard)</p> <p>Mr. Smith stated the six-pillared Right Help, Right Now initiative is the top priority for the agency to address Virginia's behavioral health challenges, encompassing crisis care, law enforcement burden,</p>

substance use disorder support, behavioral health workforce and service delivery innovation. The other key areas of strategic focus are:

- DBHDS Strategic Plan: Broad systematic improvements to ensure the workforce, community capacity, and modernized system to meet the goals of Right Help, Right Now.
- Developmental Disability system (including the US DOJ Settlement Agreement with Virginia): Continuing to build the quality, reliable, integrated system Virginians with DD and their families deserve, even after exiting the agreement.
- Crisis system buildout: Working to ensure Virginians in crisis have 1) someone to talk to, 2) someone to respond, and 3) a place to go.
- State hospital and forensic admissions: Increasing the retention rate, reopening beds in 6 of the 8 adult hospitals. Working on ways to address the skyrocketing forensic census.
- Substance use disorders/Fentanyl crisis: Steps to combat dramatic increases in deaths from overdoses. Fentanyl caused 76% of overdoses in 2021.
- Certified community behavioral health clinics (CCBHCs): Chief Deputy Commissioner Ellen Harrison presented in detail at the March meeting on this topic; DBHDS is moving forward with efforts and will apply for the demonstration grant.
- Youth behavioral health: Creating transformational school-based services to reach more youth and earlier, with no need for additional transportation to services off site.

The strategic plan was reviewed in past meetings. Mr. Smith shared the online DBHDS dashboard for progress and accountability, which is an interactive tool where the public can view the outcomes of the strategic plan and track progress for each of the nine goals.

[\(https://dbhds.virginia.gov/about-dbhds/strategic-plans/\)](https://dbhds.virginia.gov/about-dbhds/strategic-plans/)

Members asked clarifying questions and discussed the information with Mr. Smith.

2:15 **DBHDS Budget**

Nathan Miles, Chief Financial Officer, explained how the agency's budget responsibility falls into five functional areas: facilities, Medicaid function, licensing authority, state contracts, and grants. The agency budget is organized across five areas: Central Office, grants to localities, mental health hospitals, training centers, and the Virginia Center for Behavioral Rehabilitation. The agency must receive General Assembly approval to move funds from one organizational area to another. He reviewed the operating and capital figures for the agency's facilities, Central Office, and community services boards. Finally, he reviewed Virginia's budget development [process](#).

2:45	Break
3:00	<p>Board Response: Biennium Priorities</p> <p>Beginning at 3 p.m., Ms. Hilscher reminded members of the purpose of the setting of priorities for the system to convey to the Governor and the General Assembly as the new biennium budget would be prepared. Through facilitated discussion with Meghan McGuire, Deputy Commissioner, Policy and Public Affairs. The board developed a list of draft priorities for the board to consider at the regular meeting the next day.</p> <ol style="list-style-type: none"> 1. Endorse the Governor’s Right Help Right Now initiative, which has the potential to be transformative for Virginians. In particular, the board has interest in increased capacity of community-based services and prioritization of the developmental disability and behavioral health workforce, including targeted salary increases for food services and environmental services at DBHDS state facilities to reduce turnover and vacancy among the lowest paid positions. 2. Eliminating the Priority 1 DD Waiver waiting list. This is a strong endorsement of current Administration initiatives within Right Help Right Now and the department’s strategic plan. 3. In lieu of inpatient hospital care, provide short-term community-based crisis beds in smaller settings to serve individuals across the life span (ex., CITAC; 12 beds for less than 30 days that connects individuals to services upon discharge). This setting could also help to address dually diagnosed individuals with developmental disability/mental illness who have challenging and sometimes violent behaviors. 4. Strongly support school-based and other youth services from birth to transition age (age out of school or graduation). <ol style="list-style-type: none"> A. Building out mental health support services to fill the gap between Early Intervention services and once a child is at school (ages 2-6), including improving CSBs and private provider bandwidth to serve the early childhood/pre-k age group. B. Dedicated mental health professionals in the schools. C. School resource officers to help connect to resources. 5. Review and consider amending the bed of last resort law to correct significant unintended consequences that overburden the state hospital system, law enforcement, community services boards, and other system partners.

	6. Consider incorporation of best practices into Virginia's temporary detention order law through comparison of other states' laws.
4:45	Other Business <ul style="list-style-type: none"> ▪ Proposed meeting dates were discussed through July 2025, to be confirmed at the meeting the next day. ▪ Ruth Anne Walker offered to review the nomination procedures to occur at the regular meeting, but there were no questions.
5:00	Ms. Hilscher adjourned the planning meeting at 4:55 p.m.

STATE BOARD OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

**NOMINATING COMMITTEE MEETING
MINUTES**

(per [Bylaws](#), Article 4.a-b.)

Tuesday, July 11, 2023

DHBDS, 13th Floor Conference Room, Jefferson Building,
1220 Bank Street, Richmond, VA 23219

This meeting was held in person with a quorum of members physically present.

Members Present: Moira Mazzi; Christopher Olivo.

Members Absent: Sandra Price-Stroble.

Staff: Ruth Anne Walker, Board Liaison and Director of Regulatory Affairs.

5:05 p.m.

Call to Order

Acting Committee Chair Moira Mazzi called the meeting to order. A quorum was present.

5:06 p.m.

Approval of July 11, 2023, Agenda

On a motion by Christopher Olivo and a second by Ms. Mazzi, the agenda was adopted.

5:07 pm.

Consideration of Nominees for Slate

Ms. Mazzi referenced that the Bylaws of the Board lay out the timeframe for the nominations and elections of officers. She reported that after Ms. Price-Stroble communicated with all members to confirm interest of anyone interested in running for the chair and vice chair positions, that only the current chair was interested in running for that office and only Kendall Lee was interested in running for the vice chair position. *Mr. Olivo moved to nominate as a slate, Elizabeth Hilscher for the chair position and Kendall Lee for the vice chair position. Ms. Mazzi seconded the motion. The vote was unanimous to adopt the slate as presented.* Ms. Mazzi announced that the report of the committee would be made to the full board at the July 12, 2023, regular meeting.

5:09 p.m.

Adjournment

Ms. Mazzi adjourned the meeting at 5:09 p.m.

The Nominating Committee is an ad hoc committee formed by the current chair in accordance with Article 4 b. of the [Bylaws](#).



COMMONWEALTH of VIRGINIA
STATE BOARD OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

**Regular Meeting
MINUTES**

**Wednesday, July 12, 2023
9:30 a.m. – 3:00 p.m.**

**DBHDS Central State Hospital, Building 113, Room 222,
26317 W Washington St, Petersburg, VA 23803**

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

Members Present	Elizabeth Hilscher, Chair; Kendall Lee, Vice Chair; R. Blake Andis; Varun Choudhary; Rebecca Graser; Moira Mazzi; and Christopher Olivo.
Members Absent	Sandra Price-Stroble.
Staff Present	<ul style="list-style-type: none">• Susan Alabanza, Hiram Davis Medical Center (HDMC) Clinical Director.• Jae Benz, Licensing Director.• Lauren Cunningham, Communications Director.• Taneika Goldman, State Human Rights Director.• Jarvis Griffin, Director, HDMC.• Cassie Grillon, Marketing and Communications Manager.• Brandi Justice, Director, Central State Hospital (CSH).• Kimberly King, Community Integration Manager.• Madelyn Lent, Policy Manager.• Josie Mace, Legislative Affairs Director.• Meghan McGuire, Deputy Commissioner, Policy and Public Affairs.• Nathan Miles, Chief Financial Officer.• Heather Norton, Assistant Commissioner, Developmental Services.• Robert Primmer, HDMC Assistant Finance Director.• Susan Puglisi, Regulatory Research Specialist.• Nelson Smith, Commissioner.• Ruth Anne Walker, Regulatory Affairs Director and State Board Liaison.• Angela Torres, Director, Forensic Services.

Invited Guests:	<ul style="list-style-type: none"> Jennifer Faison, Executive Director, Virginia Association of Community Services Boards.
Other Guests:	<p>In Person:</p> <ul style="list-style-type: none"> Chris Fleury, Health Policy Analyst, Medical Society of Virginia. <p>Attending Electronically:</p> <ul style="list-style-type: none"> Erin; GL; LeVar Bowers. Charlotte Arbogast, Senior Policy Analyst and Regulatory Coordinator, DARS. Katie Boyle, Director of Government Affairs, Virginia Association of Counties. Lexi Hill, Governor's Fellow. Leah Mills, Deputy Secretary, Health and Human Resources. Elizabeth C. Parker. Karen A. Taylor, Senior Assistant Attorney General, Health Services Section. Allyson Tysinger, Senior Assistant Attorney General, and Health Services Section Chief.
Call to Order and Introductions	<p>At 9:30 a.m., Elizabeth Hilscher, Chair, called the meeting to order and welcomed those present. A quorum of eight members was physically present. Ms. Hilscher welcomed new board member Cindy Lamb of Stafford County, and appointed Ms. Lamb to serve as a member of the Planning and Budget Committee.</p>
Approval of Agenda	<p><i>At 9:31 a.m. the State Board voted to adopt the July 12, 2023, agenda. On a motion by Rebecca Graser and a second by Kendall Lee, the agenda was approved.</i></p>
Approval of Draft Minutes	<p><i>At 9:34 a.m., on a motion by Moira Mazzi and a second by Ms. Graser, the March 29, 2023, regular meeting minutes were approved as final. On a motion by Christopher Olivo and a second by Dr. Lee, the March 28, 2023, community dinner meeting minutes were approved as final. Ms. Lamb abstained as she was not present.</i></p>
Officer Elections	<p>At 9:35 a.m., Ms. Hilscher turned the gavel over to Ms. Mazzi for the officer election process.</p> <p>A. Presentation of the Slate of Candidates Acting Nominating Committee Chair Moira Mazzi presented the slate of officers as adopted by the committee on July 11, 2023, to reelect Elizabeth Hilscher as Chair and to elect Kendall Lee as Vice Chair.</p> <p>B. Nominations from the Floor Ms. Mazzi asked for any nominations from the floor; there were none.</p> <p>C. Election <i>On a motion from Cindy Lamb and a second from Blake Andis, Ms. Hilscher was reelected as Chair. On a motion from Ms. Graser and a second from Elizabeth Hilscher, Dr. Lee was elected as Vice Chair.</i></p> <p>D. Passing of the Gavel</p>

	Ms. Mazzi passed the gavel back to Ms. Hilscher.
Commissioner's Report	<p>At 9:51 a.m., Nelson Smith gave his report, updating the State Board on the six pillars of the Governor's initiative, "Right Help, Right Now Plan," to address behavioral health challenges, encompassing crisis care, law enforcement burden, substance use disorder support, behavioral health workforce, and service delivery innovation.</p> <p>In addition to Right Help, Right Now, Mr. Smith reminded members of the commissioner's DBHDS agency strategic plan to help make broad systematic improvements in the areas of workforce, the continuum of care, and system modernization. The agency published a dashboard on the DBHDS website. He updated the members on state hospitals, the US DOJ Settlement Agreement with Virginia, the Medicaid Developmental Disability Waiver Wait List, efforts to addressing and preventing substance use disorder including the Opioid Abatement Authority.</p>
Facility Tours	At 10:15 a.m., Ms. Hilscher announced that the meeting would suspend while board members toured portions of both Central State Hospital (CSH) and Hiram Davis Medical Center (HDMC) with Dr. Brandi Justice and Dr. Jarvis Griffin, respectively. The tours followed by lunch. The meeting would resume at 12:30 p.m.
Lunch: Break and Collect Lunch	<i>A lunch break was held from 12:00 p.m. to 12:28 p.m.</i>
Facility Presentation: HDMC	<p>At 12:28 p.m., Dr. Jarvis Griffin, Director, reported that HDMC opened in 1975 to be the medical center within DBHDS. The facility provides acute medical, skilled, and long-term care services to individuals served by DBHDS facilities and individuals with intellectual or other developmental disabilities within the community. The catchment area is statewide. HDMC operate 94 beds: 4 acute medical, 40 nursing facility, 50 skilled nursing.</p> <p>Dr. Jarvis reviewed the various accreditations, certifications, and affiliations held by the facility. Inpatient services include:</p> <ul style="list-style-type: none"> • Pharmacy and laboratory (for HDMC and CSH). • OT/PT, speech-language pathology, social work, dental, recreation, radiology, respiratory therapy, and dental services. <ul style="list-style-type: none"> ○ Behavioral health support: Behavioral health technicians and contract psychiatrists and psychologists. ○ Pre/post-surgical and operating room for dental cases and minor surgeries: General anesthesia and deep sedation. • End-of-life comfort care is also provided. Hospice services are provided through contracts with private hospice providers. <p>Dr. Jarvis reported on outpatient services, the population data of individuals who receive services, budget allocations and expenses, data on staffing and discharges, placement challenges for long-term care, electronic interoperability, and innovative programs. He also</p>

	<p>reviewed plans for space optimization and modernization, and other building improvements.</p> <p>Dr. Jarvis particularly highlighted that there were zero COVID-19 fatalities throughout the public health emergency. Susan Alabanza, Clinical Director, and Robert Primmer, Assistant Finance Director, also provided comment.</p>
<p>Facility Presentation: CSH</p>	<p>At 12:56 p.m., Dr. Brandi Justice, CSH Director, reported first on the plans for the facility that would be set on a smaller parcel of 50 acres. The rest of the property will be surplussed. The site work started early 2023 and is scheduled for completion in Fall 2026. The new hospital will be 475,000 square feet, with a census of 111 maximum security beds (unchanged) and 141 civil beds (down from 166). The design has a lot of natural light and plants to create a feeling of a healing space. The treatment malls will have a dining, market café, clothing, and other shopping. The staffing and safety on living units is improved through staff site lines to be able to see all of a unit. Hallways will be shorter, sound barriers, fewer people in each unit, and other design details for healing and safety. There are community rooms in the lobby area so that events can be hosted to provide opportunity for the community to get to know more about CSH.</p> <p>Dr. Justice reviewed facility operations, bed capacity and designation, the civil and maximum security forensic programs, budget and expenses, and staff recruitment and retention efforts. Also, she reviewed challenges: Staffing levels in several departments; census pressures; increase in patients with complex medical needs; an aging infrastructure; and rising pharmacy costs. She mentioned successes including creation of a Director of Health Technology to lead the goal of infrastructure modernization. This position is the first of its kind in DBHDS.</p> <p>Originally purposed for African Americans, the first individuals (373) were transferred in 1885 to the hospital. The inpatient population grew such that in the 1960s more than 4,000 individuals received services.</p>
<p>Update: Virginia Association of Community Services Boards</p>	<p>At 1:17 p.m., Jennifer Faison, Executive Director, VACSB, reported on the association’s activities. VACSB is developing budget priorities for the coming year, but it is difficult as the current budget is pending finalization. Nevertheless, the work continues.</p> <p>Each services council had meetings in May and June to tell VACSB what it is that they need to be able to do their jobs better. Workforce is going to remain the number one priority going into the next General Assembly session. (level of pay, and recruitment and retention, but also building in a request for funding for scholarships, student loan repayments, and clinical supervision hours - either funding to allow the CSB's to grow in their own shop or to purchase it from another entity).</p>

	<p>All association members are excited about the potential for Virginia to move to become a CCBHC state as certified community behavioral health clinic state. Ms. Faison stated Ellen Harrison, DBHDS Chief Deputy Commissioner, has been an amazing champion and a force in trying to reignite that here in Virginia. Since initially discussed, things have changed include implementation of STEP-VA. The prospective payment system would allow CCBHCs would be able to be paid the actual cost for the service to be delivered, with a big lift from DMAS (and a restructured payment system). DBHDS set up several workgroups to talk through these kinds of issues, including quality measures. SAMSHA just put out updated criteria for CCBHCs.</p> <p>She chooses to remain hopeful that the association will get every dollar needed to do the best that can be done for the folks that are being served in all parts of the system, not just in the community, but also in the state facilities.</p>
<p>2023 Post-Session Updates</p>	<p>At 1:29 p.m., Nathan Miles, Chief Financial Officer, reported that as there was not yet a final budget, so updates were limited while things are pending. He reviewed what the Finance Division was doing to develop budget requests for the coming year. The RHRN initiative is driving the requests, and many of those are cross-agency.</p> <p>At 1:32 p.m., Ms. Josie Mace, Legislative Affairs Director, reported that looking ahead to next session, proposals were due internally the previous week. Unlike the budget request which are public, legislative proposals are still considered Governor’s confidential working papers, so agencies are not allowed to share outside of the agency until they go through the approval process with the Secretary, with the Department of Planning and Budget, and the Governor’s Office, and become introduced bills. DBHDS is hopeful for a legislative package this year that represents the commissioner’s and agency’s priorities that address the problems facing the system right now and includes things like RHRN, reducing the forensic population in state hospitals, and the overall state hospital bed census, continuing development of the workforce, and reducing regulatory burden.</p> <p>For the remainder of the summer and in the fall, legislative efforts will continue to connect Commissioner Smith with legislators through one on one meetings and also monitoring legislative committees, boards and commissions.</p> <p>Ms. Mace reported that work continues in required legislative workgroups from the 2023 session. Finally, she reminded the board that there will be major turnover in the General Assembly this year; it remains unclear what the makeup of the bodies will be. However, a number of members will be moving way up in seniority in 2024, since a lot of members retiring have been in the Senate or the House for</p>

	<p>quite a while. DBHDS is focusing efforts to maintain those relationships until after Election Day when there will be a lot of new members to inform about the system and DBHDS.</p>
<p>Committee Reports</p>	<p>A. Policy and Evaluation At 1:35 p.m., Ms. Hilscher segued to Ms. Graser and Ms. Mace to report on the Policy and Evaluation Committee. Ms. Graser background information was shared on Nicole Gore on <u>1004(SYS)83-7</u> Prevention Services. Updates are expected on that policy. Also, terminology updates were expected for <u>1010(SYS)86-7</u> Board Role in the Development of the Department's Comprehensive State Plan for Mental Health, Mental Retardation, and Substance Abuse Services. Minimal revisions were confirmed for <u>1023(SYS)89-1</u> Workforce Cultural and Linguistic Competency.</p> <p>At the next meeting, the committee will hear from the lead staff on <u>1015(SYS)86-22</u> Services for Individuals with Co-Occurring Disorders.</p> <p>B. Planning and Budget Ms. Hilscher asked Ruth Anne Walker to report on the Planning and Budget Committee. Ms. Walker stated that with the appointment of Ms. Lamb it was the first time in 18 months the committee had a full contingent of four members.</p> <p>Biennial Priorities: There was a review of the biennial planning meeting draft list of priorities for the upcoming biennium. The committee made some tweaks to the draft language, which the full board confirmed earlier in this meeting.</p> <p>Bylaws: The committee reviewed the bylaws to include changes to the Virginia Freedom of Information Act (FOIA) and the committee reviewed two subsections from FOIA, § 2.2-3708.2 and 2.2-3708.3. regarding more restrictions for members being able to participate remotely for personal reasons that are separate from a member's own medical issue, being a caregiver for a family member, or for geographic distance. The all-virtual meeting is still allowed outside of an emergency, but the board will have to adopt a policy on how that will work and the board cannot conduct two consecutive all-virtual meetings. It is now in state law that public bodies are encouraged to have hybrid meetings to allow as much participation as possible. The revisions will come to the committee in September, make final edits, and revised draft bylaws will come to the board in December.</p>
<p>Regulatory Actions</p>	<p>At 1:41 p.m., Ms. Walker asked for approval of the following regulatory actions:</p> <p>A. Periodic Review Result; and Initiation of Proposed Stage: Operation of the Individual and Family Support Program [12VAC35-230]. <i>On a motion from Christopher Olivo and a second by Varun Choudhary, the proposed stage was approved.</i></p>

	<p>B. Exempt Final: Licensing Regulations [12VAC35-105-40] for Amendments per HB679 (2020) to Application Requirements.</p> <p>Susan Puglisi, Regulatory Research Specialist, provided background on the exempt action. Exempt actions do not follow the standard process because there is no discretion on the part of the agency in terms of the language that is implemented into the regulations as the Code of Virginia is prescriptive about what these regulations need to say. This changes the application requirements, essentially requiring a disclosure from provider applicants of their legal name, dates of services provided in other states, and any sanctions, revocations, etc. Jae Benz, Licensing Director, was available for any questions.</p> <p><i>On a motion by Varun Choudhary and a second by Mr. Olivo, the action was approved.</i></p> <p>C. Fast Track: Streamline Training Center Regulations (Rescind 12VAC35-190; combine into 12VAC35-200).</p> <p>Ms. Walker provided a summary explanation. Kimberly King, Community Integration Manager, was available for any questions. <i>On a motion by Ms. Graser and a second by Ms. Lamb, the fast track action was approved.</i></p> <p>D. Change Action Type: Licensing Regulations, [12VAC35-105]: Mobile Medication Assisted Treatment (MAT)</p> <p>Ms. Puglisi stated that upon further review from the Office of the Attorney General that, due to the fact it is a permissive program and providers are not required to participate in it and the agency is not required to promulgate these regulations, it was decided that this was not exempt language.</p> <p><i>On a motion by Ms. Mazzi and a second by Ms. Graser, the change of action type was approved.</i></p> <p>E. Regulatory Activity Status Update.</p> <p>Ms. Walker directed members to the status update and noted additional regulatory meetings listed as well as the usual update.</p>
<p>Update: Forensics</p>	<p>At 2:03 p.m., Angela Torres, Senior Director of Forensics Services, stated for background that she is clinical psychologist and a certified forensic psychologist. Her experience comes from working mostly in corrections (jails; state and federal prisons; and probation) and forensic hospitals. She began at CSH in 2007 as a postdoctoral fellow, continuing on treatment teams, the forensic evaluation team, and as the chief forensic coordinator. More recently, she was the Region 4 jail team manager for two years until coming in 2016 to the DBHDS Central Office as the forensic evaluation manager, prior to the more recent change to her current position.</p>

	<p>She reviewed that ‘forensics’ is the intersection of behavioral health (clinical) and the criminal justice (law and criminal justice procedures) systems. Individuals in the ‘forensic’ population are typically under a criminal court order of some type ordering an evaluation or treatment.</p> <p>There are 22 staff in the Division of Forensic Services:</p> <ul style="list-style-type: none"> • Office of Forensic Services. • Office of Sexually Violent Predators. • Juvenile Behavioral Health and Justice. • Juvenile Competency Restoration. • Forensic Evaluation and Oversight. <p>Key points:</p> <ul style="list-style-type: none"> • Virginia’s (and most other states) mental health system is now mostly forensic. • The increase in incarcerated individuals with behavioral health disorders, and in turn forensic admissions, is a symptom of a larger public health issue. • More community-based care options are needed so that people do not have to access mental health services only or primarily through the criminal justice system. • Forensic admissions are primarily driven by treatment orders for incompetent defendants, with a significant proportion of them facing only very minor charges. • DBHDS is working with stakeholders to identify ways to reduce forensic admissions through legislative changes and education. <p>Ms. Graser if the restoration process is fast tracked when someone is held for a misdemeanor crime. Dr. Torres responded there is no ‘fast track’ but individuals are given treatment as quickly as possible. The Code of Virginia does allow a carve out for trespassing, disorderly conduct and petty larceny in that if restoration is supposed to be limited to 45 days, after 45 days a report must be submitted to say whether or not the individual has been restored or not at that point in time; often the court finds the person unrestorable if they are deemed incompetent, and then can either be discharged or civilly committed. Therefore, the individual is moved to civil commitment and no longer ‘forensic.’</p> <p><i>Presentation available upon request.</i></p>
<p>State Human Rights Committee</p>	<p>At 2:27 p.m., Taneika Goldman, State Human Rights Director, presented the recommendations of the State Human Rights Committee for two new members and the reappointment of an existing member.</p> <p>The two new appointments include Renee Valdez, to fill a code mandated position as an individual with lived experience, and John Shepherd as a professional with many years of experience</p>

	<p>tangential to the services that the department provides. Both come highly recommended by both the Office of Human Rights and the members of the State Human Rights Committee for reasons outlined in the packet, but primarily because both of them have served on several local human rights committees and understand the importance of the due process aspect of these committees.</p> <p>The reappointment is Will Childers, for his second full term. He filled a vacancy, and then has completed his first full term. The SHRC stated that if there was a favorite, it would be Mr. Childers.</p> <p>Ms. Hilscher stated she read the applications and the recommendation letter from the SHRC Chair, and found that as usual all candidates seemed highly qualified. She remembered Mr. Childers from a previous board meeting. <i>On a motion by Sheriff Andis and a second by Ms. Graser, the three names were approved en bloc.</i></p>
Public Comment	<p>At 2:30 p.m., Ms. Hilscher stated a period for public comment was included on the draft agenda, but there were no citizens signed up to speak.</p>
Miscellaneous	<p>A. Confirmation of Biennial Priorities. At 9:40 a.m., members reviewed edits to the first and last of the six priorities developed at the Biennial Planning Meeting, as recommended by the Planning and Budget Committee. <i>On a motion by Dr. Choudhary and a second by Sheriff Andis the draft priorities were approved.</i></p> <p>B. Liaison Updates. At 9:48 a.m., Dr. Lee reported receiving an to attend two Mental Health Awareness Days sponsored by Crossroads Community Services Board on May 6th in Farmville VA and May 20th in Blackstone VA. He had a chance to meet with staff and had a follow up meeting planned with Dr. Melba Moore, Executive Director. Draft revisions to liaison assignments would be updated and brought to the board for confirmation in September.</p> <p>C. Other Business. At 9:46 a.m., meeting dates through July 2025 were confirmed. (See list of dates below.) <i>On a motion by Ms. Lamb and a second by Dr. Lee the dates were approved en bloc.</i></p> <p>D. 2023 September Meeting Date. Wednesday, September 27, 2023.</p>
Adjournment	<p>There being no other business, Ms. Hilscher adjourned the meeting at 2:32 p.m.</p>

MEETING SCHEDULE

DATE*	Location
2023	
September 27 (Wed)	Piedmont Geriatric Hospital and VCBR Burkeville
December 6 (Wed)	Central Office Richmond
2024	
April 3 (Wed)	<i>TBD but not Richmond</i>
July 17 (Wed)	Eastern State Hospital Williamsburg
September 25 (Wed)	<i>TBD but not Richmond</i>
December 11 (Wed)	Central Office Richmond
2025	
April 2 (Wed)	<i>TBD but not Richmond</i>
July 9 (Wed)	Central Office Richmond

STATE BOARD OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

Planning and Budget Committee

MINUTES

DBHDS CENTRAL STATE HOSPITAL, BUILDING 113, ROOM 222
PETERSBURG, VA

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: R. Blake Andis; Christopher Olivo.

Members Absent: Elizabeth Hilscher, Board and Committee Chair; (one vacancy).

Staff Present: Ellen Harrison, Ruth Anne Walker.

I. Call to Order

A quorum being present, at 8:30 a.m., Christopher Olivo, called the meeting to order.

II. Welcome and Introductions

At 8:31 a.m., Mr. Olivo welcomed all present.

III. Adoption of Minutes, December 6, 2022

At 8:32 a.m., on a motion from Blake Andis and a second from Mr. Olivo the meeting minutes from December 6, 2022, were adopted unanimously.

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

A. Review from the July 11, 2023, Biennial Planning Meeting: Draft priorities for the biennium and draft topic areas for board meeting updates September 2023 - July 2025.

Ensure that the agency's budget priorities and submission packages reflect State Board policies and shall, through the Board's biennial planning retreat, review and comment on major funding issues affecting the behavioral health and developmental services system, in accordance with procedures established in POLICY 2010 (ADM ST BD) 10-1.

A. Review of DRAFT 2023 amendments to the Bylaws for consideration in September, per Article 9.c. of the Bylaws.

B. State Board Quarterly Budget Report.

V. Other Business

A. State Board Budget Quarterly Report. Handout

At 9:07 a.m., the board's quarterly budget report was reviewed.

B. Discuss 2023 expected changes to the Bylaws.

At 9:10 a.m., Ms. Walker updated members on the expected changes to the Bylaws relating to changes in state law regarding electronic meetings. A draft of revisions would come to the committee in July and the full board in September. Mr. Olivo asked to see drafts of recent updates to the Bylaws to get a feel for recent changes.

VI. Next Steps:

A. Standing Item: Report Out

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

B. Next Meeting:

The next meeting is scheduled for September 27, 2023.

VII. Adjournment

At 9:15 a.m., Ms. Hilscher adjourned the meeting.

STATE BOARD OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

Policy and Evaluation Committee

MINUTES

JULY 12, 2023

8:30-9:25 AM

DBHDS CENTRAL STATE HOSPITAL, BUILDING 113, MAIN CONFERENCE ROOM
PETERSBURG, VA

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

I. Call to Order [Becky Graser, Committee Chair]

Ms. Rebecca Graser called the meeting to order at 8:35 a.m.

II. Welcome and Introductions [Becky Graser] (5 min)

Ms. Graser welcomed all present and called for introductions.

III. Review of 2023 Policy Review Plan and Presentation of Policies for Discussion [Becky Graser and Josie Mace] (40 min)

Revisions

- 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 (Revisions)
- B. [1023\(SYS\)89-1](#) Workforce Cultural and Linguistic Competency (Revisions)

Background

- C. [1004\(SYS\)83-7](#) Prevention Services (Background)
- D. [1015\(SYS\)86-22](#) Services for Individuals with Co-Occurring Disorders (Background)

IV. Other Business (10 min)

Ms. Graser noted that the new vice chair would be serving as committee chair beginning in September. There was no other business to come before the committee.

V. Next Quarterly Meeting: September 27, 2023

VI. Adjournment

Ms. Graser adjourned the meeting at 9:15 a.m.

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