

Department of Behavioral Health and Developmental Services, Jefferson Building,
STATE BOARD OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
INSTRUCTIONS for VIRTUAL Meetings
Wednesday, October 14, 2020

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

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

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

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

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| <ul style="list-style-type: none">➤ Planning and Budget Committee➤ Policy and Evaluation Committee |
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9:30 A.M. – 2 P.M. FULL BOARD MEETING: REGULAR SESSION

➤ **Regular Board Meeting**

Join via ZOOM: Register in advance for this meeting:

https://dbhds.zoomgov.com/meeting/register/vJlSduqhrzsuEgCY_soGL8DxuSjjWDcXFKg

After registering, you will receive a confirmation email containing information about joining the meeting. Members will be pre-sorted and automatically placed into the committee room, and returned to the main room. All participants will come to the main room and then be moved to the committee rooms, and returned.

Join via phone:

One tap mobile

+16692545252,,1611391048#,,,,,0#,,05980671# US (San Jose)

+16468287666,,1611391048#,,,,,0#,,05980671# US (New York)

Dial by your location

+1 669 254 5252 US (San Jose)

+1 646 828 7666 US (New York)

Find your local number: <https://dbhds.zoomgov.com/j/aeu2mS6hL5>

Meeting ID: 161 139 1048 // Passcode: 05980671

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

- Verbal public comment will be received early in the meeting (see agenda for specific time) from those persons who have submitted an email to ruthanne.walker@dbhds.virginia.gov no later than 5:00 p.m. on September 23, 2020 indicating that they wish to provide a brief verbal comment. As the names of these individuals are announced at the beginning of the public comment period, three minutes of comment may be offered. Instructions for calling into the meeting are included above on this page.
- Written public comment may be sent by email to ruthanne.walker@dbhds.virginia.gov no later than 5:00 p.m. on October 13, 2020.
- Public comment will not be accepted on petitions for rulemaking or regulatory actions in which the comment period has closed.



COMMONWEALTH of VIRGINIA

STATE BOARD OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

DRAFT MEETING AGENDA

Wednesday, October 14, 2020

All three meetings listed below are electronic only.

Concurrent Committee Meetings 8:30 – 9:25 p.m.

8:30 – 9:25 a.m.	Planning & Budget Policy Development & Evaluation		15 17
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REGULAR SESSION AGENDA

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

I.	9:30	Call to Order and Introductions	Elizabeth Hilscher <i>Chair</i>	
II.	9:35	Approval of October 14, 2020 Agenda ➤ <i>Action Required</i>		2
III.	9:40	Approval of Draft Minutes A. Regular Meeting, July 15, 2020 ➤ <i>Action Required</i>		4
IV.	9:45	Public Comment <i>No comments were received.</i>		
V.A.	10:00	State Human Rights Committee <i>(moved from 11:25 a.m.)</i> A. SHRC Appointment ➤ <i>Action Required</i> B. Annual Report	Deb Lochart <i>Human Rights Director</i> Taneika Goldman <i>Human Rights Deputy Director</i>	24
V. B.	10:15	Update System Jail and Forensic Matters <i>(moved from 11:05 a.m.)</i>	Christine Schein, LCSW <i>Forensic Operations Manager</i> <i>Office of Forensic Services</i>	
VI.	10:45	DBHDS Southwestern Virginia Mental Health Institute	Cynthia L. McClaskey, Ph.D. <i>Director, DBHDS SWVMHI</i>	
VII.	11:05	Commissioner's Report <i>(moved from 10 a.m.)</i>	Alison Land, FACHE <i>Commissioner</i>	
VIII.	11:25	State Human Rights Committee C. SHRC Appointment ➤ <i>Action Required</i> D. Annual Report	Deb Lochart <i>Human Rights Director</i> Taneika Goldman <i>Human Rights Deputy Director</i>	24

IX.	11:45	Settlement Agreement Update	Heather Norton <i>Deputy Commissioner, Developmental Services</i>	
X.	12:00	BREAK for to Collect Lunch, 20 minutes (The meeting link will stay active)		
XI.	12:20	Committee Reports: A. Planning & Budget B. Policy Development and Evaluation ➤ <i>Action Required</i> ▪ Policy 1016: Final Revisions ▪ Policy 1028: Final Revisions	Ruth Anne Walker Alex Harris <i>Policy & Legislative Affairs Director Quality Assurance and Government Relations</i>	15 16 17 20
XII.	12:30	Legislative Workgroups: Update	Alex Harris	
XIII.	12:45	2021 General Assembly: Pre-Session Legislative and Budget Review	Heidi Dix, <i>Deputy Commissioner, Quality Assurance and Government Relations</i> Josie Mace <i>Financial and Policy Analyst, Office of Budget Development</i>	
XIV.	1:00	Update on the Virginia Association of Community Services Boards	Jennifer Faison <i>Executive Director, Va. Assoc. of Community Services Boards (VACSB)</i>	
	1:30	Miscellaneous A. Regulatory Update B. Committee Memberships C. Updated Web Pages D. Board Liaison Assignments E. Quarterly Budget Report F. Annual Executive Summary	Ruth Anne Walker Emily Bowles <i>Assistant Director for Licensing, Quality, Regulatory Compliance, and Training Office of Licensing</i>	23 28 28
	2:00	Other Business & Adjournment		

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

Meeting Dates for 2020:

Dec: 2 (Wed)	Virtual
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STATE BOARD OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
DRAFT MEETING MINUTES

Regular Meeting

9:00 a.m., Wednesday, July 15, 2020

James Monroe Building, Conference Rooms C-D-E, 101 N 14th St, Richmond, VA 23219
AND VIRTUAL

Members Present	Elizabeth Hilscher, Chair ; Rebecca Graser, Vice Chair; Kendall Lee; Sandra Price-Stroble.
Members Present via Telecom	Varun Choudhary; Moira Mazzi; Djuna Osborne.
Members Absent	Jerome Hughes.
Staff Present	Jae Benz, Director, Office of Licensing. Emily Bowles, Assistant Director for Licensing, Quality, Regulatory Compliance, and Training. John Cimino, Office of Licensing Legal and Regulatory Manager. Heidi Dix, Deputy Commissioner, Division of Quality Assurance and Government Relations. Dev Nair, Ph.D., Assistant Commissioner, Division of Quality Assurance and Government Relations. Alison Land, FACHE, Commissioner. Susan Puglisi, Regulatory Research Specialist, Office of Regulatory Affairs. Ruth Anne Walker, Director of Regulatory Affairs and State Board Liaison.
Guests Present	None.
Call to Order and Introductions	At 9:10 a.m., Elizabeth Hilscher, Vice Chair, called the meeting to order and welcomed everyone. She noted that the board was meeting electronically, with members physically assembled and three members meeting via electronic means, in accordance with language in Item 4-0.01 g. of Chapter 1283 of the Acts of Assembly, 2020 Virginia General Assembly, Article 5 the Bylaws of the State Board, and the Virginia Freedom of Information Act (FOIA). All board members and department staff were able to converse, but all others on the call were muted with the ability to listen and view the screen. The meeting packet of information was located on Virginia’s Town Hall, under the ‘Meetings’ tab. Ms. Hilscher noted that there would be a period for public comment, within the timeframe allowed on the agenda. Ms. Hilscher conducted a roll call of members and announced a quorum was present for the meeting. She stated that Jerome Hughes had driven down the night before but had felt ill that morning and returned home, and welcomed new board member, Dr. Kendall Lee. DBHDS staff were recognized.
Approval of Agenda	Ms. Hilscher noted that the State Human Rights Committee requested a reappointment be considered and that would be taken up during ‘Other Business.’ <i>At 9:15 a.m. the Board voted to adopt the July 15, 2020, agenda.</i>

	<p><i>On a motion by Sandra Price-Stroble and a second by Moira Mazzi, the agenda was approved unanimously.</i></p>
<p>Officer Elections</p>	<p>(per Article 4, Bylaws) Ms. Hilscher noted that the process for voting was included on the agenda and reviewed with members that at the time of the elections in the summer meeting, it is sometimes the case that the chair continues to serve through the summer meeting and handles the officer elections. In this case, former chair Paula Mitchell ended her eight years of service on June 30, 2020. Since Ms. Hilscher was running for election as chair, she announced that she would temporarily pass the gavel to Ms. Price-Stroble through the voting process, who would have two hats on – as temporary chair of the board for the conduct of elections, and as chair of the Nominating Committee for the report of the committee.</p> <p>A. Presentation of the Slate of Candidates Ms. Price-Stroble, Acting Chair, directed members to the Nominating Committee minutes in the packet for the meeting held on June 3, 2020. At that meeting, then board chair Paula Mitchell presented a slate of nominees for the chair and vice chair positions, and moved to nominate Elizabeth Hilscher for the chair position and Rebecca Graser for the vice chair position. The vote was unanimous to adopt the slate as presented.</p> <p>B. Nominations from the Floor Before proceeding to vote, per the Bylaws, Ms. Price-Stroble asked members if there were any nominations from the floor. There being no further nominations, Ms. Price-Stroble moved forward with the slate with separate motions, for each officer.</p> <p>C. Election <i>At 9:20 a.m. on separate motions by Moira Mazzi and seconds by Varun Choudhary, Ms. Hilscher was elected Board Chair and Ms. Graser was elected Board Vice Chair. Both votes were unanimous.</i></p> <p>D. Passing of the Gavel Ms. Price-Stroble passed the gavel to the new chair.</p>
<p>Approval of Draft Minutes</p>	<p>A. Regular Meeting, December 11, 2019 <i>On a motion by Sandra Price-Stroble and a second by Becky Graser, the December minutes were approved as final.</i></p> <p>B. Emergency Meeting, April 2, 2020 <i>On a motion by Sandra Price-Stroble and a second by Djuna Osborne, the agenda was approved unanimously.</i></p> <p>C. Nominating Committee, June 3, 2020 The approval of the minutes of the Nominating Committee was postponed until October until all members on the board were present to vote.</p>

<p>Public Comment</p>	<p>At 9:23 a.m., Ms. Hilscher requested members make note of questions during presentations until the speakers are finished and then ask questions, with the exception being if a clarifying answer is needed in order to continue to understand what is being presented.</p> <p>Ms. Hilscher asked if anyone present electronically wished to provide public comment. No citizen offered comment.</p>
<p>Commissioner's Report</p>	<p>At 9:25 a.m., Ms. Hilscher welcomed Commissioner Alison Land.</p> <ul style="list-style-type: none"> • The commissioner stated that the most pressing update was regarding the agency hospitals, particularly Piedmont Geriatric Hospital (PGH). During the first three months of the pandemic, hospital census was down slightly. Yet through vigilance and aggressive screening, only limited infections among facility staff and patients were seen. However in June, the census began to increase again to pre-COVID-19 levels and in some cases significantly more. In early July, DBHDS requested assistance from system stakeholders to step up efforts to discharge individuals as soon as feasible in advance of the July 4th holiday weekend. In addition, DBHDS put out a specific call to action to relieve a crisis level geriatric census at all of the state psychiatric hospitals. • Ms. Land reported that state hospitals were utilizing above 110 percent geriatric bed capacity. The geriatric units and hospital admission units are fully occupied and adult units are being used for overflow. There were continued increases on the geriatric waiting lists. All state hospitals were impacted by high census numbers, but the heaviest hit were PGH in Burkeville, Eastern State Hospital (ESH) near Williamsburg, Catawba Hospital near Salem, and Southwestern Virginia Mental Health Institute (SWVMH) in Marion. • In the previous week, three patients tested positive at PGH and as a result, the Virginia Department of Health conducted testing throughout the facility. As of July 14, 2020, there were a total of 15 patients and five staff members who tested positive. Compounding this difficult situation, Piedmont's bed utilization continued to run over 100 percent capacity. With the increase in state hospital census, it became increasingly difficult to maintain bed availability while addressing the infection control, staffing concerns, and isolation protocols necessary to prevent an outbreak within the agency's congregate settings. As a result, on July 14, 2020, the commissioner directed that admissions to PGH cease temporarily until further notice to ensure safety of existing patients and staff, and to protect any incoming admissions. • DBHDS was continuing to work with Virginia's long-term care facilities and other step-down placements to identify patients appropriate for discharge to help ensure state geriatric beds are available to divert admissions from PGH. Prior to this crisis, DBHDS had signed contracts with two private entities to take individual adults under psychiatric temporary detention orders (TDOs) as a diversion or step-down and the commissioner was in active discussions with several nursing facilities

regarding admitting individuals that require nursing facility level of care, including geriatric patients, after discharge.

- Since March, all 12 DBHDS facilities were aggressively fighting COVID-19. Visitation was restricted beginning in March, all staff and patients were receiving daily screening for symptoms, expanded infection control measures are firmly in place, and positive and potentially positive cases were immediately quarantined. As a result of these persistent and proactive actions, as of July 13, 2020, there were 29 cases among the approximately 5,500 staff and 16 patients among the approximately 1,850 patients at the facilities (these figures include all cases at PGH). Ms. Land was deeply grateful for the heroic efforts of staff across Virginia to keep patients and staff safe.

The commissioner then reported updates on other significant department activities.

- Staff were actively working on a reconstitution plan for DBHDS Central Office so staff could safely return to work. A three phase plan was adopted and would begin in early August if the state and national situation with the pandemic allowed. The agency's focus was on safe return, ensuring the building would not be overloaded with people at any one time, and allowing flexibility for telework, where feasible, for those with high risk conditions or those who continued to provide dependent care. The goal was not for 100 percent of staff to return to the office quickly; the goal was making sure there was a plan to fully restore agency operations and service delivery in a safe, fair, and equitable manner for all staff members.
- In addition to those activities, the pandemic significantly changed the economic forecast. As a result, during the special session, many of the gains received during the 2020 General Assembly Session for STEP-VA, behavioral health enhancement (redesign), and for discharge assistance planning (DAP) and contracts with private providers to reduce census were "unallotted" by the General Assembly. The Commonwealth might be facing up to 15% budget reductions for FY2021-22. DBHDS was working closely with the Office of the Secretary of Health and Human Resources (HHR) and developed plans for these reductions in Central Office. A special legislative session would be held in August to address the budget situation and leadership was hopeful to get some of the funds restored, particularly for DAP and the contracts with private providers so that the census could continue to be addressed.
- One significant bright spot during this time was the agency's response to the requirements of the US Department of Justice Settlement Agreement with Virginia. The 2020 General Assembly did not unallot DBHDS funding for efforts in this area (except for nursing waiver rates). The commission brought on a consultation firm in January to work with DBHDS teams to apply a project management approach to DOJ requirements. Virginia has over 300 DBHDS "compliance indicators" that must be addressed successfully to achieve compliance with the Settlement Agreement by June 2021. Commissioner Land was happy to report that Impact Makers and DBHDS project management staff worked

	<p>together with the developmental disability (DD), quality assurance, and quality improvement teams and were able to map out work plans for each indicator. A “build” phase was conducted through June 30, 2020. During that time, DBHDS was able to complete the work required for each indicator. Also, a document library was developed that would be available to the public and DOJ to show the agency’s ongoing compliance.</p> <ul style="list-style-type: none"> • This “build” phase was a tremendous amount of work and the agency was excited to enter the “run” phase, where DBHDS would be working closely with the many community partners required to achieve compliance, like the CSBs and other community-based providers. There were still challenges with collecting and gathering data, but now there was a plan to continue to work through despite the budget reductions, which did not address IT system concerns. <p>Members asked clarifying questions or commented on the updates. Ms. Hilscher thanked Ms. Land for her time and stated the board was grateful for the presentation.</p>
<p>Regulatory Actions and Updates</p>	<p>At 9:45 a.m., Ms. Hilscher referred members to the regulatory package beginning on page 23, and the five action items.</p> <p>A. Initiate Final Stage (Action 5091): Allowing a grace period for documentation of ISPs, to Amend Rules and Regulations For Licensing Providers by the Department of Behavioral Health and Developmental Services [12 VAC 35-105]</p> <p>Ms. Hilscher reviewed that this first regulatory item was the final stage to allow a grace period for the documentation of individual service plans (ISPs). The board initiated the proposed stage last July, and the 60 day public comment period closed in March. Seventeen comments were received; there was overwhelming support for the action.</p> <p><i>On a motion by Moira Mazzi and a second by Becky Graser, the motion to initiate the final stage action to amend 12-VAC35-105, the Licensing Regulations, was approved.</i></p> <p>B. Response to Periodic Review: Requirements for Virginia's Early Intervention System [12 VAC 35-225]</p> <p>At 9:47 a.m., Ms. Hilscher indicated that, as explained in the Town Hall form, the proposed amendments were not substantive and were clarifying in nature; thus a fast track action was before the board. Catherine Hancock, the agency Part C Administrator, gave a brief overview of the changes.</p> <p><i>On a motion by Varun Choudhary and a second by Sandra Price-Stroble, the board voted approval to initiate a fast track action to amend 12 VAC35-225, Requirements for Virginia's Early Intervention System.</i></p> <p>C. Emergency Actions (per Item 318.B. of the 2020 Appropriation Act) to Amend</p>

- a. Rules and Regulations For Licensing Providers by the Department of Behavioral Health and Developmental Services [12 VAC 35 - 105] and**
- b. Regulations for Children's Residential Facilities [12 VAC 35 - 46]**

At 9:50 a.m., Ms. Hilscher referred to the three new draft emergency regulations impacting two regulations, with new amending language for the board to consider. The actions came as a result of budget language for the emergency amendments in the 2020 Session of the General Assembly.

Dr. Dev Nair gave comments on the three related actions having to do with the overall effort by the Administration on Behavioral Health Redesign, stating that Item 318 of the 2020 *Appropriations Act* authorized the department to promulgate emergency regulations to:

- Align with changes to Medicaid regulations to support enhanced behavioral health services that are evidence based, trauma informed, prevention focused, and cost-effective, across the lifespan; and
- Align with the American Society of Addiction Medicine (ASAM) levels of care criteria (or equivalent) to ensure outcome oriented, strength-based care in the treatment of addiction.

As background, Dr. Nair stated that in addition to this emergency authorization, the Office of Licensing, following a periodic review, identified the need to conduct a thorough re-write of the licensing regulations, which would include shifting to a 'general' chapter that address requirements for all providers, and 'service specific' chapters that address requirements unique to those services. Thus, the emergency actions presented to the board at this meeting were an attempt to implement changes necessary to support system change that works with the current regulations, but that set the stage for the re-write of the licensing regulations that will be occurring over the next 12 months.

Behavioral Health Enhancement, which is a joint effort of the Administration through the Department of Medical Assistance Services (DMAS) and DBHDS [and other agencies, such as Child Services Administration (CSA), the Department of Social Services (DSS), and the Department of Health Professions (DHP)] to expand services across the full continuum of care and align with evidence based practices. Phase 1 of this effort includes:

- Comprehensive crisis services.
- Assertive Community Treatment (ACT).
- Partial Hospitalization Program/Intensive Outpatient (PHP/IOP).
- Functional Family Therapy (FFT).
- Multi-systemic Family Therapy (MFT).

The plan had been to implement MST, FFT, and ACT in January 2021 and Crisis, IOP/PHP in July 2021. However, funding to implement new rates for those services was unallotted in response to COVID-19 and overall budget

shortfall. Staff reviewed the impact of the regulatory changes and determined that the changes would not have a detrimental impact for implementation prior to funding; therefore, the board was requested to move forward with the regulatory changes.

In 2017, DMAS implemented the Addiction Recovery Treatment Services (ARTS) Waiver which expanded the range of services available to individuals with substance use disorder. This regulatory action would bring DBHDS licensing regulations into alignment with the requirements for the services that are reimbursed by DMAS. While the regulations would apply to all substance abuse services, not only those reimbursed by DMAS, they represent national best practices, and therefore, staff think it is appropriate. Including these levels of care in the regulations would eliminate the need for a separate certification process to determine that providers operate in accordance with the ASAM criteria. Because these services also include children's residential services, the board was presented with two actions, one for the Rules and Regulations For Licensing Providers by the Department of Behavioral Health and Developmental Services [12 VAC 35 - 105] and one for the Regulations for Children's Residential Facilities [12 VAC 35 - 46].

Ms. Hilscher thanked Dr. Nair for his overview and stated that her understanding from staff was that because a couple of subject matter experts are only available until 11 a.m., there was a request to first take up the emergency action listed as #3, the Amendments for Enhanced Behavioral Health Services.

1. Emergency Action: Amendments for Enhanced Behavioral Health Services

John Cimino walked board members through the changes in this emergency action, which he described as minimal. Ms. Hilscher noted that the action was presented to the board as the typical two-step process of emergency adoption plus the notice of intended regulatory action (NOIRA) for the standard process.

On a motion by Becky Graser and a second by Djuna Osborne, the board voted approval to initiate an emergency/NOIRA action to amend the Rules and Regulations For Licensing Providers by the Department of Behavioral Health and Developmental Services [12 VAC 35-105] with these changes to address the enhanced behavioral health initiative.

2. Emergency Action: Addition of ASAM Criteria [12 VAC 35 - 105]

3. Emergency Action: Addition of ASAM Criteria [12 VAC 35 - 46]

Regarding the ASAM draft language, Ms. Hilscher recognized Susie Puglisi, who provided an overview of changes to the two regulations. Ms. Hilscher noted that as with the first emergency action, both sets of draft amendments were presented to the board as emergency/NOIRA actions. Ms. Hilscher indicated her desire to consider the actions together in a block vote.

On a motion by Varun Choudhary and a second by Becky Graser, the board voted approval to initiate emergency/NOIRA actions to amend the Rules and Regulations For Licensing Providers by the Department of Behavioral Health and Developmental Services [12 VAC 35-105] AND the Regulations

	<p><i>for Children's Residential Facilities [12 VAC 35-46] with the changes to address the ASAM criteria.</i></p> <p>D. General Update – Regulatory Matrix and Workplan At 10:26 a.m., Ms. Walker reviewed the regulatory workplan handout that showed expected and actual regulatory actions through April 2021.</p> <p>As the board was running ahead of schedule, Ms. Hilscher called for a brief break. Upon reconvening at 10:34 a.m., the board agreed to take items out of order as the afternoon presenters were not available until later in the day.</p>
<p>Miscellaneous</p>	<p>Miscellaneous</p> <p>A. Board Liaison Reports Ms. Hilscher surmised that with the restrictions required during the pandemic, there were no liaison reports.</p> <p>B. Quarterly Budget Report Ms. Hilscher noted that there had not been many expenses due to the pandemic restricting meetings and travel, but referred members to a handout of expenses through the last quarter of the fiscal year ending on June 30, 2020.</p>
<p>Other Business</p>	<p>Committee Memberships At 10:36 a.m., Ms. Hilscher visited the topic of committee memberships and indicated that because of all the membership changes (due to officer elections) and the amount of regulatory work at this meeting, that a decision was made to not hold any committee meetings with this regular board meeting. Further, former chair Paula Mitchell had put some thought into the committee memberships this spring, announcing after the April meeting the appointment of the Grants Review Committee members as Varun and Djuna. Also, because of the officer elections, the Bylaws require that the Board Vice Chair be the Chair of the Policy Committee and the Board Chair be on the Planning and Budget Committee. Ms. Hilscher indicated for the board’s general information that she would be communicating with members in coming weeks on decisions for committee memberships because of those two shifts, reaching out to members individually before announcing decisions. She stated that committees would be meeting in October, and also could meet outside of the regular board meeting times if the committee desired to do so.</p> <p>Next Meeting Ms. Hilscher reminded members that the next regular meeting would be on Wednesday, October 14, 2020. The board was due to travel to Marion to Southwestern Virginia Mental Health Institute (SWVMHI), but that seemed quite unlikely and it was much more likely that the meeting would be held electronically.</p>
<p>Legislative Update</p>	<p>At 10:39 a.m., Heidi Dix gave a general legislative update including the upcoming Special Session in August, an expected focus on criminal justice reforms, and then touched on five significant workgroups in progress (there are others) while also relating updates on key funding priorities the board set last July (CITACs, provider Waiver rates, STEP-VA):</p>

	<ol style="list-style-type: none"> 1. Medical TDO Workgroup (HB1452/SB738) 2. TDO Evaluator Workgroup (HB1699/SB768) 3. Bed Registry Workgroup (HB 1453/SB739) 4. DAP Workgroup (Item 321.C3) 5. Supported Decision Making (SDM) Workgroup (SB585) <p>Ms. Dix concluded by stating that she would ask Ms. Alex Harris, DBHDS Policy and Legislative Affairs Director, to give a more detailed presentation on the workgroups.</p>
	<p>(Other Business Continued) State Human Rights Committee: Request for Reappointment At 10:55 a.m., Ms. Hilscher welcomed Taneika Goldman, DBHDS Human Rights Deputy Director, to the meeting. Ms. Hilscher directed members to the letter sent by the State Human Rights Committee with a recommendation for reappointment of Will Childers by the board. Ms. Goldman referenced Mr. Childers 35 years of experience. <i>On a motion by Sandra Price-Stroble and a second by Varun Choudhary, the request to approve the SHRC’s recommendation for reappointment of Will Childers to the SHRC was approved.</i></p>
BREAK for Lunch	
DBHDS Update	<p>State Opioid Response (SOR) Grant and the State Targeted Response (STR) Grant At 1:05 p.m., Mike Zohab, SOR Project Director within the Division of Behavioral Health Services, provided an update on two federal grants.</p> <p>STR: \$19.4 million - 24 month grant period (5/2017 – 4/2019) SOR: Build on STR-funded programs;</p> <ul style="list-style-type: none"> o \$39.5 million - 24 month grant period (10/2018 – 9/2020), which includes a one-time \$8.2 million supplement. o \$26.7 million application submitted for 2020-2021, (10/2020 – 9/2021). <p>The SAMHSA goals for the grants are:</p> <ul style="list-style-type: none"> • Develop and provide opioid misuse prevention, treatment, and recovery support services for the purposes of addressing the opioid abuse and overdose crisis. Build on the strategic plan that was developed during the first year of STR based on needs identified by the state. • Implement service delivery models that enable the full spectrum of treatment and recovery support services that facilitate positive treatment outcomes and long-term recovery. • Implement community recovery support services such as peer supports, recovery coaches, and recovery housing. Grantees must ensure that recovery housing supported under this grant is in an appropriate and legitimate facility. Individuals in recovery should have a meaningful role in developing the service array used in your program. • Implement prevention and education services including training of healthcare professionals on the assessment and treatment of OUD,

	<p>training of peers and first responders on recognition of opioid overdose and appropriate use of the opioid overdose antidote naloxone, develop evidence-based community prevention efforts including evidence-based strategic messaging on the consequence of opioid misuse, and purchase and distribute naloxone and train on its use.</p> <ul style="list-style-type: none"> • Develop and provide opioid misuse prevention, treatment, and recovery support services for the purposes of addressing the opioid abuse and overdose crisis. Build on the strategic plan that was developed during the first year of STR based on needs identified by the state. • Implement service delivery models that enable the full spectrum of treatment and recovery support services that facilitate positive treatment outcomes and long-term recovery. • Implement community recovery support services such as peer supports, recovery coaches, and recovery housing. Grantees must ensure that recovery housing supported under this grant is in an appropriate and legitimate facility. Individuals in recovery should have a meaningful role in developing the service array used in your program. • Implement prevention and education services including training of healthcare professionals on the assessment and treatment of OUD, training of peers and first responders on recognition of opioid overdose and appropriate use of the opioid overdose antidote naloxone, develop evidence-based community prevention efforts including evidence-based strategic messaging on the consequence of opioid misuse, and purchase and distribute naloxone and train on its use. <p>SOR projects in development:</p> <ul style="list-style-type: none"> • Drug court peer engagement; • Jails program growth; • ED bridge/peer program growth; • Family peer support programs; • Regional peer coordinators; • Tele-med expansion; • VARR-growth; and • Collegiate Recovery Program- add four more schools.
<p>Update on the Virginia Association of Community Services Boards (VACSB)</p>	<p>Jennifer Faison was expected to provide an update on activities of the association and the status of the CSBs on specific issues. However, due to technical difficulties she was not able to join the meeting. The list of bullets below were submitted after the meeting as an addendum.</p>
<p>Adjournment</p>	<p>The meeting was adjourned at 1:30 p.m.</p>

(add when final)

Elizabeth Hilscher, Chair

Ruth Anne Walker

Ruth Anne Walker

STATE BOARD OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

Planning and Budget Committee
DRAFT Minutes

8:30 a.m., December 11, 2019

DBHDS Central Office
Richmond, Virginia

Members in attendance: Paula Mitchell; Rebecca Grasser; Jerome Hughes; Moira Mazzi.

Staff in attendance: Eric Billings; Ramona Howell; Josie Mace; Meghan McGuire; Ruth Anne Walker.

I. Call to Order

Paula Mitchell, Board Chair and Committee Chair, called the meeting to order at 8:35 a.m.

II. Welcome and Introductions

Ms. Mitchell welcomed all members and staff present.

III. Adoption of Minutes, October 9, 2019

The October minutes were adopted as presented.

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

A. Update on Current Department Strategic Planning Efforts

Meghan McGuire gave a brief update on the five-year strategic plan initiated in 2018. She stated that the board is always welcome to choose a specific topic for elaboration.

B. Review of topic areas for board meetings through December 2020.

Ruth Anne Walker updated the committee that designation of the subject matter leads to present to the next regular meeting of the State Board in Burkeville in April on two of the board's priorities were: i. Geriatrics: Piedmont Geriatric Hospital Director) and ii. Workforce: Leigh Lyons.

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

A. State Board Budget Quarterly.

Josie Mace briefly reviewed the quarterly budget report with the committee.

B. Discussion of identified priorities within the framework of required agency strategic planning and budget development processes: Review regular meeting budget request handout for 2020 General Assembly Session.

Ms. Mace gave an overview of the 2020 General Assembly budget requests, as would be presented to the full the board. She and Ms. Walker reviewed where the State Board's priorities were in line with those requests.

VI. Grant Review Committee: *the department shall provide a semi-annual report of all federal grants currently under consideration as well as those being actively pursued. Additionally, the report will include all grants that have been submitted in the last six months. Finally, the reward status of all submitted grants will be outlined to the Board.*

A. DBHDS Grants Overview

Eric Billings provided a detailed overview of federal grant activity for the agency.

Ms. Mitchell would assign members to the Grant Review Committee before the April State Board meeting. Ms. Walker would work with Mr. Billings on a set schedule for semiannual reports and a process for circulating grant applications to the committee members.

VII. Draft Bylaws

Amendments to the Bylaws were included in the board packet for consideration. Ms. Walker asked if there were any additional thoughts regarding changes to the Bylaws. There were none.

VIII. Other Business

There was no further business.

IX. Next Steps:

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

This was confirmed to occur at each regular meeting of the State Board.

B. Next Meeting

The next meeting would be the morning of the April State Board meeting.

X. Adjournment

Ms. Mitchell adjourned the meeting at 9:20 a.m.

Policy and Evaluation Committee

October 2, 2020

To: Members, State Board of BHDS

Fr: Alex Harris

Cc: Rebecca Graser
Ruth Anne Walker

Re: Committee Meeting Packet for October 14, 2020

Draft Policies:

The Policy and Evaluation Committee is submitting two revised policies for your consideration at the October meeting. As you can see in the drafts, the edits are minimal updates to terminology. Any edits beyond that will be explained by staff for your consideration.

This is not to preclude any edits the board deems necessary after due deliberation, nor would it preclude your requesting any such revised drafts going out for another field review if edits were such that the policy was changed substantively.

Included in this packet are two draft revised policies (from July 2019):

- POLICY 1016 (SYS) 86-23 Policy Goal of the Commonwealth for a Comprehensive, Community-Based System of Services
 - Under “References” – Minor updates to reference naming.
 - Under “Background” – Updates to reference naming reflected in “References.”
 - Under “Policy” – Update to terminology, changing “intellectual disability” to “developmental disability.”
- POLICY 1028 (SYS) 90-1 Human Resource Development
 - Under “References” – Current workforce development plan has changed over the years and will continue to be updated yearly.
 - Under “Policy” – Recommend discontinuing the workforce development advisory committee as it has become unnecessary. The Governor appointed Megan Healy, Ph.D. as the Chief Workforce Advisor to the Governor.
 - The Chief Workforce Development Advisor oversees a range of regional, state, and federal programs that connect Virginians to the skills, training, and opportunities they need to thrive in the 21st century economy. The advisor works closely with Virginia’s labor and business communities to identify and fill vacant jobs in high demand sectors including IT, healthcare, and energy.
 - She regularly hosts Behavioral Health Workforce Meetings composed of a robust group of stakeholders across the system. These workgroups are specifically charged to look at the behavioral health workforce shortage.

Prior to the board meeting, if you find you expect to want substantive edits to any of the enclosed drafts, it would be most helpful if you could please notify me in advance.

Thank you!

POLICY MANUAL

**State Board of Behavioral Health and Developmental Services
Department of Behavioral Health and Developmental Services**

**POLICY 1016 (SYS) 86-23 Policy Goal of the Commonwealth for a
Comprehensive, Community-Based System of Services**

Authority Board Minutes Dated: October 22, 1986
Effective Date: November 19, 1986
Approved by Board Chairman: s/James C. Windsor

References House Joint Resolution No. 9, 1980
House Joint Resolution No. 85, 1986
Senate Joint Resolution No. 60, 1986
§§ 37.2-500 and 37.2-601 of the Code of Virginia (1950), as amended
STATE BOARD POLICY 1035 (SYS) 05-2 Single Point of Entry and Case
Management Services
STATE BOARD POLICY 1036 (SYS) 05-3 Vision Statement
*Envision the Possibilities: An Integrated Strategic Plan for Virginia's Mental
—Health, Mental Retardation, and Substance Abuse Services System, 2005
Current Comprehensive State Plan*
Department of Planning and Budget Strategic Plan
Department of Behavioral Health and Developmental Services Strategic Plan

Background The General Assembly, in House Joint Resolution 9, declared that it is the policy of the Commonwealth to establish, maintain, and support the development of an effective system of appropriate treatment, training, and care for individuals with mental health or substance use disorders, intellectual disability, or co-occurring disorders. The legislature further stated, as the basic principle for this statewide system, that treatment, training, and care shall be provided in the least restrictive environment with careful consideration of the unique needs and circumstances of each person. In this background, summaries of the references are updated to reflect people first language and current terminology, such as using substance use disorder instead of substance abuse to refer to a condition that a person has, while using substance abuse to refer to the services used to treat the disorder, and using intellectual disability and developmental services.

The General Assembly maintained its commitment to this policy goal six years later in House Joint Resolution 85 and Senate Joint Resolution 60. Both

Background
(continued)

resolutions establish as the policy goal of the Commonwealth the development of a comprehensive community-based system for serving individuals with mental health or substance use disorders, intellectual disability, or co-occurring disorders. These resolutions also state that accountability for the provision of all services, inpatient and outpatient, to these individuals should be transferred ultimately to local community services boards.

Sections 37.2-500 and 37.2-601 of the Code of Virginia continue and reinforce the historic support by the General Assembly for this policy goal. These sections state that, in order to provide comprehensive mental health, developmental, and substance abuse services within a continuum of care, the community services board or behavioral health authority (, hereafter referred to as CSBs shall function as the single point of entry into publicly funded mental health, developmental, and substance abuse services.

STATE BOARD POLICY 1035 recognizes and supports the role of CSBs as the single points of entry into publicly funded mental health, developmental, and substance abuse services. The policy states that CSBs, as the single points of entry, shall be responsible for managing the treatment, habilitation, or support services of individuals with mental health or substance use disorders, intellectual disability, or co-occurring disorders. CSBs also shall have the lead responsibility for supporting, facilitating, and achieving the greatest possible interagency collaboration and coordination in the planning, management, and delivery of community-based services.

STATE BOARD POLICY 1036 articulates a vision statement to guide the development and operations of this comprehensive, individually focused, and community-based public mental health, developmental, and substance abuse services system. The vision is of a system of services and supports driven by individuals receiving services that promotes self-determination, empowerment, recovery, resilience, health, and the highest possible level of participation by individuals receiving services in all aspects of community life, including work, school, family, and other meaningful relationships. This vision also includes the principles of inclusion, participation, and partnership.

The *Integrated Department of Planning and Budget Strategic Plan* and the *Comprehensive State Plan-Department of Behavioral Health and Developmental Services Strategic Plan* describe the actions that need to be taken to implement this comprehensive, statewide, individually focused, and community-based system of services and supports.

Purpose

To recognize, support, and reinforce the policy goal of the Commonwealth, set forth by the General Assembly, for a comprehensive, community-based system of mental health, developmental, and substance abuse services.

Policy

Further, it is the policy of the Board to support the policy goal of the Commonwealth, set forth by the General Assembly in legislation and statute,

through the development and maintenance of a comprehensive, individually focused, and community-based system of treatment and habilitation services and supports for individuals with mental health or substance use disorders, ~~intellectual~~ developmental disability, or co-occurring disorders. The development and maintenance of this system shall be guided by the vision statement articulated in STATE BOARD POLICY 1036, including the principles of inclusion, participation, and partnership, and by the *Integrated Strategic Plan* and the *Comprehensive State Plan*.

Further, it is the policy of the Board that CSBs shall be responsible for the continuity of all publicly funded services, including inpatient services provided by state hospitals and training centers and local inpatient psychiatric services purchased or arranged by CSBs, received by individuals with mental health or substance use disorders, intellectual disability, or co-occurring disorders served by CSBs. STATE BOARD POLICY 1035 describes this responsibility in more detail.

Finally, it is the policy of the Board that the Department shall provide the direction, technical assistance, monitoring, and evaluation that will ensure uniform and effective standards for and delivery of services to meet the needs of individuals with mental health or substance use disorders, intellectual disability, or co-occurring disorders.

POLICY MANUAL

**State Board of Behavioral Health and Developmental Services
Department of Behavioral Health and Developmental Services**

POLICY 1028 (SYS) 90-1 Human Resource Development

Authority Board Minutes Dated: April 28, 2011
Effective Date: April 28, 2011
Approved by Board Chairman: Daniel E. Karnes

References Current Policies and Procedures Manual, Virginia Department of Human Resource Management
STATE BOARD POLICY 1015 (SYS) 86-22 Services for Individuals with Co-Occurring Disorders
STATE BOARD POLICY 1023 (SYS) 89-1 Workforce and Service Delivery Cultural and Linguistic Competency
STATE BOARD POLICY 1036 (SYS) 05-3 Vision Statement
STATE BOARD POLICY 1042 (SYS) 07-1 Primary Health Care
Current Workforce Development Plan, Department of Behavioral Health and Developmental Services

Supersedes STATE BOARD POLICY 3002 (CO) 86-16 System-wide Staff Training

Background The delivery and management of behavioral health (mental health and substance abuse) and developmental services is highly staff intensive. Approximately 80 to 85 percent of the budgets of state hospitals and training centers, hereafter referred to as state facilities, and 75 percent of the budgets of community services boards and the behavioral authority, hereafter referred to as CSBs, consist of staff salaries and fringe benefits. The quality of the workforce and the quality of behavioral health and developmental services are inextricably linked. If the workforce is not well trained, competent, motivated, appropriately deployed, properly managed, and provided with a supportive working environment, efficient and effective delivery of services will be seriously compromised.

Behavioral health and developmental services have evolved from traditional core disciplines with a total reliance on academic credentials as evidence of an employee's preparation to perform successfully in the workplace to greater reliance on broad-based professional competencies that address the needs of individuals with co-occurring disorders, described in STATE BOARD POLICY 1015; enable culturally and linguistically appropriate service delivery, discussed in STATE BOARD POLICY 1023; and are supported by relevant formal education. Now, organizational structure, systems,

services, resources, and incentives are developed or aligned to support on-going collaboration and public and private partnerships among the Department's central office

and state facilities, CSBs, other service providers, and institutions of higher education to ensure that competent staff are recruited, retained, and developed for critical positions to meet the most challenging service needs of individuals with mental health or substance use disorders, intellectual disability, or co-occurring disorders. The Department's human resource development activities are guided by the referenced Policies and Procedures Manual issued by the Virginia Department of Human Resource Management and the Department's current Workforce Development Plan.

Purpose

To support the development and maintenance of a competent Department and CSB workforce to meet the service needs and support the recovery, empowerment, and self-sufficiency of individuals who have mental health or substance use disorders, intellectual disability, or co-occurring disorders.

Policy

It is the policy of the Board that the Department shall facilitate workforce recruitment, retention, development, and high performance in the Department's central office and state facilities, CSBs, and licensed providers through the aggressive development of human resources. Human resource development activities include workforce planning and development, recruitment and retention strategies and efforts, promoting and encouraging coordination and integration of partnerships, incentives, managing sanctions and regulations, and identifying, disseminating, and implementing evidenced-based practices.

It is also the policy of the Board that the Department shall engage in the following human resource development activities.

1. Promote a philosophy of human resource management and development consistent with the vision statement in STATE BOARD POLICY 1036 (SYS) 05-3 that supports recovery, empowerment, and self-determination in an integrated community environment for individuals receiving services.
 2. Continue to maximize leadership capabilities to model and facilitate a work life culture that is balanced, values employees and their competencies, encourages high performance and continues quality improvement, and fosters teamwork.
 3. Identify critical current and future human resource needs and standardize employee training requirements, course content, and reporting, monitoring, and evaluation procedures wherever possible.
 4. Promote the integration of behavioral health and developmental services and primary health care discussed in STATE BOARD POLICY 1042 (SYS) 07-1 Primary Health Care by expanding and enhancing behavioral health, education, and criminal justice competencies across broad occupational areas.
 5. Ensure the availability of needed curricula and opportunities for continued curriculum development so that behavioral health and developmental services competencies are aligned, updated, and deployed based on the changing services needs of individuals receiving services.
 6. Develop and implement recruitment and retention programs that are tailored to and promote careers in public behavioral health and developmental services. Enhance and expand public awareness of the opportunities and advantages of working with and in the public services system.
-

7. Support or provide training opportunities for staff to obtain continuing education units, continuing medical education units, or contact hours in order for them to satisfy licensure requirements and maintain or enhance their professional skills and the quality of services they provide.

8. Continue to develop partnerships with educational institutions within and outside of the Commonwealth to: (1) establish research, evaluation, training, and service delivery relationships; (2) develop or influence the content of curricula, recruitment of current and future students into the public behavioral health and developmental services system, and the competency requirements for completion of academic programs; (3) implement internship and apprenticeship programs; and (4) create joint state facility or CSB staff and faculty appointments.

9. Promote and encourage the use of ~~video teleconferencing and other~~ distance learning methods to share training activities and programs among the Department's central office and state facilities, CSBs, and other system stakeholders.

10. Initiate, promote, and encourage new and innovative staff development and training strategies.

11. Seek and support adequate financial resources to provide system-wide workforce development. Promote and encourage coordination of existing and planned training activities among the Department's central office and state facilities, CSBs, other human service agencies, colleges and universities, and other public and private organizations outside of the public behavioral health and developmental services system.

Further, it is the policy of the Board that the Commissioner shall ensure that human resource development and management functions and activities are incorporated in ongoing strategic planning and implemented in all aspects of the Department's policies, instructions, programs and operations.

~~Finally, it is the policy of the Board that the Commissioner shall establish an advisory committee consisting of representatives of the Department's central office and state facilities, CSBs, private providers, individuals receiving services, advocates, family members, institutions for education and training, and members of relevant health care profession licensing agencies to provide advice to the Department on matters pertaining to workforce development. The committee shall report to the Commissioner on a regular basis.~~

REGULATORY ACTIVITY STATUS REPORT: OCTOBER 2020 (REVISED 10/02/20)

Board		STATE BOARD OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES		
VAC CITATION	CHAPTER TITLE (FULL TITLE)	REGULATIONS IN PROCESS		
		PURPOSE	STAGE	STATUS
<u>12 VAC 35-46</u> Certain sections.	Regulations for Children's Residential Facilities	<i>In accordance with Item 318.B. of the 2020 Appropriation Act, amendments to align with ASAM criteria in children's residential facilities.</i>	• Emergency	• <i>Emergency action with HHR 9/10/20.</i>
<u>12 VAC 35-105</u> Certain sections.	Rules and Regulations for Licensing Facilities and Providers of Mental Health, Mental Retardation and Substance Abuse Services	Allowing a grace period for documentation of ISPs	• Standard	• Final stage to HHR 8/7/20.
<u>12 VAC 35-105</u> New Section 435.	same	In accordance with Chapter 776 of the 2019 General Assembly, to require a provider statement to any other provider when a criminal history background check is required.	• Fast Track	• Public comment period 9/14-10/14/20. Expected to be effective 10/30/20.
<u>12 VAC 35-105</u> Certain sections.		In accordance with Item 318.B. of the 2020 Appropriation Act, amendments to align with ASAM criteria.	• Emergency	• <i>Emergency action with HHR 9/4/20.</i>
<u>12 VAC 35-105</u> Certain sections.		In accordance with Item 318.B. of the 2020 Appropriation Act, amendments to align with enhanced behavioral health services.	• Emergency	• <i>Emergency action with HHR 9/10/20.</i>
<u>12 VAC 35-225</u>	Requirements for Virginia's Early Intervention System	To provide the requirements for Virginia's early intervention services system that are designed to protect the health, safety, and welfare of children with disabilities from birth through the age of two and their families to ensure access to appropriate early intervention services.	• Fast Track	• Periodic review initiated October 10, 2019, with a public comment forum held November 11 – December 2, 2019. With OAG 7/17/20.



STATE HUMAN RIGHTS COMMITTEE

John Barrett, Chairperson
Richmond / Deltaville
Wil Childers, Vice-Chairperson
Hardy
David Boehm
Marion
Julie Dwyer-Allen
Leesburg
Monica Lucas
Richmond
Sandy Robbins
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Timothy Russell
Williamsburg
Cora Swett
Nokesville

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COMMONWEALTH of VIRGINIA
Department of Behavioral Health and Developmental Services
Post Office Box 1797
Richmond, Virginia 23218-1797
ALISON G. LAND, FACHE, COMMISSIONER

September 29, 2020

Elizabeth Hilscher, Chair
State Board of Behavioral Health and Developmental Services
P.O. Box 1797
Richmond, Virginia
23218

Dear Ms. Hilscher:

On July 16, 2020, the State Human Rights Committee (SHRC) met and conducted interviews to fill a position on the SHRC. On behalf of the committee I respectfully request your consideration of the appointment of Ms. Megan Sharkey.

Ms. Skarkey received her Master's of Social Work from Virginia Commonwealth University. She is a Social Worker and Peer Professional at VOCAL, Inc., and she has past experience in the behavioral health field with NAMI-VA. As a consumer of behavioral health services as well as a family member of someone receiving services, she would provide the invaluable perspective of the individuals we serve and help to fulfill our mandate for consumer and family members on the SHRC. Ms. Sharkey resides in Richmond.

On behalf of the State Human Rights Committee, I ask that you consider this appointment at the October 14, 2020, Board meeting. Application and current SHRC Roster are attached for your review. Thank you for your consideration.

Respectfully Submitted,

Julie Dwyer-Allen

Julie Dwyer-Allen, Chair
SHRC Membership Subcommittee

c: Deb Lochart, State Human Rights Director
Taneika Goldman, Deputy State Human Rights Director
John Barrett, Chair, State Human Rights Committee

State Human Rights Committee Application for Membership

Name: Megan Sharkey

Street Address: 2600 Hargrove Street, Richmond, VA 23230

Phone: (804) 343 1777

E-Mail: megan@vocalvirginia.org Cell Phone: (609) 290 8358

Current or most recent employer: VOCAL, Inc

Employer's address: 1904 Byrd Avenue, #124, Richmond, VA 23230

Dates of employment: from November 2017 to present

Occupation / Profession. If retired, list previous occupation: Social Worker, Peer Professional

Education:

Bachelor's of Social Work (Millersville University)

Master's of Social Work (VCU)

Please check capacities in which you are eligible and willing to serve:

Receiving Services X Family Member X Health Care Provider_____ Professional X

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 Behavioral Health and Developmental Services?

Yes/No Yes If yes, name of programs:

VOCAL, Inc receives Mental Health Block Grant funds from DBHDS.

Capacity in which you served: Employee

Dates of service: from November 2017 to present

The State Human Rights Committee (SHRC) meets about eight (8) times a year in locations throughout the state. SHRC Members are expected to provide their own transportation to and from meetings. Members are reimbursed for mileage at the rate approved by Virginia Department of Accounts. Travel time and distance may warrant staying overnight on the night before a meeting. If so, your lodging will be arranged and paid for by the DBHDS human rights office. Regular SHRC meetings normally convene on Thursdays. Occasionally, meetings include an afternoon session on Wednesday. Do you believe you will be able to do this?

Yes/No Yes

Have you ever been a member of a DBHDS human rights committee? Yes/No No

If yes, on which have you served? _____

Capacity in which you served and dates of service: _____

Please describe your experience as a human rights committee member:

I do not have any direct experience working on as a human rights committee member. However, I am very much interested in investing in this important work.

Please describe your education, training or experience in the area of behavioral health and developmental services, if any:

I received my Master's of Social Work degree, with a concentration in administration, planning, and policy practice from the Virginia Commonwealth University, in 2016. Since then I have been working in the behavioral health field with organizations such as, the National Alliance on Mental Illness of Virginia (NAMI-VA) and the Virginia Organization of Consumers Asserting Leadership (VOCAL). In addition to these educational and professional experiences, I have firsthand knowledge of the behavioral health field, as a peer of the recovery community. This lived experience as a consumer of the system greatly enhances my professional approach.

What is your interest in serving on the SHRC?

My interest in serving on a SHRC originates with my lived experience as a peer of the behavioral health system. "Nothing about us, without us" is a quote that grew out of the Disability Rights Movement and one that I use frequently within my work today. Without the input of individuals who are utilizing the services, behavioral health initiatives and services cannot be considered sustainable. Due to this orientation to my professional work, I feel that my participation on the state human rights committee will help to better ensure that patient rights are upheld in the most meaningful way possible.

As a member of the SHRC, what do you think will be your biggest challenge?

As a member of the SHRC, I imagine that my biggest challenge will be navigating my compassion fatigue, as well as potentially absorbing others' levels of compassion fatigue. For me, compassion fatigue feels like hopelessness and many times these feelings surface during moments when the behavioral healthcare system feels inadequate.

Please provide any additional information you think is relevant to your application.

Thank you in advance for your consideration.

Applicant signature and date:

Megan S. Sharkey, MSW

July, 07, 2020

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

State Human Rights Committee
Department of Behavioral Health and Developmental Services

<p>Chairperson John Barrett Richmond and Deltaville Regions 4 & 5 (2 residences)</p> <p>Appointed 7/2013 to a vacancy (<i>Frank Royal</i>) 7/1/2012 - 6/30/2015</p> <p>Full Term 7/1/2015 – 6/30/2018 7/1/2018 – 6/30/2021 Not eligible for reappointment</p> <p>→Professional</p>	<p>Vice-Chairperson Will Childers Hardy Region 1/3 border</p> <p>Appointed 7/2018 to a vacancy 7/1/2017 – 6/30/2020 (<i>Sam Dillon</i>) Full Term 7/1/2020 – 6/30/23 Eligible for reappointment</p> <p>→Professional</p>	<p>David Boehm Marion Region 3 far southwest</p> <p>Full Term 7/1/2018 - 6/30/2021 Eligible for reappointment</p> <p>→Certified sex offender treatment Provider</p>
<p>Julie Dwyer-Allen Leesburg Region 2</p> <p>Appointed 7/2018 to a vacancy 7/1/2016 – 6/30/2019 (<i>Salina Greene</i>) Full Term 7/1/2019 – 6/30/2022 Eligible for reappointment</p> <p>→ Family Member</p>	<p>Monica Lucas Richmond Region 4</p> <p>Full Term 7/1/2018 – 6/30/2021 Eligible for reappointment</p> <p>→Professional</p>	<p>Sandy Robbins Valentines Region 3/4 border</p> <p>Full Term 7/1/2016 – 6/30/2019 7/1/2019 – 6/30/2022 Not eligible for reappointment</p> <p>→Health Care Provider: Psychology Associate I</p>
<p>Timothy Russell Williamsburg Region 5</p> <p>Appointed 12/2019 to a vacancy (<i>Tesha Graham</i>) 7/1/2018 – 6/30/2021 Eligible for reappointment</p> <p>→Consumer</p>	<p>Cora Swett Nokesville Region 2</p> <p>Term 7/1/2016 – 6/30/2019 7/1/2019 – 6/30/2022 Not eligible for reappointment</p> <p>→ Family Member</p>	

State Human Rights Committee
C/o Deb Lochart, State Human Rights Director
Taneika Goldman, Deputy State Human Rights Director
P.O. Box 1797
Richmond, VA 23218

Fax: 804-371-4609
www.dbhds.virginia.gov

COMMITTEE MEMBERSHIPS
Updated August 2020

PLANNING AND BUDGET	POLICY AND EVALUATION	GRANT REVIEW
1. Beth, Chair (Bd. Chair) 2. Jerome 3. Chris 4. (local elected)	1. Becky, Chair (Bd. Vice Chair) 2. Sandra 3. Varun 4. Kendall 5. Moira	1. Varun 2. (local elected)
Staff: Alex Harris	Staff: Ruth Anne Walker	Staff: Eric Billings

DRAFT Member Liaison Assignments

Member	Assignments
Choudhary	1. Commonwealth Center for Children and Adolescents 2. Goochland-Powhatan CSB 3. Henrico Area Mental Health and Developmental Services 4. Region Ten CSB
Graser	1. Hanover County CSB 2. Middle Peninsula-Northern Neck CSB 3. Rappahannock Area CSB 4. Rappahannock-Rapidan CSB 5. Eastern Shore Community Service Board
Hilscher	1. Central State Hospital 2. Chesterfield County CSB 3. District 19 CSB 4. Eastern State Hospital 5. Hiram W. Davis Medical Center 6. Richmond Behavioral Authority 7. Western Tidewater CSB
Hughes	1. Alexandria CSB 2. Arlington County CSB 3. Loudoun County CSB
Lee	1. Crossroads Community Service Board 2. Danville-Pittsylvania Community Services 3. Horizon Behavioral Health 4. Piedmont CSB 5. Piedmont Geriatric Hospital 6. Southern Virginia Mental Health Institute 7. Southside CSB 8. Virginia Center for Behavioral Rehabilitation

Mazzi	<ol style="list-style-type: none"> 1. Northern Virginia Mental Health Institute 2. Fairfax-Falls Church CSB 3. Northwestern CSB 4. Prince William County CSB
Olio	<ol style="list-style-type: none"> 1. Virginia Beach CSB 2. Chesapeake Integrated Behavioral Healthcare 3. Colonial Behavioral Health 4. Hampton-Newport News CSB 5. Norfolk CSB 6. Portsmouth Department of Behavioral Healthcare Services 7. Southeastern Virginia Training Center 8. Catawba Hospital
Price-Stroble	<ol style="list-style-type: none"> 1. Alleghany Highlands CSB 2. Harrisonburg Rockingham CSB 3. Rockbridge Area CSB 4. Valley CSB 5. Western State Hospital
Vacant	<ol style="list-style-type: none"> 1. Blue Ridge Behavioral Healthcare 2. Cumberland Mountain CSB 3. Dickenson County Behavioral Health Services 4. Highlands CSB 5. Mount Rogers CSB 6. New River Valley Community Services 7. Planning District One Behavioral Health Services 8. Southwestern Virginia Mental Health Institute