

AGENDA PACKET

DRAFT

State Board of Behavioral Health and Developmental Services

Wednesday, July 15, 2026

DBHDS Central Office, 13th Floor Jefferson Building, 1220 Bank Street, Richmond, VA 23219																
<i>Meetings are in person with a physical quorum present; however, electronic meeting access is available.</i>																
8:30 a.m.	<p>POLICY AND EVALUATION COMMITTEE MEETING Medium Conference Room, 13th Floor South <i>Membership: McDonald, Graser, Schroder, Coster, (Vacancy)</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left; padding: 2px;">Electronic Meeting Access:</th> </tr> <tr> <td style="width: 30%; padding: 2px;">Microsoft Teams</td> <td style="padding: 2px;">Click here to join Committee Meeting</td> </tr> <tr> <td style="padding: 2px;">Meeting ID:</td> <td style="padding: 2px;">218 687 493 397 324</td> </tr> <tr> <td style="padding: 2px;">Passcode:</td> <td style="padding: 2px;">zA3Zp6ZR</td> </tr> <tr> <th colspan="2" style="text-align: left; padding: 2px;">Audio only</th> </tr> <tr> <td style="padding: 2px;">Dial in by phone:</td> <td style="padding: 2px;">434-230-0065</td> </tr> <tr> <td style="padding: 2px;">Phone Conference ID:</td> <td style="padding: 2px;">780 888 809#</td> </tr> </table>	Electronic Meeting Access:		Microsoft Teams	Click here to join Committee Meeting	Meeting ID:	218 687 493 397 324	Passcode:	zA3Zp6ZR	Audio only		Dial in by phone:	434-230-0065	Phone Conference ID:	780 888 809#	Agenda, pages 19-29
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8:30 a.m.	<p>PLANNING AND BUDGET COMMITTEE MEETING Large Executive Board Room, 13th Floor South <i>Membership: Andis, Chung, Vadella, (Vacancy)</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left; padding: 2px;">Electronic Meeting Access:</th> </tr> <tr> <td style="width: 30%; padding: 2px;">Microsoft Teams</td> <td style="padding: 2px;">Click here to join Committee Meeting</td> </tr> <tr> <td style="padding: 2px;">Meeting ID:</td> <td style="padding: 2px;">222 831 169 776 747</td> </tr> <tr> <td style="padding: 2px;">Passcode:</td> <td style="padding: 2px;">JS6nr3wy</td> </tr> <tr> <th colspan="2" style="text-align: left; padding: 2px;">Audio only</th> </tr> <tr> <td style="padding: 2px;">Dial in by phone:</td> <td style="padding: 2px;">434-230-0065</td> </tr> <tr> <td style="padding: 2px;">Phone Conference ID:</td> <td style="padding: 2px;">630 541 716#</td> </tr> </table>	Electronic Meeting Access:		Microsoft Teams	Click here to join Committee Meeting	Meeting ID:	222 831 169 776 747	Passcode:	JS6nr3wy	Audio only		Dial in by phone:	434-230-0065	Phone Conference ID:	630 541 716#	Agenda, pages 30-33
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9:30 a.m.	<p>REGULAR QUARTERLY BOARD MEETING Large Executive Board Room, 13th Floor South</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left; padding: 2px;">Electronic Meeting Access:</th> </tr> <tr> <td style="width: 30%; padding: 2px;">Microsoft Teams</td> <td style="padding: 2px;">Click here to join Full Board Meeting</td> </tr> <tr> <td style="padding: 2px;">Meeting ID:</td> <td style="padding: 2px;">222 831 169 776 747</td> </tr> <tr> <td style="padding: 2px;">Passcode:</td> <td style="padding: 2px;">JS6nr3wy</td> </tr> <tr> <th colspan="2" style="text-align: left; padding: 2px;">Audio only</th> </tr> <tr> <td style="padding: 2px;">Dial in by phone:</td> <td style="padding: 2px;">434-230-0065</td> </tr> <tr> <td style="padding: 2px;">Phone Conference ID:</td> <td style="padding: 2px;">630 541 716#</td> </tr> </table>	Electronic Meeting Access:		Microsoft Teams	Click here to join Full Board Meeting	Meeting ID:	222 831 169 776 747	Passcode:	JS6nr3wy	Audio only		Dial in by phone:	434-230-0065	Phone Conference ID:	630 541 716#	Agenda, pages 2-3
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DRAFT AGENDA

State Board of Behavioral Health and Developmental Services

WEDNESDAY, JULY 15, 2026

Regular Quarterly Board Meeting

9:30 a.m.

DBHDS Central Office, 13th Floor South Large Executive Board Room
Jefferson Building, 1220 Bank Street, Richmond, VA 23219

ELECTRONIC MEETING ACCESS	
Microsoft Teams	Click here to join
Meeting ID:	222 831 169 776 747
Passcode:	JS6nr3wy
<i>Audio only</i>	
Dial in by phone:	434-230-0065
Phone Conference ID:	630 541 716#

Meeting is in person with a physical quorum present; however, electronic meeting access is available.

1. CALL TO ORDER		
A. Determination of Quorum		
B. Welcome and Introductions		
C. Adoption of Agenda		
D. Approval of Draft Minutes	Action Item	Pages 4-18
2. OFFICER ELECTIONS		
A. Presentation of Slate of Candidates		
B. Nominations from the Floor		
C. Election of Chair and Vice Chair	Action Item	
D. Passing of the Gavel		
3. PUBLIC COMMENT		
Public comment on agenda items will be accepted in person or virtually using the electronic meeting access option. Comment will not be accepted on regulatory actions or rulemaking petitions for which the public comment period has closed.		
Each commenter, whether in-person or virtual, will be limited to three minutes.		
Pre-registration is requested but not required. Persons wishing to comment are asked to email mary.broz-vaughan@dbhds.virginia.gov by 5:00 p.m., on Tuesday, July 14, 2026.		
4. STANDING COMMITTEE REPORTS		

DRAFT AGENDA PACKET

5. UNFINISHED BUSINESS			
Consideration of revisions recommended by the Policy and Evaluation Committee in April.	Action Item		Pages 34-46
6. COMMISSIONER'S REPORT			
7. REGULATORY AFFAIRS REPORT			
A. Standard Action to Integrate Central Registry into MOUD Treatment Provider Licensing Regulations	Action Item		Pages 47-51
B. Regulatory Activity Status Report	Information		Pages 52-53
8. NEW BUSINESS			
A. Annual Meeting Schedule Adoption	Action Item		Page 54
B. State Human Rights Committee Appointments	Action Item		Pages 55-58
9. VACSB QUARTERLY UPDATE			
10. DBHDS PRESENTATION: SCHOOL-BASED MENTAL HEALTH PROGRAMS			
11. LUNCH BREAK			
12. DBHDS PRESENTATION: 2026-2028 BIENNIAL STATE BUDGET			
13. ANNOUNCEMENTS			
14. ADJOURNMENT			

NEXT MEETING: WEDNESDAY, SEPTEMBER 23, 2026

Information provided is in DRAFT form and is subject to change.

The agenda and packet as approved by the Board will be made available to the public at the meeting in accordance with the Virginia Freedom of Information Act (§ 2.2-3700 et seq. of the Code of Virginia).

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.		

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>

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>	

<p>Reordering of Agenda</p>	<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>
<p>Certified Recovery Residences Update</p>	<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>
<p>Post-Session Legislative and Budget Update</p>	<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>
<p>Communications Update</p>	<p>Ms. Cunningham reviewed DBHDS internal and external communications activities and impact.</p> <p>Presentation available from board office upon request.</p>
<p>VACSB Update</p>	<p>Ms. Faison updated the board on Virginia Association of Community Services Boards (VACSB) budget and policy priorities.</p>
<p>New Business</p>	<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>

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	Ms. Broz-Vaughan reminded board members of the quarterly budget report. The handout was for informational purposes only and did not require any action.
ADJOURNMENT	Sheriff Andis adjourned the meeting at 1:35 p.m.
The State Board adjourned at 1:35 p.m.	

NEXT MEETING SCHEDULED FOR WEDNESDAY, JULY 15, 2026

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.

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.

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.

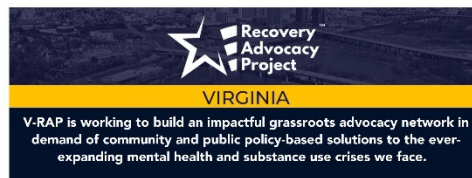
With regard to funding cuts, as an example, the Virginia Certification Board last month posted a one-sentence notice on their web page that they are no longer in the business of certifying continuing education credits for us, with no explanation, and no guidance to alternative sources. Again, that kind 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





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.



COMMONWEALTH of VIRGINIA

STATE BOARD OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

Debbie Marris

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 Marris was appointed by Governor Glenn Youngkin to the State Board of Behavioral Health and Developmental Services in 2025; and

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

WHEREAS, during her tenure, Debbie Marris 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 Marris'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 Marris, 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 Marris, so that all may know of the high regard in which she is held.

DRAFT MINUTES

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.

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 will be 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.

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 requested a technical edit to consistently use the term "balances of unspent state general funds" throughout the document. Members noted the revisions would clarify that the performance contract process would be the vehicle for negotiating and establishing requirements for unspent general fund 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 general fund 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/>.

DRAFT MINUTES

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.

STATE BOARD OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

**Policy and Evaluation Committee
DRAFT AGENDA**

JULY 15, 2026

**DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES CENTRAL OFFICE
1220 BANK STREET RICHMOND, VA 23219**

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

- I. Call to Order**
- II. Welcome and Introductions (5 min)**
- III. Adoption of Agenda, July 15, 2026**
- IV. Adoption of Minutes, April 22, 2026**
- V. Review Policy Plan for FY2025 - FY2030 (5 min)**
- VI. Introduce Draft Revisions**

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 at the April meeting. Department staff will present recommended technical revisions to the policy.

The committee postponed review of Policy 1040 (SYS) 06-3 Involvement and Participation of Individuals Receiving Services and Family Members. Department staff will provide a background review and recommended revisions to the policy. The background review for this policy was originally scheduled for the April meeting. The committee postponed this agenda item to the next meeting for the background review to be provided with the presentation of draft revisions.

- VII. Next Quarterly Meeting: September 23, 2026.**

- VIII. Adjournment**

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

Revised 11/30/93
 Revised 09/07/05
 Revised 4/09/13
Revised ??/??/????

POLICY MANUAL
State Board of Behavioral Health and Developmental Services
Department of Behavioral Health and Developmental Services

POLICY 1030 (SYS) 90-3 Consistent Collection and Use of Data About Individuals and Services

Authority

Board Minutes Dated: June 27, 1990
 Effective Date: June 27, 1990
 Approved by Board Chairman s/Greer D. Wilson, Ed.D.

References

§ 37.2-500, § 37.2-504, §37.2-508, § 37.2-601, § 37.2-605, and § 37.2-608 of the Code of Virginia (1950), as amended
 STATE BOARD POLICY 1021 (SYS) 87-9 Core Services Taxonomy
 STATE BOARD POLICY 1034 (SYS) 05-1 Partnership Agreement
 STATE BOARD POLICY 4018 (CSB) 86-9 Community Services Board
~~Performance Contracts~~
 Current Community Services Performance Contract
Community Services Board Interface Requirements & Design Document
~~Current Community Consumer Submission (CCS) Extract Specifications~~
~~Current State Facility Director Performance Agreements~~
~~Current Core Services Taxonomy~~
~~Current Department of Mental Health, Mental Retardation and Substance Abuse Services Information Technology Strategic Plan~~
 Current version of AVATAR (State Facility *Administrative and Billing* Information System)
Millennium Electronic Health Record (State Facility Clinical Information System)

Supersedes

STATE BOARD POLICY 1037 (SYS) 05-4 Individual Consumer Information and the Community Consumer Submission

Background

The Department recognizes that development of efficient and compatible information systems, identification and implementation of data reporting requirements that are cost-effective and consistent, and use of the data that these systems produce are integral to the effective, efficient, and accountable provision and management of services to individuals receiving services, hereafter referred to as individuals, and the responsible stewardship of financial and human resources. Beginning in the early 1980s, the Department, in collaboration with the Virginia

Association of Community Services Boards (VACSB) Data Task Force and representatives from state facilities, initiated efforts to standardize data collection for community services boards and behavioral health authorities, hereafter referred to as CSBs, and state hospitals and training centers, hereafter referred to as state facilities. By 1985, this collaboration produced the original core services taxonomy, the first individualized client data elements (ICDE) that listed minimum data elements to be collected by CSBs, and the community services performance contract, all of which established routine reporting requirements and a minimum data set for CSBs or state facilities.

In 1993, the VACSB established the Administration Committee, which included department staff, to review and update data collection and reporting documents. The committee developed the Reporting Requirements for CSBs Manual that included the core services taxonomy, ICDE, and reporting requirements. Until Fiscal Year (FY) 2004, the Department collected and used only aggregate, summary data about individuals receiving services from CSBs, except for some data about individuals receiving substance abuse services. As state and federal reporting requirements became more extensive and complex, the Department and CSBs identified a need respond in a more efficient, less burdensome manner.

The Department and VACSB Data Management Committee (DMC) developed the community consumer submission (CCS) in 2002 and 2003 to meet this need and replace the ICDE. The Department issued the original CCS specifications for implementation in FY 2004. CCS requirements were incorporated into the FY 2004 and FY 2005 community services performance contracts. The CCS enables CSBs and the Department to meet federal and other reporting requirements more efficiently and effectively, respond more easily to ad hoc data requests, maintain fewer stand-alone software applications and reports, and reduce administrative workloads. The CCS extracts data from CSB information systems, replacing additional data entry in separate applications; this eliminates repetitive entry of the same information in different automated or manual reports and ensures greater data accuracy, consistency, and reliability. CCS application software transmits extracted individual and services data to the Department. The Department analyzes this data and uses it to satisfy state and federal reporting requirements, respond to requests for information, and monitor and analyze service operations.

The Department and DMC developed a second version, CCS 2, in 2004 and 2005 to address additional data and reporting requirements and a third version, CCS 3, in 2009 to include additional data elements and implement a new paradigm for collecting and reporting data. Data elements are defined in the current CCS 3 Extract Specifications, and services for which information is collected through the CCS are defined in the taxonomy. The CCS is an excellent example of the partnership and collaboration that exists between the Department and CSBs. Sections 37.2-500, 37.2-508, 37.2-601, and 37.2-608 of the Code authorize the Department to fund community mental health, developmental, and substance abuse services through performance contracts with each CSB. Sections 37.2-504 and 37.2-605 require CSBs to release data and information about individuals receiving services to the Department, as long as it implements procedures to protect

the confidentiality of that data and information. Sections 37.2-508 and 37.2-608 require CSBs to provide data and information about individuals receiving services to the Department in order to receive state-controlled funds.

STATE BOARD POLICY 1021 defines the core of mental health, developmental, and substance ~~abuse use~~ services to be provided by CSBs and states that the current core services taxonomy shall be used to classify, describe, and measure the services delivered by all CSBs and state facilities.

STATE BOARD POLICY 1034 ~~continues the collaborative approach that produced the core services taxonomy, performance contract, and ICDE~~. This policy recognizes and supports the evolution in the relationship between CSBs and the Department and its state facilities to a more collegial partnership and establishes the Central Office, State Facility, and CSB Partnership Agreement as the ongoing basis for this relationship. The agreement states that, where possible, joint work groups, representing CSBs, the Central Office, and state facilities, shall review all surveys, measures, or other requirements for relevance, cost benefit, validity, efficiency, and consistency with this statement prior to implementation and on an ongoing basis as requirements change.

STATE BOARD POLICY 4018 establishes the community services performance contract as the primary funding and accountability mechanism between the Department and CSBs. The Department has funded community services through these contracts since 1985. ~~All of the services in the community services performance contract and the associated contract reports are defined in the current core services taxonomy and reported through the CCS.~~

~~The Department maintains an Information Technology Strategic Plan, as required by the Virginia Information Technologies Agency. This plan identifies the Department's current strategic information technology initiatives and projects.~~ AVATAR is the information system that collects *billing, admission, discharge* data and information and produces reports about individuals and services in state facilities and bills responsible parties for those services.

The CCS 3 application used by Virginia's CSBs was sunset after years of service due to its outdated infrastructure and inability to meet modern data demands. It is replaced by a new, state-of-the-art Enterprise Data Warehouse (EDW) application, marking a monumental shift in how Virginia CSBs manage and interact with behavioral health and developmental disability data. This transformative project completed in 2025, has modernized the data interface, improving efficiency, accessibility, and scalability for the 40 CSBs across Virginia.

Key benefits of the new EDW include enhanced real-time analytics, enabling faster and more informed decision-making; reduction in administrative processing time due to streamlined workflows; and robust data security measures that safeguard sensitive health information while meeting stringent regulatory requirements. Cloud-native architecture ensures scalability to accommodate future growth and

	<p><i>technological advancements, positioning Virginia’s behavioral health system for long-term success.</i></p> <p><i>In 2021, DBHDS was the first state agency in the Commonwealth of Virginia to procure and implement an enterprise Electronic Health Record (EHR)– Cerner’s Millennium EHR. This system has assisted in systematically collecting clinical data required for reporting and decision-making across the 12 state facilities.</i></p> <p><i>The predecessor to Millennium, Soarian, was provided by Siemens who was then acquired by Cerner. Cerner worked to migrate Soarian clients to their primary Millennium EHR solution. DBHDS was part of that effort. As part of that conversion, the EHR was expanded to include all 12 facilities. In June of 2022, Oracle acquired Cerner and now Cerner is formally known as Oracle Health.</i></p> <p><i>The Virginia Waiver Management System (WaMS) is the data management system that manages the Medicaid Developmental Disability waivers; houses a record of the Individualized Service Plan (ISP); is the entry point to request Service Authorization for DD waiver services; and acts as a conduit for communication between providers, support coordinators, and DBHDS.</i></p> <p><i>The Virginia Crisis Connect (VCC) Platform is a comprehensive online platform utilized by public and private providers to facilitate the delivery of crisis services across Virginia and collect data related to these services. The VCC includes: a crisis call center, a mobile crisis response dispatch center, a data entry interface for specific crisis services including the REACH program, a crisis facility bed registry, an inter-provider referral interface, and a follow-up interface.</i></p> <p>The community services performance contract requires the Department and representatives of CSBs to work together to ensure that data and reporting requirements are consistent with each other, and with the current core services taxonomy, CCS information systems, and applicable federal requirements. The Department and CSBs accomplish this through their membership on and participation in the VACSB DMC.</p>
<p>Purpose</p>	<p>To articulate policy for the collection and use of data and information about services and individuals receiving services by the Department, CSBs, and state facilities and to establish the CCS as the mechanism to collect, report, and utilize data and information about individuals receiving services from CSBs.</p>
<p>Policy</p>	<p>It is the policy of the Board that the Department, state facilities, and CSBs shall collect and report data and information that are consistent to the greatest extent possible about individuals and the services they receive. The Department, state facilities, and CSBs shall use this data and information to monitor and evaluate the effectiveness and efficiency of state facility and community services; to identify, monitor, and report individual outcome and provider performance measures; and to make decisions about the development and operation of state facility and community</p>

services. The Department, in collaboration with state facilities and CSBs, shall establish consistent data collection and data reporting requirements for CSBs and state facilities.

Further, it is the policy of the Board that, in all circumstances, the Department, state facilities, and CSBs shall identify collaboratively the minimum data needed to satisfy a specific requirement or accomplish a particular task or responsibility, in order to limit the imposition of additional workload burdens on direct service and administrative support staff. Nothing in this policy should be construed to limit the abilities of the Department, state facilities, or CSBs to obtain or utilize any data or information necessary to carry out their legal responsibilities, duties, or authorities. It is also the policy of the Board that all current and future requirements for individual and service data and information shall be consistent, to the greatest extent possible, with each other and with the ~~current core services taxonomy, CCS, and AVATAR and other state facility information systems utilized by CSBs and state facilities.~~ Consistent data is critical for quality assurance activities, accountability, and meaningful and reliable individual outcome and provider performance data. All current and future requirements for individual and service data and information shall be identified and addressed collaboratively by the Department, state facilities, and CSBs in accordance with the partnership agreement established in STATE BOARD POLICY 1034. ~~The core services taxonomy and CCS Information systems~~ shall be developed and revised collaboratively by the Department, state facilities, and CSBs in accordance with that partnership agreement.

Further, it is the policy of the Board that data and information about individuals receiving services from CSBs and the services they receive shall be collected through the ~~CCS-Enterprise Data Warehouse (EDW)~~ to the greatest extent practicable. The Department and CSBs shall use the ~~CCS EDW~~ whenever possible to collect and report all required data and information and avoid the development and implementation of separate, stand-alone data collection and information system applications. It is also the policy of the Board that the Department shall identify points of responsibility within the Department's Central Office for:

- the design of automated information systems,
- the collection of state facility and community services data,
- the coordination of responses to requests for individual, service, financial, and human resource data from state facilities and CSBs, and
- the accuracy and reliability of automated CSB and state facility data.

Further, it is the policy of the Board that the Department shall establish, to the greatest extent possible within available resources, automated information systems and other mechanisms to:

- Assist CSBs and state facilities to reduce the paper work required to maintain clinical records and to collect and report individual and service data;
- Track the movement of individuals among state facilities, between state facilities and CSBs, and among CSBs;
- Measure provider performance and individual outcomes to assess the effectiveness of services;

- Support the development of an integrated system of quality improvement for state facility and CSB services;
- Address federally-mandated individual, service, and manpower reporting requirements; and
- Establish a data collection mechanism in which the Department, each state facility, and each CSB has access to the financial, individual, service, and human resources data that they mutually agree is critical to the management and operation of Virginia's public mental health, developmental, and substance abuse services system.

It is also the policy of the Board that the Department, in conjunction with CSBs and state facilities, shall develop procedures that ensure the confidentiality of shared data and information about individuals. Documentation of those procedures shall be made available upon request. The Department, state facilities, and CSBs shall comply with the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations, Confidentiality of Alcohol and Substance Abuse Records (42 C.F.R. Part 2), and other applicable current or future federal or state statutes or regulations regarding confidentiality of information about individuals in their collection, transmission, disclosure, retention, and use of all individual or service data and information.

Further, it is the policy of the Board that the Department shall make **guidance** available, ~~to guidance to the~~ CSBs and state facilities about the procurement of automated data processing hardware and software and technical assistance and funding to support ongoing training of information technology and data management staff at state facilities and CSBs.

It is also the policy of the Board that each CSB and state facility shall develop policies and plans for ensuring the confidentiality, timeliness, quality, validity, and reliability of its automated data and information.

Further, it is the policy of the Board that the Department shall provide for formal liaison with the Virginia Association of Community Services Boards to ensure the VACSB's involvement in issues pertaining to:

- data collection and reporting activities of the Department, CSBs, and state facilities;
- the development of uniform definitions and conventions used in data collection, reporting, and analysis activities; and
- the review of procedures to ensure that they comply with the Health Insurance Portability and Accountability Act and other statutory or regulatory confidentiality requirements.

Finally, it is the policy of the Board that the Commissioner shall ensure that compliance with this policy is reflected in annual community services performance contracts ~~and state facility director performance agreements.~~

POLICY MANUAL

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

POLICY 1040 (SYS) 06-3 Involvement and Participation of Individuals Receiving Services and Family Members

Authority Board Minutes Dated: April 7, 2006
Effective Date: April 7, 2006
Approved by Board Chairman: /s/ Victoria Huber Cochran

References § 37.2-100, § 37.2-200, § 37.2-204, § 37.2-316, § 37.2-501, § 37.2-504,
§ 37.2-602, and § 37.2-605 of the Code of Virginia (1950), as amended
STATE BOARD POLICY 1034 (SYS) 05-1 Partnership Agreement
STATE BOARD POLICY 1036 (SYS) 05-3 Vision Statement

Background Section 37.2-100 of the Code of Virginia defines an individual receiving services , hereafter referred to as an individual, as a current direct recipient of public or private mental health, developmental, or substance abuse treatment, rehabilitation, or habilitation services, and it defines a family member as an immediate family member of an individual receiving services or the principal caregiver of that individual. A principal caregiver is a person who acts in the place of an immediate family member, including other relatives and foster care providers, but does not have a proprietary interest in the care of the individual receiving services.

Section 37.2-200 states that one member of the Board shall be an individual who is receiving or who has received services, one member shall be a family **member** of an individual who is receiving or who has received services, and one member shall be an individual who is receiving or who has received services or a family **member** of such an individual. Section 37.2-204 states that one-third of the appointments made to state or local human rights committees shall be individuals who are receiving or who have received services or family members of such an individual, with at least two individuals who are receiving or who have received public or private mental health, developmental, or substance abuse treatment or habilitation services within five years of their initial appointments on each committee. Section 37.2-316 states that any state and community consensus and planning team considering any restructuring of the system of mental health services involving an existing state hospital shall include individuals receiving services and family members of individuals receiving services.

Background
(continued)

Sections 37.2-501 and 37.2-602 state that one-third of the appointments to community services boards and behavioral health authorities, hereafter referred to as CSBs, shall be individuals who are receiving or who have received services or family members of individuals who are receiving or who have received services, at least one of whom shall be an individual receiving services. Compliance with these statutory requirements is the responsibility of the cities and counties that established the CSBs, rather than of the CSBs themselves. CSBs report the numbers of board members who are individuals who are receiving or who have received services or family members of individuals who are receiving or who have received services in their annual community services performance contracts with the Department. Since these requirements were enacted in 1998, the percent of CSB board member appointments who are individuals or family members has increased from 24 percent in FY 1998 to 49 percent in FY 2013. Sections 37.2-504 and 37.2-605 state that CSBs shall take all necessary and appropriate actions to maximize the involvement and participation of individuals receiving services and family members of individuals receiving services in policy formulation and services planning, delivery, and evaluation.

STATE BOARD POLICY 1034 establishes the Central Office, State Facility, and Community Services Board Partnership Agreement and lists core values that shall be included in the agreement. One of those values states that participation of the individual and, when one is appointed or designated, the individual's authorized representative in treatment planning and service evaluation is necessary and valuable and has a positive effect on service quality and outcomes.

STATE BOARD POLICY 1036 articulates a vision statement to guide the development and operations of the public mental health, developmental, and substance ~~abuse~~ *use* services system. The vision promotes self-determination, empowerment, recovery, resilience, health, and the highest possible level of participation by individuals receiving services in all aspects of community life, including work, school, family, and other meaningful relationships. This vision also includes the principles of inclusion, participation, and partnership. This policy requires the Department, state facilities, and CSBs to incorporate this vision in their policies, procedures, and daily operations.

Purpose

To articulate the importance of individual and family member involvement and participation in Virginia's public mental health, developmental, and substance ~~abuse~~ *use* services system and identify ways in which the Department, state hospitals and training centers, hereafter referred to as state facilities, and CSBs can support the involvement and participation of individuals and family members as partners in the design, operation, and evaluation of the public services system.

Policy

It is the policy of the Board that individuals and family members shall be invited, encouraged, and supported to participate and be involved in the development, operation, and evaluation of Virginia's public mental health, developmental, and substance ~~abuse use~~ services system to the greatest extent possible at local, regional, and state levels through the following activities:

- analyzing, formulating, and ~~implementing policies~~ *evaluating policy implementation*;
- planning services and designing programs;
- providing ~~direct peer support~~ services;
- advocating for resources ~~and to~~ *fulfilling* unmet needs for services;
- monitoring and evaluating services, providers, and the services system; and
- providing accountability and engaging in quality improvement activities.

It also is the policy of the Board that the Department, state facilities, and CSBs shall support individual and family member involvement and participation in these activities through:

- seeking the participation of significant numbers of individuals and family members on committees, work groups, task forces, and other planning or deliberative bodies;
 - involving individuals and family members from the initial stages of planning and implementing service system initiatives, including determining local, regional, or statewide needs and identifying innovative approaches, developing plans and budgets, and providing services to address those needs;
 - providing opportunities for individuals and family members to learn about system issues in which they will be involved;
 - funding, providing, or supporting to the greatest extent practicable training that will enable individuals and family members to develop the skills, such as assertiveness, leadership, teamwork, communication, and advocacy, and the knowledge, such as planning, budgeting, evaluation, parliamentary procedure, and legislation, for them to participate effectively;
 - assisting with ~~travel, child care, or lodging expenses~~ *funding* to the greatest extent possible when this would enable individuals or family members to participate;
 - ~~employing individuals in suitable positions in their organizations, including, where feasible and to the extent practicable, positions that provide oversight, guidance, and monitoring; and ensuring adherence to equal opportunity employment requirements and supporting consideration for relevant lived experience in hiring throughout the organization~~
 - recruiting, training, and supporting individuals and family members to serve as board members and advocating their appointment with appointing authorities.
-

Policy
(continued)

Further, it is the policy of the Board that CSBs shall work closely with the boards of supervisors or city councils and county administrators or city managers of their local governments to help them meet or exceed the membership requirements in § 37.2-

501 or § 37.2-602 of the Code of Virginia. The Department shall monitor the composition of each CSB board of directors through its performance contracts with CSBs and inform a CSB if its composition is not in compliance with these statutory requirements. The Department shall assist CSBs in working with their local governments, including helping to identify sources for appointments of individuals and family members who are knowledgeable about the services system and have public participation skills.

It also is the policy of the Board that the Department, state facilities, and CSBs shall encourage, support, fund, assist, monitor, and evaluate *the integration of peer support services throughout the continuum of care and supports run or provided by individuals* to the greatest extent practicable *across services and settings*. These services ~~and supports~~ may operate independently of, in partnership with, or by an agreement or contract with the Department, CSBs, or state facilities. ~~Individuals must be involved substantively in the design, leadership, administration, and day-to-day operation of these services and supports. Examples of these services and supports include community education; crisis prevention, intervention, and respite; drop-in centers; employment services or employment readiness support; outreach to individuals; housing; peer case management; peer companion or mentoring services; peer counseling; recovery and wellness education; recreation and arts; support groups; and technical assistance to develop services delivered by individuals.~~

Further, it is the policy of the Board that the Department, state facilities, and CSBs shall include a provision in their contracts with private and other public service providers to require compliance with the provisions of this policy that are applicable to their operations.

Finally, it is the policy of the Board that the Department, state facilities, and CSBs shall monitor and seek feedback from individuals and family members about their efforts to invite, encourage, and support the involvement and participation of individuals and family members in their operations and periodically report the results of this feedback to the Board.

State Board of Behavioral Health and Developmental Services
Planning and Budget Committee

DRAFT AGENDA

WEDNESDAY, JULY 15, 2026

DBHDS Central Office 13th Floor South Large Executive Board Room
Jefferson Building, 1220 Bank Street, Richmond, VA 23219

Meeting is in person with a physical quorum present; however, electronic meeting access is available.

I.	CALL TO ORDER
	A. Determination of Quorum B. Welcome and Introductions C. Adoption of Agenda D. Approval of Draft Minutes (April 22, 2026)
II.	DRAFT REVISIONS RE: LIAISON ASSIGNMENTS
	The committee reviewed Board Member Liaison Assignments at the April meeting. DBHDS staff will present recommended revisions to provide clarity and increased flexibility.
III.	NEW BUSINESS
IV.	ANNOUNCEMENTS
V.	ADJOURNMENT

ARTICLE VIII. ~~Liaison Assignments~~ Board Engagement and Liaison Activities

Pursuant to Consistent with its responsibilities under § 37.2-203 of the Code of Virginia, the Board shall ensure that DBHDS initiates programs to educate Virginians about and elicit public support for the activities of the Department, state facilities, community services boards, and behavioral health authorities ~~are initiated by the Department.~~ The Board fulfills this role through a combination of Department-led public education efforts, Board visibility and accessibility, and engagement by Board members with stakeholders and communities, which may include the following activities.

Section 1. DBHDS Staff Updates. The Board shall receive periodic updates from DBHDS regarding public education and outreach efforts and may provide feedback as appropriate. These updates may include information on statewide initiatives, communications strategies, and stakeholder perspectives. DBHDS may also share relevant materials to support Board awareness of system activities.

~~The Board seeks to further the integration and coordination of services to individuals receiving services and to support, encourage, and build close working partnerships among community services boards and behavioral health authorities, state facilities, and the Department. The Board also seeks to enhance its knowledge and understanding of the wide diversity of community and state facility services across the Commonwealth and to develop and maintain connections with entities in the public behavioral health and developmental services system.~~

~~The Chair, in consultation with Department staff, may develop a list for each Board member of agencies and organizations with which the Board wishes to liaise, including state facilities, the Virginia Association of Community Services Boards, community services boards and behavioral health authorities, and the State Human Rights Committee.~~

~~The Chair shall appoint members of the Board to serve as liaisons with these agencies and organizations, recognizing the time constraints of members and that each member may fulfill Board member liaison responsibilities in different ways.~~

Section 2. Liaison Engagement. To enhance its understanding of the system and inform its oversight role, the Board may facilitate opportunities for members to engage with state facilities, CSBs, and other stakeholders across the Commonwealth.

2.1. The Chair, in consultation with DBHDS staff, may identify geographic or programmatic areas for Board member engagement and may invite members to serve in a liaison capacity on a voluntary basis.

2.2. Liaison engagement is flexible and informal. It may include introductory or periodic outreach to assigned state facilities or CSBs; attending meetings or events when feasible; participating in phone or virtual check-ins with leadership of assigned state facilities or CSBs; and other opportunities to learn about services and system operations.

Section 3. Community Engagement. Board members, by virtue of their role, may be approached by individuals, families, and community members seeking information or assistance related to the behavioral health system. Members may, as appropriate, help connect individuals to available resources or Department staff and share general information about the system, while recognizing that they do not serve in an operational or case management role.

~~Board member liaisons shall report successes, issues, and concerns to the Board at its regular meetings and to appropriate Department staff. Board member liaisons shall confer or meet regularly with groups to which they are assigned and report to the full Board as necessary.~~

Section 4. Sharing Information with the Board. Board members are encouraged to share observations, themes, and insights from their engagement activities with the full Board and with DBHDS staff, as appropriate. The Chair may make time available periodically for voluntary updates and discussions on Board meeting agendas.

Section 5. Board Visibility and Accessibility. To promote awareness and support under Virginia Code § 37.2-203, the Board shall provide opportunities for public comment at its meetings in accordance with applicable policies and procedures and may take additional steps to encourage public participation. The Board may enhance its visibility through holding regular Board meetings in locations across the Commonwealth when feasible.

State Board of Behavioral Health and Developmental Services Guidelines for Board Member Liaison Engagement

Purpose

Liaison engagement is a light-touch, high-value way for Board members to strengthen their understanding of services, challenges, and innovations across the Commonwealth. These activities inform the Board's policy, planning, and oversight responsibilities under § 37.2-203.

Assignment of Liaisons

The Board determines liaison assignments, typically organized by geographic region or programmatic area. Assignments are voluntary and flexible and may be revisited periodically. Once assignments are made, the Commissioner will send a brief introductory letter to assigned state facilities and CSBs, identifying the Board member liaison and the purpose of the role.

Getting Started

DBHDS will provide contact information for executive leadership (e.g., CSB Executive Directors, Facility Directors). Board members are encouraged to initiate an introductory outreach, such as a brief email. Engagement can be as simple as: introducing yourself as the Board liaison, expressing interest in learning about services and priorities, or identifying a convenient way to stay in touch (periodic call, occasional visit, etc.).

What “Informal Engagement” Means

Liaison engagement is informational, not operational. Board members do not direct, evaluate, or intervene in local operations. Board members should refer operational or constituent concerns to DBHDS staff as appropriate. Appropriate activities may include:

- Listening to high-level updates on services, capacity, workforce, and community needs
- Attending meetings, site visits, or events when feasible
- Learning about emerging challenges, innovations, and partnerships
- Observing how statewide initiatives are experienced locally

Community and Stakeholder Contact

Board members may be approached by individuals, families, or community stakeholders. In these situations, members should not attempt to resolve individual service issues or serve as a substitute for local provider or agency processes. Board members may share general information about the system, and/or help connect individuals to appropriate public resources or DBHDS staff.

Sharing Information with the Board

Board members are encouraged to share themes, observations, and insights, not individual anecdotes at Board meetings when the Chair includes a brief agenda item for voluntary liaison updates. Examples of helpful feedback include access challenges or service gaps, workforce or funding pressures, or promising practices or innovations.

Time Commitment and Expectations

There is no minimum required level of engagement. Members are encouraged to participate at a level that fits their schedule and interests. Even occasional engagement can provide meaningful insight to inform Board discussions.

UNFINISHED BUSINESS

Consideration of revisions recommended unanimously by Policy and Evaluation Committee

Included in Agenda Packet:

- Committee-recommended revisions to *Policy 3000 (CO) 74-10 Appointments of Department Employees to Community Services Boards*

- Committee-recommended revisions to *Policy 6005 (FIN) 94-2 Retention of Unspent State Funds by Community Services Boards*
 - Also for reference: April field review and CSB-proposed revisions

Renewed: 05/87
Renewed: 03/22/89
Renewed: 09/25/91
Updated: 10/29/03
Updated: 12/06/11
Updated: ??/??/????

POLICY MANUAL

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

POLICY 3000 (CO) 74-10 Appointments of Department Employees to Community Services Boards

Authority Board Minutes Dated: September 25, 1974
Effective Date: September 25, 1974
Approved by Board Chairman: s/Richard M. Gillis.

References § 37.2-203, § 37.2-304, § 37.2-500, § 37.2-501 § 37.2-601, and § 37.2-602 of the
Code of Virginia (1950)

Background Originally, the Board received a number of inquiries about the appointment of an
employee of the Department to a community services board. Also, concerns were
raised regarding possible perceptions of conflicts of interest if Department
employees served on CSBs. In response to these concerns, the Board adopted this
policy.

Section 37.2-203 of the Code of Virginia authorizes the Board to adopt policies governing the operation of state hospitals, training centers, and community services boards and behavioral health authorities. Section 37.2-304 authorizes the Commissioner to supervise and manage the Department and its state facilities. Sections 37.2-500 and 37.2-601 authorize the establishment of community services boards and behavioral health authorities, hereafter referred to as CSBs. Finally, § 37.2-501 and § 37.2-602 govern the appointment of CSB board members by the governing bodies of the cities and counties that established the CSBs. Those two Code sections do not address appointments of Department employees to CSBs. Consequently, because appointments to CSBs are made by local governments rather than CSBs, those appointments are not under the purview of the Board's policy authority. However, the Board may adopt policy that directs the Department to ensure that its employees do not accept appointments as CSB board members.

Purpose To prohibit Department employees from accepting appointments as CSB board members.

Policy

It is the policy of the Board that the Department, in order to avoid any appearance of impropriety or conflict of interest, shall ensure that **members of its classified employees workforce** shall not accept appointments as CSB board members. *For the purposes of this policy, the term workforce references all classified and wage employees as well as any contractor or subcontractor who has received compensation under a paid contract with DBHDS within the preceding twelve (12) months.*

POLICY MANUAL

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

POLICY 6005(FIN)94-2 Retention of Unspent State Funds by Community Services Boards

Authority	Board Minutes Dated: <u>July 27, 1994</u> Effective Date: <u>July 1, 1994</u> Approved by Board Chairman: <u>James G. Lumpkin</u>
References	<i>Realizing the Vision: Barriers to an Integrated System</i> , Department of Mental Health, Mental Retardation and Substance Abuse Services, January 27, 1993 State Board Policy 4018 (CSB) 86-9 Community Services Performance Contracts Community Services Performance Contract §§ 37.2-508, and § 37.2-509 , 37.2-608 and 37.2-611 of the Code of Virginia (1950)
Supersedes	STATE BOARD POLICY 3002 (CO) 86-16 System-wide Staff Training
Background	<p>Before FY 1995, the Department applied year-end balances of unspent state funds at community services boards and the behavioral health authority, hereafter referred to as CSBs, to the next year's state fund allocations for CSBs so that the state appropriation and balances equaled state awards. If state balances reported in the fall were below the estimates projected in the previous spring's budget deliberations, a deficit could occur. This happened in FY 1993, and a deficit was averted only by a transfer of funds to the CSB appropriation.</p> <p><i>Realizing the Vision: Barriers to an Integrated System</i>, the Visions Task Force report, recommended preserving any unbudgeted and unspent revenues within the system. The Visions Financial Resources Committee proposed amending § 37.1-199(a) of the Code of Virginia so that CSBs could retain unspent revenues to expand and enhance services. The State Board supported this amendment, but it was not introduced, based on a determination that it could be implemented administratively.</p> <p>Subsequently, the Virginia Association of Community Services Boards and the Department developed a proposal, the basis for this policy, that prevented future deficits, instituted a budget process in which CSB awards equaled the state appropriation, and implemented the Visions recommendation.</p> <p><i>The Code of Virginia §§37.2-508 and 37.2-608 outlines the performance contract as the identified contracting mechanism the Department shall use to develop and</i></p>

initiate negotiation of community services requirements, oversight and monitoring of all state-controlled funds awarded to the community services boards.

State Board POLICY 4018 (CSB) 86-9 Community Services Performance Contracts recognizes the community services performance contract as the primary accountability mechanism between the Department and individual CSBs. The performance contract governs unspent balances with detail and enforceability while incorporating substantive protections to both prevent future deficits and limit accrual of funds to support effective and efficient allocations of resources.

Purpose To ~~establish~~ *define* the ability of CSBs to retain balances of unspent state general funds *through the performance contract process.*

Policy It is the policy of the Board that:

- *requirements for unspent fund balances for state general funds must be defined in the performance contract and changes must be negotiated through the Department's performance contract process in collaboration with the CSBs. The performance contract may:*
 - ~~the Department shall~~ allow CSBs to retain balances of unspent state general funds after the end of the fiscal year in which the Department granted those funds;
 - *define the maximum acceptable amount of each unspent state fund balance that a CSB may accumulate and define the maximum total accumulation of state funds.*
 - *define the process for unspent balances to be expended in accordance with spending plans to be established between the Department and CSB.*
 - the Department ~~shall~~ *may* allocate the funds in the CSB state appropriation ~~without~~ applying estimated year-end balances of unspent state general funds to the next year's CSB awards of state general funds *as permitted under §§ 37.2-509 and 37.2-611 after consultation with the CSB to ensure mutual awareness and understanding of the impact to the budget of the CSB;*
 - ~~based on~~ *Pursuant to* the General Assembly Appropriations Act prohibition against using state funds to supplant the funds provided by local governments for existing services, there should be no reduction of local matching funds as a result of a CSB's retention of any balances of unspent state general funds; and
 - ~~if a CSB delivers less than the levels of services in its final approved Community Services Performance Contract, established pursuant to §§ 37.2-~~
-

~~508 of the Code of Virginia and State Board Policy 4018, while~~ generating significant balances of unspent state general funds, ~~and is not able to develop a viable spending plan in collaboration with the Department,~~ it may have to return ~~some~~ *a portion or all* of its balances to the Department or its state fund allocations in the next fiscal year may be reduced. *The Department shall consult with the CSB prior to taking action to ensure mutual awareness and understanding of the impact of the proposed action to the budget of the CSB.*

~~It is also the policy of Board that the Department shall apply procedures, which are authorized by § 37.2-509 of the Code of Virginia and are consistent with those in the Community Services Performance Contract, to retrieve unspent state general funds from or reduce future state general fund allocations to a CSB that delivers less than the levels of services in its final approved Performance Contract while generating significant balances of unspent state general funds.~~

Finally, it is the policy of the Board that the Community Services Performance Contract shall contain principles and procedures for the more effective and consistent utilization of unexpended state general fund balances from previous fiscal years by CSBs.

**State Board of Behavioral Health and Developmental Services
Policy Development and Evaluation Committee
April 22, 2026**

COMMENTS ON ONE POLICIES: ONE WINDOW (OCTOBER 31 - NOVEMBER 24)

Policy:	DBHDS Recommended Revisions to Policy 6005 (CO) 74-10 Appointments of Department Employees to Community Services Boards
Window:	January 8 – March 13

Date Rev'd	Contact	Comment
01/14/2026	Michael Goodrich Assistant Director- Administration Prince William	Any funds retained by a CSB should be percentage based, not dollar based. DBHDS should be permitted to keep an administrative fee no larger than the federal indirect cost percentage to administer the year over year carryover. However, the CSB should be able to carry over the funds to provide services to its catchment area.
02/25/2026	Kyle Vaught ES Director Crossroads	Would this policy include the state retroactively reclaiming unspent funds previously awarded?
03/03/2026	Brandie Williams Deputy Executive Director Rappahannock Area CSB	Thank you for inviting comment on the proposed updates to Policy 6005 related to the treatment of unexpended state general funds by Community Services Boards (CSBs). To support the Department's consideration of stakeholder input, the Virginia Association of Community Services Boards (VACSB) has submitted a redlined draft identifying recommended edits and clarifications. The policy as currently written properly affirms that CSBs are allowed to carry forward unspent state general fund balances and that those funds should not be routinely or automatically used to reduce subsequent allocations. As revisions move forward, I recommend incorporating the additional refinements outlined in the VACSB redline so the policy more fully aligns with existing statutory authority and present-day operating practices. First, the revised policy should more clearly identify the Community Services Boards collaboration and input when setting expectations regarding unencumbered state general fund balances, including guidance on reserve levels and spending plan requirements. The policy should outline a collaboration framework which strengthens shared understanding, promotes transparency, and reinforces mutual accountability. Second, the policy should explicitly call for engagement with any affected CSB before projected year-end balances are applied toward future funding, funds are recaptured, or subsequent state allocations are adjusted. When sizable balances are identified, a collaborative process to establish an appropriate and workable spending plan supports financial stability and upholds the cooperative relationship between the Department and CSBs. Thank you

		again for the opportunity to provide input on these proposed changes.
03/11/2026	Kevin Mullins Executive Director Dickenson County Behavioral Health	<p>Comment Regarding Proposed Changes to Policy 6005 (FIN) 94-2 – Retention of Unspent State Funds Thank you for the opportunity to provide comment regarding potential modifications to Policy 6005 (FIN) 94-2 and the proposal to limit retained balances by reducing future warrant payments until those balances reach an “acceptable” level. As the Executive Director of one of the smallest Community Services Boards in the Commonwealth, I would like to emphasize the importance of maintaining reasonable operating reserves to ensure the continuity of essential behavioral health services. For many CSBs—particularly smaller and rural boards—retained state funds function as necessary working capital rather than idle balances. These reserves allow organizations to manage fluctuations in revenue, respond to service demands, and maintain continuity of care during periods of delayed or interrupted funding. Because CSBs operate critical safety-net services, including crisis response and behavioral health treatment, maintaining financial stability is essential to ensuring that services remain available without interruption. A policy that automatically reduces warrant payments until retained balances are reduced could unintentionally create cash-flow challenges. This concern is particularly relevant for smaller CSBs that operate with limited financial flexibility and fewer alternative funding sources. Reasonable reserves allow CSBs to meet payroll obligations, maintain service capacity, and continue operations during periods when state payments or other funding streams may be delayed. If changes to the policy are being considered, it would be helpful for the Commonwealth to clearly define what constitutes an “acceptable” reserve balance. Establishing objective guidelines—such as a percentage of operating expenses or a reasonable number of months of operating reserves—would promote fiscal accountability while still allowing CSBs to responsibly manage their finances. Additionally, consideration should be given to differences in size and financial capacity among CSBs. Smaller boards may require proportionally greater reserves to maintain operational stability, and a uniform standard could disproportionately affect rural or smaller service areas. The original intent of Policy 6005 recognized the importance of allowing CSBs to retain unspent funds in order to responsibly manage service delivery across fiscal years. Preserving that flexibility, while establishing reasonable guardrails for reserve levels, would maintain both fiscal accountability and the stability necessary to deliver critical behavioral health services across the Commonwealth. Thank you for the opportunity to provide input on this important matter.</p>
03/11/2026	Ivy Sager Executive Director Hanover CSB	<p>Please refer to the redlined document from VACSB reflecting suggested changes and clarifications to this proposed policy. Hanover CSB supports the edits reflected in the redlined version. Those revisions appropriately clarify the retention of unencumbered funds by CSBs and reinforce the Performance Contract as the primary mechanism for defining requirements related to unencumbered state general fund balances, including reserve parameters and spending plan</p>

		expectations. Thank you for the opportunity to provide input.
03/12/2026	Kim Shaw Executive Director Rockbridge	Consideration of waivers for the 25% carry-over allowance for restricted funds, IF DBHDS with unnecessary internal (not state or federal guidelines) are the reason for the delay in spending.
03/12/2026	Connie Barnes Financial Officer VA Beach CSB- Department of Health Services	CSBs utilize carryover funding as a necessary stabilizer against economic volatility and escalating operational requirements. These reserves are essential for addressing unpredictable shifts in the economic landscape, particularly regarding the recruitment and retention of high-quality personnel. Furthermore, as the costs for client-facing essentials—such as housing and utilities—continue to rise, the ability to retain unspent balances remains vital. While our preference is to maintain the current carryover model, we strongly advocate for an increase in the allowable percentage to ensure long-term fiscal sustainability.
03/13/2026	Anna Jones Quality Assurance Manager Henrico Area Mental Health and Developmental Services	Henrico Area Mental Health and Developmental Services appreciates the opportunity to comment on the proposed revisions to Policy 6005 regarding retention of unspent state general funds by Community Services Boards. For reference, a VACSB redlined document reflecting suggested clarifications has been shared with DBHDS to assist in its review of submitted comments. The current policy appropriately establishes that CSBs may retain balances of unspent state general funds and that those balances should not automatically be applied to reduce future allocations. As the Board considers revisions, we encourage additional clarifications as outlined in the VACSB redline document to better reflect current statutory authority and operational practice. First, the policy should clearly reinforce the Community Services Performance Contract as the primary mechanism for defining requirements related to unencumbered state general fund balances, including reserve parameters and spending plan expectations. Anchoring these requirements in the performance contract supports collaboration, accountability, and transparency. Second, the policy should clearly emphasize consultation with the impacted CSB before applying estimated year-end balances to future allocations, retrieving funds, or reducing future state allocations. Providing an opportunity to collaboratively develop a viable spending plan when significant balances exist promotes fiscal stability and reinforces the partnership between the Department and CSBs. Finally, the policy should continue to reflect the General Assembly’s prohibition against supplanting local matching funds with retained state balances. Continued clarity on this point is important to preserve the integrity of the state-local funding structure. Thank you for the opportunity to provide input.
03/13/2026	Terrelle Stewart Executive Director	I appreciate the opportunity to comment on the proposed revisions to Policy 6005 regarding retention of unspent state general funds by Community Services Boards. For reference, a

<p>Greater Reach Community Services Board (formerly known as District 19 Community Services Board)</p>	<p>VACSB redlined document reflecting suggested clarifications has been shared with DBHDS to assist in its review of submitted comments. The current policy appropriately establishes that CSBs may retain balances of unspent state general funds and that those balances should not automatically be applied to reduce future allocations. As the Board considers revisions, I encourage additional clarifications as outlined in the VACSB redline document to better reflect current statutory authority and operational practice. First, the policy should clearly reinforce the Community Services Performance Contract as the primary mechanism for defining requirements related to unencumbered state general fund balances, including reserve parameters and spending plan expectations. Anchoring these requirements in the performance contract supports collaboration, accountability, and transparency. Second, the policy should clearly emphasize consultation with the impacted CSB before applying estimated year-end balances to future allocations, retrieving funds, or reducing future state allocations. Providing an opportunity to collaboratively develop a viable spending plan when significant balances exist promotes fiscal stability and reinforces the partnership between the Department and CSBs. Significant federal Medicaid eligibility changes will be effective next year. The changes add a work requirement for certain individuals currently receiving Medicaid. Many individuals receiving CSB services are Medicaid recipients and will likely be subject to the new work requirements. Some of these individuals may not understand or be able to comply with the new requirements. As a result, individuals will lose Medicaid eligibility and CSBs will no longer receive Medicaid reimbursement for critical services. CSBs must continue to provide essential services to individuals who lose Medicaid eligibility; the result will be a funding gap for critical services provided by CSBs. The DBHDS proposal to cap unspent funds is a dramatic departure from the current budgeting process. A change of this magnitude must allow for careful evaluation of the impact of any unspent funding on the Virginia Community Services Board system as a whole and on each CSB. A reasonable approach would be to continue the current budgeting process, allow unspent funding to be carried forward into 2028 and concurrently assess the impact of the Medicaid work requirement on current and future Medicaid funding and reimbursements for individuals receiving services through CSBs. Finally, the policy should continue to reflect the General Assembly’s prohibition against supplanting local matching funds with retained state balances. Continued clarity on this point is important to preserve the integrity of the state-local funding structure. Thank you for the opportunity to provide input.</p>
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Policy 6005 (FIN) 94-2

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

POLICY 6005(FIN)94-2 Retention of Unspent State Funds by Community Services Boards

Commented [IS1]: Consider changing this word to “unencumbered” consistent with other changes in document

Authority Board Minutes Dated: July 27, 1994
Effective Date: July 1, 1994
Approved by Board Chairman: James G. Lumpkin

References *Realizing the Vision: Barriers to an Integrated System*, Department of Mental Health, Mental Retardation and Substance Abuse Services, January 27, 1993
State Board Policy 4018 (CSB) 86-9 Community Services Performance Contracts
Community Services Performance Contract
~~§§ 37.2-508, and § 37.2-509, 37.2-608 and 37.2-611~~ of the Code of Virginia (1950)

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

Background Before FY 1995, the Department applied year-end balances of unspent state funds at community services boards and the behavioral health authority, hereafter referred to as CSBs, to the next year’s state fund allocations for CSBs so that the state appropriation and balances equaled state awards. If state balances reported in the fall were below the estimates projected in the previous spring’s budget deliberations, a deficit could occur. This happened in FY 1993, and a deficit was averted only by a transfer of funds to the CSB appropriation.

Realizing the Vision: Barriers to an Integrated System, the Visions Task Force report, recommended preserving any unbudgeted and unspent revenues within the system. ~~The Visions Financial Resources Committee proposed amending § 37.1-199(a) of the Code of Virginia so that CSBs could retain unspent revenues to expand and enhance services. The State Board supported this amendment, but it was not introduced, based on a determination that it could be implemented administratively.~~

Commented [IS2]: This information should not be removed. It provides historical/background context. The proposed policy change doesn't change this history. Added language that indicates why there is a shift now but keeps the historical context.

Subsequently, the Virginia Association of Community Services Boards and the Department developed a proposal, the basis for this policy, that prevented future deficits, instituted a budget process in which CSB awards equaled the state appropriation, and implemented the Visions recommendation.

Since that time, there have been many system and administrative impacts that now require a shift in this policy. Remaining at the core is the shared vision outlined in the Partnership Agreement that there is “a common desire for the public system of care to excel in the delivery and seamless continuity of services to individuals receiving services and their families.”

The Code of Virginia §§37.2-508 and 37.2-608 outlines the performance contract as the identified contracting mechanism the Department shall use to develop and

Policy 6005 (FIN) 94-2

initiate negotiation of community services requirements, oversight and monitoring of all state-controlled funds awarded to the community services boards. This is an annual collaborative process that ensures both parties have input on this important document that drives and operationalizes the shared vision.

State Board POLICY 4018 (CSB) 86-9 Community Services Performance Contracts recognizes the community services performance contract as the primary accountability mechanism between the Department and individual CSBs.

The performance contract ~~governs unspent~~ provides a framework to address unencumbered balances with detail and enforceability while incorporating substantive protections to both prevent future deficits and limit accrual of funds to support effective and efficient allocations of resources.

Purpose To ~~establish~~ define ~~provide the framework for the ability of~~ CSBs to retain balances of ~~unspent unencumbered~~ state general funds, ~~through the performance contract process.~~

Policy It is the policy of the Board that:

- *requirements for ~~unspent unencumbered~~ fund balances for state general funds must be defined in the performance contract and changes must be negotiated between the Department and the CSBs as part of the annual review process. through the Department's performance contract process in collaboration with the CSBs. The performance contract may:*
 - ~~the Department shall~~ allow CSBs to retain balances of ~~unspent unencumbered~~ state general funds after the end of the fiscal year in which the Department granted those funds *in a reserve fund;*
 - define the maximum acceptable amount of each ~~unspent unencumbered~~ state fund balance that a CSB may accumulate in reserve funds and define the maximum total accumulation of state funds in reserve;
 - allow flexibility in spending from the reserve fund with an agreed upon spending plan between the Department and CSB;
- the Department ~~shall~~ *may* allocate the funds in the CSB state appropriation ~~without~~ applying estimated year-end balances of ~~unspent unencumbered~~ state general funds to the next year's CSB awards of state general funds *as permitted under §§ 37.2- 509 and 37.2-611 but may only do so after consulting with the CSB in order to not negatively impact that CSBs budget and/or cash flow;*
- ~~based on~~ *Ppursuant to* the General Assembly Appropriations Act prohibition against using state funds to supplant the funds provided by local governments for existing services, there should be no reduction of local matching funds as a

Policy 6005 (FIN) 94-2

result of a CSB's retention of any balances of unspent unencumbered state general funds; and

- ~~If a CSB delivers less than the levels of services in its final approved Community Services Performance Contract, established pursuant to §§ 37.2-508 and 37.2-608 of the Code of Virginia and State Board Policy 4018, while generating significant balances of unspent unencumbered state general funds, and is not able to develop a viable spending plan in collaboration with the Department, it may have to return some a portion or all of its balances to the Department or its state fund allocations in the next fiscal year may be reduced. No action will be taken without direct consultation with the impacted CSB.~~

Commented [IS3]: This should be removed as the "levels of service" language no longer applies in the same way with the new data systems and dashboard.

~~It is also the policy of Board that the Department shall apply procedures, which are authorized by § 37.2-509 of the Code of Virginia and are consistent with those in the Community Services Performance Contract, to retrieve unspent state general funds from or reduce future state general fund allocations to a CSB that delivers less than the levels of services in its final approved Performance Contract while generating significant balances of unspent state general funds.~~

Finally, it is the policy of the Board that the Community Services Performance Contract shall contain principles and procedures for the more effective and consistent utilization of unexpended unencumbered state general fund balances from previous fiscal years by CSBs.

REGULATORY AFFAIRS

Standard Action to Integrate Central Registry into Medication for Opioid Use Disorder (MOUD) Treatment Provider Licensing Regulations

Included in Agenda Packet:

- DRAFT Agency Background Document (TH-01)

Background:

DBHDS Licensing Regulations currently require medication for opioid use disorder (MOUD) treatment providers to call, fax, or email other providers within a 50-mile radius to determine if an individual is dually enrolled ([12VAC35-105-1000](#)). This best practice makes Virginians safer on two fronts by preventing dual enrollment. First, dual enrollment allows individuals to duplicate doses from multiple MOUD providers, which can increase the risk of overdose. Secondly, dual enrollment may be utilized to divert medication to illicit markets.

Since 2025, DBHDS has worked with providers and Lighthouse Software Systems to stand up a central registry in the Commonwealth. Seventeen states use Lighthouse central registry (<https://www.lhss.net/central-registry>) to protect against dual enrollment; however, participation by MOUD providers in Virginia is currently voluntary.

Justification:

The Office of Addiction, Recovery, and Wellness Supports requested an amendment to the Licensing Regulations to mandate participation by MOUD treatment providers in a central registry to expedite the admission process and ensure enrollment verification is accurate.

A central registry system expedites the admission process by ensuring MOUD providers do not need to call, fax, or email nearby providers to verify against dual enrollment. Instead, a single verification inquiry can be made immediately. The central registry also verifies an individual's medication and dose which can facilitate access to treatment throughout the Commonwealth during emergencies.

Any additional costs would be offset by the reduction in administrative burden and duplication efforts. The central registry also simplifies accurate data reporting in accordance with state and federal requirements. Finally, the central registry can be an effective tool for communicating with MOUD providers.

Action Needed:

Authorize a Notice of Intended Regulatory Action (NOIRA) to amend the Licensing Regulations to mandate participation by medication for opioid use disorder (MOUD) treatment service providers in a central registry.



Notice of Intended Regulatory Action (NOIRA) Agency Background Document

Agency name	Department of Behavioral Health and Developmental Services
Virginia Administrative Code (VAC) Chapter citation(s)	12VAC35-105
VAC Chapter title(s)	Regulations for Licensing Providers by the Department of Behavioral Health and Developmental Services
Action title	MOUD Central Registry
Date this document prepared	June 2, 2026

This information is required for executive branch review and the Virginia Registrar of Regulations, pursuant to the Virginia Administrative Process Act (APA), Executive Order 19 (2022) (EO 19), any instructions or procedures issued by the Office of Regulatory Management (ORM) or the Department of Planning and Budget (DPB) pursuant to EO 19, the Regulations for Filing and Publishing Agency Regulations (1 VAC 7-10), 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 the subject matter, intent, and goals of this regulatory change (i.e., new regulation, amendments to an existing regulation, or repeal of an existing regulation).

The Virginia Department of Behavioral Health and Developmental Services (DBHDS) intends to require medication for opioid use disorder (MOUD) treatment services to participate in a central registry system. The purpose of the central registry system will be to: expedite the admission process by verification of medication and dose; prevent an individual from simultaneously enrolling in more than one MOUD treatment service; facilitate disaster response; allow access to treatment during emergencies throughout the Commonwealth; and ensure accurate data reporting and dispensing of medication in accordance with state and federal laws and regulations. Therefore, mandatory participation in the central registry system will help protect the health, safety, and welfare of Virginians.

Acronyms and Definitions

Define all acronyms or technical definitions used in this form.

DBHDS – Department of Behavioral Health and Developmental Services
Licensing Regulations – Rules and Regulations for Licensing Providers by the DBHDS (12VAC35-105)
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 the ORM procedures, “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.”

No specific mandate is tied to this action. Its impetus derives from changes in best practices within the service and the desire of the Commonwealth to protect the health, welfare, and safety of Virginians.

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.

Section 37.2-203 of the Code of Virginia authorizes the State Board to adopt regulations that may be necessary to carry out the provisions of Title 37.2 and other laws of the Commonwealth administered by the Commissioner and DBHDS.

Section 37.2-404 of the Code of Virginia authorizes the Commissioner, subject to regulations adopted by the State Board, to license providers.

At its meeting on July 15, 2026, the State Board voted to authorize staff to initiate this regulatory action.

Purpose

Describe the specific reasons why the agency has determined that this regulation is essential to protect the health, safety, or welfare of citizens. In addition, explain any potential issues that may need to be addressed as the regulation is developed.

The central registry system will expedite the admission process to MOUD treatment services. Currently, regulations require MOUD providers to call, fax, or email providers within a 50-mile radius to determine if an individual is dually enrolled. Instead, with a central registry a single inquiry can be made to prevent an individual from simultaneously enrolling in two or more MOUD treatment services. The central registry also expedites verification of medication and dose, which can facilitate access to treatment throughout the

Commonwealth during emergencies. The central registry also simplifies accurate data reporting and dispensing of medication in accordance with state and federal laws and regulations.

The purpose of a central registry is to provide the Commonwealth with a tool to ensure that dual enrollment verification is accurate, help provide care during emergencies, and communicate with MOUD treatment services. Therefore, mandatory participation in the central registry system will help protect the health, welfare, and safety of Virginians.

Substance

Briefly identify and explain the new substantive provisions that are being considered, the substantive changes to existing sections that are being considered, or both.

This action will make changes to two sections:

12VAC35-105-645. Initial contacts, screening and admission. Adds a subsection which requires MOUD treatment services to collect data, specifically the number of individuals who are not admitted due to their refusal to consent to a central registry inquiry. The MOUD treatment service provider will be required to report this nonidentifying information to the department monthly.

12VAC35-105-1000. Preventing duplication of medication services. Deletes the current requirements and instead directs MOUD treatment service providers to: participate in a central registry; have three staff members who have access to the central registry; obtain written consent from individuals prior to initiating a central registry inquiry; initiate a central registry inquiry prior to admission; verify the individual is not dually enrolled; report all required data; and treat data as confidential in accordance with the law.

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; without a regulatory mandate, participation by MOUD treatment service providers will remain optional and the central registry will not be as effective.

Periodic Review and Small Business Impact Review Announcement

This NOIRA is not being used to announce a periodic review or a small business impact review.

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. In addition, as required by § 2.2-4007.02 of the

Code of Virginia, describe any other means that will be used to identify and notify interested parties and seek their input, such as regulatory advisory panels or general notices.

The Department of Behavioral Health and Developmental Services is providing an opportunity for comments on this regulatory proposal, including (i) the costs and benefits of the regulatory proposal, (ii) any alternative approaches, and (iii) the potential impacts of the regulation.

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 or email to Susan Puglisi, P.O. Box 1797, Richmond, VA 23218-1797, 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 the proposed stage of this regulatory action.

DRAFT

REGULATORY ACTIVITY STATUS REPORT

VAC CITATION Chapter and Title	SHORT DESCRIPTION	Action Summary	Regulatory Stage	Current Status	
RECENT/UPCOMING ACTIONS					
1	Chapter 115 (12VAC35-115): Regulations to Assure the Rights of Individuals	Updates to Human Rights Regulations; conform to Health Care Decisions Act	Amendments to improve the ability of the Office of Human Rights to protect individuals receiving services; also makes necessary updates to align with Code of Virginia where applicable.	Proposed <i>filing deadline 12/28/2026</i>	<i>NOIRA ended 7/1/2026</i>
2	Chapter 105 (12VAC35-105): Provider Licensing Regulations	MOUD Central Registry	Mandatory participation by medication for opioid use disorder (MOUD) treatment service providers in a central registry.	NOIRA	PENDING BOARD ACTION
UNDER EXECUTIVE BRANCH REVIEW					
Governor's Office					
1	Chapter 105 (12VAC35-105): Provider Licensing Regulations	Alignment with Medicaid behavioral health redesign: CPST	Pursuant to 2024-2026 Appropriation Act, aligns Licensing Regulations with modifications made by DMAS to Medicaid behavioral health services for Community Psychiatric Support and Treatment (CPST).	Emergency/ NOIRA <i>Sept. 2025 Board Vote</i>	HHR approved 5/12/26 <i>DPB approved 4/17/26; OAG certified 3/23/26</i>
Secretary's Office					
1	Chapter 105 (12VAC35-105): Provider Licensing Regulations	Mandatory reporting of previous negative actions by applicants	Pursuant to HB 597 (2020), incorporates statutory requirements for initial provider applicants to report prior disciplinary or other negative actions.	Fast-Track <i>July 2024 Board Vote</i>	DPB approved 5/5/25 <i>OAG certified 3/17/25</i>
2	Chapter 105 (12VAC35-105): Provider Licensing Regulations	Mandatory valid discharge plans by substance abuse treatment facilities	Pursuant to HB 434 (2024), incorporates additional statutory requirement for substance use disorder treatment facilities upon discharging an individual from services or when an individual withdraws from a program.	Fast-Track <i>Sept. 2024 Board Vote</i>	DPB approved 5/2/25 <i>OAG certified 3/17/25</i>
3	Chapter 105 (12VAC35-105): Provider Licensing Regulations	Alignment with Medicaid behavioral health redesign: CSC	Pursuant to 2024-2026 Appropriation Act, aligns Licensing Regulations with modifications made by DMAS to Medicaid behavioral health services for Coordinated Specialty Care (CSC).	Emergency/ NOIRA <i>April 2026 Board Vote</i>	DPB approved 6/12/26 <i>OAG certified 5/1/26</i>
4	Chapter 105 (12VAC35-105): Provider Licensing Regulations + Chapter 250 (12VAC35-250): Peer Recovery Specialists	Mandatory Peer Recovery Specialist-Trainee (PRS-T) designation	Pursuant to 2024-2026 Appropriation Act, creates a trainee designation to allow individuals to bill for services while working on the 500 hours of experience necessary for full Peer Recovery Specialist certification.	Emergency/ NOIRA <i>Sept. 2025 Board Vote</i>	DPB approved 5/11/26 <i>OAG certified 3/23/26</i>

5	Chapter 105 (12VAC35-105): Provider Licensing Regulations	Technical and clarifying revisions for crisis services	Reduces administrative burden, clarifies provisions, and makes technical amendments to newly implemented crisis services regulations.	Fast-Track <i>July 2025 Board Vote</i>	DPB approved 5/2/26 OAG certified 3/23/26
6	Chapter 105 (12VAC35-105): Provider Licensing Regulations + Chapter 46 (12VAC35-46): Regulations for Children's Residential Facilities	Amendments to align with VDH Regulations	Technical and clarifying amendments to reflect current practice and update outdated references.	Fast-Track <i>April 2025 Board Vote</i>	DPB approved 5/1/26 OAG certified 3/20/26
7	Chapter 105 (12VAC35-105): Provider Licensing Regulations	Alignment with Medicaid behavioral health redesign: REC	Pursuant to 2024-2026 Appropriation Act, aligns Licensing Regulations with modifications made by DMAS to Medicaid behavioral health services for Recovery and Empowerment Center (REC).	Emergency/ NOIRA <i>Dec. 2025 Board Vote</i>	DPB approved 4/27/26 OAG certified 3/23/26
Office of Attorney General					
1	Chapter 105 (12VAC35-105): Provider Licensing Regulations + Chapter 46 (12VAC35-46): Regulations for Children's Residential Facilities	Regulatory Restructuring Seven actions: 1. General Chapter 2. Residential 3. NonCenter-Based 4. Center-Based 5. Crisis Services 6. Case Management 7. Repeal and replace	Applicable provisions of existing licensing regulations are reenacted within a new "umbrella" General Chapter and five service-specific chapters, with corrections, streamlining, and strengthening of regulations where appropriate. (Seventh action repeals current chapters when newly restructured chapters become effective.)	Proposed <i>Dec. 2025 Board Vote</i>	Submitted to OAG 12/17/25

State Board of Behavioral Health and Developmental Services
PROPOSED MEETING PLAN FOR FISCAL YEAR 2027

Bylaws Article V. Section 1:

The Board at its first regular meeting following the beginning of the state fiscal year shall adopt an annual meeting schedule.

QUARTERLY MEETING DATE	LOCATION
2026	
Wednesday, April 22, 2026	Northern Virginia Mental Health Institute – Falls Church
Wednesday, July 15, 2026	Piedmont Geriatric Hospital/VCBR DBHDS Central Office – Richmond
Wednesday, September 23, 2026	Piedmont Geriatric Hospital/VCBR – Burkeville <i>Last visited Sept. 2023</i>
Wednesday, December 9, 2026	DBHDS Central Office – Richmond
2027	
Wednesday, April 21, 2027	Southwestern Virginia Mental Health Institute – Marion <i>(last visited March 2023)</i>
Wednesday, July 14, 2027 <i>*TENTATIVE Biennial Planning meeting at DBHDS on Tuesday, July 13, 2027*</i>	Central State Hospital/HWDMC – Petersburg <i>Last visited July 2023</i>
FALL <i>Date TBD</i>	Catawba Hospital – Roanoke <i>Last visited April 2024</i>
WINTER <i>Date TBD</i>	DBHDS Central Office – Richmond
2028	
SPRING <i>Date TBD</i>	Eastern State Hospital – Williamsburg <i>Last visited July 2024</i>
SUMMER <i>Date TBD</i>	Southern Virginia Mental Health Institute – Danville <i>Last visited September 2024</i>
FALL <i>Date TBD</i>	Western State Hospital/CCWA – Staunton <i>Last visited April 2025</i>
WINTER <i>Date TBD</i>	DBHDS Central Office – Richmond

NOTE: For quarterly meetings held outside the Richmond Metro area, Board members should plan to arrive the day before to participate in late afternoon/early evening community events on Tuesday.

STATE HUMAN RIGHTS COMMITTEE

Will Childers, Chairperson
Hardy
Betty Crance, Vice-Chairperson
Fincastle
John Shepherd,
Charlottesville
Renee F. Valdez,
Alexandria
Christopher Olivo,
Yorktown
Kimberly Hunt
Roanoke
D. Bruce Elsworth
Crozet
Betsy Lang,



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

Tanelka Goldman
State Human Rights Director
Tanelka.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

DARYL WASHINGTON, LCSW, COMMISSIONER

June 26, 2026

R. Blake Andis, Chair
State Board of Behavioral Health and Developmental Services
Post Office Box 1797
Richmond, Virginia 23218

Dear Chair Andis:

On May 21, and June 25, 2026, the State Human Rights Committee (SHRC) voted to recommend the appointment of Valjean M. Roberts and the reappointment of Renee F. Valdez and John B. Shepherd respectively.

Mr. Roberts holds a bachelor's degree in Science-Psychology from Christopher Newport College and a master's degree in Social Work from Norfolk State University. He has over three decades of distinguished service with the Commonwealth of Virginia, culminating in his role as Chief Executive Officer of the Central Virginia Training Center in 2020. Mr. Roberts has demonstrated a long-standing commitment to civic engagement through volunteerism with organizations like the Newport News Advisory Committee on Disabilities; Goodwill Industries of Tidewater; and the Virginia Association of Nonprofit Homes for the Aging, where he contributed expertise to advocacy, program development, and community outreach. He has over a dozen years of germane experience as a member of several Local Human Rights Committees (LHRC). His extensive administrative and clinical background rooted in ethical governance, human rights, and the advancement of quality care within public institutions is well suited for the SHRC. If appointed, he would serve in the role of a Professional fulfilling the Virginia Code mandate per §37.2-204 for SHRC members with "interest, knowledge and training in the mental health, developmental, or substance abuse services field". Mr. Roberts resides in Smithfield.

Ms. Valdez has worked in behavioral health in various capacities since 1985 and retired from American Systems, Inc. where she was an Independent Consultant in Workforce Training and Development. She has extensive experience working with at-risk youth, HIV/AIDS prevention, long-term care and post-secondary education, in addition to prior service at the LHRC level. As an individual with lived experience she fulfills the Virginia Code mandate to have at least two individuals who are "receiving or who have received public or private mental health, developmental, or substance abuse treatment or habilitation services".

Mr. Shepherd was previously employed as an Adult Protective Services worker and Medicaid Eligibility worker with the Albemarle County Department of Social Services. He has widespread experience interpreting regulations as a Zoning Official and Board of Zoning Appeals member, and has served on the Board of Children, Youth and Family Services Inc. and the Oakland School. Mr. Shepherd is a former member and Chairperson of several LHRC's and has satisfied the Virginia Code mandate for remaining appointments to include other professionals who "have interest, knowledge and training in the mental health, developmental, or substance abuse services field".

The SHRC respectfully requests that Mr. Valjean M. Roberts be appointed to serve in his first term, and that Ms. Renee F. Valdez and Mr. John B. Shepherd be reappointed to serve a second term effective July 1, 2026, to June 30, 2029. On behalf of the State Human Rights Committee, I respectfully ask that you consider these appointments at your July 15, 2026, Board meeting. Applications and a current SHRC roster are attached for your review. Thank you for your consideration.

Respectfully submitted,



Will Childers, Chairperson
State Human Rights Committee

c: Taneika Goldman, State Human Rights Director

State Human Rights Committee
Department of Behavioral Health and Developmental Services

<p>Chair Will Childers Hardy Region 3</p> <p>Appointed July 2018 7/1/2017 – 6/30/2020 Vacancy 7/1/2020 - 6/30/2023 Term 1 7/1/2023 - 6/30/2026 Term 2</p> <p>→Professional</p>	<p>Vice-Chair Betty Crance Fincastle Region 1</p> <p>Appointed March 2022 7/1/2021 – 6/30/2024 Vacancy 7/1/2024 – 6/30/2027 Term 1</p> <p>→ Family Member/Healthcare Provider</p>	<p>John B. Shepherd Charlottesville Region 1</p> <p>Appointed June 2023 7/1/2023 – 6/30/2026 Term 1</p> <p>→Professional</p>
<p>Renee F. Valdez Alexandria Region 2</p> <p>Appointed June 2023 7/1/2023 – 6/30/2026 Term 1</p> <p>→Individual</p>	<p>Christopher Olivo Yorktown Region 5</p> <p>Appointed September 2024 7/1/2024 – 6/30/2027 Vacancy</p> <p>→ Family Member</p>	<p>D. Bruce Ellsworth Crozet Region 1</p> <p>Appointed April 2025 7/1/2024 – 6/30/2027 Vacancy</p> <p>→ Professional</p>
<p>Kimberly Hunt Roanoke Region 3</p> <p>Appointed April 2025 7/1/2024 – 6/30/2027 Vacancy</p> <p>→ Individual/Healthcare Provider</p>	<p>Betsy Lang Hampton Region 5</p> <p>Appointed September 2025 7/1/2025 – 6/30/2028 Vacancy</p> <p>→ Healthcare Provider</p>	

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

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

§ 37.2-204. Appointments to state and local human rights committees

The Board shall appoint a state human rights committee that shall appoint local human rights committees to address alleged violations of human rights of individuals receiving services. One-third of the appointments made to the state or local human rights committees shall be individuals who are receiving or who have received services or family members of such individuals, with at least two individuals who are receiving or who have received public or private mental health, developmental, or substance abuse treatment or habilitation services within five years of the date of their initial appointment on each committee. In addition, at least one appointment to the state and each local human rights committee shall be a health care provider. Remaining appointments shall include lawyers and persons with interest, knowledge, or training in the mental health, developmental, or substance abuse services field. No current employee of the Department, a community services board, or a behavioral health authority shall serve as a member of the state human rights committee. No current employee of the Department, a community services board, a behavioral health authority, or any facility, program, or organization licensed or funded by the Department or funded by a community services board or behavioral health authority shall serve as a member of any local human rights committee that serves an oversight function for the employing facility, program, or organization.

1999, c. 969, § 37.1-84.3; 2001, c. 453; 2005, cc. 201, 716; 2012, cc. 476, 507.

The chapters of the acts of assembly referenced in the historical citation at the end of this section(s) may not constitute a comprehensive list of such chapters and may exclude chapters whose provisions have expired.

State Board of Behavioral Health and Developmental Services

DRIVING DIRECTIONS

DBHDS Central Office, Jefferson Building
1220 Bank Street, Richmond, VA 23219

! The Jefferson Building is located on the southeast corner of Capitol Square, at the intersection of 13th/Governor Street and Bank Street.

! View maps of [Capitol Square](#) or [public parking](#) lots.

FROM I-64 EAST OR WEST OF RICHMOND:

- Following I-64, get onto I-95 South and continue toward downtown
- Take **Exit 74B**, Franklin Street
- Turn right onto Franklin Street
- Go through the next intersection at 14th Street (Franklin Street becomes Bank Street)
 - Look for on-street meter parking on 14th or Main Street
 - If you do not find street parking, [other parking options](#) are available

FROM I-95 NORTH OF RICHMOND:

- Follow I-95 South toward downtown Richmond
- Take **Exit 74B**, Franklin Street
- Turn right onto Franklin Street
- Go through the next intersection at 14th Street (Franklin Street becomes Bank Street)
 - Look for on-street meter parking on 14th or Main Street
 - If you do not find street parking, [other parking options](#) are available

FROM I-95 SOUTH OF RICHMOND:

- Follow I-95 North toward downtown Richmond
- Cross the bridge over the James River
- Take **Exit 74C** on your right (17th Street is one-way) and continue to Broad Street
- Turn right onto Broad Street
- Turn left onto 14th Street at the first light after crossing over I-95
- Turn right onto Franklin Street
- Go through the next intersection at 14th Street (Franklin Street becomes Bank Street)
 - Look for on-street meter parking on 14th or Main Street
 - If you do not find street parking, [other parking options](#) are available

If you have questions about the information in this meeting packet, contact Mary Broz Vaughan at mary.broz-vaughan@dbhds.virginia.gov or 804-903-1390.