

DRAFT MINUTES

State Board of Behavioral Health and Developmental Services

REGULAR QUARTERLY BOARD MEETING

Wednesday, April 22, 2026

Northern Virginia Mental Health Institute (NVMHI)
 3302 Gallows Road, Falls Church, VA 22042

The meeting was held in person with a physical quorum present and with electronic or phone connection available.

MEMBERS PRESENT	R. Blake Andis Sandy Chung, MD Caroline Coster, MD Rebecca Graser Jane McDonald Nina Schroder Tony Vadella	MEMBERS ABSENT	None
DBHDS STAFF present for all or part of the meeting	Mary Broz-Vaughan, Regulatory Affairs Director/State Board Liaison Madelyn Lent, Public Policy Manager Meghan McGuire, Deputy Commissioner, Policy and Public Affairs Susan Puglisi, Regulatory Research Specialist Alyssa Ward, Chief Deputy Commissioner Daryl Washington, Commissioner		
INVITED GUESTS present for all or part of the meeting	Katherine Beach, NVMHI Chief Clinical Officer Ronald Cress, NVMHI Chief Operating Officer Lauren Cunningham, DBHDS Communications Director Jennifer Faison, VACSB Executive Director Cassie Grillon, DBHDS Marketing & Communications Manager Mason Kaufmann, DBHDS Digital Production Specialist Josie Mace, DBHDS Legislative Affairs Director Nathan Miles, DBHDS Chief Financial Officer Bowen Monroe-Mihailoff, DBHDS Public Affairs Manager Candace Roney, DBHDS Addiction, Recovery & Wellness Supports Director Rick Wallace, NVMHI Interim CEO and Chief Nurse Officer		
OTHER ATTENDEES	Mark Blackwell; LeVar Bowers; Tom Jackson, Virginia Recovery Advocacy Project; Cara Kaufman, DARS; Kristine Konen; Crystal Lipford, DBHDS Quality & Risk Management Director; Katherine Means, DBHDS Assistant Commissioner for Quality Management and Strategic Outcomes; Dev Nair, DBHDS Assistant Commissioner for Provider Management; Chaye Neal-Jones, DBHDS Enterprise Management Services Director; Kimora Porter, DBHDS Quality Assurance & Healthcare Compliance Director.		

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CALL TO ORDER	Chair Blake Andis called the meeting to order at 9:35 a.m.
Determination of Quorum	Sheriff Andis reported that a quorum was present with no board members participating remotely.
Introductions	<p>Sheriff Andis announced the resignations of board members Cindy Lamb and Debbie Marrs, noting that Virginians interested in applying to fill vacancies may do so via the Secretary of the Commonwealth’s website.</p> <p>Sheriff Andis welcomed Commissioner Washington and Dr. Ward and asked for introductions.</p>
Adoption of Agenda	A motion was made by Ms. McDonald and seconded by Dr. Chung to adopt the agenda. The motion carried unanimously.
Approval of Minutes	<p>Sheriff Andis advised the board of one technical amendment to the December 10, 2025, meeting minutes.</p> <p>Mr. Vadella moved to approve the minutes en bloc as amended. Dr. Chung seconded the motion, which carried unanimously.</p>
Public Comment	<p>Sheriff Andis opened the floor for public comment.</p> <p>Kristine Konen addressed the board regarding recovery services and offered written comment for the record.</p> <p>Mark Blackwell addressed the board regarding recovery services and offered written comment for the record.</p> <p>Tom Jackson addressed the board regarding recovery services and offered written comment for the record.</p> <p>Sheriff Andis closed public comment.</p>
Standing Committee Reports	<p>Ms. McGuire reported that the Planning and Budget Committee reviewed the statutory background and historical context for the bylaws provision on liaison assignments. Staff will draft revisions to provide clarity and flexibility for the committee to consider at its next meeting.</p> <p>Ms. Lent reported that the Policy and Evaluation Committee reviewed draft revisions and field review comments for Policy 6005 (FIN) 94-2 – Retention of Unspent State Funds by Community Services Boards, as well as Policy 3000 (CO) 74-10 – Appointments of Department Employees to Community Services Boards.</p> <p>After discussion, Committee members voted to recommend both policies to the full board as revised.</p>

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Unfinished Business	<p>At the December meeting, the Policy and Evaluation Committee voted to recommend amendments to Policy 2011 (ADM) 88-3 – Naming of Buildings, Rooms, and Other Areas at State Facilities. Sheriff Andis directed members to the revisions in the agenda packet.</p> <p>On a motion by Dr. Chung, properly seconded by Ms. McDonald, the board unanimously approved the revisions to Policy 2011 as presented.</p>
Regulatory Business	<p>Sheriff Andis asked Ms. Puglisi to review the agenda item authorizing a revised Emergency/Notice of Intended Regulatory Action (NOIRA) action.</p> <p>Ms. Puglisi explained that the board, at its December meeting, voted to develop emergency regulations to ensure consistency with the newly funded Medicaid services for Coordinated Specialty Care (CSC) based on the draft DMAS policy published at that time.</p> <p>However, on March 26, 2026, DMAS announced changes to its CSC policy. As a result, to remain aligned with DBHDS licensing regulations, this revised Emergency/NOIRA action conforms to those changes because consistency is important for licensed providers as well as for individuals receiving services and their families.</p> <p>MOTION: Dr. Chung moved to adopt revised emergency regulations amending 12VAC35-105 to align with Medicaid behavioral health services redesign for Coordinated Specialty Care, as presented, and to issue a NOIRA for permanent replacement regulations. Ms. Schroder seconded, and the motion carried unanimously.</p>
Facility Tour	<p>Sheriff Andis recessed the meeting while the board toured the facility. He announced the meeting would reconvene at approximately 10:45 a.m.</p>
<p>The Board recessed at 10:00 a.m. to reconvene at 10:45 a.m.</p>	
<p>The Board reconvened at 11:00 a.m.</p>	
Facility Overview	<p>NVMHI executive leadership team members presented on the facility’s history, services, successes, and challenges.</p> <p>Presentation available from board office upon request.</p>
Commissioner’s Report	<p>Commissioner Washington provided updates on the crisis system transformation, hospital census/waitlist dashboard, and community continuum of care.</p> <p>Presentation available from board office upon request.</p>
Lunch Recess	<p>Sheriff Andis recessed the meeting for lunch.</p>
<p>The Board recessed at 12:00 p.m. to reconvene at 12:15 p.m.</p>	
<p>The Board reconvened at 12:15 p.m.</p>	

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Reordering of Agenda	<p>Sheriff Andis requested unanimous consent to take business out of order to accommodate presenters' schedules.</p> <p>Without objection, board members agreed to reorder the agenda.</p>
Certified Recovery Residences Update	<p>Dr. Roney reviewed the legal framework governing recovery residences in preparation for future regulatory actions directed by 2026 legislation.</p> <p>Presentation available from board office upon request.</p>
Post-Session Legislative and Budget Update	<p>Ms. Mace summarized significant DBHDS legislation from the 2026 General Assembly Session. Mr. Miles noted the legislature continues to negotiate work on the budget.</p> <p>Presentation available from board office upon request.</p>
Communications Update	<p>Ms. Cunningham reviewed DBHDS internal and external communications activities and impact.</p> <p>Presentation available from board office upon request.</p>
VACSB Update	<p>Ms. Faison updated the board on Virginia Association of Community Services Boards (VACSB) budget and policy priorities.</p>
New Business	<p>Sheriff Andis called for any new business. Mr. Vadella and Ms. Schroder requested discussion regarding the public comment received about recovery services.</p> <p>Commissioner Washington explained that the change represents an internal restructuring intended to streamline operations and more fully integrate the perspective of recovery services throughout the organization. He expressed support for the change and noted that DBHDS is in the process of identifying appropriate metrics to evaluate whether the restructuring achieves its intended outcomes.</p> <p>Ms. McGuire clarified that certain information presented by commenters was inaccurate, specifically noting there has been no overall reduction in funding allocated to recovery activities. She stated that staff are actively working to distribute these funds more equitably among recovery organizations across Virginia. Ms. McGuire also acknowledged concerns raised during public comment regarding communication and indicated that, following the conclusion of the General Assembly session, DBHDS is initiating workgroups to address provider concerns and broader system-level issues.</p> <p>Dr. Ward added that the formation of workgroups is intended not only to improve internal communication among staff but also to ensure that relevant information is shared appropriately with external stakeholders.</p>

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Commending Resolutions	<p>Continuing with new business, Sheriff Andis directed members to draft copies of commending resolutions for the two board members whose recent resignations he referenced at the beginning of the meeting.</p> <p>On a motion by Mr. Vadella, properly seconded by Dr. Chung, the board unanimously adopted the commending resolutions honoring the service of former board members Cindy Lamb and Debbie Marrs.</p>
Announcements	<p>Ms. Broz-Vaughan reminded board members of the quarterly budget report. The handout was for informational purposes only and did not require any action.</p>
ADJOURNMENT	<p>Sheriff Andis adjourned the meeting at 1:35 p.m.</p>
The State Board adjourned at 1:35 p.m.	

NEXT MEETING SCHEDULED FOR WEDNESDAY, JULY 15, 2026

DBHDS Piedmont Geriatric Hospital
5001 E. Patrick Henry Hwy., Burkeville, VA 23922

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PUBLIC COMMENT

Received electronically Monday, April 20, 2026 4:24 PM

Good morning, members of the Board.

I am a person with a chronic, progressive, and fatal disease. My disease of substance addiction and mental health issues. I spent almost 40 years in the incessant, relentless cycle of addiction. Today my disease is in remission due to a rigorous, persistent, and intentional holistic recovery process. This process does more than keep my disease at bay; it affords me a life of purpose and meaning. Fundamental to my recovery—and the recovery of thousands of Virginians—is the act of helping others navigate their own path to wellness.

I am requesting that you direct DBHDS Leadership to:

- Reestablish the Office of Recovery Services, and
- Establish a formal communications channel to facilitate ongoing dialogue between the DBHDS Senior Leadership, Virginians in recovery, and the peer recovery workforce.

Having served in the DBHDS Office of Recovery Services (ORS), I have experienced the unique value of collaborating with professionals who view every challenge through a recovery lens. We share a camaraderie born of lived experience that allows us to serve our constituents with unmatched authenticity.

In 2010, DBHDS established a visionary roadmap that moved Virginia from a facility-bound system to a community-focused model. It established the ORS to ensure that the "Voice of Recovery" was not a footnote, but the foundation of our strategic planning. Virginia became a national innovator by refusing to classify individuals by their diagnosis, choosing instead a holistic strength-based foundation.

This approach is backed by rigorous data. Evidence from the American Hospital Association and SAMHSA shows that recovery-oriented systems utilizing peer specialists lead to a 43% reduction in inpatient services and a 56% decrease in readmission rates. The Return on Investment is undeniable: studies show a return of over \$2.25 for every dollar invested in peer recovery services.

Despite this, we are currently witnessing a catastrophic reversal of progress. The recent decision to close the Office of Recovery Services and reallocate staff into diagnosis-based silos was made unilaterally. In my 20 years in the Virginia recovery landscape, I have never seen such a consequential decision made without stakeholder involvement. Our fundamental value of "Nothing About Us Without Us" was intentionally ignored, and the major outcry in opposition was ignored.

The adverse effects are already visible:

- **Decimated Resources:** Discretionary funding has been eliminated, and Recovery Community Organizations - the backbone of our safety net—have seen their budgets slashed and threatening their mere existence.
- **Systemic Confusion:** Our constituents no longer know who to contact. The centralized "home" for recovery has vanished-hidden within clinical diagnosis-based bureaucracy.
- **A Culture of Fear:** There is no longer a forum to voice concerns. Peers and organizations are now fearful of repercussions if their needs do not align with administration silos.

By splitting recovery staff into "diagnosis" offices, you signal that the person is their disease, not their potential.

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Recovery is not a sub-category of a diagnosis; it is the evidence-based solution to our state's mental health crisis. I urge this Board and the incoming administration to honor the data and our history of innovation. Restore the Office of Recovery Services to as the voice of recovery on a senior leadership capacity.

Furthermore, I request that a formal communications channel be established to facilitate ongoing dialogue between the DBHDS Senior Leadership, Virginians in recovery, and the peer recovery workforce. It is essential that those on the front lines of this crisis have a structured and transparent way to provide input and receive updates on policies that directly impact their lives and livelihoods.

Thank you for your time.

Mark Blackwell

PUBLIC COMMENT

Received electronically Tuesday, April 21, 2026 4:20 PM

Public comment to the DBHDS Board

Submitted by Kristine Konen, MBA, PRS

April 2026

Good morning members of the Board,

In 2014, while being treated for a mental health emergency, my voice was taken away by the attending clinical staff treating me. Long story short, I consider myself lucky I'm still alive.

There are so many nuances to mental health, substance use and problem gambling treatment, all cannot be named. No matter how many years of clinical experience in the arena, peer supports and the recovery voice – along with their understanding allies - contribute a significant factor in how a human should be treated.

I am reaching out today to connect in relation to re-establishing the Recovery voice at DBHDS.

In early 2026, a group of advocates gathered data, including both a survey of peers (n=47) and a separate March consensus workshop with 16 leaders. The survey results are rather alarming; 75.1% of peers surveyed do not currently know which DBHDS office to contact to get their questions answered. There are over 1,800 peers certified in Virginia with limited guidance on where to turn to find answers. If answers are found, it takes a significant amount of time because they are buried six layers deep.

As a result of the March 2026 consensus workshop, the top priorities identified were:

1. Establishing a sustainable relationship with DBHDS leadership.
2. Communication - with Recovery having a permanent home at the Department.

In relation to communication, a workgroup was promised last year during the DBHDS leadership presentation SAARA hosted in the month of May. It has taken 10 months to establish there will be a workgroup starting in Spring 2026.

To say the 2025 re-alignment of the Office of Recovery Services was detrimental to the treatment of peers seeking services for mental health, substance use and problem gambling disorders is an understatement. The re-alignment not only shifted services to a clinical model, when peer support is intended to be non-clinical, it also shifted the funding sources many community organizations relied on for serving as bridges in their local communities.

Breaking down the infrastructure built during the last 10 years was done without input from anyone in the peer community. No peers, no allies, nothing. The voice of recovery was suppressed. It is disheartening at best that this was the path chosen. I am reaching out with the hope the new administration will seriously consider re-establishing an elevated Recovery voice within DBHDS.

Thank you for your time.

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PUBLIC COMMENT

Received electronically Tuesday, April 21, 2026 4:22 PM



tom.jackson@varecoveryadvocacy.org

434-249-0851

Mr. Chairman and Members of the Board:

My name is Tom Jackson. I am a Registered Peer Recovery Specialist, a PRS instructor, a founding member of the DSBHDS Peer Ethics Committee, and a person with lived and living experience in recovery since May 13, 1991.

I am also the Co-Lead Organizer of the Virginia Recovery Advocacy Project on whose behalf I am speaking, and also the 2026 Co-Chair of the Recovery Professionals and Community Partners Roundtable, and I retired from Western State last fall after 22 years in public and community co-occurring mental health and substance use services.

While we do need a “No Wrong Door” policy as contained in Right Help, Right Now, we also need a “One Stop Shop” for peer workforce and recovery issues. As the Roundtable survey results others have presented or will present, since the Office of Recovery Services was disbanded, over 72% of respondents found it “challenging or a lot more challenging” to find where to get responses from the Department, and about 50% of them found it took much longer than expected and/or the first response they received was incorrect.

When Department leadership disbanded ORS, they did it in the dark, with no feedback requested from the recovery community beforehand, no acknowledgement of the almost four hundred emails, letters and petition signatures we sent, and no input from the people actually doing the work. Bluntly, that inconsiderate and shortsighted process shows exactly how much the leadership at the time valued our voices.

To fix that, we need to restore ORS to what it originally was: a successful, nation-leading, direct, two-way communications pipeline to the Commissioner, not one or two levels down in a clinical-oriented bureaucracy that still doesn’t often treat us as equals.

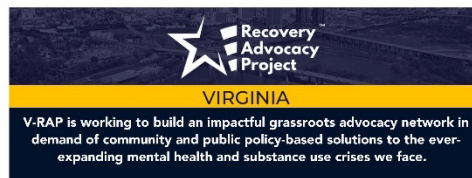
With regard to funding cuts, as an example, the Virginia Certification Board last month posted a one-sentence notice on their web page that they are no longer in the business of certifying continuing education credits for us, with no explanation, and no guidance to alternative sources. Again, that kind of one-sided treatment never happened when ORS was in place.

Please restore ORS to what it originally was, a permanent direct report to the Commissioner, and from there we can do what the disbanding was alleged to accomplish – making sure the voices of recovery are heard throughout the Department.

Thank you.

Thomas A. Jackson
Co-Lead Organizer

652 W Frederick St
Staunton VA 24401



NEW BUSINESS



COMMONWEALTH of VIRGINIA

STATE BOARD OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

Cindy Lamb

At its regular meeting on Wednesday, April 22, 2025, the State Board of Behavioral Health and Developmental Services unanimously adopted the following resolution:

WHEREAS, Cindy Lamb was appointed by Governor Glenn Youngkin to the State Board of Behavioral Health and Developmental Services in 2023; and

WHEREAS, Cindy Lamb served as a family member of an individual who is receiving or who has received services; and

WHEREAS, during her tenure, Cindy Lamb did faithfully endeavor to protect the rights and safety of individuals and their families, and to strengthen Virginia's system of community mental health, developmental, and substance use disorder services; and

WHEREAS, Cindy Lamb's advocacy, integrity, and commitment earned her the respect and admiration of the members of the Board, its staff, and all others associated with its activities; now, therefore, be it

RESOLVED, That the State Board of Behavioral Health and Developmental Services does hereby express its affection and gratitude to Cindy Lamb, for her contributions to this body; and be it

RESOLVED FURTHER, That this Resolution be made a part of the official minutes of the Board, and that a framed copy thereof be presented to Cindy Lamb, so that all may know of the high regard in which she is held.

NEW BUSINESS



COMMONWEALTH of VIRGINIA

STATE BOARD OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

Debbie MARRS

At its regular meeting on Wednesday, April 22, 2025, the State Board of Behavioral Health and Developmental Services unanimously adopted the following resolution:

WHEREAS, Debbie MARRS was appointed by Governor Glenn Youngkin to the State Board of Behavioral Health and Developmental Services in 2025; and

WHEREAS, Debbie MARRS served as a family member of an individual who is receiving or who has received services; and

WHEREAS, during her tenure, Debbie MARRS did faithfully endeavor to protect the rights and safety of individuals and their families, and to strengthen Virginia's system of community mental health, developmental, and substance use disorder services; and

WHEREAS, Debbie MARRS's advocacy, integrity, and commitment earned her the respect and admiration of the members of the Board, its staff, and all others associated with its activities; now, therefore, be it

RESOLVED, That the State Board of Behavioral Health and Developmental Services does hereby express its affection and gratitude to Debbie MARRS, for her contributions to this body; and be it

RESOLVED FURTHER, That this Resolution be made a part of the official minutes of the Board, and that a framed copy thereof be presented to Debbie MARRS, so that all may know of the high regard in which she is held.

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STATE BOARD OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

Policy and Evaluation Committee

DRAFT MINUTES

APRIL 22, 2026

NORTHERN VIRGINIA MENTAL HEALTH INSTITUTE

3302 GALLOWS ROAD, FALLS CHURCH, VA 22042

*This meeting was held in person with a physical quorum present,
with electronic or phone connection available.*

Members Present: Jane McDonald (Committee Chair), Rebecca Graser, Nina Schroder, Caroline Coster, M.D.

DBHDS Staff Present: Madelyn Lent, Public Policy Manager
Nathan Miles, Chief Financial Officer (virtual)
Chaye Neal-Jones, Director, Office of Enterprise Management Services (virtual)
Benjamin Marks, Director of Facility Data Analytics and Evaluation (virtual)
Crystal Lipford, Director of Quality and Risk Management, Division of Facility Services (virtual)
Kimora Porter, Director of Quality Assurance and Healthcare Compliance (virtual)

I. Call to Order

II. Welcome and Introductions (5 min)

Jane McDonald called the meeting to order at 8:55 am.

III. Adoption of Agenda, April 22, 2026

Rebecca Graser moved to adopt the agenda. Nina Schroder seconded. The agenda was adopted unanimously.

IV. Adoption of Minutes, December 10, 2025

Nina Schroder moved to adopt the minutes. Dr. Caroline Coster seconded. The minutes were adopted unanimously.

V. Review Policy Plan for FY2025 - FY2030 (5 min)

Madelyn Lent presented the policy plan and the committee briefly reviewed.

VI. Presentation of Background Reviews (15 min)

The committee received background information on Policy 1030 (SYS) 90-3 Consistent Collection and Utilization of Data in State Facilities and Community Services Boards to start the periodic review cycle for this policy. Benjamin Marks, Director of Facility Data Analytics and Evaluation, provided a conceptual overview of agency recommended technical revisions which will be presented in detail at the next meeting.

The committee postponed review of Policy 1040 (SYS) 06-3 Involvement and Participation of Individuals Receiving Services and Family Members. The background review will be provided with the presentation of draft revisions at the July committee meeting.

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VII. Presentation of draft revisions for recommendation to the full board (25 min)

The committee reviewed draft revisions recommended by the Department for Policy 3000 (CO) 74-10 Appointments of Department Employees to Community Services Boards and field review comments received from Community Services Boards at the December meeting. Rebecca Graser motioned to recommend the revisions to the full board and Nina Schroder seconded. The motion passed unanimously.

The committee reviewed draft revisions recommended by the Department for Policy 6005 (FIN) 94-2 Retention of Unspent State Funds by Community Services Boards. The committee reviewed comments received from Community Services Boards (CSBs) on the revisions presented by the Department at the December committee meeting. The committee reviewed updated revisions included in the April committee meeting materials packet. Nathan Miles, DBHDS Chief Financial Officer responded to members' questions. Members noted the revisions would clarify that the performance contract process would be the vehicle for negotiating and establishing requirements for unspent balances within the general parameters established by the policy. Revisions would also establish explicit requirements for the Department to communicate with CSBs prior to taking actions related to unspent balances. Nina Schroder motioned to recommend the revisions to the full board and Rebecca Graser seconded. The motion passed unanimously.

VIII. Next Quarterly Meeting: July 15, 2026.

IX. Adjournment

Jane McDonald adjourned the meeting at 9:27 am.

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

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State Board of Behavioral Health and Developmental Services

PLANNING AND BUDGET COMMITTEE

Wednesday, April 22, 2026

Northern Virginia Mental Health Institute (NVMHI)
3302 Gallows Road, Falls Church, VA 22042

The meeting was held in person with a physical quorum present and with electronic or phone connection available.

MEMBERS PRESENT	R. Blake Andis Sandy Chung, MD Tony Vadella
MEMBERS ABSENT	None
STAFF PRESENT	Mary Broz-Vaughan, Regulatory Affairs Director/State Board Liaison Meghan McGuire, Deputy Commissioner, Policy and Public Affairs Susan Puglisi, Regulatory Research Specialist

CALL TO ORDER	Blake Andis called the meeting to order at 8:50 a.m.
Determination of Quorum	Sheriff Andis reported that a quorum was present with no members participating remotely.
Adoption of Agenda	A motion was made by Dr. Chung and seconded by Mr. Vadella to adopt the agenda. The motion carried unanimously.
Review Meeting Plan for 2026-28 Biennium	Ms. Broz-Vaughan reviewed the meeting plan adopted by the board in July 2025, including the standing agenda items to be covered for the remainder of the year. In planning for future presentations, committee members directed staff to focus on the board's priority areas of workforce and system capacity, community-based services, substance use disorder treatment, the crisis continuum, and school-based programs.
Review of Board Bylaws Article VIII	Ms. McGuire provided historical context and statutory background for the board's bylaws provision on liaison assignments. After discussion, committee members requested staff draft revisions to the bylaws and accompanying guidelines to provide clarity and flexibility.
Announcements	Ms. Broz-Vaughan directed committee members to the quarterly budget report. The handout was for informational purposes only and did not require any action.
ADJOURNMENT	Sheriff Andis adjourned the meeting at 9:15 a.m.

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State Board of Behavioral Health and Developmental Services

DINNER MEETING
Tuesday, September 21, 2026

Alta Strada – Mosaic
2911 District Avenue, Fairfax, VA 22031

MEMBERS PRESENT	R. Blake Andis Caroline Coster, MD Rebecca Graser Nina Schroder Tony Vadella
MEMBERS ABSENT	Sandy Chung, MD Jane McDonald
STAFF PRESENT	Mary Broz-Vaughan, Regulatory Affairs Director / State Board Liaison Madelyn Lent, Public Policy Manager Meghan McGuire, Deputy Commissioner, Policy and Public Affairs Chaye Neal-Jones, Director of Enterprise Management Services Susan Puglisi, Regulatory Research Specialist Candace Roney, PhD, Director of Addiction, Recovery, and Wellness Supports Alyssa Ward, PhD, Chief Deputy Commissioner Daryl Washington, Commissioner
CALL TO ORDER	Blake Andis called the dinner meeting to order at 6:10 p.m. Sheriff Andis explained the purpose of the informal gathering was to receive information about community programs and services, noting the members would not discuss or transact public business.
ADJOURNMENT	The meeting adjourned at 8:00 p.m.