COMMONWEALTH of VIRGINIA

STATE BOARD OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

MEETING MINUTES

REGULAR MEETING
Wednesday, October 9, 2019
9:45 a.m. – 3:00 p.m.

DBHDS Western State Hospital
103 Valley Center Dr, Staunton, VA 24401

Members Present	Paula Mitchell, **Chair**; Elizabeth Hilscher, Vice Chair; Jack Bruggeman; Rebecca Graser; Jerome Hughes; Moira Mazzi; Sandra Price-Stroble.
Staff Present	Jaime Bamford, MD, Commonwealth Center for Children and Adolescents Director Heidi Dix, Deputy Commissioner, Division of Compliance, Legislative, and Regulatory Affairs (CLRA) Nina Marino, Director, Office of Children and Family Services Mary Clare Rehak Smith, MD, Western State Hospital Director Mira Signer, Acting Commissioner Ruth Anne Walker, Director of Regulatory Affairs and State Board Liaison
Staff Present via Telecom	Emily Bowles, Office of Licensing Assistant Director for Licensing, Quality, Regulatory Compliance, and Training Catherine Hancock, Part C Administrator
Call to Order and Introductions	At 9:45 a.m., Paula Mitchell, Chair, called the meeting to order and welcomed everyone. This being the first meeting since his passing, Ms. Mitchell asked for a moment of silence in honor of Dr. S. Hughes Melton. Ms. Mitchell reported to those present that the board had a tour of two alternative housing locations, and a dinner program at Valley Community Services Board the previous night, led by Dave Deering, Executive Director. She expressed appreciation to Mr. Deering and all the CSB staff that facilitated those arrangements, Jaime Bamford, Mary Clare Rehak Smith, and the two individuals who opened their homes.
Approval of Agenda	*At 9:50 am the Board voted unanimously to adopt the October 9, 2019 agenda.*

Approval of Draft Minutes	**Regular Meeting, July 17, 2019** **Biennial Planning Meeting, July 16, 2019** Ms. Mitchell noted that staff proposed two amendments to the draft minutes as noted on page 5 and 6. Elizabeth Hilscher noted a correction needed in the number of a policy in the draft minutes of the Policy and Evaluation Committee. *At 9:55 am on a motion from Rebecca Graser and a second by Ms. Hilscher, the Board approved the minutes of the July 16 biennial planning meeting and July 17 meetings, 2019, as amended.*
Public Comment	At 10 a.m., Ms. Mitchell welcomed Ms. Margaret Perry, Local System Manager, Part C Harrisonburg Rockingham Community Services Board and Ms. Sherrie Simpson, who is a parent of child who received Early Intervention (EI) services. Ms. Perry provided general information about the EI services. She reported that she is the mother of two children with disabilities, and worked with Ms. Simpson and her family. Ms. Simpson stated that she is the mother of three children, and one has special needs. Part C has been a blessing for her family since they moved from Washington state after having just received the diagnosis of autism for her child. Word of the Part C program was a gateway that opened up and provided relief for the family's concerns. Through the EDCD Waiver a social worker was able to come to the home, and there was access to other services including speech, occupational therapy, and ABA. The child was nonverbal when services began, and now loves to talk. Early Intervention staff helped link the family to the Rockbridge County school district for the Pre-K program to get the child used to what school was like. Ms. Simpson stated she feels like the experience helped her and her family understand the child better, including triggers, so that things which used to be barriers became hurdles that are overcome. Currently, becoming an astronaut is a goal. Ms. Simpson is so grateful. Jack Bruggeman asked how Ms. Simpson found the connection to the CSB. Ms. Simpson stated as they prepared to move from Washington, the realtor in Virginia had a colleague who knew about EI. Ms. Perry added that staff try to be out in the community as much as possible to do public awareness. She then directed the board members to a handout about the financial aspects of the program. Specifically, the funding is only at 50% and therefore, providers aren't paid what they need in order for families to see providers. The rates have not gone up since 2008. A big piece of Part C is the transition services to school but the funding sources are lacking. Ms. Mitchell asked if any research exists that could be used to advocate for funding. Ms. Perry stated that there is a big push for that this year, with videos discussing data that shows the earlier

	intervention services start, brain development is aided. For example, her child did not speak until four years old. Mr. Bruggeman asked if it was hard to get on the waiting list for the waiver from out of state. Ms. Simpson stated that it was not hard for the EDCD Waiver, but there is a waiting list for the Community Living Waiver. Mr. Bruggeman and Ms. Perry discussed the professions involved in these types of services, debt forgiveness for higher education, and that in the private field the same staff can receive salaries of 80-90K, yet with the current Early Intervention rates the salaries are only 45-50K. Schools are changing what is required to get degree in occupational therapy to a doctoral level with a heavy program. Depending on the profession, school debt forgiveness may not be an option as in Ms. Perry's case as she is trained as a teacher.
Update on Children's Services	At 10:15, Ms. Mitchell mentioned that at the end of the presentation on children's services the board would be immediately departing to tour CCCA and then return to the Western State Hospital building to go into a tour of that hospital. Any member of the public was welcome on the tours. **Virginia Mental Health Access Program:** This program received funds in the last General Assembly session in the amount of 1.23 million (this funds a partial statewide rollout; estimates are 6 million for full statewide rollout of regional VMAP hubs). VMAP is a pediatric driven model that centers on increasing behavioral health education and training to pediatricians so they are better equipped to treat children and adolescents in their office through enhanced screening, diagnosing and prescribing as well as referral to care navigators and other licensed staff if needed. This is a step towards integration of behavioral health in primary care settings. It also addresses workforce challenges with psychiatrists by providing access to psychiatric consultation through a centralized call center. The regional hubs also include licensed professionals and a care navigator to work as a team to support the pediatrician and the child and family. Funding (includes Federal HRSA grant through the Virginia Department of Health, VDH) will support education and training to pediatricians, some psychiatric consultation coverage across the state, and build out of northern and eastern regions. **Early Intervention/Part C Program:** Data is showing growth in the program about 4% annually, just over 21k infants and toddlers (0 up to age 3) statewide last fiscal year. From FY 2012 to 2019, the program increased 34% but funding has not kept pace with the program. The more funding into the program, the better the early intervention and screening. The main system challenges are low case management reimbursement rates that haven't been changed in several years and are lower than other case management rates. There are provider shortages for Early Intervention. The managed care

	rollout slowed down reimbursements and authorizations causing stress on smaller providers and overall growth in the program. Despite this, Virginia's program is well known across the country, always receiving the highest rating from the federal Office of Special Education. Ms. Mitchell thanked Ms. Marino for the update and all that she and the staff in her office are doing.
CCCA and WSH Tours	At 10:45 a.m., Ms. Mitchell asked members to proceed to tour CCCA, and then WSH immediately following. Since members would be separated from the public, members were advised that they may ask questions of staff during the tours but must refrain from discussion of any business until reconvened.
Commissioner's Report	At 12:25 p.m., Ms. Mitchell welcomed Mira Signer and as this was the board's first time seeing Ms. Signer since Dr. Melton's passing, on behalf of the board Ms. Mitchell expressed both sincere condolences on the loss of Ms. Signer's colleague and agency leader, and heartfelt appreciation for all Ms. Signer has been handling since. Ms. Signer first provided information on the General Fund replacement update related to Medicaid expansion, STEP-Virginia, the Settlement Agreement with the US Department of Justice, and the state hospital census. **Regarding the General Fund replacement update related to Medicaid expansion:** It was assumed in 2018 that community services boards (CSBs) would not need as much General Fund dollars in light of Medicaid expansion so the overall amount was reduced in the 2018 Appropriation Act. A preliminary analysis of how the reduction would play out in reality indicated that CSBs were not likely to immediately generate the revenue. In the 2019 General Assembly Session, budget language was included stating that if a CSB had a shortfall of 10% or more (GF reduction to the amount collected), then DBHDS had the authority to use Special Fund dollars to issue replacement funds up to a total of 7M. Special Fund dollars are year-end balances for contingency planning. DBHDS developed a structure to decide allocations, and using the methodologies, it was estimated there would be an overall shortfall of 7.8M. Distributions of funds were made based on an agreed upon formula with the CSBs. Ms. Signer stated that the next step is to continue with quarterly reporting but that language does not speak to additional replacements; the department continues to collect data. Ms. Mitchell asked if, in that process, 25M was cut for FY 2020, is DBHDS anticipating that to still be 25M. Ms. Signer stated that DBHDS does not know yet, but there will probably still be a lag from shortfall to collection. By the next quarterly report in December, the department will know in certainty.

Regarding STEP-VA: There remain very high census challenges at state hospitals. Ms. Signer reported that what that looks like in real numbers in a system of 100,032 beds, there can be 5 beds remaining statewide to meet statutory obligations and this is a significant problem. Private hospitals in FY 2015 handled 91% of temporary detention order (TDO) admissions, but in 2019 only 77%. The high census carries a lot of risks in patient and staff safety, and accompanying staff turnover. However, Ms. Signer reported there is a lot of activity around this, with opportunities to impact the 'front door' through ongoing work with private hospitals and STEP-VA around outpatient services getting launched and implemented, expanding or starting mobile crisis teams. A legislative workgroup is looking at short and long term remedies. Beds are being added at Catawba Hospital. The issue with private hospitals is not necessarily an 'adding bed' issue but is a question of 'using' beds at their disposal. Rebecca Graser asked if geriatric beds are taking up more beds than before. Ms. Signer stated there are temporary beds at Catawba, and the department is still trying to understand some of the drivers behind the 'geropsych' population as the state is being asked and is trying to absorb the demands. Again at Catawba, 28 temporary beds are being added in FY 2020 and that many again in FY 2021 because of the inability to serve that population in the current system. This is one of the most severe unintended consequences of a bed of last resort.

Adding beds is not where DBHDS wants to see the system go. Yet Ms. Signer wondered how it is possible to grow the community capacity while there is an absolutely dire situation to respond to a critical emergent situation. The department felt the response to add more beds was necessary given the circumstances.

But she feels it is much more important to drive the system where we need to go through efforts such as STEP-VA, and other services that keep people stable and not cycling in and out of the hospital.

Mr. Bruggeman asked whether DOJ is acting in the capacity to review the mental health system. Ms. Signer stated that DOJ is looking at other states, they are aware of what is going on in Virginia, and they absolutely will continue to pay attention to the situation. Heidi Dix stated that there is language in the Settlement Agreement related to individuals with a primary DD diagnosis who have psychiatric needs the department is supporting that population under the Settlement Agreement through crisis services.

Ms. Signer stated there are a number of other issues in the system: mobile crisis teams, growing community capacity, barriers to discharge from state hospitals, crisis stabilization units, and reported

	that on a couple of major holidays this calendar year there was a system-wide 'pulling up' from all partners to buckle down for those three day weekends. Those efforts provided some bright spots in this very challenging situation. Resources were driven to those long weekends to 'stop the bleed.' Now there is an analysis of what occurred, in order to understand how to apply lessons learned going forward. Ms. Graser mentioned creating hot spots, to which Ms. Signer agreed, but felt it was very resource intensive. If that is what it takes, then the system needs to acknowledge the needs and get a handle on it because it is impossible to sustain such an effort without resources. **Also regarding STEP-VA:** Ms. Signer acknowledged an incredible amount of work by CSBs, with heavy lifts all around such that same day access is underway at all of them. There are already some process outcomes evident from same day access, which are all things the CSBs and DBHDS planned for with a national consultant, such as reduced wait times from assessment to the first appointment. It is too early to comment about clinical outcomes, but process outcomes are looking good. DBHDS will continue to look at the data. **Regarding primary care screening and monitoring:** The General Assembly allocated 15M funding to launch initially for a targeted population with targeted case management for children under age three who are prescribed psychotics and outpatient services. The funding went out in three waves: 1-The majority of funding applied evenly across the boards under the premise that every board should have a minimal level of capacity for children and adults. That was the expectation on the 7M of the 15M. 2-The second portion was needs-based because different communities and populations have different needs and part of STEP-VA is to provide the same level of services in all parts of the Commonwealth. Several indicators were used to determine how to arrive at needs. Historically, it was based on population, but arguably there are many others that go into it such as the health of the community, provider shortages, etc., for a total of five categories of need. Funding is being used in different types of ways with a fair amount of flexibility. 3-In regard to mobile crisis services, 7.8M, an incredible amount of work has been done by some boards, though that is only partial funding. The long range vision is to have a robust mobile crisis system around the state. Virginia looked at the Georgia model of crisis that includes a call center with 24/7 dispatch and 23-hour observation (community stabilization response). While we have many elements of that model currently in Virginia, the question is how to get from that 7.8M to the full blown excellent model. Ms. Graser asked about the number of mobile crisis teams. Ms.

	Signer stated that 5M needs to go to children's mobile crisis, then the rest to strengthen and expand adult mobile crisis. Ms. Graser stated that lowering the census seems to make sense to have more funding for that. Ms. Signer stated the data bears that out across other states, but Virginia is in a period of how to get that mobile crisis up and work toward a long-term vision fitting the pieces into the model. Regions are submitting plans to DBHDS, and the department is deciding how much funding will go to each region. Ms. Graser asked if there is a pilot. Ms. Signer stated that Arizona and Georgia are not pilots. In Virginia there are some mobile teams (per Jennifer Faison): Fairfax is funded by Fairfax, Norfolk has had one for some time, and there is a smattering across the state. Mr. Bruggeman asked if those two states are good examples. Ms. Signer said that in those states their agencies equivalent to DBHDS run everything through managed care organizations (MCOs), so they are different in terms of system design. Georgia was under a settlement agreement, so it had more resources. **Regarding the Settlement Agreement between Virginia and the US DOJ:** Ms. Signer reported that there is much underway, the agency is working hard and working with a lot of stakeholders. DBHDS has achieved significant compliance with 65 measures; there are 54 more to go. Ms. Signer referred to Laura Nuss, the new Deputy Director for the Division of Developmental Services and her tremendous experience. Current activities include: training center discharge planning, refining of quality and risk management procedures and protocols, and creating a library with tools that tie to the consent decree to help anyone see how the agency is complying with the agreement. All involved are working steadily. Mr. Bruggeman referenced what he heard the previous evening from Valley CSB about workforce issues related to low unemployment, and of paying the same hourly wage as Sheetz (fast food restaurants) versus a real living wage. Ms. Signer then referred to handout of a slide presentation to make members aware of the status of the strategic planning efforts, reviewing the five main goals of the plan. Ms. Mitchell thanked Ms. Signer for her time and stated the board really appreciated the in person presentation.
Overview of Facilities	**A. Western State Hospital** Ms. Mitchell thanked both facility directors for their time and for the tours. At 1:14, Mary Clare Rehak Smith gave an overview of Western State Hospital (WSH), which currently has 772 fulltime staff, and 9 Units with 246 beds allotted as follows: 3 certified admission units with 84

beds; 1 forensic admission unit with 28 beds; 4 psychosocial rehab units with 112 beds; 1 medically frail unit with 22 beds. The average age of individuals served is 38, and 65% admissions are male and 35% female. Individuals admitted under a civil temporary detention order (TDO) is 63% and 29% are admitted under a Forensic order. The average length of stay on admission units is about three weeks.

Dr. Rehak Smith highlighted recent changes, strategic priorities, and current initiatives, including census management with increased admissions since the bed of last resort legislation became effective and retention of staff and succession planning. Also, the increase in special populations: individuals with a primary diagnosis of a substance use disorder (SUD); those with moderate to severe intellectual disability who have unique needs that require special programming and greater observation; individuals with multiple medical illnesses in addition to a mental health diagnosis who require more special hospitalization at acute care hospitals or transports for specialty consultation.

Specifically in regard to staff recruitment, development, and retention, current challenges include the: national shortage of nurses and psychiatrists; the need to be competitive with market salaries; aging work force in state agencies and WSH; and low unemployment in the area at 2.5%. Actions taken by WSH to address these challenges include: seeking international nurses; partnering with schools for education programs to 'grow our own LPN program;' military medics pilot program to come in at an LPN level with training; proactively contacting and working closely with area nursing programs and UVA medical school.

B. Commonwealth Center for Children and Adolescents

At 1:31, Jaime Bamford gave a history and update on services at the Commonwealth Center for Children and Adolescents (CCCA), which is the only state psychiatric facility for children under the age of 18. CCCA is an acute stabilization facility consisting of four 12-bed units (3 adolescents and 1 child unit). Each unit is staffed by a psychiatrist, psychologist, and two social workers in addition to direct care staff. CCCA only accepts temporary detaining orders (TDOs, the period is 96 hours) or individuals under civil commitment. Admissions are up 10% for FY 2020, and there has been a 30% increase since FY 2017. The demographics for the population admitted is: 65% male, 35% female, average age 14 years old (23% are 17 years old); 30% have a DD diagnosis (there is very little support for crisis stabilization with children with autism/DD and there are not enough placements in their communities); 11% are in DSS custody and there has been both an increase and a big change in those dispositions (can't return to foster care or residential so the private hospitals refuse admission); and 10% come from juvenile

	detention centers. After a stay at CCCA, 68% return home to their family or guardian with community based services; 32% are discharged to detention, a group home, foster care, or a residential treatment center. An increasing number of children are sent to out of state residential treatment centers (Florida, Utah, California, South Carolina, Arizona, Pennsylvania, Arkansas): In FY 2018 15 children were sent out of state, and in FY 2019 sent 23 were sent. Dr. Bamford stated that the mission and focus at CCCA has shifted from chronic to acute care. Staff recruitment is an ongoing challenge. Dr. Bamford reported that 80% of the nursing staff and 90% of direct care staff are new within the last two years. Another concern includes a reduction in the use of purchased beds from Poplar Springs, a private psychiatric hospital in Petersburg. In FY2019, DBHDS purchased beds for 81 children and adolescents at Poplar Springs hospital versus 171 in FY 2018. The decrease in these beds is a significant issue.
Regulatory Actions and Updates	**A. Initiate Periodic Review: 12VAC35-225, Requirements for Virginia's Early Intervention System** Catherine Hancock reported that in FY 2019, 21,061 children were served, or about 4% growth in the previous year. A waitlist is not allowed by federal regulations; local agencies have 30 days to implement services. The regulations will need to be updated following the periodic review. There are minor updates the staff expect need to be included. Since the regulations were initially promulgated, it seems that further clarity is needed to specify that the Medicaid appeals process is different from the Early Intervention Part C dispute resolution process. Additionally, since the Department of Medical Assistance Services recently included Early Intervention Part C services in managed care, the updated process for Medicaid provider enrollment and obtaining parental consent for billing Medicaid and the managed care entities was added. These are not expected to be controversial changes as new language would clarify procedures currently in place. Beyond the new language these regulations, in large part, implement federal code and regulations so there is limited ability to make amendments to the Virginia regulations. Federal code is found at Part C of the Individuals with Disabilities Education Act at 20 U.S.C. § 1435(a) and federal regulations are found at 34 CFR 303.1 et. seq. *On a motion by Ms. Hilscher and a second by Mr. Bruggeman, the board requested staff to initiate the periodic review.* **B. Petitions for Rulemaking** Emily Bowles explained the Office of Licensing's reasons for its recommendations to the board to take no action on the petitions, as

	described in the packet. Jerome Hughes mentioned that some organizations have people with a disability that are contractors, and they would lose disability benefits if they were forced to bring them on as fulltime staff. Ms. Bowles thanked Mr. Hughes for that comment and indicated that was a perspective the office would research further. *On a motion from Sandra Price-Stroble and a second from Moira Mazzi, the board voted on the two petitions en bloc to take no action*. **C. General Update – Regulatory Matrix** Ms. Walker reviewed the regulatory matrix and the workplan handout.
Committee Reports 1:35	**A. Planning and Budget Committee** Ms. Walker reported on the activity of the committee meeting that consisted of a review of the committee's role and receiving updates on standing items including: • Josie Mace, Financial and Policy Analyst, Office of Budget Development gave an overview of the state board budget including a hard copy (given to the full board) chart of the board budget with a breakdown of the FY 2019 and FY 2020 budget and expenditures. • Meghan McGuire, Senior Advisor for External Affairs, reported on the status of DBHDS strategic planning efforts. Ms. Mitchell asked members to consider the role of the Grant Review Committee if interested, and staff will vet the conflict of interest questions raised by Mr. Hughes and Ms. Graser. Ms. Walker alerted members that the board's bylaws were due for review and that the bylaws require 30 day notice of amendments; therefore, members should expect a draft to come in advance of the remainder of the meeting packet. **B. Policy and Evaluation Committee** Ms. Hilscher reported that the committee had gotten behind on the policy reviews, but in consultation with Emily Lowrie, agreed on an updated schedule to push ahead quickly while maintaining due diligence. She reported the committee voted on the following revised policy drafts to come to the board at the December meeting: • 1028(SYS) 90-1, Human Resources Development • 1035(SYS) 05-2, Community Services Board Single Point of Entry and Case Management Services • 1016(SYS) 86-23, Policy Goal of the Commonwealth for a Comprehensive, Community-Based System of Services. The committee heard presentations and received suggested edits from lead offices on the following policies, and voted to put the policies out for field review:

	• 2011 (ADM) 88-3 (Changing the Names of State Facilities). • 3000 (CO) 07-1 (Appointments to Community Services Boards). • 1042 (SYS) 07-1 (Primary Health Care). There was some discussion about how the committee might meet more frequently than quarterly. Ms. Dix stated the committee also discussed that STEP-VA is a mandate in the Code of Virginia and staff needed to discuss internally whether or not there should be a policy.
Update on the Virginia Association of Community Services Boards (VACSB)	At 2:05, Jennifer Faison provided an update on activities of the association and the status of the CSBs on specific issues. Ms. Faison covered some things the board heard about from Ms. Signer but with a CSB perspective. She distributed a public policy brochure to members that included budget priorities that are centered on these five things. **Impact of Medicaid Expansion:** Ms. Faison stated that the CSBs remained silent on expansion, though they believe it is the right thing to do. The result was there was a 25M reduction to the state General Fund. A priority for the General Assembly Session will be to restore ongoing General Fund dollars. She reported that revenue is complicated because behavioral health is carved into managed care, so there are six organizations to deal with. There are a ton of outstanding accounts receivable; but, VACSB is embarking on a learning collaborative with those CSBs who have been better at getting paid. **STEP-VA:** Ms. Faison stated the association will be asking for the remainder of the outpatient funding. **Settlement Agreement:** The agreement has helped to focus on measures needed in the system, though CSBs would have preferred not to have over 200 measures. VACSB is very engaged with the department and DMAS to meet the deadline for exiting the agreement. **Census Reduction Efforts:** STEP-VA and mobile crisis are not the only answer to the census problem. The extraordinary barriers and discharge planning are where CSBs can influence bed days. CSBs take this seriously. **Overarching Issue of Workforce:** This is critical because Virginia can develop the best programs, facilities, etc., but can't do a thing if CSBs can't hire the folks to do the work. Virginia is in a crisis. The direct service professionals on the DD side, are so essential to supporting the settlement agreement, and the hospitals. There are some creative solutions, including an idea for a project two years ago

	for a student loan repayment program for behavioral health that was only 2M. It didn't move forward but the Virginia Department of Health (VDH) did a thorough report (what type of provider, how long, tiered approach, open to state hospitals). VACSB would like to dust that off and set some expectations also around equity and underserved areas, with double the original amount. Also, a couple years ago there was a concept for a modest rate increase of about 14% across the system, but that rebase was using 2013 data. It is time to revisit with fresh data. Ms. Walker asked what the turnover has been of executive directors in recent years. Ms. Faison reported that in the last seven years, there has been a 70% turnover, and the tenure has collectively shrunk. Almost more than 50% of directors are women. Continuity is a big issue.
Miscellaneous	**A. Board Liaison Reports** At 2:40 Ms. Mitchell reminded members that the board agreed it wants to go to written reports that are then provided in hard copy at the meeting. The reports need to be received in time for staff to compile and print. Ms. Hilscher and Ms. Price-Stroble commented on their submitted reports. Ms. Mitchell requested that members send their preference for liaison assignments to Ruth Anne and she would attempt to recalculate the assignments now that all member slots were filled. **B. Quarterly Budget Report** The handout from Ms. Mace was provided to the board.
Other Business	There was no other business.
Adjournment	The meeting was adjourned at 2:50 p.m.

NEXT MEETING: The next meeting of the State Board will be on Wednesday, December 11, 2019, at the DBHDS Central Office, 1220 Bank Street, Richmond, VA 23219.

STATE BOARD OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

Planning and Budget Committee
MINUTES

October 9, 2019
Staunton, Virginia

Members Present	Paula Mitchell; Rebecca Graser; and Jerome Hughes.
Members Absent	Moira Mazzi and Djuna Osborne.
Staff Present	Ruth Anne Walker, Director of Regulatory Affairs
Staff Present via Telecom	Emily Bowles, Assistant Director for Licensing, Quality, Regulatory Compliance, and Training, Office of Licensing. Josie Mace, Financial and Policy Analyst, Office of Budget Development Meghan McGuire, Senior Advisor for External Affairs
I. Call to Order	At 8:34 a.m. Paula Mitchell, Chair, called the committee meeting to order.
II. Welcome and Introductions	Ms. Mitchell welcomed Josie Mace who participated by phone. After adoption of the minutes, Item V.a. was discussed first.
III. Adoption of Minutes, July 17, 2019	The minutes were adopted as drafted.
IV. Standing Item:	*Identification of services and support needs, critical issues, strategic responses, and resource requirements to be included in long-range plans; work with the department to obtain, review, and respond to public comments on draft plans; and monitor department progress in implementing long-range programs and plans.* A. Update on Current Department Strategic Planning Efforts B. Review of topic areas for board meetings through December 2020. Ms. Mitchell reminded the committee that the decision to revise the strategic plan is up to the department, not the board. The board tries to fulfill the intent without following the letter of the Code. Meghan McGuire gave an update on the strategic planning process. She reported that the Strategic plan goals and objectives are final and it is time to move forward to the next steps. DBHDS is grateful for the input from many stakeholders including some of the board members. Ms. McGuire reported there are a couple things going on now related to further development: an internal workplan and an external agency dashboard. The board will be updated on the workplan development, the template for which is being set out by a facility staff person. It would be an easy way to see the status of key projects. The external agency dashboard will list the highest level goals, those with high accountability, and for each year of the strategic plan certain specific items will be highlighted on the web. The workplans will not be published because it will be massive; how to show publicly a summary form of the workplans is still under consideration. The goals of the Strategic plan are high level on purpose so a variety of activities can be placed under each to keep the information from being too segmented. The board would receive a more detailed update from Mira Signer in the full board meeting and that will include some of the activities and key performing indicators (KPIs). That information may be a good place for the board to

	confirm what periodic update topics would be most helpful. Ms. Mitchell indicated she liked the layout because it allows broad perspective goals and is not overwhelming for such a large agency. She felt it would help to look at the things of most interest to the board, or brought up to members through liaison work as interactions my members with CSBs hopefully feel they have a potential advocate for the issues they are facing. Most often those are the same as the department. Ms. McGuire emphasized that it is a five year plan. Meaning, every single one KPI can be done all at once. When considering data, IT, communications goals, etc., there are some gaps in ability to have a speedy comprehensive implementation of this plan, because DBHDS wants to focus on providing services for people first before anything else. Ms. Mitchell asked if the department, as one of the next steps, will identify what is the first priority out of the KPIs. Ms. McGuire responded that deputy and assistant commissioners, and office directors, were asked to consider what is currently being done that supports the goals. Ruth Anne Walker asked about the code-mandated comprehensive state plan. Ms. McGuire reported that there is waning importance of the comprehensive state plan and it can create inconsistencies to have two planning documents. While it continues to be required in the code, any information in the comprehensive strategic plan will fit under the strategic plan. After Ms. McGuire's update, the committee reviewed the meeting schedule on page 14 of the board meeting packet. Two changes were needed to add an update from Josie Mace on the budget in the December meeting and to move the Performance Contract update by Tiffany Ford to that meeting, also.
V. Standing Item	*Ensure that the agency's budget priorities and submission packages reflect State Board policies and shall, through the Board's biennial planning retreat, review and comment on major funding issues affecting the behavioral health and developmental services system, in accordance with procedures established in POLICY 2010 (ADM ST BD) 10-1.* A. State Board Budget Overview – Josie Mace, Financial and Policy Analyst, Office of Budget Development Members reviewed in hard copy the chart of the board budget provided by Josie Mace as she gave a breakdown of the FY 2019 and FY 2020 budget and expenditures. Ms. Mace stated management of the board allocation is going well. She explained that the board has a little leeway, especially within the travel budget category to bring in guest speakers. Ms. Mitchell noted that the October expenses trip were not yet represented, therefore the amount would decrease. Ms. Mitchell asked Ms. Mace to let the committee know if the board needed to be more specific with suggestions for shifting the funds across different categories. Ruth Anne Walker asked in clarification to Ms. Mace that the Finance Division staff were empowered to shift funds from categories as needed. Ms. Mace stated that some movement could occur without paperwork. In response to a question from Ms. Mitchell, Ms. Mace indicated that costs for food are in that category whether it is food purchased by members while in route to and from a meeting or planned catering. Ms. Mitchell noted that the amount for training and workshops

	seemed high for FY 2019. Ms. Walker stated she would check with other staff for an itemized list after the meeting. Ms. Mitchell moved on to ask if there were any updates on the state budget process for DBHDS. Ms. Mace indicated there had been quite a bit of updates since the board's July meeting. After the meeting, she will send the list of what went to DPB. DBHDS submitted request to DPB for the upcoming budget cycle about two weeks ago, and are waiting for DPB's review. Then the DPB budget analyst will contact DBHDS to ask clarifying questions, followed by DPB's analysis. Following that, the Governor will make his decisions, then release his Budget Document and present to Joint Money Committees on December 17, 2019. The General Assembly will take action on the budget. B. Discussion of identified priorities within the framework of required agency strategic planning and budget development processes. C. Review of draft letter to the Governor on Board priorities. Members reviewed both documents together and noted that the 2019-2020 Meeting Schedule need to be updated to move the Performance Contract presentation to December. Ms. Mitchell reminded the members that the committee recommends to the board what the topics will be, though sometimes the topics on the schedule delayed or brought up earlier depending on different scheduling and other factors. She asked Ms. Graser to remind members of the Opioid-SOR grant details.
VI. Grant Review Committee:	*the department shall provide a semi-annual report of all federal grants currently under consideration as well as those being actively pursued. Additionally, the report will include all grants that have been submitted in the last six months. Finally, the reward status of all submitted grants will be outlined to the Board.* A. Review of organization of the committee – Ruth Anne Walker Ms. Mitchell stated that the responsibilities of the committee are not an endorsement or approval, but is a review for the board's awareness. Two members participate via email. If there is something of concern, members could certainly ask for more information from staff. Jerome Hughes stated that the organization he works for gets a grant that includes some federal funds from a CSB. He wondered if that is appropriate. Rebecca Graser indicated the same was true for her CSB. Ms. Walker stated that she would check with the Office of Internal Audit. a. Review of Internal Structure to Ensure State Board Policy 2010. A copy of this policy was distributed to members for their information.
VII. Initiation of Bylaw Review	Ms. Walker stated that the bylaws are due for review, and a review package would be prepared with recommendation for updates. Ms. Mitchell confirmed that the recommendations would be reviewed by the committee at December meeting to come to the full board with the committee's recommendation in April.
VIII. Other Business	There was no other business.
X. Next Steps:	A. Standing Item: *Provide updates on committee planning activities to the Board.* B. Next Meeting The next meeting of the committee would be on December 11,

	2019, in Richmond.
XI. Adjournment	The committee adjourned at 9:33.

STATE BOARD OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

Policy and Evaluation Committee
MINUTES

JULY 17, 2019
DBHDS CENTRAL OFFICE, 8:30 – 9:30 AM
RICHMOND, VIRGINIA

Members Present: Beth Hilscher, Chair; Jack Bruggeman; Sandra Price-Stroble.
Members Absent: Djuna Osborne
Staff: Emily Lowrie, committee staff; Heidi Dix, Tiffany Ford, Lisa Jobe-Shields, Angela Harvell

I. Call to Order

Committee Chair Beth Hilscher called the meeting to order at 8:34 AM.

II. Welcome and Introductions

Ms. Hilscher welcomed all present and all present introduced themselves.

III. Approve Minutes from Previous Meeting

On a motion from Mr. Bruggeman, and a second from Ms. Hilscher, the committee approved the minutes.

IV. Staff recommendation: Adopt and Recommend to the Board

Policy Number	Policy Name	Last Review
1028(SYS)90-1	Human Resources Development	04/28/11
1035(SYS)05-2	Community Services Board Single Point of Entry and Case Management Services	07/23/13
1016(SYS)86-23	Policy Goal of the Commonwealth for a Comprehensive, Community-Based System of Services	12/04/12

On a motion from Mr. Bruggeman, and a second from Ms. Hilscher, the committee adopted the revisions of policies and recommended to the board for review.

V. Policy Discussion

Policy Number	Policy Name	Last Review
2011(ADM)88-3	Changing the Names of State Facilities	12/06/11
3000(CO)74-10	Appointments to Community Services Boards	12/06/11

1042(SYS)07-1	Primary Health Care	12/06/13

Angela Harvell presented on the current Policy 2011 (ADM) 88-3 (Changing the Names of State Facilities) and provided suggested edits to the Policy.

Tiffany Ford presented on the current Policy 3000 (CO) 07-1 (Appointments to Community Services Boards) and provided suggested edits to the Policy.

Lisa Jobe-Shields presented on the current Policy 1042 (SYS) 07-1 (Primary Health Care) and provided suggested edits to the Policy.

VI. Staff Recommendation: ***Direct staff to Send out Draft Policies for Review - Policy 2011 (ADM) 88-3, Policy 3000 (CO) 07-1, and Policy 1042 (SYS) 07-1.***
On a motion from Ms. Price-Stroble, and a second from Mr. Bruggeman, the committee agreed to direct staff to send out the draft policies for review.

VII. Next Meeting: December 11, Richmond

VIII. Adjournment