

SB569 Workgroup

Department of Behavioral Health and Developmental Services

Monday, July 14, 2025 | 11:00 a.m. – 1:00 p.m.

Location: Libbie Mill - Henrico County Public Library (2100 Libbie Lake East St, Henrico, VA 23230)
and virtual

<https://us05web.zoom.us/j/88984790217?pwd=jnWnoHOAVIaYA12hdnGMYYVtbsw6KP7.1>

Meeting ID: 889 8479 0217 Passcode: 641596

AGENDA – Meeting Three

- 11:00 a.m. – 11:10 a.m. **Welcome and Public Comments – DBHDS**
- 11:10 a.m. – 11:20 a.m. **Framing & What We’ve Heard So Far – Blue Octopus Consulting**
- 11:20 a.m. – 11:40 a.m. **Peer State Definitions: Breakout Discussions – BOC**
- 11:40 a.m. – 11:50 a.m. **Shared Values & Philosophy of Care – BOC**
- 11:50 a.m. – 12:15 p.m. **Overview of Issues and Opportunities for Change:
Breakout Discussions – BOC**
- 12:15 p.m. – 12:55 p.m. **Developing Recommendations – BOC**
- 12:55 p.m. – 1:00 p.m. **Closing & Next Steps – BOC**

Workgroup enactment language:

“The Department shall convene a work group to propose additional regulations to allow for the use of (i) evidence-based and recovery-oriented seclusion and restraint practices and (ii) alternative behavior management practices that may limit or replace the use of seclusion and restraint in hospitals, residential programs, and licensed facilities. In developing such regulations, the work group shall (a) solicit input from experts in the field of behavioral health, persons with relevant lived experience with the Commonwealth's behavioral health system, and staff from both public and private providers; (b) review any data and other information made available by the Department regarding seclusion and restraint, serious incidents, and complaints and investigations regarding the misuse of seclusion and restraint; (c) review current regulations and training policies; (d) examine practices used in other states, best practice recommendations from the Substance Abuse and Mental Health Services Administration, and evidence-based and trauma-informed practices recommended by other national experts; (e) identify practices and approaches that safely de-escalate persons in crisis and reduce or replace the use of seclusion and restraint; and (f) identify staffing, training, and monitoring practices related to seclusion and restraint and that limit and ensure the appropriate use of seclusion and restraint. The work group shall include the Secretary of Health and Human Resources or his designee; the Commissioner of

Behavioral Health and Developmental Services or his designee; staff from public and private facilities, including frontline workers with treatment experience; at least three mental health consumers; representatives of the disAbility Law Center of Virginia; representatives of the Institute of Law, Psychiatry, and Public Policy at the University of Virginia; staff representatives of community services boards; at least one member of the House of Delegates, to be appointed by the Speaker of the House of Delegates; and at least one member of the Senate, to be appointed by the Senate Committee on Rules. The Department may seek assistance from faculty and students of institutions of higher education in the Commonwealth and, subject to the availability of funding, may contract with a third-party expert to lead and advise the work group. The Department shall submit a report of its findings, recommendations, and proposed regulations to the General Assembly by November 1, 2025.”

SB569 Seclusion & Restraint Workgroup
Virginia Administrative Code Definitions Reference Guide

Children's Residential Facilities (12VAC35-46)

General Licensing Regulations (12VAC35-105)

Human Rights Regulations (12VAC35-105-115)

"Seclusion" means the involuntary placement of an individual alone in an area secured by a door that is locked or held shut by a staff person, by physically blocking the door, or by any other physical or verbal means so that the individual cannot leave the area.

"Restraint" means the use of a mechanical device, medication, physical intervention, or hands-on hold to prevent an individual receiving services from moving his body to engage in a behavior that places him or others at imminent risk. There are three kinds of restraints:

1. **Mechanical restraint** means the use of a mechanical device that cannot be removed by the individual to restrict the individual's freedom of movement or functioning of a limb or portion of an individual's body when that behavior places him or others at imminent risk.

2. **Pharmacological restraint** means the use of a medication that is administered involuntarily for the emergency control of an individual's behavior when that individual's behavior places him or others at imminent risk and the administered medication is not a standard treatment for the individual's medical or psychiatric condition.

3. **Physical restraint**, also referred to as manual hold, means the use of a physical intervention or hands-on hold to prevent an individual from moving his body when that individual's behavior places him or others at imminent risk.

"Restraints for behavioral purposes" means using a physical hold, medication, or a mechanical device to control behavior or involuntarily restrict the freedom of movement of an individual in an instance when all of the following conditions are met: (i) there is an emergency; (ii) nonphysical interventions are not viable; and (iii) safety issues require an immediate response.

"Restraints for medical purposes" means using a physical hold, medication, or mechanical device to limit the mobility of an individual for medical, diagnostic, or surgical purposes, such as routine dental care or radiological procedures and related post-procedure care processes, when use of the restraint is not the accepted clinical practice for treating the individual's condition.

"Restraints for protective purposes" means using a mechanical device to compensate for a physical or cognitive deficit when the individual does not have the option to remove the device. The device may limit an individual's movement, for example, bed rails or a gerichair, and prevent possible harm to the individual or it may create a passive barrier, such as a helmet to protect the individual.

"Restriction" means anything that limits or prevents an individual from freely exercising his rights and privileges.

The definitions above are identical across all three regulatory chapters with the following exceptions:

- The general licensing regulations (Chapter 105) do not include verbal means as seclusion
"Seclusion" means the involuntary placement of an individual alone in an area secured by a door that is locked or held shut by a staff person, by physically blocking the door, or by any other physical *or verbal* means, so that the individual cannot leave it.
- The children's residential regulations (Chapter 46) do not include a definition of restriction.

