

REGULAR MEETING

Wednesday, March 30, 2022

9:30 a.m. – 2:00 p.m.

DBHDS Central State Office, 13th Floor Large Conference Room, Jefferson Building
1220 Bank Street, Richmond, VA 23219

***This meeting will be in person with a physical quorum present, but electronic or phone connection is available:**
Join ZoomGov Meeting: <https://virginia-gov.zoomgov.com/j/1613541292> (this login is used for the Planning Committee)

Meeting ID: 161 354 1292

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By Phone: +1 646 828 7666 US
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1.	9:30	<p>Call to Order and Introductions</p> <p>Approval of March 30, 2022 Agenda ➤ <i>Action Required</i></p> <p>Approval of Draft Minutes Regular Meeting, September 29, 2021 Regular Meeting, December 8, 2021 ➤ <i>Action Required</i></p>	<p align="right">Elizabeth Hilscher <i>Chair</i></p>	<p align="center">4 19</p>
2.	9:35	<p>Public Comment (3 minute limit per speaker) <i>Verbal public comment will be received early in the meeting (see agenda for specific time). It is preferred that persons wishing to give comment submit an email to ruthanne.walker@dbhds.virginia.gov no later than 5:00 p.m. on March 29, 2022, 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 March 29, 2022. Public comment will not be accepted on petitions for rulemaking or regulatory actions in which the comment period has closed.</i></p>		
3.	9:45	<p>A. Regulations for Children’s Residential Facilities, 12VAC35-46.</p> <p>1. Initiate Proposed Stage for Action 5849: Amendments to align with the Family First Prevention Service Act (FFPSA). ➤ <i>Action requested.</i></p> <p>2. Initiate Periodic Reviews. ➤ <i>Action requested.</i></p> <p>B. Status: Operation of the Individual and Family Support Program, 12VAC35-230: Pending emergency authority; periodic review with action.</p>	<p align="right">Ruth Anne Walker <i>Director of Regulatory Affairs</i></p> <p align="right">Susan Puglisi <i>Regulatory Research Specialist</i> <i>Office of Regulatory Affairs</i></p>	<p align="center">29 40</p>

		C. Update: Regulatory Actions.		41
4.	10:00	Commissioner's Report	Nelson Smith <i>Commissioner</i>	
5.	11:00	Priority 4: Update on Efforts to Streamline the Discharge Process	Angela Harvell <i>Deputy Commissioner, Facility Services</i>	
6.	11:20	Follow Up: Staffing Initiatives	Stacy Pendleton <i>Chief Human Resources Officer</i>	
7.	11:40	Appointments to the State Human Rights Committee	Taneika Goldman <i>Human Rights Director</i>	43
8.	12:00	Lunch: Break and Collect Lunch		
9.	12:30	2022 Post-Session Updates A. Legislative B. Budget	Alex Harris, <i>Policy and Legislative Affairs Director</i> Amy Addington, <i>Financial and Policy Analyst</i>	
10.	12:50	Board Member Spotlight	Sandra Price-Stroble	
11.	1:00	Update: Virginia Association of Community Services Boards	Jennifer Faison <i>VACSB Executive Director</i>	
12.	1:30	Priority 3: Public Awareness	Lauren Cunningham <i>Communications Director</i> Alisha Anthony Jarvis <i>Mental Health First Aid Coordinator Office of Behavioral Health Wellness</i>	
13.	1:50	Committee Reports: A. Policy and Evaluation B. Planning and Budget	Alex Harris Ruth Anne Walker	18, 28 16, 26
14.	2:00	Miscellaneous A. Liaison Updates B. Other Business		
15.	2:10	Adjournment		

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

2022 MEETING SCHEDULE

DATE	Location
July 13 (Wed)	Central Office, DBHDS, Richmond
September 28 (Wed)	TBD
December 7 (Wed)	Central Office, DBHDS, Richmond

STATE BOARD OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

Regular Meeting

DRAFT MEETING MINUTES

9:30 a.m., Wednesday, September 29, 2021

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

Members Present	Elizabeth Hilscher, Chair; Rebecca Graser, Vice Chair; Paige Cash; Varun Choudhary (electronic); Kendall Lee; Christopher Olivo; Sandra Price-Stroble.
Members Absent	Jerome Hughes; Moira Mazzi.
Staff Present	<ul style="list-style-type: none"> • Emily Bowles, Office of Licensing Associate Director for Licensing, Regulatory Compliance, Quality and Training. • Heidi Dix, Deputy Commissioner, Division of Quality Assurance and Government Relations. • Taneika Goldman, Director, Office of Human Rights. • Alison Land, Commissioner. • Josie Mace, Legislative Affairs Manager. • Stacy Pendleton, Chief Human Resources Officer. • Susan Puglisi, Regulatory Research Specialist, Office of Regulatory Affairs. • Gail Maddox Taylor, Director, Office of Behavioral Health Wellness. • Ruth Anne Walker, Director, Office of Regulatory Affairs, and State Board Liaison.
Guests Present	Invited guests: Jennifer Faison, Executive Director, Virginia Association of Community Services Boards. Heather Anderson, Director of the Division of Primary Care, Office of Health Equity, Virginia Department of Health (VDH). Augustine W. Doe, Health Equity Specialist, VDH.

	<p>Anna Riggan, Social Epidemiologist/NHSC Site Support, Office of Health Equity, VDH. Julie Allen, Chair, State Human Rights Committee.</p> <p>Other Guests Physically Present: dLCV Interns: Taylor Easley; Sarah Meehan; Kat Webel.</p> <p>Other Guests Attended Electronically: Court Campbell; L. Cantrell; Sue Bergmann; Terri Gibbs; T. Haperman; Joshua Johnson; Elizabeth Lee; Kate Masters; Jason Pryor; Nicole (?); Scott Reiner; Katherine Rice; Pattie Schreeman; Aaron Smith; George Worthington; Kristin Zagar; unknown (804.---.522).</p>
<p>Call to Order and Introductions</p>	<p>At 9:33 a.m., Elizabeth Hilscher, Chair, called the meeting to order and welcomed everyone. Ms. Hilscher noted that with the end of the Governor’s State of Emergency, the meeting was held under the established requirements of Virginia’s Freedom of Information Act with a physical quorum present, but other board members and the public are able to participate electronically or by phone. As such, roll call attendance and votes would not need to be taken. A quorum of six members was physically present, and a seventh member participated electronically.</p> <p>The meeting packet of information was located on Virginia’s Town Hall. Members and staff introduced themselves.</p>
<p>Approval of Agenda</p>	<p><i>At 9:37 a.m. the State Board voted to adopt the September 29, 2021, agenda. On a motion by Kendall Lee and a second by Sandra Price-Stroble, the agenda was approved as amended.</i></p>
<p>Approval of Draft Minutes</p>	<p>Biennial Planning Meeting, July 27, 2021 <i>At 9:39 a.m., on a motion by Kendall Lee and a second by Sandra Price-Stroble, the minutes were approved as final.</i></p> <p>Nominating Committee Meeting, July 27, 2021 <i>At 9:40 a.m., on a motion by Becky Graser and a second by Kendall Lee, the minutes were approved as final.</i></p> <p>Regular Meeting, July 28, 2021 <i>At 9:41 a.m., on a motion by Paige Cash and a second Christopher Olivo, the July minutes were approved as final.</i></p>
<p>Public Comment</p>	<p>At 9:42 a.m., Ms. Hilscher stated a period for public comment was included on the draft agenda, and that an opportunity was available for anyone wishing to give verbal or written comments needed to email by 8 a.m. on September 29, 2021. No</p>

	<p>comments were received, and no one in attendance wished to give comment.</p>
<p>Regulatory Actions</p>	<p>Regulatory Actions At 9:45 a.m., Ms. Hilscher directed all to turn to page 36 in the packet. She introduced all DBHDS staff on to assist with the presentation of the regulator actions: Ruth Anne Walker, Regulatory Affairs Director and State Board Liaison; Susan Puglisi, Regulatory Research Specialist in the Office of Regulatory Affairs; and Emily Bowles, Office of Licensing Associate Director for Licensing, Regulatory Compliance, Quality and Training.</p> <p>A. Emergency/Notice of Intended Regulatory Action</p> <p>1. Regulations for Children’s Residential Facilities, 12VAC35-46: QRTP. Ms. Puglisi provided background on the emergency action and a notice of intended regulatory action to promulgate permanent regulations through the standard process. The action was mandated by the 2021 General Assembly to promulgate regulations to amend the DBHDS Regulations for Children’s Residential Facilities to align with the requirements of the federal Family First Prevention Service Act. The Family First Prevention Services Act seeks to curtail the use of congregate or group care for children and instead places a new emphasis on family foster homes. With limited exceptions, the federal government will not reimburse states for children placed in group care settings for more than two weeks. For those limited exceptions the placement must be in an approved setting, known as qualified residential treatment program or QRTP. A QRTP must use a trauma-informed treatment model and employ registered or licensed nursing staff and other licensed clinical staff. The child must be formally assessed within 30 days of placement to determine if his or her needs can be met by family members, in a family foster home or another approved setting. These regulations formalize the requirements of QRTPs. QRTP requirements will be a new licensure category and therefore the regulatory requirements will not apply to all children's residential facilities. The department received input from the Department of Social Services (DSS) and the Department of Medical Assistance Services (DMAS) in the development of this action.</p> <p>Also, it is noteworthy that the Family First Prevention Services Act adds a strong emphasis on prevention services. One of</p>

the major areas this legislation seeks to change is the way Title IV-E funds can be spent by states. Title IV-E funds previously could be used only to help with the costs of foster care maintenance for eligible children; administrative expenses to manage the program; and training for staff, foster parents, and certain private agency staff; adoption assistance; and kinship guardianship assistance. With the Family First Prevention Services Act states, territories, and tribes with an approved Title IV-E plan have the option to use these funds for prevention services that would allow “candidates for foster care” to stay with their parents or relatives. States will be reimbursed for prevention services for up to 12 months. A written, trauma-informed prevention plan must be created, and services will need to be evidence-based.

At 9:50 a.m., on a motion by Varun Choudhary, and a second by Dr. Cash, the emergency amendments to Chapter 46 were adopted and initiation of the emergency/NOIRA was authorized.

B. Initiate Periodic Review:

1. 12 VAC 35-105 Rules and Regulations for Licensing Providers by the Department of Behavioral Health and Developmental Services.

Ms. Puglisi provided a background summary of the regulatory periodic review process all state agencies must ensure occurs for each regulation every four years, and background on this regulation, and gave an update on the ‘overhaul’ of the licensing regulations started after the last periodic review when DBHDS determined that the Licensing regulations should be amended and determined a large regulatory overhaul should be undertaken. It was decided to split up the licensing regulations into six chapters based on service settings, with a general chapter that applies to all providers and the following service specific chapters: residential, center based, home/non-center based, case management, and crisis. The [general](#), [residential](#), and [home/non-center based](#) draft chapters have been published for public comment and responses to those comments are under development. The draft center based chapter was recently completed and DBHDS hopes to publish it for public comment this fall. The case management chapter is currently being drafted, and the crisis chapter will be the final to develop. DBHDS hopes to have all chapters drafted and published for public comment by early next year. Then a formal regulatory action to promulgate the regulations will be brought to the board.

	<p>At 9:55 a.m., upon a motion by Ms. Price-Stroble and a second by Dr. Lee, the State Board voted unanimously by roll count to authorize the initiation of a periodic review of Chapter 12, 190, 200, and 210.</p> <p>C. General Update – Regulatory Matrix Ms. Walker referenced the matrix on page 34.</p>
<p>Commissioner’s Report</p>	<p>At 10 a.m., Commissioner Allison Land updated board members on a number of agency matters and initiatives.</p> <ol style="list-style-type: none"> 1. Current DBHDS facility COVID cases. 2. Status of state hospital civil TDO admission closures (all state hospitals are now open.) 3. Picture of bed census given staff shortages. 4. Reduced capacity due to staff loss at the Commonwealth Center for Children and Adolescents (CCCA), effective June 30, 2021 (total of 18 beds) and a related partnership with Children’s Hospital of the King’s Daughters (CHKD) to divert admissions. 5. Challenging staffing levels across all state facilities. 6. Finding solutions for patients with dementia. 7. Behavioral health system transformation. <p><i>(Presentation available upon request.)</i></p> <p>Ms. Hilscher asked about the changing workforce issues depending on institutional versus community settings. Dr. Lee asked about COVID-19 trends and testing. Ms. Price-Stroble noted the commissioner’s presentation to the Joint Subcommittee to Study Mental Health Services in the Twenty-First Century. Ms. Hilscher about the greater imbalance of staffing at CCCA versus the other state hospitals, and how to maintain the facility financially when the number of filled beds gets so low. She also expressed that her impression of the system is that it is still very heavily institutionally based with the most serious cases, and how that ties to STEP-VA and the need for more community based services. Ms. Graser asked about diversion programs and CIT.</p> <p>Ms. Hilscher thanked Ms. Land for her time.</p>
<p>State Human Rights Committee</p>	<p>At 11:06 a.m., Taneika Goldman, Director, Office of Human Rights, introduced the SHRC Chair, Julie Allen, who gave brief remarks.</p> <p>Ms. Allen expressed appreciation of the support of the board, including visits by board members in recent years. The SHRC is comprised of very compassionate people who are committed to</p>

ensure rights are maintained at the local level and that the appeals process works as it should.

Mrs. Goldman reviewed the 2020 Annual Report including:

1. The history and authority of the human rights structure in the system through the Code of Virginia and regulations, the basic function and mission of the program, and the eight meetings held in the past year. SHRC members are appointed by the State Board and they, along with the State Human Rights Director, have a dotted line to the commissioner. Each of the nearly 100 citizen volunteers on the 17 local human rights committees are appointed by the SHRC. Eight meetings of the SHRC were held in 2020.
2. The goals and activities in the SHRC 2020 Work Plan, which include reviewing the quality of treatment and limitations of services in the system. Recognizing the treatment environment in state facility settings as among the most restrictive in the system, the SHRC continued quarterly focused review of data, trending information for seclusion and restraint, abuse, neglect, exploitation, and human rights complaints.
3. The mission of the office is based on the promotion of the basic precepts of human dignity. Human Rights staff totals (31 full-time and 2 part-time) and functions across the system including ensuring the rights of individuals; representing individuals making complaints; trying to prevent, correct, and mitigate violations; providing training to individuals, families, and providers. There are facility-based advocates, community-based advocates, and three developmental disability-specific advocates in the community.
4. Operationalizing the way complaints are triaged to prioritize the more serious incidents through the AIM process (Assessing and ensuring safety; Initiating the process; Monitoring provider follow up). Every complaint is reviewed by an advocate.
5. Analysis of both facility and community data and statistics on human rights complaints; violations; allegations of abuse, neglect or exploitation; substantiated cases; and level of resolution. A total of 9,294 individuals received services in state hospitals and centers. There were 1,510 complaints in state facilities, with about 3 percent found to be substantiated. There were 2,681 allegations of abuse, neglect, or exploitation, also with about 3 percent found to be substantiated. There were 208,525 unduplicated individuals that received services from community services boards, and thousands of additional individuals receiving services from

	<p>other providers of services licensed by DBHDS. There were 839 complaints in the community with about 12 percent determined as founded. There were 10,356 allegations of abuse, neglect, or exploitation, with about 8 percent were found to be a violation.</p> <p>Mrs. Goldman surmised that if responsiveness to individual complaints is an indicator of the system’s success, then because the overwhelming majority of cases were resolved at the lowest level rather than advancing to the SHRC, it indicates a highly effective system. The SHRC is made up of nine volunteer members appointed by the State Board. Mrs. Goldman expressed tremendous gratitude to the SHRC members in support of the human rights program and individuals receiving services. She also acknowledged hard work of the staff and volunteers, and the support from the State Board.</p> <p>Ms. Hilscher stated that the resolution statistics shows overwhelming success. She felt that the work of the office is often overlooked, yet it is so important.</p> <p>Following the presentation, the board took a brief break.</p>
<p>Update on Prevention Services</p>	<p>At 11:30 a.m., Gail Maddox Taylor, Director of the Office of Behavioral Health Wellness, gave an overview of Virginia’s approach to prevention. The guiding principles that drive strategy development are that substance use disorders and mental illness are community issues that require a response across the lifespan, and trauma is a gateway to many life challenges. There is a focus for prevention practices to use evidence-based planning models, including the SAMHSA strategic prevention framework (SPF), which is an outcome-based planning model. Ms. Maddox Taylor covered areas of prevention work around core areas of: assessment, capacity building, planning, implementation, and evaluation. Other topics covered included the Virginia Social Indicator Dashboard, the Virginia State Epidemiological Outcomes Workgroup, priority prevention strategies of the DBHDS Office of Behavioral Health and Wellness, the impact of emerging issues as well as trauma experiences. Community planning cuts across sectors. Much work is done via funding received through the federal (SAMHSA) Substance Abuse Prevention Block Grant, including workgroup. Virginia’s evidence-based workgroup that focuses on prescription medications. Other block grant efforts include adverse childhood experiences (ACES) interface, and youth tobacco use (Synar Initiative). Other initiatives include prescription drug drop boxes, suicide prevention, mental health first aid, behavioral health</p>

	<p>equity summits, aids for individuals for whom English is a second language, and targeting refugee populations.</p> <p>Ms. Hilscher complimented and thanked Ms. Maddox Taylor on all she and her office address and accomplish in their work.</p>
<p>BREAK for Lunch, 30 minutes</p>	<p>At 12:09 p.m., Ms. Hilscher suspended the meeting for a 30 minute lunch break, reconvening at 12:31 p.m.</p>
<p>Board Topic of Interest: Health Equity</p>	<p><i>At 12:31 p.m., Ms. Hilscher reconvened the meeting.</i></p> <p>Ms. Hilscher welcomed three staff from the Virginia Department of Health: Heather Anderson, Director of the Division of Primary Care, Office of Health Equity; Mr. Augustine Doe, Health Equity Specialist; and Ms. Anna Riggan, Social Epidemiologist/NHSC Site Support, Office of Health Equity. Staff explained the Office of Health Equity is organized around three divisions: multicultural health and community engagement; primary care and rural health; and social epidemiology and data.</p> <p>In the latter, the goal is to advance health equity through data analysis. The influence of COVID-19 isolation on mental health has resulted in anxiety and depressive symptoms increasing as much as four times what was reported in the week of 2019 in the CDC Morbidity and Mortality Weekly Report, June 2020. There are racial and ethnic disparities in the increased prevalence of adverse mental health events. Current mitigation strategies center mainly on incentive programs for provider recruitment and retention. Incentive programs are currently being expanded, beyond the longstanding National Health Service Corps (NHSC), State Loan Repayment Program (SLRP), and Conrad 30 J-1 Visa Waiver options, with a direct focus on behavioral health.</p> <p>The office also works to advance health equity through primary care and rural community engagement programs. Rural health programs target the health workforce, the Medicare Rural Hospital Flexibility Program, the Small Rural Hospital Improvement Program, and the Virginia State Rural Health Plan. In regard to the health workforce, the 2021 General Assembly established a \$1.6 million Virginia Behavioral Health Loan Repayment Program (BH-LRP) to help recruit and retain behavioral health professionals to practice in underserved areas of the Commonwealth or provide counseling and treatment to underserved populations. This program will repay a portion of an eligible BH professional's student loan debt. In return, recipients</p>

	<p>commit to practicing in Virginia for a minimum of two years at an eligible site.</p> <p>Staff reported that the definition of ‘health equity’ is ‘when all people and communities have the opportunity to attain their full potential and highest level of health.’ They reviewed social determinants of health and touched on ‘cultural humility.’</p> <p>Ms. Hilscher thanked the presenters.</p>
<p>Committee Reports</p>	<p>At 1:00 p.m., Ms. Hilscher called for the reports of the committees.</p> <p>A. Policy Development and Evaluation Rebecca Graser, Board Vice Chair and Committee Chair stated that Craig Camidge, Director of the Office of Enterprise Management Services, presented to the committee on State Board Policy 1034(SYS)05-1: Partnership Agreement. Josie Mace, Legislative Affairs Manager, reported that the information on State Board Policy 1030(SYS)90-3: Consistent Collection and Utilization of Data in State Facilities and Community Services Boards was deferred to the December meeting as the lead staff was not able to attend.</p> <p>All board policies are posted on the agency web site: https://dbhds.virginia.gov/about-dbhds/Boards-Councils/state-board-of-BHDS/bhds-policies.</p> <p>B. Planning and Budget Ms. Hilscher reported that the committee reviewed the chart of Planned State Board Meeting Topics for the December meeting and all 2022 meetings, the quarterly budget report, and received a presentation from Amy Addington, , on final actions by the 2021 General Assembly Special Session II in regard to American Rescue Plan Act of 2021 (ARPA) federal funding. DBHDS grant staff will present to the full board on all federal grant funding in December.</p>
<p>Update: Virginia Association of Community Services Boards (VACSB)</p>	<p>At 1:10 p.m., Jennifer Faison, VACSB Executive Director, reported on the association’s biennium budget priorities, framed around the theme of ‘all of us first,’ referring to the need to prioritize the entire public system for behavioral health and developmental disability services, as well as the individuals served in the system. VACSB is advocating that for every dollar invested in state facilities, at least an equal investment needs to be made in community-based care, in order to benefit the individuals served. Specific areas addressed in the priorities are:</p> <ul style="list-style-type: none"> • Addressing the CSB workforce crisis.

	<ul style="list-style-type: none"> • Continued STEP-VA funding. • Developmental Disability (DD) Waiver provider rebase for reimbursement rates. • Priority one wait list for DD Waiver services. • Permanent supportive housing. <p>Ms. Hilscher commented that the money doesn't go very far when divided across 40 CSBs. She thanked Ms. Faison for her presentation.</p>
<p>Human Resources Management and Development: Interface with Higher Education</p>	<p>At 1:33 p.m., Stacy Pendleton, Chief Human Resources Officer, updated members on a number of workforce development initiatives. DBHDS partners with a variety of academic entities (colleges, universities, community college system, technical schools, medical academies and career centers) and areas of specialty include:</p> <ul style="list-style-type: none"> ▪ Nursing ▪ Social Work Clinical Mental Health Counseling ▪ Occupational Therapy ▪ Psychology <p>The Career Pathways Program is intended to increase the overall competency level of staff, lead to a more positive work place environment, raise morale, and improve both recruitment and retention. It is structured in three tiers that provide increasing advancement opportunities as a direct support professional (DSP).</p> <p>A new initiative, the seven-month Recovery Leadership Academy (modeled after the DBHDS SystemLEAD program) started in February 2021 with twelve emerging leaders and twelve mentors, all of whom are in recovery. Training was across eight seven-hour virtual training sessions over the course of eight months to earn 56 continuing education hours.</p> <p>The Health Sciences Workforce Highway, funded through the Claude Moore Charitable Foundation and facilitated by former Secretary of Health and Human Resources, Dr. Bill Hazel, is designed to enable continuous learning from middle school through professional education to 'upskill' in different phases of life.</p> <p>Other state agencies partner with DBHDS in different ways including the Virginia Community College System (VCCS) Fast Forward Program; the Department for Aging and Rehabilitative Services (DARS); the Department of the Blind and Vision</p>

	<p>Impaired (DBVI) Paid Work Based Learning Program; and the Virginia Department of Veterans Services (DVS) Virginia Veterans and Military Families and the Military Medics and Corpsmen Program (MMAC).</p> <p>Within DBHDS, the SystemLEAD lasts nine months and is a long-term organizational strategy to instruct leaders on effective management principles and skills to be successful agents of change in the public sector.</p> <p>Virginia Public Sector Leadership (VPSL) has three levels and is designed to grow leadership competencies within an organization.</p> <p>The average age of DBHDS employees is 46 years with 9.5 years of service.</p> <p>Ms. Cash thanked Ms. Pendleton for the presentation; it answered all her questions.</p>
<p>Board Member Spotlight (New)</p>	<p>At 2 p.m., Ms. Hilscher stated that since Moira Mazzi was not able to attend, that she would give her own spotlight. She serves on the board as the result of a long road after losing her daughter, Emily Jane, in the tragedy at Virginia Tech on April 16, 2007. Emily was an animal and poultry major with the hope of becoming a veterinarian. Her older daughter Erica, a psychology major at Longwood at the time, said the family needed to do something. Ms. Hilscher and Erica have focused on improving the mental health system, beginning with mental health parity as part of overall health. They trained on how to lobby, lobbied the General Assembly, educated themselves on both the history of mental health care in this country and Virginia's ranking in April 2007 (47th). The two of them made many calls and knocked on a lot of doors. Ms. Hilscher served on the board of Piedmont Regional Educational Program (PREP provides special education programming and related services to nine school districts under an umbrella of a regional program), and oversees the operation of Ivy Creek School for students with an emotional disability. She learned more about mental illness through those activities. Professionals at Ivy Creek School offered to write a pilot program for transitions services for students with emotional and behavioral disabilities which would act as a bridge for students who graduate out of high school. She feels there is still a dearth of programs that help transition to adult programs. Senator Deeds and former Delegate Toscano took up the pilot in a budget amendment; however, it was not funded. But, that effort did allow for another platform for raising issues. Ms. Hilscher was invited five years</p>

	<p>ago to serve on the State Board of BHDS. She feels very strongly that there must be more focus on prevention and early intervention in order to reduce crisis. Mental health is a crisis-based system presently. She has great concern for children.</p> <p>She suffered the worst loss she could imagine, and the stoicism she learned from her father, a Navy veteran, has helped her greatly. Prior to losing her daughter, she suffered from anxiety and depression. The trauma of the loss only exacerbated the diagnoses. She also works to lobby against stigma, and for those who have experienced trauma. She tries to do one positive thing every day for her own mental health. She is very proud of Erica, who is a counselor for children. They both are dedicated to making the world a better place.</p> <p>Ms. Hilscher is an interior designer, she does building design, and owns a small construction company with her husband, Eric. She is also a master naturalist and gets excited about bugs, and is a certified permaculturist. This involves training in patterning sustainable environments based on the patterns of nature (sustainable farms and homes). For example, she has an edible forest in her front yard without any grass. There are 12 principles in permaculture, and they can translate to sustainability as an individual as well as creating sustainable environments.</p> <p>She and her husband love sailing. They own a 42 foot two-masted gaff rigged wooden schooner. As a result, she has a lot of experience in sanding and painting.</p>
<p>Miscellaneous</p>	<p>A. Letter to the Governor At 2:05 p.m., Ms. Walker reported that the board’s letter was sent on August 31, 2021, internally for arrival the first week of September.</p> <p>B. Meeting Planning Board members reviewed a draft 2022 Planned State Board Meeting Topics chart. Ms. Walker reviewed that the commissioner tends to cover state hospital and community based supports, but topics for presentations are arranged to cover the board’s adopted priorities and other topics of interest. The Planning and Budget Committee will continue to refine it, but the board was asked to endorse it. Ms. Hilscher reminded members to let her know of any other topics they wished to hear about.</p> <p>C. Annual Executive Summary Board members would receive a draft revised summary in advance of the December meeting.</p>

Other Business	<p>DRAFT Resolution Commending the State Hospital Staff In response to Moira Mazzi’s suggestion, Ms. Hilscher distributed a draft resolution for the board’s consideration. Members were asked to send any suggested edits to Ms. Walker by Monday, October 25, 2021.</p>
Adjournment	<p>Ms. Hilscher thanked Karen Dyer and Susan Puglisi, and IT staff support for all their help staffing the board meeting.</p> <p>There being no other business, Ms. Hilscher adjourned the meeting at 2:20 p.m.</p>

CONCURRENT COMMITTEE MEETINGS

Wednesday, September 29, 2021 8:30 a.m. – 9:45 a.m.
DBHDS Central Office, 13th Floor Large Conference Room, Jefferson Building
1220 Bank Street, Richmond, VA

STATE BOARD OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

Planning and Budget Committee

DRAFT MINUTES

September 29, 2021

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

Members Present: Elizabeth Hilscher, Board and Committee Chair; E. Paige Cash; Christopher Olivo.

Members Absent: Jerome Hughes.

Staff Present: Amy Addington; Susan Puglisi; Ruth Anne Walker.

I. Call to Order

A quorum being present, at 8:34 a.m., Elizabeth Hilscher, Chair, called the meeting to order.

II. Welcome and Introductions

Ms. Hilscher welcomed all present, and acknowledged the staff present.

III. Adoption of Minutes, July 28, 2021

On a motion from Christopher Olivo and a second from Paige Cash the meeting minutes from July 28, 2021, were adopted unanimously.

IV. 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. Planned General Assembly Legislative and Budget Update

At 8:35 a.m., Amy Addington, Finance and Policy Analyst, in the Office of Budget Development, provided a review of final actions of the 2021 Special Session II of the General Assembly. In FY 2022, \$45 million was allocated for bonuses to direct care staff in DBHDS state facilities. Personal protective equipment at state facilities was funded in FY 2022 at \$1.2 million. Another \$50 million in FY 2022 was allocated for renovation or replacement of ventilation and water or sewer systems at state facilities.

A language change for community providers in effect through June 2022 states “lack of adequate staff” in reference to any evacuation plan, that “*DBHDS shall interpret Standard 12VAC35-105-530 E. to include "lack of adequate staff" as one of the conditions which can jeopardize the health, safety or welfare of individuals and/or employees to permit implementation of the emergency evacuation plan....DBHDS shall, if necessary, increase the licensed capacity for a minimum of six months for any location within 24 hours of receiving notice either verbally or via electronic communication to ensure that compliance is maintained with Department of Medical Assistance Regulation 12VAC30-122.*”

Other changes for community providers were:

- 12.5% rate increase ongoing for Home and Community Based Services (HCBS Medicaid Waiver).
- \$10 million for continued expansion of community-based crisis services (mobile crisis services, crisis receiving facilities, etc.).
- \$5 million to expand substance use disorder treatment services.
- A dementia pilot program was funded in FY 2022 at \$1.65 million to expand a pilot program to serve approximately 60 individuals diagnosed with dementia (diverting from state hospitals).
- Grants to VARR: \$10 million to make grants to members of the Virginia Association of Recovery Residences (VARR) for recovery support services.
- Permanent Supportive Housing Funding: \$5 million for permanent supportive housing in Northern Virginia to assist with bed crisis at state facilities.

B. State Board Budget Quarterly Report.

Ms. Addington shared that the year-to-date spending since July 1, 2021, was 15% of the overall budget, and up from last year’s pandemic-impacted spending.

- V. Semi Annual Federal Grant Report:** *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. [Office of Fiscal and Grants Management](#)*

There were no updates on this topic except that the semi-annual update would be provided to the board in December.

VI. Other Business

There was no further business.

VII. Next Steps:

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

The changes to the topics chart would be reviewed on in the regular meeting.

B. Next Meeting: December 8, 2021.

VIII. Adjournment

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

STATE BOARD OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

Policy and Evaluation Committee

DRAFT MINUTES

SEPTEMBER 29, 2021

8:30-9:25 AM

DHBDS, 4TH FLOOR NORTH SUITE CONFERENCE ROOM,
JEFFERSON BUILDING, 1220 BANK STREET, RICHMOND, VA 23219

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

Members Present: Rebecca Graser, Vice Chair and Committee Chair; Varun Choudhary; Kendall Lee; Sandra Price-Stroble.

Members Absent: Moira Mazzi.

Staff: Craig Camidge, Director, Office of Enterprise Management Services; Josie Mace, Legislative Manager and committee staff; Chaye Neal-Jones, Project Manager/Program Administrator, Office of Enterprise Management Services (OEMS), DBHDS

Guests: None.

I. Call to Order

Kendall Lee called the meeting to order at 8:42 AM.

II. Welcome and Introductions (5 min)

Dr. Lee welcomed all present, and the committee members introduced themselves. Ms. Graser joined the meeting and presided.

Dr. Lee made a motion to approve the minutes as amended. The motion was seconded by Moira Mazzi. The minutes were approved unanimously by voice vote.

III. Review of 2021 Policy Review Plan and Presentation of Policies for Discussion (30 min)

A. 1030(SYS)90-3: Consistent Collection and Utilization of Data in State Facilities and Community Services Boards (TBD)

Josie Mace alerted committee members that the subject matter expert for this policy was unable to attend and background on the policy would be discussed at the December 8, 2021, meeting instead.

B. 1034(SYS)05-1: Partnership Agreement (Craig Camidge)

Craig Camidge and Chaye Neal-Jones presented on the background of policy 1034 (SYS) 05-1: Partnership Agreement. Ms. Mace will discuss Mr. Camidge's and Ms. Neal-Jones' suggested revisions and share with board members before the next meeting.

IV. Next Meeting: December 8, 2021

V. Other Business

There was no new business.

VI. Adjournment

Ms. Graser adjourned the meeting at 9:17 AM.

All current policies of the State Board are on the agency web site at this address:

STATE BOARD OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

Regular Meeting

DRAFT MEETING MINUTES

9:30 a.m., Wednesday, December 8, 2021

This meeting was held in person

without a physical quorum present (no business was conducted),

with electronic or phone connection available. A recording of the meeting is available.

Members Present	<u>Physically present:</u> Elizabeth Hilscher, Chair; Rebecca Graser, Vice Chair; Kendall Lee; and Christopher Olivo. <u>Electronically present:</u> Varun Choudhary; Moira Mazzi; and Sandra Price-Stroble.
Members Absent	Paige Cash; Jerome Hughes.
Staff Present	<ul style="list-style-type: none"> • Amy Addington, Financial and Policy Analyst, Finance Division. • Eric Billings, Deputy Director of Fiscal and Grants Management. • Ramona Howell, Federal Grants Manager, Office of Fiscal Services and Grants Management. • Lisa Jobe-Shields, Assistant Commissioner, Community Services, Division of Community Behavioral Health

	<ul style="list-style-type: none"> • Alison Land, Commissioner. • Josie Mace, Legislative Affairs Manager. • Nina Marino, Director, Office of Child and Family Services. • Meghan McGuire, Chief Public Relations Officer. • Susan Puglisi, Regulatory Research Specialist, Office of Regulatory Affairs. • Ruth Anne Walker, Director, Office of Regulatory Affairs, and State Board Liaison.
Guests Present	<p>Invited guests: Jennifer Faison, Executive Director, Virginia Association of Community Services Boards.</p> <p>Other Citizens Electronically Present: Court Campbell; L. Cantrell; Sue Bergmann; Terri Gibbs; T. Haperman; Joshua Johnson; Elizabeth Lee; Kate Masters; Jason Pryor; Nicole (?); Scott Reiner; Katherine Rice; Pattie Schreeman; Aaron Smith; George Worthington; Kristin Zagar; unknown (804.---.-522).</p>
Call to Order and Introductions	<p>At 9:30 a.m., Elizabeth Hilscher, Chair, called the meeting to order and welcomed everyone. Ms. Hilscher noted that with the end of the Governor’s State of Emergency, the meeting was held under the established requirements of Virginia’s Freedom of Information Act. <i>A quorum of five members was not physically present; therefore, no business was conducted. The meeting continued for informational purposes only.</i> The public was able to participate electronically, by phone, or physically present.</p> <p>The meeting packet of information was located on Virginia’s Town Hall. Members and staff introduced themselves.</p>
Approval of Agenda	<i>Due to a lack of a quorum, the agenda was not adopted.</i>
Approval of Draft Minutes	<i>Due to a lack of a quorum, the regular minutes from September 29, 2021, were not adopted.</i>
Public Comment	<p>At 9:35 a.m., Ms. Hilscher stated a period for public comment was included on the draft agenda, and that an opportunity was available for anyone wishing to give verbal or written comments needed to email by 5 p.m. on December 8, 2021. No comments were received, and no one in attendance wished to give comment.</p>
Regulatory Actions	<p>D. Update: Regulatory Actions</p> <p>At 9:40 a.m., Ruth Anne Walker reviewed the matrix on page 20.</p>

	<p>E. Initiate Periodic Reviews: <i>Due to a lack of a quorum, the two regulatory items were not acted upon. An additional meeting was planned for January 7, 2022, to initiate periodic reviews of Regulations for Children’s Residential Facilities, 12VAC35-46; and Operation of the Individual and Family Support Program, 12 VAC 35-230. [Note: Due to inclement weather the January meeting was canceled; the periodic reviews will be initiated at the meeting on March 30, 2022.]</i></p> <p>F. Response to Periodic Review: ‘Overhaul’ of Rules and Regulations for Licensing Providers by the Department of Behavioral Health and Developmental Services [12VAC35-105] (“Licensing Regulations”) to Service Specific Chapters.</p> <p>1. Status Update At 9:45 a.m., Susan Puglisi reported on the status of the drafting project overall. She has been reviewing comments on the general, residential, and home/non-center based draft chapters and developing responses to those comments.</p> <p>2. Overview: General Chapter Ms. Puglisi provided a detailed explanation of the ‘overhaul’ draft general chapter that applies to all providers and the following service specific chapters: residential, center based, home/non-center based, case management, and crisis.</p>
<p>Commissioner’s Report</p>	<p>At 10:10 a.m., Commissioner Allison Land updated board members on a number of agency matters and initiatives.</p> <p>8. State hospital bed census.</p> <p>9. Finding solutions for patients with dementia.</p> <p>10. Partnerships for children and adolescents for mental health services, and also for the adult population needing mental health services. She also spoke about lessons learned regarding private provider partnerships for services.</p> <p>11. Details about the workforce shortages, and strategies to retain staff long-term.</p> <p>12. Rebalancing of the behavioral health system including Project BRAVO, crisis services, implementation of the Marcus Alert, and preventing substance use disorders.</p> <p>13. DOJ challenges and strategies.</p>
<p>Pandemic Impacts on Children and Adolescents</p>	<p>At 11:35 a.m., Nina Marino presented to members on the current national emergency in youth mental health due to COVID 19. The presentation including information on vulnerable populations, lack of internet access for telehealth,</p>

	<p>reduction in visitation and efforts to strengthen family ties for youth in foster care due to lack of virtual technology and in person visits, increases in child abuse, and challenges with remote learning and return to school.</p> <p>Almost 90% of providers reported seeing more patients that are presenting with behavioral health symptoms since June 2020; including 52.05% who reported seeing patients with behavioral issues that were not previously present The majority of patient behavioral health symptoms reported by providers were anxiety, depression, suicidality, ADHD, and eating disorders. (Virginia American Academy of Pediatrics Survey 2021) National data shows the same trends.</p> <p>Services in Virginia for Early Intervention showed a reduction in the number of children served in state fiscal year 2021; however, the number is increasing and now exceeds the pre-COVID child count in November 2019. This is due in part to a 12.5% temporary rate increase for services.</p> <p>There has been a multi-leveled response to the crisis through the Consolidated Appropriations Act of 2021, the American Rescue Plan Act of 2021, and DBHDS Office of Child and Family Services initiatives.</p>
<p>Update: STEP-VA. Implemented Steps and Next Steps; Shoring Up Virginia’s Crisis System</p>	<p>Lisa Jobe-Shields updated the board on STEP-VA, including an overview of funding and an implementation timeline, and focus areas for upcoming year. Specifics were provided on the crisis system transformation using the Crisis Now model, and how that intersects with the Marcus Alert and Project BRAVO.</p>
<p>BREAK for Lunch, 30 minutes</p>	<p>At 12:03 p.m., Ms. Hilscher suspended the meeting for a 30 minute lunch break, reconvening at 12:30 p.m.</p>
<p>2022 General Assembly Update</p>	<p>Josie Mace summarized legislative preparations to date, and indicated legislative activity is expected regarding state hospital census and custody during the TDO process; community services; operational efficiency; and forensic services.</p> <p>Amy Addington explained detailed information about budget requests and provided a total budget overview.</p>
<p>Committee Reports</p>	<p><i>At 12:50 p.m., Ms. Hilscher reported that due to the lack of a quorum in both committees, no business was conducted.</i></p>

	<p>C. Policy Development and Evaluation <i>Due to a lack of a quorum, there was no formal report.</i> Rebecca Graser, Board Vice Chair and Committee Chair, stated that the members discussed the agenda for the next meeting: State Board Policy 1034(SYS)05-1: Partnership Agreement (a presentation was received in September) and State Board Policy 1030(SYS)90-3: Consistent Collection and Utilization of Data in State Facilities and Community Services Boards (a presentation is expected at the next meeting).</p> <p>All board policies are posted on the agency web site: https://dbhds.virginia.gov/about-dbhds/Boards-Councils/state-board-of-BHDS/bhds-policies.</p> <p>D. Planning and Budget <i>Due to a lack of a quorum, there was no formal report.</i></p>
<p>Update: Virginia Association of Community Services Boards (VACSB)</p>	<p>At 1:00 p.m., Jennifer Faison, VACSB Executive Director, reported on the association’s priorities going into the 2022 Session of the General Assembly, including workforce shortages as the top priority. There is a four-prong strategy to address that priority: bonuses, critical supervision by licensed clinicians, loan repayment for professionals in the behavioral health field, and educational scholarships.</p> <p>There were other budget priorities. CSB call centers to support the Marcus Alert initiative were up on December 1, 2022. The integration of the data platform has had some challenges, but that is to be expected and all were working toward resolution.</p> <p>The service system for individuals for developmental disabilities must stay at the forefront of priorities even in the midst of the significant changes coming online or planned for the behavioral health service system.</p> <p>Dr. Choudhary emphasized agreement with the statement about not neglecting DD services, particularly the Medicaid Waiver waitlist, and also services for those on the autism spectrum. Ms. Mazzi thanked Ms. Faison for the advocacy work she does, and feels everything stated as priorities and strategies is ‘spot on.’</p>
<p>Board Member Spotlight (New)</p>	<p>At 1:33 p.m., Moira Mazzi gave background to the board on what drove her involvement in mental health issues. She serves on the board as a family member of an individual who has or is receiving services, namely, her brother who is three</p>

	<p>years older than she. He was diagnosed with schizophrenia at 21 years old. A younger half-brother was diagnosed with schizoaffective disorder, and unfortunately, he committed suicide five years ago. A couple other family members also committed suicide. Therefore, it really hits home when hearing of the funding and service needs, especially for those who, like her brothers, were not aware they were ill and not actively seeking treatment. The impact on the family and household can be significant and very disruptive as families try to get help for loved ones.</p> <p>Due to her family experience, after college she chose to become a mental health tech in a hospital. She thought it was a good fit because she treated everyone as a family member. She returned from NM to help her brother who continued to struggle. Later, she became a school teacher, and has been teaching in Virginia and Washington, DC, for about 15 years. With the return from the pandemic, she has seen an increase of the following in students: stress, anxiety, fighting, and procrastination with work (hard to focus from stress).</p> <p>She has a side job where she babysits for a family of four children under four years old, and two of the children are twins that have developmental delays due to being born early. This was her first direct exposure to the level of support individuals and a family in that situation needs to navigate care for the children with DD, and the impact on the family as a whole family.</p> <p>Across her life with her brother, with whom she is close, to witnessing the impact of the pandemic on her students, and seeing the family support two young children with DD, it gives her a lot of passion to continue to advocate for the individuals needing services and their families.</p> <p>Ms. Mazzi has two children, both in college. One is a freshman at Dickenson College and one is a junior at St. John's College. She enjoys cycling and dancing, a lot of Netflix shows, cooking, and reading. Also, her two cats and three dogs keep her busy. She is happy to report her brother has been feeling much better in recent months and is an example of hope for others.</p>
<p>Biannual Federal Grant Update</p>	<p>At 1:45 p.m., Eric Billings and Ramona Howell summarized information on federal funds by state fiscal year and the percentage of change between 2020 and 2021. They also</p>

	<p>reviewed other grant updates on those: currently under consideration (none), being actively pursued (none), received in the prior six months, ending in FY2021-22, and expired.</p>
Miscellaneous	<p>D. Annual Executive Summary Ms. Hilscher directed members to the draft. Ms. Walker explained edits, and invited feedback.</p> <p>E. Liaison Updates Ms. Price-Stroble has observed the Region 1 CSB executive director electronic meetings, and hoped the board could visit the Harrisonburg-Rockingham CSB new building at some point.</p> <p>F. Meeting Planning Ms. Walker would look for a date for early January to initiate the two periodic reviews that were not acted on at this meeting due to the lack of a quorum. A tentative date was set for Friday, January 7, 2022, at 10:30 a.m., followed by a Policy and Evaluation Committee meeting at 11 a.m. [These meetings were canceled due to inclement weather.]</p> <p>Board members reviewed a draft 2022 Planned State Board Meeting Topics chart with priority topics in red.</p>
Other Business	<p>There was no other discussion.</p>
Adjournment	<p>Ms. Hilscher thanked all members of the board, and adjourned the meeting at 2:20 p.m.</p>

CONCURRENT COMMITTEE MEETINGS

Wednesday, December 8, 2021 8:30 a.m. – 9:25 a.m.
DBHDS Central Office, 13th Floor Large Conference Room, Jefferson Building
1220 Bank Street, Richmond, VA

STATE BOARD OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

Planning and Budget Committee

DRAFT MINUTES

December 8, 2021

*This meeting was held in person
without a physical quorum present (no business was conducted),
with electronic or phone connection available. A recording of the meeting is available.*

Members Present: Elizabeth Hilscher, Board and Committee Chair; Christopher Olivo.

Members Absent: E. Paige Cash; Jerome Hughes.

Staff Present: Amy Addington; Susan Puglisi; Ruth Anne Walker.

IX. Call to Order

A quorum of three members was not physically present; therefore, no business was conducted. The meeting was held for informational purposes only.

X. Welcome and Introductions

Ms. Hilscher welcomed all present, and acknowledged the staff present.

XI. Adoption of Agenda

Due to a lack of a quorum, the agenda was not adopted.

XII. Adoption of Minutes, September 29, 2021

Due to a lack of a quorum, the regular minutes from September 29, 2021, were not adopted.

XIII. 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.*

Due to a lack of a quorum, no updates were made regarding board meeting topics. Ms. Hilscher initiated a general discussion with Mr. Olivo, who is a teacher, around two recent articles (LA Times and NPR) regarding the Surgeon General 'emerging youth mental health crisis,' the overwhelming workforce needs to support children and youth, and the impacts of the pandemic.

~~A. Discussion of Identified Priorities (within the framework of required agency strategic planning and budget development processes):~~

~~a. Review the priorities set at the Biennial Planning Meeting.~~

~~B. Review of topic areas for board meetings through December 2022.~~

XIV. 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.

Office of Budget Development

These presentations were postponed; updates were provided in the full board meeting. Ruth Anne Walker suggested that she and the chair meet with staff from Finance, Grants, and Administration to review the purpose of the committee, that the reports get more granular in the committee and are not just repetitions of what is reported to the full board. For instance, having staff explain the differences between special and general funds, capital outlay, etc., while not getting too much in the weeds. Ms. Walker referenced the monthly financial report that is sent around internally, that an annual or biennial refresher might be helpful.

~~C. State Board Budget Quarterly Report.~~

~~D. Planned General Assembly Legislative and Budget Update in December.~~

- XV. Semi Annual Federal Grant Report:** *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.*

Office of Budget Development

This presentation was postponed; updates were provided in the full board meeting.

~~A. December State Board Update.~~

XVI. Other Business

XVII. Next Steps:

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

B. Next Meeting: March 30, 2022.

XVIII. Adjournment

At 9:16 a.m., Ms. Hilscher adjourned the meeting.

STATE BOARD OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

Policy and Evaluation Committee

DRAFT MINUTES

DECEMBER 8, 2021

8:30-9:25 AM

DHBDS, 8TH FLOOR NORTH SUITE CONFERENCE ROOM,
JEFFERSON BUILDING, 1220 BANK STREET, RICHMOND, VA 23219

*This meeting was held in person
without a physical quorum present (no business was conducted),
with electronic or phone connection available. A recording of the meeting is available.*

Members Present: Physically present - Rebecca Graser, Vice Chair and Committee Chair; Kendall Lee; electronically present - Varun Choudhary; Moira Mazzi; Sandra Price-Stroble.

Members Absent: None.

Staff: Josie Mace, Legislative Manager.

Guests: None.

VII. Call to Order

A quorum of three members was not physically present; therefore, no business was conducted. The meeting was held for informational purposes only.

VIII. Welcome and Introductions (5 min)

Ms. Graser welcomed all members physically and electronically present, and staff present.

IX. Review of 2021 Policy Review Plan and Presentation of Policies for Discussion (30 min)

Ms. Graser initiated a discussion of current policies in review.

X. Next Meeting: March 30, 2022

XI. Other Business

No new business could be addressed due to the lack of a physical quorum.

XII. Adjournment

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

All current policies of the State Board are on the agency web site at this address:

<https://www.dbhds.virginia.gov/about-dbhds/Boards-Councils/state-board-of-BHDS/bhds-policies>



townhall.virginia.gov

Proposed Regulation Agency Background Document

Agency name	Department of Behavioral Health and Developmental Services
Virginia Administrative Code (VAC) Chapter citation(s)	12VAC35-46
VAC Chapter title(s)	Regulations for Children’s Residential Facilities
Action title	Amend regulations to align with the requirements of the FFPSA
Date this document prepared	March 21, 2022

This information is required for executive branch review and the Virginia Registrar of Regulations, pursuant to the Virginia Administrative Process Act (APA), Executive Order 14 (as amended, July 16, 2018), the Regulations for Filing and Publishing Agency Regulations (1VAC7-10), and the *Form and Style Requirements for the Virginia Register of Regulations and Virginia Administrative Code*.

Brief Summary

Provide a brief summary (preferably no more than 2 or 3 paragraphs) of this regulatory change (i.e., new regulation, amendments to an existing regulation, or repeal of an existing regulation). Alert the reader to all substantive matters. If applicable, generally describe the existing regulation.

The Department of Behavioral Health and Developmental Services (DBHDS) was mandated by the 2021 General Assembly within [Item 318. D](#) of the 2021 Special Session 1 Appropriation Act to promulgate emergency regulations to amend the Regulations for Children's Residential Facilities [12VAC35-46] to align with the requirements of the federal [Family First Prevention Service Act \(FFPSA\)](#) for children’s residential service providers who accept [Title IV-E](#) funding to meet the standards as qualified residential treatment programs (QRTPs). The department received input from the Department of Social Services (DSS) and the Department of Medical Assistance Services (DMAS) in the development of this action. The goal of this action is to permanently codify emergency regulations promulgated on September 29, 2021, by the State Board of Behavioral Health and Developmental Services that amended the regulations to align with the FFPSA to meet the standards of QRTPs.

Acronyms and Definitions

Define all acronyms used in this form, and any technical terms that are not also defined in the “Definitions” section of the regulation.

Department of Behavioral Health and Developmental Services – DBHDS

Department of Medical Assistance Services – DMAS

Department of Social Services – DSS

Family First Prevention Service Act – FFPSA

Qualified Residential Treatment Programs – QRTPs

State Board – State Board of Behavioral Health and Developmental Services

Mandate and Impetus

Identify the mandate for this regulatory change and any other impetus that specifically prompted its initiation (e.g., new or modified mandate, petition for rulemaking, periodic review, or board decision). For purposes of executive branch review, “mandate” has the same meaning as defined in Executive Order 14 (as amended, July 16, 2018), “a directive from the General Assembly, the federal government, or a court that requires that a regulation be promulgated, amended, or repealed in whole or part.”

The 2021 General Assembly mandated the State Board of Behavioral Health to promulgate emergency regulations to become effective within 280 days or less from the enactment of Item 318 D of the 2021 Special Session 1 Appropriation Act. This action is intended to permanently codify emergency regulations promulgated on September 29, 2021 by the State Board of Behavioral Health and Developmental Services which amended the regulations to align with the FFPSA to meet the standards of QRTPs.

Legal Basis

Identify (1) the promulgating agency, and (2) the state and/or federal legal authority for the regulatory change, including the most relevant citations to the Code of Virginia and Acts of Assembly chapter number(s), if applicable. Your citation must include a specific provision, if any, authorizing the promulgating agency to regulate this specific subject or program, as well as a reference to the agency’s overall regulatory authority.

The General Assembly mandated the State Board of Behavioral Health to promulgate emergency regulations to become effective within 280 days or less from the enactment of the 2021 Special Session 1 Appropriation Act (Chapter 552) that align with the requirements of the federal Family First Prevention Service Act in accordance with Item 318 D of the Appropriation Act. Section 37.2-203 of the Code of Virginia gives the State Board of Behavioral Health and Developmental Services the authority to adopt regulations that may be necessary to carry out the provisions of Title 37.2 of the Code of Virginia and other laws of the Commonwealth administered by the DBHDS Commissioner. The State Board of Behavioral Health and Developmental Services voted to adopt emergency regulations on September 29, 2021. This action permanently codifies those regulations. The State Board of Behavioral Health and Developmental Services voted to adopt this regulatory action on [REDACTED].

Purpose

Explain the need for the regulatory change, including a description of: (1) the rationale or justification, (2) the specific reasons the regulatory change is essential to protect the health, safety or welfare of citizens, and (3) the goals of the regulatory change and the problems it's intended to solve.

The purpose of this regulatory action is to align DBHDS Regulations for Children's Residential Facilities with the requirements of the federal Family First Prevention Service Act to require providers who accept Title IV-E funding to meet the standards as QRTPs. Providers who do not accept Title IV-E funding shall not be affected by this action.

FFPSA includes reforms to child welfare financing streams by providing prevention services to families of children who are at imminent risk of entering foster care. It seeks to underscore the importance of children growing up in families and seeks to avoid the traumatic experience of children being separated from their families and entering foster care. Specifically, federal reimbursement will be available for trauma-informed mental health services, substance use disorder treatment, and in-home parenting skills training to safely maintain in-home family placement. FFPSA also aims to improve the well-being of children already in foster care by safely reducing placement of children in non-family based settings (e.g. residential treatment programs), and instead increasing placement of children in the least restrictive, most family-based setting appropriate to their individual needs. FFPSA created a specific nonfamily-based placement type called a QRTP, along with a structure around placing children in these types of placements. QRTPs serve children with specific treatment needs who need short term placement out of the home. Federal funding for foster youth with specific treatment needs will only be available for nonfamily-based placements that qualify as a QRTP.

Substance

Briefly identify and explain the new substantive provisions, the substantive changes to existing sections, or both. A more detailed discussion is provided in the "Detail of Changes" section below.

This regulatory action amends Chapter 46 to align with the requirements of the federal FFPSA to require providers who accept Title IV-E funding to meet the standards as QRTPs. Providers who do not accept Title IV-E funding shall not be affected by this action. QRTPs are required to have a trauma-informed treatment model; have registered licensed nursing staff and licensed clinical staff who are available 24 hours a day and seven days a week; facilitate outreach to the family members of the child; facilitate participation of family members in the child's treatment program; provide or arrange discharge planning and family-based aftercare support for at least six months post-discharge; be licensed; and be accredited by an independent, not-for profit, accrediting organization approved by the US Secretary of Health and Human Services.

Issues

Identify the issues associated with the regulatory change, including: 1) the primary advantages and disadvantages to the public, such as individual private citizens or businesses, of implementing the new or amended provisions; 2) the primary advantages and disadvantages to the agency or the Commonwealth; and 3) other pertinent matters of interest to the regulated community, government officials, and the public. If there are no disadvantages to the public or the Commonwealth, include a specific statement to that effect.

The primary advantage of the regulatory change is children’s residential licensing regulations that incorporate best practices, help to enhance support services for families, increase the number of children who remain at home, and build the capacity of communities to support children and families. This is an advantage to the public, the agency, and the Commonwealth. There are no known disadvantages to the agency or the Commonwealth. The primary disadvantage is that some providers may experience a financial burden in order to comply with the new regulations. However, providers have been aware for at least two years of the eventual changes brought in these regulations and providers that do not accept Title IV-E funding shall not be affected by this regulatory change. Further, as these are federal requirements, the department does not have much discretion in the manner in which they are enacted.

Requirements More Restrictive than Federal

Identify and describe any requirement of the regulatory change which is more restrictive than applicable federal requirements. Include a specific citation for each applicable federal requirement, and a rationale for the need for the more restrictive requirements. If there are no applicable federal requirements, or no requirements that exceed applicable federal requirements, include a specific statement to that effect.

The proposed regulatory action aligns Chapter 46 with the requirements of the federal FFPSA. None of the requirements of the regulatory action are more restrictive than applicable federal requirements.

Agencies, Localities, and Other Entities Particularly Affected

Identify any other state agencies, localities, or other entities particularly affected by the regulatory change. “Particularly affected” are those that are likely to bear any identified disproportionate material impact which would not be experienced by other agencies, localities, or entities. “Locality” can refer to either local governments or the locations in the Commonwealth where the activities relevant to the regulation or regulatory change are most likely to occur. If no agency, locality, or entity is particularly affected, include a specific statement to that effect.

Other State Agencies Particularly Affected

DSS and DMAS will be affected by this regulatory action. As a result, the department received significant input from the DSS and the DMAS in the development of this action.

Localities Particularly Affected

None identified at this time.

Other Entities Particularly Affected

Families of children who are at imminent risk of entering foster care.

Economic Impact

Pursuant to § 2.2-4007.04 of the Code of Virginia, identify all specific economic impacts (costs and/or benefits), anticipated to result from the regulatory change. When describing a particular economic impact,

specify which new requirement or change in requirement creates the anticipated economic impact. Keep in mind that this is change versus the status quo.

Impact on State Agencies

<p><i>For your agency:</i> projected costs, savings, fees or revenues resulting from the regulatory change, including: a) fund source / fund detail; b) delineation of one-time versus on-going expenditures; and c) whether any costs or revenue loss can be absorbed within existing resources</p>	<p>Limited costs shall be incurred in the form of employee time and effort. Staff shall be required to create the new QRTP license type and onboard providers.</p>
<p><i>For other state agencies:</i> projected costs, savings, fees or revenues resulting from the regulatory change, including a delineation of one-time versus on-going expenditures.</p>	<p>As noted earlier in the document, DSS and DMAS may have costs; however, as these regulations are mandated by the General Assembly and codify federal requirements, the department does not have discretion in the implementation of these regulations or their associated costs.</p>
<p><i>For all agencies:</i> Benefits the regulatory change is designed to produce.</p>	<p>The regulatory action is intended to enhance support services for families, increase the number of children who remain at home, and build the capacity of communities to support children and families.</p>

Impact on Localities

<p>Projected costs, savings, fees or revenues resulting from the regulatory change.</p>	<p>None known.</p>
<p>Benefits the regulatory change is designed to produce.</p>	<p>The regulatory action is intended to enhance support services for families, increase the number of children who remain at home, and build the capacity of communities to support children and families.</p>

Impact on Other Entities

<p>Description of the individuals, businesses, or other entities likely to be affected by the regulatory change. If no other entities will be affected, include a specific statement to that effect.</p>	<p>Residential treatment programs that accept Title IV-E funding shall be affected by this regulatory change.</p>
<p>Agency's best estimate of the number of such entities that will be affected. Include an estimate of the number of small businesses affected. Small business means a business entity, including its affiliates, that: a) is independently owned and operated and; b) employs fewer than 500 full-time employees or has gross annual sales of less than \$6 million.</p>	<p>DSS currently has approved 51 QRTPs that are licensed through DBHDS and 9 pending applications. DBHDS assumption of authority over the QRTP designation might increase the likelihood of providers applying because it will be a similar licensing process with which these providers are already familiar. An increase in congregate care providers that become certified as QRTP will benefit children in foster care by increasing the quality of care they receive, as well as benefiting local DSS by increasing the</p>

	number of options for placement that accept Title IV-E funding. While there are a number of costs for DSS associated with FFPSA, none are directly related to or impacted by this regulation.
All projected costs for affected individuals, businesses, or other entities resulting from the regulatory change. Be specific and include all costs including, but not limited to: a) projected reporting, recordkeeping, and other administrative costs required for compliance by small businesses; b) specify any costs related to the development of real estate for commercial or residential purposes that are a consequence of the regulatory change; c) fees; d) purchases of equipment or services; and e) time required to comply with the requirements.	Some providers may experience a financial burden in order to comply with the new regulations as the regulations. However, as these regulations are mandated by the General Assembly and codify federal requirements, the department does not have discretion in the implementation of these regulations or their associated costs.
Benefits the regulatory change is designed to produce.	The regulatory action shall enhance support services for families, increase the number of children who remain at home, and build the capacity of communities to support children and families.

Alternatives to Regulation

Describe any viable alternatives to the regulatory change that were considered, and the rationale used by the agency to select the least burdensome or intrusive alternative that meets the essential purpose of the regulatory change. Also, include discussion of less intrusive or less costly alternatives for small businesses, as defined in § 2.2-4007.1 of the Code of Virginia, of achieving the purpose of the regulatory change.

There are no viable alternatives to the regulatory action. The action is mandated by the General Assembly to bring the regulations into alignment with federal law.

Regulatory Flexibility Analysis

Pursuant to § 2.2-4007.1B of the Code of Virginia, describe the agency’s analysis of alternative regulatory methods, consistent with health, safety, environmental, and economic welfare, that will accomplish the objectives of applicable law while minimizing the adverse impact on small business. Alternative regulatory methods include, at a minimum: 1) establishing less stringent compliance or reporting requirements; 2) establishing less stringent schedules or deadlines for compliance or reporting requirements; 3) consolidation or simplification of compliance or reporting requirements; 4) establishing performance standards for small businesses to replace design or operational standards required in the proposed regulation; and 5) the exemption of small businesses from all or any part of the requirements contained in the regulatory change.

These regulations are mandated by the General Assembly and codify federal requirements, the department does not have discretion in the implementation of these regulations.

Public Comment

Summarize all comments received during the public comment period following the publication of the previous stage, and provide the agency response. Include all comments submitted: including those received on Town Hall, in a public hearing, or submitted directly to the agency. If no comment was received, enter a specific statement to that effect.

Commenter	Comment	Agency response
Tara P	<ol style="list-style-type: none"> 1. I am not clear on the expectations for nursing or licensed staff. The document referred to subsection A. <i>“have registered licensed nursing staff and licensed clinical staff who are available 24 hours a day and seven days a week”</i> Will on call suffice? Do they need to be on campus? A clearer statement of what this means for providers would be helpful. 2. Section D-E are difficult for providers to do especially in foster care cases. What is the actual expectation of this? Just try to make contact? Show something else? It seems like more paperwork to do rather than anything else. 3. Section F – what does ensure mean? This makes it sound like a residential needs to follow these cases, check in and provide some level of case management. Where will funding come for this? It seems manifestly unfair to ask residential providers to do this when there are community based services such as ICC that are better equipped to handle this aspect of care. It increases liability for the provider as well if the family is still considered a “case” that is being followed. 	<ol style="list-style-type: none"> 1. Thank you for your comments. Nursing and clinical staff must provide care onsite according to the treatment model. The nursing and clinical staff must be available 24/7, after hour care can be supplied either in person, via tele-health, or via telephone as needed. The department plan on issuing guidance regarding this provision when the permanent regulations take effect. 2. The expectation is documentation of attempts at outreach, such as documentation of phone calls, emails, etc., are expected as noted within the regulatory language. This is a federal requirement being codified into state regulations. 3. The purpose of this provision is that these programs shall be required to ensure discharge planning includes family-based aftercare support for at least six months post discharge. Providers will be required to follow the individual served for up to six months. The department is not a payor of services, however, services for children who are discharged from a QRTP may be funded through the local Children Services Act (CSA) program or through Medicaid (for Medicaid covered services). A program may also explore adding the cost of aftercare support to the cost of the actual residential treatment. A program may subcontract with another entity to provide aftercare supports for the six-month period; however, Virginia does not allow a QRTP to assign liability or responsibility to a subcontractor.

	4. Please add clarity so providers know exactly what to expect within the regulations as we will be held to this and the required documentation status.	4. Please provide clarification for this comment. The regulations are federal requirements being codified into state regulations. The department has attempted to succinctly lay out the requirements in order to add clarity. As always, if the department finds across providers that additional clarification is necessary, the department shall issue formal guidance to explain intent.
Michael Triggs	In the notice, it states that these regulations would apply to providers “who accept Title IV-E funding to meet the standards as QRTP’s. Providers who do not accept Title IV-E funding shall not be affected by this action.” Understanding this, the regulations should only apply to group homes, as no PRTF providers are able to accept IV-E funding regardless of the facilities status as a QRTP. I would recommend clarifying language be added to the regulations to show that PRTF’s who are QRTP’s do not fall under this language if, indeed “providers who do not accept Title IV-E funding (are not) affected by this action.	Thank you for the feedback. Providers who do not accept Title IV-E funds are not affected by this action. The language that the commenter suggests is more appropriate for training or guidance, which the department will consider in the future. These regulations create a new license type and these regulations shall only apply to QRTP license holders.

Public Participation

Indicate how the public should contact the agency to submit comments on this regulation, and whether a public hearing will be held, by completing the text below.

DBHDS is providing an opportunity for comments on this regulatory proposal, including (i) the costs and benefits of the regulatory proposal, (ii) any alternative approaches, (iii) the potential impacts of the regulation, and (iv) the agency's regulatory flexibility analysis stated in that section of this background document.

Anyone wishing to submit written comments for the public comment file may do so through the Public Comment Forums feature of the Virginia Regulatory Town Hall web site at: <https://townhall.virginia.gov>. Comments may also be submitted by mail, email or fax to **Susan Puglisi, 1220 Bank Street, Richmond, Virginia 23129 Phone Number: 804-371-2709, email: susan.puglisi@dbhds.virginia.gov. In order to be considered, comments must be received by 11:59 pm on the last day of the public comment period.**

A public hearing will not be held following the publication of this stage of this regulatory action.

Detail of Changes

List all regulatory changes and the consequences of the changes. Explain the new requirements and what they mean rather than merely quoting the text of the regulation. For example, describe the intent of the language and the expected impact. Describe the difference between existing requirement(s) and/or agency practice(s) and what is being proposed in this regulatory change. Use all tables that apply, but delete inapplicable tables.

If an existing VAC Chapter(s) is being amended or repealed, use Table 1 to describe the changes between existing VAC Chapter(s) and the proposed regulation. If existing VAC Chapter(s) or sections are being repealed and replaced, ensure Table 1 clearly shows both the current number and the new number for each repealed section and the replacement section.

Table 1: Changes to Existing VAC Chapter(s)

Current chapter-section number	New chapter-section number, if applicable	Current requirements in VAC	Change, intent, rationale, and likely impact of new requirements
N/A	12VAC35-46—1260. <u>Qualified Residential Treatment Programs.</u>	None	<p>Intent: Adding the requirements of a Qualified Residential Treatment Program (QRTP).</p> <p>A qualified residential treatment program shall:</p> <ul style="list-style-type: none"> • Have a trauma-informed treatment model. • Have registered or licensed nursing staff and other clinical staff who are available 24 hours a day and 7 days a week. • Facilitate outreach to family members as appropriate. • Facilitate participation of family members in the child's treatment program. • Provide or arrange discharge planning and family-based aftercare support for at least six months post discharge. • Be licensed. • Be accredited by an independent, not-for profit accrediting organization approved by the US Secretary of Health and Human Services. <p>Impact: Compliance with the General Assembly mandate, alignment with federal law, enhancement of support services for families, providing assistance to allow children to remain at home, and build the capacity of</p>

			communities to support children and families.
N/A	12VAC35-46-1270. <u>Additional requirements for QRTP placements for children within the custody of Social Services.</u>	None	<p>Intent: Adding the requirements of documentation of the need for placement in a QRTP.</p> <p><i>The QRTP shall coordinate with the VDSS, family, and others. Documentation shall be placed within the child's record at the QRTP. This section does not apply to direct parental placements of children into the QRTP that are made outside of the social services system.</i></p> <p>Impact: Compliance with the General Assembly mandate, alignment with federal law, enhancement of support services for families, providing assistance to allow children to remain at home, and build the capacity of communities to support children and families.</p>

Amendments to align with the Family First Prevention Service Act (FFPSA)

12VAC35-46-1260. Qualified residential treatment programs.

A. A qualified residential treatment program (QRTP) shall have a trauma-informed treatment model that is designed to address the needs, including clinical needs as appropriate, of children with serious emotional or behavioral disorders or disturbances and, with respect to a child, is able to implement the treatment identified for the child.

B. In addition to the staffing requirements within Part II (12VAC35-46-170 et seq.) through Part VI (12VAC35-46-1120 et seq.) of this chapter, a QRTP shall have registered or licensed nursing staff and other licensed clinical staff who:

1. Provide care within the scope of their practice as defined by state law;
2. Are on-site according to the treatment model referred to in subsection A;
3. Are available 24 hours a day and seven days a week. The QRTP is not required to acquire nursing or other clinical staff solely through means of a direct employer to employee relationship.

C. To the extent appropriate and in accordance with the child's best interests, the QRTP shall facilitate participation of family members in the child's treatment program.

D. The QRTP shall facilitate outreach to the family members of the child, including siblings, document how the outreach is made, including contact information, and maintain contact information for any known biological family and fictive kin of the child. Documentation of outreach to family members and contact information of family members shall be placed within the child's record at the QRTP.

E. The QRTP shall document how family members are integrated into the treatment process for the child, including after discharge, and how sibling connections are maintained. Documentation of family member integration shall be placed within the child's record at the QRTP.

F. The QRTP shall provide or ensure discharge planning and family-based aftercare support for at least six months following discharge.

G. The QRTP shall be licensed in accordance with 42 USC § 471(a)(10) and accredited by any of the following independent nonprofit organizations:

1. The Commission on Accreditation of Rehabilitation Facilities (CARF);
2. The Joint Commission on Accreditation of Healthcare Organizations (JCAHO);
3. The Council on Accreditation (COA); or
4. Any other independent, nonprofit accrediting organization approved by the U.S. Secretary of Health and Human Services.

12VAC35-46-1270. Additional requirements for QRTP placements for children within the custody of Virginia Department of Social Services.

A. The qualified residential treatment program (QRTP) shall coordinate with the Virginia Department of Social Services, the child's biological family members, relative and fictive kin of the child, and, as appropriate, professionals who are a resource to the family of the child, such as teachers, clergy, or medical or mental health providers who have treated the child.

B. All documents related to a child's need for placement shall be placed within the child's record at the qualified residential treatment program, including the assessment determination of the qualified individual, as defined within 42 USC § 675a(c)(1)(D)(i), and the written documentation of the approval or disapproval of the placement in a qualified residential treatment program by a court or administrative body.

C. This section shall not apply to direct parental placements of children into the QRTP that are made outside of the social services system.



COMMONWEALTH of VIRGINIA

NELSON SMITH
COMMISSIONER

DEPARTMENT OF
BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

Post Office Box 1797
Richmond, Virginia 23218-1797

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MEMORANDUM

To: Members, State Board of Behavioral Health and Developmental Services

Fr: Ruth Anne Walker, Director of Regulatory Affairs

Date: March 21, 2022

Required Periodic Reviews of Two Regulations

(See the flow chart of the process: <http://townhall.virginia.gov/UM/chartperiodicreview.pdf>)

Background: Existing regulations must be examined at least every four years to review statutory authority and assure that the regulations do not exceed the Board's statutory authority. Investigation should be conducted for any alternatives to the regulation and any need to modify the regulation to meet current needs.

Purpose: The regulation is submitted to the State Board for consideration for review.

Action Requested: Direct that a periodic review is initiated for the following regulations.

VAC Citation	Title	Last Review
12 VAC 35-46	Regulations for Children's Residential Facilities	2018
12 VAC 35-230	Operation of the Individual and Family Support Program NOTE: Hold to initiate with emergency/NOIRA.	2017

Next Steps:

If approved, staff initiates the periodic review. At the conclusion of the 21-day (minimum) comment period, staff develops recommended Board action on the regulations for consideration at the December meeting. The choices for action are:

- A. Propose to retain the regulation in its current form.
- B. Propose to amend or abolish the regulation. (Notice of Intended Regulatory Action)
- C. Propose to amend the regulation through an exempt action.

REGULATORY ACTIVITY STATUS REPORT: MARCH 2022 (REVISED 03/21/22)

<div style="display: flex; align-items: center;"> <div style="background-color: #4a7c9c; color: white; padding: 2px 5px; font-weight: bold; margin-right: 5px;">Board</div> <div>STATE BOARD OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES</div> </div>				
VAC CITATION	CHAPTER TITLE (FULL TITLE)	REGULATIONS IN PROCESS		
		PURPOSE	STAGE	STATUS
12 VAC 35-46 Certain sections and NEW Sections 1150-1250.	Regulations for Children's Residential Facilities	In accordance with Item 318.B. of the 2020 Appropriation Act to align with the American Society of Addiction Medicine (ASAM) Levels of Care Criteria or an equivalent set of criteria.	<ul style="list-style-type: none"> Emergency: To Standard. 	<ul style="list-style-type: none"> Effective 2/20/2021. Expires 8/19/2022. Proposed stage public comment period ends 04/15/2022. Extension request likely.
12 VAC 35-46 Certain sections and NEW Sections.	<i>same</i>	In accordance with Item 318.D. of the 2021 Appropriation Act to align with the requirements of the federal Family First Prevention Service Act to meet the standards as qualified residential treatment programs (QRTPs).	<ul style="list-style-type: none"> Emergency: To Standard. 	<ul style="list-style-type: none"> Effective 01/10/22. Expires 07/09/23. ➤ <i>Action requested: Initiate proposed stage.</i>
12 VAC 35-46	<i>same</i>	To provide the process and standards for licensing children's residential facilities.	<ul style="list-style-type: none"> Periodic Review. 	<ul style="list-style-type: none"> ➤ <i>Action requested: Initiate periodic review.</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	In accordance with Item 318.B. of the 2020 Appropriation Act, amendments to align with ASAM criteria.	<ul style="list-style-type: none"> Emergency: To Standard. 	<ul style="list-style-type: none"> Effective 2/20/2021. Expires 8/19/2022. Proposed stage public comment period ends 04/15/2022. Extension request likely.
<u>12 VAC 35-105</u> Certain sections.	<i>same</i>	In accordance with Item 318.B. of the 2020 Appropriation Act, amendments to align with enhanced behavioral health services.	<ul style="list-style-type: none"> Emergency: To Standard. 	<ul style="list-style-type: none"> Effective 2/20/2021. Expires 8/19/2022. Proposed stage public comment period ends 04/15/2022. Extension request likely.
<u>12 VAC 35-105</u> <i>All sections.</i>	<i>same</i>	<i>Response to 2017 periodic review ('overhaul' to service-specific chapters); confirmed in 2021 periodic review.</i>	<ul style="list-style-type: none"> Periodic Review. 	<ul style="list-style-type: none"> Public comment closed 11/30/21. <i>Amend.</i>
<u>12 VAC 35-115</u>	Regulations to Assure the Rights of Individuals Receiving Services from Providers Licensed, Funded, or Operated by the Department of Behavioral Health and Developmental Services	To protect the legal and human rights of all individuals who receive services in programs and facilities operated, funded, or licensed by DBHDS.	<ul style="list-style-type: none"> Periodic Review. 	<ul style="list-style-type: none"> A public comment forum closed on 01/25/2021. <i>Amend; draft in progress.</i>
<u>12 VAC 35-190</u>	Regulations for Voluntary Admissions to State Training Centers	To detail criteria and procedures for voluntarily admitting persons to a state training center>	<ul style="list-style-type: none"> Periodic Review. 	<ul style="list-style-type: none"> Public comment forum ended on 9/20/2021. <i>Amend minimally; draft in progress.</i>

<u>12 VAC 35-200</u>	Regulations for Emergency and Respite Care Admission to State Training Centers	To establish the conditions and procedures through which an individual can access emergency services and respite care in a state training center.	<ul style="list-style-type: none"> • Periodic Review. 	<ul style="list-style-type: none"> • Public comment forum closed on 9/20/2021. <i>Amend minimally; draft in progress.</i>
<u>12 VAC 35-210</u>	Regulations to Govern Temporary Leave from State Facilities	To establish the general process and requirements related to temporary leave from state facilities	<ul style="list-style-type: none"> • Periodic Review. 	<ul style="list-style-type: none"> • Public comment forum closed on 9/20/2021. <i>Amend minimally; draft in progress y</i>
<u>12 VAC 35-230</u>	Operation of the Individual and Family Support Program	The IFSP assists individuals with developmental disabilities (DD) who are on a waiting list for waiver services and their family members to access needed resources, supports, services, and other assistance.	<ul style="list-style-type: none"> • <i>Periodic Review with expected emergency mandate in 2022 Appropriation Act.</i> 	<ul style="list-style-type: none"> • Pending General Assembly enactment of agency-requested mandate in Item 313.PP. Periodic review action to be requested when emergency/NOIRA promulgated.

STATE HUMAN RIGHTS COMMITTEE

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COMMONWEALTH of VIRGINIA
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NELSON SMITH, COMMISSIONER

Taneika Goldman
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February 18, 2022

Elizabeth Hilscher, Chair
State Board of Behavioral Health and Developmental Services
Post Office Box 1797
Richmond, Virginia
23218

Dear Ms. Hilscher:

On December 9, 2021, the State Human Rights Committee (SHRC) voted on recommendations for membership on the SHRC. On behalf of the committee, I respectfully request your consideration of the following appointments.

The SHRC recommends the appointment of Betty Crance. Ms. Crance has a Bachelor's degree in Criminal Justice. She is a retired ID Director of Alleghany Highlands Community Services in Covington, Virginia. Ms. Crance served on the Roanoke Valley Local Human Rights Committee (LHRC) and is a former member and Chairperson of the Roanoke-Catawba LHRC. Ms. Crance has a family member who is a long-time recipient of services. As a former employee of a CSB, she has the perspective of a service provider, and as a family member of an individual receiving services, she has the perspective of having been involved in services on the receiving end. Ms. Crance is passionate about advocacy. Her role as a family member would help to fulfil the SHRC's mandate to have family members on the committee. If approved, she would be appointed to the term of July 1, 2021 to June 30, 2024. Ms. Crance resides on Fincastle, Virginia.

The SHRC recommends the appointment of David Crews. Mr. Crews has a Bachelor's degree in Criminal Justice and Sociology. He is the Administrative Director and Risk Manager of The Madeline Centre in Lynchburg, Virginia. Mr. Crews is a firm believer in following policy and procedure and he expressed his commitment to ensuring the individuals we serve do not "fall between the cracks". He is a QMHP-C and has experience working in an intensive in-home and therapeutic day treatment environment. He has 19 years of experience working with youth and he is familiar with the DBHDS system of services delivery and rights

Elizabeth Hilscher
Page 2
February 18, 2022

protections. His role as a healthcare provider fulfils the SHRC's mandate to have at least one health care provider on the committee. If approved, he would be appointed to fill a vacant term of July 1, 2019 to June 30, 2022. The SHRC respectfully requests that if appointed, Mr. Crews would also at this time be appointed to serve the term of July 1, 2022 to June 30, 2025.

On behalf of the State Human Rights Committee, I respectfully ask that you consider these appointments at the March 30, 2022, Board meeting. Applications and current SHRC roster are attached for your review. Thank you for your consideration

Respectfully submitted,



Julie C. Allen, Chair
State Human Rights Committee

c: Taneika Goldman, State Human Rights Director

State Human Rights Committee
Application for Membership

Name: Betty L. Crance

Street Address:

3244 Shavers Farm Road

City, State, Zip: Juncastle, VA 24090

Phone:

540 968-3527

E-Mail: bcrance29@gmail.com

Cell Ph:

Current or most recent employer:

Self Employed - Commonwealth Lifespan Services

Employer's address:

589 Main Street, Clifton Forge, VA 24422

Dates of employment: from May 2012

to present

Occupation / Profession. If retired, list previous occupation:

ID Director, Alleghany Highlands Community Services - Retired

Radford BA Criminal Justice 1978 Education:

extensive graduate work (45hrs) Special Education/ED - Radford University 1986-1988

VPI:SU - Counseling Education MAEd 1984

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

Receiving Services _____ Family Member Health Care Provider

Professional _____

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 _____ If yes, name of program(s):

① Alleghany Highlands Community Services 1985-2011

② Commonwealth Lifespan Services 2012-present

Capacity in which you served:

① ID Director

② Director; owner

Dates of service:

① 1985-2011

② 2012-Present

The State Human Rights Committee (SHRC) meets at least eight (8) times a year either virtually or in locations throughout the state. SHRC Members are expected to provide their own transportation and 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 may include an additional session or workgroup meeting before or after the regular meeting. 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 yes

If yes, on which have you served?

Roanoke Valley LHRC - 2013 - 5/2017 Consolidated w/ Catawba LHRC

Roanoke - Catawba LHRC - 5/2017 - 5/2021 - Served as chairperson

5/20 - 5/21

Capacity in which you served and dates of service:

family member

Please describe your experience as a human rights committee member:

Serving on both committees allowed me the opportunity to learn from other providers as well as share insights as to the impact on families and programs when implementing LHRC oversight. Having a family member with an intellectual disability has afforded me with insights as to the daily struggles & challenges. As a provider of services, I have been able to share insights and educate other committee members. My experience is that

Many volunteers have good intentions but lack information/education that is critical in providing person centered care. I always felt that my presence provided this much needed perspective. An example of this was my insistence that a client always be present if we are discussing them (i.e. talking about me, without me.) By setting this example, others were brought on board to current philosophy.

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

any: Extensive training in human rights, PC Planning, and Management training in the field. During my tenure with the CSB, I conducted ongoing staff training on best practices. For the past 20 years at the CSB and as a private provider, I have served as the local advocate, collaborating with clients & programs to resolve human rights issues. I am a full client advocate but also appreciate the perspective of a provider.

What is your interest in serving on the SHRC?

I am interested in making sure that this system advocates and is proactive rather than function in a reactive mode. I believe that my experience and history affords me with a unique perspective, however I have always tried to be an advocate and an educator.

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

I have struggled with the current system that moves further and further away from the client. I would like to see the system function as a resource for providers and individuals served. My frustration has always been with the focus of SHRC being with the D.D population with Behavioral Health being barely visible. It's not the SHRC's problem but it actually is the provider network who is responsible for application of the regulations to all services licensed by DBHDS.

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

I will tell you what I think. If this is the philosophy of the SHRC, I would be delighted to serve.

Applicant signature and date:

Betty H. Crane Sept 8, 2021

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

State Human Rights Committee Application for Membership

Name: David Crews

Street Address: 215 Hurt St Apt 208

City, State, Zip: Chatham, VA 24531

Phone: (434) 250-0230

E-Mail: dcrews76@gmail.com

Cell Ph: (434) 250-0230

Current or most recent employer: The Madeline Centre

Employer's address: 18697 Forest Rd Lynchburg, VA 24502

Dates of employment: from August 30, 2007 to present

Occupation / Profession. If retired, list previous occupation: Administrative Director and Risk Manager

Education: Bachelor's Degree in Criminal Justice and Sociology from Averett University

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

Receiving Services _____ Family Member _____ 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 No If yes, name of programs: _____

Capacity in which you served: _____

Dates of service: from _____ to _____

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: _____

Please describe your education, training or experience in the area of behavioral health and developmental services, if any: I am a registered QMHP-C and have served in the capacity as an Intensive In Home and Therapeutic Day Treatment staff member. I have been the agency's Security Officer and Risk Manager over the past 3 years. I have been the primary lead on all CHRIS reporting, incident report management and training, investigations, and root cause analysis.


What is your interest in serving on the SHRC? Interested in working towards improving the recognition of human rights of the residents of the state of Virginia as well as improving the training of behavioral health staff members who work in the capacity of mandated reporters.

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

I feel confident that any challenge posed by being a member of the SHRC will be one that I will face and overcome with confidence. With that being said, the only challenge that I could see initially, would be familiarizing myself with the other members of the SHRC.

Please provide any additional information you think is relevant to your application. I have spent the past 19 years working with at risk youths whether it was during my time in juvenile detention or in the community based mental health sector. During that time I have seen how important proper training is when it comes to identifying violations of human rights and how important it is to preserve those human rights regardless of the individual.

Applicant signature and date:

 8/31/21

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

DBHDS/Office of Human Rights
PO Box 1797
Richmond, VA 23218

State Human Rights Committee
Department of Behavioral Health and Developmental Services

rev. 9/2021

<p>Chair Julie C. Allen Springfield Region 2</p> <p>Appointed July 2018 7/1/2016 – 6/30/2019 Vacancy 7/1/2019 – 6/30/2022 Term</p> <p>→ Family Member</p> <p>Springfield, VA</p>	<p>Vice-Chair Will Childers Hardy Region 1/3 border</p> <p>Appointed July 2018 7/1/2017 – 6/30/2020 Vacancy 7/1/2020 - 6/30/2023 Term</p> <p>→Professional</p> <p>Hardy, VA</p>	<p>David Boehm Marion Region 3, far southwest</p> <p>Appointed June 2018 7/1/2018 - 6/30/2021 Term 7/1/2021 - 6/30/2024 Term</p> <p>→Certified Sex Offender Treatment Provider</p> <p>Marion, VA</p>
<p>Monica Lucas Richmond Region 4</p> <p>Appointed June 2018 7/1/2018 – 6/30/2021 Term 7/1/2021 - 6/30/2024 Term</p> <p>→Professional</p> <p>Richmond, VA</p>	<p>Timothy Russell Williamsburg Region 5</p> <p>Appointed December 2019 7/1/2018 – 6/30/2021 Vacancy 7/1/2021 - 6/30/2024 Term</p> <p>→Consumer</p> <p>Williamsburg, VA</p>	<p>Megan Sharkey Petersburg Region 4</p> <p>Appointed October 14, 2020 7/1/2020 – 6/30/2023 Term</p> <p>→Consumer</p> <p>Richmond, VA</p>
<p>Cora Swett Nokesville (Prince William Co) Region 2</p> <p>Appointed April 2019 7/1/2019 – 6/30/2022 Term</p> <p>→ Family Member</p> <p>Nokesville, VA</p>		

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

SFax: 833.734.1241
shrc@dbhds.virginia.gov
www.dbhds.virginia.gov

STATE HUMAN RIGHTS COMMITTEE

Julie C. Allen, Chairperson
Springfield
Wil Childers, Vice Chairperson
Hardy
David Boehm
Marion
Monica Lucas
Richmond
Timothy Russell
Williamsburg
Megan Sharkey
Richmond
Cora Swett
Nokesville



COMMONWEALTH of VIRGINIA
Department of Behavioral Health and Developmental Services
Post Office Box 1797
Richmond, Virginia 23218-1797
NELSON SMITH, COMMISSIONER

Taneika Goldman
State Human Rights Director
Taneika.Goldman@dbhds.virginia.gov

Office of Human Rights
1220 Bank Street
Richmond, VA 23219

P.O. Box 1797
Richmond, VA 23218
www.dbhds.virginia.gov

March 8, 2022

Elizabeth Hilscher, Chair
State Board of Behavioral Health and Developmental Services
Post Office Box 1797
Richmond, Virginia
23218

Dear Ms. Hilscher:

On March 3, 2022, the State Human Rights Committee (SHRC) discussed the reappointment of Julie C. Allen. Ms. Allen is a licensed and board certified behavior analyst with experience working with children and adults with disabilities. She is the Senior Director of Clinical Services at Community Residences, a community-based provider that serves people with developmental disabilities and mental health needs within the community. Ms. Allen is a professional and a family member of an individual receiving services. Ms. Allen has been a valuable asset to the SHRC and is currently serving as Chair. If approved, she would be reappointed to serve from July 1, 2022 to June 30, 2025. Ms. Allen resides in Springfield.

On behalf of the committee, I respectfully request your consideration of this reappointment at the March 30, 2022 Board meeting. Application and current SHRC roster are attached for your review. Thank you for your consideration.

Respectfully submitted,

A handwritten signature in black ink that reads 'Taneika Goldman'.

Taneika Goldman
State Human Rights Director

State Human Rights Committee Application for Reappointment

Name: Julie Allen

Street Address: 7106 Rolling Forest Ave

City, State, Zip: Springfield VA 22152 Phone: _____

E-Mail: jallen@mycri.org Cell Ph: 703-678-7349

Current or most recent employer: CRi, Inc

Employer's address: 14160 Newbrook Drive Chantilly VA 20151

Dates of employment: from 8/2001 to Preset

Occupation / Profession. If retired, list previous occupation: Senior Director of Clinical Services;

Virginia Licensed and Board Certified Behavior Analyst

Education / Background: BSEd in Communication Sciences and Disorders /University of Georgia

MSEd in Counseling/St. Bonaventure University

Certificate in Applied Behavior Analysis/ George Mason Univeristy

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

Receiving Services _____ Family Member _____ 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 No If yes, names of programs, capacity in which you served and dates of service:

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

I have 20 years of progressive experience in supporting individuals with IDD in residential, vocational, and other community based settings. I currently oversee 3 service lines (in-home, therapeutic consultation, and day support/community engagement) for more than 200 individuals.

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

I am interested in continuing my service as a member of the committee to support the rights individuals receiving services.

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

I have extensive experience as a provider collaborating with the OHR, advocates, and the LHRCs in my area.

I am invested in and dedicated to ensuring rights are maintained at all levels of services. I have appreciated my time on the committee and hope to continue.

electronically signed- Julie C. Allen

Applicant's Signature _____

Thank you for your interest in continuing to serve on the State Human Rights Committee.

State Human Rights Committee
Department of Behavioral Health and Developmental Services

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