



MEETING MINUTES

September 5, 2024

*A quorum of the full Committee attended the in-person meeting.
The Webex link was also made available for members of the public to attend virtually.*

The following CHIPAC members were present in person:

- **Freddy Mejia (Chair)** The Commonwealth Institute for Fiscal Analysis
- **Sarah Stanton** Joint Commission on Health Care
- **Jennifer Macdonald** Virginia Department of Health
- **Alexandra Javna** Virginia Department of Education (DOE)
- **Kari Savage (substitute)** Virginia Department of Behavioral Health and Developmental Services (DBHDS)

- **Joanna Fowler** Virginia Health Care Foundation
- **Irma Blackwell** Virginia Department of Social Services (VDSS)
- **Kelly Cannon** Virginia Hospital and Healthcare Association
- **Laura Harker** Center on Budget and Policy Priorities
- **Tiffany Gordon** Virginia League of Social Services Executives
- **Emily Moore (Vice Chair)** Voices for Virginia's Children
- **Heidi Dix** Virginia Association of Health Plans
- **Dr. Susan Brown** American Academy of Pediatrics (VA Chapter)
- **Martha Crosby** Virginia Community Healthcare Association
- **Kenda Sutton-EL** Birth in Color
- **Ben Barber (substitute)** Virginia Health Catalyst
- **Victoria Richardson** Virginia Poverty Law Center

I. Welcome and Announcements. Freddy Mejia, CHIPAC Chair, called the meeting to order at 1:04pm. Mejia welcomed Committee members and members of the public and explained that the in-person meeting would be recorded. Attendance was taken by roll call.

Mejia introduced DMAS Director Cheryl Roberts, who shared that CHIPAC was created in 2004 and celebrates its 20-year anniversary this year. As of September 1, DMAS covers 789,542 children; the largest number of children enrolled at any point in agency history. Included are a growing number of children in crisis (including those experiencing mental health issues, and those being released to the custody of teenagers). Director Roberts encouraged the Committee to listen to the DMAS Board

meeting on Tuesday, September 17; visit the newly updated DMAS website, and view the DMAS Strategic Plan; download the Cardinal Care App; and follow DMAS Instagram and Facebook pages.

II. CHIPAC Business

A. Review and approval of June 20, 2024, meeting minutes. Committee members reviewed draft minutes from the June 20 meeting. Emily Moore introduced a motion to approve the minutes. Jennifer MacDonald seconded, and the Committee voted unanimously to approve the minutes.

B. Membership Updates. The Committee welcomed Victoria Richardson, Virginia Poverty Law Center, who began a two-year term in June 2024, and Joanna Fowler, Virginia Health Care Foundation, who begins a three-year term this month. The Committee also welcomed two new members to the Executive Subcommittee: Dr. Susan Brown, Virginia Chapter of the American Academy of Pediatrics, and Kelly Cannon, Virginia Hospital and Healthcare Association.

CHIPAC Chair Freddy Mejia also renewed his membership for an additional two-year term.

C. Review and approval of 2025 Full Committee and Executive Subcommittee Meeting Dates:

2025 CHIPAC Full Committee Meetings

- Thursday, March 6, 2025 (1:00–3:30 pm)
- Thursday, June 5, 2025 (1:00–3:30 pm) *Virtual Meeting*
- Thursday, September 4, 2025 (1:00–3:30 pm)
- Thursday, December 11, 2025 (1:00–3:30 pm) *Virtual Meeting*

2025 CHIPAC Executive Subcommittee Meetings

- Friday, January 17, 2025 (10:00 am–12:00 pm) *Virtual Meeting*
- Friday, April 18, 2025 (10:00 am–12:00 pm)
- Friday, July 18, 2025 (10:00 am–12:00 pm) *Virtual Meeting*
- Friday, October 17, 2025 (10:00 am–12:00 pm)

Emily Moore made motion to approve, Kelly Cannon seconded, and the Committee unanimously agreed to approve.

III. School-Based Services Updates. Amy Edwards, Alexandra Javna, and Kristinne Stone with the Virginia Department of Education (DOE), and Dr. Bern’Nadette Knight, Jessica Caggiano, and Kari Savage with the Virginia Department of Behavioral Health and Developmental Services (DBHDS) introduced themselves and thanked the Committee for its interest in school-based mental health.

Mental Health Trends, Statistics, and Support Services. DOE began the presentation with findings from the 2021 Virginia Youth Survey: 42.6% of middle

school students did not feel good about themselves, and the percentage of high school students who engaged in self-harm increased from 15.5% in 2019 to 21.2% in 2021.

School systems are well positioned to identify and respond to the behavioral health needs of students. Mental health services are most effective when integrated into academic instruction (Sanchez et. al., 2018). Youth are six times more likely to complete mental health treatment in schools than in community settings (Jaycox et al., 2010). Schools offer a multi-tiered system of supports (MTSS) which allows them to provide evidence-based practices and interventions. The 2023 Behavioral Health Commission report found that 77% of Virginia public school students receive Tier 1 (preventative) supports in school; 55% of students in need of Tier 2 mental health supports (including small group interventions for those who are at risk of mental health concerns) can access them at school; and 54% of students in need of Tier 3 mental health supports (targeted, higher-intensity interventions, including individual psychotherapy) can receive these supports at school.

Mental health support services are provided by a variety of school-based professionals. School counselors (1:325 students) hold a master's degree in counseling and provide direct counseling services to students 80% of the school day. School psychologists develop school-wide practices for prevention/ safety/wellness, train school staff, and design and implement interventions for students when needed. School Social Workers direct services to students, families, school personnel, and the school division. Not every school has a school social worker or school psychologist.

DOE supports school-based mental health professionals with learning communities, leadership conferences, a robust Career and Learning Center, and Social Emotional Learning frameworks, resources, and curricula.

Interagency Collaboration. Kristinne Stone, DOE School Mental Health Grant Project Manager, highlighted Virginia's success receiving competitive federal grants to support school-based mental health professionals. Virginia is the only state in the nation to receive three consecutive grants (FY19, FY20, and FY22), totaling more than \$20 million, to help recruit and retain school-based mental health professionals. Funds enabled DOE to hire an additional 145 school based-mental health professionals. DBHDS also provided a School Mental Health Integration Grant to DOE in FY23.

Additional information and school mental health funding data can be found at vastudentservices-clc.org/data/. Dr. Susan Brown, Virginia Chapter of the American Academy of Pediatrics, asked whether data exists on whether professionals are serving high school, middle or elementary students. Stone responded there is public-facing data that captures position vacancies. School psychologists are the number one vacancy across school divisions.

Emily Moore asked whether the Career and Learning Center is open to **any** educator in a school division, or just to school-based mental health professionals. Stone responded that the DOE Learning Center is open to any leader, teacher, or other school division staff member, and to the community.

School Based Mental Health Integration Project. Kari Savage, DBHDS Office of Child and Family Services Director, shared that the General Assembly appropriated \$7.5 million in FY24 to continue the School-Based Mental Health (SBMH) Pilot Program which began the prior year. The program included technical assistance to school divisions seeking to integrate mental health services; grants to school divisions to contract with community-based mental health service providers; and a requirement to report on the success of the program. The program has grown from six school divisions in the pilot to 23 divisions in Year 2 (216% increase).

SBMH Participating Districts. Jessica Caggiano, DBHDS Child and Adolescent Program Specialist, shared a map displaying districts participating in the SBMH program, and noted that the program now has a waiting list of interested districts. In the last 4.5 months of FY24, more than 3,200 students were served, 416 personnel received some form of mental health education. Most students served were in middle (37%) or high school (26%). Services provided were heavily in Tier 2 and Tier 3. Trainings in Q2 FY24 focused most heavily on Tier 1 to help mitigate the need for Tier 2 and 3 services going forward.

Mejia asked whether it is possible to disaggregate data by ethnicity in addition to race. Caggiano answered that future data collection will include both race and ethnicity, but that this breakdown was not available for the current year.

DBHDS also invited participation in a Youth Mental Health First Aid (YMHFA) Training and Train-the-Trainer Program. Forty-eight individuals in 18 school districts indicated interest, but 25 needed the required initial YMHFA certification before they could become trainers. All received it, and a total of 37 have now completed the Train-the-Trainer program.

Mejia asked whether staff that indicated interest were teachers, community members, or other school-based professionals. Caggiano responded that participants were only asked if they were full- or part-time staff and were not asked their role, but indicated participants' roles will be collected in future recruitment questionnaires. Ben Barber, Virginia Health Catalyst, asked what YMHFA certification entails. Caggiano responded that it is a one-day (8-hour) course.

Overall, 352 personnel received some form of SBMH training. One district, Arlington, offered the course in Spanish. Savage noted that YMHFA Trainers must conduct three trainings per year to maintain the Trainer credential.

MacDonald asked about the Mental Health First Aid Training's contents. Savage responded that the curriculum is high-level (not diagnostic), and includes typical hallmarks and behaviors associated with anxiety and depression, and what brief interventions and supports exist to help mitigate them.

School Based Services Moving Forward. Bern'Nadette Knight, PhD, DBHDS Child and Adolescent Program Specialist, shared that the 2024 Virginia General Assembly (GA) appropriated \$15M each for FY25 and FY26 (\$30M total) to DBHDS to contract with Federally Qualified Health Centers (FQHC) or other healthcare organizations in

partnership with DOE, to establish school-based health clinics to serve students, their families, and school personnel. This new focus incorporates an expanded scope (primary medical care, dental, vision) in addition to mental health and substance use services, and a requirement that contracted organizations have the capacity to bill for services. DBHDS will report on this effort to the House Appropriations and Senate Finance Committees annually beginning December 1, 2024.

Dr. Knight shared a table comparing the SBMH Integration Pilots and the new School-Based Health Clinic model and noted that DBHDS has worked with 23 school divisions over the last few months to shift to the new model. DBHDS has sought other funding to sustain services and continuation of the YMHFA Train-the-Trainer program. It collaborated to map the location of FQHCs to best support expansion, and is working with DOE on clinic implementation and with DMAS on billing capabilities for the healthcare centers.

Medicaid and Schools. Amy Edwards, DOE Medicaid Specialist, gave an overview of the Medicaid and Schools program, through which 108 Virginia school divisions receive Medicaid reimbursement for eligible health services provided by Medicaid-qualified providers to Medicaid-enrolled students, and partial reimbursement for health-related administrative activities. Statewide, school divisions received a total of \$6,525,324 for administrative activities and \$49,540,943 for direct services, in FY23.

Medicaid reimbursable direct services include physical and occupational therapy; speech language pathology; mental/behavioral health; nursing services; medical evaluations; personal care services; applied behavioral therapy; EPSDT physicals; and specialized transportation, among others. Reimbursable health-related administrative services include outreach & application assistance; scheduling/arranging of specialized transportation; translation services related to health care service delivery; referral, coordination and monitoring of health services.

Effective July 1, 2022, Virginia finalized a Medicaid State Plan Amendment removing the requirement that billable services relate to an IEP. This expanded services to include those outside of special education, such as behavioral health services by a licensed psychologist or school counselor; some crisis care and screening; applied behavioral therapy (as a direct service); and public health (as an administrative activity). The SPA also expanded the definition of a vehicle for reimbursable services. Edwards referred the group to the DMAS School Services and DOE Medicaid and Schools webpages for additional information.

Mejia, a social worker by trade, thanked DBHDS and DOE on their joint presentation and opened the floor for questions. Questions from the Committee:

- Referring to the DBHDS services map: **Southwest Virginia and in particular Northern Virginia (a dense population center,) do not appear to have services available. Why is this?** (Kelly Cannon)

Savage/Stone: The application for districts to participate was available statewide. Data was not collected about reasons a school district did not apply. Services may be accessed in other ways and may not be needed through the

school system. DOE will creatively use FQHC model to help pull in areas that were not represented. DOE will also reach out to see why those regions did not apply, as part of assessing future sustainability and needs.

- Referring to DBHDS services map linked in presentation: **FQHCs are represented by a variety of shapes. Is there an indicator available about what the shapes mean?** (Martha Crosby)

Knight: DBHDS used one shape for the FQHC's main health center and one shape for the administrative. May need to zoom in on slides to see labels. DBHDS will also share the legend for the maps.

- **What, if any, initiatives does DBHDS/DOE have in place during the summer to help students with mental health issues?** (Martha Crosby)

Knight: DBHDS is evaluating what services and supports exist for students during the summer. School-Based Mental Health pilots are doing a lot of work during the summer and DBHDS is working with DOE partners to determine what summer supports/services can be supported with the funding.

Stone: Part of the first part of the initiative was learning about how services integrate with school, community and home. Community of Practice sessions involved the community to help bridge the gap.

- **Given resource limitations, where does progress stand on adding third-party payers to billing (since not all students receiving services are Medicaid-eligible)? Are you able to include that as these programs are being built to help address capacity and funding challenges that will result if every student in the schools needs to access mental health services?** (Dr. Susan Brown)

Savage: New budget languages include accountability for DBHDS to build out billing capacity outside of Medicaid, to enable children to receive services through schools regardless of insurance status.

Stone: DOE Office of Behavioral Health and Wellness is tasked with creating a school mental health system that includes flexible funding to sustain some of these initiatives.

- **Could you explain the budget history for the Pilots vs. the School-Based Health Centers? Has the additional money been, in part, due to the addition of services with the move to the School-Based Health Center model?** (Ben Barber)

Savage: Initially, the School-Based Health Integration Pilots were funded in the first 2 years with \$7.5M. In the new budget language that includes integration with FQHCs, there is \$15M each in FY25 and FY26 (\$30M total over 2 years).

Yes, this is due in part to the expansion of services offered, and funds obtained through the Mental Health Block Grant will help sustain the Pilots.

IV. Federal Regulatory Updates

Sara Cariano, Director, Eligibility Policy and Outreach Division

Jessica Anecchini, Senior Advisor for Administration, Director's Office

Virginia Department of Medical Assistance Services

The Centers for Medicare and Medicaid Services (CMS) finalized a proposed Eligibility Rule in 2 parts: one impacting members enrolled in the Medicare Savings Programs, and the other impacting a broader group including children enrolled in Medicaid and CHIP. All are available online in the Federal Register.

Changes will require policy and system modifications, and compliance deadlines range from immediately upon finalization through June 2027. Rules include a requirement to allow medically needy individuals to deduct prospective medical expenses, and several measures to improve transitions between Medicaid and CHIP (FAMIS) with which Virginia already complies.

CMS also codified removal of any state limits on the number of Reasonable Opportunity Periods allowed and clarified the primacy of burden on states to verify income and resources. Mejia asked whether states, including Virginia, can/do use other data sources (e.g., SNAP data) to confirm eligibility for children and adults. Anecchini stated that these “agency knowledge” data sources can and should be tapped by states to help determine eligibility.

Rules’ provisions around returned mail and address updates (dual-modality outreach, utilization of outside data sources) go into effect in 2025. The 2024 GA already directed DMAS to establish a statewide mailroom to help minimize procedural terminations due to returned mail.

V. Return to Normal Enrollment Updates

Jessica Anecchini

As of the meeting date, Virginia had redetermined eligibility for all but 2.38% members within its “unwinding cohort” (members whose redeterminations needed to be completed as part of the return to normal operations). Anecchini praised local Departments of Social Services for their work completing these redeterminations. Out of the 2.2 million redeterminations needing to be completed at the beginning of the unwinding period (March 2023), just over 51,000 remain.

The largest number of closures have occurred among nonelderly, non-disabled adults. The gap between the number of these members and the number of children being closed has grown throughout the “unwinding” period due to Virginia’s revising its automated *ex parte* review process in August 2023.

Virginia initiated its last month of unwinding-related renewals in February 2024. CMS released guidance in early September giving states until December 2025 to complete

their unwinding-related work. Virginia’s redetermination dashboard will be replaced by a more evergreen model.

Emily Moore asked what is encompassed in “Other” reasons for closure (noted in the chart on slide 84). Annecchini responded that this catchall includes system-related closures and others that do not fall into the other reasons captured (e.g., an individual enrolled via spenddown’s spenddown budget period concluding).

VI. Agenda for December 12, 2024, CHIPAC Meeting

Jen Macdonald and Kelly Cannon requested an update on maternal health utilization and recommendations (either for December 2024 or a future meeting). Macdonald offered that the VDH Title V Needs Assessment is underway and could provide additional context by the June 2025 meeting.

VII. Public Comment.

LeVar Bowers, a longtime advocate with interest in children’s mental health, thanked the Committee, DMAS, DBHDS and DOE for their work on school-based mental health, and commented on how critical these services are for families. Bowers expressed gratitude for DBHDS and DOE data collection efforts, and noted the importance of HeadStart, Virginia Preschool Initiative (VPI), parent training, and alternative school settings as opportunities to build on existing initiatives. Alexandra Javna, DOE, offered her contact information in follow-up.

VIII. The meeting adjourned at 3:21pm.