



COMMONWEALTH of VIRGINIA

STATE BOARD OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

**BOARD DINNER MEETING
MINUTES**

Tuesday, September 24, 2024

6:00 p.m. – 7:30 p.m.

Danville-Pittsylvania Community Services, 245 Hairston St. (North Wing), Danville, VA
24540

	<p>Members Present: Sandy Chung; Rebecca Graser; Cindy Lamb; Sandra Price-Stroble; and Tony Vadella. Staff Present: Robin Crews; Madelyn Lent; Meghan McGuire; Ruth Anne Walker. Invited Guests: Jim Bebeau; Carol Cundiff; Sara Craddock; Amanda Oakes; Jennifer Thompson; Melanie Tosh. CSB Member Attendees: Sid Allgood; Maureen Belko; Gayle Breakley; Shakeva Frazier; Kaylyn McCluster; Pamela Saunders; Deborah Stowe; Kim Van Der Hyde; Adrian Watlington.</p>
<p>Welcome and Introductions</p>	<p>At 6:10 p.m., member Sandra Price-Stroble, on behalf of the chair, called the meeting to order, noted a quorum was present, and welcomed everyone present. Ms. Price-Stroble indicated no business would be conducted and the purpose of the meeting was to receive information about community activities. She noted that Moira Mazzi, Chair, was driving down that evening and would be present tomorrow.</p> <p>On behalf of the board, Ms. Price-Stroble thanked all who were present and called for introductions, beginning with have introductions, beginning with the location host, Jim Bebeau, Executive Director, Danville-Pittsylvania Community Services.</p>
<p>Dinner</p>	<p>At 6:15 p.m., Ms. Price-Stroble invited all to begin dinner.</p>
<p>Presentation – Colonial Behavioral Health</p>	<p>At 6:30 p.m., Jim Bebeau provided an overview of the services provided by Danville-Pittsylvania Community Services. He was joined in his presentation by Sara</p>

	Craddock, Developmental Services Director; Amanda Oakes, Prevention Services Director; and Melanie Tosh, Behavioral Health Services Director.
Remarks	At 7:15 p.m., Robin Crews, Director of the DBHDS Southern Virginia Mental Health Institute, provided some remarks.
Comments/Discussion	At 7:20 p.m., members asked a few clarifying questions and gave comments regarding information presented.
Closing Remarks	At 7:30 p.m., Meghan McGuire, Deputy Commissioner, Policy and Public Affairs, provided closing remarks about the topics covered.
Adjournment	Ms. Price-Stroble expressed thanks to Mr. Bebeau and the staff for arranging the tour of the crisis center and for the board to use the space. She thanked Mr. Bebeau for his presentation, and Ms. Craddock, Ms. Oakes, and Ms. Tosh for participating. Ms. Price-Stroble adjourned the dinner meeting at 7:35 p.m.

**REGULAR MEETING
MINUTES**

Wednesday, September 25, 2024

DBHDS Southern Virginia Mental Health Institute, 382 Taylor Dr., Danville, VA 24541

*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	Sandra Price-Stroble, Vice Chair; Sandy Chung; Rebecca Graser; Cindy Lamb; Jane McDonald (virtual); and Tony Vadella.
Members Absent	R. Blake Andis; Varun Choudhary; and Moira Mazzi, Chair.
Staff Present	<ul style="list-style-type: none"> ▪ Jae Benz, Licensing Director. (virtual) ▪ Robin Crews, Director, Southern Virginia Mental Health Institute. ▪ Lauren Cunningham, Communications Director. (virtual) ▪ Braden Curtis, Chief Deputy Commissioner. ▪ Taneika Goldman, State Human Rights Director. ▪ Colleen Grady-Koerner, Executive Budget Manager. (virtual) ▪ Ramona Howell, Budget Director. (virtual) ▪ Elizabeth Hunt, Forensic Evaluation Manager, Division of Forensic Services. (virtual) ▪ Madelyn Lent, Policy Manager. ▪ Josie Mace, Legislative Affairs Manager.(virtual) ▪ Suzanne Mayo, Assistant Commissioner, Facility Services. ▪ Meghan McGuire, Deputy Commissioner, Policy and Public Affairs. ▪ Nathan Miles, Chief Financial Officer. (virtual) ▪ Kyla Patterson, Early Intervention Program Manager. (virtual) ▪ Susan Puglisi, Regulatory Research Specialist. (virtual) ▪ Nelson Smith, Commissioner. ▪ Ruth Anne Walker, Regulatory Affairs Director and State Board Liaison.
Invited Guests:	<ul style="list-style-type: none"> ▪ Will Childers, Chair, DBHDS State Human Rights Committee. (virtual) ▪ Jennifer Faison, Executive Director, Virginia Association of Community Services Boards. (virtual)
Other Guests:	<p>Virtual:</p> <ul style="list-style-type: none"> ▪ LeVar Bowers. ▪ Edmund Creekmore. ▪ Toni Donati. ▪ Adriana Gallego Gomez.

	<ul style="list-style-type: none"> ▪ Virginia L. Heuple. ▪ Cara Kaufman, DARS. ▪ Bob Nickles. ▪ MiMi Sedjat. ▪ Teresa Smith, OSIG. ▪ John Welder. ▪ Carter T. Whitelow.
Call to Order and Introductions	At 9:30 a.m., Sandra Price-Stroble, Vice Chair, called the meeting to order and welcomed those present. A quorum of five members was physically present; one member participated remotely. On behalf of the State Board, Ms. Price-Stroble thanked Danville-Pittsylvania Community Services Executive Director Jim Bebeau and staff for the crisis center tour, meeting location, and presentation the day before at the dinner meeting; and Southern Virginia Mental Health Institute Director Robin Crews for her attendance the previous evening. She also thanked Ms. Crews and all the staff at SVMHI for the hospitality. Introductions were made of all board members and DBHDS staff.
Approval of Agenda	<i>At 9:34 a.m. the State Board voted to adopt the September 25, 2024, agenda. On a motion by Tony Vadella and a second by Cindy Lamb, the agenda was approved.</i>
Approval of Draft Minutes	<i>At 9:35 a.m., on a motion by Tony Vadella and a second by Ms. Lamb, the July 16, 2024, dinner meeting minutes and the July 17, 2024, regular meeting minutes were approved as final. It was noted that the July 16, 2024, nominating committee minutes would be approved in December as two of the three members were not present.</i>
Public Comment	At 9:36 a.m., Ms. Price-Stroble called for public comments. Written comments were submitted by Ed W. Creekmore, Jr. (see attachment) and he gave verbal comments. No other comments were received.
Regulatory Actions	<p>At 9:40 a.m., Ms. Price-Stroble welcomed Jae Benz, Director, DBHDS Office of Licensing and Kyla Patterson, Early Intervention Program Manager. Ms. Walker gave a brief review of the impetus for and purpose of the actions as described in the materials sent in advance of the meeting.</p> <p>The State Board promulgated four fast track (noncontroversial) regulatory actions, listed under Agenda Item #3.</p> <p>A. Valid Discharge Plans: Rules and Regulations for Licensing Providers by the Department of Behavioral Health and Developmental Services [12VAC35-</p>

105]. This action was developed in accordance with the mandated in HB434 (2024).

On a motion by Sandy Chung and a second by Ms. Lamb, the action was approved for fast track promulgation.

B. Addition to List of Practitioners in Requirements for Virginia Early Intervention System [12VAC35-225]. In response to a periodic review, this action was developed as a workforce initiative.

On a motion by Ms. Lamb and a second by Dr. Chung, the action was approved for fast track promulgation.

C. Regulatory Reduction: Children’s Residential Facilities [12VAC35-46].

D. Regulatory Reduction: [12VAC35-105].

Both regulatory reduction actions were developed in compliance with the Governor's mandate in ED1.

In a motion by Jane McDonald and a second by Ms. Lamb, the regulatory reduction amendments to Chapter 46 were approved for fast track promulgation.

In a motion by Ms. Lamb and a second by Rebecca Graser, the regulatory reduction amendments to Chapter 105 were approved for fast track promulgation.

E. Regulatory Activity Status Update.

Ms. Walker directed members to the status matrix of all current actions and drafts in progress. She noted that since the packet went out to members:

- The action for Chapter 200 (and rescinding Chapter 190) regarding training centers was approved by the Governor and would be out for public comment late October through late November, with an expected effective date of December 5, 2024.
- Two sets of draft amendments were placed in a general notice for public comment and were expected to come to the State Board in December:
 - Chapter 115 to streamline and clarify the human rights regulations; and
 - Chapter 105 regarding federal requirements for opioid treatment programs.

<p>Commissioner's Report</p>	<p>At 9:55 a.m., Commissioner Nelson Smith provided his report covering the planned closure of Hiram Davis Medical Center in Petersburg, VA. He updated members on steps taken to initiate the process for closure mandated by the Code of Virginia, and to ensure safe patient discharges and successful staff transitions. Information on building concerns, needs of current patients, and placement options for individuals was covered.</p> <p>Mr. Vadella asked how the members could help with the process. Staff indicated that, if asked, explaining to interested stakeholders that there is a code-mandated process that must be followed would be helpful. Mr. Vadella also asked whether additional Medicaid waiver slots would be needed for discharges; however, most current patients have waivers already.</p> <p><i>Presentation available upon request.</i></p>
<p>Facility Tours</p>	<p>At 10:20 a.m., Ms. Price-Stroble announced that the meeting would suspend while board members toured Southern Virginia Mental Health Institute. The meeting would resume at approximately 11:15 a.m. following the tour.</p>
<p>Facility Presentation: Southern Virginia Mental Health Institute</p>	<p>At 11:19 a.m., Ms. Crews presented an overview of the hospital built in 1977, beginning with the mission of the facility, "To provide a safe environment that promotes opportunities for people to improve their lives." Staffing challenges were being addressed through a variety of approaches. Quality initiatives have helped to ensure that SVMHI has been continuously accredited by The Joint Commission and CMS since it opened. Upcoming building renovations include window, generator, roof, and cook/chill replacements. Ms. Crews reviewed emerging issues and opportunities to address them. She highlighted the individual engagement success with the seven-day pilot program.</p> <p>Ms. Graser said she was intrigued about the Seven Day pilot, if individuals needing restoration can get it in seven days. Ms. Crews responded that the goal is seven days, but that has not been reached. However, time has been reduced by 20 days. This is achieved through contracting community evaluators and hiring a restoration coordinator whose sole job is this process, and to ensure there is not a lull where there is no active treatment.</p> <p>Mr. Vadella asked about the scenario for restoration codes, for example NGRI (not guilty by reason of insanity). Ms. Walker</p>

	<p>stated there would be a presentation on the basics of the competency restoration process later in the meeting.</p> <p><i>Presentation available upon request.</i></p>
<p>Legislative and Budget Update</p>	<p>At 11:40 a.m., on behalf of Nathan Miles, Chief Financial Officer, Ramona Howell, Budget Director, presented on recent budget requests submitted the previous week. Colleen Grady-Koerner, Executive Budget Manager, was also present. Information was presented on requests related to business operations, community services, youth services, and state facilities.</p> <p>Dr. Chung asked for clarification on a language-only request for Medicaid redesign. Mr. Vadella asked for clarification on General Fund and Nongeneral Fund categories. He also asked about the request for authority to be able to bill the CSBs at CCCA, which Ms. McDonald asked about as well. Mr. Miles explained that children at CCCA in DSS custody tend to stay longer. The goal is to move individuals to the least restrictive setting. The purpose of the language request is to encourage CSBs and DSS to communicate more about discharges, in other words that the community system partners will engage with one another to find solutions so the children can be served in the community. Ms. McGuire commented that there is a range of alternatives to placement in CCCA and this was just one of them. Dr. Chung asked if there was funding to support the infrastructure. Mr. Miles indicated that each time the General Assembly gave the department funds, permission must be granted to spend it. This would allow for the funds collected to be spent.</p> <p>Josie Mace, Legislative Affairs Manager, gave an update on General Assembly activity including required study workgroups, requests for legislative action, and bills already showing up on the system. Ms. McDonald asked whether the workgroup on the use of seclusion and restraint included DBHDS facilities. Madelyn Lent indicated it was both community providers and state facilities.</p> <p><i>Presentation available upon request.</i></p>
<p>Lunch: Break and Collect Lunch</p>	<p><i>A brief lunch break was held from 12:10 p.m. to 12:30 p.m.</i></p>
<p>Human Rights Annual Report</p>	<p>At 12:30 p.m., Taneika Goldman, State Human Rights Director, gave an update on human rights and the annual report. Her comments were prefaced by the State Human Rights</p>

	<p>Committee Chair, Will Childers, who stated wanted to share what a privilege it is to serve on the committee, and with Ms. Goldman. He complimented her by stating the Office of Human Rights is in extremely good hands. Mr. Childers stated that he finds the experience as an SHRC member to be very educational and very meaningful. He reported that the makeup of the SHRC is a strong committee.</p> <p>Ms. McDonald asked about the APS and CPS reports, in regard to ‘alleged’ abuses were ‘valid.’ She wondered if that meant the allegation was valid or, were the allegations found valid as the abuse found valid? Ms. Goldman explained that her meaning of ‘valid’ is the reports are valid to be reported to be reported to the Office of Human Rights in that there is a DBHDS-licensed provider and an individual receiving services from a provider. For example, complaints might be received regarding nursing home care, which is outside of the purview of the office. The data shows that there were 391 instances where a valid report was not made when it should have been made.</p> <p>Ms. McDonald had a follow up question asking whether the office gets the results of the APS or CPS investigation. Ms. Goldman stated the office gets all the initial reports but not all the dispositions of the investigations. Ms. Goldman has done a ‘tour’ to speak to all of the localities to remind them that that’s important because if they identify some facts that, for example, a provider doesn’t and their investigation was able to put those two together, her office is able to identify human rights violations where needed.</p> <p>(From Miscellaneous Item A.) Ms. Price-Stroble asked members to consider the SHRC recommendation for appointment of Christopher Olivo to the committee. <i>On a motion by Ms. Lamb and a second by Ms. Graser, the appointment of Mr. Olivo was approved.</i></p> <p><i>Presentation and report available upon request.</i></p>
<p>Update: Virginia Association of Community Services Boards</p>	<p>At 12:53 p.m., Jennifer Faison, Executive Director, VACSB, reported on the association’s activities since July. She reported the association was slowly honing down its requests to the General Assembly.</p> <ol style="list-style-type: none"> 1. One of them would be the historic investment in the Priority One wait list. A handful of CSBs will get the majority of them do to population and need, and in those CSBs there is

	<p>expected to be a significant need for additional support coordinators (case managers). Therefore, VACSB intends to have a budget request for \$9-12M based on calculations for approximately six months it would take to get a support coordinator hired and ready to accept a caseload. During that period of onboarding, the support coordinators are not generating revenue to cover their salaries. This funding would allow boards to bring on the number of support coordinators needed according to how many additional slots the CSB is getting.</p> <ol style="list-style-type: none"> 2. The association will also request funding for early intervention services to accommodate for the increased the 5% yearly increase in roughly in the number of kids that are served in early intervention. 3. The rate increase in the substance use disorder services as partial hospitalization and intensive outpatient never received a rate increase during the pandemic. She stated that when rate increases do not occur regularly, it is the functional equivalent of a cut. 4. Prevention services are going to be losing some significant funding from the withdrawal of federal ARPA funds and the association wants to make sure that those are replaced. <p>Regarding two pieces of legislation that passed last year that required a workgroup, and also have a reenactment clause on them, which would disallow anyone with a developmental disability or dementia from going to a state hospital.</p> <p>Finally, Ms. Faison reported that the association would have a conference next week in in Roanoke.</p>
<p>Overview: Competency Restoration Orders</p>	<p>At 1:05 p.m., Elizabeth Hunt, Forensic Evaluation Manager, provided an overview of the process for competency restoration of individuals ordered by the court to receive them.</p> <p>Ms. Graser asked about the qualifications for the person performing a restoration to competency. Ms. Hunt responded that there is a mix of individuals providing the services; training is required following the DBHDS manual. DBHDS does offer such training.</p> <p>Ms. Graser commented that forensic peer recovery specialists might be very helpful with the individuals needing restoration. Ms. Hunt said she would pass on the suggestion as it seemed a great idea.</p>

	<p>Ms. McDonald asked about NGRI as a defense, when an individual was not competent at the time of an offense. Ms. Hunt explained that has to do whether an individual was competent at the time is one piece, and then if they are competent (restored to competency) to go to trial. Once an individual is restored to competency, then a decision is made on how to proceed based on the individual's feeling about how to plead regarding the offense (plea, trial, etc.).</p> <p><i>Presentation available upon request.</i></p>
<p>Committee Reports</p>	<p>A. Planning and Budget At 1:50 p.m., Ms. Walker reported that the meeting was canceled as there was not a quorum present. Ms. Walker briefly reviewed the existing chart of planned topics by board meeting date. The quarterly budget report was included in the board meeting packet.</p> <p>B. Policy and Evaluation At 1:55 p.m., Madelyn Lent, Public Policy Manager, reported out for the committee, and directed members' attention to the requests from the committee included in the meeting packet for the board's consideration. Ms. Price-Stroble asked members to vote en bloc on the amendments to the following three policies: 1007(SYS)86-2 Behavioral Health and Developmental Services for Children and Adolescents and Their Families 4023(CSB)86-24 Housing Supports 4038(CSB)94-1 Department and CSB Roles in Providing Services to Children Under the Children's Services Act for At-Risk Youth and Families. <i>On a motion by Dr. Chung and a second by Ms. Graser, the amendments were approved en bloc.</i></p> <p>Ms. Price-Stroble called for a motion to rescind the following policy: 1010(SYS)86-7 <u>Board Role in the Development of the Department's Comprehensive State Plan for Mental Health, Mental Retardation, and Substance Abuse Services?</u> <i>On a motion by Ms. Lamb and a second by Mr. Vadella, the rescission was approved.</i></p> <p>Ms. Lent reported that the committee received background information for Policy 2010 (ADM ST BD)10-1 Review and Comment on Behavioral Health and Developmental Services Budget Priorities and Policy 5006(FAC)86-29 Demolition of Dilapidated Buildings on the Grounds of State Facilities</p>

	<p>Members reviewed comments received from CSBs in the field review for Policy 4010(CSB)83-6 Local Match Requirements for Community Services Boards and voted on recommended revisions. Those changes would come to the board in December.</p>
<p>Miscellaneous</p>	<p>A. SHRC Appointments At 12:50 p.m. on a motion by Ms. Lamb and second by Ms. Graser, Christopher Olivo was appointed to the SHRC.</p> <p>B. Board Member Spotlight: Jane McDonald Ms. McDonald shared that she is a 1988 Mary Washington University graduate. Her first job after graduating was as a mental health supervised apartment counselor with a focus on helping individuals discharged from Western State Hospital settled in housing. She gained her master’s degree in rehabilitation counseling from Boston University. Ms. McDonald’s experience working in services provided by community services boards is varied: in mental health residential, emergency services, in home services, quality assurance, human resources, psychosocial rehabilitation, deputy executive director, and finally as executive director from 2017-2022. She also gained inpatient experience at Snowden in Fredericksburg working in admissions and in a child and adolescent unit. At one point, Ms. McDonald worked at DBHDS Central Office in the Office of Mental Health. In total, she retired with over 30 years in the Virginia Retirement System.</p> <p>In her personal life, she has a 17 year old daughter who is freshman at Sewanee, University of the South. Ms. McDonald enjoys being outdoors including as a master gardener, fitness, and good food. She is active in community nonprofits and her church.</p> <p>C. Liaison Updates: Confirmation of Assigned Areas In the unexpected absence of the chair, the board members present confirmed by endorsement the liaison assignments as presented via a motion by Ms. Lamb and a second by Dr. Chung.</p>
<p>Other Business</p>	<p>Next Meeting: December 11, DBHDS Central Office, Richmond.</p>
<p>Adjournment</p>	<p>There being no other business, Ms. Price-Stroble expressed thanks again to all the staff at the hospital, the CSB, Nelson Smith, and other DBHDS staff that presented, and to the board</p>

	members for their time. The meeting was adjourned at 2:15 p.m.
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MEETING SCHEDULE

DATE	Location
2024	
December 11 (Wed)	Central Office Richmond
2025	
April 2 (Wed)	Western State Hospital Staunton
July 9 (Wed)	Southeastern Virginia Training Center Chesapeake

Attachment: Written Comments Received

Edmund W. Creekmore, Jr., MS, Ph.D., Licensed Clinical Psychologist,
National Shattering the Silence Coalition Policy Action Co-Chair and
Virginia Legislative Advocate

Dr. Creekmore Public Comment to the September 25, 2024 DBHDS Regular Board Meeting in SVMHC

Thank you, DBHDS Board members. I am Dr. Edmund Creekmore, Licensed Clinical Psychologist. I consult regularly with medical professionals in a private community hospital setting where I serve as an independent contract forensic examiner in involuntary civil commitment court proceedings that regularly convene in that hospital location and judicial venue. I am also the National Shattering the Silence Coalition's Policy Action Co-Chair and its Virginia Policy Director and legislative advocate. The NSSC advocates for policies which affect the safety and vital interests and needs of families and adult peers in support of the seriously mentally ill. COVID 19 was a tipping point in the US health care services industry for several years during both the pandemic crisis and post-pandemic periods. New and innovative "point of care" technologies have become industry standards in the care and provision of in-home care with chronically disabled adult patients transitioning from acute care units in the hospital. Many of these "at risk" populations

have chronic health conditions which require home-based care. These include medical conditions that often involve the care and management of complex co-morbid neuropsychiatric conditions, such as adults diagnosed with Traumatic Brain Injuries, Post-ICU Syndrome or PICS, and Schizophrenia.

For most of adults diagnosed with what have been called “serious mental illness”-- adults diagnosed with chronic “remitting” and “recurring” psychotic disorders, such as schizophrenia and bipolar disorders, including many of whom may also be “forensically involved”-- discharge is to the home with the assistance and support of their family members, to group homes, or even, when criminal charges are preferred in a “mental health emergency”, to jail. This is sometimes with the assistance of in-home services support in Virginia, such as Assertive Community Treatment (ACT) teams or Forensic FACT teams, sometime not.

Discharge planning in the large majority of such cases post-acute care planning typically offers little more in the way of discharge planning than brief, often hastily developed case “boilerplate” goals and

objectives developed by case managers, instead of carefully crafted, “patient centered” discharge planning options taking place, as it should, in the home environments where so many of these individuals live, experience, and ultimately must cope with the day-to-day challenges of living with serious mental illness and disability. The lack of specificity in discharge planning goals and objective anchored in the actual experience of those with whom these patients live and are cared for presents practical “barriers” to placement in the community

Experience-Based Co-Design with its innovative model of “flipping” discharge planning from the hospital to the home is accepted and practiced as an international standard of care in use with these “at risk” populations in many English-speaking countries around the world, including in recent years the US and Canada

EBCD considered as a generic care model provides, or should provide, a “place at the table” for those adults capable of giving consent and their “carers”, almost always family members but also in many instances adult peer supporters, who should be

heard and acknowledged on a “co-equal” basis in the care, planning, and provision of health care services for their loved ones. This should include family participation and involvement upon discharge—whether this be from private community hospitals, publicly funded specialty “teaching hospitals”, or state hospitals where many of these difficult to treat patients ultimately end up and find their bed of “last resort”. It is recommended that “flipped” post-discharge planning be undertaken by Assertive Community Teams for individuals with SMIs capable of consenting to a care plan and with a civil MOT court order “over objection” for those who are not but who are nonetheless capable of abiding by such a order.

EBCD also offers an attractive public forum for policy advocacy, as well, by the families of all those and their advocates with “lived experience” who have mental health disabilities, such as the seriously mentally ill, but also those with co-morbid psychiatric disabilities, such as PICS, and those with developmental disorders, such as autism spectrum and developmental disorders.

Thank you for your time and attention.

**POLICY AND EVALUATION COMMITTEE
MINUTES**

SEPTEMBER 25, 2024

DBHDS SOUTHERN VIRGINIA MENTAL HEALTH INSTITUTE
382 TAYLOR DRIVE, DANVILLE, VA 24541

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

MEMBERS PRESENT: Sandra Price-Stroble
Rebecca Graser
Cindy Lamb

STAFF PRESENT: Madelyn Lent, Policy Manager
Suzanne Mayo, Assistant Commissioner of Facilities
Services
Nathan Miles, Chief Financial Officer (Virtual)
Ramona Hollowell, Director, Office of Planning and Budget
(Virtual)
Robert Johnston, Director, Office of Environment of Care
(Virtual)
Josie Mace, Legislative Director (Virtual)

I. Call to Order

Sandra Price-Stroble called the meeting to order at 8:38 AM.

II. Welcome and Introductions (5 min)

Board members and DBHDS staff present provided a brief introduction.

III. Adoption of Minutes, July 17, 2024

Cindy Lamb moved to adopt the minutes. Rebecca Graser seconded. The minutes were adopted unanimously.

IV. Adoption of Agenda, September 25, 2024

Cindy Lamb moved to adopt the agenda. Ms. Graser seconded. The agenda was adopted unanimously.

V. Review of Policy Review Plan for FY2025 (10 min)

Madelyn Lent presented the policy review plan to the Policy Committee.

VI. Presentation of Background Reviews (20 min)

Ramona Hollowell present background information for Policy 2010 (ADM ST BD)10-1 Review and Comment on Behavioral Health and Developmental Services Budget Priorities and Policy. DBHDS is not recommending revisions at this time.

Robert Johnston presented background information for Policy 5006(FAC)86-29 Demolition of Dilapidated Buildings on the Grounds of State Facilities. Mr. Johnston answered questions from committee members on how the policy is currently being implemented. DBHDS will present recommended revisions at the next policy committee meeting.

VII. Presentation of Policy for Vote to Recommend Revisions to the Board (15 min)

Review comments received from Community Services Boards Field Review for Policy 4010(CSB)83-6 Local Match Requirements for Community Services Boards, the DBHDS procedure for issuing waivers, and additional data on waivers issued by DBHDS. Rebecca Graser moved to recommend the revisions to the State Board of Behavioral Health and Developmental Services. Cindy Lamb seconded. The revisions were recommended to the state board unanimously.

VIII. Next Quarterly Meeting: December 11, 2024.

IX. Adjournment

Sandra Price-Stroble adjourned the meeting at 9:15 am.

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

PLANNING AND BUDGET COMMITTEE
Wednesday, September 25, 2024
DBHDS Southern Virginia Mental Health Institute, 382 Taylor Dr., Danville, VA 24541

This meeting was cancelled due to lack of a physical quorum present.