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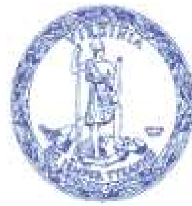

COMMONWEALTH of VIRGINIA

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REGULAR MEETING MINUTES

9:30 a.m., Wednesday, April 14, 2021

This meeting was held entirely electronically. A recording of the meeting is available.

Members Present (virtually)	Elizabeth Hilscher, Chair; Rebecca Graser, Vice Chair; Paige Cash; Jerome Hughes; Kendall Lee; Moira Mazzi; Chris Olivo; Sandra Price-Stroble.
Members Absent	Varun Choudhary.
Staff Present	Heidi Dix, Deputy Commissioner, Division of Quality Assurance and Government Relations. Alex Harris, Policy and Legislative Affairs Director. Alison Land, FACHE, Commissioner. Emma Lowry, Director, Piedmont Geriatric Hospital. Erin Kelley, Policy and Finance Analyst, Office of Budget Development. Ruth Anne Walker, Regulatory Affairs Director and State Board Liaison. Jason Wilson, Director, Virginia Center for Behavioral Rehabilitation.
Guests Present	Invited guests: Jennifer Faison, Executive Director, Virginia Association of Community Services Boards. Other citizens attended.
Call to Order and Introductions	At 9:31 a.m., Elizabeth Hilscher, Chair, called the meeting to order and welcomed everyone. She noted that the State Board was meeting via electronic means, in accordance with language in Item 4-0.01 g. of Chapter 1283 of the Acts of Assembly, 2020 Virginia General Assembly, Article 5 the Bylaws of the State Board, and the Virginia Freedom of Information Act (FOIA). All board members and department staff were able to converse, but all others on the call were muted with the ability to listen and view the screen. The meeting packet of information was located on Virginia's Town Hall. Ms. Hilscher noted that there would be a period for public comment, within the timeframe allowed on the agenda.

	At 9:33 a.m., Ms. Hilscher conducted a roll call of members and announced a quorum was present for the meeting.
Approval of Agenda	*At 9:36 a.m. the State Board to adopt the April 14, 2021, agenda. On a motion by Sandra Price-Stroble and a second by Kendall Lee, the agenda was approved unanimously by roll call vote.*
Approval of Draft Minutes	**Regular Meeting, December 2, 2020** *At 9:38 a.m., on a motion by Paige Cash and a second Becky Graser, the December minutes were approved as final by a roll call vote.*
Public Comment	At 9:40 a.m., Ms. Hilscher noted that a period for public comment was included on the draft agenda, and that it was announced with the meeting packet that anyone wishing to give verbal or written comments needed to email by 5 p.m. on April 13, 2021. No comments were received.
Commissioner's Report	At 9:45 a.m., Alison Land, Commissioner, spoke with the State Board about a number of critical issues including: ▪ Census at state hospitals; ▪ State hospital upward trend of temporary detention orders (TDOs); ▪ State facility staffing shortages (well over 20% and up to 52%) and safety risk for staff and individuals receiving services; ▪ DBHDS working with CSBs on expediting discharges from state hospitals; ▪ New and existing contracts with providers to help alleviate the above issues; ▪ COVID-19 related bed limitations creating delays in state hospital admissions and corresponding increase of law enforcement time to accompany individuals waiting for placement; ▪ Increase in use of alternative transportation; ▪ Solutions for individuals in state hospitals with a primary diagnosis of dementia (a pilot with Mt. Rogers CSB to provide support to nursing facilities taking older adults with behavioral health challenges; $3.5 million for diversion and discharge of individuals with a diagnosis of dementia; $727,000 for a mobile crisis pilot program specifically for individuals with dementia; workgroup to identify existing services for individuals with a diagnosis of dementia and make recommendations to improve the quality and availability of care for those living with dementia). ▪ Transformation of the crisis system including the work to implement the Marcus Alert legislation (2020 Special Session, HB5043/SB5038), which has plans for a crisis call center as the 9-8-8 National Suicide Prevention Lifeline contact point, in line with federal legislation; and 23-hour crisis stabilization units

	(CSUs) and crisis intervention team assessment centers (CITACs); ▪ System Transformation, Excellence, Performance (STEP-VA) has some aspects implemented, some underway, others that were just funded, and active planning of future steps. Part of this effort includes Behavioral Health Redesign for Access, Value and Outcomes (BRAVO) that has six key services: Multi-Systemic Therapy, Functional Family Therapy, Partial Hospitalization Program, Intensive Outpatient Program, Program of Assertive Community Treatment, and Comprehensive Crisis Services. Ms. Price-Stroble remembered the last five years of her mother's care in a congregate setting and thanked the commissioner for the activities regarding individuals with dementia. The commissioner stated that other states had successfully built systems of care for this population. Ms. Hilscher stated that in regard to the board's role with the agency strategic plan that she be with the board at the biennial planning meeting to help the board with her guidance about where she wants the agency to go. Ms. Land said that strategic priorities under development and a senior leadership team meeting was being held the following week to finalize them. She asked Heidi Dix to share them with the board. Ms. Hilscher stated that getting those ahead of time would be incredibly helpful, as she sees the role of the board to facilitate improvements rather than to cast doubt or fight against the priorities. Ms. Graser was particularly interested in the individuals designated as not guilty by reason of insanity (NGRI) in state hospitals, as there is are not enough 'peer bridgers' in the system to help the NGRI transition of the conditions in the discharge plan. Sometimes the number of court conditions placed on the discharge order can make the transition more difficult. Often a letter will go to the court in support for the individual to be released into the community, but the court-appointed therapist says the individual is not yet ready, and those in the NGRI population can get 'stuck' in the system for years even when nonviolent. She applauded the commissioner's focus on the extraordinary barriers to discharge list. Perhaps more Gateway-type homes would be helpful. Ms. Land stated the EBL workgroup is looking at a number of different possibilities, because the process is onerous and then slowed down more during the pandemic. Ms. Dix stated that the criminal justice piece may require a cross agency and cross system conversation to address the length of time.

	Moira Mazzi wondered about the state hospital staffing shortages, whether there becomes a threshold limit that requires a halt on accepting more individuals into a state hospital. Ms. Land stated that the 'bed of last resort' legislation does not allow for that possibility, but currently under Executive Order 70 it is possible to delay admissions. The agency must search the state hospitals from closest to further out to find a bed; the person must be 'admitted' but may have to wait for a bed. Mandatory overtime often is in effect for staff. Ms. Mazzi stated she knows a nurse who works with children in the developmental disability population providing in home services and who will not take overtime because it can be that a staff person works overtime, can make a mistake, and then it comes back on the staff person. Ms. Land concurred that when staff are tired, mistakes are more likely to happen; and she stated that the electronic health record system helps avoid mistakes through the electronic prompts. Ms. Hilscher thanked Ms. Land and looked forward to seeing the commissioner at the biennial planning meeting and the regular meeting, on July 13-14.
Regulatory Actions	**A. Initiate Periodic Review: Eugenics Sterilization Compensation Program [12VAC35-240]** At 10:37 a.m., Ruth Anne Walker, Regulatory Affairs Director and State Board Liaison, provided a background summary of the regulatory periodic review process all state agencies must ensure occurs for each regulation every four years, and background on this regulation. She also gave a brief explanation of the regulation and claims to date. *Upon a motion by Sandra Price-Stroble and a second by Moira Mazzi, the State Board voted unanimously by roll count to authorize the initiation of a periodic review of Chapter 240.* **B. General Update: Regulatory Matrix and 2021 Workplan** Ms. Walker reviewed the regulatory matrix of all current regulatory actions.
Geriatric Services: Piedmont Geriatric Hospital	At 10:45 a.m., Emma L. Lowry, Director, presented information on PGH, which is a 123-bed geropsychiatric hospital located on 300 acres in Nottoway County, and now shares the campus with the Virginia Center for Behavioral Rehabilitation (VCBR). Facts include: • PGH is the only Virginia state facility that exclusively treats older adults (65+ years of age) who are in need of inpatient treatment for mental illness. • Most patients are involuntarily admitted under a temporary detention order (TDO) and then civilly committed. Forensic

	patients who are court-ordered for evaluation or treatment are also served.
	• Serves a large catchment area.
	• Accredited by the national accrediting agency, The Joint Commission, since 1985.
	• Provides comprehensive treatment services on each of four patient-care units.
	• A full range of clinical services to include: psychiatry, family/internal medicine, nursing, psychology, social work, psychosocial rehabilitation (music therapy, recreation therapy, and activity therapy), physical therapy, occupational therapy, speech and language therapy, and religious services.
	• Serves as a training site for major universities, colleges, and vocational schools in geropsychiatry and other clinical specialties.
	• $34 million operating budget and approximately 430 FTEs.
	
	Challenges
	Within five years of the 2014 "Bed of Last Resort" legislation there was a 333 percent increase in TDO admissions, and DBHDS state hospitals are operating at 96 percent with recent periods of as high as 98-100 percent (versus industry standard 85 percent). State hospital beds have become the <u>first</u> resort for civil TDOs while still maintaining a primary role to serve individuals who are forensically involved or those individuals that require longer-term treatment and commitments. Report Document 587 (2019)
	
	Other current challenges include:
	• COVID-19
	    – Outbreaks
	    – Restricted visitation
	• High Census / High Acuity
	• Vacancy / Turnover in Staffing
	    – Compensation
	    – Rural location
	    – Difficult work
	• Infrastructure
	    – Space limitations
	    – Shared services with VCBR
	• New Executive Leadership Team
	
	Dr. Lee appreciated the presentation as he is from the area and did not know the history of the facility. Ms. Hilscher asked in regard to COVID-19 and the impact of the isolation the pandemic required and related increases in depression and how PGH has tried to address it therapeutically. Dr. Lowry stated that the population is

	already predisposed to depression and that has a high rate of suicide, and staff have worked hard to engage individuals receiving services. There is a program, that was temporarily on hold during the pandemic, called the Piedmont Geriatric Institute that provides trainings to the community (assisted living facilities and nursing homes) that staff are working to recreate virtually and the topic of the isolation during the pandemic will be one item addressed. Ms. Hilscher noted that when she visited the facility, while the physical design of the building is not the best (low ceilings, narrow halls, limited natural light), but the staff overcome those physical challenges and are very loving and dedicated; it is a well run, beautiful place. Mr. Hughes mentioned a program his organization runs that has to do with loneliness, how to make the best of your time, and that PGH staff or individuals receiving services might find that helpful. Ms. Hilscher stated that the board was due to visit PGH last April, but was restricted due to the pandemic and hope to visit in the future.

Virginia Center for Behavioral Rehabilitation (VCBR) Update	At 11:30 a.m., an update on the center was provided by Jason Wilson, VCBR Director. Mr. Wilson covered the background and history on Virginia's laws regarding sexually violent predators (primarily in Chapter 9 of Title 27.2) and the facility, which –after briefly being housed in existing buildings on the agency's Petersburg campus - opened in 2008 in Nottoway County with a maximum of 300 beds. In 2011, the General Assembly required DBHDS to develop a plan to address the rising census, but the plan could not include construction of new buildings and DBHDS was encouraged to consider double bunking, which was done in 150 rooms (current capacity 450 beds). The groundbreaking of an expansion project occurred in 2018 and the project will add additional beds and treatment spaces (capacity of 632 after expansion). The expansion will have:
	• 48 bed transitions unit (apartment type setting).
	• 6 bed female unit.
	• Separate units to serve specialized populations:
	    – Medically complex
	    – Intellectually disabled
	    – Serious mental illness
	• Expanded vocation and educational areas.
	• Expanded medical treatment areas.
	While most of the project will be completed this year, final completion is scheduled for February 2022.

	He noted that there are a number of different populations within one setting: diagnoses, ages, languages, physical disabilities, gang affiliation, and complex medical needs. Primary services provided at the facility include: treatment and rehabilitation; security; medical; vocational and educational. The census, as of April 13, 2021: • Majority of residents are received directly from the Virginia Department of Corrections. • 376 male residents in-house (plus 2 women at CSH). • 413 individuals are committed to VCBR, but are currently incarcerated, and will return to VCBR after incarceration. • If a resident is charged with a crime while at VCBR, he may need to return to jail. If that resident will remain in jail for an extended period of time, his room/bed may be used by the facility for other residents. However, VCBR must always have a bed available for his return. Research-informed treatment focuses on three phases: Phase 1: Focuses on control over sexual behavior and aggression and accountability for offenses. Phase 2: Focuses on developing insight into risk factors, practicing adaptive coping responses, demonstrating mature, responsible interactions with others, and introducing positive goals for lifestyle change. Phase 3: Focuses on transition back to the community. Mr. Wilson reviewed admission and discharge data, and explained conditional release parameters. He explained the operating budget, and details about staffing. Specifically, staff recruitment, development, and retention: • Currently 627 classified positions. • Estimated to employ 1,098 at *full capacity* after expansion. • FY21 vacancy rate: overall 17.9%. • Most challenging vacancies are direct care (safety, security, treatment technicians): 23.3%. • There are a number of actions being taken to address staff vacancy and turnover rates. Dr. Lee commented that the aesthetics of the new buildings is more residential in nature than prison-like. Mr. Wilson stated that it is hoped that the new aesthetics will encourage rehabilitation and increased discharges. Dr. Lee noted the video with Longwood on the website looked good.

	Ms. Hilscher noted a lot of work had been done since she visited the facility. She is encouraged by the transitional design tied to treatment phases. She hopes the board can visit in the future once pandemic restrictions are relaxed.
BREAK for Lunch, 30 minutes	At 12:07 p.m., Ms. Hilscher suspended the meeting for a 30 minute lunch break, reconvening at 12:40 p.m.
2021 General Assembly: Pre-Session Legislative and Budget Review	At 12:45 p.m., legislative and budget updates since the Veto Session held the previous week were provided by Alex Harris, Policy and Legislative Affairs Director; and Erin Kelley, Financial and Policy Analyst, Office of Budget Development, Finance Division. Ms. Harris reviewed new legislation that will take effect: • HB2092: Requires contract staff providing direct care services at our licensed providers to go through a similar background check process as employees providing direct care services. • SB1304: Changes from 30 days to 72 hours the time during which a CSB can disagree with an individuals' readiness for discharge and creates a workgroup for expediting the discharge process. • SB1302: Designates the crisis call center as the 988 Crisis Hotline Center and directs part of an increased wireless surcharge toward the Crisis Call Center Fund. • HB2166: Makes changes to the mandatory outpatient treatment (MOT) code to increase its use. • HB2230: Resulted from DBHDS's supported decision-making (SDM) workgroup last year. Lists SDM as a less restrictive alternative to guardianship and directs DBHDS to provide training and education. • HJ578: Creates a workgroup to study the development of a criminal justice and behavioral health records database for more effective interventions. • SB1406: Eliminates penalties for marijuana possession, develops an automatic expungement process, institutes a licensing structure for cultivation and sale, and provides for social equity and behavioral health support. Ms. Kelley summarized the budgetary actions. The Join Conference Committee adopted most of the Governor's budget. Significant changes include: • Removing $2.5 million in Discharge Assistance Planning (DAP) funds; • Removing the capital debt authorization for 48 additional beds at Central State Hospital;

	• Supplanting $6.4 million in general funds for COVID-19 testing in the facilities with VDH's Epidemiology and Laboratory Capacity (ELC) grant;
	• Item 322 #1c: $2.1 million the second year from the general fund to expand forensic discharge planning services at three additional jails with a high percentage of inmates with serious mental illness.
	• Item 320 #5c: $3.8 million the second year from the general fund to fully restore funding for alternative inpatient options to state behavioral health hospital care through the establishment of two-year pilot projects to reduce census pressures on state hospitals.
	• Item 326 #1c: $765,428 the second year from the general fund to provide critical clinical staffing at the Commonwealth Center for Children and Adolescents.
	
	For Mental Health Hospitals:
	• Provide funding for pharmacy costs at state facilities
	    o Governor's Budget: Provides general fund support of $2,648,663 in FY2021 and $2,648,663 in FY2022 to address increased pharmacy costs at state facilities as a result of growth in census and increased cost medication.
	• Add funding to cover costs of required IT upgrades at Western State Hospital
	    o Governor's Budget: Provides general fund support of $546,122 in FY2021 and $376,148 in FY2022 to account for the required costs of transitioning wireless access point services at Western State Hospital from an out-of-scope vendor to the Virginia Information Technologies Agency.
	
	Other updates covered funding decisions for community behavioral health services including STEP-VA, waiver services for individuals with developmental disabilities and transitions from training center services, capital projects, and other administrative programs and projects. She provided tables that summarized incremental changes by activity and agency. (The presentation is available upon request.)
	
	Ms. Hilscher observed that it appeared the agency and system did not do too badly. Ms. Kelley stated that was the case, and mentioned that the mental health and substance abuse federal block grants along with 8M for LIPOS* funding allowed increased flexibility in how those funds are used.

	* Local Inpatient Purchase of Service Project (**LIPOS**) is to serve indigent individuals from the CSB catchment areas who require inpatient hospitalization for a serious mental illness as an alternative to state hospital admission. **LIPOS** funds are used to purchase acute stabilization psychiatric services from acute care providers.
Update: Virginia Association of Community Services Boards (VACSB)	At 1:05 p.m., Jennifer Faison, Executive Director of VACSB, updated the board on the following: • Marijuana legalization legislation: It is with the Governor now in a very different format than when introduced. Based on the recommendations of the VACSB Mental Health Council, Substance Use Disorder (SUD) Council, and Prevention Council, the association opposed the legislation, particularly because of the impact it could have on children and adolescents. However, VACSB came to the table to try to reshape it once it was clear that it would pass. Now, it will be legal to possess and grow; there is 1M funding for prevention programs. Recognizing there will need to be additional treatment resources on the backend, the association is working with DMAS on the SUD (ARTS) benefit. Currently, beginning in 2024, 25% of the revenues from retail sales will go to prevention and treatment services that will come through DBHDS to the CSBs. This provision was one VACSB thought was important to include. This bill has a reenactment clause (it will have to be passed again in the 2022 Session of the General Assembly). • While hundreds of other bills were tracked during the session, there were no others that were extremely impactful. However, the mandatory outpatient treatment (MOT) legislation, which intended to expand the use of MOT across Virginia. MOT can be a less restrictive alternative to inpatient care. Special justices were not comfortable ordering MOT because of confusion of how the Code of Virginia read prior to this clarifying language. Additional reporting from the MOT coordinator that will hopefully be funded next year; also, funding for CSBs to expand existing MOT and to help CSBs start MOT. However, this will take a high level of wraparound support around the individual. • It was helpful to see the reallocation of funding for the publicly funded system of care that had been held during part of last year to assess the impact of the pandemic. There was celebration of the successes during the past year. • Vaccinations have gone well. While there are still a number of people in residential settings that have not received a vaccine, it is expected that good progress will continue over the next month or so. CSB staff were included as essential staff in Phases 1A and 1B of the vaccine rollout. It was more difficult

	to get support staff included. Telehealth resources and flexibilities have been utilized and are expected to be in the future; services have maintained or increased in a number of areas compared to last year. • Focusing on the wave of individuals who will come forward in behavioral health and substance use disorders as the pandemic ebbs. The depths of despair experienced during this past year are not entirely known, so there will be a focus on this in the midterm planning. • Noted CSBs would be grappling with the Marcus Alert implementation. Ms. Graser asked about the MOT legislation and number of days it involves. Ms. Faison stated there was an increase from 90 to 180 days for the initial order. There were a number of advocates who were concerned about this change (i.e., employment concerns). There was success getting language into the legislation that the special justice must take such issues into consideration, and not necessarily default to 180 days. Ms. Graser did not like the term 'mandatory,' and whether if someone was doing well could the timeframe be revisited. Ms. Faison stated that now the individual could request an earlier status hearing. The treatment order will now have things like medications included versus just in the treatment plan. Now the person no longer has to consent to the order. Ms. Mazzi asked for additional description for being placed into involuntary inpatient versus MOT at the commitment hearing. Ms. Faison stated that now the criteria is in alignment. Ms. Mazzi asked what it would look like to be in MOT. Ms. Faison stated it is a very complex process on the front end. The special justice ultimately makes the decision on if the person is appropriate for MOT; the services available also are a significant consideration to have them safely supported in the community. In terms of the check-ins, the details must be in the order. The CSB must describe the specifics; there must be monthly reports to the court on how the person is doing. The treatment plans must be very person-centered and specific to the person. Ms. Hilscher stated that this is an issue near and dear to her heart in regard to the tragedy at Virginia Tech as Mr. Cho was ordered to MOT, the law was very weak, he did not get set up with treatment, there was no reporting to the court. It has taken 14 years for real progress on the law that will tighten up a lot of those failures. However, she appreciates Ms. Graser's perspective of individual's rights. She needs to read the bill, but it sounds like the legislation

	makes additional provision to protect the public from someone who might be harmful to themselves or others, while also allowing the individual to be more involved in decisions about treatment. Ms. Mazzi asked about the fairness in regard to patients' rights and the variation of the availability of MOT and the services by region. Ms. Faison agreed that this is a longstanding issue and that is why there is an attempt through STEP-VA to set a minimum that should be available in every community in order to try to equalize that unfairness.
Board Member Spotlight (New)	At 1:30 p.m., Ms. Hilscher stated that with about half the board members coming on the board in less than two years, combined with the restrictions from in person meetings, members have not had a chance to get to know one another as they typically would due to volume of new members and social distance. For the foreseeable future, this standing10 minute segment will allow time to hear more about one of the members. Ms. Hilscher had asked Jerome Hughes to be the first to present under this new standing agenda item. Mr. Hughes grew up in Alexandria, played basketball and football in school, he has an adult daughter who is a career White House employee and a young son. Years ago, he went to a drop in center because he was in need of services. While there, after he had attended meetings regularly for some time, the program offered him a job as a driver. He attended a VOCAL conference. [VOCAL is a peer run, peer advocacy organization with a mission to create a climate in Virginia where peers are empowered to understand and find their own recovery through programs that achieve: a) personal transformation, b) community transformation, and c) systems transformation.] He had never heard of VOCAL, and he fell in love with peer work, realizing that it did not feel like work. By the time the contract with his job expired, he was working as a supervisor at the Consumer Wellness Center in Falls Church. While working with another organization, On My Own Alexandria and worked directly for Bill Yolton, a longtime advocate for mental health services. Drop in centers are now called recovery centers. His partner, Lisa Goodwin, used to run another program called the Lloyd Mitchell Center. Both his contract and Ms. Goodwin's ended at the same time. They partnered for two centers, and five centers were put in the contract. Recovery Program Solutions of Virginia was established. Mr. Hughes shared a video about the peer run organization. The five centers are: Annandale Consumer Wellness Center, Arlington Peers Helping Peers in Recovery, Merrifield Peer Recovery Center, Reston Wellness Center, and the

	South County Alexandria Recovery and Drop In Center. There are 25 peer specialists and 15 certified peer recovery specialists. Mr. Hughes stated that there is a new virtual program, and if anyone needs a meeting, they can come to the meetings – daily if they want. Ms. Graser stated that if more people understood the value of peer support, there would be less of a census problem in state hospitals or the need for inpatient services.
Behavioral Health Update: Marcus Alert	At 1:40 p.m., Lisa Jobe-Shields, Community Services Director, in the Division of Community Behavioral Health, spoke of the latest implementation activities related to the 'Marcus Alert' legislation and also generally about the STEP-VA initiative. Dr. Jobe-Shields stated that the legislation is a very complicated. She first spoke about the broader vision of Virginia's system of services. Last summer, in addition to the pandemic, there were a number of events having to do with facing the impact of systemic racism. This reemphasized the need to ensure that when individuals are having a behavioral health crisis that they are met with a behavioral health response (versus i.e., law enforcement) and that the response can meet them where they are with their natural supports in their community. Virginia has been recently aligning investments with the Crisis Now national model that has four components: high tech call centers, 24/7 mobile crisis services; crisis stabilization programs; and essential principles and practices. These compliment other recent developments: STEP-VA, the US DOJ Settlement Agreement with Virginia has a crisis component (REACH), and CIT assessment sites. At the same time, sustainable Medicaid crisis rates were being brought online that will become available December 1, 2021, for high quality services that have been shown to work. These are services that currently exist and are licensed in Virginia at large **but are not covered or adequately funded by Medicaid.** • PHP/IOP: These exist in Medicaid for ARTS and their addition has been shown to draw down costly ER visits and inpatient hospitalizations. A workforce exists, programs exist…they just need a rate and service definition to be able to also serve members with primary mental health problems. • MST/FFT: These evidence-based practices for high risk youth exist through the DJJ transformation but do not have a Medicaid Rate. This creates access and equity issues for

Virginia's kids wherein they need DJJ referral to participate in these high-quality services. These could help with diversion and step down from the Commonwealth Center and reduce the need for residential treatment.

- PACT: This exists but is not reimbursed at a rate that covers the service, which limits the ability to adhere to the fidelity standards of the program and maximize effectiveness and access across the state. DBHDS has excellent data on cost efficiencies of this service and we see it as a critical component of the plan for those who are some of the most likely to use inpatient hospitalization on a frequent basis.
- Comprehensive Crisis: This brings on Medicaid rates for the services recommended through the Crisis workgroups of STEP-VA and assures we reimburse appropriately and draw down federal match for members who participate in crisis care. These services include mobile crisis response, community-based crisis stabilization (a crisis-avoidance service that provides short term support between immediate response and availability of referral to longer term services), crisis stabilization units (residential) and 23-hour beds.

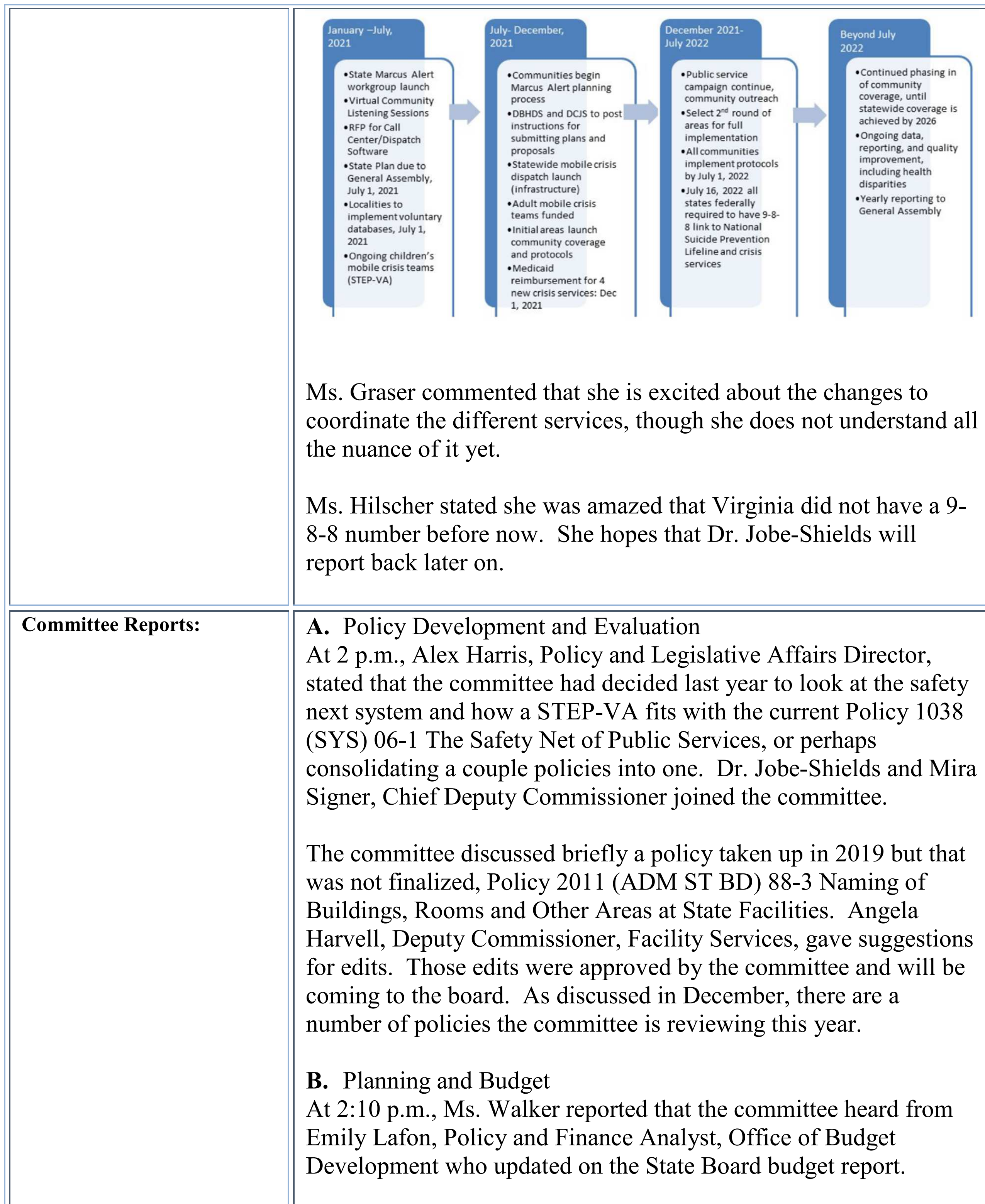
Last summer, a racial equity lens was brought to these efforts as part of reforms in response to mass, nationwide protests. This focus builds on recent and ongoing work to provide community based mental health supports to decrease reliance on law enforcement as the *de facto* response in Virginia and decrease law enforcement time spent responding to behavioral health emergencies.

Without the Marcus Alert, the crisis system transformation would be at risk of decreased access for minority populations and ongoing over-representation in law enforcement encounters (discretionary diversion based on perceptions of safety). It looks at how the interactions between law enforcement and individuals in behavioral health crisis are going. Diversion from 911 to the crisis line, the collaboration on the scene between law enforcement and behavioral health services, and how law enforcement presents and responds when no behavioral health provider is present.

The Marcus Alert requirements are best understood in terms of three required protocols:

1. Community coverage;
2. Voluntary database; and
3. Data and quality improvement.

Marcus Alert Milestones Across Projects



	Ms. Graser commented that she is excited about the changes to coordinate the different services, though she does not understand all the nuance of it yet. Ms. Hilscher stated she was amazed that Virginia did not have a 9-8-8 number before now. She hopes that Dr. Jobe-Shields will report back later on.
Committee Reports:	**A.** Policy Development and Evaluation At 2 p.m., Alex Harris, Policy and Legislative Affairs Director, stated that the committee had decided last year to look at the safety next system and how a STEP-VA fits with the current Policy 1038 (SYS) 06-1 The Safety Net of Public Services, or perhaps consolidating a couple policies into one. Dr. Jobe-Shields and Mira Signer, Chief Deputy Commissioner joined the committee. The committee discussed briefly a policy taken up in 2019 but that was not finalized, Policy 2011 (ADM ST BD) 88-3 Naming of Buildings, Rooms and Other Areas at State Facilities. Angela Harvell, Deputy Commissioner, Facility Services, gave suggestions for edits. Those edits were approved by the committee and will be coming to the board. As discussed in December, there are a number of policies the committee is reviewing this year. **B.** Planning and Budget At 2:10 p.m., Ms. Walker reported that the committee heard from Emily Lafon, Policy and Finance Analyst, Office of Budget Development who updated on the State Board budget report.

Item	Budgeted	Expended	Remaining
Office Supplies	$205	$0	$205
Food Services	$1,000	$145	$856
Travel	$13,600	$0	$13,600
Training	$3,095	$489	$2,606
Premiums	$100	$70	$30
Total	**$18,000**	**$704**	**$17,296**

It came up in the meeting as a reminder to members that they can attend VACSB conferences (they are occurring though virtual) or other such meetings. Members should send an email with the information for the chair and department to consider.

The committee met in January to finalize the meeting topics for the 2021 meetings (previously sent to the State Board). There are 'have to' blocks at each meeting (commissioner's report, regulatory or policy action), and other optional blocks for presentations.

The committee also has an eye toward the biennial planning meeting in July, which will be held the afternoon before the July 14th meeting (afternoon of July 13th) is the biennial planning meeting. Ms. Walker explained the timing of the biennial planning meeting is such that the board sets it priorities for the new biennium so that a timely letter can be sent to the Governor and General Assembly to consider as the new biennium budget is developed. She provided further logistical explanation of how the biennial planning meeting is organized and conducted.

The committee had a brief review of the current structure of the Annual Executive Summary from the State Board to the Governor and General Assembly.

The Grant Review Committee received an update of a grant in development and pending with the Governor's Office. The committee works by email with the Finance staff to review any requests for federal funds before submitted, and give any remarks, or to ask questions.

The committee also reviewed a revised board liaison letter, which was intentionally postponed as the timing of reaching out to CSB and facility directors seemed too much right on top of the session. The letters are planned to go out in June. The committee was asked to give feedback on that letter.

	A new draft guide for the board member spotlight segments was reviewed and confirmed.
Miscellaneous	**A. Board Liaison Assignments** Ms. Hilscher stated a list of liaison assignments was finalized in December. Ms. Walker already spoke with three board members on the liaison role and will continue to get with each of member before June to provide contact information for the CSB and facility directors in assigned to each member area. **B. Quarterly Budget Report** There were no changes to the budget.
Other Business & Adjournment	CORRECTION: The board packet mistakenly listed the fall meeting date. The meeting will be on the last Wednesday in September (September 29th). Next Meeting: The biennial planning meeting will be on the afternoon of July 13th and the July 14th will be the quarterly regular meeting. There being no other business, Ms. Hilscher adjourned the meeting at 2:30 p.m.