

State Health Services Plan Task Force

May 30th, 2024

Time 9:00 a.m.

Perimeter Center, Board Room 2

9960 Mayland Drive

Henrico, VA 23233

Task Force Members in Attendance In-Person – Entire Meeting (alphabetical by last name): Jeannie Adams; Dr. Kathy Baker; Dr. Keith E. Berger; Karen Cameron; Carrie Davis; Michael Desjadon; Paul Dreyer; Amanda Dulin; Dr. Thomas Eppes, Jr.; Paul Hedrick; Shaila Camile Menees.

Task Force Members in Attendance Virtually – Entire Meeting: Rufus Phillips.

Staff in Attendance (alphabetical by last name): –Erik O. Bodin, COPN Director, VDH OLC; Michael Capps, Senior Policy Analyst, VDH Office of Governmental and Regulatory Affairs; Allyson Flinn, Policy Analyst, VDH OLC; Joseph Hilbert, Deputy Commissioner of Governmental and Regulatory Affairs, VDH; Val Hornsby, Policy Analyst, VDH OLC; Dr. Karen Shelton, State Health Commissioner, VDH.

Dr. Marilyn West joined the meeting virtually at 9:07 am and left the meeting at 10:47 am.

1. Call to Order and Welcome

Dr. Thomas Eppes, Jr. called the meeting to order at 9:04 a.m. Dr. Eppes reminded the meeting members that private conversations would be picked up by the microphones in the room.

2. Roll Call

Allyson Flinn called the roll of the members. Ms. Flinn noted that Rufus Phillips had joined the meeting virtually, and that Kyle Elliott and Dr. Marilyn West would be joining the meeting virtually.

3. Review of Mandate

Ms. Flinn reviewed the statutory mandate within § 32.1-102.2:1 of the Code of Virginia and Chapter 423 of the 2024 Acts of Assembly.

4. Review of Agenda

Joseph Hilbert reviewed the agenda.

5. Approval of Meeting Minutes from March 8 Meeting

The minutes from the March 8, 2024 meeting were reviewed. Michael Desjadon made a motion to amend the minutes by changing the adjournment at 12:10 a.m. to p.m.

Amanda Dulin seconded the amendments and the motion passed unanimously by voice vote. The meeting minutes as amended were approved without objection.

6. Adoption of Updated Remote Participation Policy

Ms. Flinn reviewed the amendments to the remote participation policy. Karen Cameron motioned to adopt the updated remote participation policy with Dr. Eppes seconding that motion. The policy was adopted unanimously by voice vote.

7. Presentation from the Department of Behavioral Health and Developmental Services

Nelson Smith, Commissioner for the Department of Behavioral Health and Developmental Services presented to the Task Force on the following topics: (i) Governor Youngkin's *Right Help, Right Now Plan* and its Crisis Pillar, (ii) an update on the *Right Help, Right Now* plan, (iii) Public and Private Psychiatric Bed Estimates, (iv) Temporary Detention Orders, (v) Psychiatric Bed Capacity, and (vi) a Nationwide COPN Overview.

There was discussion regarding the licensure of crisis centers, exclusionary criteria, private vs public bed capacity, the effectiveness of crisis centers in keeping people from requiring inpatient care, school education initiatives, the number of crisis stabilization centers and the capacity of those centers, and the 988 number.

8. Review of Meeting Materials

Ms. Flinn reviewed the meeting materials with the Task Force, concluding the review with a brief overview of VDH's data observations. There was discussion about the most recent COPN denial for a psychiatric project, and the regulation of state hospitals in Oregon.

9. Public Comment Period

Two members of the public signed up to give public comment, Brent Rawlings from the Virginia Hospital and Healthcare Association and Clark Barrineau from the Medical Society of Virginia regarding the Task Force's upcoming votes on recommendations.

10. Psychiatric Beds and Services & Expedited Review

10.1. Staff Presentation

Ms. Flinn discussed the break-out session groups with the Task Force and requested that Mr. Desjadon move from Group 1 to Group 3 due to absences, to which Mr. Desjadon agreed.

There was discussion regarding the mandate found in Chapter 423 of the 2024 Acts of Assembly, the future meeting schedule, and the options for consideration by the Task Force.

10.2. Breakout Sessions

Dr. Eppes announced that the Task Force members would be breaking into three smaller groups for breakout sessions. Ms. Flinn explained that Task Force members would go across the hall the hearing rooms according to which group they had been randomly assigned.

Group 1 – Hearing Room 4

Group 1 consisted of Jeannie Adams, Dr. Kathy Baker, and Paul Hedrick.

The breakout group discussions consisted of the interest in closing the loop that allows a psychiatric beds to be converted to a non-psychiatric bed, the ability for members of the public to voice their opinions on expedited projects, the acceptance of TDOs by private hospitals and the potential to condition COPNs on that, the difference between civil TDOs and forensic TDOs, and general discussion regarding the current COPN landscape in Virginia. The group then ended its breakout session and returned to Board Room 2.

Group 2 – Hearing Room 3

Group 2 consisted of Dr. Keith Berger, Carrie Davis, Shaila Camile Menees, and Amanda Dulin

The breakout group discussions consisted of the concerns with psychiatric staffing, the merits of COPN and its ability to regulate the market, COPN deregulation, an increase in the number of application batch cycles, the unregulated conversion of psychiatric beds to non-psychiatric beds, the interest in ensuring expedited projects include a charity care requirement, the complexities of TDOs and the acceptance of them by facilities, and general discussion regarding economic arguments for COPN regulations. The group then ended its breakout session and returned to Board Room 2.

Group 3 – Hearing Room 2

Group 3 consisted of Paul Dreyer, Karen Cameron, Dr. Thomas Eppes, Jr., and Michael Desjadon

The breakout group discussions consisted of the current efforts aimed at addressing the behavioral health crisis in Virginia, whether COPN plays a role in regulating the market, what barrier, if any, COPN introduces for psychiatric care, the staffing of psychiatric beds and potential shortages that may exist, the staff time and resources it takes to review applications, concerns surrounding the current expedited process and its lack of public participation, whether a recommendation should include a request for the General Assembly to fund the regional health planning agencies that have shut down, the addition of a batch cycle for expedited review projects, and the reasons for why a project should be

moved from expedited review into full review. The group then ended its breakout session and returned to Board Room 2.

10.3. Group Discussion

Dr. Eppes called the Task Force back for a group discussion at 11:42 am. Dr. Kathy Baker gave the group 1 report. Option 1 & Option 2 opposed, Option 3 support on caveat of 90-day extension of expedited review, Option 4, 5, and 6 support, Option 7 oppose, Option 8 highly support, Option 9 oppose at face value, but need more information, Option 10 support, but not as a mandate, Option 11 & 12 support, and Option 13 need more information, but had discussion on diagnostic imaging.

Shailla Menees gave the group 2 report. With option 1 3 group members support and 1 would like to repeal COPN, option 2 maybe add another cycle for psychiatric services rather than expedited review, option 3 and 4 similar proposition to option 2, option 5 support, option 6, 7, and 8 3 group members oppose and 1 would like to repeal COPN, option 9 support, option 10 need more information regarding accepting TDOs, option 11 support, option 12 oppose, option 13 need more information and there was further discussion on conversion from psychiatric to medical-surgical beds.

Mr. Desjaddon gave the group 3 report with the following options and reasonings – Option 1 support, option 2 table for further discussion, option 3 support, option 4 support with caveat of in the same PD, option 5 support, option 6 support with caveat of in the same PD, option 7 no consensus, option 8 support, options 9 & 10 support, option 11 tabled for further discussion, option 12 support, option 13 tabled, option 14 discussion of addition of batch cycle.

There was discussion regarding the fiscal and staffing impacts the presented options would have, the scope of each proposed change, and potential impacts of the various proposed options.

11. Wrap-Up and Next Steps

Mr. Hilbert requested that the Task Force members fill out the worksheets when they are sent to them in order to prepare them for the next meeting. Dr. Keith E. Berger handed out two documents to the Task Force members for their review (these can be viewed at the end of this document). Dr. Eppes proposed a July 12th all-virtual meeting to vote on the options for recommendation.

12. Meeting Adjournment

The meeting adjourned at 12:22 p.m.