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COMMONWEALTH of VIRGINIA

DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

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STATE BOARD of BHDS MEETING
FINAL MINUTES
Wednesday, July 17, 2019
DBHDS Central Office, Jefferson Building
1220 E. Bank Street
Richmond, Virginia 23219

REGULAR MEETING

Members Present	Paula Mitchell, Chair ; Elizabeth Hilscher, Vice Chair; Jack Bruggeman; Rebecca Graser; Sandra Price-Stroble.
Staff Present	Jae Benz, Director of Licensing Emily Bowles, Legal and Regulatory Manager, Office of Licensing. Heidi Dix, Deputy Commissioner, Division of Compliance, Legislative, and Regulatory Affairs (CLRA) Jessica Gains, Fellow, Office of Human Rights Taneika Goldman, Deputy Director, Office of Human Rights Deborah Lochart, Human Rights Director Emily Lowrie, CLRA Senior Policy Advisor Josie Mace, Financial and Policy Analyst, Office of Budget Development Susan Puglisi, Regulatory Research Specialist Ruth Anne Walker, Director of Regulatory Affairs
Staff Present via Telecom	S. Hughes Melton, MD, Commissioner
Others Present	Jack Barrett, Chair, State Human Rights Committee Rebecca S. Herbig, disAbility Law Center of Virginia Mark P. Hickman, Commonwealth Strategy Group W. Scott Johnson, Hancock Daniel Sarajini Rao, Department of Planning and Budget Jennifer Wicker, Virginia Hospital and Healthcare Association

<p>Call to Order and Introductions</p>	<p>At 10:02 am Paula Mitchell called the July 17, 2019, State Board of Behavioral Health and Developmental Services meeting to order. A call for introductions took place prior to proceeding.</p>
<p>Approval of Agenda</p>	<p><i>At 10:04 am the Board voted unanimously to adopt the July 17, 2019 agenda with one amendment requested by Ms. Mitchell to add an action item in regard to the letter to the Governor.</i></p>
<p>Approval of Draft Minutes, Regular Meeting April 10, 2019</p>	<p><i>At 10:06 am the Board approved the minutes of the April 10, 2019, State Board of BHDS Meeting as circulated.</i></p>
<p>Officer Elections</p>	<p>As Ms. Mitchell was running for re-election as chair, she turned the meeting over to Mr. Bruggeman to conduct the officer elections.</p> <p>A. Presentation of the Slate of Candidates As the Nominating Committee Chair and temporary meeting chair, Mr. Bruggeman gave the presentation of candidates for chair and vice chair: Ms. Mitchell as Chair and Ms. Hilscher as Vice Chair.</p> <p>B. Nominations from the Floor Mr. Bruggeman called for nominations from the floor; there were none.</p> <p>C. Election In separate requests, Mr. Bruggeman called for a vote on each officer position. <i>Upon a motion by Elizabeth Hilscher and a second by Becky Graser, Paula Mitchell was elected chair unanimously. Upon a motion by Becky Graser and a second by Paula Mitchell, Elizabeth Hilscher was elected vice chair unanimously.</i></p>
<p>Report Out from the Biennial Planning Meeting</p>	<p>At 10:15, Heidi Dix reported on the previous day’s biennial planning meeting, held in accordance with the Bylaws. Ms. Dix stated that she and Meghan McGuire presented information on a number of topics. Specifically, Ms. McGuire provided a review of strategic planning, priorities into this year, ensuring the board is aware of what is going on with census and other budget requests. The following themes were covered: At the December meeting, it will be appropriate to do an update on exiting the Settlement Agreement as DBHDS is working to finalize indicators for compliance this fall. Behavioral health initiatives, like STEP-VA (System Transformation Excellence and Performance, an innovative initiative for individuals with behavioral health disorders featuring a uniform set of required services, consistent quality measures, and improved oversight in all Virginia communities), need to continue regardless of Medicaid expansion and Behavioral Health (BH) Redesign, to ensure a public safety net for those who will still be uninsured. It is important that DBHDS Central Office has enough resources for oversight and implementation. Mr. Bruggeman noted yesterday that we should not minimize the need to grow number of waiver slots but focus on appropriate rates as well.</p>

	<p>Ms. Dix noted the continued need to focus on reducing the Priority 1 Waitlist. In summary, potential focus areas are:</p> <ul style="list-style-type: none"> • CITACs (Crisis Intervention Treatment and Assessment Sites) and detoxification, 23 hour crisis stabilization. • Supporting resources for DBHDS for those topics identified in the strategic plan. • Waiver redesign, waiver slots - continue working on elimination of the Priority 1 Waitlist, but the greater concern is on waiver <u>rates</u> (regional variation addressed). • Gap in regard to uninsured and the need for resources like STEP-VA that supports the uninsured. <p><i>Upon a motion by Jack Bruggeman and a second by Elizabeth Hilscher, the plans were approved.</i></p> <p><i>Upon a motion by Sandra Price-Stroble and a second by Jack Bruggeman, the plans for the letter to the Governor was approved.</i></p> <p>Staff will send a draft for review in time for a final letter to be sent by the end of August.</p>
<p>Report Out from the Policy and Evaluation Committee</p>	<p>At 10:25 Emily Lowrie, Senior Policy Analyst in the CLRA Division, reported that the Policy Development and Evaluation Committee reviewed the following policies, and the schedule of policy review.</p> <p>It was recommended that Policy 6005 remain unchanged. <i>Upon a motion by Becky Graser and second by Mr. Bruggeman, the recommendation of the committee was adopted.</i></p> <p>Ms. Hilscher (Chair of Policy Committee) then shared that the committee is currently reviewing policies 1016, 1035, and 1028. The committee will review policies 1042, 2011, and 3000 at the next Policy Development and Evaluation Committee meeting.</p>
<p>Commissioner's Report</p>	<p>At 10:38 Ms. Mitchell turned the floor over to S. Hughes Melton, MD, DBHDS Commissioner who participated by phone. Dr. Melton expressed thanks to the Board for their time. He requested Board members ask questions to start the discussion.</p> <p>Ms. Mitchell asked about the Medicaid GF reduction to CSBs and how that is going. Dr. Melton noted the report was due May 15 and there was no data yet, the August 15th report is shaping up and there is no conclusive data yet but it is expected there will be some data in time for that report. He noted that DBHDS expects some CSBs will see alignment with their reductions and some may get revenue more than reduction, while others will have a reduction more than what they get back in revenue. The August 15th report will help the department to discern how next year's reductions might go and what additional changes need</p>

to be made.

Ms. Hilscher noted that she saw the Commissioner present at last SJ47 meeting and is aware of JLARC report. She felt very strongly that Mira Signer is the point of contact and DBHDS is on top of things with the STEP-VA. She asked about the recommendation from JLARC that every step is not the most logical to take for each CSB, instead of implementing each step in order. She was concerned about how this will work for implementation. Specifically, how the department will handle from the implementation perspective with funding requests. Dr. Melton said that DBHDS does not see how the department could operationalize that recommendation. He agrees with CSBs that each CSB has opportunities and resources within each step that is different from other CSBs, and while they are expected to utilize the resources to meet the standards of each step, there must also be flexibility with each CSB to use those dollars within the step.

Ms. Glaser indicated she and other providers are frustrated with provider bills and working with MCOs, particularly because there are six of them. She asked if there were efforts underway to streamline processes. Dr. Melton noted that DBHDS is working with DMAS to help in resolving this administrative burden. DMAS has gathered a group of providers recently to understand the challenges. DBHDS has also asked the Virginia Association of Community Services Boards (VACSB) to get data from all 40 CSBs to identify themes and major pain points to provide feedback to DMAS and MCOs. He noted that DBHDS serves in a supportive role in this, but is working with DMAS. DBHDS was able to resolve specific billing issues last year for CSBs.

Dr. Melton then provided a general overview of DBHDS activities. He discussed hospital census pressures and the TDO workgroup, and noted that budget development is underway. Investments will be shaped around the Governor's priorities, STEP-VA, hospital census, and exiting the Settlement Agreement. He provided updates on STEP-VA, BH Redesign, the Settlement Agreement, and alternative transportation.

Report Out from the Planning and Budget Committee

Plans for the Grant Review Committee

At 11:17, Ms. Dix reported that the Planning and Budget Committee, members reviewed the role and purview of the committee. Ms. Mitchell and Ms. Graser were in attendance. With Ms. Dix, there was a review of the statement of purpose for the committee, the history of the committee, and generally what had been done in the past. Essentially, there was agreement to have a standing agenda when the committee meets before each board meeting based on the bylaws and some other key things that members want to cover. The committee will review the standing items whenever it meets to be sure nothing needs to be changed, including any calendar items for the committee or the board. The Board liaison will talk about the schedule for the next December meeting in a little more detail at the October meeting. At the October meeting, Josie Mace will do an overview of the Board's budget, and confirm sufficient funding for resources for speakers on certain topics. Also, the committee would receive an

update on the strategic plan in October so the committee can make recommendations to the Board about it. For to do items, the committee will look at the current bylaws for needed updates. There was general discussion around revisiting the practice of making sure at future board meetings that there are more perspectives from external stakeholders on the topics at hand. Ms. Dix spoke with VACSB to reinstate the traditional 30 minute presentation at each board meeting and VACSB is in agreement. There was brief discussion of the function of the Grant Committee and members will look at how it operated and ensure the board is operating per the bylaws.

Regulatory Actions

At 11:30, Ms. Walker reviewed the three regulatory action items before the board.

A. Licensing Regulations, 12VAC35-105: ISP grace period.

This first item included proposed amendments intended to align DBHDS and DMAS regulations as to when a quarterly review or a revised assessment of the ISP must be documented in order to decrease administrative burdens and allow more time to provide services.

Upon a motion to by Elizabeth Hilscher and a second by Jack Bruggeman, the board approved the amendments and initiation of the proposed stage of the standard process for this action to amend 12VAC35-105, the Licensing Regulations.

B. Licensing Regulations, 12VAC35-105, Require a provider statement to any other provider.

Members considered the language to address the new requirement in Chapter 776 of the 2019 General Assembly through the creation of a new subsection in the licensing regulations, 12VAC35-105-435 regarding the provision of a provider statement to any other provider

Upon a motion to by Jack Bruggeman and a second by Becky Graser, the board approved the amendments and initiation of a fast track action to amend 12VAC35-105, the Licensing Regulations.

C. New Regulation, Certified Recovery Residences, 12VAC35-270.

The third and final regulatory action item also came from 2019 General Assembly action through the recommendation to create a new chapter. Emily Lowrie provided background on the department's work on this issue before and during the session. Ms. Graser asked about the levels of recovery homes. Ms. Lowrie confirmed that levels of housing that provide clinical services within the home will continue to be licensed by DBHDS and this regulatory action is intended to address the housing that does not provide clinical services within the home.

Upon a motion by Elizabeth Hilscher and a second by Becky Graser, the board approved initiation of a fast track to promulgate a new regulation for certified

recovery residences.

D. General Update – Regulatory Matrix

Ms. Walker reviewed the Regulatory Matrix of the status of pending regulatory action in the meeting packet. There are currently two pending actions, both with the Governor’s Office.

Ms. Walker mentioned three other regulatory issues:

1. An invitation to membership in a regulatory advisory panel to review draft amendments to Chapter 12VAC35-105 (“Licensing Regulations”) in response to the periodic review that concluded in December 2017. The purpose of a RAP, established in accordance with the department’s Public Participation Guidelines (12VAC35-12-70, Appointment of Regulatory Advisory Panel) is to ‘provide professional specialization or technical assistance when the agency determines that such expertise is necessary to address a specific regulatory issue or action....’ Since the periodic review, the Office of Licensing developed draft revisions to both the structure and the content of the Licensing Regulations. In regard to structure, currently language addressing all disabilities is contained in Chapter 105. This all-in-one structure is actually very rare across Virginia agencies or in other states. As is most typical, a ‘general chapter’ was developed to apply to three disability-specific chapters (developmental, behavioral health, and substance abuse). Further, it was deemed necessary to develop the general chapter first. The RAP mentioned above will convene to review the draft new general chapter and provide feedback to the department. [Note: Once development of disability-specific chapters is finalized, additional RAPs will be formed for the same review process. This is planned to occur in the spring of 2020.]

Ms. Walker explained the difference of this drafting effort of the response to periodic review of the Licensing Regulations from other current discussions regarding only behavioral health redesign.

- Response to Periodic Review: Draft changes for the response to periodic review will be in a separate action and are not expected to take effect until at least 2021 following the [standard process](#), which takes an average of 18 months to two years to complete.
 - Behavioral Health Redesign: The [current effective](#) Licensing Regulations will be the vehicle for any required department regulatory changes that come from the behavioral health redesign. Such changes would likely be [emergency regulations](#) as authorized by the General Assembly.
2. Emily Bowles, Legal and Regulatory Manager for the Office of Licensing reported on the implementation efforts related to the emergency regulation in effect for compliance with the DOJ Settlement Agreement with Virginia, including two new guidance documents and

	<p>related training.</p> <p>3. Ms. Bowles distributed a one-page background document on the federal Family First Prevention Services Act that reforms the federal child welfare financing streams in Title IV-E and Title IV-B of the Social Security Act to provide services to families who are at risk of entering the child welfare system. Ms. Walker stated that staff did not want to get into a discussion with the board at this meeting, but merely wished to provide initial awareness that these changes related to qualified residential treatment programs (QRTP) are mandatory and will bring significant change to the system.</p>
BREAK	At 11:50 the Board took a break to collect their lunches before resuming.
State Human Rights Committee	<p>At 12:00 Ms. Mitchell welcomed Deborah Lochart, Human Rights Director, John Barrett, Chair of the State Human Rights Committee, and Taneika Goldman, Deputy Director of the Office of Human Rights. Mr. Barrett informed the board of the work the SHRC accomplished towards their work plan objectives over the past year to include facility seclusion and restraint review, VCBR appeals, and Settlement Agreement updates. The annual SHRC report was presented by Ms. Goldman with a brief overview of the human rights system and structure of the human rights program including statistics of complaints reported and reviewed over the last year and a description of the complaint, hearing, and appeal process. The local human rights committees (LHRCs) are made up of approximately 154 volunteers across 22 committees. There are 27 total staff within the Office of Human Rights.</p>
Board Liaison Reports	<p>At 12:30 Board members reported on liaison activities. Members reported on their contacts in their communities since the April meeting.</p> <p>Ms. Mitchell reminded members of the previous decision to submit liaison reports in writing, and that members would be starting this practice in October. Members can consider the receipt of the meeting packet as a reminder to send in written liaison report. Staff will compile for hard copy distribution at the meeting.</p> <p>Staff will update and resend letters to facility directors and CSB executive directors to remind them of their board liaison contact, and notify board members when the letters are sent. Staff will also set reminders biannually for this information to be reconfirmed.</p>
Public Comment	There were no citizens wishing to provide public comment.
Update on the 2019 Biennial Budget	At 12:50, Josie Mace, Financial and Policy Analyst in the Office of Budget Development, gave a presentation to the board on the results of the 2019 General Assembly. Ms. Mace answered questions about funding for Central State Hospital (CSH), STEP-VA crisis services, and the process for submission of agency budget requests.

	Staff will provide further detail on the CSH building planning. Also, staff will bring to the Planning and Budget Committee the board budget report and discuss how often to give updates on it to the full board.
Meeting Schedule	At 1:15 pm Ms. Mitchell reminded members of the dates already confirmed with the other results of the planning meeting, including that the October meeting date changed to the 9 th (previously the 2 nd). See Attachment 1 for the full schedule of meetings and locations through December 2020.
Adjournment	Having no further business the meeting adjourned at 1:35 p.m. The next meeting will be held on Wednesday, October 9, 2019, in Staunton with tours of Western State Hospital and the Commonwealth Center for Children and Adolescents.

**STATE BOARD OF BHDS MEETING
DRAFT MINUTES**

Tuesday July 16, 2019 12:30 p.m.
DGS, 5th Floor Conference Room, Washington Building,
1100 Bank Street, Richmond, VA 23219

BIENNIAL PLANNING MEETING

Members Present	Paula Mitchell, Chair ; Elizabeth Hilscher, Vice Chair; Jack Bruggeman; Varun Choudhary; Rebecca Graser; Sandra Price-Stroble.
Staff Present	Heidi Dix, Deputy Commissioner, Division of Compliance, Legislative, and Regulatory Affairs (CLRA) Emily Lowrie, CLRA Senior Policy Analyst Meghan McGuire, Senior Advisor for External Affairs Ruth Anne Walker, Director of Regulatory Affairs
Lunch	12:30 p.m.
Welcome & Introductions	At 1:30, Paula Mitchell, Chair, called the meeting to order, thanked members for adjusting their schedules by one week at staff’s request during the transition of board liaison duties. Ms. Mitchell reviewed the purpose of the biennial planning meeting to set the board’s priorities and meeting dates through December of next year. Per the bylaws, the meeting is held in odd years when the Commonwealth prepares for a new two-year budget cycle following the next General Assembly Session. She stated it was a time to refresh on the board’s core responsibilities and to receive updates on the strategic planning of the department in order to set board priorities for meeting topics and communication to the Governor, Secretary, and General

	<p>Assembly money committee chairs on the priorities the board hopes they also see as important for the new biennium.</p> <p>Ms. Mitchell stated that board members serve as volunteers appointed by the Governor and while as such members are not an administrative day-to-day hands-on board, each member’s individual experiences through professions or families or both provide those in elected or appointed office with an in-the-trenches perspective that helps them make decisions they need to for the Commonwealth.</p> <p>She reminded members that anything discussed at the meeting for planning would be voted on at the regular business meeting tomorrow. No formal action would be taken at this meeting. Ms. Mitchell also thanked Jack Bruggeman for the wonderful tours to locations in northern Virginia for the April meeting.</p>
<p>A. Agency Strategic Plan Update</p>	<p>At 1:35, Meghan McGuire, Senior Advisor for External Affairs, recalled that the last interaction with the board was in December at the Virginia Tech Center when the board looked at some of the strategic planning activities. Ms. McGuire thanked the board for their time then and expressed appreciation for their input in the strategic planning process.</p> <p>Ms. McGuire reported that the strategic plan was as the point of finalization, and her purpose at this meeting was to provide the goals and activities that have culminated through the process and well-vetted, though these goals and corresponding activities have not been sent out among agency directors yet. At the next meeting regular meeting as part of the commissioner’s report, Dr. Melton will walk through the goals and activities in more detail and next steps.</p> <p>The strategic planning goals are meant to be somewhat lofty for the purpose of being broad enough that any section of the agency can fall up under these goals. For example, the title of Goal 1 – ‘Grow system capacity.’ The corresponding activities are a little more specific such as STEP-VA, outpatient crisis services, and other things to reduce state hospitalizations; and an equity activity to better speak to different populations (social determinants of health).</p> <p>Goal 2 – Develop and align people and resources. This gets to how resources are distributed in facilities versus in the community. The activities associated with this goal include: state hospital census (short and long-term solutions for that, such as data management).</p> <p>Goal 3 High value care. This is kind of a new term. Providing a certain kind of care, with outcomes improving, but more of the person-centered lens. Under this goal, activities include provider equality and development, policies and procedures, better ways to evaluate.</p>

Goal 4 – Culture of collaboration. Mutually define agreements, standardizations, working with stakeholders, so it is clear what the system should look like going forward. This includes communications and workforce.

Goal 5 – Be a learning and leading system. This includes peers and professional development. There are many instances where peer involvement has increased the quality multi-fold, but there are pieces to incorporate to be sure that happens more often; also, working on stigma and equity, but dependent on all partners; tracking impact and behavior change with better surveys, trainings, learning opportunities.

Ms. McGuire went on to explain what the agency will do with these developed goals and activities, how the agency plans to use them as the structure to move forward. VT will develop an annual dashboard of whatever priorities the agency wants to pull out of this plan. Each year, leadership will decide what things to highlight on a quarterly basis and with a visual presentation.

For these priorities we have six focus areas: Under Goal 1 – there will be an accountability requirement to show

- STEP-VA progress, including outcomes for same day access.
- Data management – now OneMind called Millennium.
- Data warehouse – another important piece to read what is coming in from the system.
- High value care – in the first year dashboard, there will be a focus on the Settlement Agreement to show substantial compliance, and a period of compliance after hit all marks; this will be a heavy list.
- Performance contract because will be a big change from who we've done that get away from 25 exhibits. We created a new office for this new structure.

The next year, VT has developed a tool for metrics by talking with over 400 people throughout the system. Offices will be able to choose from among those metrics the things most pertinent for the office, and show how to achieve progress.

Board members discussed the different aspects of the system with Ms. McGuire and Ms. Dix, including: STEP-VA, Ms. Hilscher recalled at the last SJ47 meeting that Dr. Melton referenced how some CSBs had a different, more logical order for accomplishing the steps than another region that has a different population. That requires a more robust conversation on how things are working.

Ms. Mitchell inquired about Medicaid expansion across multiple managed care organizations (MCOs), and significant impact in that either payments are

	<p>taking much longer (reimbursement for services) or counting on expansion to cover much of those expenses, with a large shortfall – and what is being done to fill the gaps. Ms. Glaser concurred that the denials are at such a high rate with MCOs and there is a lot of confusion with CSB fiscal departments. Ms. McGuire stated that the legislature is watching it very closely.</p> <p>The board expressed appreciation to Ms. McGuire for showing how the goals and activities were developed down through the process.</p>
B. Agency Initiatives Update	At 2:16, Heidi Dix, <i>Deputy Commissioner, Compliance, Regulatory & Legislative Affairs (CRLA)</i> , provided an update on agency initiatives including legislative priorities under development going into the fall.
Break	Ms. Mitchell initiated a break at 2:45 p.m.
Board Planning Session	<p>At 3:00, p.m., Ms. Mitchell initiated the planning session of the meeting. She reminded members that the purpose of the biennial planning meeting is to set the board’s priorities and meeting dates through December of the following year. The priorities will be crafted by staff into a draft letter for board review via email following this meeting, to be sent to the Governor and others in August.</p> <p>The board reviewed and discussed the information on strategic planning and legislative issues. Members confirmed the feeling that the discussion ended in a good place with the draft decisions on meeting dates, meeting topics, and priorities to mention in the letter. Members planned to confirm everything tomorrow officially.</p>
A. Review of Powers & Duties B. Orientation	At 4:15, Ruth Anne Walker led members through a review of board powers and duties, and a brief orientation review.
Adjourn	At 4:55 p.m., the meeting was adjourned.

**State Board of Behavioral Health and Developmental Services
2019-2020 MEETING SCHEDULE**

Adopted July 17, 2019

DATE*	Location	Topics (<i>annual topics in italics</i>)
Oct: 9 **CHANGE (Wed) (previously 10/2)	Wednesday (hotel TBD) Thursday: Commonwealth Center for Children and Adolescents Western State Hospital Staunton	Children Performance Contract Update ➤ (<i>Bylaw review in gubernatorial year every 4th year</i>)
Dec: 11 (Wed)	Richmond	➤ Behavioral Health Redesign ➤ Pre-Session Update ➤ <i>Adoption of Comprehensive State Plan</i>
2020		
April: 2 (Thurs)	Piedmont Geriatric Hospital (PGH) Crewe	➤ <i>post- GA Session legislative and budget review</i> ➤ Geriatric Care ➤ Facility Staffing Initiatives –VCBR Update
July: 15 (Wed)	Central Office, DBHDS Richmond	➤ <i>Opioid-SOR Grant Updates</i> ➤ <i>Strategic Plan Update—Dashboard/Metrics Development</i> ➤ <i>Review priorities for the biennium, including budget in odd years and elect officers every year</i>
Oct: 14 (Wed)	Southwestern Virginia Mental Health Institute (SWVMHI) Marion	➤ <i>Settlement Agreement</i> ➤ <i>Jails/Forensic Update</i>
Dec: 2 (Wed)	Richmond	➤ <i>Adoption of Comprehensive State Plan in odd years</i>

**Note that the afternoon/evening prior to the regular meeting Board members arrive and participate in other events.*