



SB838 Workgroup on Recovery Residences

Secretary of Health and Human Resources

Minutes – Meeting Two

July 29, 2025; 2 p.m. – 4 p.m.

*Patrick Henry Building, East Reading Room
1111 E Broad St, Richmond, VA 23219*

Members Present:

Senator Schuyler VanValkenburg; Meghan McGuire, DBHDS (alternate for Hallie Pence); Dev Nair, DBHDS; Candace Roney, DBHDS; Stacey Lawson, Region 2 CSB; Charles Wilcox, VAAP; Chrissy Chow, VAAP; Jody Rogish, Henrico County; Honesty Liller, McShin; Bailey Hilliard, Chesterfield County; Martin Hawes, Sally's House; Benjamin Carr, Caritas; Wesley Russ, City of Harrisonburg; Michael Feinmel, Henrico County; Nicole Riley, TARA; Robert DeTriquet, VARR; Michael Schurman, Henrico County; Colin Greene, VDH; Tiffany George, DMAS (alternate for Jason Lowe); Nicole Gore, DBHDS; Tiffani Wells DBHDS; Marie Bage, DBHDS

Welcome

Meghan McGuire, DBHDS Deputy Commissioner, Policy & Public Affairs

Meghan McGuire called the meeting to order at 2:03 PM and welcomed the workgroup members. She explained that Hallie Pence had emergency surgery and is doing well but needs more time to recover at home and looks forward to joining the group again soon.

Opening Remarks

Senator Schuyler VanValkenburg

Senator Schuyler VanValkenburg thanked the members and noted that the subgroups had done well handling a lot of details and engaging in valuable conversations. He also expressed that the group is now in more of a crunch time in the back half of the meeting series. He urged the workgroup members, when engaging in discussion, to focus on prioritizing the most important things to be considered for recommendations.

Overview of SB838 Workgroup Charge, Workplan, and Subgroups

Meghan McGuire, DBHDS Deputy Commissioner, Policy & Public Affairs

Meghan McGuire then reviewed the workgroup charge and workplan. She agreed with the Senator that subgroup members were contributing well to the process and thanked members for their participation. Ms. McGuire then reviewed the workgroup charge and the timeline that includes two more subgroup meetings in August, one final full workgroup meeting in September, and the final report due November 1, 2025. She reminded the workgroup that the intention is to ensure feedback is received throughout the process while meeting timelines established by the general assembly.

Review of Proposals from Subgroups 1 & 2 and Group Discussion

Dr. Dev Nair, Assistant Commissioner, Division of Provider Management, DBHDS

Dr. Nair explained that the presentation was designed to support the workgroup's review of key takeaways and recommendations from the two subgroups. Dr. Nair started with a review of key terms including certification, conditional certification, and credentialing. As Dr. Nair reviewed each slide workgroup members discussed what they agreed and disagreed with and where there was a need for further refinement.

Major points of discussion included:

Certification Standards

Participants discussed establishing minimum standards for DBHDS certification, ensuring they align with national best practices without excluding self-run models. Stakeholders noted the need to ensure that if additional credentialing entities are permitted to be incorporated in the DBHDS certification process, they align with national best practice standards. Stakeholders also discussed the possibility of authorizing DBHDS to inspect recovery residences to maintain oversight, including those that are credentialed by third-party credentialing entities. Emphasis was placed on clearly distinguishing between certification and credentialing throughout the process.

When discussing proposals for requirements for recovery residence policy manuals stakeholders noted a need to add a requirement for access to Narcan and to more clearly define proposed requirements related to policies on open communication. During discussion of proposals for physical space criteria stakeholders noted a need to more clearly define telephone access and suggested adding a proposal for operators to be required to clearly post their certification and credentialing status and number of beds they are approved to operate within the residence.

Indigent Bed Funding

There was detailed dialogue on the structure of indigent bed funding, including maximum utilization periods (initial 60 days, extendable to 90), tracking mechanisms, and resident-driven funding access. Issues around abuse of the system and regional access disparities were raised. There was strong support for the proposal to establish a process for DBHDS

to track individuals' utilization of services to inform the eligibility determination process and to implement waivers to support those with extenuating circumstances. Stakeholders also noted a need to ensure that new application requirements aligned with the need to provide same day access to services.

Public Data and Transparency

There was general support for establishing a reporting system to publish key data elements. Stakeholders emphasized the importance of public access and active sharing with stakeholders like courts and local governments. Participants also advocated for ensuring that all data elements were clearly defined, including the frequency with which they are updated, with particular focus on those related to inspections, incident reporting and investigations.

Complaints, Investigations, and Sanctions

Participants emphasized the importance of building credibility and trust through accountability. The group emphasized the need for a clearly defined and transparent grievance protocol that, for certain types of grievances, included automatic reporting requirements for operators to escalate and clear pathways for residents to report directly to DBHDS and local authorities, including law enforcement. Stakeholders also discussed the need to establish clear processes for information sharing for DBHDS, credentialing entities, localities, and law enforcement.

Local Inspections

Stakeholders discussed that, if the proposals moved forward, there would be a need to balance the requirement for residences to agree to a routine annual inspection by local fire officials if requested by their locality as a condition of certification with defining protocols to prevent discrimination and ensure compliance with fair housing.

Public Comment

- 1. Mr. Connor with VARR** – Mr. Connor expressed concern about the possibility of considering the National Sober Living Association (NSLA) as a third-party credentialing body. He shared concerns that NSLA lacks national adoption and federal recognition, had an outdated online presence and did not provide adequate training support for operators. Connor urged the workgroup to do thorough research before moving forward with endorsing alternative credentialing entities.
- 2. Mr. Rich Prado** – Mr. Prado praised the group's work and noted that while most recovery residences are positive, some continue to operate without certification. He emphasized the importance of enforcement and encouraged coordination with local law enforcement to investigate such violations. Workgroup members noted that as of July 1, 2025, it is a misdemeanor for a recovery residence to operate if they are not

credentialled and local law enforcement can prosecute those who are not in compliance.

- 3. Ms. Danny Clawson, Virginia Harm Reduction Coalition** – Ms. Clawson commended the workgroup’s focus on resident protections and shared concerns based on experiences in rural Virginia. She emphasized the need for written discharge documentation to support transparency and appeal rights. She also highlighted the difficulty residents face when discharged in isolated areas, calling for stronger obligations on recovery homes to ensure safe departure. Ms. Clawson supported unannounced inspections and recommended an annual resident survey be implemented to provide residents an opportunity to provide feedback without fear of retaliation. She emphasized that normalizing resident reporting through surveys would provide a safer mechanism for reporting substandard conditions and experiences.

Next Steps/Adjourn

Meghan McGuire thanked the workgroup for engaging in a valuable discussion. She noted that staff would send a follow up communication with meeting information for the subgroup meetings in August and the final workgroup meeting in September. She adjourned the meeting at 4:02 p.m.