



**COMMONWEALTH of VIRGINIA**

**STATE BOARD OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES**

**DRAFT MEETING AGENDA**

**Thursday, October 11, 2012**

**Southeastern Virginia Training Center (SEVTC), Building 3 (Staff Training entrance)  
2100 Steppingstone Square, Chesapeake, VA 23320-2591**

**(Event Schedule, October 10<sup>th</sup> Board Orientation and Non-Business Dinner, and all directions, pages 41-43)**

**Concurrent Committee Meetings on Thursday, October 11<sup>th</sup> 8:30 – 9:25 p.m., SEVTC**

8:30 – 9:25 a.m.	<b>Planning &amp; Budget Policy Development &amp; Evaluation</b>	<b>TBA In-Service Classroom</b>	<b>p.3 p.9</b>
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**REGULAR SESSION AGENDA**

**In-Service Classroom, Building 3, 9:30 a.m.**

<b>I.</b>	9:30	<b>Call to Order and Introductions</b>	<b>Cheryl Ivey Green <i>Acting Chair</i></b>	<b>1</b>
<b>II.</b>	9:35	<b>Approval of October 11, 2012 Agenda</b> ➤ <i>Action Required</i>		<b>1-2</b>
<b>III.</b>	9:40	<b>Approval of Draft Minutes</b> <b>A. Regular Meeting, April 19, 2012</b> ➤ <i>Action Required</i>		<b>6</b>
<b>IV.</b>	9:45	<b>Public Comment</b> <i>(3 minute limit per speaker)</i>		
<b>V.</b>	10:00	<b>Commissioner’s Report - Updates</b> <b>A. DOJ</b> <b>B. VCBR</b> <b>C. Creating Opportunities Plan</b>	<b>James W. Stewart, III <i>Commissioner</i></b>	
<b>VI.</b>	11:00	<b>Regulatory Actions:</b> <b>A. General Update – Matrix</b> <b>B. Results of Periodic Reviews</b> ➤ <i>Action Required</i> <b>C. Overview for Potential Regulatory Action</b> <i>(new: Individual and Family Support Program)</i>	<b>Linda Grasewicz <i>Assistant Director, Office of Planning and Development</i></b>  <b>Lee Price, <i>Director, Office of Developmental Services</i></b>	<b>10 11 12</b>

<b>VII.</b>	11:15	<b>Committee Reports:</b> <b>A. Grant Review Process</b> <b>B. Planning &amp; Budget</b> <b>C. Policy Development and Evaluation</b>	Linda Grasewicz Charline Davidson <i>Director, Office of Planning and Development</i> Ruth Anne Walker <i>Director, Legislative Affairs</i>	<b>3</b> <b>5</b>
<b>VIII.</b>	11:20 12:15	<b>BREAK FOR SEVTC TOUR</b> <b>RETURN FROM TOUR</b>		
<b>IX.</b>	12:15	<b>BREAK and collect lunch</b>		
<b>X.</b>	12:30	<b>SEVTC: Overview</b>	Robert D. Shrewsberry, Ph.D. <i>Facility Director</i>	
<b>XI.</b>	12:50	<b>State Human Rights Committee</b> <b>A. Appointments</b> ➤ <i>Action Required</i> <b>B. Presentation of the Annual Report</b>	Margaret Walsh, <i>Director, Office of Human Rights</i>	<b>13</b>
<b>XIII.</b>	1:15	<b>Update on the Virginia Association of Community Services Boards</b>	William R. Frank <i>Public Policy Manager VACSB</i>	
<b>XIV.</b>	1:45	<b>Miscellaneous</b> A. Prevention and Promotion Advisory Council (PPAC) Appointments and Report ➤ <i>Action Required-Appointments</i> B. Board Liaison Reports C. Quarterly Budget Report D. Chair Designation of Nominating Committee for Officer Elections E. Adoption of Meeting Schedule 2013 ➤ <i>Action Required</i>	Ruth Anne Walker	<b>24</b> <b>40</b>
<b>XV.</b>	2:30	<b>Other Business &amp; Adjournment</b>		

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

**Next Meeting:**

Tuesday, December 4 – DBHDS Central Office, Richmond

**DRAFT MINUTES**  
**STATE BOARD OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES**

**PLANNING AND BUDGET COMMITTEE**

December 6, 2011  
Richmond, Virginia

**Members Present:** Ruth G. Jarvis, Chair, Daniel E. Karnes, and Jennifer M. Little

**Members Absent:** Cheryl Ivey-Green

**Staff Present:** Charline Davidson and Linda Grasewicz

**Call to Order:** The meeting was called to order at 8:35 a.m.

**Planning and Budget Committee Meeting Minutes 10/13/2011**

Committee members accepted the minutes without objection.

**Summary of Public Comment on the Draft Comprehensive State Plan 2012-2018**

Linda Grasewicz and Charline Davidson reviewed a summary of public comment on the draft plan. Nine individuals provided comments. Most provided commentary on or recounted personal experiences with the services system including:

- The value of services and supports provided by state training centers and state hospitals;
- Problems with the current TDO process and the adverse affect on individuals in crisis;
- Concerns about the impact of previous budget cuts on staffing and service effectiveness; and
- Concerns regarding service limitations in the Individual and Family Developmental Disabilities Support (DD) Waiver, particularly the lack of housing for adults with autism.

Comments recognized the need for services and supports identified in the draft plan, including:

- Emergency and crisis response services;
- Jail diversion and other interventions to keep individuals out of the criminal justice system;
- Detoxification and substance abuse support services;
- ID waiver services capacity; and
- Creative residential options and family support services.

Several wrote that they found the proposed initiatives laudable and supported the draft plan's capacity building priorities. Others recognized the need for additional resources to implement proposed initiatives but expressed concern that the Commonwealth's budget situation would threaten implementation. A few provided specific suggestions to change the draft plan.

Linda Grasewicz mentioned that no one had attended the video-conference and we may need to consider other vehicles for obtaining comment in the future.

**Changes to the Comprehensive State Plan 2012-2018**

Charline Davidson and Linda Grasewicz distributed and discussed proposed changes to the draft plan with the Committee. In addition to non-substantive revisions for formatting and language consistency and clarifications to improve understanding, specific changes in response to public comment suggestions to revise the draft plan included:

- A new Appendix G - Capital Outlay priorities;

- Language recognizing that employment may not be an appropriate and viable option for some;
- A statement clarifying that implementation of capacity development priorities in the Resources Requirements section is contingent on resource availability;
- A sentence in the Conclusion affirming that the Department's executive leadership will continue to monitor implementation of major agency initiatives; and
- Revision to three CSB adult civil state hospital bed utilization numbers in Appendix D to conform to numbers published in another Department report.

Other changes proposed for the final plan include:

- Updated CSB service and services system funding information to reflect FY 2011 information;
- A revised SMI prevalence methodology to correspond with the methodology in *The NSDUH Report: State Estimates of Adult Mental Illness* released October 2011;
- Updated numbers of licenses issued by the Department and numbers of waiver slots; and
- An updated listing of behavioral health quality improvement measures.

The Committee agreed to recommend these changes in the Committee's report to the Board.

**Adjourn:** The Planning and Budget Committee meeting was adjourned at 9:25 a.m.

**DRAFT MINUTES**  
**STATE BOARD OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES**  
**POLICY AND EVALUATION COMMITTEE**

APRIL 10, 2012  
RICHMOND, VIRGINIA

**Members Present:** Cheryl Green (Chair), Gretta Doering (by phone), Andrew Goddard, Bonnie Neighbour, Anand Pandurangi.

**Members Absent:** None.

**Staff Present:** Ruth Anne Walker, Paul Gilding, and Lee Price.

**I. Call to Order**

The meeting was called to order at 10 a.m.

**II. Welcome and Introductions**

Rev. Green welcomed everyone to the meeting.

**III. Adoption of Minutes, December 6, 2011**

Committee members reviewed and approved the minutes for the December meeting.

**IV. Scheduled Field Review of Three Current Policies**

The following policies were distributed for **second field review and comment** from December 13, 2011 – February 29, 2012. Committee members reviewed, and staff developed the drafts with consideration of, all comments received from the field.

**A. Review for Final Consideration for Recommendation to the State Board**

At the December meeting, the committee of the State Board of Behavioral Health and Developmental Services initiated a scheduled field review of the following policies. At the April meeting, additional edits were made and the policies submitted for a final field review from April 23 – June 1, 2012.

1. **Policy 1016 (SYS) 86-23 Policy Goal of the Commonwealth for a Comprehensive, Community-Based System of Services**
2. **Policy 1034 (SYS) 05-1 Partnership Agreement**
3. **Policy 1036 (SYS) 05-3 Vision Statement**

Final approval of these revised policies is expected at the July meeting and for final approval by the Board at the October meeting.

**V. Review of Revised Draft – New Policy: Employment First**

Staff explained recommended edits and noted further edits from the committee. The committee approved the revised policy as edited at the meeting, pending review by email, before submission for a second field review.

**Policy 1044 (SYS) 12-1 Employment First**

**VI. Next Steps**

Public comments received during the final field review of the revised Employment First Policy will be available for committee review, as will final drafts of the three current policies.

**VII. Adjournment**

The next meeting of the committee will be on July 17, 2012 in Fairfax, unless the comments received in coming months warrant another meeting prior to that date.

**DRAFT MINUTES**  
**STATE BOARD OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES**

Thursday, April 19, 2012  
Catawba Hospital, 5525 Catawba Hospital Dr  
Catawba, Virginia 24070-2006

**Regular Session AGENDA**  
**Marsh-Thomas Building (Building 73)**  
**8:30 a.m.**

- Members Present** Ruth G. Jarvis, **Chairperson**, Cheryl Ivey Green, **Vice-Chairperson**, Gretta Doering, Andrew Goddard, Daniel E. Karnes, Jennifer Little, Bonnie Neighbour, Anand Pandurangi
- Staff Present** Kli Kinzie, Executive Secretary, Office of Human Rights  
James W. Stewart, III, Commissioner  
Ruth Anne Walker, Director, Office of Legislative Affairs
- Staff Present via Telecom** Charline Davidson, Director of Planning and Development  
Linda Grasewicz, Assistant Director and Regulatory Coordinator,  
Planning and Budget  
Lee Price, Director, Developmental Services
- Others Present** Vicky Fisher, Registered Nurse Manager 2, Catawba Hospital  
Cynthia Law, Facility Administrator, Catawba Hospital  
Walton F. Mitchell, III., Facility Director, Catawba Hospital  
John Pezzoli, Assistant Commissioner, Behavioral Health Services  
Tom Sperlock, Family Member  
Tom Stellar, Executive Director, Blue Ridge Behavioral Healthcare
- Call to Order and Introductions** At 8:42 Ruth Jarvis called the April 19, 2012, DBHDS State Board meeting to order. A call for introductions took place prior to proceeding.
- Approval of April 19, 2012 Agenda** *At 8:45 upon a motion by Jennifer Little and seconded by Andrew Goddard the Board unanimously voted to adopt the April 19, 2012 agenda as circulated.*
- Approval of Draft Minutes Regular Meeting December 6, 2011** *At 8:46 upon a motion by Andrew Goddard and seconded by Bonnie Neighbour the Board unanimously approved the minutes of the December 6, 2012 DBHDS State Board Meeting.*
- Presentations** At 8:47 Cheryl Ivey Green presented, on behalf of the Board and Department, plaques of appreciation to Ruth Jarvis and Daniel Karnes, for their service to Virginians over the past eight years.
- Public Comment** At 8:52 Ruth Jarvis called for public comments. Mr. Tom Sperlock addressed the Board. Mr. Sperlock expressed that it is a tragedy that loved ones are being turned over to the community in a forced move out of the department's state hospitals. The department should be increasing beds rather than decreasing them. Mr. Sperlock proposed that the

outlying buildings on state facilities could be converted to housing for individuals with mental illness. He asked commissioner Stewart how concerned individuals and organizations can help.

Commissioner Stewart suggested that individuals interested in advocacy the most effective advocacy occurs when advocates come together and agree on advocating for a singular proposal to bring forward to the General Assembly.

### **Commissioner's Report**

At 9:01 Commissioner Stewart provided an update on the DOJ settlement agreement (available on the department's web site <http://www.dbhds.virginia.gov/Settlement.htm>), and spoke about the increasing role of case management as the many community programs open for business.

At 9:29 Commissioner Stewart provided an update on the census at the sexually violent predator facility, the Virginia Center for Behavioral Rehabilitation (VCBR), and the beginning of double-bunking of the population.

At 9:35 Commissioner Stewart reported on the *Creating Opportunities* Plan. John Pezzoli commented on the budget for substance abuse services. Commissioner Stewart reported on the increasing crisis stabilization programs and on the development of the electronic health records system.

### **Regulatory Actions**

#### **General Matrix Update**

At 9:58 Linda Grasewicz, Assistant Director, Office of Planning and Development, gave an overview of the regulatory items currently in process.

#### **Potential Emergency Regulation**

At 10:00 Lee Price, Director, Developmental Services, reported on a potential emergency regulation that provides funds to families housing individuals in the community. The proposed regulation would allow the families some latitude in determining how the funds can be most effectively utilized. Mr. Price offered dates for a special meeting in June to review the draft regulation and a date of June 19<sup>th</sup> was tentatively set.

#### **Grant Review**

At 10:08 Linda Grasewicz had no recent business to report on grant review.

#### **Planning & Budget**

At 10:09 Charline Davidson, Director, Office of Planning and Budget, had no recent business to report from the Planning and Budget Committee.

#### **Policy Development and Evaluation**

At 10:10 Ruth Anne Walker, Director, Office of Legislative Affairs, reported on three (3) existing policies and one (1) new policy out for a second review in the field. After comments are received staff will review and consider recommendations. The policies are:

- A. Revised Drafts – Existing Policies
  - 1. Policy 1016 (SYS) 86-23 Policy Goal of the Commonwealth for a Comprehensive, Community-Based System of Services
  - 2. Policy 1034 (SYS) 05-1 Partnership Agreement
  - 3. Policy 1036 (SYS) 05-3 Vision Statement
- B. Revised Draft – New Policy: Employment First
  - 4. Policy 1044 (SYS) 12-1 Employment First

**Tour** At 10:15 the Board took a tour of Catawba Hospital and grounds.

**Reconvene** At 11:20 Cheryl Ivey Green called the meeting back to order.

**Catawba Hospital Overview** At 11:20 Walton F. Mitchell, Facility Director, gave a slide show presentation on the history, organization, and mission of Catawba Hospital. Mr. Mitchell talked about populations served and about the Regional Partnership’s planning process and expectations. As part of the regional partnership, the census management team works daily during the week among designated staff from the area CSBs, Carillion Rehabilitation Center, and area hospitals to review patients for transfer, disposition and follow-up. The partnership also develops and monitors regional safety and supports plans that address the concerns of high-risk individuals.

**Miscellaneous** At 11:47 Commissioner Stewart discussed changes in budget allocations, rates and waiver slots identified in the DOJ settlement agreement.

**VACSB** At 11:51 Tim Stellar, Executive Director of Blue Ridge Behavioral Healthcare, on behalf of William R. Frank, Public Policy Manager, Virginia Association of Community Services Boards (VACSB), reported on activities of the association, including during the recent General Assembly session. The VACSB is in agreement with the DOJ Settlement Agreement and is standing ready to provide the department with any services needed to manage and coordinate the implementation of the terms of the agreement.

**Legislative and Budget Review** At 12:10 Ruth Anne Walker provided an update on the bills for which DBHDS was the lead agency during the 2012 Session of the General Assembly, as well as other legislation of interest.

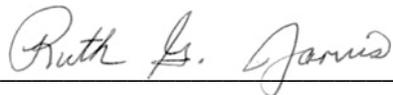
**Board Liaison Reports** At 12:17 Jennifer Little, who also serves on her local school board in Mathews County, reported that there has been an increase in teenage suicide attempts in Virginia. In response to this increase, the CSBs in collaboration with community partners came together to educate schools and individuals on suicide prevention.

**Other Business and adjournment** At 12:20 Ruth Anne Walker reported that Ruth Jarvis and Daniel Karnes will rotate off the Board on June 30, 2012. At that time, first terms for Jennifer Little and Andrew Goddard will also expire, and Joseph Guzman’s position remains vacant. In July, the Board could potentially have as many as five (5) new members out of nine (9).

**Adjournment**

Having no further business the meeting adjourned at 12:30. The next meeting will be held on July 17, 2012, at the Northern Virginia Training Center in Fairfax.

Respectfully Submitted:



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**Ruth G. Jarvis, Chair**



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**Kli Kinzie, Secretary**

## VI.A. - Current and Pending Regulatory Actions – October 2012

VAC Number	Title	Purpose	Regulations in Process		Actions Summary
			Stage	Status	
12 VAC 35-115	<b><u>Human Rights Regulations</u></b> Rules and Regulations to Assure the Rights of Individuals Receiving Services from Providers of Mental Health, Mental Retardation and Substance Abuse Services	To update the regulations to identify the notification rights for individuals receiving services in compliance with Chapter 111 of the 2009 Virginia Acts of Assembly	<u>Final</u>	Final regulations will be published in the Virginia Register of Regulations on October 22, 2012.	The final regulations were released by the Governor's Office 9/24/2012.
		To conduct a comprehensive review current regulations to assess the need for regulatory change.	<u>Periodic Review</u>		Public notice was published 11/21/11 The public comment period ends 12/19/2011
12VAC 35-210	<b><u>Temporary Leave from State Facilities</u></b> Regulations to Govern Temporary Leave from State Mental Health and Mental Retardation Facilities	To conduct a comprehensive review current regulations to assess the need for regulatory change.	<u>Periodic Review</u>		Public notice was published 11/21/11 The public comment period ends 12/19/2011
12 VAC 35-220	<b><u>Part C Regulations</u></b> <b><u>Certification Requirements for Early Intervention Case Managers</u></b> NOTE: The Department , as the lead agency for the Part C program, has statutory authority to adopt these regulations rather than the Board	To establish the certification requirements for early intervention case mangers.	<u>NOIRA</u>	Request to fast track adoption of permanent regulations will be submitted this month.	Emergency regulations went into effect 2/1/2012
12 VAC 35-230	<b><u>Individual and Family Support Program</u></b> Regulations to Establish an Individual and Family Support Grant Program for Individuals on the Waitlist for ID and DD Waiver Services.			Submitted proposed regulatory language to the Attorney General for review.	The 2012 General Assembly established emergency authority for the Board to promulgate regulations establishing an Individual and Family Support Program.

## **VI.B. Results of the Board's Periodic Review**

### **Background**

Existing regulations must be examined at least every four years to review statutory authority and assure that the regulations do not exceed the Board's statutory authority. Any alternatives to regulation should be investigated, as well as the need to modify the regulations to meet current needs. The Board has two regulations that are subject to periodic review.

### **Results**

The public notices of these reviews were published in the Virginia Register of Regulations in November 2011. There were no public comments received for either

#### **12 VAC 35-115 RULES AND REGULATIONS TO ASSURE THE RIGHTS OF INDIVIDUALS RECEIVING SERVICES FROM PROVIDERS OF MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE SERVICES.**

The Office of the Attorney General (OAG) confirmed these regulations were authorized by §§ 37.2-203 and 32.2-400 and, as currently written, do not exceed the Board's statutory authority. There is no alternative to regulation to assure the protection of human rights. With the implementation of the settlement agreement between Virginia and the US Department of Justice, it is extremely important that the community protection system that investigates human right complaints and assures human rights protection is as efficient and responsive as possible.

### **Recommendation**

Modify current regulations to reflect current needs and improve program efficiency and effectiveness.

#### **12VAC 35-210 -- REGULATIONS TO GOVERN TEMPORARY LEAVE FROM STATE MENTAL HEALTH AND MENTAL RETARDATION FACILITIES.**

The OAG confirmed these regulations were authorized by §§ 37.2-203 and 32.2-837 and, as currently written, do not exceed the Board's statutory authority. While §32.2-837.B. remains unchanged, there is no alternative to regulation. Temporary and home visits are an integral element of the discharge process for individuals served in state facilities.

### **Recommendation**

Retain current regulations, until the relevant *Code of Virginia* section is changed.

## **VI.C. Individual and Family Support Fund Recommendation for the Development of Regulations**

The Department of Justice Settlement Agreement stipulates (page 6, Item 2),

*The Commonwealth shall create an individual and family support program for individuals with ID/DD whom the Commonwealth determines to be most at risk of institutionalization, according to the following schedule:*

*a. In State Fiscal Year 2013, a minimum of 700 individuals supported*

*b. In State Fiscal Year 2014, a minimum of 1000 individuals supported*

The Agreement further stipulates that there continue to be *a minimum of 1000 individuals supported* during each successive year through 2021.

The Attorney General's Office has recommended that DBHDS seek the adoption of regulations to administer this fund.

**Accordingly, DBHDS sought and obtained emergency authority from the General Assembly for the Board to adopt regulations as to how this fund will be administered.**

This fund will provide financial support to individuals and/or their families who are on the waiting list for either the Intellectual Disability Waiver or the Individual and Family Support Developmental Disabilities Waiver in one-time and/or monthly allotments in state general fund dollars. The total amount allocated by this year's General Assembly for this fund is just under \$3,000,000. It is further anticipated that the fund will be allocated in amounts up to \$3,000 with an average per family amount of approximately \$1,600 per year.

Out of the fund, there will be administrative costs assigned to three additional staff positions that the Department will hire to administer the fund. These will be a manager for the fund and two clerical support staff, one for the Office of Developmental Services, and the other for the fiscal office.

**A committee of stakeholder has assisted DBHDS staff in the development of draft regulations for the Board's consideration. These draft regulations are now under review at the office of the Attorney General.** The committee will also consult on the development of the policies and procedures necessary to implement these regulations. Timeframe for enactment of regulations is critical, as the Agreement requires that at least 700 families receive assistance from this fund during the current (2013) fiscal year. **Therefore, if the draft regulations are not cleared by the OAG in time for consideration by the Board at the next scheduled meeting, the Board may be asked to call a special meeting to consider regulatory action in order to assure that implementation occurs within the deadline.**

STATE HUMAN RIGHTS  
COMMITTEE

Donald H. Lyons, Chair  
Hillsville

Randy Johnsey, V-Chair  
Glade Spring

Thomas C. Bullock  
South Hill

Penny Cameron  
Reston

Carolyn DeVilbiss  
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Frank Royal, Jr.  
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*COMMONWEALTH of VIRGINIA*

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September 25, 2012

Cheryl Ivey Green  
DBHDS State Board  
P.O. Box 1797  
Richmond, Virginia  
23218

Dear Ms. Green:

On June 8, 2012, the State Human Rights Committee (SHRC) met and discussed candidates for appointment to fill vacancies on the committee. The committee unanimously voted to recommend the appointments of Ms. Victoria Cash Graff and Mr. Timothy M. Russell, and the reappointment of Frank S. Royal, M.D. Attached for your information and review please find the announcement of SHRC vacancies and applications for these individuals.

The SHRC respectfully requests that the Board appoint by motion Ms. Victoria Cash Graff and Mr. Timothy Russell to their first terms, and reappoint Dr. Frank Royal to his second term on the State Human Rights Committee.

Thank you for your consideration.

Respectfully,

A handwritten signature in black ink that reads "Donald H. Lyons".

Donald H. Lyons, Chair  
State Human Rights Committee

c: Margaret Walsh, State Human Rights Director, DBHDS

## Announcement of SHRC Vacancies

Effective June 30th, 2012, there will be two vacancies on the State Human Rights Committee.

The SHRC Membership Committee will select finalists who meet the current membership requirements. The types of positions on the committee are consumers, family members, healthcare providers including sex offender treatment providers, and professionals. At this time, we are particularly interested in recruiting a consumer and a specialist in the field of sexually violent predators.

As part of its role in representing the diverse populations and cultures within the state of Virginia, the SHRC seeks to maintain a balance which includes diversity of age, background, race, gender, skills, experience, and geographic areas of the state. Current members remaining on the committee after July 1, 2012 are from Alexandria, Danville, Glade Spring, Great Falls, Hillsville, Richmond, South Hill. At this time the SHRC is interested in recruiting members residing in the Tidewater/Hampton Rhodes/Eastern Shore area and the Northwest area of Virginia (Front Royal/Harrisonburg/Staunton).

The State Human Rights Committee meets about 8 times a year in various locations throughout the state. Members are responsible for getting themselves to meetings. Travel expenses will be paid by the department including mileage reimbursement and meals per diem as well as state-arranged lodging for any members who need to stay overnight on the evening before a meeting.

Applications can be submitted to:  
State Human Rights Committee  
c/o Kli Kinzie, Office of Human Rights  
DBHDS  
P.O. Box 1797  
Richmond, VA 23218  
Fax: 804-371-2308

The SHRC plans to invite screened applicants to meet the current SHRC members and be interviewed by the Membership Committee. Following interviews, applications will be submitted to the State DBHDS Board for review and appointment effective July 1, 2012.

We look forward to hearing from you.

Questions? Call the human rights office at 804-786-3988  
or e-mail [Kli.Kinzie@co.dbhds.virginia.gov](mailto:Kli.Kinzie@co.dbhds.virginia.gov)

12/07

### State Human Rights Committee Application for Membership

Today's Date: June 1, 2012

Name: VICTORIA CASH GRAFF

Street Address: 931 LEE JACKSON HIGHWAY

City, State, Zip: STAUNTON, VA 24401 Telephone #: 540-886-7070

Current (or most recent) Employer: J+H INSTITUTE, PC - OWNER

Employer's Address: P.O. BOX 2886  
STAUNTON, VA 24402-2886

Dates of Employment: From 05/01/2007 to PRESENT

Occupation/ profession (if retired, list previous occupation):  
LICENSED CLINICAL SOCIAL WORKER

Educational Background: MSW - VCU 5/1990  
BSW - LONGWOOD COLLEGE - 5/1977

Please check categories in which you are eligible or willing to serve:  
 Professional  Family Member  Consumer  Healthcare Provider

Have you ever been employed by, or a member of the board of directors or a volunteer of a program licensed, operated or funded by the Department of Mental Health, Mental Retardation and Substance Abuse Services?

Yes  No

If so, name of program (or programs):

• Now known as: Commonwealth Cnt. for Children + Adol.

DeJarnette Center for

Capacity in which you served:

Dates of service: Human Development  
From 9/1/77 to 10/1/80

• Mental health Care Provider

• Clinical Soc. Worker Supervisor 1992 - 1994

Have you been a member of a local human rights committee?

Yes \_\_\_ No X

If so, which LHRC did you serve on?

Capacity in which you served:

Dates of service:

From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

If so, please describe your experience on the local human rights committee.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe your education, training or experience in the area of Mental Health, Mental Retardation or Substance Abuse services, if any.

I have been in the field of social work since 1977 and have specialized in sexual abuse. I have worked extensively with both victims and offenders. I am a Certified Sex Offender Treatment Provider working with adult + juvenile offender in community based treatment.

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

The challenges of balancing treatment and punishment become most difficult, when

addressing men in Va.'s civil commitment center +  
 Working to protect their rights while ensuring  
 the rights of society is an unpopular position but  
 one I believe in

As a member of the State Human Rights Committee, what do you think will be your biggest challenge and will you be able to attend meetings regularly? Please note that the SHRC holds meetings 8 times per year and all meetings are on Friday. Also, the SHRC meets in locations throughout the state that results in members frequently staying overnight on the Thursday prior to the meeting.

I have made recent changes in my work week that will make attending the meetings feasible. When I make a commitment I work to see it through.

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

As a social worker and an individual, I place great value on human rights. I find the opportunity to serve on the SHRC part of a professional and personal obligation after my many years of experience in the field. I believe it would be an enriching and rewarding experience.

Applicant's Signature:  
 Victoria Cash Graff

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

## State Human Rights Committee Application for Membership

Today's Date: 4/18/2012

Name: Timothy M Russell

Street Address: 135 Neighbors Drive

City, State, Zip: Williamsburg VA 23188 Telephone #: 757-358-0515

Current (or most recent) Employer: College of William and Mary

Employer's Address: Keck Lab, 1 Wake Drive, Room 106  
Williamsburg VA, 23187

Dates of Employment: From 12 / 08 / 2001 to present / \_\_\_\_\_ / \_\_\_\_\_

Occupation/ profession (if retired, list previous occupation):

Research Assistant and Adjunct Faculty

Educational Background:

BA in Government William and Mary 1991, MSW work at VCU 1997-1998

Please check categories in which you are eligible or willing to serve:

Professional  Family Member  Consumer  Healthcare Provider

Have you ever been employed by, or a member of the board of directors or a volunteer of a program licensed, operated or funded by the Department of Mental Health, Mental Retardation and Substance Abuse Services?

Yes  No

If so, name of program (or programs): Valumark West End Behavioral Health Care

Capacity in which you served: Transitional Living Counselor Dates of service:

From 8 / \_\_\_\_\_ / 1997 to 12 / \_\_\_\_\_ / 1997

Have you been a member of a local human rights committee?

Yes  No

If so, which LHRC did you serve on?

Williamsburg Regional and Newport News Regional

Capacity in which you served:

Dates of service:

Committee member & Chair for 4 years From 07 / 01 / 2005 to 06 / 30 / 2011

Newport News Committee Member From 01/01/2012 to present

If so, please describe your experience on the local human rights committee.

Very rewarding on a number of levels. First, I became familiar with providers and understand

what services exist for helping clients. Second, I helped providers keep updated with changes to

the regulations. Third, knowing I offer an outlet for patients, as a non bias party, who if they feel

their concerns about abuse or neglect are not satisfactorily met, they have a place to voice

their appeals. I have also met a number of committee members from varied backgrounds who

have contributed to my understanding of mental health services.

Please describe your education, training or experience in the area of Mental Health, Mental Retardation or Substance Abuse services, if any.

As a 22 year recovering alcoholic who spent 4 weeks in treatment I understand the experience of

a patient. I continue to work with patients in treatment facilities as a sponsor. I spent 4 months

working with psychiatric adolescents while attending graduate school at VCU for a MSW. My

studies introduced me to the business of Mental Health and the individuals mental development.

As a LHRC chairman I was exposed to a variety of services and events. making me a more knowl

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

To continue to serve the patients of VA. I have also come to an understanding of the regulations

and want to continue to offer my services to contribute to the mission of DBHDS. I met a number

of good people as local committee members and I look forward to working with more at the State level. I think I can make a difference and impact with patients as a non bias hearing forum.

As a member of the State Human Rights Committee, what do you think will be your biggest challenge and will you be able to attend meetings regularly? Please note that the SHRC holds meetings 8 times per year and all meetings are on Friday. Also, the SHRC meets in locations throughout the state that results in members frequently staying overnight on the Thursday prior to the meeting.

I feel my schedule at work permits me to attend the meetings across the State.

My biggest challenge will be to more intimately understand and recall the regulations and their changes.

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

I think my personal experiences, friends and family's experiences and my own work has provided me with a depth and breadth of understanding to help promote the mission of the DBHDS as a non bias volunteer.

Applicant's Signature:

\_\_\_\_\_

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

## State Human Rights Committee Application for Membership

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Today's Date: April 1, 2009

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Name: Frank S. Royal, Jr., M.D.

---

Street Address: Po Box 14536

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City, State, Zip: Richmond, VA 23221

---

Telephone #: 804 261-0139

---

Current (or most recent) Employer: John Randolph Medical Center

Employer's Address: 411 West Randolph Road, Hopewell, VA 23860

Dates of Employment: From 3/24/2008 to present

---

Occupation/ profession (if retired, list previous occupation):

Administrator/Physician

---

Educational Background: MD Meharry Medical College; Child & Adolescent Psychiatrist VCU Health System

---

Please check categories in which you are eligible or willing to serve:

X Professional    \_\_\_ Family Member    \_\_\_ Consumer    x Healthcare Provider

---

Have you ever been employed by, or a member of the board of directors or a volunteer of a program licensed, operated or funded by the Department of Mental Health, Mental Retardation and Substance Abuse Services?

Yes x No \_\_\_

If so, name of program (or programs): RBHA and Chesterfield Community Mental Health Service Board Psychiatrist    9/2000 – 3/2001; 1/2003-12/2003

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Capacity in which you served:

Dates of service:

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Have you been a member of a local human rights committee?

Yes \_\_\_\_\_ No x

If so, which LHRC did you serve on?

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Capacity in which you served:                      Dates of service:

From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

If so, please describe your experience on the local human rights committee.

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Please describe your education, training or experience in the area of Mental Health, Mental Retardation or Substance Abuse services, if any.

Extensive professional background as an adult psychiatrist as well as child psychiatrist in mental health, mental retardation and substance abuse.

What is your interest in serving on a State Human Rights Committee?  
For me it's a natural extension of what a clinician should do. Having a genuine concern for those you have been entrusted to treat. This organization is an extension of my own personal doctrine, and it potentially provides a platform for the organization to impact a wider range of people.

As a member of the State Human Rights Committee, what do you think will be your biggest challenge and will you be able to attend meetings regularly? Please note that the SHRC holds meetings 8 times per year and all meetings are on Friday. Also, the SHRC meets in locations throughout the state that results in members frequently staying overnight on the Thursday prior to the meeting.  
Conflicts can occur, I do not think it will be a problem.

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

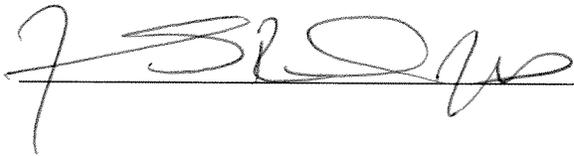
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Applicant's Signature:



A handwritten signature in black ink, appearing to read "J. B. S. J.", written over a horizontal line.

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



*COMMONWEALTH of VIRGINIA*

DEBRA J. WHARTON  
CO-CHAIRPERSON

JUDITH ROMBERG  
CO-CHAIRPERSON

**PREVENTION & PROMOTION ADVISORY COUNCIL**

OFFICE OF THE COUNCIL  
1220 Bank Street  
Richmond, Virginia 23219  
P.O. Box 1797  
Richmond, Virginia 23218  
Telephone: (804) 225-2312  
Fax: (804) 225-4251

August 3, 2012

Ms. Cheryl Ivey-Green, Vice Chair  
State Board  
Behavioral Health and Development Services  
P. O. Box 1797  
Richmond, VA 23218

Dear Ms. Ivey-Green:

We continue to serve as Co-Chairs of the Prevention and Promotion Advisory Council (PPAC) to the State Board. The Council met in September 2011 and June 2012.

In 2012, PPAC discussed and prepared a report on the addition of services for the prevention of mental and emotional behavioral disorders as supported by the Substance Abuse and Mental Health Services Administration (SAMHSA) that provides oversight for the Substance Abuse Prevention and Treatment and Mental Health Block Grants. This report focuses on the prevention programs and strategies that address risk factors for the behavioral and emotional problems experienced by children and adolescents. The report also presents a model that community level prevention coalitions might use for incorporating these programs and strategies in their planning. As the Council Chairs, we are available to meet with the Board should the members wish to discuss the report further. The Council's 2012 report to the State Board and the list of Council members who developed the paper are attached.

At the end of June 2012, the terms of six members of the Prevention and Promotion Advisory Council (PPAC) expired. The Council members listed below have been active, contributing members. The Council requests that the Board consider reappointing these six individuals for terms that would expire in 2015.

- Joseph Galano, Ph.D., Retired Professor, School of Psychology, College of William and Mary
- Lee Huntington, Ph.D., Huntington Associates
- Christopher R. Korschak, Director, Mothers Against Drunk Driving, Virginia
- Olymphya Perkins, 2<sup>nd</sup> District Court Services Unit, Virginia Beach
- Frederick I. Watson, Director, Newport News Office on Children

Ms. Cheryl Ivey-Green, Vice Chair  
August 3, 2012  
Page 2

Carla Correia, Student, College of William and Mary graduated and has moved out of state. PPAC Member, Joseph Galano, Ph.D., Professor, Department of Psychology, College of William and Mary will nominate a student to serve on the Council.

Jo Ann Burkholder, Director of the Safe and Drug-Free schools and Communities Act Program at the Virginia Department of Education, has taken a new position in the Virginia Department of Education (DOE). Cynthia A. Cave Ph.D., Director, Office of Student Services, will represent DOE.

Ashaki McNeil, formerly at the Department of Criminal Justice Services, (DCJS) has moved to the Virginia Department of Juvenile Justice Services. Tracey Jenkins, Policy Analyst with the Juvenile Justice Delinquency Prevention Program, will represent DCJS.

With the reappointment of the members listed above and the new College of William and Mary student, the total number of members serving on PPAC will be 14. Four seats on PPAC will be filled as individuals are nominated by PPAC members.

The co-chairpersons, Judith Romberg, Prevention Director for Loudoun County Community Services Board, and Debra J. Wharton, Director of Quality Assurance and Prevention for Eastern Shore Community Services, have completed the first year of their second two-year term. Our scheduled meetings for the next year are:

- September 14, 2012
- December 14, 2012
- March 15, 2013
- June 14, 2013

Please feel free to call on us if we can provide information or be of service to the Board.

Sincerely,

Debra J. Wharton, Co-Chairperson  
Prevention and Promotion Advisory Council

Judith Romberg, Co-Chairperson  
Prevention and Promotion Advisory Council

DJW/JR/sas

Attachments

pc: James W. Stewart, III  
Olivia Garland  
John Pezzoli  
Ruth Anne Walker  
Meghan McGuire  
Kli Kinzie  
James M. Martinez, Jr.  
Hope Merrick

Report to the State Board of the Department of Behavioral Health and Developmental Services

The Prevention and Promotion Advisory Council

July 1, 2012

The Prevention and Promotion Advisory Council (PPAC), comprised of representatives from state and local agencies and universities, respectfully presents its annual report to the Department of Behavioral Health and Developmental Services State Board. This current report identifies the changes in prevention services set forth by the Substance Abuse and Mental Health Services (SAMHSA) and the Office of Behavioral Health Services of the Department of Behavioral Health and Developmental Services. Moreover, this report examines these new directions including how the current prevention processes, programs, and practices address common risk factors related to mental, emotional and behavioral disorders as well as substance use in adolescents.

For a list of PPAC members and agencies represented, please see Appendix A. Appendix B includes a model plan developed by PPAC members for identification of the mental, emotional, and behavioral disorders experienced by children and adolescents that come to the attention of their state and community-based service agencies. The model plan identifies the components of the prevention service planning process including risk factors and supporting data indicators, current partners and applicable prevention programs and services offered by community services boards and behavioral health authorities.

In its 2009 report to the State Board, PPAC focused on the role that adverse childhood experiences (ACEs) have in the development of physical and behavioral problems in children and the impact of these experiences throughout their adult life. Additionally, the report examined the cost benefits that could be realized by addressing the precursors of these experiences. The 2010 PPAC report to the State Board examined the core competencies necessary for prevention specialists to accomplish reductions in the development of substance use and abuse and behavioral problems in youth, families, and communities.

SAMSHA now defines prevention funded by the Substance Abuse Prevention and Treatment Block Grant (SAPT-BG) as services that address risk and protective factors related to mental illness, substance abuse, and suicide. The supporting research for this expanded approach is highlighted in the 2009 Institute Of Medicine study, *Preventing Mental, Emotional, and Behavioral Disorders Among Young People*. Some of the major points included:

- About 50% of mental illnesses, including depression, are manifested before age 14, and about 75% before age 25.
- Nearly 5,000 deaths annually are attributable to underage drinking.

- Risk and protective factors for emotional and mental health development, prevention of adolescent substance abuse and emotional and behavioral disorders (including juvenile crime) are interrelated.
- Risk and protective factors can be addressed utilizing multiple institutions, multiple messages and community interventions. Over time the result can be beneficial to the emotional health in young children and help prevent substance abuse, depression, conduct disorders and other behavioral health issues among adolescents.

SAMHSA has developed directives for the provision of mental health and substance abuse prevention services. The Commonwealth of Virginia, state and local agencies, universities, and coalitions providing prevention oversight and/or services have long incorporated similar directives in guiding their own efforts. Examples of SAMHSA's directives for assessing the need and focus of state and community-based prevention include:

1. Multisystem and multi-focus advisory councils and/or partnerships focusing on mental, emotional and behavioral health and risk factors of children and adolescents at the state and jurisdiction levels;
2. Identification of the incidence and prevalence of mental, emotional and behavioral disorders using system and survey data;
3. Identification of unmet prevention service needs and critical gaps at state and jurisdiction level;
4. Development of measureable goals, strategies, and performance indicators; and
5. Support for workforce development to strengthen prevention knowledge and skills.

PPAC has been examining the nexus of substance abuse and mental, emotional and behavioral disorders for many years. PPAC members represent four state and local systems and three non-profit prevention planning and service agencies. The PPAC membership reflects the composition of many jurisdiction-based coalitions and these members believe that community-based prevention must be comprehensive to be effective, and that the responsibility of planning and implementing prevention effectively in communities rests with a variety of agencies, local groups and organizations.

While PPAC supports all of the directives promulgated by SAMSHA and in fact has addressed each of these issues in previous reports, we would like to point out that the 2010 PPAC report to the State Board focused specifically with strengthening the knowledge base for Prevention Specialists which is SAMHSA's fifth directive. Knowledge and skills specific to planning, implementing and evaluating evidence-based programs and strategies are required. All public and private agencies providing prevention services offer their training opportunities to other state and local providers throughout the Commonwealth.

PPAC members have worked diligently to develop a model plan based on these new SAMHSA directives that we believe could help direct and focus local planning discussions. The model plan example is found in Appendix B.

The model plan addresses the first four of the five directives set by SAMHSA and adds three additional components bringing the total to seven. Summarized below, these additional components identify behavioral disorders, and related possible risk factors, data sources,

partners, current available and relevant programming, identifiers to determine gaps in services, and evidence-based programs provided already by community services boards and behavioral health authorities that would effectively reduce the prevalence and incidence of behavior disorders in the community.

**Mental, Emotional and Behavioral Disorders:** Emotional or behavioral disorders experienced by children and adolescents served by the prevention, treatment, educational, protection and justice systems represented by PPAC members include:

- Separation Anxiety
- Aggressive or Fire Setting Behavior
- Child Maltreatment
- School Phobia
- Attention Deficit Disorder
- Conduct Disorder
- Anger Management
- Truancy
- Sexually Acting Out
- Oppositional Defiance Disorder
- Post Traumatic Stress Disorder
- Attempted Suicide

Data related to the number of youth, ages and school grades, and information specific to each disorder is available by jurisdiction in on-line databases of each related system so that local planning groups can better understand the extent of the disorder(s) in their jurisdiction.

**Risk Factors:** Risk factors are the adverse childhood experiences (ACEs) and conditions that increase the probability that the child or adolescent will develop mental, emotional or behavioral disorders. These risk factors can exist within the domains of the individual, the family, in schools, with peers and within the community. Prevention services aim to reduce the risk factors by changing problematic circumstances within families, schools and communities and building skills and resilience in the youth and families. Many of these same factors increase the risk for the development of a variety of mental, emotional and behavioral problems as well as substance use and abuse in youth and adolescents.

**Indicators:** Indicators are the data that relate to the prevalence and incidence of the risk factors in the jurisdiction. These data are used to measure outcomes or effectiveness of prevention programs and strategies to reduce risk factors.

**Resources/Partners:** Reducing risk factors is not a task that can be accomplished by one agency or system. The public and private services represented by PPAC members and by members of local coalitions are able to target specific populations, address specific risk factors, can change and reshape the attitudes and norms that can lead to emotional and behavioral disorders. Partners can also include individuals and groups whose main function is not prevention, such as churches, service clubs, and businesses.

**Resources/Programs:** The public and private agencies represented on PPAC and as partners in communities already provide prevention services or support for prevention services through grants and advocacy. *Many of the prevention services already address risk factors for mental, emotional and behavioral disorders and substance abuse, and these programs and strategies may need to be recognized, supported or expanded but not duplicated.*

**Gaps in Services:** Service gap indicators may, in a more global interpretation, be considered the same as outcome indicators for determining and evaluating the extent of problems relating to the disorders and risk factors. These indicators can also further define risk factors, target populations that do not receive relevant services, or specific areas of a jurisdiction where the number of emotional, behavioral, and substance abuse disorders are greater. This information is available in local data sources and also through anecdotal information provided by coalition members and service providers.

**CSB Evidence-Based Prevention Programs that Address the Identified Risk Factors:**

Community services boards and behavioral authorities, using Substance Abuse Prevention and Treatment Block Grant prevention funds, are currently charged with providing evidence-based prevention programs and strategies to prevent substance abuse. The CSBs/BHAs also receive grants from other federal state agencies to provide the same and additional prevention services targeting populations that are at risk of developing emotional and behavioral problems. With the new SAMHSA guidelines that recognize the overlap of risk factors and programs, local coalitions can expand their coalitions and target populations served so that effective prevention programs can be initiated before individual, family, school, and community problems impact the emotional well being of youth and adolescents. Further, these programs reduce the need for more costly services from agencies that provide treatment, educational remediation, juvenile justice, and other services.

**Workforce Development:** The emphasis in training for prevention professionals in various systems will be on expanded and combined prevention planning and service delivery. Each step outlined in the PPAC model plan and the SAMHSA directives can guide localities in identifying populations to be targeted, service needs, and matching the most appropriate and effective service or response to identified needs and populations, and a means to measure impact of this planning and services.

**Summary:** In the preparation of this report, PPAC members, using SAMHSA's new directives as a catalyst, have developed a model plan emphasizing the expanded focus on the prevention of adolescent substance abuse and emotional and behavioral disorders. The process used in the development of the model is based on the planning processes and components used by the PPAC members in their work for various state and local agencies and organizations as well as other planning groups. The message is not to change the intent or direction of prevention services but to become more conscious of the reach and impact of appropriately-selected and targeted services, identification of new partners, the importance of cross-training, and reductions in distress for individuals and families and the need for more costly treatment services.

Appendix A  
PPAC Member Chart

**Prevention and Promotion Advisory Council to the State Board  
of the Department of Behavioral Health and Developmental Services**

18 Members Maximum	Category	Name	Membership Expires
	State Board Liaison	Cheryl Ivey-Green	
1	Academic- Faculty	Joe Galano	06/2015
2	Academic - Faculty	Kerry Redican	06/2013
3	Academic - Student	To be identified	06/2015
4	Research/Evaluation	Lee Huntington	06/2015
5	CSB Prevention	Charlene Edwards	06/2014
6	CSB Prevention	Judith Romberg	06/2013
7	CSB Prevention/VACSB	Debra Wharton	06/2014
8	CSB Executive Director	Charles Walsh, Jr.	06/2013
9	Human Service Agency-State DOE	Cynthia A. Cave Ph.D.	06/2015
10	Human Service Agency-State DSS	Ann Childress	06/2015
11	Human Services Agency-DCJS	Tracey Jenkins	06/2015
12	Human Service Agency-Local - Court Services	Olympia Perkins	06/2015
13	Human Service Agency - Local – Nonprofit	Fred Watson	06/2015
14	Human Service Agency - Local - Nonprofit		
15	Human Service Agency - Local - Nonprofit		
16	Business/Advocacy/Faith	Chris Konschak	06/2015
17	Consumer - Parent, High School Student		
18	Early Intervention		

## Appendix B

### Model Planning Chart for Community-Based Prevention of Mental, Emotional, and Behavioral Disorders

<b>Mental, Emotional and Behavioral Disorders</b>	<b>Risk Factors:</b> What circumstances lead to the issue (ACEs)	<b>Indicators:</b> (number/count)	<b>Resource Partners</b>	<b>Resource Programs and Services</b>	<b>Gaps in Services</b> (Indicators)	<b>CSB Evidence-Based Programs That Address Identified Risk Factors</b>
Separation Anxiety	Abandonment by parent, Parent incarcerated, Abandonment by foster care parent, Family conflict, Unstable family situation, Environmental factors, Financial stress, Domestic violence, Transitions and mobility	Number of foster care placements, Truancy, Number of diagnoses of separation anxiety disorder, Number of separated families, Poverty indicators, Number of protective orders	Department of Social Services, CSB, Medical Examiner, Family service agencies, Schools, Churches, Sheriff Department, Department of Medical Assistance Services (DMAS)	Resource Mothers, Healthy Families, Too Good for Violence	Number of foster care cases, Number of parental rights terminations, Communities with high degree of dysfunctional families where children become separated from family, Number of homeless, Number of protective orders, Schools with high rates of truancy	Strengthening Families, Triple P, Too Good for Violence
Child Maltreatment	Early onset of aggression and/or violence, Family violence, Family conflict	Number of fights and physical altercations, Number of bullying reports	Department of Social Services, Family service agencies, CSB, Head Start, Churches	Life Skills	Communities with high number of gang activities and low number of environmental strategies to address gang activities	AI's Pals, Life Skills, Too Good for Drugs, Too Good for Violence

<b>Mental, Emotional and Behavioral Disorders</b>	<b>Risk Factors:</b> What circumstances lead to the issue (ACEs)	<b>Indicators:</b> (number/count)	<b>Resource Partners</b>	<b>Resource Programs and Services</b>	<b>Gaps in Services</b> (Indicators)	<b>CSB Evidence-Based Programs That Address Identified Risk Factors</b>
School Phobia	Lack of commitment to school Low school attachment, Low neighborhood attachment and community deterioration, Bullying	Truancy, Lack of involvement in clubs, sports, and organizations	Schools, CSBs Family	Too Good for Violence, Olweus Bullying Prevention Program, Second Step, Parenting programs, family programs, Healthy Families	Schools with high rate of truancy, Schools with high truancy rates and few services, Number of kids with social phobia	Too Good for Violence, Olweus Bullying Prevention Program with Schools, Second Step, Triple P
Attention Deficit Disorder	Family conflict, Family management problems, Academic failure, Early initiation of problem behavior	Low school performance, Number of children on medication, Number of suspensions	Family, School, Physicians Family doctors, CSBs, Family court	Parenting programs	Rise in the number of diagnosis of ADHD, Number of children on medication, Low number of intervention strategies for parents and schools and students	Dare to be You, FAST, Strengthening Families, Triple P

<b>Mental, Emotional and Behavioral Disorders</b>	<b>Risk Factors:</b> What circumstances lead to the issue (ACEs)	<b>Indicators:</b> (number/count)	<b>Resource Partners</b>	<b>Resource Programs and Services</b>	<b>Gaps in Services</b> (Indicators)	<b>CSB Evidence-Based Programs That Address Identified Risk Factors</b>
Conduct Disorder	Peer involvement, Family management problems, Poor parenting skills, Parental supervision, Family/domestic violence, Academic failure	School suspensions and expulsions	School, Family service agencies, Community Service Board (CSB), School-CSB consultation, Department of Family Services, Courts, Head Start, Department of Social Services, Community partners	Positive Behavior Support (PBS), Triple P (Positive Parenting Program), PBS/school-based, MST (Multi-systemic Therapy)	High number of conduct disorder reports, Absence of family programs, No FAST (Families and Schools Together) Programs, High number of conduct disorders, Low number of family/school services, Number of school suspensions. Number of youth with conduct disorder diagnosis, Number of students in alternative schools, Low number of CSB programs, Number of Child Protective Service referrals related to disobedience, Low number of parenting classes for out of control children	FAST, Strengthening Families, Dare to be You, Triple P (Positive Parenting Program)

<b>Mental, Emotional and Behavioral Disorders</b>	<b>Risk Factors:</b> What circumstances lead to the issue (ACEs)	<b>Indicators:</b> (number/count)	<b>Resource Partners</b>	<b>Resource Programs and Services</b>	<b>Gaps in Services</b> (Indicators)	<b>CSB Evidence-Based Programs That Address Identified Risk Factors</b>
Anger Management	Poor family system, Peripheral parent	Number of contacts with authority figures	School, CSB, Church, Community organizations	Parenting – Kids First Mentoring	Number of children with this issue presented to the Family Assessment and Planning Team (FAPT), Number of in school/out of school suspensions	Strengthening Families, FAST, Dare to be You
Aggressive or Fire Setting Behavior	Incidents of violence (family, community), Child abuse, Family violence	Number of incident reports, Number of fights at home and community, Number of suspensions for fighting/rude and disrespectful behavior	CSB, Department of Social Services (DSS), Court Services Unit (CSU), Schools, Community, Medical Examiner	Get Real about Violence, Resource Mothers, Healthy Families	Number of foster care classes, Number of parental rights terminations	Dare to be You, Strengthening Families
Truancy	Domestic violence, Bullying	Number of domestic violence complaints	Sheriff, Department of Social Services, CSB, Shelters	Parenting, Domestic violence prevention program	Number of domestic violence cases, Number of bullying incidents	Olweus Bullying Prevention Program with Schools
Sexual Acting Out	Perpetrator prevention, sexually abused	Number of sexual abuse cases reported to Child Protective Services (CPS)	CSB, DSS, Medicare	Theatre IV, parenting education	Number of child sexual abuse cases	Girl Power

<b>Mental, Emotional and Behavioral Disorders</b>	<b>Risk Factors:</b> What circumstances lead to the issue (ACEs)	<b>Indicators:</b> (number/count)	<b>Resource Partners</b>	<b>Resource Programs and Services</b>	<b>Gaps in Services</b> (Indicators)	<b>CSB Evidence-Based Programs That Address Identified Risk Factors</b>
Oppositional Defiance Disorder (ODD)	Failure to address conduct disorder behavior, Ineffective parenting, Family management problems, Lack of respect for authority, Rebelliousness, Dropping out of school	Disrespectful – defiant behavior at home and school reflected in number of Child Protective Services referrals, Number of school suspensions, Number of referrals, Number of Child Held in Need of Services (CHINS), School suspension/office visits, Number of school drop outs	Schools, CSBs, Court Service Units, Family service agencies, Department of Social Services	Get Real About Violence, Too Good for Violence, PBS, A program to encourage positive family and community attachment, Positive behavioral supports,	Schools, communities with high number of reports, Low number of school/community programs, Communities with high number of children diagnosed with ODD or displaying ODD behavior, Communities with no drop out programs but have high dropout rates, High number of incident reports with a lack of programs	Life Skills, AI's Pals, Too Good for Violence, Get Real About Violence
Post Traumatic Stress Disorder (PTSD)	Incidents of violence (family, community), Child abuse, Family violence	Number of incident reports, Number of fights at home and community, Number of suspensions for fighting/rude and disrespectful behavior	CSB, Department of Social Services (DSS), Court Services Unit (CSU), Schools, Community, Medical Examiner	Get Real about Violence, Resource Mothers, Healthy Families	Number of foster care classes, Number of parental rights terminations	Dare to be You, Strengthening Families

<b>Mental, Emotional and Behavioral Disorders</b>	<b>Risk Factors:</b> What circumstances lead to the issue (ACEs)	<b>Indicators:</b> (number/count)	<b>Resource Partners</b>	<b>Resource Programs and Services</b>	<b>Gaps in Services</b> (Indicators)	<b>CSB Evidence-Based Programs That Address Identified Risk Factors</b>
Attempted Suicide	Sexual abuse, Bullying, Parental separation	Number of sexual abuse cases, Number of bullying reports, Number of divorces	Department of Social Services, CSB, Schools, Department of Medical assistance Services (DMAS)	Bullying prevention	Number of suicide attempts	Olweus Bullying Prevention Program with Schools

## Bibliography

National Prevention Council. (2011). *National Prevention Strategy*. U.S. Department of Health and Human Services, Office of the Surgeon General. Washington, D.C.

National Research Council and the Institute of Medicine. (2009). *Preventing Mental, Emotional, and Behavior Disorders Among Young People: Progress and Possibilities*. Committee on Prevention of Mental Disorders and Substance Abuse Among Children, Youth, and Young Adults: Research Advances and Promising Interventions. Mary Ellen O'Connell, Thomas Boat, and Kenneth E. Warner, Editors. Board on Children, Youth, and Families, Division of Behavioral and Social Sciences and Education. Washington, D.C: The National Academies Press.

## State Board Budget Report

As of September 24, 2012

<u>Operating Costs</u>	<u>Budget</u>	<u>Actual</u> <u>4/1-6/30</u>	<u>Actual</u> <u>7/1-9/24</u>
12240 Workshops, Conferences	1,500	350	
12270 Employee Training-Travel	5,000	374	
12640 Food Services	2,000	279	
12820 Travel Personal Vehicle	5,000	1,719	
12850 Travel Sub-lodging	6,000	932	
12880 Travel Meals	3,600	337	
13120 Office Supplies	500	--	
14310 Premiums	100	--	
15350 Building Rental	1,000	--	100
<b>Total FY12 Budget:</b>	<b>24,700</b>	<b>8,108</b>	<b>100</b>

<b>As of June 30 - Last Year Comparison:</b>	<b>24,700</b>	<b>10,308</b>
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## EVENT SCHEDULE

Wednesday – Thursday, October 10-11, 2012

<b>Wednesday, 10<sup>th</sup></b>	<b><u>NEW BOARD MEMBER ORIENTATION AND NON-BUSINESS DINNER</u></b>
<b><u>4:15 p.m.</u></b>	<b>New Board Members are checked in, or have at least arrived, and are ready to come to the onsite orientation:</b> <ul style="list-style-type: none"><li>• <b>WINGATE BY WYNDHAM</b> 817 Greenbrier Circle Chesapeake, VA 23320 1 757 531 7777 <a href="http://www.wingatechesapeakeva.com/">http://www.wingatechesapeakeva.com/</a></li></ul>
<b><u>4:30 – 5:55 p.m.</u></b>	<b>New Member Orientation</b> Meeting Room at the Wingate Hotel
<b><u>5:50 p.m.</u></b>	<b>Current Board Members and Staff – meet in lobby</b> , depart for 6:15 reservation at: Olive Garden (1.5 miles), 1631 Mall Ring Road, Chesapeake, VA 23320
<b><u>6:00 – 6:15 p.m.</u></b>	<b>New Board Members, Liaison and Staff – meet in lobby</b> , depart for 6:15 dinner
<b><u>6:15 – 8:00 p.m.</u></b>	Non-Business Dinner, Olive Garden Attendees: State Board Members and Central Office Staff
<b><u>8:30 p.m.</u></b>	Arrive at Hotel

<b>THURSDAY, 11<sup>th</sup></b>	<b><u>REGULAR BOARD MEETING SCHEDULE</u></b> Southeastern Virginia Training Center (SEVTC), Building 3 (Staff Training entrance) 2100 Steppingstone Square, Chesapeake, VA 23320-2591
<b><u>8:30 a.m.</u></b>	<b>Concurrent Committee Meetings (see top of Agenda, p.1 for rooms)</b>
<b><u>9:30 a.m.</u></b>	<b>Regular Meeting at 9:30 a.m. – 2:30 p.m.</b> → includes 11:20 a.m. – 12:15 p.m. facility tour
<b><u>2:30 p.m.</u></b>	<b>Adjournment</b>

➤ **Hotel**

**DIRECTIONS TO THE HOTEL for those staying overnight** (some main directions to the Chesapeake area on the last page may be helpful):

- Rt. 13 South, go across Chesapeake Bay Bridge tunnel to Greenbrier Parkway. At the first traffic light, turn right on Woodlake Drive. Hotel is 200 feet on the right.
- I-95 North to I-64 East. Take Exit 289A Greenbrier. At the first traffic light, turn right on Woodlake Drive. Hotel is 200 feet on the right.
- I-264 West to 64 West take Exit 289A Greenbrier. At the first traffic light, turn right on Woodlake Drive. Hotel is 200 feet on the right.
- I-95 South to I-64 East to Exit 289A Greenbrier. At the first traffic light, turn right on Woodlake Drive. Hotel is 200 feet on the right.
- I-64 East, to Exit 289A Greenbrier. At the first traffic light, turn right on Woodlake Drive. Hotel is 200 feet on the right.
- **Interactive map available:** <http://www.wingatechesapeakeva.com/chesapeake-va-hotels-location.asp>

**WEDNESDAY NON-BUSINESS DINNER DIRECTIONS**

**DIRECTIONS FROM THE WINGATE HOTEL TO THE OLIVE GARDEN RESTAURANT** for dinner:  
WINGATE BY WYNDHAM, 817 Greenbrier Circle, Chesapeake, VA 23320

- |   |        |
|---|--------|
| 1. Head west on Greenbrier Cir toward Sara Dr | 0.2 mi |
| 2. Continue onto Woodlake Dr                  | 0.2 mi |
| 3. Turn left onto Greenbrier Pkwy             | 1.0 mi |
| 4. Turn left onto Crossways Blvd              | 0.1 mi |
| 5. Turn right onto Mall Ring Rd               |        |
| Destination will be on the right              | 85 ft  |

**DIRECTIONS FROM OLIVE GARDEN RESTAURANT BACK TO WINGATE HOTEL:**

Olive Garden, 1631 Mall Ring Road, Chesapeake, VA 23320

- |   |        |
|---|--------|
| 1. Head northwest on Mall Ring Rd toward Crossways Blvd | 135 ft |
| 2. Take the 1st left onto Crossways Blvd                | 427 ft |
| 3. Take the 1st right onto Greenbrier Pkwy              | 1.0 mi |
| 4. Turn right onto Woodlake Dr                          | 0.2 mi |
| 5. Continue onto Greenbrier Cir                         |        |
| Destination will be on the right                        | 0.2 mi |

**DIRECTIONS to State Board of BHDS Meeting**  
**9:30 a.m. Thursday, October 11, 2012**  
**Southeastern Virginia Training Center (SEVTC), Building 3 (Staff Training entrance)**  
**2100 Steppingstone Square, Chesapeake, VA 23320-2591**

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**Time:** The Regular Board Meeting will begin at 9:30 a.m. See the agenda for details (p.1-2).  
Both the Planning and Budget Committee as well as the Policy and Evaluation Committee will meet from 8:30 – 9:25 a.m.

**Regular Meeting Location:**           **Southeastern Virginia Training Center (SEVTC), Building 3 (Staff Training entrance)**  
**2100 Steppingstone Square**  
**Chesapeake, VA 23320-2591**

**DIRECTIONS: THIS PAGE HAS DRIVING DIRECTIONS TO DBHDS' SOUTHEASTERN VIRGINIA TRAINING CENTER.**

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This page has **driving directions to the regular meeting location at DBHDS' Southeastern Virginia Training Center, Building 3 (Staff Training entrance), 2100 Steppingstone Square, Chesapeake, VA 23320-2591. (757) 424-8201**

***FROM ALL DIRECTIONS TO CHESAPEAKE***

- From the Eastern Shore - Take Route 13 to I64 East toward Virginia Beach and Chesapeake.
  
- From Hampton, Williamsburg, Richmond, and other points north and northwest - Use I64 East toward Virginia Beach and Chesapeake).
  
- From Suffolk, Petersburg, Lynchburg, and other points west - Take Route 460 or Route 58 to I64 West (toward Chesapeake and Virginia Beach, eventually Richmond)
  
- From far west - (Lynchburg and beyond) - Use I64 East from Charlottesville (via Route 29 or I81 etc.)
  
- Local - Exit I64 at Greenbrier Parkway North. Go approximately ½ mile to Military Highway (traffic light). Turn right and go approximately ½ mile to Smith Avenue, which turns to the right only between Denny's and McDonald's restaurants. Proceed to SEVTC, which is at the end of Smith Avenue. Follow signs for parking.

SEVTC staff and signs will be in place to direct you to the designated parking area and **Building 3 (Staff Training entrance)** for the meeting.