



COMMONWEALTH of VIRGINIA
STATE BOARD OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

**BOARD DINNER MEETING
MINUTES**

Tuesday, April 2, 2024

6:00 p.m. – 7:30 p.m.

Blue Ridge Behavioral Health

1315 Franklin Road SW (Walnut Street entrance; Thomasson Room)
Roanoke, VA 24016

	<p>Members Present: Elizabeth Hilscher, Chair; Kendall Lee, Vice Chair;; Rebecca Graser; Cindy Lamb; Christopher Olivo; Sandra Price-Stroble.</p> <p>Members Absent: Blake Andis Varun Choudhary; Moira Mazzi.</p> <p>Staff Present: Cassie Grillon; Ellen Harrison; Charles Law; Madelyn Lent; Ruth Anne Walker.</p> <p>Invited Guests: Mark Chadwick; Susan Rieves-Austin; Leigh Frazier; Helen Lang.</p>
6:00	<p>Welcome and Introductions At 6:00 p.m., Elizabeth Hilscher, Chair, called the meeting to order and welcomed everyone present. She thanked Helen Lang for the location tour immediately prior to the meeting.</p>
6:10	<p>Dinner</p>
6:25	<p>Presentation – Blue Ridge Behavioral Health Mark Chadwick provided an overview of the portfolio of services provided by Blue Ridge Behavioral Health. Mr. Chadwick, Susan Rieves-Austin, and Leigh Frazier provided an in depth look at services for children and youth. A video was shared of comments by staff, “Hope Spoken Here.”</p>
7:00	<p>Comments/Discussion Members asked a few clarifying comments of the BRBH team regarding information presented.</p>
7:25	<p>Closing Remarks</p>

	Ms. Hilscher thanked Mr. Chadwick, Ms. Rieves-Austin, and Ms. Frazier for their presentation to the members.
7:30	Adjournment Ms. Hilscher adjourned the dinner meeting at 7:30 p.m.

STATE BOARD OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

Regular Meeting MINUTES

Wednesday, April 3, 2024

DBHDS Catawba Hospital – Building 24 Administration,
5525 Catawba Hospital Dr, Catawba, VA 24070

*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; Rebecca Graser; Cindy Lamb; Moira Mazzi; and Christopher Olivo; Sandra Price-Stroble.
Members Absent	Varun Choudhary.
Staff Present	<ul style="list-style-type: none"> • Colleen Grady, Executive Budget Manager. • Cassie Grillon, Marketing and Communications Manager. • Ellen Harrison, Chief Deputy Commissioner. • Charles Law, Catawba Hospital Facility Director. • Madelyn Lent, Policy Manager. • Josie Mace, Legislative Affairs Director. • Nathan Miles, Chief Financial Officer. • Chaye Neal-Jones, Deputy Director, Office of Enterprise Management Services. • Susan Puglisi, Regulatory Research Specialist. • Kari Savage, Director, Office of Child and Family Services • 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:	<p>In Person:</p> <ul style="list-style-type: none"> • Teresa Smith, OSIG. • Mary Ottinot. <p>Virtual:</p> <ul style="list-style-type: none"> • Charlotte Arbogast, DARS. • Cara Kaufman, DARS. • Anjali Jarral, GOV. • Mindy Monay, GOV. • Sofia Tortolero, GOV. • LeVar Bowers. • Katie Boyle. • Martin Mash.

	<ul style="list-style-type: none"> • Jan Nelson. • Amanda Stone.
Call to Order and Introductions	<p>At 9:31 a.m., Elizabeth Hilscher, Chair, called the meeting to order and welcomed those present. A quorum of eight members was physically present. Ms. Hilscher noted that since December, some significant things had happened to some members and staff; yet they were present and she noted the tremendous dedication to the board and the work of the board. She reminded everyone to take care of themselves in the midst of difficulties as we all can forget to do that. Ms. Hilscher welcomed back Susan Puglisi from maternity leave, and congratulated her on the beautiful baby.</p> <p>Ms. Hilscher called for introductions of all present.</p>
Approval of Agenda	<p><i>At 9:38 a.m. the State Board voted to adopt the April 3, 2024, agenda. On a motion by Christopher Olivo and a second by Rebecca Graser, the agenda was approved.</i></p>
Approval of Draft Minutes	<p><i>At 9:39 a.m., on a motion by Moira Mazzi and a second by Mr. Olivo, the December 6, 2023, regular meeting minutes were approved as final with one amendment to correct the policy numbers listed in the report of the Policy and Evaluation Committee.</i></p>
Public Comment	<p>At 9:41 a.m., Ms. Hilscher stated a period for public comment was included on the draft agenda, one citizen was present to speak:</p> <p>Mary Ottinot stated that she came with good news. She is a registered nurse. She reviewed that she was abducted by police officers who are ‘bad actors’ and put into a mental health hospital. They did not realize she was a policymaker. She has since traveled around the state and made positive recommendations going forward. There is no policy when something like this really happens; no one knows what to do. Ms. Ottinot quoted Viola Davis, “If you would’ve done better, I would have done better.” Ms. Ottinot declared that the story of unlawful placement in state hospitals and sex trafficking will be told. She also reported that the people of Virginia are good people. Ms. Ottinot was ready to get to work. She thanked the board for the time.</p>
Regulatory Actions	<p>A. Initiate periodic review: Certified Recovery Residences [12VAC35-260]</p> <p>At 9:45 a.m., Ruth Anne Walker provided a summary explanation on the periodic review process. This will be the first review of this regulation since it took effect. Ms. Walker gave a</p>

	<p>brief review of the impetus for and purpose of the regulations. <i>On a motion by Sandra Price-Stroble and a second by Cindy Lamb, initiation of the periodic review was approved.</i></p> <p>B. Regulatory Activity Status Update. Ms. Walker directed members to the status matrix of all current actions and drafts in progress. She suggested that members consider all the regulatory work in three categories and summarized all pending projects and actions: organic, internally-developed project (ex. the overhaul of the licensing regulations); Administration-required efforts to reduce regulatory mandates (two 'low hanging fruit' of noncontroversial reductions); and General Assembly-mandated.</p> <p>Ms. Walker paused to acknowledge the contributions of Ms. Puglisi on the overhaul project in the development of six new chapters, in conjunction with the Office of Licensing and other agency experts.</p> <p>She also spotlighted the current draft excerpt from the full overhaul crisis chapter to be an exempt action to add to the current licensing and human rights regulations. This will meet the mandate in SB569. The full overhaul chapter will be updated with the language from that upcoming action.</p> <p>Ms. Walker answered a question from Rebecca Graser on upcoming changes regarding opioid treatment services as passed at the federal level, and a question from Kendall Lee regarding changes from the General Assembly regarding qualified mental health professionals.</p>
<p>Commissioner's Report</p>	<p>At 10:04 a.m., Chief Deputy Commissioner Ellen Harrison gave a report on behalf of Commissioner Nelson Smith, providing the State Board details on some of major efforts happening across the community services division, which includes developmental services, child and family services, crisis services, adult behavioral health services, licensing, human rights, regulatory affairs, and enterprise management. She noted that when the commissioner reorganized the department almost two years ago, he described this division as the epicenter of external transformation for DBHDS.</p> <p>Ms. Harrison stated that subject matter experts from this division are playing key roles in Right Help, Right Now, and in DBHDS strategic plan efforts including:</p>

- Ensuring same day care for persons in a behavioral health crisis.
- Relieving law enforcement’s burden and working to reduce criminalization of individuals with mental illness.
- Developing capacity in community-based services.
- Providing targeted support for substance use disorder services and efforts to prevent overdoses.
- Prioritization of behavioral health workforce initiatives.
- Service innovations and best practices that close gaps in service capacity.

Ms. Harrison spoke about key agency initiatives under the division:

- **Crisis (FY2024 \$195.7M)**
 - 988 - Averaging over 8,000 calls per month; 80% can be resolved on the phone.
 - Mobile Crisis – 98 teams statewide, continuing to grow to ensure a team is available to respond to any Virginian in an hour or less.
 - Crisis Centers –228 active community beds and chairs, with 278 more in development. More projects are anticipated later this year.
- **DOJ –**
 - Governor’s proposal for FY2026 for:
 - Waitlist – elimination of Priority 1 (\$300M)
 - Community Living – Total slots by FY2026 12,520
 - Family Individual Support – Total slots by FY2026 8,559
 - Contempt Hearing – May 23-24
 - 222 Core Indicators “met in sustained compliance”
 - 29 Core Indicators “met in compliance”
 - 31 Core Indicators “not yet met”

- **Permanent Supportive Housing**

DBHDS received over \$40M in requests to expand existing programs and establish four new programs.

Ms. Mazzi asked if landlords were pushing back because the amount of money that the agency is able to offer is too low or is it because of something like property damage or they feel like odd things are happening in their units. Ms. Harrison responded that certainly a set amount available for rent, tax incentives and x % will be for low-income housing (building out for the entire community). Sometimes damage is an issue, so the agency has said that a deposit will be provided to cover any issues because some of those folks have had hard lives and a hard time staying in their housing, and so they come with

a less than stellar record. To continue to have people in the permanent supportive housing program, staff go out and check on them. There are annual checks to make sure that things are going along alright. You don't have to engage in treatment if you're in permanent supportive housing, but the idea is that you will develop relationships that then lead to options for treatment should you choose to.

At the end of her remarks, Ms. Hilscher stated the report covered some amazing things. Ms. Harrison attributed the positive activity to many good people at work with energy, passion, and their full attention. And, that it makes a difference when the Governor endorsed a strategic plan.

▪ **Enhanced STEP-VA and CCBHCs**

STEP-VA outcomes (both individual and program) are clarified in the Performance Contract with performance 'floors' and the costs of STEP-VA. This will lead to cost reports being completed by all 40 CSBs (using the CCBHC model) to derive current and expected costs for a full investment of STEP-VA based on meeting the demands for each community.

- Site visits for all 40 CSBs started in February and will be finished in May. Block Grant (mandatory) site visits are being combined with STEP-VA technical assistance site visits. This helps understanding, post-pandemic, of the challenges with building out and operations of all nine core services.
- There is a collective conversation around evaluating assessment tools to be used by CSBs for outcomes.
- All of the above items feed into Performance Contract changes that will incorporate greater accountability and stepped consequences for substantial non-compliance by CSBs as delineated by the contract. There is not yet a definition of substantial non-compliance.

• **Virginia Mental Health Access Program (VMAP)**

FY2024 - Additional \$3.9 million to buildout of the pregnant and postpartum moms' portion, including hiring adult perinatal psychiatrists, LMHP's, adult care navigators, and technical assistance for OBGYN's.

- The VMAP for Moms+ is a perinatal-focused training, consultation, and referral program designed to increase capacity for primary care providers (PCPs), to treat and respond to common perinatal mental health conditions including depression, anxiety, bipolar and obsessive-compulsive disorder (OCD). The VMAP Moms+ (VMAP

Perinatal and Post Partum Pregnant Individuals) will be an expansion but separate arm of VMAP that will provide services to maternal health providers.

- The VMAP for Moms+ Line will connect PCPs and other maternal health providers to expert specialists to provide support with maternal mental health. The VMAP for Moms+ Line team will consist of regional hubs that include perinatal psychiatrists (PP), LMHPs, and care navigators providing rapid clinical telephonic consultation and support services to PCPs. Services will be available to all five regional hubs once the buildout is complete. The PP will not provide ongoing therapy or direct patient assessment.

- **Mental Health Group Homes**

- DBHDS received responses for 72 beds, which exceeds the goal of 50. Contracts are currently with procurement and are nearly complete.
- An RFP will be announced specific to bringing and developing some services for bipolar disorder as this is a specific area of concern in our facilities and finding community care to address it is challenging.

- **Learning Collaborative for Complex Discharges**

- The final session for the learning collaborative was April 2, 2024. There were discussions of how to expand and keep the momentum of the learning piece that people are excited about.
- The pilot for the funding: DBHDS will send an interest form to providers to determine who wants to participate. Ideally, the pilot will start in July and run through December to look at outcomes (specifically an increase in TDO acceptance to these facilities as a result of the available funding was seen).

- **Licensing**

Since redesigning the licensing application process, the average time to approval was shortened to ≤30 days for new and ≤20 for modifications, with over 98% of new applications approved in <90 days. As DBHDS is building out the entire system of care for all three disability areas, in terms of providers and services, there was a 45% increase in providers and a 25% increase in services in 2023 alone. This includes many providers offering multiple, complementing services.

2018

2023

Licensed Providers	1,071	2,080
Licensed Services	2,780	4,583
Licensed Locations	8,778	11,211

This growth in services continued in 2024, with a total of 2,143 licensed providers and 4,770 licensed services as of March 28, 2024. This represents an increase of 100% and 82% in the number of licensed services and providers since 2018, respectively.

- **Alternative Transportation and Custody**

- A pilot for custody and transport by Special Conservators of the Peace (SCOPs) is set to begin by this month, covering law enforcement catchment areas for New River Valley, Mount Rogers, and Cumberland Mountain CSBs and will provide a team of two SCOPs to maintain custody and a driver around the clock for each catchment area (total of 36 staff). New River and Mount Rogers are providing CIT training to these employees of the contracted transportation provider.
- Specific training with Region 1 is underway with staff regarding use of restraints and transportation of individuals who present with higher levels of acuity with 20 transports to date.
- Discharge transportation is available through the existing contract for all DBHDS state facilities.

Ms. Lamb reported she was able to see one of the non-law enforcement transportation vehicles used and it was very uplifting to see that for the benefit to the individuals, and for law enforcement. Ms. Hilscher is grateful for the dignity such transportation provides.

Ms. Graser stated she liked the model of having multiple types of crisis services in one location, and diversion even before a prescreening. Ms. Harrison concurred on both points.

Facility Tours	At 10:43 a.m., Ms. Hilscher announced that the meeting would suspend while board members toured Catawba Hospital with Dr. Charles Law, Director and CEO. The meeting would resume at approximately 11:30 a.m. following the tour.
Facility Presentation: Catawba	At 11:30 a.m., Charles Law, Director and CEO of Catawba, provided a background of the history of the campus that sits on 672 acres.

Catawba Hospital serves adult patients ages 18-64, and geriatric patients ages 65 and up from a variety of cities and counties covering a service area approximately 9,151 square miles and with over 1,375,968 people. All admissions for FY 2023 totaled 581. The average hospital length of stay is 14 days; the median is different by adult and geriatric populations (adult = 33 days; geriatric = 64 days). That is still incredibly fast. Individuals come to the hospital from all five regions of the state. Sometimes, for continuity of care at discharge, it requires that a public safety officer is used to take an individual to an appointment in the individual's locality of origin across the state; yet it ensures continuity at discharge.

Dr. Law reviewed the mission, to support the continuous process of recovery by providing quality psychiatric services to those individuals entrusted to [Catawba's] care. He highlighted the goals and objectives of the Joint Commission's five pillars of excellence: quality, people, patient experience, growth, and financial. Dr. Law stated the staff live out the mission promoting a positive work culture that will lead to improved patient engagement and outcomes. He proudly reported that it is the only state hospital that often has no staff openings. That's a problem of a different sort as staff are promoted internally (a good problem to have).

The restoration process has been growing in length of time as sometimes after the hospital reports to the court that an individual is restored to competency, the court seeks another opinion. While that evaluator is arranged, the individual must remain at the hospital. There were recently three restorations that took more than 300 days. Each day at the hospital is \$1135/day. Ms. Graser asked how long restoration takes. Dr. Law stated that it is different at each facility because it is somewhat person-specific. It varies by individual need, then varies by the courts acceptance of what is reported by the hospital. Generally, at Catawba, they are about six months but are sometimes less time. There are times when individuals from the court are assigned to the hospital that have no mental illness.

Dr. Law reported that he was very pleased with the results of the Patient Perception of Care Survey, including the number returned. One of our discharge barriers is families who do not want to take their family members away from the care received at Catawba.

The hospital's quality matrix was reviewed; the mantra is that if you measure it, you can manage it. If you don't measure it, you don't know. Because while it is a caring service, running a hospital is also an analytical business.

Catawba is constantly reviewing a list of performance improvement projects. The hospital does not seclude anyone at any time for any reason; it is a matter of human rights.

Ms. Price-Stroble asked if any alarm systems were used for beds or chairs for individuals with a high fall risk. Dr. Law replied that they do not use alarms, but use low beds, helmets and other protective gear, or a high staff ratio.

Catawba Hospital serves the following patient populations, and accepts patients from other state hospitals:

- Geriatric psychiatric
- Adult psychiatric
- Intellectual & Developmental Disabilities (ID/DD)
- Forensic
- Substance Abuse/Severe Mental Illness (SA/SMI)

Bed Usage

- Licensed for 270 beds
- Funded for 110 beds
- For FY 2023, 587 were admitted and 583 discharged.

Dr. Law indicated that the hospital was tasked to figure out how to get certified to bill and collect revenue, and accomplished it. Every year since the first, it doubled revenue collection. Note that 100% of all admissions and all discharges are audited for required elements of documentation, and 100% of all records audited for routine medical documentation regardless of payor source.

Dr. Law highlighted the current and planned construction projects: new HVAC system, the roof was just replaced, new water lines.

In response to a question from Ms. Graser regarding discussion of services for substance use disorder at the hospital, Dr. Law reported that 80% of the forensic patients have a cooccurring substance use disorder; therefore, substance abuse treatment already occurs. The first part of the [study conducted in response to budget language](#) and regarding interest in transforming Catawba Hospital into a

	<p>facility at which a continuum of substance abuse treatment including recovery services is provided in addition to the array of behavioral health services currently provided, was complete and the second part regarding community partners would be finalized by July 1, 2024.</p>
<p>Lunch: Break and Collect Lunch</p>	<p><i>A brief lunch break was held from 12 p.m. to 12:20 p.m.</i></p>
<p>Update: School-based and other youth services from birth to transition age.</p>	<p>Kari Savage, Director, DBHDS Office of Child and Family Services (OFS), reported the following from a 2023 national report:</p> <ul style="list-style-type: none"> ○ Virginia ranks 48th in the country for mental health care for children under 18 years of age. ○ Of Virginia’s children with major depressive episode 61,000 did not receive mental health services. ○ Of those who received treatment, only 34.90% received consistent treatment. ○ 44,000 youth in Virginia have a reported substance use disorder. ○ Virginia ranks 39 out of 51 for mental health workforce availability. <p>Ms. Savage reviewed OFS policy and funding oversight across three categories:</p> <ul style="list-style-type: none"> ○ Substance Abuse and Mental Health Services Administration (SAMHSA) grants. ○ State General Fund dollars. ○ Early Intervention/Part C. <p>Within in those areas, key initiatives or ‘bright spots’ include:</p> <ul style="list-style-type: none"> ○ Virginia Mental Health Access Program. During FY 2023, more than 6552 new providers were registered. ○ School-based Mental Health. IN FY 2023, six school divisions received funding for services and technical assistance. ○ Center for Evidence-based Partnerships. A single, integrated statewide resource for the implementation of evidence-based practices (EBPs). ○ Adolescent Substance Use Disorder Services. Numerous projects were mentioned by Ms. Savage, including youth peer support specialists embedded in CSBs. ○ TRAC-IT (for Early Intervention/Part C). A new statewide case management and data system for services that follows the child and family through the

	<p>process that will help understand how to improve outcomes.</p> <p>Next steps for OCFS initiatives include expanding:</p> <ul style="list-style-type: none"> ○ VMAP. ○ School-based mental health. ○ Recovery high school. ○ Youth SUD screening, referral, brief intervention, and referral to treatment. (YSBIRT) <p><i>Presentation available upon request.</i></p>
<p>2024 General Assembly Legislation and Budget</p>	<p>A. Budget</p> <p>At 12:40 p.m., Nathan Miles, Chief Financial Officer, reported on the pending budget as passed by the legislature and under consideration by the Governor. Mr. Miles reviewed the process of the biennial budget. He reported on new behavioral health funding in the joint conference report, \$344M in FY 2025 and \$353M in FY 2026. Also, that there was a proposed decrease in funding for crisis services by the legislature compared to what the Governor submitted. However, the General Assembly put more funding toward continued support of STEP-VA, psychiatric and crisis response for children, permanent supportive housing, and CSB workforce development. There were some other variations regarding community services. Funding for state facility services was increased by the legislature in two areas: discharge assistance planning (DAP), and a new scheduling system.</p> <p><i>Presentation available upon request.</i></p> <p>B. Legislative</p> <p>At 12:58 p.m., Ms. Josie Mace, Legislative Affairs Director, reported that the team tracked 150 bills including about 50 that DBHDS was assigned as the lead agency. As expected, there was a lot of activity with all of the new delegates and senators that resulted in many new members coming wanting to quickly see change in the system and put in bills accordingly.</p> <p>Ms. Mace noted that as of this meeting, the Governor had acted on a number of pieces of legislation requiring his action by April 8th. She highlighted the following bills:</p> <p>Agency and Administration Bills</p> <ul style="list-style-type: none"> • HB 601/SB 543 Health insurance; patient access to emergency services, mobile crisis response services. • HB 823/SB 497 Temporary detention order; alternative transportation.

	<ul style="list-style-type: none"> • HB 1242/SB 546 Emergency custody and temporary detention orders; evaluations, presence of others. • HB 1336/SB 568 Crisis stabilization services; facilities licensed by DBHDS, nursing homes. <p>Other Bills of Interest</p> <ul style="list-style-type: none"> • HB888/SB176 Civil commitments & temporary detention orders; definition of mental illness neurocognitive disorders. • HB1269/SB626 Barrier crimes; adult substance abuse and mental health services; exception. <p>Ms. Graser asked about the specific crimes that were removed. Ms. Mace said it is a very complex section of the law, but misdemeanor assault and battery was removed as a barrier after four years and some offenses with controlled substances.</p> <ul style="list-style-type: none"> • SB34 Certified evaluators; report. <p>The office will be sending out the annual update with more details after all legislation is acted on and after the Reconvened Session. Additionally, the office is in the process of beginning required legislative and budget workgroups, studies, and reports. Outreach to legislators to maintain or build new relationships is ongoing. In just a few weeks, the legislative proposal development process will begin again in preparation for the 2025 General Assembly session.</p>
<p>Update: Virginia Association of Community Services Boards</p>	<p>At 1:05 p.m., Jennifer Faison, Executive Director, VACSB, reported on the association's activities during the 2024 Session of the General Assembly.</p> <p>One particular current area of focus is to figure out what it is going to cost the Commonwealth to actually fully fund STEP-VA so that the CSBs and the state can successfully meet the outcome measures that are dictated. At the same time, there will be a review of those outcome measures to make sure that they match what the funding is now and what it is anticipated the funding will be in the future.</p>
<p>Committee Reports</p>	<p>A. Policy and Evaluation</p> <p>At 1:30 p.m., Dr. Lee reported that the committee had a productive meeting. After reviewing the six-year review schedule, 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>The purpose of this policy addresses the financial support for community-based services from local governments. It also provides flexibility for CSBs and DBHDS to accommodate and</p>

preserve local matching funds, shortfalls to maintain and expand services. Mr. Miles presented background on those structures in December. More drafting will be done before the July meeting by Dr. Lee and staff. The draft revisions will be circulated via email for a field review to CSBs, with all comments collected in table with staff responses for July.

- 1007(SYS)86-2 Behavioral Health and Developmental Services for Children and Adolescents and Their Families (Background)

Ms. Savage provided background on this policy. There were some suggestions for edits in the initial discussion that followed.

- 4023(CSB)86-24 Housing Supports (Background)
Kristen Yavorsky provided an update. The committee discussed aligning this policy with STEP-VA. It is important to ensure that the CSBs are engaged in local discussions regarding the continuum of care for individuals who are homeless. Possibly adding references to the Virginia Plan To Increase Living Options and the State Action Plan. The revisions are in final draft for consideration by the committee.

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 (Background)

Ms. Savage also provided background on that policy. There were several wording changes recommended including adding language referenced by the statewide Children Services Act [Practice Model](#).

B. Planning and Budget

Ms. Walker reported that Ms. Neal-Jones met with the committee about the role of the Office of Enterprise Management Services and the Performance Contract with CSBs.

Ms. Walker explained the budget category of ‘premiums’ in the board’s budget (gifts, recognitions like plaques, etc.).

The committee approved a recommendation to the State Board that the Board visit the Staunton campus for the April 2025 meeting, and the SEVTC campus for the July 2025 meeting.

	<p><i>On a motion from Blake Andis and a second from Ms. Lamb the recommendation for the April 2025 meeting of the committee was approved.</i></p> <p><i>On a motion from Ms. Lamb and a second from Sheriff Andis the recommendation of the committee to meet outside of Richmond for the July 2025 meeting was approved.</i></p>
<p>Update: Performance Contract</p>	<p>At 1:42 p.m., Chaye Neal-Jones, Deputy Director, Office of Enterprise Management Services, discussed the role of the office, and recent changes to its structure and day to day implementation of roles and responsibilities.</p> <p>Ms. Neal-Jones gave an overview of the intent of the DBHDS Community Services Performance Contract with community services boards (CSBs) including its content (including Exhibits A – L and Addendums I – III); the statutory and policy framework; types of CSBs; the overall content; and the process for adoption. Changes were made to the Performance Contract Exhibit D section for state- and federally- funded program services. Also, the exhibits attached to the contract have been reorganized for clarity. Work was done to minimize unnecessary procedural-based language from the Performance Contract and other ‘legalese.’</p> <p>In regard to accountability, there are now five regional program consultants in the Behavioral Health Services Division to partner with CSBs to improve mental health and substance use disorder services by reviewing and using individual and service databased performance and outcome measures in consultations with the CSBs to improve performance and outcomes and the quality of services.</p> <p>The office has taken and is taking innovative steps to improve. This includes providing support internally to DBHDS staff and CSB staff with processes and procedures, templates, and training videos.</p> <p>Sheriff Andis asked if the new data collection efforts would track availability of beds across Virginia. Ms. Harrison said it is similar to the bed registry in that it will not say if it is a shared room, etc., that will best meet someone’s needs.</p> <p><i>Presentation available upon request.</i></p>

Miscellaneous

A. May 14th Meeting: All Virtual

At 2:10 p.m., the State Board reviewed the miscellaneous items beginning with the confirmation of the all-virtual special called meeting at 9 a.m. on Tuesday, May 14, 2024, for the primary purpose of moving [the final stage of the action](#) to amend the Operation of the Individual and Family Support Program [12VAC35-230].

B. Nominating Committee

In preparation for the July 2024 officer elections, Ms. Hilscher announced her appointment of the 2024 Nominating Committee: Ms. Graser as Chair, Varun Choudhary, and Blake Andis.

C. Liaison Updates

At 2:17 p.m., Ms. Lamb reported she attended three Rappahannock Area CSB meetings, and one at both Rappahannock-Rapidan CSB and Prince William CSB. As the commissioner said, each is completely different and she finds it interesting to learn about each one. However, the underlying theme is the motivated and focused staff.

Dr. Lee reported traveling to Danville in mid-December to attend a Southside Behavioral Health Consortium meeting at the Danville-Pittsylvania Community Services. This consortium meets monthly and is comprised of CSB executive directors and staff members from:

- Southside Community Services;
- Danville-Pittsylvania Community Services;
- Piedmont Community Services; and
- Southern Virginia Mental Health Institute.

Following the meeting, he had a tour of Danville-Pittsylvania's new 24-hour crisis center for individuals experiencing a mental health or substance use crisis. He attended that CSB's board meeting later that day. In March, Dr. Lee had a great visit with the Executive Director of Southside Behavioral Health, Beth Englehorn, and staff Alisha Wright who provided a tour of the new crisis receiving center in South Hill. It was great to see the work being done to support individuals in crisis, and the opportunity to meet staff members. The center is only open from 8 a.m. to 5 p.m., but they are building capacity to expand hours. They also shared the challenges faced with providing the needed medication to individuals in crisis. South Hill does not have a 24-hour pharmacy and they have run into the "red tape" with obtaining

	the medication dispensing unit they need. Finally, Dr. Lee is invited to attend Crossroads Community Services Board's annual Children's Mental Health Awareness day in May.
Other Business	Next Meeting: May 14, 2024 (all virtual).
Adjournment	There being no other business, Ms. Hilscher adjourned the meeting at 2:25 p.m.

MEETING SCHEDULE

DATE	Location
2024	
May 14 (Tues)	Online only
July 17 (Wed)	Eastern State Hospital Williamsburg
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