



COMMONWEALTH OF VIRGINIA

STATE MENTAL HEALTH,
MENTAL RETARDATION
AND
SUBSTANCE ABUSE SERVICES BOARD

REGULAR BOARD MEETING

AGENDA

June 3, 2008

Eastern State Hospital HTGC Facility
4601 Ironbound Road – Conference A (Room 109)
Williamsburg, VA

(Directions on Back Cover)

**STATE MENTAL HEALTH,
MENTAL RETARDATION
AND
SUBSTANCE ABUSE SERVICES BOARD**

Tuesday, June 3, 2008
9:00 a.m. Planning & Budget Committee - Room 109
9:00 a.m. Policy Evaluation Committee - Room 114

AGENDA

**Tuesday, June 3, 2008
10:00 A.M.
Eastern State Hospital
Room 109
Williamsburg, Virginia**

Board Meeting

			Page #
I.	10:00	Call to Order	Victoria Huber Cochran, Chair
II.	10:05	Introductions	
III.	10:10	Approval of the Agenda	1-2
IV.	10:15	Approval of April 1, 2008 Minutes	3-8
V.	10:20	PUBLIC COMMENT (3 minute limit per speaker)	
VI.	10:50	Report of the Policy Development and Evaluation Committee ➤ Regulatory Update	Wendy Brown, Office of Planning and Development 9-22
VII.	11:05	Report of the Planning & Budget Committee	Charline Davidson, Office of Planning and Development 23-24
VIII.	11:25	Summary of Proposed Licensing Regulation	Leslie Anderson or Chanda Braggs Office of Licensing 25-28
IX.	11:50	APTNA Presentation	Janis M. Dauer, MS, CAC APTNA Program Manager

			Page #
X.	12:00	Commissioner's Report	James S. Reinhard, M.D., Commissioner
XI.	12:20	Board Liaison Reports	State MHMRSAS Board Members
XII.	12:35	State Human Rights Appointments Appointment Recommendation: <ul style="list-style-type: none">➤ Mr. Randy J. Johnsey➤ Ms. Carolyn DeVilbiss	29-43
XIII.	12:40	Data Collection Update	Dave McGinnis, Data Support Manager
XIV.	12:55	VACSB Report	
XV.	1:10	Other Business & Adjournment	

**STATE MENTAL HEALTH, MENTAL RETARDATION
AND SUBSTANCE ABUSE SERVICES BOARD**

**April 1, 2008
Crowne Plaza West
Richmond, Virginia**

Members Present: Victoria H. Cochran, **Chair**; Daniel E. Karnes, **Vice Chair**; Linda S. Bartlett; Cheryl Ivey Green; Catherine M. Hudgins; Mary J. McQuown; Ananda K. Pandurangi and Kathryn A. Smith

Members Absent: Ruth G. Jarvis

Staff: Wendy Brown, Policy Analyst, Office of Planning & Development
Jewel Crosby, Executive Secretary, State Board
Charline Davidson, Director, Office of Planning & Development
Meghan McGuire, Communications Manager, Office of Legislation & Public Relations
Ray Ratke, Chief/Deputy Commissioner, Office of the Commissioner
Ruth Anne Walker, Legislation Manager, Office of Legislation & Public Relations

Others: Jennifer Faison, Public Policy Manager, VACSB
Ray Gudum, Chairman, VACSB
Jane Hickey, Senior Assistant Attorney General Chief, Office of the Attorney General
Cal Whitehead, Psychiatric Society of Virginia

Call to Order: Victoria Cochran, Chair, called the meeting to order at 9:13 a.m. Ms. Cochran welcomed Mr. Cal Whitehead representing the Psychiatric Society of Virginia. Mr. Whitehead commended the Department and staff for the work done during the 2008 General Assembly session. He thanked the Office of the Attorney General for their work during the session. A call for introductions of attendees took place prior to proceeding.

Agenda: *Upon a motion by Daniel Karnes and seconded by Cheryl Ivey Green, the Board unanimously approved the April 1, 2008 agenda as presented. 8-yes; 0-No.*

Minutes: *Upon a motion by Mary McQuown and seconded by Linda Bartlett, the Board voted to approved the January 15, 2008 minutes as corrected. 7-yes; 1-abstain (Catherine Hudgins).*

Public Comments: Written comments were submitted and shared with the Board. (Comments attached)

Staff Updates:

Jewel Crosby conveyed the amendment to the current Board By-Laws under Article 9- Board Evaluation, Section (a): stating the Board shall conduct an annual evaluation of its performance during the Board's annual retreat with the process and outcomes noted in the minutes of that meeting and included as part of the Board's Annual Executive Summary.

Upon a motion by Cheryl Ivey Green and seconded by Kathryn Smith the Board unanimously adopted the By-Law amendment as presented. 8-yes; 0-No.

Ruth Anne Walker, Legislation Manager, distributed copies of the draft Final Legislative and Budget Report and presented an overview of the 2008 General Assembly Session, highlighting the key bills tracked by the Department. Summary information was included for the Lead and Secondary list bills that passed during the session.

Ms. Walker announced to the Board that Jim Martinez, Mental Health Director was nominated for the Governor's Star award in recognition of his many contributions to moving the mental health legislative process forward during the session. Additionally, she mentioned the excellent collaboration of the team of key stakeholders working on the legislative and budget issues raised during the session.

Victoria Cochran commended Ms. Walker and the Department's staff for the work and long hours put into the 2008 General Assembly session.

Kay Smith commended Meghan McGuire for keeping board members abreast of community events as a result of receiving weekly news clips.

**Report of the
Policy Development
And Evaluation
Committee:**

Wendy Brown reported on behalf of the Committee. The Committee met on March 31 at 3:15 p.m. at the Crowne Plaza West. The Committee adopted drafts for field review of Policy #1023 – Workforce and Cultural & Linguistic Competency and Policy 1043 – Disaster and Terrorism Preparedness.

The Committee continued to discuss development of a policy on Interoperability. A draft Interoperability policy will be shared with the committee at their next meeting. The full Board also discussed other ways of improving interoperability.

The committee suggested initiating a practice of mailing board packets to key agency heads and for the first mailing, to include a letter inviting them to present to the State Board on overlapping issues.

As a result of a lengthy discussion, Ms. Cochran recommended developing an ad hoc subcommittee to examine interoperability issues and begin to formulate ways to provide education and outreach to other Health and Human Services agency stakeholders. Ms. Cochran, Catherine Hudgins and Dr. Pandurangi agreed to serve on the committee.

Ms. Brown shared copies of the status and pending action report on the Board's Regulations. (See Attached)

Ms. Brown requested Board action to initiate the periodic review of the current Regulations to Assure the Protection of Subjects in Human Research. (12 VAC 35-180-10 et seq).

Upon a motion by Catherine Hudgins and seconded by Kay Smith the Board unanimously approve to initiate periodic review of the current Regulations to Assure the Protections of Subjects in Human Research. 8-yes; 0- No.

**Report of the
Planning and**

Budget Committee:

Charline Davidson reported on behalf of the Committee. The Committee met on March 31 at 2:00 p.m. at the Crowne Plaza West. Joy Yeh, Assistant Commissioner, Finance and Administration, shared an overview of the Department's Budget 2008-10 Biennium. Frank Tetrick, Assistant Commissioner, Community Services, presented information on the budget allocation process and guiding principles. There was also discussion around strategies to reduce cost of future State Board meeting. The committee recommended hosting meetings closer to the Richmond area or nearby to allow staff same-day travel without incurring overnight expense. There was a recommendation to reduce the number of meeting to cut expenses. Actions on these issues will be discussed with staff, addressed, and finalized at the May Board meeting.

The Chair called for a 5-minute break at 10:35 a.m. and reconvened at 10:45 a.m.

**Commissioner
Report:**

Ray Ratke reported to the Board in the absence of Commissioner Reinhard. Mr. Ratke reviewed information on the Omnibus Bill (House Bill 499/Senate Bill 246) provided on the Legislative Summary. Mr. Ratke shared specifics of the Omnibus Bill and summarized various changes to the civil commitment process.

He informed the Board that the state budget process is not completed and the Commissioner was meeting with the Senate Finance Committee that day to discuss capital budget issues.

Mr. Ratke echoed the previous commendation noted regarding the staff for their work accomplished during the 2008 legislative session and particularly singled out the work of Ruth Anne Walker, Legislation Manager, for taking the lead to ensure a successful legislative process.

Mr. Ratke highlighted relevant aspects of the Governor and General Assembly's budget. The budget contains funding allocated to outpatient emergency and case management services.

The Department allocated \$1.0 million dollars and \$2.0 million in the second year biennium for psychiatric consultation. The General Assembly eliminated specific targeted allocations and inserted language that required the Department to develop a process to allocate funds as appropriate.

There were additional waiver slots as a result of advocacy by The ARC of Virginia and the VACSB. The Governor's budget included proposed capital improvement to Southeastern Virginia Training Center and Central Virginia Training Center, however, this recommendation did not appear in the legislative budget amendments.

Mr. Ratke updated the Board on the reorganization of Central Office. He shared that the Department is looking to develop a new plan to improve service delivery by using a field-based approach supporting the CSBs and state facilities. The focus will continue to improve the engagement of regional partnerships. Ms. Cochran suggested including in the planning the current Board Liaison structure.

VACSB Report:

Ray Gudum, VACSB Chair, introduced VACSB Public Policy Manager, Jennifer Faison to the Board. Mr. Gudum distributed copies of the agenda for the upcoming May 7-9, VACSB conference in Virginia Beach. Board members were encouraged to attend. He also distributed copies of the VACSB highlights from the 2008 General Assembly session.

Board Liaison Report:

Linda Bartlett reported that she received a letter from Eastern State Hospital as a result of the board's liaison assignment letter sent to the CSBs and facilities.

Catherine Hudgins shared that she received a letter as result of the liaison assignment and plans to schedule regular meetings. She also reported that she met with staff at George Mason University to discuss mental health and legislative concerns.

Mary McQuown shared that she attended the Mental Health Planning Council meeting on February 20 and the Council announced that they had received a grant to study reduction use of seclusion and restraints. She stated that she will be serving on the oversight committee. Ms. McQuown also shared that she attended the System Leadership Council meeting on March 19 and received consumer updates. She shared that the Council is looking to ensure that all stakeholders and consumers have input in determining how to allocate funds received.

Victoria Cochran also informed the Board the Mary McQuown assisted in presenting a consumer recovery training workshop for the Southwest CSBs and facilities. In direct response to the liaison letters, Ms. Cochran was invited to attend the training and commended Ms. McQuown for a job well done.

Dr. Pandurangi informed the Board that he attended the Psychiatry Society of Virginia meeting and stated that Commissioner Reinhard gave an overview on where the Department is currently. Dr. Pandurangi also mentioned that a presenter took the group through a history of Virginia's mental health policy over the last 50 years.

Other Business: The next meeting of the State Board will be held on Tuesday, May 6, 2008 in Williamsburg at Eastern State Hospital.

The meeting adjourned at 11:35 a.m.

Victoria Huber Cochran, Chair

Jewel Crosby, Secretary

ATTACHMENT

TO:	DMHRMSAS State Board Victoria Huber Cochran, Chair Daniel E. Karnes, Vice Chair Linda S. Bartlett Cheryl Ivey Green Ruth G. Jarvis Mary J. McQuown; Ananda K. Pandurangi Kathryn A. Smith. Catherine M. Hudgins
FROM:	
DATE:	15 March 2008
SUBJECT	Comments for April 1,2008 DMHMRSAS State Board meeting

I am wondering when someone from DMHMRSAS is going to explain why I was directed to such inappropriate services last year.

I have provided details to employees of DMHMRSAS, but have received no responsible explanation.

In my experience, you have corrective procedures in place. However:

1. The corrective procedures are of no value because they don't work.
2. No one at the highest levels of authority in DMHMRSAS cares whether they work or not.

I notice that quality control is NEVER mentioned at your meetings, even after what happened at Virginia Tech a year ago.

It is obvious from your behavior and the results you achieve that, as a board, you don't care whether anyone lives or dies.

Please respond as a board.

Thank you,

STATUS AND PENDING ACTION ON BOARD REGULATIONS

VAC Number	Title	Last Update	Periodic Review	Regulations in Process Stage	Regulations in Process Time Frame
12 VAC 35-11	<u>Public Participation Guidelines</u>	Effective July 1, 2003.	Postponed-- pending legislative changes		
12 VAC 35-45	<u>Licensing Regs--Children's Residential Services</u> Regulations for Providers of Mental Health, Mental Retardation and Substance Abuse Residential Services for Children	Effective August 1, 2003 <ul style="list-style-type: none"> ■ Amendment for order of summary suspension effective February 22, 2007 	Pending amendment per 2008 legislation. Next review now due February, 2011.		
12 VAC 35-105	<u>Licensing Regs--Adult Service Providers</u> Rules and Regulations for the Licensing of Providers of Mental Health, Mental Retardation, Substance Abuse, the Individual and Family Disabilities Support Waiver, and Brain Injury Services	Effective September 19, 2002 <ul style="list-style-type: none"> ■ Amendment for IFDDS Waiver services effective September 19, 2003 ■ Amendment for brain injury services effective February 22, 2007 ■ Amendment for opioid services effective July 10, 2007 ■ Amendment for order of summary suspension effective February 20, 2008 	Completed February, 2007	<ul style="list-style-type: none"> ■ <u>Proposed</u> regulations in development 	<ul style="list-style-type: none"> ■ Target completion May 2008.
12 VAC 35-115	<u>Human Rights Regs</u> Rules and Regulations to Assure the Rights of Individuals Receiving Services from Providers of Mental Health, Mental Retardation and Substance Abuse Services	Board adopted final revised regulations on May 4, 2007.	Completed September, 2004	<ul style="list-style-type: none"> ■ <u>Final</u> 	<ul style="list-style-type: none"> ■ Effective September 19, 2007
12 VAC 35-180	<u>Human Research Regs</u> Regulations to Assure the Protection of Participants in Human Research	Amended effective February 11, 2004.	Pending 2008		
12 VAC 35-190	<u>MR Voluntary Admission Regs</u> Regulations Establishing Procedures for Voluntarily Admitting Persons Who are Mentally Retarded to State Mental Retardation Facilities	Amended effective January 15, 2003	Completed August, 2006	<ul style="list-style-type: none"> ■ <u>Proposed</u> 	<ul style="list-style-type: none"> ■ Submitted for Executive Branch Review---December, 17 2007
12 VAC 35-200	<u>MR Respite Care Admission Regs</u> Regulations for Respite and Emergency Care Admissions to Mental Retardation Facilities	Amended effective May 22, 2002	Completed August, 2006	<ul style="list-style-type: none"> ■ <u>Proposed</u> 	<ul style="list-style-type: none"> ■ Submitted for Executive Branch Review---September 14, 2007
12 VAC 35-210	<u>Temporary Leave Regs</u> Regulations to Govern Temporary Leave From State Mental Health and Mental Retardation Facilities	New regulation. (NOIRA published October 18, 2004)	Next review due July, 2011	<ul style="list-style-type: none"> ■ <u>Final</u> 	<ul style="list-style-type: none"> ■ Effective July 25, 2007

DRAFT MINUTES

STATE MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE SERVICES BOARD MEETING OF THE POLICY DEVELOPMENT AND EVALUATION COMMITTEE

March 31, 2008
Richmond, Virginia

Members Present: Daniel E. Karnes, Chair; Mary J. McQuown;
Anand K. Pandurangi; Victoria Cochran (ex officio)

Staff Present: Wendy Brown; Sue Ridout; Ruth Anne Walker; Beth Nelson

Call to Order: The meeting was called to order at 3:15 p.m.

Adoption of Draft Minutes

The members decided a correction was warranted to the draft minutes of its January 14, 2008 meeting. The Committee had not made a final recommendation to the Board to develop a new policy on interoperability at this meeting. Rather, the committee recommended that the Board “explore the need for the development of a new policy on interoperability.” Wendy Brown agreed to make the correction. The Committee adopted the draft minutes with the correction and decided to discuss the possibility of developing a policy on interoperability later during the meeting.

Draft Policy 1023(SYS) Workforce and Cultural Competency

The Chair asked staff to discuss the draft policy 1023 that had been distributed to members prior to the meeting. Wendy Brown introduced Sue Ridout to the Committee and indicated that she had taken the lead in drafting the policy. Ms. Ridout discussed the background and recent initiatives that have been undertaken by the agency to promote cultural competency within the public system, including the conference sponsored by the department last fall. The Committee considered whether this policy sufficiently covers cultural competency issues for persons with physical or sensory disabilities. After discussing the draft policy the members decided to change the name of the policy to “Workforce and Cultural and Linguistic Competency” and insert changes to the draft document to indicate that the policy specifically addressed the department, state facilities and CSBs. With these revisions, the Committee decided to distribute the draft policy for a field review.

Draft Policy 1043(SYS) Disaster and Terrorism Preparedness

The Chair asked staff to discuss the draft policy 1043 that had been distributed to members prior to the meeting. Beth Nelson presented the policy. The Committee considered the draft and recommended that changes be made to ensure that the policy encompasses post-disaster follow-up as well as planning and recovery. Wendy Brown agreed to make these revisions to the draft. With the changes, the Committee decided to distribute the draft policy for a field review.

Policy on Interoperability

The Committee discussed the proposal to develop a new policy on interoperability that addresses communication among the boards of other agencies that affect our service system, e.g. Medical Assistance Services, Education, Corrections, Social Services, Health, Criminal Justice Services. The members acknowledged a need to reach out to other agency Boards to ensure communication and liaison on common issues. The members considered that its policy could be the justification for actions taken by the board to improve the collaboration with other state boards and for its advocacy role. Based on this discussion, the Committee decided that it would develop a draft policy on interoperability for consideration at its next meeting. Ruth Anne Walker agreed to take the lead in developing this draft.

The committee meeting was adjourned at 4:40 pm.

STATUS AND PENDING ACTION ON BOARD REGULATIONS—MAY 2008

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				Stage	Time Frame
12 VAC 35-11	<u>Public Participation Guidelines</u>	Effective July 1, 2003.	Pending changes per 2008 legislation		
12 VAC 35-45	<u>Licensing Regs--Children's Residential Services</u> Regulations for Providers of Mental Health, Mental Retardation and Substance Abuse Residential Services for Children	Effective August 1, 2003 <ul style="list-style-type: none"> ■ Amendment for order of summary suspension effective February 22, 2007 	Pending changes per 2008 legislation Next review now due February, 2011.		
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12 VAC 35-115	<u>Human Rights Regs</u> Rules and Regulations to Assure the Rights of Individuals Receiving Services from Providers of Mental Health, Mental Retardation and Substance Abuse Services	Board adopted final revised regulations on May 4, 2007.	Next review due September, 2011		<ul style="list-style-type: none"> ■ Effective September 19, 2007
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CHAPTER 873

An Act to amend and reenact §§ 22.1-323.2, 37.2-408, 63.2-1737, and 66-24 of the Code of Virginia and to amend the Code of Virginia by adding a section numbered 37.2-408.1, relating to regulation of group homes and residential facilities for children.

[S 472]

Approved April 23, 2008

Be it enacted by the General Assembly of Virginia:

1. That §§ 22.1-323.2, 37.2-408, 63.2-1737, and 66-24 of the Code of Virginia are amended and reenacted and that the Code of Virginia is amended by adding a section numbered 37.2-408.1 as follows:

§ 22.1-323.2. Licensure of services delivered in group homes and residential facilities for children.

A. The Department of Education shall cooperate with other state departments in fulfilling their respective licensing and certification responsibilities ~~and in reducing and simplifying the regulations involved in the licensing and certification of residential schools for students with disabilities~~ *regarding educational programs offered in group homes and residential facilities in the Commonwealth.* The Board shall promulgate regulations allowing the Department of Education to so assist and cooperate with other state departments.

B. The Board's regulations shall address the *educational* services required to be provided in such *group homes and residential schools facilities* as it may deem appropriate to ensure the education and safety of the students. ~~In addition, the Board's regulations shall include, but shall not be limited to (i) specifications for the structure and accommodations of such homes or facilities according to the needs of the students; (ii) rules concerning allowable activities, local government and facility imposed curfews, and study, recreational, and bedtime hours; and (iii) a requirement that each facility have a community liaison who shall be responsible for facilitating cooperative relationships with the neighbors, the school system, local law enforcement, local government officials, and the community at large.~~

C. ~~In addition to the requirements set forth in subsection B, the Board's regulations shall require, as a condition of initial licensure or, if appropriate, license renewal, that the applicant shall: (i) be personally interviewed by Department personnel to determine the qualifications of the owner or operator before granting an initial license; (ii) provide evidence of having relevant prior experience before any initial license is granted; (iii) provide, as a condition of initial license or renewal licensure, evidence of staff participation in training on appropriate siting of the residential facilities for children, good neighbor policies, and community relations; and (iv) be required to screen residents prior to admission to exclude individuals with behavioral issues, such as histories of violence, that cannot be managed in the relevant residential facility.~~

D. ~~In addition, the Department shall:~~

~~1. Notify relevant local governments and placing and funding agencies, including the Office of Comprehensive Services, of multiple health and safety or human rights violations in residential facilities for which the Department serves as lead licensure agency when such violations result in the lowering of the licensure status of the facility to provisional;~~

~~2. Post on the Department's website information concerning the application for initial licensure of or renewal, denial, or provisional licensure of any residential facility for children located in the locality;~~

3. ~~Require all licensees to self-report lawsuits against or settlements with residential facility operators relating to the health and safety or human rights of residents and any criminal charges that may have been made relating to the health and safety or human rights of residents;~~
4. ~~Require proof of contractual agreements or staff expertise to provide educational services, counseling services, psychological services, medical services, or any other services needed to serve the residents in accordance with the facility's operational plan; and~~
5. ~~Modify the term of the license at any time during the term of the license based on a change in compliance.~~

§ 37.2-408. Regulation of services delivered in group homes and residential facilities for children.

A. The Department shall assist and cooperate with other state departments in fulfilling their respective licensing and certification responsibilities ~~and in reducing and simplifying the regulations involved in such licensing and certification~~. The Board shall adopt regulations that shall allow the Department to so assist and cooperate with other state departments. The Board may adopt regulations to enhance cooperation and assistance among agencies licensing similar programs.

B. The Board's regulations shall *establish the Department as the single licensing agency, with the exception of educational programs licensed by the Department of Education, for group homes or residential facilities providing mental health, mental retardation, brain injury, or substance abuse services other than facilities operated or regulated by the Department of Juvenile Justice*. Such regulations shall address the services required to be provided in group homes and residential facilities for children as it may deem appropriate to ensure the health and safety of the children. In addition, the Board's regulations shall include, but shall not be limited to (i) specifications for the structure and accommodations of such homes and facilities according to the needs of the children to be placed; (ii) rules concerning allowable activities, local government- and home- or facility-imposed curfews, and study, recreational, and bedtime hours; and (iii) a requirement that each facility have a community liaison who shall be responsible for facilitating cooperative relationships with the neighbors, the school system, local law enforcement, local government officials, and the community at large.

C. Pursuant to the procedures set forth in subsection D, the Commissioner may issue a summary order of suspension of the license of a group home or residential facility for children licensed pursuant to the Board's regulations under subsection A, in conjunction with any proceeding for revocation, denial, or other action, when conditions or practices exist in the home or facility that pose an immediate and substantial threat to the health, safety, and welfare of the children who are residents and the Commissioner believes the operation should be suspended during the pendency of such proceeding.

D. The summary order of suspension shall take effect upon its issuance and shall be served on the licensee or its designee as soon as practicable thereafter by personal service and certified mail, return receipt requested, to the address of record of the licensee. The order shall state the time, date, and location of a hearing to determine whether the suspension is appropriate. Such hearing shall be held no later than three business days after the issuance of the summary order of suspension and shall be convened by the Commissioner or his designee.

After such hearing, the Commissioner may issue a final order of summary suspension or may find that such summary suspension is not warranted by the facts and circumstances presented. A final order of summary suspension shall include notice that the licensee may appeal the Commissioner's decision to the appropriate circuit court no later than 10 days following issuance of the order. The sole issue before the court shall be whether the Department had reasonable grounds to require the licensee to cease operations during the pendency of the concurrent revocation, denial, or other proceeding. The concurrent revocation, denial, or other proceeding shall not be affected by the outcome of any hearing on the appropriateness of the summary suspension.

The willful and material failure to comply with the summary order of suspension or final order of summary suspension shall be punishable as a Class 2 misdemeanor. The Commissioner may require the cooperation of any other agency or subdivision of the Commonwealth in the relocation of children who are residents of a home or facility whose license has been summarily suspended pursuant to this section and in any other actions necessary to reduce the risk of further harm to children.

E. In addition to the requirements set forth above, the Board's regulations shall require, as a condition of initial licensure or, if appropriate, license renewal, that the applicant shall: (i) be personally interviewed by Department personnel to determine the qualifications of the owner or operator before granting an initial license; (ii) provide evidence of having relevant prior experience before any initial license is granted; (iii) provide, as a condition of initial license or renewal licensure, evidence of staff participation in training on appropriate siting of the residential facilities for children, good neighbor policies, and community relations; and (iv) be required to screen residents prior to admission to exclude individuals with behavioral issues, such as histories of violence, that cannot be managed in the relevant residential facility.

F. In addition, the Department shall:

1. Notify relevant local governments and placing and funding agencies, including the Office of Comprehensive Services, of multiple health and safety or human rights violations in residential facilities for which the Department serves as lead licensure agency when such violations result in the lowering of the licensure status of the facility to provisional;
2. Post on the Department's website information concerning the application for initial licensure of or renewal, denial, or provisional licensure of any residential facility for children located in the locality;
3. Require all licensees to self-report lawsuits against or settlements with residential facility operators relating to the health and safety or human rights of residents and any criminal charges that may have been made relating to the health and safety or human rights of residents;
4. Require proof of contractual agreements or staff expertise to provide educational services, counseling services, psychological services, medical services, or any other services needed to serve the residents in accordance with the facility's operational plan;~~and~~
5. Modify the term of the license at any time during the term of the license based on a change in compliance;
and
6. *Disseminate to local governments, or post on the Department's website, an accurate (updated weekly or monthly as necessary) list of licensed and operating group homes and other residential facilities for children by locality with information on services and identification of the lead licensure agency.*

§ 37.2-408.1. *Background check required; children's residential facilities.*

A. Notwithstanding the provisions of § 37.2-416, as a condition of employment, volunteering or providing services on a regular basis, every children's residential facility that is regulated or operated by the Department shall require any individual who (i) accepts a position of employment at such a facility who was not employed by that facility prior to July 1, 2008, (ii) volunteers for such a facility on a regular basis and will be alone with a juvenile in the performance of his duties who was not a volunteer at such facility prior to July 1, 2008, or (iii) provides contractual services directly to a juvenile for such facility on a regular basis and will be alone with a juvenile in the performance of his duties who did not provide such services prior to July 1, 2008, to submit to fingerprinting and to provide personal descriptive information, to be forwarded along with the applicant's fingerprints through the Central Criminal Records Exchange to the Federal Bureau of Investigation for the

purpose of obtaining criminal history record information regarding such applicant. The children's residential facility shall inform the applicant that he is entitled to obtain a copy of any background check report and to challenge the accuracy and completeness of any such report and obtain a prompt resolution before a final determination is made of the applicant's eligibility to have responsibility for the safety and well-being of children. The applicant shall provide the children's residential facility with a written statement or affirmation disclosing whether he has ever been convicted of or is the subject of pending charges for any offense within or outside the Commonwealth. The results of the criminal history background check must be received prior to permitting an applicant to work with children.

The Central Criminal Records Exchange, upon receipt of an individual's record or notification that no record exists, shall forward it to the state agency that operates or regulates the children's residential facility with which the applicant is affiliated. The state agency shall, upon receipt of an applicant's record lacking disposition data, conduct research in whatever state and local recordkeeping systems are available in order to obtain complete data. The state agency shall report to the children's facility whether the applicant is eligible to have responsibility for the safety and well-being of children. Except as otherwise provided in subsection B, no children's residential facility regulated or operated by the Department shall hire for compensated employment or allow to volunteer or provide contractual services persons who have been (a) convicted of or are the subject of pending charges for the following crimes: murder or manslaughter as set out in Article 1 (§ 18.2-30 et seq.) of Chapter 4 of Title 18.2; malicious wounding by mob as set out in § 18.2-41; abduction as set out in subsection A of § 18.2-47; abduction for immoral purposes as set out in § 18.2-48; assault and bodily woundings as set out in Article 4 (§ 18.2-51 et seq.) of Chapter 4 of Title 18.2; robbery as set out in § 18.2-58; carjacking as set out in § 18.2-58.1; extortion by threat as set out in § 18.2-59; threat as set out in § 18.2-60; any felony stalking violation as set out in § 18.2-60.3; sexual assault as set out in Article 7 (§ 18.2-61 et seq.) of Chapter 4 of Title 18.2; arson as set out in Article 1 (§ 18.2-77 et seq.) of Chapter 5 of Title 18.2; burglary as set out in Article 2 (§ 18.2-89 et seq.) of Chapter 5 of Title 18.2; any felony violation relating to distribution of drugs as set out in Article 1 (§ 18.2-247 et seq.) of Chapter 7 of Title 18.2; drive-by shooting as set out in § 18.2-286.1; use of a machine gun in a crime of violence as set out in § 18.2-289; aggressive use of a machine gun as set out in § 18.2-290; use of a sawed-off shotgun in a crime of violence as set out in subsection A of § 18.2-300; pandering as set out in § 18.2-355; crimes against nature involving children as set out § 18.2-361; taking indecent liberties with children as set out in § 18.2-370 or 18.2-370.1; abuse or neglect of children as set out in § 18.2-371.1, including failure to secure medical attention for an injured child as set out in § 18.2-314; obscenity offenses as set out in § 18.2-374.1; possession of child pornography as set out in § 18.2-374.1;1; electronic facilitation of pornography as set out in § 18.2-374.3; incest as set out in § 18.2-366; abuse or neglect of incapacitated adults as set out in § 18.2-369; employing or permitting a minor to assist in an act constituting an offense under Article 5 (§ 18.2-372 et seq.) of Chapter 8 of Title 18.2, as set out in § 18.2-379; delivery of drugs to prisoners as set out in § 18.2-474.1; escape from jail as set out in § 18.2-477; felonies by prisoners as set out in § 53.1-203; or an equivalent offense in another state; or (b) convicted of any felony violation relating to possession of drugs set out in Article 1 (§ 18.2-247 et seq.) of Chapter 7 of Title 18.2 in the five years prior to the application date for employment, to be a volunteer, or to provide contractual services; or (c) convicted of any felony violation relating to possession of drugs as set out in Article 1 (§ 18.2-247 et seq.) of Chapter 7 of Title 18.2 and continue on probation or parole or have failed to pay required court costs. The provisions of this section also shall apply to structured residential programs, excluding secure detention facilities, established pursuant to § 16.1-309.3 for juvenile offenders cited in a complaint for intake or in a petition before the court that alleges the juvenile is delinquent or in need of services or supervision.

B. Notwithstanding the provisions of subsection A, a children's residential facility may hire for compensated employment or for volunteer or contractual service purposes persons who have been convicted of not more than one misdemeanor offense under § 18.2-57 or 18.2-57.2, if 10 years have elapsed following the conviction, unless the person committed such offense in the scope of his employment, volunteer, or contractual services.

If the applicant is denied employment, or the opportunity to volunteer or provide services, at a children's residential facility because of information appearing on his criminal history record, and the applicant disputes the information upon which the denial was based, upon written request of the applicant the state agency shall furnish the applicant the procedures for obtaining his criminal history record from the Federal Bureau of Investigation. If the applicant has been permitted to assume duties that do not involve contact with children pending receipt of the report, the children's residential facility is not precluded from suspending the applicant from his position pending a final determination of the applicant's eligibility to have responsibility for the safety and well-being of children. The information provided to the children's residential facility shall not be disseminated except as provided in this section.

C. Those individuals listed in clauses (i), (ii), and (iii) of subsection A also shall authorize the children's residential facility to obtain a copy of information from the central registry maintained pursuant to § 63.2-1515 on any investigation of child abuse or neglect undertaken on him. The applicant shall provide the children's residential facility with a written statement or affirmation disclosing whether he has ever been the subject of a founded case of child abuse or neglect within or outside the Commonwealth. The children's residential facility shall receive the results of the central registry search prior to permitting an applicant to work alone with children. Children's residential facilities regulated or operated by the Department shall not hire for compensated employment or allow to volunteer or provide contractual services, persons who have a founded case of child abuse or neglect.

D. The cost of obtaining the criminal history record and the central registry information shall be borne by the employee or volunteer unless the children's residential facility, at its option, decides to pay the cost.

§ 63.2-1737. Licensure of group homes and residential facilities for children.

A. Notwithstanding any other provisions of this subtitle, the Department shall cooperate with other state departments in fulfilling their respective licensing and certification responsibilities ~~and in reducing and simplifying the regulations involved in such licensing and certification~~ of children's residential facilities. The Board shall adopt regulations *establishing the Department as the single licensing agency for the interdepartmental regulation of children's residential facilities, including group homes that shall allow the Department to assist and cooperate with other state departments in fulfilling their respective licensing and certification responsibilities and in reducing and simplifying the regulations involved in such licensing and certification*, which provide social services programs, with the exception of educational programs licensed by the Department of Education and facilities regulated by the Department of Juvenile Justice. Notwithstanding any other provisions of this chapter, licenses issued to children's residential facilities ~~pursuant to cooperative efforts described in this section~~ may be issued for periods of up to 36 successive months.

B. The Board's regulations for the ~~interdepartmental~~ regulation of children's residential facilities shall address the services required to be provided in such facilities as it may deem appropriate to ensure the health and safety of the children. In addition, the Board's regulations shall include, but shall not be limited to (i) specifications for the structure and accommodations of such facilities according to the needs of the children; (ii) rules concerning allowable activities, local government- and facility-imposed curfews, and study, recreational, and bedtime hours; and (iii) a requirement that each facility have a community liaison who shall be responsible for facilitating cooperative relationships with the neighbors, the school system, local law enforcement, local government officials, and the community at large.

C. Notwithstanding any other provisions of this chapter, any facility licensed by the Commissioner as a child-caring institution as of January 1, 1987, and that receives no public funds shall be licensed under minimum standards for licensed child-caring institutions as adopted by the Board and in effect on January 1, 1987. Effective January 1, 1987, all children's residential facilities shall be licensed under the ~~interdepartmental~~ regulations for children's residential facilities.

D. Pursuant to the procedures set forth in subsection E and in addition to the authority for other disciplinary actions provided in this title, the Commissioner may issue a summary order of suspension of the license of any group home or residential facility for children, in conjunction with any proceeding for revocation, denial, or other action, when conditions or practices exist in the home or facility that pose an immediate and substantial threat to the health, safety, and welfare of the children who are residents and the Commissioner believes the operation of the home or facility should be suspended during the pendency of such proceeding.

E. The summary order of suspension shall take effect upon its issuance and shall be served on the licensee or its designee as soon as practicable thereafter by personal service and certified mail, return receipt requested, to the address of record of the licensee. The order shall state the time, date, and location of a hearing to determine whether the suspension is appropriate. Such hearing shall be held no later than three business days after the issuance of the summary order of suspension and shall be convened by the Commissioner or his designee.

After such hearing, the Commissioner may issue a final order of summary suspension or may find that such summary suspension is not warranted by the facts and circumstances presented. A final order of summary suspension shall include notice that the licensee may appeal the Commissioner's decision to the appropriate circuit court no later than 10 days following issuance of the order. The sole issue before the court shall be whether the Commissioner had reasonable grounds to require the licensee to cease operations during the pendency of the concurrent revocation, denial, or other proceeding. The concurrent revocation, denial, or other proceeding shall not be affected by the outcome of any hearing on the appropriateness of the summary suspension.

The willful and material failure to comply with the summary order of suspension or final order of summary suspension shall be punishable as a Class 2 misdemeanor. The Commissioner may require the cooperation of any other agency or subdivision of the Commonwealth in the relocation of children who are residents of a home or facility whose license has been summarily suspended pursuant to this section and in any other actions necessary to reduce the risk of further harm to such residents.

F. In addition to the requirements set forth in subsection B, the Board's regulations shall require, as a condition of initial licensure or, if appropriate, license renewal, that the applicant shall: (i) be personally interviewed by Department personnel to determine the qualifications of the owner or operator before granting an initial license; (ii) provide evidence of having relevant prior experience before any initial license is granted; (iii) provide, as a condition of initial license or renewal licensure, evidence of staff participation in training on appropriate siting of the residential facilities for children, good neighbor policies, and community relations; and (iv) be required to screen residents prior to admission to exclude individuals with behavioral issues, such as histories of violence, that cannot be managed in the relevant residential facility.

G. In addition, the Department shall:

1. Notify relevant local governments and placing and funding agencies, including the Office of Comprehensive Services, of multiple health and safety or human rights violations in residential facilities for which the Department serves as lead licensure agency when such violations result in the lowering of the licensure status of the facility to provisional;
2. Post on the Department's website information concerning the application for initial licensure of or renewal, denial, or provisional licensure of any residential facility for children located in the locality;
3. Require all licensees to self-report lawsuits against or settlements with residential facility operators relating to the health and safety or human rights of residents and any criminal charges that may have been made relating to the health and safety or human rights of residents;

4. Require proof of contractual agreements or staff expertise to provide educational services, counseling services, psychological services, medical services, or any other services needed to serve the residents in accordance with the facility's operational plan;

5. Disseminate to local governments, or post on the Department's website, an accurate (updated weekly or monthly as necessary) list of licensed and operating group homes and other residential facilities for children by locality with information on services and identification of the lead licensure agency; and

6. Modify the term of the license at any time during the term of the license based on a change in compliance.

§ 66-24. Community group homes and other residential facilities for certain juveniles; licensure; personnel; summary suspension under certain circumstances; penalty.

A. The Department of Juvenile Justice shall cooperate with other state departments in fulfilling their respective licensing and certification responsibilities ~~and in reducing and simplifying the regulations involved in the licensing or certification~~ of children's residential facilities. The Board shall promulgate regulations that shall allow the Department to so assist and cooperate with other state departments. *The Board's regulations shall establish the Department as the single licensing agency, with the exception of educational programs licensed by the Department of Education, for group homes or residential facilities providing care of juveniles in direct state care.*

B. The Department is authorized to establish and maintain such a system of community group homes or other residential care facilities as the Department may from time to time acquire, construct, contract for or rent for the care of juveniles in direct state care, pending development of more permanent placement plans. Any community group home or other residential care facility that the Department may contract for or rent for the care of juveniles in direct state care shall be licensed or certified in accordance with the regulations of the Board.

Any more permanent placement plans shall consider adequate care and treatment, and suitable education, training and employment for such juveniles, as is appropriate.

C. The Department is further authorized to employ necessary personnel for community group homes or other residential care facilities or to contract with private entities for their operation. *The Department shall conduct background checks of any individual who (i) accepts a position of employment at a community group home or other residential care facility, (ii) volunteers at a community group home or other residential care facility on a regular basis and will be alone with a juvenile in the performance of his duties, or (iii) provides contractual services directly to a juvenile in a community group home or other residential care facility on a regular basis and will be alone with a juvenile in the performance of his duties, pursuant to § 63.2-1726.*

D. The Board shall promulgate regulations for licensure or certification of community group homes or other residential care facilities that contract with or are rented for the care of juveniles in direct state care pursuant to subsection B.

The Board's regulations shall address the services required to be provided in such facilities as it may deem appropriate to ensure the welfare and safety of the juveniles. In addition, the Board's regulations shall include, but need not be limited to (i) specifications for the structure and accommodations of such facilities according to the needs of the juveniles to be placed in the home or facility; (ii) rules concerning allowable activities, local government- and group home- or residential care facility-imposed curfews, and study, recreational, and bedtime hours; and (iii) a requirement that each home or facility have a community liaison who shall be responsible for facilitating cooperative relationships with the neighbors, the school system, local law enforcement, local government officials, and the community at large.

E. Pursuant to the procedures set forth in subsection F and in addition to any other legally authorized disciplinary actions, the Director may issue a summary order of suspension of the license or certificate of any group home or residential facility so regulated by the Department, in conjunction with any proceeding for revocation, denial, or other action, when conditions or practices exist in the home or facility that pose an immediate and substantial threat to the health, safety, and welfare of the juveniles who are residents and the Director believes the operation of the home or facility should be suspended during the pendency of such proceeding.

F. The summary order of suspension shall take effect upon its issuance and shall be served on the licensee or certificate holder or its designee as soon as practicable thereafter by personal service and certified mail, return receipt requested, to the address of record of the licensee or certificate holder. The order shall state the time, date, and location of a hearing to determine whether the suspension is appropriate. Such hearing shall be held no later than three business days after the issuance of the summary order of suspension and shall be convened by the Director or his designee.

After such hearing, the Director may issue a final order of summary suspension or may find that such summary suspension is not warranted by the facts and circumstances presented. A final order of summary suspension shall include notice that the licensee or certificate holder may appeal the Director's decision to the appropriate circuit court no later than 10 days following issuance of the order. The sole issue before the court shall be whether the Director had reasonable grounds to require the licensee to cease operations during the pendency of the concurrent revocation, denial, or other proceeding. The concurrent revocation, denial, or other proceeding shall not be affected by the outcome of any hearing on the appropriateness of the summary suspension.

The willful and material failure to comply with the summary order of suspension or final order of summary suspension shall be punishable as a Class 2 misdemeanor. The Director may require the cooperation of any other agency or subdivision of the Commonwealth in the relocation of the juveniles who are residents of a home or facility whose license or certificate has been summarily suspended pursuant to this section and in any other actions necessary to reduce the risk of further harm to such residents.

G. In addition to the requirements set forth above, the Board's regulations shall require, as a condition of initial licensure or, if appropriate, license renewal, that the applicant shall: (i) be personally interviewed by Department personnel to determine the qualifications of the owner or operator before granting an initial license; (ii) provide evidence of having relevant prior experience before any initial license is granted; (iii) provide, as a condition of initial license or renewal licensure, evidence of staff participation in training on appropriate siting of the residential facilities for children, good neighbor policies, and community relations; and (iv) be required to screen residents prior to admission to exclude individuals with behavioral issues, such as histories of violence, that cannot be managed in the relevant residential facility.

H. In addition, the Department shall:

1. Notify relevant local governments and placing and funding agencies, including the Office of Comprehensive Services, of multiple health and safety or human rights violations in residential facilities ~~for which the Department serves as lead agency~~ licensed by the Department when such violations result in the lowering of the licensure or certification status of the facility to provisional;
2. Post on the Department's website information concerning the application for initial licensure or certification of or renewal, denial, or provisional licensure or certification of any residential facility for children located in the locality;
3. Require all licensees or certificate holders to self-report lawsuits against or settlements with residential facility operators relating to the health and safety or human rights of residents and any criminal charges that may have been made relating to the health and safety or human rights of residents;

4. Require proof of contractual agreements or staff expertise to provide educational services, counseling services, psychological services, medical services, or any other services needed to serve the residents in accordance with the facility's operational plan; ~~and~~

5. Modify the term of the license or certificate at any time during the term of the license or certificate based on a change in compliance; *and*

6. *Disseminate to local governments, or post on the Department's website, an accurate (updated weekly or monthly as necessary) list of licensed and operating group homes and other residential facilities for children by locality with information on services and identification of the lead licensure agency.*

2. That the Board of Mental Health, Mental Retardation and Substance Abuse Services, the Board of Social Services, and the Board of Juvenile Justice shall promulgate regulations to implement the provisions of this act no later than October 31, 2009.

3. That the Standards for Interdepartmental Regulation of Children's Residential Facilities (22 VAC ~~42-11-10~~ et seq.) shall remain in full force and effect until such time as each Board required to promulgate regulations pursuant to this act promulgates such regulations as required by this act. Upon promulgation of regulations by a Board as required by this act, the Standards for Interdepartmental Regulation of Children's Residential Facilities shall cease to apply to facilities licensed and regulated by that Board.

Legislative Information System

CHAPTER 575

An Act to standardize public participation guidelines for executive branch agencies.

[S 734]

Approved March 11, 2008

Be it enacted by the General Assembly of Virginia:

1. *§ 1. That on or before July 1, 2008, the Department of Planning and Budget, in consultation with the Office of the Attorney General, shall (i) develop model public participation guidelines meeting the requirements of § 2.2-4007.02 of the Code of Virginia and (ii) provide these model public participation guidelines to each agency that has the authority to promulgate regulations. By December 1, 2008, each agency shall either (a) adopt the model public participation guidelines or (b) if significant additions or changes are proposed, promulgate the model public participation guidelines with the proposed changes as fast-track regulations pursuant to § 2.2-4012.1 of the Code of Virginia. Agency action in adopting the model public participation guidelines in accordance with clause (a) shall be exempt from the operation of Article 2 (§ 2.2-4006 et seq.) of Chapter 40 of Title 2.2 of the Code of Virginia. The repeal of any existing public participation guidelines shall occur in the same regulatory action as the promulgation of the model public participation guidelines required by this section.*

§ 2. The model public participation guidelines adopted pursuant to this act shall apply to the promulgation and adoption of regulations for which a notice of intended regulatory action is filed in accordance with § 2.2-4007.01 of the Code of Virginia on or after January 1, 2009.

§ 3. However, any amendments made after January 1, 2009, to an agency's public participation guidelines adopted as required by this act shall be subject to the requirements of the Administrative Process Act (§ 2.2-4000 et seq.) of the Code of Virginia.

§ 4. For the purposes of this act, the terms "agency" and "regulations" mean the same as those terms are defined in § 2.2-4001 of the Code of Virginia.

Legislative Information System

DRAFT MINUTES
STATE MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE SERVICES BOARD
PLANNING AND BUDGET COMMITTEE

March 31, 2008
Richmond, Virginia

- Members Present:** Victoria Huber Cochran, Kathryn A. Smith, The Rev. Cheryl Ivey Green
- Absent:** Linda S. Bartlett, Catherine M. Hudgins
- Staff Present:** Charline Davidson, Office of Planning and Development
Frank Tetrick, Assistant Commissioner, Division of Community Services
Joy Yeh, Assistant Commissioner, Division of Administration and Finance
Jewel Cosby, State Board Secretary
- Call to Order:** The meeting was called to order at 2:03 pm.

Planning and Budget Committee Meeting Minutes 1/15/2008

Committee members reviewed and approved the draft committee minutes.

Overview of the DMHMRSAS 2008-2010 Budget and the Budget Allocation Process and Guiding Principles

Joy Yeh and Frank Tetrick reviewed new funding initiatives for the Department. Ms. Yeh distributed and discussed a one-page listing that summarized initiatives as of March 31, 2008. This summary included items in the Governor's proposed budget and amendments passed by the General Assembly. The Committee's discussion focused on four areas:

- *Virginia Tech-related initiatives, including funding to increase outpatient, emergency, and case management services and to support the Department's ability to perform CSB monitoring and accountability functions:* The Committee reviewed budget language passed by the General Assembly (item 316#2C) that replaced language in the introduced budget that had previously been identified for specific services with language pooling these funds and directing the DMHMRSAS Commissioner to consult with interested parties in the allocation of these funds. Members discussed the importance of not viewing these funds as "business as usual." The Governor, General Assembly, and public at large will expect that these funds will improve our system's interface around the civil commitment process, particularly with respect to engaging people who are at risk of or are part of the civil commitment process.
- *Jail diversion services:* Jim Morris will have lead responsibility for this initiative. The Committee recognized the large number of individuals who are on forensic waiting lists and discussed potential approaches for allocating these funds based on the directions established in Executive Order 62 (2008) Establishing the Commonwealth Consortium for Mental Health/Criminal Justice Transformation, documentation of need, and readiness of the CSB-criminal justice system partners.
- *MR Waiver expansion:* The Committee talked about funds that had been added by the General Assembly for 600 additional waiver slots and start up funding for these slots. The Department will be working with the Departments of Medical Assistance Services and Planning and Budget to define the allocation process.

- Capital projects: The Committee briefly reviewed the General Assembly's reduction of funds in the introduced budget for CVTC and SEVTC renovations.

Strategies to Reduce the Cost of Future State Board Meetings

The Committee brainstormed ideas for reducing the cost of future State Board meetings, including:

- Arranging to meet in locations that would avoid overnights for staff and the majority of Board members.
- Reducing the number of meetings by one.
- Pushing back the committee and full Board meeting times to allow for one-day trips (e.g., start the committee meetings at 10:00 am and the full Board meeting at 11:00 am)

Members agreed to bring these ideas to the full Board for its consideration.

Adjourn: The Planning and Budget Committee meeting was adjourned at 3:28 pm.

To: DMHMRSAS State Board Members

From: Leslie Anderson, Director, Office of Licensing *LA*

Subject: Revised DMHMRSAS Regulations for the Licensing of Providers

Date: May 21, 2008

Attached is a summary of proposed licensing regulation revisions that have been developed over the course of 18 months with much coordination and collaboration with individuals receiving services, providers, advocates, and other stake holders. These regulations have not been revised since 2001.

Our plan is summarize these changes for you at the June meeting, answer questions, and then to provider you the actual draft of the regulations for your review in early July to give you more time to consider the changes prior to the August meeting.

Should you have any additional questions, please feel free to contact me at (804) 371-6885 or Chanda Braggs, Regional Manager, at (804) 786-3475.

Attachment

Major Revisions to the Regulations to License DMHMRSAS Providers

Primary Goals

1. Update regulations and definitions to be consistent with Department's mission and other definitions; including recovery, self-determination, and person-centered planning.
2. Strengthen ability to deny applications, revoke licenses, and limit activities during provisional period for applicants and providers not meeting standards.
3. Update regulations to reflect current practice.
4. Reduce costs where possible.
5. Strengthen regulations in service areas where problems have occurred.

Specific Changes:

1. Change language throughout regulations to reflect person-centered planning, recovery, and empowerment.
2. Add references to co-occurring disorders and services.
3. Update definitions to reflect current definitions, human rights regulation definitions, person-center planning, recovery, co-occurring disorders, the core taxonomy, Medicaid regulations, and statutes. Delete some definitions that are no longer used. Remove reference to brain injury waiver which does not exist.
4. References to mental retardation have been changed to intellectual disability.
5. Add requirements that assist with negative action and restrict actions during provisional license period.
 - a. Add requirement for provider's to disclose previous licenses and disciplinary actions.
 - b. Restrict ability to add services during conditional period for new providers and during provisional periods.
 - c. Add additional criteria for denying or revoking a license, including making substantively false statements
6. Add provision for stipulation on license to recognizing special expertise by a provider.
7. Add references to changes in the Code pertaining to new laws passed impacting Temporary Detention Orders and Mandatory Outpatient Treatment Orders
8. Add provision for appeal process should provider disagree with a violation.
9. Remove the requirement that provider has to have an audit every three years, but the Department may require an audit should circumstances warrant it.
10. Remove the requirement for the Health Department having to conduct health inspections of group homes.
11. Add requirement for designation of a neighborhood liaison to work with neighbors, local government, and community.
12. Require submission of certificate of occupancy and floor plans prior to being licensed, rather than at the time of application. This will save applicants' money.
13. Limit the number of individuals sharing a bedroom in a Medicaid waiver group home to 2.

14. Limit the number of beds allowed in a community ICF-MR has been reduced from 20 to 12.
15. Staff working in services for individuals with co-occurring disorders have annual TB screening.
16. Add to emergency preparedness requirement for three-day stock of food as recommended by Virginia Department of Emergency Management.
17. Includes regulation pertaining to obtaining Department designation to accept individuals subject to Temporary Detention Orders.
18. Because the definitions for QMHP, QMRP are primarily used by DMAS for purposes somewhat different than these regulations, the words QMHP and QMRP have been dropped from the DMHMRSAS regulations, for the most part, and the qualifications for supervisors and individuals responsible for approving assessment and Individualized Services Plans (ISPs) placed in the regulations. Allowances for experience to substitute for a degree have been eliminated for supervisors and individuals who approve assessments and ISPs.
19. Quality improvement processes require receiving input from individuals receiving services, including satisfaction about their involvement in developing the ISP.
20. Clarify requirements for screening and initial assessment.
21. Add history of trauma and abuse to comprehensive assessment.
22. Allow state or federally sanctioned standardized assessments to substitute for assessment required in regulations as long as they also covered health and safety issues.
23. Reduce assessment requirements for non-intensive, short term service assessments in locations other than outpatient to initial assessment only for services such as jail based services.
24. Move requirement for participation of the individual using services to the beginning of ISP section.
25. Clarify requirements for initial ISP.
26. Move the completion of the comprehensive ISP to 60 days, instead of 30, after admission unless Medicaid regulations require comprehensive ISP be completed earlier. This should reduce amount of paperwork for those in service less than 60 days.
27. Require goals whenever possible to be written in language of individual using services.
28. Change terminology from behavior management to behavioral interventions.
29. Individuals using opioid treatment services must sign release for Virginia Prescription Monitoring System.
30. Requirement added for Sunday closing of opioid treatment services.
31. Additional requirements for take-home medications.
32. Requirement for 10-day supply of methadone maintained for emergencies.
33. Social detoxification section of the regulations has been changed to managed withdrawal and covers all types of detoxification.
34. Sponsored home requirements have been strengthened. Outline requirements for sponsor agreements.

- a. Require certification of homes and submission of certification to Department before provider uses home.
 - b. Outline requirements for licensing notification of certification.
 - c. Add supervision standard for homes.
 - d. Require a meeting prior to moving an individual, with the individual, case manager, AR, and receiving home, if possible.
 - e. Add requirement for reporting hospitalizations to licensing and case manager.
35. A recent opinion from the Office of the Attorney General has determined DMHMRSAS may license sponsor services for children and requirements for this service and population have been added.
36. Add to case management a requirement to understand capabilities of services to serve individuals in terms promoting wellness and not harm from or to others.
37. Add requirement addressing individual's request to change a case manager.
38. ICT/PACT: clarify admission requirements, additional criteria for discharge, role of psychiatrist, operational requirements for teams, contact requirements
39. Add wellness self management, assistance in obtaining housing, and interventions to prevent or resolve crises as a service requirement for ICT/PACT.

STATE HUMAN RIGHTS
COMMITTEE

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COMMONWEALTH of VIRGINIA

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Kli Kinzie
Executive Secretary

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May 12, 2008

Victoria Huber Cochran, Chair
State MHMRSAS Board
Post Office Box 1797
Richmond, Virginia, 23218

Dear Ms. Cochran:

On April 18, 2008 the State Human Rights Committee voted to recommend the appointment of Mr. Randy J. Johnsey to the committee. Mr. Johnsey has a Bachelor of Science degree in Psychology from East Tennessee State University. He is an active member of Southwest Regional Human Rights Committee and is currently serving as Chair of that committee. As a consumer of the department, Mr. Johnsey would provide the invaluable perspective of an individual receiving services from the mental health system. If appointed, Mr. Johnsey would bring a wealth of knowledge and experience to the State Human Rights Committee.

On behalf of the committee, I respectfully request that you appoint Randy Johnsey for a term of July 1, 2008 to June 30, 2011. Mr. Johnsey's application and resume are attached for your review. Thank you for your consideration.

Sincerely,

A handwritten signature in cursive script that reads "Kirby Wright".

Kirby Wright, Chair
State Human Rights Committee

c: Margaret Walsh, State Human Rights Director, DMHMRSAS

Randy J Johnsey

32046 Old Stage Road Glade Spring, VA 24340 United States Landline phone:
276-944-5686

rjohnsey@ncs.net

Saturday, March 10, 2007

Mr. Michael Marsh
Committee Chairperson
State Human Rights Committee
Richmond, VA

Dear Mr. Marsh:

I am writing to inquire about openings available within your committee.

I have a long and successful work history in management.

I hold a Bachelor of Science -- Psychology from East Tennessee State University -- Johnson City, TN, with additional experience and training in management.

My experience and skills would make me a valuable asset to the State Human Rights Committee.

My proficiency in English, as well as my knowledge of computers, complement my qualifications. Enclosed is a resume for your review.

I look forward to having the opportunity to meet with you and discuss how my skills could be of benefit to your company.

Sincerely,

Randy J Johnsey

Enclosure

Attachment I - SHRC APPLICANT QUESTIONNAIRE FORM

Name: Mr. Ms. Randy J. Johnsey

Address: 32046 Old Stage Road, Glade Spring, VA 24340

Telephone Number Day: (276) 944-5686 Evening: () SAME

If Employed:

Occupation: Song leader, Disability

Employer: Palestine Baptist Church, Social Security

Address: Abingdon, VA. Washington D.C.

Have you ever been a member of the board of directors of a program operated, licensed or funded by the Department of Mental Health, Mental Retardation and Substance Abuse Services?

YES NO

If so, name of program: _____

When? From: ____/____/____ To: ____/____/____

Have you ever been employed by, or been the provider of contractual services to a program operated, licensed or funded by the Department of Mental Health, Mental Retardation and Substance Abuse Services?

YES NO

If so, name of program: _____

Position(s) held or contractual service(s) provided: _____

When? From: ____/____/____ To: ____/____/____

Have you ever been a volunteer in a program operated, licensed or funded by the Department of Mental Health, Mental Retardation and Substance Abuse Services?

YES NO

If so, name of program: Highland Community Services Board - Clubhouse

Volunteer duties: Tutoring - Reading, Writing, Math + Computers

When? From: 09 / 01 / 05 To: 01 / 05 / 07

Your answer to the following question is optional and will be held in strict confidence. This information is important for data collection purposes.

Have you received mental health, mental retardation or substance abuse services within the past five years through the public or private system?

YES NO

SHRC APPLICANT QUESTIONNAIRE FORM

(Continued)

Please describe your past education, training or experience in the area of mental health, mental retardation or substance abuse services, if any.

I personally have been in the mental health system since 1975, as a consumer.
While in college I worked with the mentally ill for 2 semesters. And as stated
before, I received training to tutor the mentally ill and mentally retarded
at the Clubhouse in Washington County, VA, which I did for over a year.

What is your interest in serving on the State Human Rights Committee?

I feel that the best way to make sure it rights and dignity of the consumer
is being involed at the highest level I can achieve. There are certainly
things that are open to interpretation, And I feel with my background I
can see both sides of the situation.

John was admitted to the hospital with several presenting problems, one of which was his assault on a customer at a small community store. John states that he will never again harm anyone. After three months of treatment, John has begun to stabilize and wants to go outside without staff supervision. The treatment team and Hospital Director continue to deny this request. John feels that he is being denied the right to treatment under the least restrictive conditions and wants the State Human Rights Committee to review the case.

If you were a member of the State Human Rights Committee, what issues and questions would you want addressed prior to making your decision? You may answer in the form of phrases and questions.

How long And how stable must he be to be granted his Request? Is he obeying
all of the other Rules of the hospital? Does he exhibit anger when told he can
Not have this Request? Is he taking his medication as prescribed, without problems?

Please attach résumé.

Randy J. Johnsey

32046 Old Stage Road Glade Spring, VA 24340 United States Landline phone:
276-944-5686

Profile

Excellent common sense, judgment, and decision-making abilities. Able to handle challenges, with proven history of increased productivity. Able to lead others in high-demand situations. Commended for reliability and trustworthiness. Combine patience, determination, and persistence to troubleshoot client issues.

Selected Achievements

Maintained a high level of consumer satisfaction. Raised the skill level of those working under me. Effectively lead the LHRC through difficult times.

Related Experience

MANAGEMENT

1989 - 2007

**1. Store Manager; 2. Teacher; 3. Church Leader; 4. Committee Leader;
1. Klinks Market, Food Country USA; 2. Sullivan County, TN; 3. Baptist Church; 4. LHRC.**

Store Manager- Performing day to day activities to make the Store run smoothly. Teacher- Plan and execute daily activities for at-risk students. Baptist Church- Print bulletins for congregation, pick and lead songs for the church, Adult Sunday School teacher. Conduct meetings and other duties of a Chairperson of a Local Human Rights Committee.

Skills

English (Fluent).

Computer Skills (Fluent).

Education

1986 Associate in Business Administration

Virginia Highlands Community College

1988

Bachelor of Science -- Psychology.

East Tennessee State University -- Johnson City, TN.

2000

Two Semesters towards my Master's Degree in Counseling
Radford University -- Radford VA.

2005

**Tutor in Reading, Writing, Math & Computers (1.3 Years)
Highlands Educational Literacy Program -- Abingdon, VA.**

Professional Meetings

Present

LHRC.

Oxbow Center, St. Paul, Va., *Chairperson.*

Honors & Activities

Very active in the following areas: Southwest Regional Human Rights Committee; I have

served as Chairperson for the last two years. The committee now has full membership, and is gaining affiliates on a regular basis.

Sunday School Superintendent, Sunday School Teacher, Song Leader, of a growing church.

Dean's List in College.

Sung in High School- with Honors, Sung in college.

Recognized as highest achieving teacher in STEP program in 1989.

Ranked in the top seven per cent on the National Teachers Exam.

Tutored in Highlands Community Services Board's Clubhouse for the Mentally ILL, for over a year with great success.

State Human Rights Committee

rev May 2008

<p>Chairperson Kirby Wright 400 Knottingham Way Danville, VA 24540 Ph-w: 434-797-8539 Term: 7/1/04 - 6/30/07 7/1/07 - 6/30/10 Director, RC Right Home Family Member Provider-Owner</p>	<p>Vice-Chairperson Christina Delzingaro 3156 Forest Hill Avenue Richmond, VA 23225 Ph-w: 804-532-4944 CADELzingaro@Goodwillcva.org Term: 7/1/06 - 6/30/09 Consumer Provider</p>	<p>Delores E. Archer M.S.W. 12033 Robson Street Richmond, VA 23233 Ph-w: 804-828-2000 x102 Term: 7/1/04 - 6/30/07 7/1/07 - 6/30/10 Director of Intake & Referral, VCU Medical Center</p>
<p>K. Angela S. Brozman, M.D. 4500 Whitestone Drive Richmond, VA 23234 Ph-h: 804-275-0072 Term: 7/1/03 - 6/30/06 7/1/06 - 6/30/09 Psychiatrist</p>	<p>Joseph Lynch, LCSW 110 Newman Avenue Harrisonburg, VA 22801 Ph-w: 540-434-2800x13 Term: 7/1/06 - 6/30/09 Clinical Social Worker – sex offender treatment program</p>	<p>Donald H. Lyons PO Box 1207 1128 North Main Street Hillsville, VA 24343 Ph-h: 276-728-4009 7/1/07 - 6/30/10 Retired State Police Officer</p>
<p>Jannie W. Robinson, Ed.D., LCSW 700 River Strand Chesapeake, Virginia 23320 Ph-w: 757-823-2245 7/1/07 - 6/30/10 Provider</p>	<p>Carmen Anne Thompson 1110 Forest Way Circle Moneta, VA 24121 Ph-h: 540-297-6560 Term: 7/1/02 - 6/30/05 7/1/05 - 6/30/08 Consumer</p>	<p>Davey Zellmer, R.N. 6305 Autumn Leaf Circle Fredericksburg, VA 22407 Ph-h: 540-786-8615 Term: 7/1/02 - 6/30/05 7/1/05 - 6/30/08 Retired Registered Nurse</p>

Victoria Huber Cochran, State MHMRSAS Chairperson
 State Board Liaison to the SHRC
 2175 Maple Lane
 Blacksburg, VA 24060
 Ph: 540-994-5008
 morningview@verizon.net

Karen Walters 363-4478
 DMHMRSAS Special Counsel
 Office of Attorney General
 kwalters@oag.state.va.us
 Ph: 804-225-3219
 Fx: 804-371-8718

<p>Margaret Walsh, State Human Rights Director DMHMRSAS Margaret.Walsh@co.dmhmrzas.virginia.gov Ph: 804-786-2008 Fx: 804-371-2308</p>	<p>Kli Kinzie, Executive Secretary DMHMRSAS Kli.Kinzie@co.dmhmrzas.virginia.gov Ph: 804-786-3988 Fx: 804-371-2308</p>
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STATE HUMAN RIGHTS
COMMITTEE

Kirby Wright, Chair
Danville

Christina Delzingaro, V-Chair
Charlottesville

Angela Brosnan
Richmond

Delores Archer
Richmond

Joseph Lynch
Harrisonburg

Donald Lyons
Hillsville

Jannie Robinson
Chesapeake

Carmen Anne Thompson
Moneta

Davey Zellmer
Fredericksburg



COMMONWEALTH of VIRGINIA

*Department of
Mental Health, Mental Retardation and Substance Abuse Services
Post Office Box 1797
Richmond, Virginia 23218-1797*

Margaret S. Walsh
State Human Rights Director

Kli Kinzie
Executive Secretary

DMHMRSAS
Office of Human Rights
1220 Bank Street
Richmond, VA 23219

P. O. Box 1797
Richmond, VA 23218

Telephone 804- 786-3921
Fax 804- 371-2308
Voice/TDD 804- 371-8977
www.dmhmrzas.virginia.gov

May 21, 2008

Victoria Huber Cochran, Chair
State MHMRSAS Board
Post Office Box 1797
Richmond, Virginia, 23218

Dear Ms. Cochran:

On behalf of the State Human Rights Committee (SHRC) sub-committee for membership I respectfully recommend the appointment of Ms. Carolyn M. DeVilbiss, LCSW, to the SHRC. Ms. DeVilbiss is a retired mental health manager in Fredericksburg and former employee of Fairfax-Falls Church Community Services Board and Mount Vernon Outpatient Unit. She has experience in discharge planning for clients hospitalized in the community as well as experience in the oversight of medication services, therapy and case management activities. Ms. DeVilbiss comes highly recommended and we believe an individual of her experience and knowledge would be an outstanding member of the SHRC.

We ask that Carolyn DeVilbiss be appointed to the State Human Rights Committee for a term of July 1, 2008 to June 30, 2011. Her application and resume are attached for your review. Thank you for your consideration.

Sincerely,

A handwritten signature in cursive script that reads "Kirby Wright".

Kirby Wright, Chair
State Human Rights Committee

c: Margaret Walsh, State Human Rights Director, DMHMRSAS

March 30, 2008

Delores Archer
State Human Right Committee
c/o Office of Human Rights
DMHMRSAS
P.O. Box 1797
Richmond, VA 23218

Dear Ms. Archer:

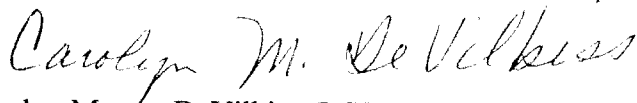
Enclosed is my application for membership on the State Human Rights Committee (DMHMRSAS). I learned of these vacancies from Davey Zellmer, with whom I worked at the Mt. Vernon Mental Health Center for many years before her retirement.

I retired from the Fairfax/Falls Church Mental Health System in July of 2005, and continue to be extremely interested in the development of quality services and resources for our citizens in Virginia (and non-citizens) who so often require specialized and long-term services across the spectrum, community-based and within our institutions.

It would be a privilege for me to serve as a member of the State Human Rights Committee. Attached to the application is an updated resume, which details many of the activities of my work and training. It has been my pleasure to work in this field during a time of such change, development, and challenge.

If invited, I will look forward to meeting with the Committee on April 18.

Sincerely,



Carolyn Maurer DeVilbiss, LCSW

4508 Peacock Ave.
Alexandria VA 22304

Home phone: 703-370-4865
Cell: 703-509-0189
Email: Carolyn.maurer@verizon.net

State Human Rights Committee Application for Membership

Today's Date: March 26, 2008

Name: Carolyn Maurer DeVilbiss

Street Address: 4508 Peacock Avenue

City, State, Zip: Alexandria, VA 22304 **Telephone #:** 703-370-4865

Current (or most recent) Employer:

(Retired July, 2005) from:

Fairfax/Falls Church Community Services Board

Office of Mental Health Services, Adult Community Services

Employer's Address:

Mt. Vernon Mental Health Center

8850 Richmond Highway

Alexandria VA 22309

Dates of Employment: From: August/1973 to July 2005

Occupation/ profession (if retired, list previous occupation):

Mental Health Manager, Adult Community Services, FFCCSB (retired July 2005)

Licensed Clinical Social Worker Virginia (current)

Educational Background:

MSW: Howard University School of Social Work 1966 (Social Casework)

(Atlanta U. School of Social Work Sept-Dec. 1964)

BA: Middlebury College 1960 (French Major)

(University of Edinburgh, Scotland—1958-59, junior year abroad)

Continuing Education:

Center for Group Studies, Psychiatric Institute Foundation (Group and Family

Therapy 1972-73 and 1975

Please check categories in which you are eligible or willing to serve:

Professional Family Member Consumer Healthcare Provider

Have you ever been employed by, or a member of the board of directors or a volunteer of a program licensed, operated or funded by the Department of Mental Health, Mental Retardation and Substance Abuse Services?

Yes No

If so, name of program (or programs):

Mental Health Services, Fairfax/Falls Church Community Services Board

Capacity in which you served:

Direct Services Provider, Aftercare Discharge Planner, Clinical Supervisor, Mental Health Manager (see resume)

Dates of Service:

From Aug. 1973 to July 2005

Have you been a member of a local human rights committee?

Yes No

If so, which LHRC did you serve on?

N/A

Capacity in which you served:

Dates of service:

From ___/___/___ to ___/___/___

If so, please describe your experience on the local human rights committee.

Not applicable.

Please describe your education, training or experience in the area of Mental Health, Mental Retardation or Substance Abuse services, if any.

In July 2005 I retired from a 32-year career as a Clinical Social Worker with the Fairfax-Falls Church Community Services Board. The work included direct clinical services, clinical supervision and staff training, hiring multidisciplinary teams and team leadership, site and program management, and program development activities on broader County, regional and State levels.

My professional career began during the 1960's and 1970's, when Community Mental Health and community-based treatment for persons with mental illness was a newly developing concept. As Aftercare Coordinator from the Mt. Vernon

Mental Health Center, I worked with clients, families, and staff at Western State Hospital and Northern Virginia Mental Health Institute, to make plans for their return to the community. We developed community-based treatment plans that included outpatient mental health treatment and services from many community agencies.

The work evolved and grew as we learned more about the kinds of services and service approaches that would be helpful to promote healing, with adequate community support, for individuals whose problems might have relegated them to institutional living in an earlier time. My charge became more supervisory and managerial. This included the hiring of multidisciplinary teams and intensive collaboration with interagency treatment teams and service providers. Goals were to assure that State and Federal standards and protocols were observed, clients' rights respected, families' concerns addressed, and high standards of clinical and community care maintained.

During these years there has been much change, with developments of many kinds: the establishment and growth of advocacy groups such as NAMI, the scientific research regarding the use of medications, the complexity of multiple disorders and treatment approaches (mental illness, substance abuse, developmental disorders), the importance of psychoeducational programming, consumer groups and self-help, family education and involvement, vocational and residential programming.

I have learned a great deal and believe that I have been able to assist staff in maintaining a strong respect for consumers and families as they have struggled to create ways to vary their approaches to meet individual needs and goals.

What is your interest in serving on a State Human Rights Committee?

Through service on this Committee, I would like to continue my commitment to the development of quality and effective treatment for persons served by the DMHMRSAS programs. Hopefully, my years of experience working professionally in providing these services, hiring and training staff, hearing the needs and concerns of client, families, and friends, and influencing program development and standards will be of benefit in the Committee's reviews and deliberations.

As a member of the State Human Rights Committee, what do you think will be your biggest challenge and will you be able to attend meetings regularly? Please note that the SHRC holds meetings 8 times per year and all meetings are on Friday. Also, the SHRC meets in locations throughout the state that results in members frequently staying overnight on the Thursday prior to the meeting.

If appointed to this Committee, I will make every effort to attend all meetings. I will be able to clear Thursday evenings in order to be available for the scheduled Friday times. The driving schedule is no problem. There could be an infrequent conflict for travel plans or emergencies, which I will try to avoid when possible.

Please use the space below to provide any additional information you think is relevant to your application.

Applicant's Signature:

Carolyn M. De Vilbiss, LPSW

Thank you for your interest in serving on the State Human Rights Committee

Carolyn Maurer DeVilbiss, LCSW

4508 Peacock Ave.
Alexandria VA 22304

Phone: 703-370-4865

EDUCATION:

- MSW: Howard University School of Social Work: 1966 (Social Casework)
 - Sept-Dec. 1964 Atlanta University School of Social Work
- BA: Middlebury College, 1960 (Magna Cum Laude)
 - 1958-59 Junior Year Abroad, University of Edinburgh, Scotland
- Continuing Education: Center for Group Studies, Psychiatric Institute Foundation
 - 1972-73 and 1975, Group and Family Therapy

LICENSURE:

- LCSW, Virginia 1976 to present
- ACSW, 1973 to present

PROFESSIONAL MEMBERSHIP:

- National Association of Social Workers
- Greater Washington Society of Clinical Social Workers

WORK HISTORY:

AUGUST 1973 to JULY 2005: FAIRFAX/FALLS CHURCH COMMUNITY SERVICES BOARD, MENTAL HEALTH SERVICES:

Mental Health Manager, Adult Community Services (2000 to July 2005):

Responsible for selection, supervision, and monitoring the work of multidisciplinary treatment teams to provide community-based support and mental health treatment to adults residing in the Mt. Vernon and Springfield regions of Fairfax County. Tasks included oversight of medication services, therapy and case management activities, supervision of specialized outreach teams for Older Adults and their Families, and Discharge Planners deployed to State hospitals and the Mt. Vernon Hospital. Managed the Route 1 satellite office and supervised the Program Support staff.

Coordinated Case Management Workgroups for the CSB and for the Adult Community Services Division to recommend standards and procedures for delivery of case management services to adults with serious mental illness. Workgroups included consumer and family representatives in addition to community agency networks. Chaired the Mt. Vernon-Springfield Medical Committee and was appointed to the CSB Medical Executive Committee. Led data collection surveys regarding medication usage and case management program design.

Coordinator of Comprehensive Support Services (1981 to 2000): Oversight of treatment teams providing outpatient clinical services, case management, and long-term support for persons with serious mental illness residing in the Mt. Vernon area.

Supervised Discharge Planners, medical and clinical staff. Managed satellite office location. Participated in regional Aftercare and Case Management Coordination Teams, Advisory and program planning committees in conjunction with State Hospitals, County and private agencies, and citizens advocacy groups.

Co-authored Task Force reports for the FFCCSB including

- Dual Diagnosis Task Force: Comprehensive Support Services (1993)
- Mental Health Standards of Clinical Care Committee (Feb. 1993)
- Comprehensive Support Program (Community Support Network (February, 1992)
- Case Management for Services Coordination Pilot Project (1981)

Coordinator of Aftercare Program, Mt. Vernon Outpatient Unit (1973-1981):

Responsible for supervising the work of the Aftercare Team, including the medication clinics. Consulted with Unit clinical staff and community agencies regarding services necessary to maintain clients in the community. Served as discharge planner for clients hospitalized in State facilities. Provided psychosocial assessment, individual, group and family therapy for a generic caseload.

Provided administrative and clinical supervision for staff, students and volunteers. Collaborated in budget preparation. Served on the Mt. Vernon Center Research and Evaluation Committee.

1972-1973: PSYCHIATRIC INSTITUTE, WASHINGTON, D.C.

Provided group, individual, and family psychotherapy on adolescent and adult inpatient service, in therapeutic community model.

Developed Social Work services for previously unserved Attending Unit.

1968: ST. ELIZABETH HOSPITAL, ELIZABETH, N.J.

Medical social worker in a general hospital serving medical, pediatric, and obstetric units. Supervision of case aides.

1966-68: RUFUS JONES HOUSE, DES MOINES, IOWA

Assistant Director of prototype halfway house for men released from prison under sponsorship of the American Friends Service Committee and the State of Iowa.

1966: D.C. FAMILY AND CHILD SERVICES, WASHINGTON, D.C.

Child Protective Services Caseworker.

PUBLICATION: "Treating the Whole Elephant: Delivering Comprehensive Services to the Chronic Mentally Ill" by Davey Zellmer, Carolyn L. Maurer, Joel S. Kanter; New Directions for Mental Health Services, no. 27. Jossey-Bass, September 1985.

References available upon request.

Driving Directions

Coming from Richmond:

1. Take I-64 East to Exit 238 (Camp Peary).
2. Take right turn. Do not turn left and go over bridge; you will end up at Camp Peary.
3. Go through first stoplight at bottom of bridge.
4. Bear to your right at next light onto Route 132.
5. Go approximately 1 1/2 miles to next light. Take a right onto Bypass Road.
6. Go approximately 2 miles. You will pass Cracker Barrel on your left and Dairy Queen on your right.
7. Head over the bridge and bear to your right onto Route 60.
8. Take a left at the next light onto Ironbound Road.
9. Go approximately one mile to the next light. You will see Eastern State Hospital directly in front of you.

Coming from Newport News:

1. Take I-64 West to Exit 238 (Camp Peary).
2. Take a left turn and head over bridge. Do not turn right; you will end up at Camp Peary.
3. Go through first stoplight at bottom of bridge.
4. Bear to your right at next light onto Route 132.
5. Go approximately 1 1/2 miles to next light. Take a right onto Bypass Road.
6. Go approximately 2 miles. You will pass Cracker Barrel on your left and Dairy Queen on your right.
7. Head over the bridge and bear to your right onto Route 60.
8. Take a left at the next light onto Ironbound Road.
9. Go approximately one mile to the next light. You will see Eastern State Hospital directly in front of you.

